

# **Building Capacities of Women's Groups on Women's Health**

## **District Level Training Modules**

**August '99**

**Developed by**

**CHETNA, Ahmedabad  
for**

**Ministry of Health and Family Welfare, New Delhi**

## A List of Modules

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Total Hours	67



# Nutrition and Women's Health

## District Level Training Module



4 hours.

### Learning Objectives

At the end of the session the participants will learn about

- food groups and its functions, how to increase nutritive value of foods and how to preserve nutrients.
- nutritional needs in a life cycle and during specific conditions such as menstruation, pregnancy, lactation
- causes of under/malnutrition especially anaemia etc.
- ways to work towards better nutrition

### Design

Time in minutes	Topic	Training method & material
30	Food groups and its functions, how to increase nutritive values of food and how to preserve nutrients	Demonstration and discussion, <u>Activity 1</u>
60	Nutritional needs in a life cycle and special conditions of woman	Discussion and role play
30	Causes of under/malnutrition	<u>Activity 2</u> -Case study, Discussion
40	Nutritional deficiency diseases-Anaemia, Calcium deficiency and iodine deficiency	Discussion, <u>Activity 3</u>
60	Ways to work towards better nutrition	Songs Sharing of experiences and thought provoking discussion
20	Revision and evaluation	<u>Activity 4</u> Quiz

### Material Required

Collect locally available vegetables, fruits, grain pulses, and nuts. Wherever consume, you may collect non-vegetarian foods too, For Activity 1-post card size cards (approximate 25), musical instrument (dholak), or metal plate and spoon. For Activity 4, newsprint paper and marker pen or black board and chalk, paper slips to write the questions, small basket or any container.

## Note for the Trainer

Welcome the participants. Make sure that you ensure active participation of all women. It is important to know what they eat, what are the local concepts of diet and what are the taboos related to foods, before providing them new knowledge.

*"Dear Friends,*

*Our health depends on what we eat and how much we eat. Today, let us discuss on what we eat? Is it enough to keep us healthy? Let us make a list of different foods that we are eating."*

- Encourage the participants to list down different kinds of foods that they consume daily. Make a list of foods that they mention. You may match those foods with the local foods that you have already collected.
- Ask them to tell you the reasons on why do we eat food? This question will give you their perception about function of foods. Based on the information collected you may give them the five basic functions of the foods and then categorize the foods discussed according to food groups. Explain the concept of balanced diet. Also at this stage discuss in brief how to increase the nutritive values of foods and preserve the nutrients.
- Introduce Activity 1 to ensure their learning about food groups and their functions.
- You may now discuss the importance of food and requirement of women in a life cycle and special condition like pregnancy, lactation etc. To know the existing beliefs and taboos related to foods ask the participants to perform a role-play on local food practices during pregnancy and lactation. Based on the information collected from the role-play you enrich it by adding the scientific information and try to remove the wrong beliefs and taboos by giving scientific reasons. Some of the common beliefs and taboos are given in section "Points to remember".
- Read the case study given in Activity 2. At the end of the case study you may ask the questions given along with it and encourage them for discussion. After the discussion, ask the participants, do they come across similar cases? Encourage them to share their experiences. This exercise will give you an opportunity to discuss social, economic and religious reasons of undernutrition.
- Discuss causes, prevention and treatment of anemia. You may encourage them to sing songs on anemia given in Activity 3. Also briefly talk about calcium and iodine deficiency.
- Discuss the importance of Public Distribution System (PDS) and its linkages with women's health. You can take the participants to nearby PDS shop. Ask questions about how it runs and what are the difficulties faced. You can also discuss ways to improve its functioning.
- At the end ask the participants to participate in a quiz to revise their learning.



## **How to use this Module**

This training module is designed to help you train district level trainers in your State.

Each module includes:

- Training design along with a note for the trainer
- Content to be covered during the training is given under "Points to be Remember by Participants".
- Hands on activities for participants to get sensitized on the issues related to women's health and learn new knowledge.
- Useful references are listed at the end of each module, which can be used by the district level trainers to conduct the village level training.

### **Before you begin....**

Each module is designed as stand-alone module. It is up to you to decide where to begin. For your convenience we have sequenced them. You may not have to conduct the session in order.

### **Know your audience!**

Interact with your participants. What is their interest? Where are the gaps in their knowledge? Let the participants help you to decide where to begin. If you feel the need, to conduct pre and post training assessment you may do it through questionnaire.

### **Be creative!**

This training module provides you with a set of tools to help you to get started. You are welcome to modify the activities, add your own materials and create/utilize new exercises to meet the needs of your participants. Ensure a daily feed back on the training session. This can be done by appointing a feed back committee every day in the morning. This committee can also develop a newsletter or wallpaper on the day's learning and display on the wall next day morning for other participants to read.

## **Ready, Set. Go ...**

Each module is organized to assist you as a trainer to facilitate the session. Guidelines suggesting how to facilitate each session are presented as follows

### **Learning objectives:**

Summarize what the participants should be expected to know by the end of the session.

### **Time**

Time estimates required to conduct the entire session have been made. You may require more or less time depending on your situation.

### **Design**

A sample design to conduct the session with topic and method is given along with the time required.

### **Material**

List of material required to carry out session is listed.

### **Activities**

Suggested activities for the trainer to conduct with participants.



## Points to Remember by the Participants

Every day we eat food to grow and to keep us healthy. Different foods have different functions.

### Food and its Functions

Functions	Foods
Provide Energy	All cereals and tubers, sugar, jaggery, oil and clarified butter(ghee)
Growth and development	Milk and milk products like yogurt and butter milk, pulses, ground nuts, meat, fish and poultry
Protection from illness	All vegetable, fruits, milk and milk products, meat, fish, poultry, and germinated cereals and pulses
Keeping blood healthy	Green leafy vegetables, jaggery taken along with sour fruits and germinated pulses
Keeping eyes healthy	Milk and milk products, dark yellow and orange fruits and vegetables, green leafy vegetables, egg and liver

### How to Increase the Nutritive Value of Food

- Prepare foods by mixing cereals and pulses
- Germinate pulses
- Ferment a mixture of cereals and pulses and make local fermented items. It may be dosa, idli, dhokala etc.

Please note:

On the day of nutrition session, you may arrange to serve germinated pulses for breakfast. Try to serve nutritious foods during the training.

### How to Preserve Nutrients

- Eat plenty of raw vegetables, like cucumber, carrots, tomato, radish etc.
- Wash fruits and vegetables before cutting them. Never wash the vegetables after cutting, all the water-soluble vitamins will be lost.
- Do not cut the vegetables in water
- Always cut big pieces of vegetables for cooking
- Do not remove a thick peel from fruits and vegetables
- Do not wash rice repeatedly before cooking
- Do not throw away the water from cooked rice. Utilize the same.
- Cover the vessel and cook on slow fire. Do not over cook.
- Do not heat food repeatedly
- Do not add baking soda to food

- Keep cooked food covered
- Add lime juice or sour vegetables after cooking food

## **Nutritional Needs of Women in Life Cycle**

### **Infancy and Childhood:**

#### 0-5 years

- Put the baby to the breast immediately after birth.
- Till the age of 4 months, children require only mother's milk.
- Breast-feed the child whenever she/he demands breast-milk.
- Start complementary feeding from the age of 4-6 months but continue breast feeding the child till 2 years old, if desired, even longer.
- Give home cooked foods to the child.
- First feed the child and then breast- feed her/him.
- Prior to feeding the child, wash your own hands and the child's hand with clean water and soap.
- Avoid bottle feeding the child unless there is a medical reason for it.

### **Girl child**

#### 5-12 years

- At this age child need energy, protein and iron rich foods. Give them plenty of cereals, pulses, milk and milk products and green leafy vegetables.
- Never discriminate girls in quantity and quality of food
- Always feed the girls along with other family members to ensure adequate food intake

### **Adolescent**

#### 12 to 18 years

- This is a accurate growing phase, feed a variety of energy rich foods to the child
- Do not discriminate girl child in terms of quantity and quality of food
- Feed plenty of iron and calcium rich food to the child like green leafy vegetables, banana, milk, cereal, pulses.
- To ensure adequate food intake adolescent girls need to eat along with other family members

### **Adult women**

#### 18 to 45

- Adult women require adequate food intake (both in quantity and quality) to carry out her daily routine
- Due to menstruation a woman loses blood every month. To replace the loss, she needs iron rich food.
- She needs adequate calcium intake, as she due to biological reason she has more chances of getting Osteoporosis (when bones become brittle).
- A woman must eat with all the family members to avoid eating last and the least.



### **Pregnancy**

- A woman needs one extra helping of family food during pregnancy.
- She needs to eat plenty of green leafy vegetables, pulses, jaggery, groundnuts to preserve her storage
- She needs energy rich food too, like oil, nuts, cereal, ghee
- Make sure that a pregnant woman has adequate food in her plate (both quality and quantity).

A 3 years gap between two births is important to regain the loss of nutrients from the body and ensure optimum health.

### **Nursing Women**

- Nursing women need to eat more quantity than the normal food intake. She needs one extra helping of family food.
- Since she has to breast feed the child and therefore needs to consume lots of fluids.
- She needs to eat vitamin A rich food, like milk with cream, butter, ghee, all the dark yellow and orange fruits and vegetables, which are rich in carotene.
- She needs to eat green leafy vegetables.

### **Older Women**

#### Above 45

- She needs to eat adequate food in terms of her energy output.
- She needs to eat calcium and iron rich food to prevent Osteoporosis (when bones become brittle) and iron deficiency anemia
- If she has a tooth problem, she needs to eat soft, but energy rich food

### **Causes of Under Nutrition Among Women:**

#### **Social**

- Due to lower social status women usually eat after feeding the male members. Women also tend to eat last, leftovers and the least.
- Various taboos related to food during different stages of life, further restrict the food intake of women.
- Girls are given less food in comparison to their brothers.
- There is an in-built fear that a girl will grow rapidly, if she is fed well. She will look healthy and physically mature due to which the parents will feel the tension of girl's marriage.

#### **Religious**

- Women are expected to fast for the benefit of their family. This reduces her food intake.
- During menstruation religion does not permit intake of certain nutritious foods like milk.
- There is food restriction for the older women especially for women who are widows.

### **Economic**

- Poverty is one of the reasons for undernutrition. If resources are limited, women tend to cut her own food consumption.

### **Lack of awareness and lack of utilization of government facilities**

- Due to lack of information and sensitization, women under utilize nutrition services related to pregnancy and lactation.

## **Deficiency Diseases**

### **Iron Deficiency Anaemia**

Anaemia is a major health concern of women. More than 70% of women are found to be suffering from anaemia (when blood becomes pale).

#### **Symptoms of Anaemia**

- Feeling tired, dizzy and breathless even on doing light work.
- Paleness of the tongue, nails, inner portion of lower eyelids and skin.
- Flattening of nails.
- Swelling of feet.

#### **Causes of Anaemia**

##### Dietary

- Iron is required to make hemoglobin, which is found in dark green leafy vegetables, jaggery, bajri and ragi.
- Protein is another essential nutrient to form haemoglobin. Non vegetarian foods like meat, egg, liver and milk and milk products are important for making good blood. If these foods are not eaten in the required quantity a woman may become anaemic.
- Vitamin C helps in iron absorption. In order to ensure adequate absorption of iron from these foods, it is necessary to eat sour fruits like guava, lime, amla, oranges, sweet lime etc.
- Drinking tea immediately after meal hampers the absorption of iron therefore tea should not be taken along with meals.
- There are several beliefs related to diet during menstruation, pregnancy and lactation, which are incorrect.
- ⇒ Milk, ghee, curd and other white coloured foods can not be consumed, as it is believed that these will accumulate on the surface of the baby's body, which will lead to problems during delivery.
- ⇒ If a woman is fed more during pregnancy, she will have difficult delivery
- ⇒ Green leafy vegetables should not be consumed as it leads to green diarrhoea.



### Related to Bleeding and Menstruation

- Woman may become anaemic if they bleed excessively during periods because of the loss of iron in blood and an inadequate dietary intake to replace this loss.
- Woman loses blood during and after childbirth, which may result in anaemia. Along with this there are several dietary restrictions during pregnancy, which increase the risk of anaemia.
- Anaemia may also result due to excessive bleeding as a result of an accident.

### Social causes

- Due to secondary status women lack self-confidence and self respect and are unable to give priority to their nutritional needs.
- They are socialised to eat after feeding the rest of the family as a result of which very little food is left for them.
- Girls are given less quantity of food to slow down their growth. This allows for a delay in their marriages. But this is the time when due to a growth spurt their nutrient needs increase and an inadequate diet results in anaemia.
- From childhood a girl is socialised to sacrifice for others, not to think of her own needs to feed everyone else in the family first.
- In a patriarchal society a woman must give birth to a male child. This leads to repeated pregnancies and abortions, resulting in severe anaemia.

### Some other causes of Anaemia

<u>Illness</u>	<u>Reason for anaemia</u>
Malaria	The red blood cells get destroyed
Hookworms	Hookworms suck blood
Menstruation or problems related to the womb	Excessive blood loss during menstruation
Piles	Blood loss from piles

### **Consequences of Anaemia**

- There are more incidences of illness
- Low birth weight babies, birth of a dead baby, premature birth, maternal death.
- Excessive bleeding during menstruation in adolescent girls.
- Lack of concentration amongst children, lagging behind in games and studies, lack of self-confidence etc.

### **Treatment of Anaemia**

- Eat iron and protein rich foods.

- Complete the course of iron tablets as per doctor's advice. For women who are pregnant and nursing, these are available free of cost at the Primary Health Centre. Please refer module **"Care during Pregnancy"** for more details.
- Take a course of medicines to remove hookworms from the body.
- If one is suffering from malaria, the complete course of tablets for malaria must be completed and iron tablets should also be taken
- Enhance the status of girls and women in the house as well as in the society. Encourage girls to eat with the rest of the family so that they get adequate food (in quantity and quality).
- Ensure equal work equally amongst all members of the family.

### **Prevention**

Include following foods in your diet to prevent iron deficient anaemia

#### Iron rich foods:

- Green vegetables, Fermented foods, Meat, liver, fish, Jaggery
- Cooking in iron vessels also increases the iron content of food.

#### Vitamin C rich food

- Citrus fruits like, Amala, guava, lime, goose berry,

#### Protein rich foods

- Milk and milk products, pulses, ground nuts, grams egg, meat.

#### Folic acid (folate)

- Dark green leafy vegetables, whole grains, mushroom, liver, meats, fish, nuts, peas and beans, eggs.

### **Other tips to Prevent Anaemia**

- If malaria parasites or worms are causing the anaemia, treat these diseases first.
- Avoid drinking tea or coffee with food especially within an hour of eating meals.
- To prevent hookworm infestation use a latrine for passing stool, wear footwear especially while walking or working on wet lands.
- Space births at least 2 years apart. Use birth control devices.

Please Note: Sickle cell anaemia is common in tribal areas. It is dangerous to give iron pills to a person suffering from sickle cell anaemia. If you are working in a tribal area be aware about this fact.

### **Calcium Deficiency**

To make bones and teeth strong, every one needs calcium. Girls and women especially need extra calcium. This is because women give birth to children. Due to repeated childbirth and inadequate intake of calcium, women may suffer from osteoporosis (when bones become weak and brittle) in later years of her life.



### **Needs of Calcium for Women in Different Stages of Her Life**

During childhood: Calcium helps in development of bones and helps the girl's pelvic size increase, which is important to give birth safely when she is fully-grown.

During pregnancy: A woman needs enough calcium to help the baby's bones grow, and to keep her own bones and teeth strong.

During breast-feeding: Calcium is necessary for making breast milk.

During mid-life and old age: Calcium is needed to prevent weak bones (osteoporosis)

### **Foods rich in calcium:**

Milk, curd, yoghurt, cheese, ground sesame, green leafy vegetables (particularly drumstick leaves), beans, shellfish, lime (lime ash).

### **To increase the amount of calcium in food:**

- Put a teaspoonful lime while kneading dough
- Soak bones or egg shells in lemon juice for a few hours, and then use the liquid in soup or other food.
- Add a little lemon juice, vinegar, or tomato after cooking bones for soup.
- Soak maize (corn) in lime juice and eat.

### **Iodine Deficiency:**

In our country, in certain areas due to iodine deficient land people suffer from iodine deficiency. Iodine in the diet helps prevent a swelling on the throat called goiter and other problems. If a woman does not get enough iodine during pregnancy she may have a stillbirth (dead baby) or the child may be a deaf mute or may be mentally slow. The easiest way to get enough iodine is to use iodized salt.

### **Ways to Work Toward Better Nutrition:**

- Family kitchen garden
- Community gardens
- Rotation of crops
- Irrigation and counter ditches (prevent the soil from washing away)
- Food Co-operatives: The community can buy large amounts of food at lower prices.
- Fish breeding
- Plant papaya, guava, curry leaves, and drumstick trees.
- Use -natural fertilizers (Compost pile)
- Better food storage facilities
- Working towards a balance distribution of land.
- Improved cooking methods practices

### **Public Distribution System (PDS):**

PDS was introduced to ensure grains to poor people at low cost so as to ensure their nutritional status.. However due to various reasons implementation of PDS has become ineffective. The poor people have no choice but to buy from the open market where

prices are higher. The fact that few people make use of the PDS is then used as a reason for further budget cuts.

Most poor families have not been given the benefits of Below Poverty Line (BPL) schemes and do not even have BPL cards. For example, in Dharavi, a huge slum in Mumbai, there are only 375 BPL cardholders. Since trade liberalisation policies and structural adjustment programmes were introduced in India in 1991, the supply of food grain from the Central Public Distribution System (CPDS) has gone down from 207.36 to 191.19 lakh tonnes. During 1997 it fell by 25.6 per cent, and it fell further by 28 per cent during April-May 1998.

### **Useful Health Education Material**

- Aneamia and Women's Health, CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad, 380004, Gujarat, Language, Hindi, Gujarati, English
- Let Use Know More about Our Body, set of two booklets, CHETNA, Languages, Hindi, Gujarati, English
- Health and Nutrition Manual, CHETNA, Languages, Gujarati, Hindi, English
- Balanced Diet, Slides-33, CHETNA, Language, Gujarati
- Samtol Aahar (Balanced Diet), Video, Nutrition Education Through Puppets, Language Gujarati, CHETNA
- Controlling Nutritional Anaemia, Video, Training & Information on anemia, UNICEF, Lodi Estate, New Delhi, Language, Hindi, VHA 40, Institutional area, New Delhi-110016

### **Useful Health Education Material**

- Anaemia and Women's Health: Educational Kit CHETNA, Lilvati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad-380004, Gujarat. Languages-Hindi, English and Gujarati
- Health and Nutrition Manual: CHETNA, Languages- Hindi, English, Gujarati
- Better Health for Adolescent Rural Girls. Volume 1, Health and Nutrition, Nutrition Foundation for India.

### **Flash Cards:**

- Use of Iodized Salt: (Hindi), UNICEF and Salt Department of Udyog Ministry, UNICEF House, 73 Lodi Estate, New Delhi-110001

### **Slides:**

- Malnutrition in India, Voluntary Health Association of India (VHA), Tong Swasthya Bhawan, 40 Institutional Area, Near Qutab Hotel, New Delhi-110016, Language- Hindi, English
- Balanced Diet, CHETNA, Language-Gujarati
- Bio Intensive Kitchen Garden (English), Centre for Development Communication, 23 Jabbar Buildings, Begumpet, Hyderabad-500016
- Deficiency Diseases, VHA, New Delhi Language-English, Hindi

### **Video Cassette**

- Healthy Food Devices UNICEF, New Delhi, Language-English,
- Controlling Nutritional Anaemia, UNICEF, New Delhi, Language- Hindi



## **Activity 1 Game-Functions of Food Groups**

### **Objectives**

To understand the food groups and their functions

### **Material Required**

Post card size cards (approximately 25), musical instrument (e.g. dholak), or metal plate and spoon.

### **Method**

- Write names of the various foods on cards (5 names from each food groups. You can make the cards in triplicates so that all participants can get it).
- The cards should spread on the floor in the form of a circle.
- Ask the participants to stand in a circle around the cards
- As a facilitator you have to clap, or play a musical instrument (e.g. dholak) or make noise with the help of plate and spoon
- Stop the music after some time and speak out name of any one food group e.g. energy giving food
- The participants have to pick up one food card, which gives energy.
- Let them show their cards to each other and let them discuss among themselves, whether they have picked up correct card or not. If necessary the facilitator may give necessary information.
- Ask the person who picked up the incorrect card to do activity like, skipping or sing a song etc.

## **Activity 2 - Case study**

This is Mithapur village where 300 families stay. It is a rich village of Gujarat State. Nathi is 30 years old women, married to Kamal, a farmer of the village. Nathi is pregnant for the second time. She gives birth to a beautiful daughter. She is Nathi's second daughter. Her name is Laxmi. No one celebrated her birth. Nathi was blamed for the birth of second daughter. She was ill treated by her husband as well as other family members. Due to mental tension Nathi's breast milk output has reduced at a large extent. At the end of the day, Laxmi remains hungry. She also cries a lot.

The desire for a son has made Nathi pregnant for the third time. She stopped breast feeding Laxmi completely.

The third time, a son was born and his birth was celebrated. Being the son, Ramesh was an apple of everyone's eyes. On the other hand, Laxmi lost her share in breast milk along with other nutritious food. Her growth was slow and she looked undernourished. Ramesh started attending the school whereas Nathi stayed at home to do the household work, tend the cattle, fetch water and work in the field. Ramesh and his father ate first and got lion's share of food, while Laxmi, her sister Pushpa and Nathi were the last to eat whatever was left.

Days passed by and Laxmi reached adolescent age. Her parents gave a large dowry to get Pushpa married. They were tense because they now have to collect dowry for Laxmi. Every day, they tortured Laxmi that because of her they have to work hard. Laxmi feels suffocated due to such environment in the family. All the time she feels neglected. She cannot eat well. She feels hesitant to ask for more food.

One day her father finds a 35-year old groom who was ready to marry Laxmi without demanding any dowry. He is a divorcee. 15-year old Laxmi was forced to marry this man. After marriage, Laxmi came to know that her husband is a drunkard who spends lots of money in this habit.

### **Questions for discussion:**

- List down the reasons for Laxmi's undernutrition.
- What needs to be done to change the situation?
- Do we have any programmes to improve nutritional status of women? What is their impact on women's nutritional status?
- What will be the end of the story? Why?

### **Activity 3 Songs**

#### **For women**

(Tune: Roses are red my love, violets are blue....)

Your look so healthy, my dear

What is the secret?

Eat leafy vegetables, sour fruits, with pulses and meat.

My family helps me do the work; we sit together and eat.

That is the secret, my dear, to stay healthy and happy.

#### **For men...**

(Tune: In the morning by the sea..)

Men and women, shall share responsibility equally,

Responsibilities and resources.

Food and health care, home and water,

Equal work and equal wages.

#### **For in-laws...**

(Tune: Brown girl in the ring...)

A new bride in the house, tra la la lala

like your daughter in the house, tra... la la la la

she looks for your love and support.

Share with her food and work, tra la la la la

Equally, share with her food and work, tra la la la la la.

She will blossom with your love and support.

#### **Mother to adolescent girl**

(Tune: Jingle bells, jingle bells, jingle all the way...)

Leafy vegetables, sour fruits and pulses if you eat

with meat, fish and eggs also

healthy life shall you lead

food, rest, games and play are important any way,

with menstruation round the corner,

they will help you through those days.

Menstruation comes to us as a part of growing up,

Cleanliness and happiness will help you brighten up.



## **Activity 4 Quiz**

### **Objectives**

To evaluate the learning related to nutritional needs of women in a life cycle, food and its functions, eating low cost food, ways to improve nutritional status etc.

### **Material Required**

Newsprint paper and marker pen or black board and chalk to write the marks obtained by the each group, paper slips to write the questions, small basket or any available container.

### **Preparation**

Write one question on one slip. Some of the questions may be repeated. The examples of questions are given below:

Give the names of food groups.

What are the reasons of under nutrition among women?

What are the causes of anaemia?

What are the symptoms of anaemia?

What is the prevention of anaemia?

Give five names of iron rich food.

Give five names of calcium rich foods.

Give five names of vitamin c rich food.

Give three names of vitamin A rich foods.

What nutrition related educational message would you give to pregnant woman?

What nutrition related educational message you will give to nursing women?

### **Method:**

- Divide the participants in three teams. Ask them to choose a name for their teams.
- The teams have to compete against each other for points form correct answers
- The facilitator has to pick up a slip and read the question.
- The member of the team who knows the answer has to raise her/his hand.
- Ask the team member to give the answer. If the answer is correct, give 10 points. If the answer is incorrect give minus 5 point, and give a chance to other group to give correct answer. You may give partial points if the answer is partially correct
- At the end of the game count the points and declare the winner team.



# Women's Work and Health

## District Level Training Module



3 hours

### Learning Objectives

At the end of the session the participants will learn about

- ♦ the linkages between work and their health
- ♦ various illnesses related to their work
- ♦ various measures to deal with these illnesses
- ♦ developing a plan for improving health of women workers.

### Design

Time Minutes	Topics	Methods
30	Women's work and its linkages with her health	Mime, Discussion, Illustration
15	Difference between organized and unorganized sector	Discussion
45	Various illness due to work and measures to deal with them	Discussion
60	Some useful exercise and remedies to get relief from health problem	Discussion, Activity 1
30	Plans to improve health of women workers	Small group discussion

### Material Required

Flip charts and marker or black board and chalk, Enlarged illustration 1 or the illustration transferred on transparency

## Note for the Trainer

Welcome the participants.

**You may start by saying....**

*"Dear friends,*

*Today, let us discuss about our work and how it effects our health. Let us start with making a list of work we do during the day."*

- Ask the participants to perform mime depicting different kinds of work that they do during the day. They would perform mime by turn. Ask other participants to recognize it. Prepare a list. Categorize them into work in and outside the homes.
- Divide the participants in a small group and ask them to calculate the total time spent in doing different tasks from morning till they go to sleep. The number of hours women spend will depend on the region, occupation and nature of work. You may lead the discussion as per your geographical situation.
  - In some places, Women work for about 16-18 hours in a day and men about 6-8 hours.
  - In some places, Women and men, both work for almost equal hours, but women spend most time working in their homes (cooking, caring of children, etc) which usually remains unrecognised.
  - Mostly men would spend time for individual pursuits and relaxation where as women would hardly mention it.
  - Men would be doing more technical and implement oriented jobs whereas women would be doing routine jobs.
- Ask the participants to list how much and what do they eat in comparison to the work they do.
- Explain the linkage between Work, Undernutrition and Health. Use the illustration 1 enclosed herewith.
- After this, ask them to tell the difference between the work done by women and men outside the home. Categorize this into organized and unorganized sector and explain the difference between organized and unorganized sector.
- Based on the information given in 'Points to Remember' discuss the health problems of women due to work.
- Along with the participants organize the demonstration of exercise given in Activity 1 and discuss few remedies given in section points to remember.
- At the end of the session ask the women to brainstorm on different interventions for some of the common health hazards they come across due to their work.



## Points to be Remembered by Participants

Work has a close relation with health. Women spend most of their life working. Women work at fields, at home-preparing food, cleaning, sweeping, carry firewood and fetching water, cleaning and caring for children and other family members. Many women also work outside to earn money to support their families. They work in the fields, in other people's homes, in factories, in make shift shed, on the pavements, in railway stations, in forests, on the road... the list is endless. Women's work is not recognised, as it is mostly unpaid labour. Due gender biases in distribution of food, a woman usually does not consume adequate food in comparison to the work she does. This is one of the reasons for the high incidences for anaemia and undernutrition among women.

As woman's work affects her health, woman's health affects her work – thus pushing women into a vicious cycle of ill health and over work throughout the life cycle.

Only 4 women out of 100 work in the formal sector – i.e. big factories, in the Government and in private sectors. The rest of them (96%) work in the unorganised sector – i.e. in places and occupations of all kinds without any formal agreements, paperwork or contract with their employers. For example women across the country roll beedis, work on farms, on construction sites, break stones, make pickles and papad, assemble radios and TVs, stitch clothes etc.

Many women are self-employed like vegetable vendors, trading some materials. Some of them take work on contract basis and get paid on piece rate. Some others work in a shed set up by middlemen, and then get paid on piece rate.

### Difference between organised and unorganised sector

Unorganised Sector	Organised Sector
No norms of payment	Norms are fixed for the payment
No access to leave, rest, health care	Access to leave, rest and health care
No access to workmen compensation	Access to workmen compensation
No facility for child care	Facility can be availed for child care
No payment for over work	Fixed rate for overwork
Their contribution is not recognised in the GNP (Gross National Product)	Their contribution is included in GNP (Gross National Product)



## Various occupations, associated illnesses and useful measures:

Please note that the work commonly observed in rural areas are listed here. There are several other occupations in which women work and which have effect on her health.

Illnesses	Preventive Measures
<b>Agricultural Farmers</b>	
Nausea, breathing problems, itching, fungal infections, contamination of food, allergy, tuberculosis, fatigue, aches and pains	<ul style="list-style-type: none"> <li>• Ensure that farming implements are according to your size and convenience.</li> <li>Use herbal medicines for respiratory problems, infection and allergies.</li> <li>Massage and hot water bath will relieve you from aches and pains.</li> <li>• Adopt correct posture while working</li> </ul>
<b>• Salt workers</b>	
Sunstroke, ulcers in hands and feet, boils, backache, pneumonia and swelling in liver. Use of certain implements can also cause problems.	<ul style="list-style-type: none"> <li>• Use a pipe to collect water vapour from the salt pans. After cooling, this water can be used for drinking</li> <li>• Using gumboots, gloves, dark glasses, cap and better equipment.</li> <li>• Wearing white, cotton clothes, which cover most of your body.</li> <li>• Wipe your body with wet cloth on and off. Consume herbal decoctions that are cooling.</li> </ul>
<b>• Gum collector</b>	
Fatigue, insect bites, snakebites, sores and bleeding through babool thorns, injuries and sunstroke.	<ul style="list-style-type: none"> <li>• Use gloves, closed shoes, long handled sickle to collect gum.</li> <li>• Wearing long sleeved clothes.</li> <li>• Be careful while collecting gum.</li> <li>• In case of injury, take tetanus injection and keep the wound clean and dry. You may want to apply herbal pastes described in section points to remember.</li> <li>• Eat foods that provide energy and herbs suggested to reduce fatigue.</li> <li>Share workload among family members.</li> </ul>
<b>• Lifting and collecting heavy load</b>	
Pains in joints, back and chest, dizziness, stomach ache, breathing problems, miscarriages, menstrual problems and fallen womb.	<ul style="list-style-type: none"> <li>• Lifting safely: Squatting while lifting things to pick weight from the ground.</li> <li>• Keep your back, shoulders and neck as straight as possible.'</li> <li>• Avoid lifting weights during pregnancy and childbirth.</li> <li>• Carry objects close to your body.</li> <li>• Carry loads on your back rather than sides of body. You may divide the load in two parts and carry on both sides or switch sides often.</li> <li>• If you have a back problem, place a cotton pad under your back, while sleeping.</li> <li>• Do the exercises suggested in Activity 1</li> <li>• Keep your back straight throughout the day. Do not slump forward.</li> <li>• Do not bend over at the waist to reach out to things on the ground.</li> <li>• If your work requires bending forward, try to stretch and change positions.</li> </ul>
<b>• Sitting and standing for long hours</b>	
Aches and pains in neck and back, varicose veins, swollen feet.	<ul style="list-style-type: none"> <li>• Take short walks during breaks and stretch yourself every hour.</li> <li>• Do the exercises described Activity 1</li> </ul>
<b>• Sexual Exploitation</b>	
Physical: injuries and infections in the body, pain, nausea, ulcers etc. Emotional: Revulsion, anger, disgust, anxiety, nervousness, depression, and low-self esteem.	<ul style="list-style-type: none"> <li>• Asses your options and talk about it.</li> <li>• Solicit support from women's groups</li> </ul>



## Psychosocial issues

The health implications listed here are just a small fraction of the wide range of occupational health problems faced by women in the unorganised sector. The psychosocial issues that revolve around women's occupation health is perhaps as alarming as the health problems created in the workplace. Here is what women from different occupations report:

- If I get late returning from the market my husband demands to know about my whereabouts.
- My husband is suspicious of my movements and always wants to know where I have been and why. He even follows me!
- My husband drinks every day and beats me, he takes away the money I earn and spends it on drinks.
- When I feel terribly stressed, I think of suicide.
- I am constantly thinking of and worrying about so many things – my work, my home, my children, money, dowry, health and other social / family problems.

Continuous stress, fear, anxiety, worries invariably affects our health. In particular our reproductive system is closely linked to our emotional and mental health.

### Effect of stress on women

- Sleeplessness
- Loss of appetite
- Constipation
- Depression
- "Hysterical" outbursts

### What needs to be done?

- learn to rest and relax as much as possible
- learn about your own strengths and weaknesses
- learn to present their problems and speak about these, even among themselves
- Help in enhancing self esteem of women
- consider mental health as health problem also

## Sexual Exploitation at Work Place

- What is Sexual Exploitation?  
It's any unwelcome work or actions of sexual nature.
- What is my workplace?  
Any place where working relations exist.
- There are definite health hazards in various occupations, but sexual exploitation of women can happen in any occupation and often happens in many occupations where that does. Susceptibility to sexual exploitation increases in some

occupations like construction sites, domestic work. Recently it is observed that sexual exploitation of women working as village leaders (sarpanches) or change-agents has increased.

- Rather than remaining silent about the assault, it is important to talk about it and act promptly. Telling other women colleagues and confronting the harasser is the best solution.
- Emotional effects  
Revulsion, anger, disgust, fear, shame, guilt, confusion, powerlessness.
- Psychological damage  
Anxiety and nervousness, depression, feelings of low self-esteem.
- Physical reactions  
Sleeplessness, headaches, nausea, high blood pressure, ulcers.
- Whenever encountered by such a treatment, assess your options carefully. Silence or quitting your place of work may not be the best solution. It allows the person to "get away with it" quite free and gives him the opportunity to harass others.
- Different people may react to your complain differently. At times your own family members might feel you are overreacting. But this should not deter you. Many a times the remarks and suggestions are so vague, that when complained about, they can backfire and the woman can be blamed for "thinking too much about you". It is very important to realise that sexual abuse is not based on intent but on what is the effect, so do not hesitate, speak up.
- It is very important to handle situations related to sexual exploitation with utmost confidentiality, but it is equally important to take actions. In some cases social pressure might work, while in others a warning itself might be enough. At times counselling and legal and medical help might also be necessary. Women's groups can be very helpful during such times.

### **A Few Herbal Remedies to get relief from the Health Problems**

**For nausea and vomiting:**

- Take a peacock feather. Separate the central blue colored semicircular part. Burn it in a copper or any other vessel. Take the ash with honey or water 2-3 times in a day.
- Soak a teaspoonful of foeniculum (variali, saunf) in a clay vessel, through the night. In the morning, mash the soaked foeniculum, add sugarcandy as per taste and drink it on empty stomach. Can be prepared immediately using powdered foeniculum.
- Drink plenty of fresh buttermilk, lemon juice, curds(yogurt) and coconut water.

**For sunstroke**

- Wrap a white cotton cloth over your head and wear shoes/slippers while working in the sun.
- Take frequent breaks and sit under the shade.
- Wear cotton clothes that fully cover your body.



- Drink at least 10-12 glasses of water and also other fluids like lemon water, buttermilk etc.
- Drink 1/4<sup>th</sup> cup of onion juice before moving out in the sun.
- Boil one unripe mango and squeeze its pulp. Mix it and mix it in 2 glasses of water. Add roasted jeera powder, salt, Jaggery/sugar and mint leaves according to taste. Drink it several times during the day.

#### For Skin Infection and Allergies

- Wash the affected part with plenty of water. Do not use soap.
- Boil Margosa (Neem) leaves in water till the water turns yellowish green (Water and neem leaves taken according to the need). Use this water for bathing and washing the affected part.
- Rub the inner bark of neem trunk and prepare a paste. Apply this paste on affected part.
- If it itches, apply coconut oil.

#### For respiratory/breathing problems

- Eat ½ tsp. of gooseberry (amla) powder with honey or water. Eat them in plenty when there is season.
- For cough and difficult breathing, take a plant of Kanteri (Bhoir ringni), Chop it in to pieces, and boil it in water till ½ quantity remains. Drink this in the morning on empty stomach.
- If there is lot of phlegm, boil 3-4 leaves of Arduisi (malabar nut) in a cup of water, till half the quantity remains. Drink this on empty stomach, in the morning and at night.

#### For aches and pains

- Boil leaves of nagod (Vitex negundo). Take its steam or wash the parts with its lukewarm water.
- You may want to heat leaves of castor and tie it on the affected part.
- A massage using oil heated with garlic and ajwain will soothe you.

**Please note:** You may ask the participants about the herbal remedies/local health traditions that are practiced in the area. Assess their usefulness

## Activity 1 Some Useful Exercises

### Objective

To teach exercise to the participants to get relief from the health problem arises from work

#### Please Note:

As a trainer you could practice these exercises and teach them to the participants

#### To strengthen the respiratory system:

- Pranayam is an excellent breathing exercise. Hold both nostrils lightly in a pinch. Inhale from the left nostril and count the time. Exhale from the right nostril and count the time. Inhale through the right nostril and exhale through the left. The exhalation time should be double than inhalation time. This is one round. Do three such rounds in morning and at night.
- Lie on your back; fold your knees on your chest. Hold in this position for 10-15 seconds as your breath deeply. Breathe out and gently rock your body, while bringing your knees even closer to your chest. Repeat two or three times.



Lie on your back with your arms straight out from your sides. Bend your knees and then move them slowly to one side. At the same time, turn your head to the opposite side, trying to keep your shoulders flat on the ground. Stay in this position as you breathe in and out a few more times. Then raise your knees to the centre and slowly bring them over to the other side. Turn your head the other way. Repeat this exercise two times on both sides or until you feel the release in your lower back.

Lie on your back with your knees folded. Flatten your lower back on to the floor. Slowly tighten your lower abdominal and buttock muscles and holds as you count to 3. Keep breathing as you hold and relax. Repeat two or three times.

When your work involves standing or sitting for long hours, do each of these exercises when you feel stiff or pain.

Head: Roll your head in clock-wise and then anti clockwise direction

Shoulders: Move them up and roll them in circular motions and pull your shoulder blades together behind your back.

Waist and upper body: With your back straight, turn from the hip to face the side.



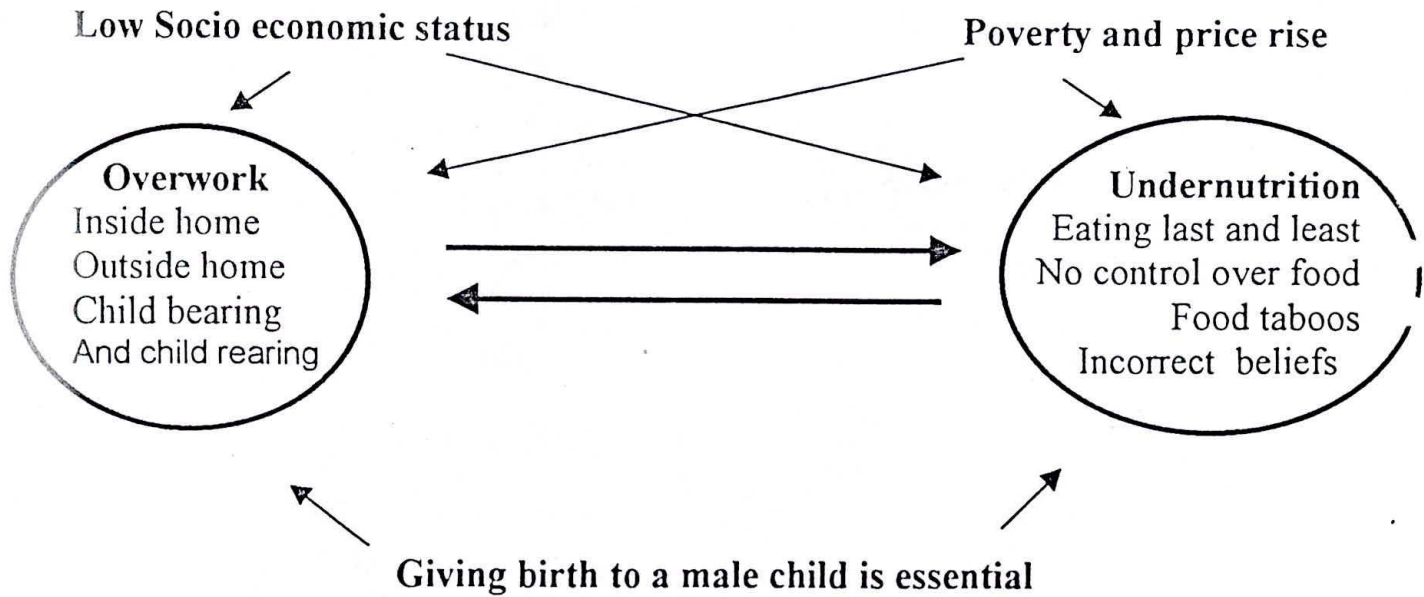
For Stress and Emotional Problems:

- Meditate for about 10 minutes in the morning or at bedtime. There are different ways to meditate
- You may want to sit in front of an idol and chant some mantras using tulsi beads.
- You may want to worship and pray.
- Or. Simply sit with folded legs, close your eyes and concentrate on your breathing. With gradual practice, you will learn to put unnecessary thoughts and emotions away and reach a thought free state.
- Shavasan –lying like a corpse- is an excellent asana to relax your whole body. Sleep on your back with hands close to your sides and palms facing upwards. Close your eyes and relax. Take deep breaths and concentrate on breathing. You may like to do this just before falling asleep.

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Illustration 1

Linkages Between Work and Health



You may transfer this illustration on transparency to use during training



# Violence and Women's Health

## District Level Training Module



4 hours

### Learning Objectives

At the end of the session the participants will learn about

- gender violence faced by women
- types of violence
- linkages between violence and health
- interventions in cases of violence

### Design

Time in minutes	Topic	Methods
45	Understanding types of violence on women in the life cycle and gender violence	Life line exercise <u>Activity 1</u>
30	Places where violence takes place	<u>Activity 2</u> -My safe space, Role play
30	Effect of social norms on thinking about our own body	<u>Activity 3</u> -"What I like and what I dislike"
60	Linkages between violence and health	Discussion
15	How do you know when will men become violent?	Sharing of experiences
30	Why do women stay with a man who has hurt her? Preparation to face new difficulties when one decides to leave the partner:	Brainstorming
30	What is Rape? How to avoid rape, how to prepare one self to go out alone?	Discussion, <u>Activity 4</u> -role-play, <u>Activity 5</u> -case study

### Material Required

Flip charts, markers or black board and chalk. For Activity 1-small pieces of papers.

*District level training module*

## Note for the Trainer

Welcome the participants. You may start the session by saying....

*"Dear friends,*

*Today we are going to discuss the topic on violence. It is a very important topic for all of us to understand. Let us discuss this topic in detail."*

- Introduce Activity 1-Life- line. At the end of the exercise lead the discussion towards type of violence on women in life cycle and gender violence.
- Introduce Activity 2 "My safe place". This exercise will help you to discuss scarcity of safe places for women. Inquire about different places where violence takes place. Also encourage them to list down the persons.
- Ask them to perform a role- play on different situation. At the end of the role -play while summarizing the discussion, focus on the type of violence depicted in the role-play and its effect on women's health.
- Now you can lead the discussion towards effect of violence on women's health in special condition like, pregnancy, childbirth etc. Please refer the session "Points to Remember"
- It will be interesting for women to discuss "when will they know that man is going to become violent". Ask the women to share their experiences and make a list. You may enrich the list by adding the points from the section 'Points to Remembered'.
- Initiate a brainstorming session on "why a woman stays with a man who hurts her" and "What are the new challenges a woman has to face if she decides to leave her partner".
- You may now discuss sexual violence particularly - "Rape" in detail. Ask them to define sexual violence. You may divide the participants in small groups and ask them to define sexual violence. After they finish the discussion ask them to share the same in the group. Compare the definition and brainstorm on the ideas generated in the group.
- To sensitize the participants about the effect of social norms about our feeling of our body introduce Activity- 3. "What I like and what I dislike". Also you may focus on how we do not get our self prepared to discuss about topics related to sexuality and sexual violence which does not allow us to be prepared to face it.
- Discuss the topic of Rape. Focus on what is rape, how to avoid rape, what to do if you are raped etc. Ask them to perform a role- play. You may give the guide- line given in Activity 4 to build up their role-play. At the end of the role- play you may ask the question given along with it. This will lead to discussion the complexity involved to prove that a woman is raped. Summarize by focusing on points on what to be done if some one is raped what to tell police? Points to be kept in view while deciding to go for law. At the end of the topic discuss the case study given in Activity 5. Ask questions and encourage the discussion. You may emphasize, how 'your' own values affect your decision for the interventions.



## Points to be Remembered by Participants

Gender violence is the violence initiated by suppression of thought processes, limiting mobility and depriving women of the opportunities to negotiate for their survival. Violence that accompanies women from their birth is in most cases invisible and insidious.

### Type of Violence on Women in a life cycle

- Prenatal: Sex-selective abortion (aborting a fetus if they know that the baby is a girl), battering (beating and improper treatment) during pregnancy (emotional and physical effects on the woman; effects on birth outcome); coerced (forced) pregnancy (for example, mass or gang rape). Continue unwanted pregnancy, preference for son, to prohibit use of contraceptive method.
- Infancy: Female infanticide (killing of girls under one year of age); emotional and physical abuse (discriminatory treatment); differential access to food and medical care for girl infants.
- Childhood: child marriage; genital mutilation (cutting the genitals); sexual abuse (improper treatment) by family members and strangers; differential access to food and medical care; involving children in sex work.
- Adolescence: Sexual abuse (discriminatory treatment) at home and in the workplace; eve-teasing (making fun of), molestation (giving trouble), rape, sexual harassment (bother sexually); forced sex work; trafficking (illegal trade) in women.
- Adult women: Adult women face domestic violence the most. The most common form of violence against women within their families are-men may kick, bite, slap, they may burn them or throw acid in their faces; they may beat or rape them, with body parts or sharp objects; they may insert various objects in their genitals, and they may use deadly weapons to stab or shoot them.
- Reproductive Age: Marital rape (husband forcing sex on wife); dowry abuse (treating a woman badly for dowry) and murders; partner homicide (when a partner kills another partner); psychological abuse (mental harassment and torture); sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities.
- Old Age: Abuse of widows and elder women.

### Other Forms of Violence:

There are many different ways that a man tries to gain power over a woman. Physical violence is one of them. But all types of violence can hurt a woman.

- Emotional Abuse: The man insults the woman, puts her down, or makes her think she is going crazy.
- Controlling Money: The man tries to keep the woman from getting a job or earning her own money. He makes her ask him for any money that she needs. Or the man

says that the abuse did not really happen, that it was not serious, or that it was the woman's fault. He may force her to work and then take the money she earns.

- Blaming her: The man passes on the blame of anything bad that happens to him or the family, on the woman.
- Controlling mobility: The man controls everything the woman does—who she meets and talks to and where she goes.
- Making threats: The man uses a look, action tone of voice, or makes threats that make the woman feel afraid that he will hurt her.

## Causes of Violence

Women have low status in the society. More often than not, they are used by men to ventilate their frustrations and exert power.

### Where and by Whom Violence Take Place

Where violence takes place	By whom	Types of violence
Home	Husband, Father, Brother, Other relatives uncle, brother-in-law etc.	<ul style="list-style-type: none"> <li>➤ Mental torture, wife beating, rape, bride burning, compulsion of sex-work to earn money for the family.</li> <li>➤ Women are pressurized to undergo sex determination test, they face discrimination &amp; neglect</li> <li>➤ Eve teasing(making fun), molestation(trouble), rape</li> </ul>
Work Place	Landlord,contractor , supervisor, Male Colleague	Molestation, eve teasing, rape
School/ colleges	Students, Teachers,	Eve teasing, molestation, rape
Hostel	Students, warden	Eve teasing, Molestation, rape
Public places: Bus-stand, railway station, while travelling in this, roadside, Cinema Theatre, in forest/farms.	By any men	Eve Teasing, molestation

One out of five women, worldwide, is a victim of rape. Most of them know their attackers. Young girls are the most frequent targets. Forty to 60 percent of all known sexual assaults are committed against girl's aged 15 years and younger.

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## **Effect of Violence on Women's Health:**

Violence has direct relation with women's physical and mental health. Let us understand how violence affects women's health in a life cycle

**Pregnancy:** Sometimes women become pregnant to avoid being beaten, even when they know they are very weak. However, violence is observed to increase during pregnancy as compared to any other situation. Violence against women during pregnancy causes miscarriages and premature deliveries that severely endanger both the health of the mother and the life of the child. Further more, Pregnancy becomes an excuse to control diet and activities of women.

Unwanted pregnancies are often the result of violent acts such as rape and incest (sexual relations among close relatives) or by affecting a woman's ability to negotiate contraceptive use. In a study in Mumbai, India, 20% of all pregnancies of adolescent abortion seekers occurred due to forced sex, 10 % from rape by a male domestic servant, 6% from incest, and 4 % from other rapes.

**Childbirth:** Force and pressure are exerted on the woman's abdomen or women are made to travel on a bumpy road to hasten labor. This may result in rupture of the womb and death of woman. Sticks and sharp objects are inserted in the vagina to induce abortion. This may result in rupture of womb or sepsis. At times, their partners abandon women and they face the anxiety and trauma of labor alone.

**Lactation:** The infant can be the victim of direct aggression and result of the frustration faced by the mother for bearing a girl/child as well as through the effect violence has on the production of breast milk.

**Infertility:** Domestic violence is typically seen to increase when a woman is "suspected" of being infertile. This has often led not just to violence, but to desertion.

**STD including HIV/AIDS:** As with unwanted pregnancy, women are vulnerable to contract sexually transmitted diseases (STDs) because they are unable to negotiate protection. Women with STDs have a higher risk of complications during pregnancy, including sepsis, spontaneous abortion and premature birth. Some STDs increase a woman's vulnerability to the HIV virus, as well. Violent sexual assault may also increase risk because resulting tears to delicate vaginal tissue allow the virus easier entry into the bloodstream. With HIV/AIDS, the consequences are usually fatal for the woman and possibly for her children as well.

**Homicide:** Numerous studies report that husband, in-laws, brother-in-law etc kill most women who die due to homicide. Dowry is very common in our country. This custom can be fatal for the woman whose parents are unable to meet demands for gifts or money. Violence that begins with threats may end in forced "suicide", death from injuries, or homicide.



Mental Health: This is a key intersection between violence and health, i.e. violence is seen to not just affect women's health, but more specifically affect women's mental health. The most important issues in the relationship between violence and mental health are depression and low self-esteem. Depression is most, but the effects can include reduction of strength, lack of energy, insomnia and tiredness.

Serious pain and injuries: Broken bones, burns, black eyes, cuts, bruises, as well as headaches, belly pain, and muscle, pain that may continue for many years after the abuse has taken place.

Certain acts of violence (such as domestic violence) create a paralyzing web of fear, ill health and destruction. Therefore, violence should be viewed as an issue of power for women, or more fundamentally, as **an issue of survival**. Not just a woman's health, but a woman's survival is often at stake during encounters with violence.

### **When does Men Become Violent?**

One must ask the following questions to assess when do men become violent?

- Does he act jealous when you see other people, or accuse you of lying to him? If you find you change your behavior to keep him from acting jealous, then he is controlling you.
- Does he try to keep you from meeting your friends and family, or from doing things on your own? It does not matter what reason he uses. He is trying to keep you from having their support. It will be easier for him to abuse you if you have nowhere else to go.
- Does he insult you or make fun of you in front of other people? You may start to believe what he says. This can make you feel as though you deserve to be treated badly.
- What does he do when he gets angry? Does he break or throw things? Has he hurt you or threatened to hurt you, physically? Has he ever hit another woman? All of these things show that he has trouble controlling the way he acts.
- Does he feel insulted by people with authority, such as his teachers, bosses, or his father? He may feel he has no power over them. This can make him try to gain power over other weaker/ subordinate people in other areas of his life by using violence.
- Does he claim that alcohol, drugs, or stress is the reason he acts the way he does? If he puts the blame on something else, he may say things will get better if he gets a new job, moves to a new town, or stops using drugs or alcohol.
- Does he blame you or someone else for the way he acts, or denies that he is doing anything wrong? He is less likely to want to change himself if he thinks that the way he acts is your fault.

#### **In a community, violence can cause:**

- The cycle of violence to continue to new generations.
- The continued false belief that men are stronger than women.



## **Why Women Stay with Men Who Hurt Them:**

Why do a battered women stay with men who hurt them? This is the first question most people ask when they hear about a woman who is being abused? There are many reasons why a woman might choose to stay in an abusive relationship. They include:

Fear and threats: The man may have told her, "I will kill you, kill the children, kill your mother. If you try to leave." She may feel she is doing everything she can to protect herself and others by staying.

No money and no place to go: This is especially true if he has total control over all the money and she is not allowed her to meet her family and friends.

No protection: There may be nothing to stop him from coming after her and killing her.

Shame: She may feel that violence is somehow her fault, or that she deserves it.

Religious or cultural beliefs: She may feel it is her duty to save the marriage, no matter what it costs her.

Social obstruction from society: In our society serving ties in a relationship is not viewed positive. Usually the blame of a broken marriage/relationship goes to woman and she is unable to live a normal life again.

Hope for change: she may feel she loves the man and wants the relationship to continue. She may think there is some way to stop the violence.

Guilt about leaving the children with no father.

But perhaps a better question to ask is, "why does not he leave?" If we ask why a woman does not leave, it implies that it is her personal problem, which she has to solve. It is incorrect to assume that violence is only a woman's problem.

- The whole community needs to be responsible for the health and well being of every person in that community.
- It is the man who is committing a crime by violating the woman's right to live free from physical harm, or by killing her. His actions should be challenged and stopped.

## **When a Woman Decides to Leave, She needs to be prepared for some new difficulties that she may face:**

Safety: The most dangerous time for a woman is, after she leaves her partner. The man has lost control over her and will usually do anything to get it back. He may even try to follow on his threat to kill her. She must make sure she is staying in a safe place that he does know about or where she is protected. She should not tell anyone where she is staying. He may force them to tell him or anyone about her whereabouts.

Surviving on her own: She needs to find a way to support herself and if she has children and her children too. If she can stay with friends or family, she should use that time to get more education or learn job skills. To protect herself maybe she can share a place to live with another woman, who was abused in the past.

Feelings: All the things she needs to do start a new life may feel like too much to face. She may feel scared and lonely because she is not used to being alone in a strange place. She may miss her partners---no matter what he did to her. When things seem very difficult, she may not remember how bad it really was before she left. Allow time to pass. Try to stay strong. Try to find other women in the same situation as you. Together support each other.

For change to happen, people must stop thinking of violence against women as something that 'is just the way things are' or that is the woman's fault. Here are some ideas for understanding and helping stop violence in your community.

### **What is Rape?**

Rape means to have sexual contact against a woman's wish. Any time, if a man puts his penis, finger, or any object into a woman's vagina, anus, or mouth against the will of a woman, it is termed as rape. The consequences of rape are often severe and long lasting. The shock may sometimes make the victim averse to sexual relations for life. Rape, categorized in the Indian Penal Code under "offences against the human body". Rape is the only crime where the victim is immediately marked by social stigma. She is treated as a social outcaste.

### **How to Avoid Rape:**

There is no one correct or incorrect way to behave to avoid rape. What a woman does depends on how well she knows the man, how afraid she is, and how much danger she thinks she is in.

### **These Ideas May Help Any Woman to Avoid Rape:**

- Work with other women. You may be safer and stronger if you work collectively in-groups.
- Do not let anyone who makes you feel nervous or a stranger, enter in your home. Do not let him know if you are there alone.
- Try not to walk alone, especially in the night. If you must go alone, hold your head up and act as though you feel confident. Most rapists will look for a woman who looks submissive and easy to attack.
- If you think you are being followed, try walking in another direction or go up to another person, a house, or a store. Or turn around and ask him very loudly what he wants.



- Carry something with you that will make a loud noise, like a whistle. Also, carry something that you can use to defend yourself. This could be a stick, safety pins, something you can spray in his eyes, or even some hot spicy powder----like hot pepper or chili powder---to blow in his eyes.
- If you are attacked scream as loudly as you can use your whistle. If this does not work, hit back quickly (particularly on his genitals) to hurt him, so that you may be able to get away.

### Avoiding Rape by Someone Known:

Learn to trust your feelings: A woman can learn to recognize when she feels good about a person or a situation, and when she does not. When a woman feels good about someone, she may feel warmth, caring, or attraction towards him. If she can learn to act on these good feelings, it can make her more confident that she will know when she does not like someone.

### **Be Aware if You:**

- have a lasting feeling that something is not right
- feel afraid or you want to leave
- feel uncomfortable with comments or suggestions the person is making
- dislike the physical contact he makes

It can be hard to act on these feelings because a woman may be afraid of what other people will think. In addition, if the person is someone known or she cares about, she may not want to admit that he would do harm to her. But it is always best to trust your feelings and get out of a situation that feels uncomfortable before anything bad happens.

Trust your own feelings.

It is better to offend someone if you are wrong than to be raped.

### **Be Prepared to Get Away-Tips for Women:**

- Avoid travelling alone with a person who makes you feel uncomfortable or who you do not know well.
- Always know a way to get home if you decide you need to leave. It is better not to go somewhere if you will not be able to get back without the person's assistance.
- Tell the person that his comments or touch make you uncomfortable. If he does not change the way he is acting you should get away from him as soon as possible.
- If he has power over you: (Landlord, Village Leader, Landlord, Police, Panchayat leader or member, Sarpanch):
- The first time he does something that makes you feel uncomfortable, tell him to stop. If he is trying to take advantage of his power, he will look for someone who is easy to frighten. Let him know that you are not frightened. He is less likely to treat you badly (for example to fire you, refuse you medical care, or deny your request) if you can



get him to stop bothering you before he has done anything that makes him look foolish.

- Talk to other women about him. You are probably not the only one he has bothered. If you must continue to deal with him, try to bring along a friend with you so that you are never alone with him. Warn other women to be careful.

### **If a Woman is raped:**

- If a woman is able to resist her attacker, she will usually be able to avoid a rape, even if the rapist has a weapon. The more different ways a woman tries to keep from being raped, the more like she is to be able to avoid the rape or to suffer fewer injuries and mental health problems from rape.
- It is impossible to know before hand how a woman will react when someone is trying to rape her. Some women are filled with rage and feel strength they did not know they had. Others feel like they cannot move. If this should ever happen to you, know that you will do what you can.

### **Some Ideas that May Help Woman During a Sexual Assault:**

- Do not cry, plead, or give in. It usually does not help. In fact women who try this often suffer more injuries than women who fight back do.
- Stay aware: Watch the rapist carefully. There may be times when he is not watching you, or when he loses his control.
- Try different things: Kick, yell, bargain, trick him---do whatever you can think of to make him realize you are not an easy victim. Try to make him realize that you are a person, not an object.
- If the rapist is a stranger, try to memorize what he looks like: How big is he? Does he have scars or marks? What kind of clothes is he wearing? Try to remember them so that you can tell the police and warn the other women in your community.
- Use your best judgement: Only you can decide how much to fight back. In some rape situations, for example, during war, the rapist may have no reason to keep you alive if you resist.

### **What Does Woman do if She is raped?**

Every woman's experience of rape is different. But there are a few things she needs to do to recover fast. She may ask following questions:

- Who can she ask for help?
- Does she want to report the police about the rape?
- Where can she go for medical care?
- Does she want to punish the rapist?

Women need someone to talk to when she feels sad, hurt, scared or angry, to go for medical care. She needs to choose someone who cares about her, whom she trusts, will not tell others, and who is strong and dependable. Sometimes a woman's husband or parents are themselves too upset to be able to give much support.

### **If someone you know has been raped:**

- Reassure her that it is not her fault.
- Be supportive. Listen to her feelings, help her decide what she needs, and reassure her that she can go on with her life.
- Respect her wishes for privacy and safety. Do not tell anyone else unless she wants you to.
- Go with her to see a health worker, to report the rape to the police, to talk with someone who is trained to listen and support her, to see a lawyer, and to go court if she wants to do those things.
- Do not protect the rapist if you know him. He is a danger to every woman in the community.

### **The Decision to Use the Law must be Made Carefully.**

Following are some questions woman needs to answer

- Can someone go with you to talk to the police?
- Has the law helped other women in your community who have been raped?
- Do you want the rape to remain private? Can the police keep others from learning about the rape?
- Did the rapist threaten to hurt you more if you reported the rape?
- If the rapist is caught and you can prove that he raped you, how will he be punished?
- If woman thinks she may want to report the rape to the police, she needs to do it as soon after the rape, as possible. She should not wash her genitals before she goes, and carry the clothes that she was wearing in a bag. These things can help her to prove that she was raped. Advise her to take a friend with her, and ask to have a female health worker (lady doctor) examine her, if possible.

A health worker/lady doctor will examine the woman for cuts or tears, and give her some medicines to prevent pregnancy and sexually transmitted diseases (STDs). Make sure that she writes down everything that she finds because it will help prove to the police or to others in the community that the woman was raped.

What to tell to police: The police will ask the woman what happened. If woman knows the rapist, it is important to tell them who it is. If she does not, she needs to describe what he looks like. She may have to go with the police to try to find him. She may also be asked to get medical exam from a legal doctor who works with the police. This is to help to prove that a woman was raped.

If the rapist is arrested, the woman will have to identify him, either in front of the police or in front of a judge in court. If there is a trial, try to find a lawyer who has worked with rape cases before. The lawyer will tell the woman what to expect and help her prepare for the trial. Always advice woman to take someone with her.



Working for change: Rape affects everyone in a community. Women who have been raped can suffer long-lasting problems because of the rape. But almost all women, whether they have been raped or not, learn to be afraid. They learn not to trust men, and they learn not to do things that attract attention.

To create a world, in which rape does not occur, we need to work toward having:

- Communities where a person's choices and behavior are not limited by whether the person is a man or a woman.
- An equal chance for everyone to participate in the community
- The chance for men and women to talk openly and honestly with each other about what they each expect from a sexual relationship.

### **Useful Health Education Material**

#### Video:

- Film clips on Violence, CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad-380004 Gujarat. Language Hindi
- Mirch Masala: Yuva Narepark Municipal school, Parel(East) Mumbai-400012 Language-Hindi
- Ek Potlu Bik nu : Dishti, 3 Aniket Duplex, Anandvatika, and Opp.S. M. road, Ambavadi, Ahmedabad-380015. Language-Gujarati
- Bai Department of communication, Ishwani kendra, Post bag No.3 Pune-411014. Language- Marathi

## Activity 1-Life Line

### Objective:

To sensitize participants about the gender violence faced by women. To review the visible and invisible instances of violence women that face.

### Material Required

Small pieces of papers. Flip charts and sketch pens

### Method

- Ask the participants to think for five minutes and then let them list down different types of violence that they are aware of. They may list down different types of domestic violence and sexual violence. Few example of gender violence may also come out.
- Now ask the participants to remember their life experiences and ask them to list down the experiences of violence during their following ages.
  - 5-10 years
  - 10-20 years
  - 20-25 years
  - 25 and above
- Take four flip charts. Write one age group on one flip chart. Display the four flip charts on the floor or on a wall in a sequence.
- Ask the participants to display their experiences on the flip chart age wise. Do not insist that the participants to write their names on the paper. They are free to do what they think is right.
- Once they have completed the task, ask them to read.
- Try to generate discussion from the data collected. Try to link the kinds of similar experience the group member has.
- Lead the discussion towards type of violence on women in life cycle. Also focus on gender violence which is most widespread violence.
- Refer the session "Points to be Remembered"-topic "Types of violence on women in life cycle" and "Other forms of Violence" to enrich the discussion. Relate it with the experiences mentioned by the participants.



## **Activity 2- My Safe Space**

### **Objective**

To sensitize the participants about the scarcity of safe spaces for women.

### **Material:**

Flip charts and sketch Pens

### **Method:**

This is an individual exercise. Each participant will create her safe spaces on chart paper. Each individual will define 'safe space', and draw an image of it. These 'safe spaces' will then be shared in the larger group.

This exercise is part of internalization process. The participants will examine safety in their context and identify areas in their lives where they do not feel safe. Encourage the participant to share their experiences, which will help the group to realizing the scarcity of 'safe spaces' in women's lives.

## **Activity 3 My Body:**

### **Objective:**

To sensitize the participants about how we are conditioned above our own body and how much we are influenced by social norms.

### **Method**

- Ask the participants to think about different parts of their body. They should list down parts of the body which they like and which they do not like. Ask them to think about the reasons for there likes and dislikes.
- It is possible that participants will note down all different parts of the body but will not discuss about the reproductive parts of the body. You may encourage an discussion on the reasons for the same. You may summarize the discussion by highlighting how social norm conditions us to think differently for our body parts.
- Summarize the discussion by focussing on how social norms limit us to discuss about sexuality and be informed about the sexual violence.

## Activity 4 Role Play on Rape

### Objective

To sensitize the participants about the complexity to deal with the problem of Rape

### Method

Give following points to the participants to perform a role-play

- While coming back from the farm Rajuka was raped by a rich man's son
- She tries to tell her family members, who were not ready to believe her
- She goes to woman's group and discusses about her problem.
- They go to the police. The police refuses to note the complaint
- The women's group takes out a rally.
- Rajuka's family refuses to keep her in the house.
- The woman's group thinks about filing a case in the court.
- Ask the participants to end the role-play as per their wish.

At the end of the role-play ask the following questions

What difficulties Rajuks faces to prove that she is raped? Why?

## Activity 5 - Case Study who is responsible? Why?

### Objective

To sensitize the participants on how ones own value affects while deciding that a woman is raped

### Method

Read the following case study

You are working in an NGO. Your area of interest is women's empowerment. You feel very strongly that women should be independent and need to have control of her own life. You have two daughters. Your sister stays near your house. She manages the house and is very happy bringing up her only son. Your sister's son is 30 years old, he is intelligent. He is working in a well-known firm in the other city. He has been transferred to your city since last 6 months. You like your sister's son a lot. You have noticed that he is been moving around with beautiful girl. You try to find out about her from other members of the community. You came to know that she has several men friends. Your daughters also tell you that she is a fast girl. She moves around with many boys and comes home late at night. You mentioned this to your sister. She becomes concerned. None of you are pleased with your sister's son associating with a girl like that.

Last week the girl came to meet your sister. She reported that your son has had sex with her. Your sister pushed her out of the home. She came to you and told the same story. She said that she does not have any one and she does not what to do if such thing happens. She asked for you help.

Ask the question- Q. What would you do in such a situation? Why?

*District level training module*



# Women's Mental Health

## District Level Training Module



3 hours

### Learning Objectives

At the end of the session the participants will learn about

- Causes of mental illnesses among women
- types of mental health problems among women and its signs
- coping with stress.
- support services to improve community's mental health.

### Design:

Time in minutes	Topics	Methods
30	Developing our own story	Activity 1
30	Who are mentally healthy women and reasons of mental illness among women.	Discussion
30	Common mental health problems among women and their causes	Discussion
60	Support services and ways to improve community's mental health	Discussion, Activity 2 and 3
30	Revision	Activity 4

### Material Required

Flip charts, markers, black board and chalk

## Note for the trainer

There have been very few efforts to discuss this topic earlier. Therefore it is important that you make special efforts to sensitize the participants about mental health concern. Welcome the participants.

"Dear Friends,

*When we talk about health, we usually think about our physical health, but our mental health is equally important. Today, we will talk about mental health. We will focus on mental health problems of women. It is observed that mental health problems like depression (sadness, decreased activity) and other stress related diseases are more common among women. They may arise from fears of different kinds or responsibilities associated with their social roles, sexual harassment and physical violence. Let us learn more about mental health."*

- Ask the participants to share their understanding about whom they would identify as mentally healthy woman. Note down their points on black board or flip chart. Add the points from the section '**Points to Remember**'.
- Introduce Activity 1-Creating our own story. Ask the questions given along with it. This activity will help the participants to understand the problem of mental health and reasons for the same. Add points on reasons to mental health illnesses from the section 'Points to Remember'
- Discuss different mental illnesses and its symptoms. Please refer points to remember.
- Through informal discussion try to bring out beliefs and the customs that community follow to cure mentally ill people. Try to explain that it is important to provide support to the woman at family and take her to medical doctor at appropriate time.
- At end you can ask the participants about their ideas to solve the problems of mental health illnesses. Discuss points related to how to cope up with own self, formation of support group. Perform Activity 2 and 3. These activities can also be tried out at village level. At the end briefly discuss about comprehensive government program of mental health.
- You may end the session by asking them to perform a role play on depression. Ask them to depict signs, ill treatment, society treats her and efforts of women's group to provide her support. The details are given in Activity-4. This will help you know how much they have learnt during session. Points to be remembered by the participants.

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## Points to be Remembered by Participants

### A mentally healthy woman.....

- Values herself as an individual.
- Chooses behaviours according to how they suit her situation; which is realistic, accepts her self and others.
- Does not victimize herself or let others victimize her; takes risks and extends herself.
- Enjoys the power of her emotions, her mind, her body, herself.
- Takes pleasure in being a woman and an individual.

### Reasons for mental stresses faced by women

Women go through various stresses in Indian society. They may be

#### Economic

- Too little money
- No control on money and assets and livestock

#### Social

- Low social status in family and society
- Multiple social roles and expectations
- Early marriages
- Physical/sexual stress and violence (rape, sexual abuse, marital rape, etc.)
- Inadequate food
- Overload of work

#### Work

- Insufficient wages and earning opportunities
- Exploitation at work - economic, physical, sexual
- Occupational health hazards

#### Personal stresses

- Poor self-image
- Frustration due to unmet needs and desires
- Deprivational stress due to loneliness

### Points to keep in view before deciding whether someone has a mental health problem

- There is no demarcation between normal responses to life's events and mental health problems.
- Most people show some of the signs below at different times in their lives, because everyone faces problems at one time or another.
- Signs of mental health problems can vary from community to community.

## Common Mental Health Problems among women

### Depression (Extreme sadness or feeling nothing at all)

#### Signs

- Feeling sad most of the time
- Difficulty in sleeping or sleeping too much
- Difficulty in thinking clearly
- Loss of interest in pleasurable activities, eating or sex
- Physical problems, such as headaches or intestinal problems, that are psychological and not pathological
- Slow speech and movement
- Lack of energy for daily activities
- Thinking about death or suicide

### Anxiety (feeling nervous or worried)

Everyone feels nervous or worried from time to time. When these feelings are caused by a specific situation, they usually disappear, soon afterwards. But if the anxiety continues for a longer period or becomes more severe, or if it comes without any reason, then it may be a mental health problem. That is when it interferes with routine activities of day to day life for longer intervals.

#### Signs

- Feeling tense (having vague tension) and nervous without reason, apprehension with anxious anticipation of danger (when there is no real threat or danger)
- Shaking hands
- Excessive sweating
- Feeling the heart pounding when there is no diagnosed health disease
- Difficulty in thinking clearly
- Frequent physical complaints that are not caused by physical illness and that increase when a woman is upset.
- Forgetfulness
- Inability to concentrate
- Disturbed sleep

### Mental Stress

When a person experiences stress, the body gets ready to react quickly and fight off the stress. Some of the changes that occur are:

- The heart starts to beat faster
- The blood pressure goes up
- Digestion slows down



If the stress is sudden and severe, a woman may feel these changes in her body. Once the stress is gone, her body returns to normal. But if the stress is less severe or happens slowly, she may not notice how the stress is affecting her body, even though the signs are still there.

Stress that goes on for a long time can lead to the physical signs common in anxiety and depression, like headache, intestinal problems, and lack of energy. Over time stress can also cause illness, like high blood pressure.

### Psychosis (dearrangement of personality and loss of control with reality)

#### Signs

- She hears voices or sees unusual things that others do not hear or see.
- She has strange beliefs that with daily life (delusions) for example; she thinks that loved ones are trying to rob her.
- She no longer cares for herself, for example, she does not get dressed, clean herself or eat.
- She behaves in a strange way, like saying things that make no sense.

***No matter what treatment is given, a person with a mental illness should be treated with kindness, respect, and dignity.***

### **Getting Care for Mental Illness**

Although in most places family members care for those who are mentally ill, it is best if the person can also be treated by a trained mental health worker. In some situations medicines are necessary, but it can never be the only treatment.

### **Interventions to Solve Women's Mental Health Problem.....**

#### Helping Ownself and Others

Personal coping skills: every woman needs to put her problems aside sometimes and do what she likes. It can be reading, writing, going for walk, participating in dances, sing songs, etc.

Creating pleasing surrounding: No matter how small your home is, every one feel more order and control when it is arranged the way she/he likes!

Practice traditions that build inner strength: To build inner strength, prayer, meditation, yoga are sound alternatives.

### Starting a Support Group

- Two or three women, who want to start a group, need to come together.
- They can meet at quite place, such as a school, health post, cooperative, or place for worship.
- At the first meeting discussion, how the group will be led, how new members can join, what kind of activity the group will undertake etc.
- Although the person who began the group will probably need to take the lead at the first meetings. She should not make decisions for the group. Her job is to make sure everyone has a chance to talk and to bring the discussion back to the main point if it wanders off. After the first few meetings, members may want to take turns leading the group.

### **Comprehensive Mental Health Program of Government**

Since 95 percent of psychiatric cases can be treated with or without hospitalization close to their homes, the current trend is full integration of psychiatric services with other health services (Primary Health Care Services). Government has envisaged to train medical officer for Primary Health Care in mental health and National Mental Health Program.

The philosophy of community Mental Health Program consists of the following essential elements:

- Inpatient services
- Out patient services
- Partial hospitalization
- Emergency services
- Diagnostic services
- Pre care and after care services including foster home placement and home visiting
- Education services
- Training research and evaluation

### **Useful Learning Material**

- Manual of Mental Health for Multipurpose Health Workers (National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, India
- The Complete Guide to Your Emotions and Your Health, Emrika Padus, Rajendra Publishing House Pvt. Ltd., Surface Road, Worli, Bombay-400018



## **Activity-1 Creating Our Own Story**

### **Objective**

To help participants to share their experiences and analyze the causes for the same.

### **Method**

The group can develop up a story on mental health problem. The facilitator starts the story of a woman suffering from mental health problem. Another member continues to tell another part and so on until everyone has contributed something and the story is complete. The story need to be developed based on their own life experience or experiences of their friends or relatives. Make sure that the story comes to appropriate end.

Let the group analyses the different ideas that have been developed. These questions can help participants begin to talk:

1. What feelings or experiences are most important in this story?
2. How is the person coping with these feelings?
3. What could be the possible reasons of the mental health problem woman is facing?
4. Who helped to develop a new balance in her life?

## Activity-2 Learn to Relax

### Objective

To enable relaxing among people who are suffering from stress.

### Method

In a quiet place where everyone can sit down (preferably lie down), the facilitator asks the group to follow these instructions:

- Close your eyes and imagine a safe, peaceful place where you would like to be. This might be on a mountain, by a lake or ocean, or in a field.
- Keep thinking about this place as you breathe deeply. Let your body relax. You can suggest each organ, starting from your right leg, to relax.
- If it helps, think of a positive thought, such as "I am at peace", "I am safe".
- Keep breathing, focusing either on the safe place or the thought. Do this for about 20 minutes.
- A woman can also practice this exercise at home whenever she has any difficulty in sleeping, or feels tense and afraid. Breathing deeply helps calm nervous feelings.
- If you start to feel uncomfortable or frightened at any time during this relaxation exercise, open your eyes and breathe deeply.

## Activity-3 Active Listening

### Objective

To practice active listening.

### Method

In this exercise, the group divides into pairs. One partner talks about a topic for about 5-10 minutes. The other partner listens, without interrupting or saying anything, except to encourage the speaker to talk more. The listener shows that she is listening by her attitude and by the way she moves her body. Then the partners switch roles.

When the partners are finished, they think about how well it worked. They ask each other questions like:

Did you feel listened to? What difficulties did you face?

Then the facilitator begins a general discussion among everyone about the attitudes that best demonstrate listening and concern. The facilitator can also emphasize that listening sometimes means talking: asking questions, sharing experiences, or saying something that makes the other person feel understood. It may also mean admitting that you have tried but still do not understand.



## **Activity-4 Role Play**

### **Objective**

- To sensitize the participants about the reality about how mentally ill women are treated in society and how to support mentally ill women.
- To assess how many participants learnt during the session of mental health

### **Method**

You may introduce the role -play by giving the following situation. This is Vilashpur village. Radha is 35 years old. She has four daughters. Her husband is a drunkard. Her family members want a male child. Radha is going through depression. Ask the participants and volunteers to enact the role-play. They can weave the story further. At the end ask following questions.

1. What may be the reasons for Radha's depression?
2. What were the signs of depression?
3. Radha got support from any one?
4. If yes who supported her when and how?

# Access to Government Services Focusing on Health Care

## District Level Training Module



3 hours

### Learning Objectives

At the end of the session the participants will learn about

- existing government services at the village level
- role of village level government functionaries
- existing health infrastructure
- role of health functionaries
- existing government health services at the grassroots.

Time in Minutes	Topics	Methods
30	Existing government services at grassroots and who provides that	<u>Activity 1</u>
30	Role of various functionaries	Discussion
60	Health infrastructure	<u>Activity-2</u> . Discussion visit of PHC(Primary Health Centre) and sub centre.
30	Reasons for poor access to health service	Role play, discussion
30	Discussion on role of Panchayat and community to ensure govt. services.	Discussion
It is important to organize a visit to PHC, sub centre or First Referral Unit (FRU)		

### Material Required

Flip charts and markers or black board and chalk, set of cards for Activity 1, transfer the chart on health infrastructure on transparency to share with the participants at the end of Activity 2.



## Note for Trainer

Welcome the participants and explaining the topic to be discussed.

**You may start the session by saying...**

*"Dear Friends,*

*Everyday, we see different government functionaries come to our village like Gram Sevak, Female Multi Purpose Worker, Male Multi Purpose Worker etc. They are assigned different roles. Many times because we are not aware about their role and services they deliver. We fail to take benefits of these services. Today we are going to discuss about this topic. We will focus our discussion on existing health services."*

- Ask the participants to think about different government functionaries that they observe visiting their village. Give them 2 minutes and then introduce Activity-1. Through this activity you will be able to appraise the participants with the roles of different government functionaries.
- Now focus your discussion on health care services. Introduce Activity-2. Through this activity you will get a floor chart of health infrastructure. Refer points to remember to update the chart. You may transfer the chart on the transparency and show it to the participants.
- Divide the participants in three groups and ask them to perform role-plays based on the situations given in Activity-3. Conclude the role-plays by focusing on reasons for poor access to health care. You may classify them as state and societal reasons.
- At the end ask the participants what need to be done to improve the access to health care and briefly discuss the role of Panchayat and community to ensure govt. services at village level.
- If time permits take the participants to visit PHC and sub centre. During the visit explain them different services to be delivered from these centres.

## Points to Remember

### Role of Various Government Functionaries

Government Functionaries	Roles	Whom to report in case of non-performance of duties
<b>Forest/Agriculture</b>		
'Lagwad Kotwal'	To encourage people to undertake afforestation and convince them of its importance; to send their application to higher authorities	Assistant Cultivation Officers
Assistant Cultivation Officers & Cultivation Officers	To convince people about the importance of afforestation: to implement government programmes and schemes regarding the same.	<p>A complaint against Assistant Cultivation Officer should be made to Cultivation Officer.</p> <p>A complaint against Cultivation Officer should be made to the following officers through the village committee.</p> <p>Assistant: Director</p> <p>↓</p> <p>Sub-Director (One officer per district)</p> <p>↓</p> <p>Associate Director (in some districts)</p> <p>↓</p> <p>Director (For entire state)</p>
<b>Education</b>		
Balwadi Teacher (Pre-school)	To run the Balwadi for ten months in a year, to enhance children's interest in learning	Contact the following officers through the education committee. Extension Officer Block Education Officer Sub Education Officer Education Officer
Teacher	To teach and encourage the students	The Principal (in case of one teacher school complaints should be made through the village Education Committee)
Principal	To look after the administration of the school, to keep an eye on the progress of students, to supervise the working of teachers and to guide them.	<p>The Principal (in case of one teacher school complaints should be made through the village Education Committee)</p> <p>The chief of the Center (one Center covers 10 schools)</p> <p>↓</p> <p>Education Extension Officer</p> <p>↓</p> <p>Block Education Officer</p> <p>↓</p> <p>District Education Officer</p>



Rural Development		
Gram Sevak (Village Development Officer)	To maintain Gram Panchayat record from 1 <sup>st</sup> to 28 <sup>th</sup> of the month to conduct monthly meetings and village meetings (Gramsabhas) And record their minutes; to collect taxes and market rent; to register births & deaths as well as marriages; to issue various forms, to implement and execute government schemes, to look after the supply of electricity, water etc. to the village, to look after water purification and maintain general cleanliness in the village.	Through the Panchayat Committee ↓ Taluka Panchayat Officer (TPO) ↓ Block Development Officer (BDO) ↓ Village Panchayat Officer (VPO) ↓ Chief Executive Officer (CEO)
Rural Police Department		
Police Patil	To maintain law and order in the village, in case of any kind of disturbance in a village s/he should report immediately to the nearest police station and Talati. In case of murder, robbery and theft in a village s/he has to make further inquiries in the matter	
Revenue Department		
Talati ↓ Kotwal	To collect land revenue, to send annual report to the administration; to inspect the crops, both Kharif (Aug. to Oct.) and Rabi (Nov. to Dec.). These tasks have to be completed by the end of the year. To update the record of land registration. In case of natural calamities, loss in agricultural produce has to be estimated and submitted to the government.	Zonal Officer ↓ Nayab Tahsildar ↓ Tahsildar ↓ Sub-divisional Officer ↓ Additional collector ↓ Collector ↓ Commissioner ↓ State Government

## Health Services

### Primary Health Care in India:

In 1977, the Government of India launched a Rural Health Scheme, based on the principle of ***“placing people's health in people's hands”***. It is a three-tier system of health care delivery in rural areas.

**Village Level:** One of the basic tenets of primary health care is universal coverage and equitable distribution of health resources. To implement this policy at the village level, the following schemes are in operation:

1. Village Health Guides Schemes
2. Training of local Dai (Traditional Birth Attendant)
3. ICDS (Integrated Child Development Scheme)

#### 1) Village Health Guides (VHG)

A village Health Guide is a person with an aptitude for social service and is not a government functionary. The scheme was launched in all states except Kerala, Karnataka, Tamil Nadu, Arunachal Pradesh and Jammu and Kashmir, which had alternative systems. VHG are usually women. The VHG come from and are chosen by the community. They serve as links between the community and the governmental infrastructure. They provide the first contact between the individual and the health system. They should be able to spare at least 2 to 3 hours everyday.

#### 2) Local (TBA's) Dais:

They are usually non-government functionaries. Government supports them through training programmes, medicines, equipments and honorarium. (She sometimes receives Rs.10 when she conducts home delivery). She is supposed to use Disposable Delivery Kit (DDK) for conducting delivery. It is planned to train at least one or two dais (practicing under trained Dai) in each village.

#### 3) Anganwadi Worker:

Under the ICDS (Integrated child Development Services) scheme, there is an Anganwadi worker serving a population of 1000. The Anganwadi worker is selected from the community. She undergoes training in various aspects of health, nutrition and child development for 3 months. She is a part time worker and paid a small honorarium. She is responsible to co-ordinate health check-up of children, growth monitoring and also adolescent health. She is supposed to link up her activities with Auxiliary Nurse Midwife (ANM) and to help ANM in her work, immunization, supplementary nutrition and referral services and provide health education and non-formal pre-school education.



In some states, there is a provision of Ayurvedic/Siddha dispensaries. In Gujarat there are mobile Ayurvedic dispensaries. There are 629 Ayurvedic dispensaries, and 34 homeopathic dispensaries. 4 mobile dispensaries provide services to rural and urban areas. There are 37 district and Block level hospital.

### Sub-center level:

The sub-center is the peripheral outpost of the existing health delivery system in rural areas. It is the first contact point for the people. They are being established on the basis of one sub-center for every 5000 population in general and one for every 3000 population in hilly, tribal and backward areas.

Each sub-center is staffed by one male and one female multipurpose health worker. The team at sub centre is supposed to prepare sub centre plan each in consultation with local community leaders, panchayats and women organisations and with other welfare programmes related/affecting health. They provide maternal health, child health, family planning, health education and immunization related services.

### The Primary Health Center

Structure: A primary health center (PHC) covers a population of 30,000 persons, in plain areas and 20,000 tribal/hilly areas which include approximately 5000 to 6000 households. Each PHC has 6 sub-centers. A sub-center covers a population of 5000 or about 800 to 1000 households. The details of the PHC staff is given in Table 1: PHC staff.

Table 1: PHC staff:

Name of Staff	No	Role
Medical Officer	2	Role is primarily in curative care. More important the medical officers lead the PHC activities and its entire team
Pharmacist	1	Dispenses drugs
Staff Nurse	1	Assistant to the doctor in provision of curative care.
MPW (F) (Also called Village Health Nurse)	1 or 2	Child health and maternal health especially care in pregnancy, family Planning, immunization and designated activities under various national health programmes, malaria, TB, leprosy.
MPW (M)	1	Family planning, immunization, tuberculosis control, control of epidemics and carry out assigned duties with various national health programmes like TB, malaria, leprosy, control of blindness etc. He is also supposed to guide Panchayats in environmental sanitation activities.
Health Educator	1 or 2	Health education to community especially women.
Lab Technician	1	Malaria slides and detection, TB detection tests
Driver	1	Driving PHC jeep to villages and other administrative work
Health Assistant (Lady health supervisor)	1	Supervisor
Health assistant (male)	1	Multi Purpose Work Supervisor

### Reasons for Poor Access to Primary Health Care by Women

#### Constraints of the Health Care Services:

Inappropriate location: Women find it difficult to avail health services if the PHC is situated far away (more than five kilometers).

Lack of personal attention: Poor quality of treatment as perceived by the client and also inadequate facilities and non-availability of drugs. Doctors often give prescriptions for purchase of medicine from chemist shop services which is sometimes not out of reach to under privileged people.

Timings are not convenient: The OPD of most PHCs functions between 8.00 a.m. and 12.00 noon and reopens from 4.00 to 6.00 p.m. These timings are not convenient to women as they are busy with their house hold work.

Lack of transport facilities: in general there is lack facility of public transportation to and from villages to PHC the bus timings may not be suitable.

Women's comprehensive health needs are not fulfilled: In primary health care women's comprehensive health care are not addressed. Apart from maternal health and family welfare and other health needs of women like Medical Termination of Pregnancy (MTP), infertility, gynaecological problems, mental health are not satisfied.



### Constraints at the family and society level:

Responsibilities of house hold work and Culture of Silence: Women are expected to bear the whole burden of household work. They are not well informed about the availability of the services through the government. Due to low self esteem and the culture of silence in which they are socialized makes them endure extreme physical and mental suffering. This further reduces their access to health care. Further more lack of decision for spending money makes it difficult to access private health care services.

State Reasons	Societal Reasons
Long distances	Overburden of work, no time to attend PHC
Inconvenient timings	Low self-esteem (negligence of own health problem.)
Non availability of health personnel specially lady doctor	Family does not give the importance to women" health and is not ready to spend money on them.
Supply of medicines/no proper medical equipment, lack of quality care and poor counseling/information about the sickness.	
Lack of comprehensive health care for women.	
Lack of respect for women among the health personnel. Lack of gender sensitivity.	No money or mobility for accessing other social health care facilities

### **Role of Panchayat and Community to Ensure Access to Health Care**

- At the village level, various committees are formed, like education, health etc. It should be ensured that men and women of all socio-economic levels; enthusiastic workers from the village get due representation on these committees. They can look into matters like whether teachers and students come to school regularly, whether they have any difficulties, whether new classrooms are required etc. The villagers should approach the Committee for any difficulty involving its particular subject.
- A regular system needs to be established for displaying the information through a Blackboard outside the Gram Panchayat. Information about forthcoming government development schemes and its beneficiaries can also be displayed. Women Panchayat members should make special efforts to relate this information to other women through word of mouth. through gatherings of women like Mahila Mandals, Micro Credit groups etc.
- The largest and most open forum for the villagers to collectively express their views and grievances on any subject concerning the village is the Gram Sabha. It can be used for making decisions concerning the village including Gram Panchayat schemes, the funds required for implementing various village level projects etc. The presence of villagers in the Gram Sabha thus becomes of utmost importance. Women especially should make a special effort to attend these Sabhas and report all the problems they face.

## Activity-1 Game - Government Services

### Objectives

To inform the participants about existing government services and who delivers the services.

### Material

1. Set of cards

Use a symbol and write names of government functionaries:

- Multipurpose Health Worker Male
- Multipurpose Health Worker Female (ANM)
- Post man
- Anganwadi worker
- Teacher
- Talati
- Doctor
- Gram sevak

2. Set of cards of institutes

Use a symbol or write names

- Primary Health Centre (PHC)
- Sub centre
- Post office
- Revenue department
- Integrated Child Development Services (ICDS)
- Rural Development Department

### Method

Display the set 2 cards on the wall

- Ask few volunteers to come forward and pick up a card from set-1 and match it with the cards of set 2 displayed on the wall.
- Ask the participant to talk about different roles of these functionaries when they display it.
- Ask other participants to enrich this information. Finally you should add the missing information
- When the participants list the roles, you need to write it down on the black board.



## Activity-2 Knowing Our Health Infrastructure:

### Objective

To inform the participants about Primary Health Care (PHC) infrastructure.

### Material

A set of cards with following write-up

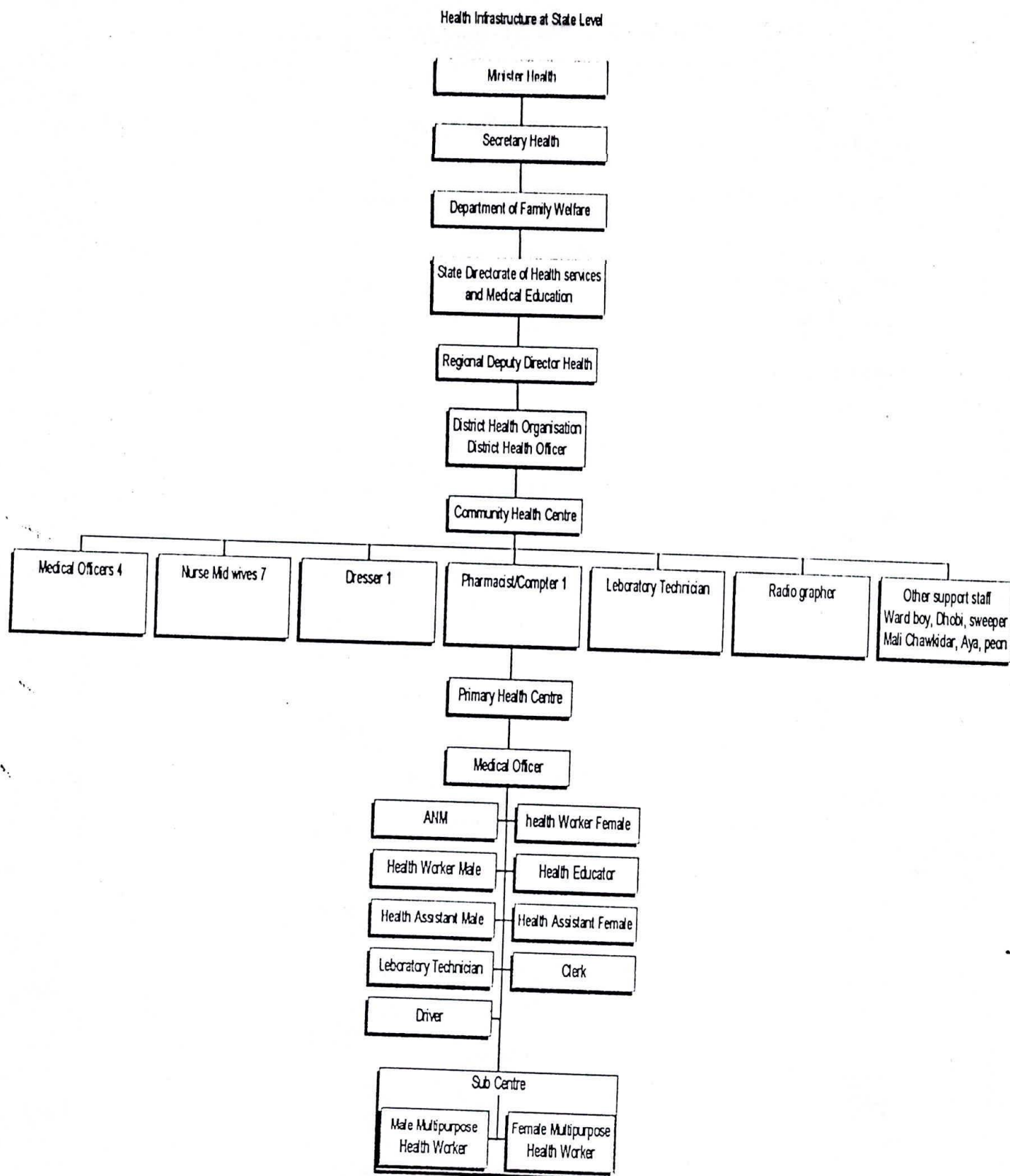
- PHC
- Community Health Centre/FRU
- Multi Purpose Health Worker Female (ANM)
- Multi Purpose Health Worker (Male)
- District Health Officer
- Doctor
- Health Educator(BEE)
- Regional Deputy Director
- Minister Health
- Secretary Health
- Department of Health and Family Welfare
- State Directorate of Health
- Nurse
- Lab Technician
- Compounder
- Ward Boy
- Health Assistant Male
- Health Assistant Female

Ask three volunteers to come forward

Ask them to develop a floor chart of health infrastructure

Once they finish ask other participants whether they want to make any changes. If they want ask them to do it. Reorganize the chart. Refer the chart given herewith. You can also use this chart to show the structure to explain the participants. Transfer it on the transparency.

At the end you can arrange the correct organisation chart. You will get a chart like this





## **Activity-3 Poor Access to health Care**

### **Objective:**

To sensitize the participants about reasons of poor access to health care.

### **Situation-1**

A family with mother-in-law, father in-law, son and daughter-in-law with 3 months old daughter and 3 years old son.

The 3 months old daughter gets severe watery diarrhoea.

### **Situation-2**

A family with mother-in-law, father-in-law, son and daughter-in-law, who have three daughters, daughter in-law has pregnancy of 7 months. She gets pain during the night.

### **Situation-3**

A family with husband, wife, 2 sons and a daughter. The wife has cough since last 3 months.

The participants are free to increase any number of characters they want to include perform the role-play.

At the end you as a facilitator has to cull out the reasons responsible for poor access to health care.

# Panchayati Raj and Women's Health

## District Level Training Module



4hour

### Learning Objectives

At the end of the session the participants will learn about

- what is Panchayati Raj Institution and its importance
- power structure of the Panchayat
- importance of Women's involvement in Panchayat
- role of Panchayat for better health care especially for women

### Design

Time in minutes	Topic	Methods
30	What is Panchayat Raj, its structure at the village, block and district level?	Question answer and discussion
60	Importance of women's active involvement in Panchayat	Role play <u>Activity 1</u>
30	Panchayat and health care	Discussion
30	Role of Panchayat to improve health care in general and women's health in particular.	Small group discussion <u>Activity 2</u>
90	Visit to a Panchayat with an elected women member	Field Visit

### Material Required

Flip Charts, markers, or black board and chalk



## **Note for the Trainer**

Welcome the participants.

**You may start the session by saying...**

"Dear Friends,

"Are you aware that as women we have special seats reserved for us in the Panchayat? Today let us discuss about Women's role in Panchayat and how we can improve our own, our families' and communities' health through participation in the Panchayat."

- Ask the participants, What do they understand by Panchayati Raj? You may get different types of answers. It may be
  - Panchayati Raj is a body that works at the village level
  - It is a committee elected by villagers.
  - There is a Sarpanch who heads the Panchayat etc.

Note down their answers. Based on their responses, provide complete and correct definition and concept of Panchayati Raj.

- 33 % seats are reserved for women in the Panchayat. Due to socio-cultural constraints it may be possible that women are unable to participate actively in the decision making process. To understand this reality give 3-4 such situations in small groups. Ask the participants to perform role- plays. At the end of each role-play, ask questions to the players and to the group. The details are given in Activity 1. After having more clarity on the causes that inhibit the active participation of women in Panchayat, discuss how women's participation could be enhanced through awareness & empowerment and what is the role of men in this process.
- Introduce group discussion on role of Panchayat to ensure health care for the community. Refer Activity 2. Based on the information given in the section, 'Points to Remember' discuss the different powers that the Panchayat has to improve the health of their community.
- You can end the session by discussing role of Panchayat in specific aspects of Women's health.
- Organise a visit to nearby Panchayat where women member is elected. Have a dialogue with her about the functioning of Panchayat, its strengths and limitations. Also encourage the women Panchayat member to share her positive and negative experiences.

## **Points to be remembered by the participants:**

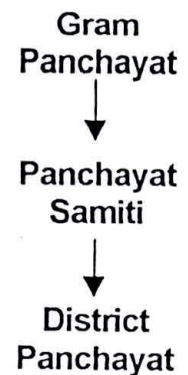
### **What is Panchayat?**

- Panchayat is a local body at the village level which is elected by the villagers.
- It is a part of executive wing of government, which monitors all the development programs at the local level.
- It is a three-tier system that works at village, block and district levels with people's participation.
- Panchayat can also influence policies at the state and national levels.
- Panchayati Raj is a concept of local governance by local bodies.

### **Structure of Panchayat**

A Gramsabha is the foundation of Panchayati Raj institutions in the tribal/rural areas of India. It refers to body consisting of all members of the village / group of villages, whose names are registered in the electoral rolls of the Gram Panchayat.

The Panchayat Raj system in the country is generally a three-tier arrangement. The first at the village or group of villages level, the second at the block level and the third at the district level. The first tier at the lower level is commonly known as Gram Panchayat. The tier at the middle level is generally known as Panchayat Samiti except in some states. In Gujarat, it is called Taluka Panchayat. The third tier at the district level is known as Zilla Parishad or District Panchayat.



### **Salient Features of the Panchayati Raj Act**

- The Gram Sabha is a local body comprising of all the adult members registered as voters in the Panchayat area. There is a three-tier system of Panchayat at the village, intermediate and district level. Smaller states with population below 20 lakhs will have the option not to have an intermediate level Panchayat.
- Seats in Panchayat at all three levels shall be filled by direct election. In addition, Chairpersons of village Panchayats can be made members of the Panchayats at intermediate level and Chairpersons of Panchayats at the intermediate level can be members of the Panchayat at the district level. Member of Parliament (MP), Member of Legislative Assembly (MLA) and Member of Legislative Councils (MLCs) could also be members of Panchayats at the intermediate or the district level.
- In all the Panchayats, seats would be reserved for Scheduled castes and Scheduled tribes in proportion to their population. One third of the total number of seats will be



reserved for women. One-third of the seats reserved for scheduled castes and scheduled tribes will also be reserved for women.

- Posts of the Chairpersons of the Panchayat at all levels shall be reserved for Scheduled Castes and Scheduled Tribes in proportion to their population in the State. One-third of the posts of Chairpersons of Panchayats at all levels shall also be reserved for women. It shall be open to the Legislature of the State to provide reservation of seats and posts of Chairpersons in Panchayats for backward classes of citizens.
- Every Panchayat shall have a uniform five year term and elections to constitute new bodies shall be completed before the expiry of the term. In the event of dissolution, elections will be compulsorily held within six months.

### **Women's Involvement in Panchayat**

- Seventy third amendment in the Constitution of India has ushered a new era in the democratic process. This is one more step towards empowerment of women in governance. This step will also encourage women to come forward and contribute more positively towards the development process.
- However not all women elected are active members of Panchayats. They are often "used" by brothers/fathers/husbands, sons and other relatives as "means" to achieve their own ends. It is observed that often women have never attended a single meeting of Panchayat of which she is a member.
- Therefore, our task as women's groups and as non-government organizations becomes very important in educating women as well as community and supports them during their term of office holding as Panchayat members.

### **Powers of the Panchayat**

The 73<sup>rd</sup> and 74<sup>th</sup> amendments to the Constitution have delegated 29 areas (or subject) to be taken care of at the village level under the Panchayat Act.

- Preparing the development plan and co-ordinate implementation and monitoring such as drinking water, Poverty Alleviation Programme, education including primary and secondary, technical and vocational education, women and child development, elimination of child labour and violence against women and children, family planning, alcoholic drinks and tobacco.
- Participation, implementation and monitoring of Integrated Child Development Schemes (ICDS), maternity and child care centers, contribution in mid day meals, management of public health activities like control of communicable diseases, public drinking supply water supply and sanitation, immunization and vaccination services, health education, environment hygiene etc.
- Making recommendations to the State Government or district for village development.

### **Panchayati Raj and Health**

Health is NOT merely a concern of medical doctors and hospital alone. It is also an issue of social justice, which can be effectively handled by the Panchayat.



The Panchayat should monitor and ensure quality care at the local level by ensuring proper functioning of Auxiliary Nurse Mid-wives (ANMs), Primary Health Centers (PHCs) and community Health Centers (CHCs) or District Hospitals, along with immunization and other health programs.

Panchayat themselves should also organize awareness program to ensure physical, mental, and social health especially by eliminating gender differences

### **Role of Panchayat to Ensure Better Implementation and Monitoring of Health Care Programs?**

#### Forge Community Participation:

- Build linkages between the people and the service providers. This can be done by utilizing forums like village health committees, village health fairs, etc.
- Simplify and demystify knowledge and information
- Promote holistic health care including traditional healing practices.
- Prepare and maintain a directory of locally existing medical plants and healers/Dai.
- Ensure that herbs are not felled indiscriminately for commercial purpose
- Involve local groups such as Mahila Mandals in monitoring and implementation of programs such as immunization drives, maternal health care etc.

#### Curative Medical Care

- Ensure that curative care providers (doctors, vaidyas, Registered Medical Prachalan (RMPs), Health workers, etc.) are well trained to provide quality care.
- Ensure that Government Health functionaries (Auxiliary Nurse Midwife - ANM, Multi Purpose Worker -MPW, Malaria worker, sanitary inspector, etc.) are posted in their area and monitor their regularity and service provision.
- Ensure that emergency care is available in their area. Arrange for effective communication systems, transport mechanisms. (under the RH program fund to provide transport support to needy families is available for 5 years).
- Influence the provision of lady doctor at CHC.

#### Maternal and Child Health:

- The Panchayat should make provisions and ensure upgradation of the skills and confidence of Dais (Traditional Midwife).
- Encourage local women's group/Development of Women and Child in Rural Areas (DWACRA) group to prepare disposable delivery kits. Encourage these groups to educate women and men on nutrition, sex education to girls and boys, effect of violence on physical and mental health.
- Ensure proper functioning of Public Distribution System (PDS) shops.

#### Control of Communicable Diseases:

- The Panchayat could arrange to compile community level information on disease prevalence. Ensure education of the community on early diagnosis, prevention and importance of completion of treatment course and ensure for the complete treatment in leprosy, TB etc.



- At the time of epidemics such as diarrhoea, malaria, etc and calamities such as flood, drought, Panchayat are the basic unit of activity at the local level along with the PHC and other concerned departments.

### Family Planning

- Encourage interactive community dialogue, enabling them to analyze the impact of growing population on natural resources, food education, housing, employment etc.
- Arrange to provide information and counseling on contraceptives.
- Ensure involvement of men to take responsibility for birth control.

### **Useful Health Education Material**

- Raj Kareng Video, UNNATI, G-1/200 Azad Society, Ahmedabad-380015, Gujarat. Language-Gujarati
- Chula Thi Chora Sudhi UNNATI, Ahmedabad, Language- Gujarati

## **Activity 1: Role Play**

### **Objectives**

To assess the socio-cultural constraints which hinders the elected Panchayat women to participate actively in Panchayat matters.

### **Method**

Invite few volunteers to come forward. Give them two situations given in this case study. Ask them to read it and tell them to elaborate on it and perform a role play of it in the front of the group. Give 10 minutes for the preparation for the performance of role-play. First group will come forward and perform the role-play on the basis of the situation they have received. After the role-play ask the questions to the players of the role play and the group. After the performance of all the groups, find out and write down on the chart, the common causes responsible for the poor participation of women Panchayat members and who decides the priority issues for Panchayat.

### **Situation 1**

Rami is elected Sarpanch of Malpur village. She wanted to meet the Panchayat members regularly but her husband says that there is no need for her to go and conduct the meeting. He says, "you have been elected because of the compulsory quota for women otherwise I would have been elected Sarpanch." Her husband goes and conducts the meeting with Panchayat members they decide to purchase a TV from the Panchayat budget for entertainment and information of people in the village. Rami's husband asks her sign on the cheque.

### **Questions to be asked to the players of the role-play**

- How would you feel if you were Rami? Why?
- If you were Rami's husband, do you think you did the correct thing? Why?

### **Questions to be asked to the group**

- What will be the end of the story?
- If you were Rami, what would you do?



## **Situation 2**

Sami is an elected member of the Panchayat. She attends all the meeting of the Panchayat along with her son. All the members sit on the chairs. Sami sits on the floor. She is also responsible for the distribution of water and tea to all the members. At the end of the meeting she signs on the minutes of the meeting.

### **Questions to be asked to the actors of the role play**

- If you were Sami, how would do you feel? Why?
- Given an opportunity what will you do to change the situation?
- As a son of Sami what should be your ideal role?

### **Questions to be asked to the group?**

- According to you what should be Sami's role?

Please Note: Make it clear to the participants that women being an elected member is not enough. They need to equally participate in the decision making process.

## **Activity 2 : Small Group Discussion**

### **Objective**

To discuss Panchayat's role in different aspects of health so as to improve the health status to women in the community.

### **Method**

Divide the participants in four groups. Ask them to discuss on the following topics:

Curative health care  
Preventive health care  
Maternal health care  
Communicable diseases

Give them 15 minutes for the discussion. Ask them to note down their points on the flip chart given to them. At the end of the discussion ask them to present their points in the large group. Encourage other participants to enrich the information by adding their points. Display their chart. At the end of all the presentations you may enrich the information by adding the remaining points.

At the end of the session ask them to share any positive experiences of Panchayats that they know in improving health of the community or women's health.



# Traditional Health and Healing Practices

## District Level Training Module



4 hours

### Learning Objectives

At the end of this training the participants will learn about

- The health seeking behaviour of women in their area.
- Locally available healing resources
- Useful THHP in life cycle.
- Some common herbs useful in women's health.

### Design

Time in mints	Topics	Methods
30	Health seeking behaviour of women	Role-play- Activity-1
30	Locally available health resources	Resource mapping- Activity-2
30	THHP and empowerment of women and communities, the dai tradition	Listing, Story
30	Useful practices in life cycle	Discussion, demonstration
2 hours	Identifying locally available/used herbs for healing	Visit to botonical garden/exhibition prabhat pheri around village/to the forest

### Material Required

Paper, Marker pens, Chalk, blackboard, chalk or rangoli powder, herbs or herbarium

## Note for the trainer

Welcome the participants. Inform them about the topic selected for discussion. Provide an overview of the role of THHP in women's health and empowerment. You may start like this....

*"Dear friends,*

*We all follow the advice of our mothers/grand mothers to maintain positive health. These may be changes in diet or activities; for example a light cooling diet in summer or drinking herbal decoctions etc. These traditional practices help us to remain healthy and cure illnesses. These practices are our cultural heritage. Let us discuss about these practices, today."*

- After creating an enabling environment ask the participants, what do they do when they fall sick. You may ask them to depict these through role-plays by giving various situations. The situations are given in Activity-1. Through these role-plays, the group will learn about various steps involved in seeking health care. Ask the participants to recall about various healing places/persons where women visit. Ask them to illustrate on paper or ground. Develop a resource map based on this information. You can do this activity done through a small group discussion. The details on how to conduct small group discussion is given in Activity -2.
- Discuss the dai tradition with the help of story given in Booklet 3. You may first tell the story to the participants by showing the pictures. After that ask one of them to read it aloud.
- You may ask them to list various practices during different stages of life and provide them information on some of the useful THHP in life cycle. The details are given in the content. You may also procure samples of the herbs to show them like, garlic, tulsi (holy basil), adusi (Malbar nut) etc and share their use. The details of these herbs are given in booklet 3 in a pictorial form.
- At the end take the participants for a walk; ask them to identify herbs they commonly use for promoter of health healing. This will help you to know how much they have learnt during the training. You may want to collect a sample and preserve them. Or else collect detailed information and prepare a database. You may want to keep it at PHC or sub centre. A performa for information to be collected is provided in Activity 3.



## **Points to be remembered by the Participants**

### **THHP and health seeking behavior of women**

Even today, most households in India follow home remedies and have sound knowledge of local foods and nutrition. Many women also first rely on these practices to deal with their gynecological illnesses and pregnancy and childbirth related problems.

There are different streams of health care in our country. They are Allopathy, Ayurveda, Unani, Siddha, Homeopathy and the Traditional Health and Healing Practices.

### **Traditional Health and Healing Practices**

India is among the few Asian countries, besides China and Sri Lanka, that have a rich cultural heritage of THHPs. Traditional Health and Healing Practices (THHP) means the knowledge, experience and informal practices of people in traditional rural areas. All of us know about healing to some extent. We inherit it from our grandparents and parents, by seeing what they do and experiencing how it works.

#### **THHP**

- work in a highly decentralised manner (is not in the control of one person or a group of people)
- have a strong heritage of self-help
- are woven into day-to-day life and entirely community supported.
- most such practices both promote health and prevent disorders.
- even today they have the potential to help our villages and towns become self-reliant in primary health care
- they can teach us and guide us to use resources that are readily available in our areas – plants, animal life and minerals.
- bone-setters, snakebite healers, dentists, scorpion bite healers, dais (traditional midwives), etc. are some of the traditional healers
- Over 600,000 dais manage over 90 per cent of childbirths in rural areas, even today. Most of them are women, but in few places, men also assist in childbirth.
- THHPs span many areas like nutrition, first aid, fractures, skin and eye problems, snake and insect bites and other animal bites, dental and gum care and mental disorders. Most of the recognised healers in these areas are men.
- Yet, women are the most numerous carriers of THHPs. Countless women, primarily in rural areas, are healers. Some are also recognised by the community.
- About 70 per cent of common ailments like diarrhea, worm infestations, respiratory conditions and skin and dental problems can be treated effectively with THHPs.

## **The Shastreeya stream**

- Shastreeya (classical) stream includes ayurveda, siddha, unani and yoga.
- Practitioners of ayurveda are known as vaidyas/vaidus, practitioners of siddha are called siddha vaidyas and practitioners of unani are called hakims.
- It is made up of highly developed systems, codified and organised with distinct knowledge and theoretical foundations and sound methods that deal with all aspects of medicine and surgery.
- It contributes to the management of all diseases, including cardiovascular, respiratory and immune system disorders, as well as the promotion of health and prevention of disease.
- There are thousands of manuscripts in Sanskrit and other regional languages that serve as a guide to students of shastras.
- Each state decides the official traditional system in its area. The Government runs departments, institutions, hospitals and dispensaries for providing these services.

## **The Allopathic stream**

The allopathic (modern) system is accessible, available and affordable for quick relief and emergencies. People may want to use traditional systems to seek promotive, preventive, natural and holistic health care (care that takes into account mental and social factors, rather than just treating the symptoms of a disease).

In rural areas, allopathy as well as the traditional systems are difficult to access and costly. In these cases, THHPs are the rational (sensible) choice of health care, because it is at their doorstep and in their hands. However, in certain cases like Sexually Transmitted Diseases, life threatening illnesses and emergencies, allopathic medicine may be the only option.

## **THHPs and empowerment of women and communities**

In our society, women have very little control over their bodies, their fertility and their minds and knowledge. As a result, they are trapped in this system because their self-esteem and confidence are so low that they are unable to make decisions and take control over their own lives.

Promoting THHPs affirms the knowledge of healing existing with women and reestablishes them as knowledgeable and thinking individuals, in control, and capable of taking decisions.

## **Promotion of THHPs**

### **Health Benefits**

- Health care is available, accessible and affordable by women
- Women are able to treat common gynecological and other illnesses without delay
- Helps demystify health care for all.
- Improves women's health and nutrition situation



### **Social Benefits**

- Recognises women's knowledge and skills
- Can be a reason for the community to come together and sharing experiences (cutting across class, caste and gender)
- Challenges stereotypical health care roles
- Strengthens self-reliance in the community

### **This Leads To**

- Control over body, resources and health
- Increased in self-esteem and self-confidence
- Unity among women and communities
- Increase in women's status
- Increased decision making for health

### **Some Limitations of THHP**

- Because many THHPs are passed on from one person to another over generations by word of mouth, they are subjective and depend heavily on the individual (how he/she understands and interprets the information and takes it forward).
- THHPs can get distorted (changed over time) and become weak and incomplete versions of what originally was sound and effective. Or they may get better with new insights.
- THHPs have a strong influence in preventive and promotive health care and limitations in management of serious conditions and emergencies.
- Certain THHPs call for preparations with many different ingredients and complicated procedures, which are not necessarily easy to use or readily available.
- THHPs demand a certain change in lifestyle to ensure holistic healing, which may not be easy to follow.

### **Women healers**

Health care has been women's domain (under their influence or control) since time immemorable (ancient times). But in the patriarchal structure, women have a subordinate status and their role as healers is seldom recognised. Apart from allopathic practitioners, like doctors and Auxiliary Nurse Midwives (ANMs), there is a range of local traditional healers. Let us see the different types of healers and their skills.

### **Traditional Women Healers**

- Dai's
- Elder women
- Bone-setters

- Women who adjust naval displacements (a condition which leads to abdominal discomfort) through massage, pressure points and cupping (putting a glass upside down on a light that is placed on the ailing part of the body)
- Women who cure through cupping
- Women who treat migraines (severe headaches)
- Women who adjust the fallen womb
- Women who do jhaadphoonk (medicine women) to cure both mental and physical ailments

The dai tradition is one of the example of women centered health care during pregnancy and childbirth. The dai is usually a middle aged woman, having experience of giving birth to several children of her own. She learns about assisting in childbirth from an elder woman through observation and practice. Some Dais may be a accomplished herbalist. Her knowledge also encompasses other areas of women's health like menstrual disorder, womb descent etc. However, some dai's may not know about the ways to avoid infection during childbirth and recognising of some danger signs.



## Some Useful THHP and herbs in life cycle

THHP in different stages of life	Herbs useful in different stages of life
<u>Infancy and childhood</u> Babies are kept with mothers Breast feeding continued for a long time <u>Massage and fumigation</u> Immunity promoting herbs and foods Cloth toys	<u>Infancy and childhood</u> Turmeric Vacha (Acorus Calamus) Ginger (Gingiber Officinalis) Adusi ( Adhatoda vasica) Ajwain( Bishop's weed seeds) Neem (Azadiractha Indica) Vidang (Embelia ribes)
<u>Adolescence</u> Traditional games that support and strengthen the pelvis like phugadi, apatta-dhupatta etc. Celebration of first menstruation	<u>Adolescence</u> Kunwar patha( Aloe vera) Ajwain ( Bishop's weed seeds) Bala(Sida cordifolia) Shoe Flower (Hibiscus rosa) Drumstick tree (Moringa olifera) Neem (Azadiractha indica)
<u>Adulthood (pregnancy and childbirth)</u> Fulfilling a woman's desire during pregnancy. Shreemant or Goad-bharai ceremony in the seventh or eighth month. Giving cooling foods in the first three months and energy and heat producing herbs in the the last three months. Childbirth at home, by Dai's. Squatting posture for childbirth Energy rich foods after childbirth	<u>Adulthood</u> Neem (Azadiractha indica) Kunwarpatha(Aloe vera) Shatavari (Asparagus racemosus) Ashwagandha(Withania somnifera) Durwa(Cynodon dactylon) Shoe flower(Hibiscus rosa) Amla( Embilca officinalis)
<u>Late adulthood and old age</u> Herbs that help problems of menopause More emphasis on spirituality Shashtipurti (celebration of 60 years) Major contribution in upbringing of grand children	<u>Late adulthood and old age</u> Guduchi (Tinospora cordifolia) Gokhru (Tribulus terrestris) Amla(Emblca officinalis) Ashwagandha(Withania Somnifera)

## Activity 1- Role Play on THHP

### Objective

To access the health seeking behavior of women for different women's illness.

### Method

Ask few volunteers to come forward and perform a role-play. Form 4 groups of 3-4 participants each. Give the following situations.

- Rama's baby has severe diarrhoea, what can be done?
- Ritu's hand got burnt as hot oil spilled on it. What should be done?
- Radha has smelly discharge and boils on her genitals.
- Karima is pregnant.

At the end of each role-play you may have a short discussion. Encourage the participants to share their experiences too.

As a trainer, keep a record of where do they go first, when do they seek institutional health care, for what reasons. Make a list of THHPs that are mentioned in the role-plays. Develop an graphic chart based on this information. A sample is given here for your reference.

## Activity- 2- Resource Mapping-an illustrative Chart

### Objective

To develop an illustrative chart depicting the THHP resource in their local area.

### Material Required

Blank paper, cloth, chalk, pencils etc. If you are planning to make the map on floor, provide them with powder colours. They can also use leaves, stones etc to make the chart more interesting and colourful.

### Method

- Make 3-4 small groups. Ask the participants to discuss among themselves about the healing practices in their area, particularly where women feel better. Ask them to develop an illustrative chart by using symbols, line drawing etc. Provide women with chalk power/geru powder/paper/pen.
- Ensure that they include temples, peer, dargah, bhagat, oza, elderly woman, dai, and other healers.
- Encourage the participants to observe each other's maps. Develop a poster and display if you are using pen and papers, paste them on a surface and ask all participants to see the display.
- At the end, in a large group discuss the reasons: why do we first go to dai? Why do we first treat at home? And highlight the role of THHPs as described in the manual.



### **ACTIVITY-3**

#### **Plant Information Sheet**

**Date.....**

1. Local name:
2. Botanical name with family:
3. Description:
4. Where it is found:
5. Part used:
6. Quantity used:
7. Detailed preparation method:
8. Dosage:
9. Properties:
10. Symptoms:
11. Person who gave the info. with address:
12. Person who established the information sheet:

#### **Some tips for collecting information on plants:**

- Explain the purpose of collecting the information
- Respect the person who provides information. It is best if there is a give and take of information
- Do not uproot or destroy plants. Take a photograph or develop illustrations
- Collect details about fruits, flowers etc.
- You may take a twig or press it to develop a herbarium.
- Be patient and collect complete details of about the quantity, dosage, preparation of method. Carrying a handy spring balance will help.
- Be sure to collect the name and other personal details of the healer, who provide the information.

# Malaria and Women's Health

## District Level Training Module



2 hours

### Learning Objectives

At the end of the session the participants will learn about

- spread of Malaria
- signs and symptoms of Malaria
- treatment and prevention of Malaria
- Warning signs of Malaria epidemic
- effect of Malaria on household routine

### Design

Time in minutes	Topic	Methods
15	Local terms for Malaria	Discussion
60	Signs and symptoms, spread, prevention and treatment of Malaria	Discussion, Activity 1, and 2-Story telling
15	Warning signs of Malaria Epidemic	Discussion
30	Effect of Malaria on women's health and on daily household routine	Role Play

### Material Required

Blackboard and chalk or flip charts and markers, For activity 1, blank paper slips, pen, small basket or any container, ball (if the ball is not available make a ball out of old cloth)



## **Note for the trainer**

Welcome the participants.

**You may start the session by saying....**

"Dear friends,

Malaria is a commonest fever in our country. There will be hardly any one of us who had not contacted Malaria, once in a lifetime. Every year in our country many people have Malaria and many die due to this fever. Let us learn about Malaria today so we can take effective steps to prevent it."

- Ask the participants, whether they know about fever with shivering. What do they call it? Make a list of the names they suggest. Once the list is developed, use the local term instead of the Malaria. For example, Malaria is known as "Tadhio Tav" (in Gujarati). Use this local name of Malaria during the whole training in Gujarati.
- Majority of people all over the country know about the symptoms of Malaria. Ask them to list the signs and symptoms. Write them down on black board or flip charts. If they miss-out any point you add it.
- To explain the spread treatment and prevention of Malaria, introduce Activity 1, - story telling. You may read it in advance and tell the story in an interesting way in your own words. Ask the questions given along with the story. Make sure that they have internalized all the points to be remembered.
- Ask them to perform a role-play depicting a woman, who has contacted Malaria and how the household routine gets disturbed. How to introduce the role-play is given in Activity -2
- Play a game- Activity 3-"Find the correct answers" to evaluate the participants learning.

Please Note: If there are other mosquito borne diseases common in your area please discuss them during this module

## **Points to be Remembered by the Participants**

Malaria is specific type of fever, which is spread through the bite of female anopheles mosquito. It carries malaria germs (malarial parasites) from a malaria patient to a healthy person and infects her. These mosquitoes breed in clean, stagnant water. Malaria is classified as a water related disease.

### **Signs of Malaria**

- Shivering followed by high fever
- Headache
- Fever comes down with perspiration
- Fever usually comes in alternative days

Incase of Falciparum Malaria there will also be severe headache. The person may start babbling or become unconscious.

### **Spread of Malaria**

- Malaria spreads due to mosquito bite from a female anopheles mosquito.
- When the mosquito bites the person suffering from Malaria, and later bites a healthy person that person, may develop Malaria within 2-3 days.
- These mosquitoes breed in clean, stagnant water.

### **Treatment of Malaria**

Ensure the following

- Let the health worker take the blood sample when the fever is rising. This will help to know whether the person is suffering from Malaria or not
- The Malaria Health Worker will start the treatment. S/He will give chloroquine tablets.
- It is important to complete the course of 10 tablets of chloroquine
- As the red blood cells are destroyed due to Malaria, a woman may become anaemic. To treat anemia please take a course of iron folic acid tablets. Eat green leafy vegetables, citrus fruits like guava, amla (gooseberry), lemon etc and pulses like, green gram (mung) whole, Mung soup, Tur (red gram) dal, Mung dal, Urad (black gram) dal, Chana (bengal gram) dal etc.
- You may want to take the herbal remedies suggested herewith to prevent repeated occurrence of Malaria.

### **Treatment of Malaria Under the National Malaria Control Program**

The National malaria control programme has very clear guidelines for the PHC and the sub-center teams regarding the follow up of cases of suspected malaria fever. Under the programme any case of fever can be given presumptive treatment by giving chloroquine tablets and blood is taken for examination on a glass slide (blood slide) to test the presence of malaria parasite. The male multipurpose health worker is supposed to send the slides with blood films of patients with fever to the Primary Health Centre (PHC) twice a week. Here the trained laboratory technician is supposed to detect the malarial parasite in the blood. If the blood slide is positive, which means if the malaria



parasite is present in person's blood than the person is given radical or active treatment of chloroquine and primaquine. Treatment is according to the instructions of Medical Officer at the PHC. Treatment can start immediately as the drugs are to be stocked with the health worker. It is also available at all government institutions, subcentres, PHCs, dispensaries and hospitals all over the country. The malaria inspector is a key member of the team; he directs anti-mosquito measures.

The state government has also opened Fever Treatment Depots (FTDs) and Drug Distribution Centers (DDCs) in villages which are run on voluntary basis by a voluntary worker, teacher, social worker, etc. At FTDs chloroquine tablets are given to fever cases and blood slides are taken for examination while at DDCs only chloroquine tablets are given to the patient with fever. These tablets are also sold in shops.

### Prevention of Malaria

- Mosquitoes, which spread Malaria, breed in clean stagnant water. So cover the water utensils, big water storage container and pits around your house
- Get your house sprayed with anti Malaria spray. Do not wipe the spots of the spray at least for three months.
- Pour used oil in the stagnant water of the big pits
- Breed gambuchi fish in the lake
- If possible use mosquito net while sleeping. If financially viable use impregnated bed-nets.
- Fumigate your house with Neem leaves.
- Grow a bush of damro or tulsi near your house
- If possible apply neem oil on the uncovered body part before going to sleep.

To avoid repeated infection of Malaria and have a healthy life there are herbal remedies, which are been used by people since years, it may be promoted:

Chiretta Andrographis Paniculata	Boil 60gms of Chiretta in two glasses of water and reduce it to half a glass. Add 60 gms of Tulsi leave to the hot decoction, cover and let of for an hour. Squeeze out the leaves into the decoction. Strain and drink <u>Dose</u> : 1 cup thrice a day for 3-5 days
Tulsi, Holi Basil	Mix 10 gms of Tulsi leaves juice with 5gms of powdered black pepper to be given to the patient in the cold stage of fever. One may also add jaggery of sugar. The decoction must be sipped slowly.
Guduchi Tinospora Cordifolia	Six tea spoons of the juice must be given three times a day.
Neem Azadirachta Indica	Neem bark is most useful, though the leaf has a role. 2 ounces of neem bark bruised, 1 teaspoon cardamom and coriander and 20 ounces of water boil for 30 minutes. Grind 2-3 fresh neem leaves and 2-3 corns of black pepper with a few drops of water. <u>Dose</u> : 2 ounces to be given before the fever rises.

**When can a Community know about Malaria Epidemic (spread in community) in their area?**

Some warning signals to lookout for, otherwise many lives may be lost before action is taken.

- Increase in number of fever cases during the transmission season of malaria-from July (beginning of monsoon) to November.
- Intermittent rainfall at intervals of 5 to 7 days in monsoon.
- Increase in number of breeding places either due to rains or badly managed irrigation channels.
- News of malaria epidemic in neighbouring areas.
- No insecticide spraying activity in the past six months or more.
- High fevers with shivering followed by deaths.

**Effect of Malaria on Women's Health**

Recurrent or chronic episodes of malaria can lead to abortion and stillbirths. These have profound social implications in our society, where a woman's childbearing capacity is considered very important. It can further weaken a woman, who is already weak and anaemic. It will also lead to low birth weight babies, affecting the start of their lives. Thus in addition to the suffering from the symptoms of malaria directly, she indirectly suffers in a social context where her capacity to produce healthy, living children is in danger.

**Useful Health Education Material**

- Malaria Control in Villages, VHAJ Tong Swasthya Bhawan, 40 Institutional Area, Near Qutab Hotel, New Delhi-110016, Language-Hindi
- National Malaria Control Program, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110011
- Flip Charts on Malaria., Gujarat Sahitya Prakash, P.B.No.70, Anand, District Kheda-388001, Gujarat, Language-Hindi, Gujarati, English



## Activity 1 Find the Correct Answers

### Objectives

To evaluate the learning related to signs, symptoms, treatment and prevention of Malaria

### Material Required

Blank paper slips, pen, small basket or any container, ball (if the ball is not available make a ball out of old cloth)

### Preparation

Before introducing the game you have to do some preparation. Write correct and incorrect symptoms in the paper slips. Write only one symptom on one slip. You can write/draw the following symptoms

- |                          |                                   |
|--------------------------|-----------------------------------|
| ➤ Severe headache        | ➤ Fever recedes with perspiration |
| ➤ Fever with rigors      | ➤ Fever on alternate day          |
| ➤ Vomiting               | ➤ Running nose                    |
| ➤ Body-ache              | ➤ Coughing                        |
| ➤ Rash on the body       | ➤ Toothache                       |
| ➤ Feel very hot          | ➤ Weakness                        |
| ➤ Fever at the same time |                                   |

Fold the paper slips and keep them in a basket.

### Method

Ask the participants to sit in a circle.

Keep the basket with the written slip in the centre of the circle. You stand facing the opposite side. You have to clap for some time and then stop. When you are clapping the women will exchange a ball from one woman to another.

When you stop clapping the woman who has the ball has to get up and take one slip from the basket and read/ interpret the drawing. If she can not read you can help her to read.

She has to inform other women whether the sign of Malaria given on the slip is correct or incorrect. Have a discussion on her answer. If the answer is wrong you can explain to the group. You can ask the woman to do an activity like bark like a dog, jump like a frog etc.

At the end of the game you may repeat the signs of Malaria to refresh their memory.

You can play this game for the prevention of Malaria. In that case make another set of slip from the points given below and play the game again

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>➤ Wash your hands with soap</li><li>➤ Keep you nails cut</li><li>➤ Do not sleep in Mosquito net</li><li>➤ Cover the water pits</li><li>➤ Eat leafy vegetables</li><li>➤ Make a smoke of neem leaves</li><li>➤ Apply neem oil on the uncovered body parts before going for sleep</li><li>➤ Pure used oil in the big water pits</li></ul> | <ul style="list-style-type: none"><li>➤ Ensure the anti Malarial spray in the house regularly</li><li>➤ Wipe of the spots of the spray immediately after the spay</li><li>➤ Every day have a bath with clean water</li><li>➤ Never let the water get logged near the hand pump and stand post</li><li>➤ Always keep the big water containers open</li><li>➤ Breed Gambuchi fish in the village lake</li><li>➤ Cover all available big water storage containers</li></ul> |
|---|--|



## **Activity 2- Story-Malaria, a Concern of Rampur Village**

This is Rampur village. There are about 500-600 houses in the village. Every one in the village lives peacefully. Champaben is the Sarpanch of the village. She is very active. She makes sure that the village is progressing. Difficulties of the village are her own difficulties. She makes sure to solve the difficulties of her village. She made efforts so that each house has a tap at the doorstep. Now the village women do not have to walk long distance to fetch drinking water.

But....

along with water, Malaria epidemic has affected the village. Majority of houses have one or two persons suffering from fever with rigors, severe body-ache and head ache. The fever comes down with perspiration. Since the villagers are not getting the correct treatment they continue to get repeated bouts of Malaria.

Champaben is worried. She does not know how to overcome this problem. She approaches the village health worker and talks about the problem.

The health worker Samajubhai called a village meeting. Everyone, young and old, girls and boys, men and women came to attend the meeting. Samajubhai explained that Malaria spreads through mosquito bite. These mosquitoes breed in clean stagnant water. He mentioned that Champaben got us water at our doorstep but we did not manage it properly. The collection of water has become a breeding ground for mosquitoes and therefore the Malaria fever has come with it. He explained that we have to fill up the water pits, the water containers need to be covered, stagnant water next to the stand post need to be drained away. He also explained that everyone has to fumigate their houses with neem leaves, particularly after sunset. This will help to get rid off the mosquitoes from the house. He also promised that he will spray anti Malaria liquid in the houses to kill the mosquitoes

He urged every one to take precautions to prevent Malaria immediately. Next day early in the morning the villagers got together. They started covering the water pits. In the big pits they poured the used oil, they drained of the water logged next to the standpost. Samjubhai got Gambuchi fish, and put it in the village pond. He along with his other workers started spraying in the house. He also took the blood sample for the Malaria testing and started the treatment of chloroquine. He repeatedly told all the villager to complete the course of the treatment.

Champaben was very happy to see the enthusiasm of the villagers. With the constant watch on the preventing aspects of Malaria, Samajuben could control Malaria in her village.

### **Ask the following questions:**

What was the reason of malaria epidemic in Rampur village?

What steps they took to solve the problem of Malaria?

What else could have been done?

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### **Activity 3-Role-Play**

Malaria causes severe weakness. If the key person of the house get Malaria it affects all the routine of the house. If a woman is pregnant and gets Malaria, she could have an abortion or premature delivery or give birth to a dead child. There are various social factors attached to Malaria if the woman of the house get Malaria. The participants can perform a role-play to depict this. You may give the following points prior to performing the role-play.

- The woman of the house is married since last 10 months. She got malaria twice in last 2 months. Due to Malaria she has become weak. She feels tired and giddy. She is pregnant too.
- She can not perform all the household work.
- Other members of the family do not appreciate this and behave badly.
- The woman one day get severe abdominal pain. She had miscarriage.

**Please Note:**

Ask the participants to develop the end keeping their socio cultural situation in view.



# TB and Women's Health

## District Level Training Module



4hours

### Learning Objectives

At the end of the session the participants will learn about

- signs and symptoms of TB
- effect of TB on women
- spread of TB
- prevention of TB?
- treatment of TB

### Design:

Time in Minutes	Topic	Method
60	Signs and symptoms of TB	Discussion
30	How TB spreads?	Discussion
30	Treatment of TB	Discussion
45	Prevention of TB, TB control program	Discussion
30	Effect of TB on women	Activity-1, role play
45	Developing slogans and songs	Group work

### Material Required

Flipcharts and markers or black board and chalk

## Note for the Trainer

Tuberculosis (TB) is a major health concern of our country. It is important that you discuss the prevention and treatment aspects in detail. After discussing every sub topic, revise it by asking questions. Welcome the participants.

### You may start the session by saying....

*"Dear Friends,*

*In our village, there are men and women and children suffering from TB. Let us today learn about TB so that we can prevent it. Let us think about signs and symptoms of TB. ( Visualize a person you know suffering from TB."*

- Encourage the participants to describe the signs and symptoms that they might have observed in an adult person suffering from TB. You may refer the signs and symptoms given in the section 'Points to Remember' and enrich the discussion. Explain the signs and symptoms of TB in young children too.
- Ask the participants whether they know about how TB spreads. Encourage them to Share information available with them. If they have a correct information note the information on a newsprint paper. Update the information and explain it to them.
- Discussion points related treatment of TB. It is important to discuss why people stop the treatment too early or have irregular treatment.
- Provide details related to prevention of TB. Also discuss TB control program.
- It is important to understand how TB affects women's health and her daily life. Ask the participants to perform a role-play. At the end of the role-play highlight the points mentioned in Activity-1. Also discuss the points why women do not avail TB treatment.
- You may end the session by making groups of three participants and develop slogans, songs on TB highlighting signs, timely treatment and prevention of TB. Ask them to share it in a large group.



## **Points to Remember by Participants**

### **What is TB?**

TB is caused by bacteria. TB can occur in different parts of our body but lung TB is more common than any other TB. Every year TB causes more deaths than any other infectious diseases. The TB germ enters a woman's body through air, when the untreated TB patient coughs or sneezes near her. Healthy people can usually fight off the sickness, and only a small number of people who are infected actually get sick with TB. About 1 out of 10 persons infected becomes sick with TB in his or her lifetime.

But if a person is weak, malnourished, diabetic, very young or very old, or infected with HIV, the TB germs may start to attack her body. Usually this happens in the lungs, where germs make holes in the tissue and destroy the blood vessels. As the body tries to fight the disease, the holes fill with pus and small amounts of blood.

Without treatment, the body starts to waste away, and the person usually dies within 5 years.

### **How TB spreads?**

TB spreads from one person to another when someone who is sick with TB, coughs out the germs into the air. The TB germs can survive in the air for hours. They survive in dark places where there is no sunlight.

TB spreads more:

- If the person is living in area where the houses are not well ventilated and direct sunlight does not reach inside the house.
- In cinema houses where there is no sunlight and therefore the TB germs thrive and survive.
- If people are working in cotton mills or cement factory their lungs are more susceptible to TB.

### **Please note:**

People sick with TB in their lungs and in whose sputum TB germs are observed (sputum positive) can spread the germs to others. People who are ill with TB but in whose sputum TB germs are not observed (sputum negative) and those who are sick with TB in other parts of the body than the lungs are not contagious.

If not treated correctly, a person sick with TB can infect about 10 more people with TB each year. But once a person has been taking medicines for about a month, he or she is probably no longer contagious as s/he becomes sputum negative.

### **Signs of TB in Adult Human (TB in the lungs)**

- Low grade fever especially during the evening.
- Cough for more than 3 weeks, especially if the cough brings up mucus (sputum) from the lungs.
- Blood in the sputum
- Weight loss
- Loss of appetite

## Sputum Test

To assess whether a person has TB, one has to have their sputum examined. To obtain a sample of sputum - and not just saliva (spit) - a person must cough hard to bring up the sputum from deep in her lungs. The sputum is then examined in a laboratory to judge whether it contains TB germs or not. If it contains TB germs, the report says that it is 'positive'.

A person who has signs and symptoms of lung TB should get her or his sputum tested, preferable morning specimen of sputum. If the sputum is positive he/ she should start taking antibiotics treatment immediately. Facility for sputum examination is available at all the PHC. If the sputum is negative and still TB illness is suspected she go for X Ray examination of chest. Such facilities are also available at govt. run Community Health Centre/hospital and also at District TB Centre under TB control program.

## Signs of TB in young Children

Low grade fever

Anorexia (loss of appetite)

Loss of weight

Fatigue

Painless lymph node enlargement in the neck region (it may sometime burst)

## Treatment of TB

- TB can almost always be cured if a person has TB for the first time and is treated with appropriate kind of medicines in correct amount for the full length of the treatment.
- The treatment has 2 parts. The intensive phase treatment for 2 months. Followed the continuation phase treatment for 6 months. Further 2 to 6 months treatment is known as short course chemotherapy. Under the National TB Control Program drug regime guideline are provided. The sputum is examined at the end of 2 months treatment, and if still found positive the case is referred to District TB Centre.
- If the person takes the treatment irregularly, the TB germs show resistance to conventional first line drugs. This is called multi drug resistant case. They need special type of more expensive second line drugs. It is therefore necessary that one should always take full course and complete the treatment.
- If not treated correctly, a person sick with TB can infect about 10 more persons with TB each year. If once a person has been taking medicines for about a month she/he is not probably contagious.
- Eat well during treatment and continue to eat healthy foods after the treatment.

Birth Control Pills may become less effective during TB treatment. Women being treated for TB should use another family planning method.



## Why do People Give up Treatment prematurely or take Irregular Treatment?

### Personal Reasons

- With strong allopathic medicines, people feel better in few weeks or months. They easily get tempted to stop the medicine prematurely.
- Financial and other social factors also make person give up treatment. This is more true in case of women/girls.
- Side effects of the drugs such as nausea, loss of appetite, stomach irritation, etc, occurs in some patients. Due to this, medicines are discontinued.
- On taking Rifampicine the colour of the urine becomes reddish, they stop the medicine without even consulting the doctor.

### Reasons Linked with Health Systems

- Drug supply to the primary health center is not regular, due to poor management.
- Doctors often under prescribe drugs. The dose/strength of the tablets and the duration of treatment may be incorrect.
- Health workers and doctors do not motivate the patient to complete treatment.

### **Prevention:**

- Make sure your house is well ventilated. If there is no direct sunlight come from window or door, keep glass tile on the roof to let sunlight come in the house.
- Do not spit in discrimination, especially in cinema halls where there is no scope of sunlight to enter. Always spit in a covered sputter.
- Immunize the child with BCG immediately after birth. Immunization is available free from Government PHC.

### Do's and Don'ts for People Suffering from Tuberculosis

Dos	Do nots
<ul style="list-style-type: none"> <li>➤ Continue and complete the whole medicines prescribed for the full course of period.</li> <li>➤ Use handkerchief when coughing or sneezing</li> <li>➤ Spit in spittoons containing house hold germicides. In a spittoon cup keep only household disinfectants like phenyl containing either cresol or phenyl and allow the cup to stand for an hour. Dispose the contents.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Do not stop medicines prematurely before your physician advises to discontinue them, even if you are feeling better.</li> <li>➤ Do not discriminate against TB patients. If the TB patient is sputum positive, do not allow children to play with her/ him. But after receiving treatment for almost about 2 months TB patient becomes sputum negative, at this stage no form of isolation is required. S/he can work with others.</li> <li>➤ Spit in gauze/clean cloth piece/paper handkerchief and later destroy it by burning or spit in ordinary handkerchief or wash it separately in a detergent.</li> </ul>



### **TB Control Program:**

TB was under control about 11 years ago but with the reoccurrence of AIDS it has again flared up and medical people find difficult to control the epidemic. Many people have become resistant to the medicine, which further complicates the issue.

The Government of India has a National TB Control Programme (NTP) and in some districts the revised NTP, for the control of TB in our country.

### **Directly Observed Treatment-DOT**

TB treatment is long and the effects of stopping treatment are serious, therefore extra care should be taken to make sure that a person consumes all her medicine. A health worker or community volunteer who is not an immediate family member should watch the sick person take every dose and record what it is consumed. This is called 'Directly observed treatment, short-course', or DOTS. Because most of the TB patients do not take regular medicines and/or do not complete treatment as prescribed by the doctor under the Revised National Tuberculosis Control Program, Directly Observed Treatment (DOTs) is introduced.

In this strategy for the first two months of intensive phase of treatment, patient comes to clinic thrice a week (course of tablets is 3 times a week) and consumes medicine (all tablets) in the presence of health worker. In case s/he fails the health worker visits his home next day. In remaining period of 4 months continuation phase and treatment patient visit clinic once a week - three doses per week - take one dose in presence of health worker and remaining two in his own at home. The health worker ascertains the position of 2 doses during his next visit. In rural areas health worker/Aganwadi Worker are involved. NGOs can play a vital role in National TB Control Programme (NTP). They can organise the people through action oriented health education. Motivate them to avail services under NTP and make people more aware of the importance of their health, regular taking of treatment and completion of treatment as per advice of the doctor. They can also participate in NTP activities helping health worker in follow of TB patient so as to reduce the irregularity on the part of patient and reduce the number of defaulters.

### **Women and TB**

It is a fact that TB affects both men and women, but fewer women are being treated than men. Many women in our community live with TB without knowing that she is suffering from TB.

Women usually eat last, least and leftovers. This leads to poor intake of nutrients. She is usually undernourished and therefore more prone to infection.

In rural areas, she cooks food on a fire stove. She is exposed to more smoke every day. These women are more prone to TB infection.

Majority of women work in the unorganized sector. They are involved in the work like, bidi rolling, dusting of cement bags, etc. These works enhance TB infection. At these work places she does not have facility to prevent herself from TB.



### **Why Women Avoid the Treatment of TB**

- She fears that if she is diagnosed as a TB patient the husband will reject her as she cannot perform household work for long hours.
- If she is working outside the home she fears that if she is diagnosed as TB patient the employer will dismiss her from work.
- She does not have control on money and therefore cannot decide to take the complete treatment
- She is not well informed about from where to seek treatment.

### **TB Treatment During Pregnancy**

It was considered in past that TB of the lung is harmful for pregnant woman during pregnancy and the newborn child. But now it is no longer true. A woman can continue her pregnancy provided she takes the complete treatment. However certain anti TB drugs should be avoided. However if she does not desire to continue pregnancy she may choose therapeutic abortion. A woman who has been cured from TB should avoid to become pregnant for at least 2-3 years.

<b>TB is not a hereditary Disease</b>
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### **Useful Health Education Material**

- Rupa's fight for health, Slides, VHA1, 40, Institutional area, New Delhi-110016  
Language- Gujarati
- Tuberculosis, Slides, VHA1. Language-English
- Tuberculosis, Flip Book, VHA1, Language-English, Hindi
- Tuberculosis, Flash Cards, Yuva, Narepark Municipal School, Parel (East) Mumbai, Mumbai-400012 Language-Hindi

## **Activity-1 Role-Play**

### **Points to be Emphasised on Effect of TB on Women:**

- Women do not have money or mobility therefore she cannot attend the clinic on her own.
- She has a fear that if she is diagnosed as a TB patient her husband will reject her. She may go through mental tension.
- The women who works outside the home often fears that she will be dismissed if she is diagnosed as a TB infected person.
- Due to TB she gets tired and therefore finds difficult to work at home. The family members harass her, as she cannot cope with the household work.
- Because she cooks, the smoke of the 'chula' enhances the disease.
- TB may result in infertility. She may be ill-treated by the family members due to infertility.
- TB leads to loss of appetite. Usually in patriarchal society no one in the family takes interest to feed her properly and therefore the disease increase.



# WATER, SANITATION AND HEALTH

## District Level Training Module



5 hours

### Learning Objectives

At the end of the session the participants will learn about

- Importance of water in our life.
- How water gets contaminated.
- Causes, symptoms and prevention of diarrhoea.
- Identification of water-borne diseases.
- Methods of purifying water.
- Key points in keeping the environment clean.

### Design

Duration in minutes	Topic	Methods
30	Importance of water in our life, sources of water. Time and energy spent by women and girls in fetching water.	Discussions/ <u>activity 1</u>
60	Contamination of water. Contamination of water at various places	Discussion with illustration cards
60	Diarrhoea (causes, symptoms, types, treatment and prevention)	Discussions and demonstration/ <u>activity 2 and 3</u>
90	Other water borne diseases (causes, symptoms, treatment and prevention)	Discussions
30	How to purify water	Discussions and demonstration/ <u>activity 4</u>
30	Low cost sanitation	Discussions with illustration cards

### Material required

ORS packets, clean drinking water, utensils, stirrer, plastic bag-transparent, bucket, water. Flip charts, marker pens and paper. You will also require the illustrations for discussions on contamination of water. You may photocopy them and stick each separately on the cardboard and use them for sessions. slides on water borne/water related diseases.

## Note to the Trainer

Welcome the participants. Before introducing the topic, you may play a game to lighten the atmosphere. You may pick any one icebreaker. You may then say,

*"Dear friends,*

*Water is one of the key elements for our survival. We spend a lot of time and energy to ensure and manage water. Today we are going to learn about an important topic Water and Sanitation."*

- Start the discussions by asking questions like, do you know that how much time women and young girls spend in fetching water? Find out if they are aware about how much energy is spent only in fetching drinking water? Use the case study given in Activity 1. Encourage participants to relate their own experience to it.
- Explain the sources of water and contamination of water at different stages from water collection to use, with help of illustration given behind. Link the discussion with different habits. In the end, ask participants to check each other's nails. Keep a nail-cutter/scissor available; ask them to cut each other's nails.  
Use illustrations 1 to 4 given behind.
- Now lead the discussion to water borne diseases. Discuss diarrhoea first. Introduce activities 2 and 3. Help only when necessary. At the end, encourage participants to share their experiences of traditional oral rehydration therapy that has proved successful. Please refer some of the traditional ORSs (rice water, barley water, etc.) given in **points to remember**.
- Give information on other water borne diseases. Quickly go through the spread, symptoms, treatment and prevention. You may use slides on different diseases or any other visual material available on this topic. Collect local useful remedies and practices for treatment of different disease and encourage them. Please refer the list of some remedies given in the module.
- Discuss ways of purifying water, highlight indigenous ways of purifying water. Refer **points to remember**. Collect as many ways as possible. Conduct activity 4.
- Finally, discuss the importance of sanitation, include points related to local methods of preparing soak pits, pit latrines, etc. Use illustrations 5 to 9 given behind. Find out existing methods of sanitation and encourage good practices.  
Use illustrations 5 to 9 given behind.



## Points to be Remembered by the Participants

- The average requirement of one individual for personal use is estimated about 35-45 litres of water per day. Apart from this, water is required for other uses like household, cattle, etc. As per Public Water Supply and Sanitation Programme standards, per day one person needs 30 litres of water for individual use, 15 litres of water for domestic cattle and 10 litres for waste.
- Water has become a limited resource, if not used properly, your village, the nation and the world will face crisis of water.
- Water is one of the heaviest things women (girls) carry on their body. This leads to health problems of neck and back. It also increases the possibility of miscarriages.
- In areas where women have to walk several miles to fetch water or wait for hours near a stand-post (a place where one, two or more taps are put after getting the water by pipe-lines), hand-pumps or municipal water tap - young girls share the household burden
- When girls and women have to walk long distances, they also face sexual exploitation. Rapes and molestation on young girls and women when they are getting water is not very uncommon
- Always drink safe water. Safe drinkable water means water, which is:
  - free from diseases causing organisms like bacteria and virus.
  - free from harmful chemical salts like fluorides, bicarbonated sulfate of calcium, etc.
  - pleasant to look at and taste.
  - usable for drinking and domestic purposes.
- Sources of water:
  1. Rainwater
  2. Surface water: Pond  
River  
Tank  
Tap or pipeline
  3. Ground Water: Well  
Hand-pump  
Springs

## Contamination of Water

- How water gets contaminated at different places:
  1. Source of water:

Pipeline: the main pipeline might be broken and dirt from the area or nearby sewerage pipeline may pollute the water line.

Tap: children or other persons in the village touch it with dirty hands.  
River: people wash clothes, wash cattle, utensils and bath in the same place where drinking water is fetched.

Hand-pump: no arrangement is made for waste-water drainage so the area around pump becomes dirty, people wash clothes, cattle, utensils and bath at hand pump this will again dirty the area.

- The patient and people in his/her close contact should take typhoid vaccine (available at CHC).
- Maintain personal hygiene.
- If possible make use of latrines, if not defecate in a pit and cover it with mud.
- Wash hands with soap or ash and water after passing stool.
- Avoid eating uncovered foods. Always keep the food covered and keep the surroundings clean.
- After an attack of typhoid, the germs exist in patient's stool and urine for three months. Such a person should avoid cooking and serving food at public places like hostel, hotels, etc.

## **5) Worms**

Lack of personal hygiene cause worms. There are different types of worms, which enter our body through different routes. Worms are more common among children.

### **A) Round worms**

#### Spread

- The eggs (ova) of roundworms exist in the stool of a person suffering from it. When he/she passes stool in the open, the eggs or ova mix with mud.
- When children play in this mud, the eggs of round worms stick to the finger especially under the nails. Eating with such hands takes the eggs to the person's stomach.
- Many children have the habit of eating mud. If the child eats the mud contaminated by eggs of round worms, they reach the stomach along with the mud. There, small worms come out when the egg hatches. These worms lay eggs, which come out in the faeces and get mixed with mud. Thus the cycle continues.

#### Symptoms

- The roundworms come out through stool.
- Rarely the worm comes out through mouth or nose.
- If the child suffers from roundworms s/he may often have pain in the abdomen.
- S/he is unable to put on weight even though she has a good appetite.
- Some children lose appetite
- The child becomes weak and has a distended abdomen

#### Treatment

- Mebendazole or piprazine is given in the form of tablet or syrup. The worms are expelled in the stool.
- It is necessary to take a complete course of this drug otherwise the treatment will not be effective.

#### Prevention

- Trim the nails regularly especially the nails of children
- If possible use latrines otherwise the child should be made to defecate in a pit and the faeces covered by mud. Prepare another pit when it becomes full.



- The hands should be washed thoroughly with soap or ash and water after defecating and before eating.
- Do not allow children to eat mud
- Vegetables should be washed thoroughly before cooking and especially those, which are to be eaten raw. Many times eggs of roundworms stick to vegetables.

## B) Thread Worm

### Spread

- Thread worms breed in the inner side of anus. They come out of anus and lay eggs. As a result, a lot of itching is observed in that area. In women, sometimes, the worm reaches the urinary opening to lay eggs. This results in itching and burning near the urinary opening.
- When a person scratches, the ova of threadworms enter the nails. They enter the stomach when food is consumed with these hands. In the stomach, the eggs hatch and threadworms come out.

### Symptoms

- Itching in the anus is typical symptom of threadworms.

### Treatment

- Complete course of medicine should be taken under the guidance of a medical doctor.

### Prevention

- Hands should be washed thoroughly with soap or ash and water, after defecating and before touching eatables.
- Nails should be trimmed regularly.
- A child suffering from threadworms should always wear well-fitted pants while sleeping at night. This will prevent direct contact of hands with the ova.

## C) Hook Worms

### Spread

- The ova of hookworms are expelled in the stool of a person suffering from it. They mix in the soil. In moist soil, the eggs hatch to larvae, which mature over some days.
- When a person walks barefooted in the soil or works with hands, larvae enter the body through skin.
- Within a few days, they reach lungs through blood. As a result the person gets cough. While coughing they come to throat and are swallowed into the stomach. The worms mature to adults in the beginning of small intestine and get hooked to the intestinal walls where they lay eggs. These eggs are again expelled through stool. In this way the cycle continues.

### Symptoms

- These worms suck blood from the intestinal walls. As a result, the person becomes anaemic.



- Symptoms of anaemia like fatigue, paleness in eyes, tongue, nails, breathlessness, vertigo are observed.

#### Treatment

- Complete treatment should be taken under the guidance of a health worker.
- As the person becomes anaemic, green leafy vegetables, jaggery etc and a complete course of iron tablets should be taken.

#### Prevention

- Latrines or sand pits should be used for defecating
- Foot wear should be used always specially while working or walking in moist area.

### **D) Tape Worms**

Tapeworms are flat and tape like. Usually only its pieces are expelled in stool.

#### Spread

- Ova of tapeworms are expelled in the stool (faeces).
- Pigs or cows consume the stool and fodder contaminated by it. The eggs hatch in pig's stomach and small worms reach their flesh.
- If this meat is not cooked properly, baby worms enter the human body and the worms mature in the stomach.
- They lay eggs, which are again expelled in stools.
- In addition, a person, suffering from tapeworms reinfects her/himself, when they do not clean hands properly after defecating.
- Through nails, eggs reach the stomach when food is consumed and eggs then hatch to produce young worms.
- They enter the blood through intestinal wall and reach brain, eyes, lungs and muscles.

#### Symptoms

- Pieces of the worm are expelled in stool
- If the infection has reached the brain it causes headache, some times unconsciousness and it may cause death in some cases.

#### Treatment

- Complete treatment should be taken under medical supervision.

#### Prevention

- Pork or beef should always be cooked for eating. Check pork or beef for small whitish grey spots, which are eggs of tapeworms. So called "meaty pork" should not be consumed.
- Hands should be thoroughly washed after going to the toilet
- All the family members must keep their nails trimmed.
- Use latrines where ever possible.



### Remember

- Always get drinking water from safe water source like hand-pump, taps, etc.
- Always keep nails cut.
- Always wash vegetables and fruits before consumption.
- Always wash hands before eating, cooking and feeding a child and after defecation.
- Always keep food covered.
- Always keep drinking water covered.
- Always use ladle to remove water from pot.
- Arrange for disposal of human excreta. (If there are no latrines, dig a hole in ground, defecate and put mud on it.)

### Some indigenous ways of purifying water

Water has two kinds of impurities. Physical dirt particles, which can be visible, are one kind of impurity, but it can also have invisible impurities like bacteria and viruses.

Chlorine tablets are available from **panchayats** and **municipal offices**. Generally, the proportion is one tablet per pot, but when we get the tablets, they will explain the measurement. After putting the tablet, let the water sit for thirty minutes before use.

There are various ways to purify the water at home, ways to remove physical impurities from water:

1. One of the most common ways is to clean the water by filtering it through clean cotton cloth or plastic net. This will remove the dust particles from the water.
2. Use of alum or "phitkaari" is also very common in villages. Water is filtered and filled in the pot and a lump of alum is put dipped in it for some time and taken out. Water is allowed to sit for some time, after which the dust particles will settle with alum content at the bottom of the pot and top water is clean for drinking.
3. Some plants like Drum sticks (*Moringa oleifera*) are used for purification of water. The seeds of plant are crushed and made into white powder (the seeds are dark brown in rounded shells). Two pots one at higher level with two outlets are put on a platform and the other on the ground. Impure water is put in the top pot. White seed powder is mixed with a small amount of water and stirred. The milky white solution is then added to a pot of impure water and stirred quickly first and then slowly for about 12 minutes. After stirring, the treated water is covered and left to settle for at least one hour. The purified water is later removed from the top to bottom jar from one of the outlets. In addition, the other lower outlet takes care of the thick impure contents at the end. (Refer illustration 1)
4. Get a barrel or any other container that is at least one metre deep. Remove the top of the container (if it has one). Scrub and clean it inside and outside. Fix a tap to the bottom of the container, if possible by welding. Place the container on bricks or stones so that you can fit a pail or jug underneath the tap to catch the water. Next get some round stones, about 2-4 cm in diameter, and place them in the container around the opening where the tap has been put. Place the stones in such a way that the opening to the tap is not blocked off completely. Now get some gravel or stones about the size and shape of peas (about 0.5-1 cm in diameter). Put a layer of



theses, 15-20 cm deep, in the bottom of the container so that the stones around the tap inlet are covered. Add a layer of fine sand 50cm deep. You can put flat rocks on top of the sand to stop it from being stirred up in the water. Keep the filter covered and full of water (up to 2-3 cm from the top). When after 2-4 weeks the water starts to flow slowly the filter needs cleaning. Clean the filter by scraping off the top layer of sand. After four or five cleanings you will need to add more sand. To do this you will need to drain out the water until the water level is 10cm below the level of the sand.

#### Ways to remove bacteria from water or purify water:

1. Boil water in a big pot for at least ten minutes. Keep it covered and let it cool down. Pour it in clean pot and use for drinking. Boiling will kill the germs in water.
2. In many places the water is filtered and filled in a metal container with big mouth. Cover the container with thin clean cloth and keep it out in hot sun. This will provide some heat to water and kill some germs, which can not resist sun heat for a long time.

***Women's groups can find out that other traditional ways of cleaning water in their area and propagate them.***

### **Sanitation**

Sanitation is the way to keep our environment safe and clean so that we may not fall sick. We have a responsibility to keep our environment clean for our own health and that of our community.

- It is important to arrange for wastewater disposal.
- If people defecate (pass stools) in fields it can contaminate vegetables. Defecation near homes can lead to diseases through flies.
- It is important to organize for latrines, because women and girls going far away are attacked or molested.
- Sanitation will involve wastewater disposal, garbage disposal, latrine facilities and things use of like smokeless chulas and/or biogas.

### **Useful Health Education Material**

- Personal hygiene, Slides, Tamilnadu Integrated Nutrition project, communication Cell, 570, Anna Salai, Madras-600018, Language-English
- Better care during diarrhoea, Slides, VHAI, 40 Institutional Area, New Delhi. Language- English
- Diarrhoea and the special drink, Slides, Center for Development Communication, 23, "JABBAR Buildings", Begumpet, Hyderabad-500016, Language- English
- Health and hygiene, Slides, Center for Development Communication, Hyderabad, Language- English
- Mrugjal Nahin Jal, Video, case study of Utthan-Mahiti, Azad Society, Ahmedabad, 380004, Gujarat. Language-Gujarati



- Sopa Sandas and ten other film, Video, Centre for Development Communication, Hyderabad, Language- Hindi, English
- Health and Sanitation Slides, CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad-380004, Gujarat. Language- Gujarati
- Sanitation and diseases transmission, Slides, UNICEF, 73, Lodi Estate, New Delhi. Language: English
- Low cost appropriate technologies for sanitation, Slides, UNICEF-New Delhi, Language: English
- Swachta se Swasthya (Health by cleanliness), Flip Book, Chetna Arogya Mandir and Samaj Sewa Samiti, 33, Ambagadh, Udaipur, Rajasthan, Language: Hindi
- Diarrhoea: Treatment and Prevention, Flip Book, ICE unit of Health and Family Welfare Department, Rajasthan, Language: Hindi

## Illustration 1

### Contamination of water at the source

Note: Enlarge this illustration cut it and paste it on the cardboard or transfer on transparency for use during training.



**Contamination of water on way to home**

**Illustration 2**

Note: Enlarge this illustration cut it and paste it on the cardboard or transfer on transparency for use during training.

*District level Training Module*

### Illustration 3

#### Contamination of water at the storage

Note: Enlarge this illustration cut it and paste it on the cardboard or transfer on transparency for use during training.



**Contamination of water during use**

**Illustration 4**

Note: Enlarge this illustration cut it and paste it on the cardboard or transfer on transparency for use during training.

*District level Training Module*

## Illustration 5

Low cost sanitation facilities would include latrines, garbage disposal and proper water supply and disposal systems

Note: Enlarge this illustration cut it and paste it on the cardboard or transfer on transparency for use during training.

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**Illustration 6**

**Wastewater if not disposed will become mosquito breeding places and water borne diseases**

Note: Enlarge this illustration cut it and paste it on the cardboard or transfer on transparency for use during training.

*District level Training Module*

## **Illustration 7**

**The best way to arrange for wastewater disposal is to build water drains to  
backyard or community kitchen garden**

Note: Enlarge this illustration cut it and paste it on the cardboard or transfer on transparency for use during training.

*District level Training Module*



**Illustration 8**

**If there is no kitchen garden, soak pits can be designed as given in the card**  
**The pit is one foot wide, long and deep**

**Note:** Enlarge this illustration cut it and paste it on the cardboard or transfer on transparency for use during training.

*District level Training Module*

## **Illustration 9**

**Low-cost latrines can be built per house or group of houses. You will require help from experts to get measurements in water seal-latrines**

Note: Enlarge this illustration cut it and paste it on the cardboard or transfer on transparency for use during training.

*District level Training Module*



### Activity 1 Case study: Who is responsible?

Jeevi will be going to the fourth grade next year. She is very clever in her studies. Her parents like her to study. They pray that the meager income they have from daily labour continued till their daughter finishes at least secondary school. At present she gets up early, finishes household tasks and goes to school with her younger brother.

This year saw a bad monsoon. As the summer came, it became more and more difficult to fetch drinking water. Unfortunately, monsoon failed for the second consecutive year. Women of the village walked seven to ten kilometers to get drinking water. Over and above that, getting water for other use added another three kilometers per visit. At least half-a-day was now required for fetching water

Now Jeevi's family is in great trouble. Her mother goes to work half a day and her father works other half, this takes care of household work, taking care of children and getting water. One day, Jeevi's mother got very sick. Jeevi was the only person who would now have to take care of the house. They decided that her father will have to work full time to get enough money for getting food for the family, let alone Jeevi's mother's treatment. And Jeevi, will have to become the lady of the house. If only water was available easily, she could finish the housework early and go to school. But if half day goes in fetching water, when will she do the other work and when will she go to school?

Jeevi, the brilliant student of grade three, was never able to go to class four despite her ability to do it and support from her family.

After narrating the case study, ask the following question:

- Do you think this is a reality?
- Who is responsible for discontinuation of Jeevi's study? Why?
- How do you cope up with problem of fetching water for your family? Are there any options available?

## Activity- 2 Demonstration of Dehydration and Rehydration

### Objective:

To explain the concept of dehydration and rehydration.

### Material required:

You will require a plastic bag with picture of a child on it, bucket, water and cup.

### Method:

- Ask a person to hold plastic bag above the bucket. Assume the bag is a child, Ramu.
- Ask another person to fill the bag with water, this means Ramu is healthy.
- Ask a person to pierce a hole at the bottom of bag, means Ramu had diarrhoea.
- Let the water flow in bucket.
- When very little water remain in the bag, ask the participants what has happened.
- Discuss symptoms of dehydration.
- Ask one participant now to add water from the top.
- Explain rehydration.
- Encourage participants to share what fluids are given locally during diarrhoea.

## Activity-3 Preparation of ORS from ready made packet

### Objective:

To learn how to prepare ORS.

### Material required:

ORS packet, one liter of clean water in a clean vessel, spoon.

### Method:

- Ask a participant to read the instructions on the ORS packet.
- Take the vessel of clean water.
- Open the ORS packet and mix the powder in it.
- Stir it with spoon and let every one taste it.



## **Activity- 4 How to purify the water?**

### **Objective:**

To demonstrate removal of physical impurities from the water.

### **Material required:**

You will need a transparent glass of water with physical impurity and alum.

### **Method:**

- Hold the glass of dirty water (with particles) and show it to the participants.
- Hold alum in water and turn it around for three to four times.
- Let the water sit for 15 minutes.
- Look at the water. The dirt will be seen settled down in thick liquid, while water on top will be clean.
- Remove clean top water in separate vessel. Do not shake vessel too much while pouring out clean water.

# Reproductive and Child Health

## District Level Training Module

Topics	Number of Hours
Our Growth (The Female & Male Reproductive System)	2
Conception	2
Adolescent Health & Development	4
Care During Pregnancy	4
Child Birth & Care After Child Birth	3.30
Abortion	2
Infertility	2.30
Contraception	3
Reproductive Tract Infections	3
HIV/AIDS	4
Cancers: Cervical Cancer	2
Breast Cancer and common tobacco related cancers	2
<b>Total</b>	<b>33.30</b>



# Our Growth

## The Female and Male Reproductive System

### District Level Training Module



2 hours

#### Learning Objectives

At the end of the session the participants will learn about

- external and internal changes occurring during adolescence age.
- scientific information about female and male reproductive system.
- process of menstruation.
- community's conceptions regarding menstruation from a social perspective.

#### Design:

Time in minutes	Topics	Methods
15	Growth of our body	Discussion
30	Scientific information about female and male reproductive system	Activity-1, Body Mapping and Discussion
30	Process of Menstruation	Discussion with the help of apron
30	Misconceptions about menstruation	Activity-2 Discussion, role play
15	Menstrual disorders and care during menstruation	Discussion

#### Material Required:

Apron depicting the process of menstruation, flip charts, sketch pens, chalk, enlarged illustration of male and female reproductive system or slides, transparencies of these systems. You can also use a picture book.

## Note for Trainer

Welcome the participants. Since you are going to discuss the reproductive system and menstruation it is important that, tone of your voice is serious. Otherwise the women will start giggling and the seriousness of discussion may be lost. Create an enabling environment to discuss the topic.

You may start the session by saying.....

"Dear friends,

*Today we are going to learn about growth of our body, reproductive system and menstruation. All of us start having periods between the ages of 10 to 16 years. The average is about 13.5 years. But we usually do not have information on why we menstruate? Nobody talks to us about it. Today let us discuss the scientific aspects of menstruation. If you have any more questions we will try to find out its solution."*

- Ask the participants to remember the external changes that they noticed during their adolescent phase. List down the changes on flip chart. Show enlarged illustrations 1 and 2 and explain the changes. Refer to section 'Points to Remember'
- Introduce the Activity- 1, 'Body Mapping'. You will know the existing knowledge of participants about female and male reproductive system.
- After this, with the use of the enlarged illustrations 3 and 4 of male and female reproductive system, explain the functions of inner and outer organs of reproductive systems of female and male body.
- Ask questions, to find out what they already know about menstruation. With the help of cloth apron explain the process of menstruation. If you do not have the cloth apron use enlarged illustration 5 depicting the cycle of menstruation.
- There are many harmful beliefs related to menstruation. Try to elicit these from the women. Some common beliefs are given in Activity 2. To sensitize the participants about the ill effects of such belief on women's mental and physical health, ask them to perform a role-play. The guideline for the same is given in Activity 2.
- Briefly discuss about menstrual problems.
- At the end, discuss the points related to care during menstruation.



## Points to be Remembered by the Participants

### Growing from Child to Woman and Child to Man

As we grow, our body grows bigger and stronger. Most girls attain puberty (when secondary sexual characters develop and they become capable of sexual reproduction) between 10-11 years of age. Various changes take place within and outside our body.

#### External Changes in Girls

- Height increases
- Hair begins to grow in genital area and under the armpits. This hair covers and protects the outer genital organs.
- The breasts enlarge.
- The body becomes more curved, full and voice becomes soft.
- Pimples may appear on face

#### Internal Changes in Girls

- The tissues and milk glands develop in the breasts. The milk glands produce milk when the woman has a baby.
- The birth canal and womb gets enlarged.
- Egg cells mature and are released from the egg sac every month

Please refer illustration 1

#### External Changes in boys

- Height increases
- Hair grows under the armpit, around the genitals, on the body and face.
- Shoulders broaden, muscles develop
- Voice deepens
- Pimples appear on face

#### Internal Changes in Boys

- Penis and testicles (balls) grow in size.
- Enlargement of penis and testicles, erection of penis
- Sperms (egg cells in man) production starts

Please refer illustration 2

## **The Structure of Female Reproductive System**

- Some parts of the female reproductive system are outside the body and some are inside the body
- The outside body parts includes, outer lips, inner lips, clitoris (the sensitive part where we get pleasure). There are two openings - vaginal opening and urinary opening.
- Internal parts includes, the birth canal, womb, egg sacs and egg tubes. The egg sacs contain eggs which start maturing between 10 and 18 years of age. The egg tubes are narrow through which the mature egg passes to reach the womb.
- The womb is a pear shaped bag. Its function is to nourish and make room for the fetus (baby) to grow upto nine months.
- The passage which joins the outer reproductive organs to the inner organs is called the vagina (birth canal).

Please refer illustration 3

## **The structure of Male Reproductive System**

- The penis and testicles hang outside male body, between the thighs.
- Testicles are oval in shape and they hang inside the scrotum (a thin skin sac). One testicle is lower than the other. This is normal. They begin to produce the male sperm cells during puberty. Sperms are very tiny cells that can unite with the egg cell in a woman's body to start a pregnancy.
- Both urine and sperm pass out of the body through the penis, but never at the same time. The size of the penis varies from person to person. The size is not related to sexual function.
- The sperm travels through the vas deferens (a duct which carries sperms) to the prostate gland (a gland surrounding the neck of urine sac and sperm duct). In the prostate gland, fluid is added to it to make a milky-looking substance called the semen.

Please refer illustration 4

## **Menstruation**

- Menstruation (monthly periods) usually starts between 10 and 16 years of age. This is called menarche. Menarche is the beginning of menstruation. If a girl does not reach to menarche by 18 years, she needs treatment. This age may be different for every girl. Usually by forty-five years of age, a woman stops having periods. This is called menopause. The time of menopause also varies from woman to woman.
- Every month one egg is released from the egg sac. It reaches the egg tubes. Simultaneously, a thick layer of small blood vessels and mucus layer forms on the inner side of the womb. At this time, if intercourse takes place, a woman may conceive (become pregnant).



- If conception has not taken place then the layer of blood and mucus breaks and comes out of the birth canal. This process is called menstruation. The bleeding continues for about 3 to 5 days, it varies in different women.

Please refer illustration 5

### Care during menstruation

#### Diet

A girl loses blood in her periods. As she is growing, she needs to eat a balanced and iron rich diet to replace this loss. Foods like green leafy vegetables, milk and milk products, pulses, lemon, cereals, etc. Some food related beliefs about diet during menstruation have no scientific basis.

#### Cleanliness

- The mouth of the womb (cervix) is open during menstruation, any infection easily reaches the womb.
- Bathe daily to prevent infection. Wash the vaginal opening with soap and clean water.
- Use a clean cloth to soak menstrual blood. After use, it should be washed and dried in the sun and kept in clean place for use during next time.

### Menstrual Disorders

Painful menstruation is a common complaint, especially during adolescence. The specific cause is not very clear. Most of the times, reassurance to the girl along with maintaining good general health and normal routine will take care of the problem. Hot pads and hot water bag massage can help a lot. Constipation must be avoided and light exercises have known to reduce the pain. Generally there is no need to consult doctor.

Too little or too much bleeding or irregular menstruation are other problems. These may happen due to disturbance in sex hormone, pelvic diseases or some other problems. It is advisable to consult medical persons in such situations.

### Mental Development and Emotional Changes:

Along with physical growth, rapid mental development also happens during adolescence. Ability to think, abstract and question, difference between behaviors and rules develop. Along with this there is rapid emotional development. Mood changes is a common phenomena during adolescence.

More on adolescents emotional, sexual and mental development is given in Adolescence Health and Development Module.

**Useful references and material:**

*District Level Training Module*

**Books:**

- Universal Child Birth Picture Book, CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad, Gujarat. Language: English, Hindi, Gujarati
- Let us Learn More About Our Body and Health, CHETNA, Ahmedabad
- Education in Human Sexuality, A source book for educators, Family Planning Association of India (FPAI), Bajaj Bhawan, 1<sup>st</sup> Floor, Nariman Point, Mumbai-400021.

**Slides:**

- Child Birth Picture Book, CHETNA, Ahmedabad. Language-English
- Kahani Nahan Ki, Xavier Institute of Communication, Xavier's College, Mumbai-400001
- Cloth Apron on menstruation, CHETNA, Ahmedabad. Language-Gujarati, Hindi
- Cloth Apron (Hindi), SAHAYOG, Almoda
- Cloth Apron (Marathi), KEM Hospital and Research Centre, Sardar Mudaliyar Road, Rasta Peth, Pune-411011



## Activity 1 Body Mapping

### Objective:

To assess the information level of the participants about female and male reproductive system.

### Material required:

If you plan this exercise on paper, then you need A4 size papers and marker pens for all the participants.

You can also do the exercise on the floor. In that case you need only chalk. The exercise can also be done on tiled floor or mud floor, on used banners, cloth, etc.

Illustrations 3 and 4 (enlarged or in transparencies)

### Method:

- Ask each individual to draw the external and internal reproductive organs of female and male body. Encourage them to draw whatever they can.
- Ensure that you do not make any comment on their drawing nor you should laugh.
- Once they finish the drawing ask them to explain their drawing to you. It is our experience that many time women do have fairly good knowledge of their own body.
- If the group is big you can give the exercise in a group of 4-5 women.
- If you have ask them to draw on the floor, try to copy on paper for you own reference.

After finishing the body mapping you should provide the correct scientific information by showing the illustrations 3 and 4.

## Activity-2 Role Play

### Objective

To sensitize the participants on some of the beliefs related to menstruation.

### Method 1

You may call a few volunteers and ask them to perform a role play on beliefs related to menstruation and how it affects girl's development. When they finish the role play ask them, what needs to be done to bring about a change.

### Method 2

You can read the following story and ask them to perform a role play on it. Provide them freedom to make changes based on their Socio-cultural environment.  
(Characters - Sheela, Sheela's mother, grand mother and father).

(Sheela shows her red stained clothes to her mother),

Sheela : Mother, see what has happened to me.

Mother : O God, you have started your monthly periods. Take these clothes and go and sit in a corner.

Grandmother: Why are you sitting in a corner?

Sheela : Mother told me to sit here.

Grandmother: O my God! Sheela's mother, has this girl started her periods? I told you a thousand times to give her less food, but nobody listens to me.

Mother : I was giving her less food. It seems just like yesterday when we got her elder sister married and now this girl is also ready for marriage.

Grandmother: Now tell her not to enter the kitchen and not to come near my temple (place of worship) for four days.

Mother : Did you hear what your grandmother said? Do not touch any eatables. Go and wash your stained clothes and after that start making cowdung cakes.

Grandmother: Teach your daughter to drape an 'odhni' (veil), walk slowly with lowered eyes and to stop playing with boys.



Grandmother: (to Sheela's father): Look son, now search for a boy and get this girl married.

**After finishing this role play ask the following questions.**

- What do Sheela's mother and grandmother believe about menstruation? Is this right?
- Is menstruation dirty? What will you do to change these beliefs about menstruation?
- What will you do to bring about a change in the society?

**Common misconceptions regarding Menstruation**

- The girl or women who are menstruating cannot
  - enter the kitchen and temple
  - consume milk and milk products.
- Menstruation is dirty
- The sin performed by women comes out in the form of blood during menstruation
- In some tribal areas women are asked to live in a special hut located away from the home during menstruation.

**Illustration 1**

**Stages of Growth- Growing from child to woman**

External changes: Increase in height, growth of hair, under the armpit and around the genital organs, enlarged breasts, shaping of the body and voice becomes soft.

Note: Enlarge this illustration or transfer this illustration on transparency and use during training

*District Level Training Module*



**Illustration 2**

**Stages of Growth- Growing from child to man**

External changes: Increase in height, broadening of shoulders, development of muscles, growth of hair on face, body under the armpit and around genitals, deepening of voice.

Note: Enlarge this illustration or transfer this on transparency and use during training

***District Level Training Module***

**Illustration 3**

**Reproductive System of Woman**

Note: Enlarge this illustration or transfer this on transparency and use during training

*District Level Training Module*



**Illustration 4**

**Reproductive System of Man**

**Note: Enlarge this illustration or transfer this on transparency and use during training**

**Illustration 5**

**Process of Menstruation**

**Note: Enlarge this illustration or transfer this on transparency and use during training**

*District Level Training Module*



# CONCEPTION

## District Level Training Module

 2 hours

### Learning Objectives

At the end of the session the participants will learn about

- how conception take place.
- how the sex of the child is determined.

### Design

Time in minutes	Topic	Method and material
40	Conception	Discussion, Illustration 1
40	Gender discrimination at birth	Role play
40	Sex determination of child	Role-play, Activity-1, illustration 2

### Material Required

Enlarged illustration 1 and 2 or transparency of illustration 1 and 2, rice and pulse for Activity-1

## Note for Trainer

Welcome the Participants. You have already discussed about male and female reproductive system and process of menstruation. To discuss the topics of conception and sex determination also needs an enabling and serious environment.

You may start the session by saying.....

"Dear Friends,

*Many of us have children. As you are aware in our male dominating society, the birth of son is celebrated, whereas birth of a girl is usually not announced. To give birth to boys and girls is not in our control. It is decided at the time of conception (meeting of the egg cell and sperm). Let us today learn about the process of conception and sex determination of the child. "*

- Ask the participants to explain how a baby is conceived? Listen carefully. Keeping their existing knowledge in view, with the help of the illustration 1 provide scientific information on conception. Refer section 'Points to remember'.
- Ask the participants to perform a role-play depicting the social customs followed in their area at the birth of son and daughters. Let few participants volunteer to perform the role-play. At the end of the role-plays initiate the discussion on the gender biases and its effect on mental and emotional health of woman.
- To explain the process of sex determination introduce Activity 1. At the end of the exercise ask the questions given along with it. With the use of enlarged illustration, explain scientific process of sex determination. Try to sensitize the participants about their crucial role to disseminate scientific information among people about sex determination at the time of conception so that woman is not blamed.
- Briefly discuss about amniosentesis test, its misuse and ban declared by Indian government for its use for sex determination. Encourage the participants to share information about woman who have gone through agony of sex determination.



## **Points to be Remembered by the Participants:**

### **How does conception take place?**

- A woman's egg sac releases egg cell, once in a month. This is called ovulation.
- The egg cell travels through the egg tube towards the womb.
- Sperms are produced in the testicles.
- During sexual intercourse, many sperms are released in the birth canal.
- If a woman has a 30 day menstrual cycle, the chances of conception are more between 11-18 days of the cycle.
- Some sperms reach the tube and only one sperm unites with the egg cell. This is called fertilization.
- Cell division starts and the fertilized egg reaches the womb and lodges on the blood and mucus lining.
- If fertilization does not take place, the womb sheds the blood and mucus lining and a woman has periods.

Please refer illustration 1

### **Sex determination**

- The sex of the child is determined at the time of union of the male seed and female egg.
- There are special bodies in a woman's egg cell and the man's seed cell, which are called chromosomes. Out of 23 pairs of chromosomes the 23<sup>rd</sup> pair is the sex chromosome. This pair of chromosome determines the sex of the baby. Men and women have different sex chromosomes. The pair in man is known as XY and the one in woman is known as XX. At the time of fertilization, if the X chromosome of the egg cell meets Y chromosome of sperm the baby will be boy and if the X chromosome of woman meets the X chromosome of man, the baby will be girl.

Please refer illustration 2

### **Our Society and Sex Determination**

- In our patriarchal society, the birth of a son is much desired.
- A woman who bears a child has to tolerate people's negligent behaviour and is forced to bear children until a boy is born. It affects woman's mental, emotional and physical health. It is observed that if woman fails to deliver male child her husband might remarry.
- Few years back the amnioscentesis test (testing the fluid in the amniotic sac), which is primarily meant to detect congenital disorders, is utilized to know the sex of the child prior to birth. If the family comes to know that the sex of the child is female they ask women to abort the child. The woman sometimes herself takes initiative to abort the child. The Indian Government has put a legal ban on the use of this test, to determine the sex of the baby.
- As responsible citizens we must realize that men and women, girl and boy are equal. They must get equal rights, care and love. We must bring about awareness through disseminating information about sex determination.



**Useful references and material:**

Books:

- Universal Child Birth Picture Book, CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad, Gujarat. Language. English, Hindi, Gujarati
- Let us Learn More About Our Body and Health, CHETNA, Ahmedabad
- Education in Human Sexuality, A source book for educators, Family Planning Association of India (FPAI), Bajaj Bhawan, 1<sup>st</sup> Floor, Nariman Point, Mumbai-400021.

Slides:

- Child Birth Picture Book, CHETNA, Ahmedabad. Language: English
- Kahani Nahan Ki, Kahani Nau mahino Ki, Xavier Institute of Communication, Xavier's College, Mumbai-400001 Language: Hindi
- Cloth Apron CHETNA, Ahmedabad, Language-(Hindi, Gujarati),
- Cloth Apron (Hindi), SAHAYOG, Almoda
- Cloth Apron, KEM Hospital and Research Centre, Sardar Mudaliyar Road, Rasta Peth, Pune-411011 Language-(Marathi)

## **Activity-1 A game of rice and pulses**

### **Objective**

To explain the process of sex determination

### **Material Required**

Rice and pulses

### **Method**

- Ask the participants to stand in 2 circles, outer and inner circles.
- Give only rice in both hands of some participants. To some participants give pulses in one hand and rice in another hand. Ask them to close their fist.
- Ask the participants to walk in a circle until the bell rings. When the ringing of the bell stops they must make a pair with the partner in the adjacent circle.
- Ask them to open one fist of their partner and see whether the partner has rice or pulse. The presence of rice and pulse will determine the sex of the child. Pulse is a symbol of Y chromosome (man) and rice is a symbol of X chromosome (woman).
- If both the partners have similar grains then a girl is born, If one partner has rice and the other has pulse then boy is born.
- At the end of the game explain the process of sex determination with help of illustration 2.

Note: You may enlarge the illustration or transfer it on transparency to use during training.

### **Ask following questions**

- Do you know that many couples prefer to abort the child if they come to know that the sex of the child is female? If you know, share the information.
- Are you aware of the ban on the sex determination test in our country?
- How will you disseminate information on sex determination of the child?

**Illustration 1**

**Conception**

**Note: Enlarge this illustration or transfer this on transparency and use during training**

*District Level training module*



**Illustration 2**

**Sex Determination of the Child**

**Note: Enlarge this illustration or transfer this on transparency and use during training**

*District Level training module*

# ADOLESCENT HEALTH AND DEVELOPMENT

## District Level Training Module



4 hours

### Learning Objectives

At the end of the session, the participants will learn about

- mental and emotional development of adolescents.
- severity and effects of gender discrimination during adolescence.
- the effects of other health problems and specific adolescent health issues like violence, etc. and their effect on health.
- concerns of sex and sexuality during adolescence and ways to handle myths and beliefs of adolescents.
- ways of supporting adolescents in their own villages.

### Design

Time in minutes	Topics	Methods
45	What is adolescence?	Activity 1, Symbolic presentation, discussions.
30	Changes during adolescents (mental and emotional)	Discussions, Activity 2.
45	Effects of myths and reality of sex and sexuality during adolescence	Discussions, Activity 1.
30	Gender discrimination during adolescents	Discussion, Activity 4.
30	Major health problems during adolescence	Discussions and sharing of information.
60	Ways and means of supporting adolescents	Discussions, Activity 5.

### Material Required

Flip charts, sketch pens, plain A4 size papers, pastel colours, set of picture cards shown in activity 3 and 5. You may photocopy these pictures and stick them on cardboard. Cut each picture separately and make a set.

## Note to Trainer

Welcome the participants. You are going to discuss the topic adolescent health and development. It is very necessary that as a trainer you hold a positive opinion of adolescents. Talk to somebody who has worked with this age group. People might get emotional during the training, be prepared to handle them.

### Welcome the group by saying,

*"Dear Friends,*

*Today we all are going to get younger. We shall all try to relive our past and experience the fun we had during our adolescence. Like any other age, there might have been also some problems during our adolescence. We will also discuss those. Let us learn from our own experiences and utilize them for the benefit of our sons and daughters today."*

- Introduce Activity 1-Symbolic Representation: This activity will lead to a working definition of adolescence and a list of their characteristics. Encourage participants to relate self-experiences to the characteristics.
- Briefly refresh the physical changes mentioned in the chapter 'Our Growth'. Ask the participants to think what are the other changes that happen during adolescence. Introduce Activity 2 - Mapping characteristics of adolescents. Classify the changes participants mention to, emotional and mental development categories. These are also the developmental needs and realities of adolescents.
- Continue by leading the participants to discuss prevalent myths related to sexuality during this age group. Ask them to share any myths that they are aware of. Discuss these myths. Give one example, "Potency of men depend on size of his penis." Give scientific information for each myth given in Points to Remember. At the end, introduce Activity 3 - Let us make our own story.
- Carry on to explain effect of gender discrimination against girls. Introduce Activity 4 - Group work, which will bring out the fact that gender roles control both girls and boys. It will also highlight the effect of gender discrimination on physical, mental, social and emotional development of girls.

*If you have already talked about gender differences earlier, it will help here. If not you will have to spend some time explaining how the community treats men and women differently. It starts right from the birth and continues until death.*

- Discuss concerns of adolescents and its effect on health. Focus on anemia, early marriage, adolescent pregnancy, childbirth, abortion, violence, tobacco and other addictions. Refer points to remember.
- Finally, with help of Activity 5, encourage participants to find their own ways of helping adolescents at home, in village and in community at large.



## Points to be Remembered by the Participants

### Definition of Adolescence

- Adolescence is the period when first external signs of sexual maturation, menstruation among girls and wet dreams among boys appear to full reproductive maturity (when they become capable of reproducing).
  - A period generally between 10-19 years of age
  - A period marked by accelerated and rapid physical, emotional and social changes\*<sup>1</sup>

This period, can be divided broadly into three sub-periods:

	Girls	Boys
Pre-puberty	10-12 years	12-14 years
Puberty	13-14 years	15-16 years
Post-puberty	15-18 years	17-20 years

Puberty for girls usually starts earlier than that of boys. These are average ages, puberty or onset of menstruation for girls and wet dreams for boys, may start few years earlier or later in different individuals.

**Physical Changes:** This aspect is already discussed in the module - Our Growth

### Mental and Emotional Changes During Adolescence:

- Adolescence is time of extreme changes. A variety of mental, emotional and social changes happens during this phase.
- There is a sharp growth of mental abilities. This is the final stage of mental development during which formal thinking develops.
- This mental growth often goes unnoticed which creates problems like 'generation gap' or differences of opinions between adolescents and their elders.
- Emotional growth of adolescents is relatively slower than physical and mental. Therefore they experience a severe stage of changes in mood, as they proceed towards adulthood they learn to control the expression of their emotions.

<sup>1</sup> World Health Organisation. Adolescent Health Programme. Division of Family Health. Geneva, Switzerland. *Adolescent Health and Development, The Key to Future*, Paper Prepared for Global Commission on Women's Health. 3-6 October 1994. Washington D.C., World Health Organisation, WHO/ADH/94.3 Rev.1. Switzerland. 1995.

Mental Changes	Emotional Changes
Asks more meaningful questions	Gets very emotional, suddenly laughs and cries
Can understand a difficult situation if we talk to them	Sexual desire begins
Always asks for explanation, in earlier ages instruction was enough.	At times demands a lot of attention, at other times wants to be left alone
Can be very creative	Day dreams a lot
Self confidence increases	Wants to develop independent relationships. Peer relations become very important
Questions areas of doubt	Wants to get recognized as an individual
Has meaningful opinions on all things	Wants to participate in adult activities and decisions

### Myths and reality about sexuality and its effect on self-image of adolescents

- Myths and beliefs related to sexuality (the constitution of a person in relation to sexual attitudes and behaviour) play very important role in self-image of adolescents.
- There is no source of reliable information for adolescents, which makes them try risky experimentation in sex and sexuality issues.
- If we do not provide them with information, they will try to get it from other sources that might not be scientific, which will harm them and the society.

### Providing information about sexuality leads to their development.

#### Myths and realities:

*Well-developed girls [whose breasts are big] "have bad character."*

This is an incorrect assumption. Breasts develop during adolescents. For some girls, it is faster and slower for others. It may depend on hereditary factors. In addition, if girls are well nourished, their overall growth is faster. Therefore, their breasts also develop faster and full.

*Masturbation is very bad. One drop of semen is equal to one cup of blood therefore, if a man/boy masturbates, he will become impotent. If a girl/woman masturbates, she is immoral.*

This is not true. Masturbation is a natural phenomenon from adolescence onwards. It does not take away the potency from men and does not make the women immoral. Sexual desires are natural for both women and men. On the contrary, masturbation is a form of safe sex compared to penetrative sex (sex in vagina, anus or mouth).

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*A man needs to have a large size penis to have sexual pleasure and to give sexual pleasure to woman.*

This is very prevalent myth and a great source of tension for boys. In reality, only first two to two and a half inches of women's vagina have nerves, which gives sexual satisfaction to a woman. Therefore, the length of penis does not matter how long the penis is beyond that length to woman. Most penises are longer than 2 - 2 1/2 inches when erect.

*If the hymen is broken, it means girl has had sex before. Therefore, if the girl does not bleed during the first intercourse, it means she had sex already.*

It is not necessary that hymen of the girl remains intact until her first intercourse. Girls who have had some injury, who are active in sports, cycling, etc., often break their hymen. Some girls have a very elastic hymen, which may not cause pain or bleeding during first intercourse. So one cannot generalise that if the hymen is broken she has had sex before.

*Having sex with more than one woman/girl increases potency of man.*

This is not true. It will never increase potency of man. On the contrary, it will increase risk of sexually transmitted diseases and HIV infections if they have unsafe sex.

*If a man touches a girl's breasts or kisses on her lips, she gets pregnant.*

This kind of myth is due to ignorance and lack of information among adolescents. For a girl to be pregnant, sperms of a man have to enter her womb through birth canal and meet her egg cell.

### **Gender Discrimination During Adolescence**

- Subconsciously, we often treat girls and boys differently at home, in the village and in society at large.
- Boys and girls both suffer because of gender roles in society. But girls suffer more from gender discrimination than boys do. It suppresses girls, which leads to low self-image and forces boys to become stronger physically and mentally. They are supposed to be the sole bread earners of the house and girl is supposed to provide care and comfort to the home. Gender discrimination leads to poor education, health and development of girls in comparison to boys.

### **Major Health Concerns of Adolescents**

- By-and-large, adolescents remain healthy during this age. They do not get sick very fast.
- The girls in this age are more prone to iron deficiency anemia (when blood becomes pale) and other nutritional deficiencies. Subtle gender discrimination in food



- distribution and intake often result in this and other kind of mal and under nutrition leading to stunted growth and poor pelvic sizes.
- Among boys, tobacco, drug-use and alcohol are major risks along with accidents and induced injuries.
  - By the time the girl starts menstruating, she still has approximately 4% more to grow in height and 12-18% more pelvic growth is still to come. The problems of early pregnancy and motherhood therefore become a prime health risk to girls. It is very well known fact that too early pregnancy increases the risk of maternal (mother's) and child morbidity (incidence of illness or ill health) and mortality (death), as well as the likelihood of having too many children too close together.
  - Abortion rate during adolescence is also on the rise, in addition, at least half of unmarried women seeking abortions are adolescent and a disturbing age of even below 15. Most of these abortions are unsafe and illegal. The decision for abortion is often taken late, during second trimester (4,5,6 months of pregnancy) abortion is another health hazard.
  - Young girls are also at higher risk of sexually transmitted diseases and HIV infection since their body is still growing and there is higher risk of trauma/cuts/ aberrations.

### **Ways and Means of Supporting Adolescents**

- Adolescence is an age where they need to explore their own identity, their body and environment.
- Provide them information, support and guidance. Otherwise, they will resort to other sources, which might not be correct. Encourage and satisfy their curiosity.
- Adolescents are capable human beings, not children anymore. Treat them as mature persons.
- They enjoy reasoning and logical arguments. Give them time and encourage discussion rather than impose discipline and rules. Give respect to their views.
- Respect adolescents and develop them as healthy and independent individuals.

### **Useful References and Teaching Aids:**

- Child Birth Picture Book, CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad-380004. Gujarat. Language-Hindi, English, Gujarati, Marathi

#### Books:

- A Perspective on Health and Development of Adolescents, CHETNA Language-Hindi, English, Gujarati.
- Education in Human Sexuality, a source book for Trainers, Family Planning Association of India, Bajaj Bhawan, 1<sup>st</sup> Floor, Nariman Point, Mumbai-400021. Language-English
- Adolescence, Voluntary Health Association of India, Tong Swasthya Bhawan, 40 Institutional Area, Near Qutab Hotel, New Delhi-110016. Language-Hindi, English
- Education for Better Living of Rural Adolescent Girls - Training Modules - Vol.1, Health and Nutrition, Saramma Thomas, Mathai; Nutrition Foundation of India, B-37, Gulmohar Park, New Delhi-110049. Language-English

Teaching Aids:

- A set of 4 flip charts, Life useful education, CHETNA Language-Gujarati, English, Hindi

Slides:

- Kahani Nahan Ki, Xavier Institute of Communication, St.Xaviers College, Mumbai-400001. Language-Hindi.

Video:

- Arman, Voluntary Health Association of India, Tong Swasthya Bhawan, 40 Institutional Area, Near Qutab Hotel, New Delhi-110016. Language-Hindi

## **Activity 1 Symbolic Representation of Adolescence**

### **Objective:**

To explain different characteristics of adolescence.

### **Material Required:**

Flip charts and sketch pens.

### **Method:**

- Divide the participants into small groups. One group should not consist of more than six to eight persons.
- Ask them to discuss qualities of adolescence. Based on the discussions, ask them to decide a symbol for adolescence (you might have to explain it by giving example like child being compared to a flower bud).
- Encourage them to find a close similarity of adolescence to another symbolic thing, living or non-living.
- Ask the to draw the symbol decide by the group in the paper given to them. If necessary, let them write a few words on adolescence.
- Let one member share the picture with the group and explain.
- Give them 15 minutes to do the group work. You might have to go around and help some group at different times.
- Let the groups present one after the other. While they are presenting, note the different characteristics coming out of adolescents.
- At the end of all the presentations, write the characteristics of adolescence on flip chart and discuss with group relating it to our own experiences. Your list may look like this:

**Adolescents are:**

Creative  
Imaginative  
Strong  
Argues a lot  
Do not listen to adults  
Very courageous  
Need support  
Lonely  
Good looking  
Controlled  
Ready to learn and change  
Rebellions



## **Activity 2 Mapping Characteristics of Adolescents**

### **Objective:**

To list the mental and emotional characteristics (changes) of adolescence.

### **Material required:**

Blank papers ( A4 size divided in two pieces), three big flip charts, gum-tape and sketch/marker pens.

### **Method:**

- Distribute a piece of paper and ask them to write one change apart from physical that happens during adolescence. If they ask you what kind, give one example of change.
- Display two big chart papers on wall, each has one title, e.g. mental changes and emotional changes.
- Ask them to stick their card on the flip chart individually, that they find most relevant.
- Encourage them to seek the help of the group.
- Refer the section 'Points to remember' Table: Mental and Emotional changes during adolescence. Add if necessary. Without spending much time, encourage two to three participants to share some of their own experiences of adolescence.

### **Activity 3 Let Us Make Our Own Story**

#### **Objective:**

To sensitize participants about needs for information and support of adolescents.

#### **Material required:**

Illustrate picture cards as given in the folder. You may photocopy them and stick on a cardboard each separately to make a set. Some blank cards and colour pens.

#### **Method:**

- Divide the participants in two large groups.
- Give set of the five cards depicting the story of a boy to one group and the five cards of story of girl to other group.
- Ask the group to discuss pictures and make a complete story from it.
- Encourage them to think creatively and add a few characters to make the story more interesting.
- Ask groups to draw the missing pictures of the story.
- Let one person tell the story to the group using the entire set of their picture cards.
- Let them ask a few questions at the end of each story to the large group for discussion.

**Set of Cards - Story of a Boy**

Ram is very tense, he is fifteen years old. He thinks this is happening because he fantasizes about girls. He feels very guilty about this.

Ram is very happy. He has realized there is no reason for him to feel guilty.



**Small Cards**

While Ram was talking about girls, his penis becomes hard. Suresh and friends laugh at him.

Ram's elder brother Ramesh asks what happened? Ram is very shy to report.

Ramesh takes Ram to Somabhai...

**Set of Cards-Story of Girl**

Seema is in standard nine. She looks very worried and sad. Her breasts are growing. She had heard a group of boys say that if a girls has big breasts, she is "already used." Seema also knows that she and Suresh often hold hands. She is worried that people think I am "already used?"

Seema is very happy with herself. She loves everything in this world and is looking forward to her studies

**Small Cards:**

Seema is sick. Her mother talks to her.

Local nurse Anju comes to see Seema.

Mother, Anju and Seema are talking together



## Activity 4 Effects of Gender Discrimination Against Girls - Group Work

### Objective:

To sensitize participants about the effects of gender discrimination against girls.

### Material required:

Flip charts and coloured marker pens.

### Method:

- Divide the participants in small groups, of eight to ten participants. Give them each flip chart and at least two different coloured markers.
- Ask the group to draw two big circles, one inside the other on the flip chart that they have.
- Ask them to discuss what problems they (men and women) faced as adolescents at home and in the society.
- Let them write down these problems in between inner and outer circles.
- Now discuss what problems that adolescent girls' face specifically, over and above the ones you mentioned.
- Let them write down in the inner circle
- Ask one person to explain it to the large group.
- Give the group 20 minutes to do this exercise.

If possible, try to draw a cause and effect diagram your list might look like this:

Stop going to school	--results in--	lack of future work opportunity and mental growth
Eats last or less	--results in--	slow growth, weak body, less energy, less opportunity
Cannot go out alone	--results in--	less opportunity, less knowledge, less money
Early marriage	--results in--	more responsibility, more children too early, bad health
Does not inherit	--results in--	less power, less value, no voice in decision making
Go to in-laws	--results in--	more work, less food, more responsibility
Sexual exploitation	--results in--	has feeling of guilt or being victimized life, no interest in life
See injustice to her	--results in--	had very low self-esteem, thinks she is a slave and she does not demand anything for herself.

## Activity 5 Action for Providing Support and Guidance to A Adolescents - Group Work

### Objective:

To find areas/ways of supporting adolescents at the village level.

### Material required:

Situations given here should be written on separate sheets of papers.

### Method:

- Divide the participants in small groups. Four to five participants in a group.
- Give one picture to each group.
- Ask them to discuss the situation showed in the picture and decide what kind of support and guidance the adolescent needs. Ask them to decide who will provide the necessary guidance and support.
- Ask participants to enact a role play in response to the situation and present it.
- Encourage participants to be creative. Tell them they can add few characters if they wish to.
- Move around and help a group if they are unable to move forward.
- The entire work will take about 45 to 60 minutes after which they should return to the large group and briefly explain the card and present the play.
- At the end of every play, you list down points, which reflect in plays as solutions.
- Your list may look like this:

Actions	Who will do it
Talk with our daughters at home	Self
Form a boys' group and girls' group in village	Women's group with other men's group
Talk with boys at home	Men in the house
Involve girls and boys in decisions of family	Family
Invite girls to women's groups meetings	Women's group
Organise meetings for boys once a month	Women's group with men's group
Arrange nurse to talk to boys and girls	Women's group
Talk with teacher of the village to guide girls and boys	Family, men and women
Get some government schemes for training of young girls and boys	Panchayat
Honour clever girl or boy of village during Panchayat meetings	Panchayat
Stop child marriage at any cost	Every one
Provide sex education to girls and boys	Nurse or other social worker
Get information about contraception	Women and men
Eliminate gender discrimination	Family, village and society
Take care of girls' nutrition	Family



### **Situations**

- In this family, parents have a lot of arguments with children (girl is 15 and boy is 13)
- Soma is tensed because he wants to marry Rami, but he is still in grade nine.
- Radha is worried that she might be pregnant because her uncle once kissed her on lips, which she hated but could not fight back.
- Somu could not find work even after he finished grade 10. He thinks working on a farm is below his dignity.
- Ramji and Shanti are getting married today. Ramji is 17 and Shanti is 15. Shanti wants to study further and Ramji does not know what he wants, but he is not sure how he feels about his marriage.
- Ramila is pregnant at 16 years, she was married last year. She has a swelling on her feet and feels tired easily.
- Sharmila is pregnant for the third time; she is 19 years. She wants to know about contraception now and wants her husband to know the methods.
- Koki was raped on her way to fetching water. She is very afraid and cannot talk about this to anybody, but shivers at the thought of fetching water. She is also showing signs of fits recently.
- Veena is pregnant, but not married yet. Her parents beat her up. She can not locate her boyfriend Govind since few days. Her parents are going to take her to nearby village for abortion to a traditional birth attendant. She is very afraid that she might die. She worries, if she would ever be able to marry.
- Gopal who is 17 years of age, is coughing a lot these days. He is working as labourer on trucks. He smokes biddies with the truck drivers and thinks that this is a very manly thing to do. At times he even drinks liquor with them. He does not actually like the daru (local alcohol) but if he would say no, the drivers will call him "sissy." So he quickly smokes a lot after drinking. Since last some times he has also started coughing blood.



# Care During Pregnancy

## District Level Training Module



3 hours

### Learning Objectives

At the end of the session the participants will learn about

- causes of maternal mortality
- development of fetus in womb
- external body changes in pregnant woman
- care of woman during pregnancy 3 E (early, essential, emergency care) approach
- risks during pregnancy
- local referral points

Time in Minutes	Topic	Methods
30	Reasons of high maternal mortality and morbidity	Discussion
30	Development of fetus and changes during pregnancy	Discussion
60	Care during pregnancy at family level and essential health care	Role play, Discussion
30	Emergency Care during Pregnancy, Early detection of complication	Role play, Discussion
30	Local Referral Systems	Referral Mapping - Activity-4

### Material Required

Flip charts, Marker Pens, enlarged illustration 1,2,3. These illustrations can be transferred on transparencies.

## **Note for the trainer**

Welcome the participants. You may start the session by asking them to sing a traditional song related to pregnancy.

### **You may start session by saying-**

*"Dear friends,*

*We sing a song of pregnancy with lots of love and affection but do you know that every day there are several thousands of women who die due to causes related to pregnancy and child birth. Let us understand causes of death related to pregnancy and how to prevent it."*

- Ask the women to list down the causes of death during pregnancy and childbirth. While they give the reasons, as a facilitator you may list them on the black board. Categorize them under three categories, namely, medical reasons, social reasons and reasons related to poor access to health care. Refer the section 'Points to Remember'
- Explain the growth of the child in the womb with the help of the illustration 1, 2, 3.
- From their experiences ask them to list down the changes that occur during pregnancy. Add information provided in the section "Points to Remember."
- To discuss the care during pregnancy, ask them to do a role-play showing how they would look after a woman who is pregnant. Refer Activity-1. Collate points related to care during pregnancy. Categorize them under, care at the family level and essential health care for all women. Add the necessary points. Under the care at family level focus on the diet, rest and mental health and emphasise that pregnancy is not a disease yet it needs careful care at home and also by health care providers as it is sometimes associated with risk.
- Ask them to enact a role- play on an emergency situation. Refer Activity 2. Ask the questions at the end of the role-play and discuss the points given in 3 E approach related to emergency care and early detection of complication. Introduce Activity-3 - Body Mapping to refresh points relate to early detection of complications.
- At the end of the session ask the participant to prepare a map of referral health services in their area. Ask them to develop a map based on this information. Refer Activity-4 - Referral Mapping.
- Summarize the topics and conclude by the song sung at the beginning, but modified with new learning.



## **Points to be Remembered by the Participants**

### **Maternal Mortality**

Maternal mortality is defined as the death of women during pregnancy, childbirth or within 42 days after childbirth or termination of pregnancy, from causes related or aggravated due to pregnancy, childbirth or its management but not from accidental or incidental causes. Maternal mortality rate of our country is very high. It is estimated around 437 per 1,00,000 live births. Every year 1,00,000 to 1,25,000 women die due to causes related to pregnancy and childbirth. The reasons of maternal mortality can be categorized in medical causes, social causes and factors affecting poor access to health care.

#### Medical causes

Some major causes of maternal mortality are excessive bleeding during pregnancy (hemorrhage), sepsis (a condition wherein a woman has high blood pressure, swelling and may have convulsion), Anaemia, Abortion, toxemia (a condition wherein a woman has high blood pressure, swelling and may have convulsions), obstructed labour (when there is no progress in labour).

#### Social causes of Maternal Health:

##### **Age at Child Birth:**

Even though the legal age of marriage of girls is 18 years, child marriage and marriage between the age of 12-16 years is very common. Many girls give birth to their first child before the age of 16 years, which is a contributing factor for the high maternal mortality rate.

##### **Too Many and Too Close Pregnancies:**

It has been found that son preference is one of the main reasons for repeated childbirths, greatly increases the risks of maternal mortality and morbidity.

##### **Poor Nutrition and Anaemia:**

During pregnancy and lactation, the nutritional requirements of women increase significantly. A woman should eat enough so as to get the additional nutrients that are required during pregnancy and lactation. Poor nutrition often leads to anaemia. Anaemia is the most common hematological (related to blood) disorder that may occur during pregnancy. The incidence of anaemia is pregnancy ranges widely from 60-70% in India.

Due to gender discrimination, women get very less food which results in her poor nutrition and health status. She continues to eat less as she is socialized to feed the male members first and eat last and leftovers. Undernourished woman face higher risk of maternal mortality.



### **Poverty:**

Poverty is one of the major contributing factors for maternal mortality. Poverty results in restriction of purchasing power. In conditions of limited resources a woman tends to give the last priority to her own needs. She ignores her own health concerns and avoids medical treatment many time due to lack of financial resources.

### **Access to Health Care**

It is a fact that primary health care is not within the reach of several women. Poor access to health care is a major concern in the area of maternal health. Some of the contributing factors are:

- Shortage of health personnel
- Delivery by untrained dais (TBA's)
- Poor communication and transport facilities
- Inconvenient location or long distances, long awaiting hours
- Poor quality of treatment/lack of personnel attention/lack of medicines
- Delay in recognition of emergency by family members or trained birth attendants
- Delay in decision by family members to seek emergency obstretic care
- Delay in reaching the health facility on time.
- Delay in receiving treatment at referral hospital, after reaching the facility.
- Fear of donating blood

### **Development of the Fetus**

Details on conception are already given in earlier chapter on conception. As discussed the egg and the sperm meet in the fallopian tubes. The embryo (fertilized egg cell) starts moving towards the womb and the cells inside it keep dividing. After four days the embryo implants itself on the inner lining of the womb. The outer layers of cells develop a transparent bag - the amniotic sac, which is filled with fluid. The fetus grows safely in this bag. Some cells start to develop the placenta (after birth), which takes three months.

Dung these three months, the embryo obtains its nutrition from the inner lining of the womb. After the third month the placenta is formed and starts functioning. The main function of the placenta is to supply oxygen and nutrients from the woman to the fetus, thus the fetus gets nutrition from the mother.

The cells inside the embryo continue to divide and multiply. Similar cells get together to develop different parts of the body. By the third month almost all the organs of the body are formed. But they are small and not in a position to function on their own. In the later months, these organs grow and develop in to a mature baby. Refer illustration 1.

### **Changes in Woman's Body**

- Common changes observed in a woman's body while the fetus grows, are increase in the size of breast, darkening of the nipple and areola (circle around the nipple), increase in the size of the abdomen, development of lines on the abdomen and the occasional itching in the vagina.



- During the first three months, the womb remains within the pelvis. It is difficult to confirm pregnancy by abdominal examination during this period.
- Among healthy women with adequate and appropriate food, rest and mental peace, the womb increases about one and a half inches (measuring two fingers) every month. The womb grows to reach above the naval region by the seventh month. By the ninth month it reaches the triangular bone at the end of chest.

#### **Please Note**

- If the growth of abdomen is less than this, it should be considered as a risk factor. Inadequate growth either indicates that the fetus is not properly nourished or there is some other obstruction in the development of fetus.
- If the growth rate is more, it indicates that either the amount of fluid in the amniotic sac is more or there are twins. This again can be risky.

#### **Care During Pregnancy**

##### **Care During Pregnancy at Family Level**

Special care is needed during this period, both for her own as well as the baby's well being.

- The woman needs physical as well as emotional care during this period.
- She must get sufficient food and rest.
- Care should be taken that she does not feel stressful due to a number of factors such as the family preference of a son, workload, and discrimination against food and care.
- Injury particularly on her abdomen and also other type of physical as well as mental violence, when she is pregnant, should be avoided.
- In the first three months the woman might experience the symptoms such as nausea, restlessness, tiredness, caused due to various changes in our body. This settles down on its own after sometime.
- The woman must consume plenty of fluids during this period. Foods that are sour and strength giving will provide relief from nausea and vomiting. The woman should consume more of lime juice, soup of pulses, tomato soup, juice of amla, sweetened milk, buttermilk and fruit. Avoid intake of greasy foods. Take small frequent meals.
- Take medical advice if unable to retain food or fluids, if urine becomes scanty and dark or if vomiting persists about 3 months.

##### **Home based herbal remedies for nausea and vomiting**

- Soak some fennel seeds (*Foeniculum vulgare*) and sugar candy (in equal proportion) overnight in water and drink it along with the soaked seeds in the morning.
- The woman should eat something dry as soon as she wakes up in the morning.
- Consume half a teaspoon of amla (gooseberry) jam on an empty stomach.
- Take a liter of water. Boil a handful of beaten rice (puffed rice, kurmura, muri, lahi) into the water for two minutes remove from heat and keep it covered. When the rice has settled at the bottom, remove the water from top, add some salt and sugar



according to taste and drink a little at a time throughout the day. It should be freshly prepared everyday and the woman should drink it whenever she feels nauseated.

- Extract juice from pomegranate, mix it with the roasted cardamom powder and drink.
- Burn and grind small cardamoms, mix it with honey and consume frequently.

### **Diet During Pregnancy**

- The fetus draws its nutrients from the mother for nine months. For this reason, the mother requires more nutrition during pregnancy, particularly iron and energy rich foods, proteins and plenty of fresh air.
- Her diet should consist of the foods, which are locally available. The green leafy vegetables contain plenty of iron and minerals. Hence, she must consume more of the vegetables such as leaves of spinach, fenugreek, drumstick, bathua leaves, cabbage, pumpkin, gram, etc., which are locally available. Besides, she must eat leafy vegetable along with pulses and citric fruits. For example, if leafy vegetables are cooked with pulses and buttermilk or lemon added, it becomes more nutritious.

Green leafy vegetables protect the body against illnesses, pulses maintain the growth and roots, and ghee, jaggery, oil and oil seeds provide energy to the body.

- She also should include cereals such as bajri (pearl millet), rice, wheat, and all types of pulses, legumes and groundnut in her diet.
- She should consume more of seasonal fruits, which are easily and locally available. For example, plum, sugarcane, guava, mango, watermelon, muskmelon, amla, berries, falsa (*Grewia Asiatica*), rayan (*Mimusops Hexandra*), shahtoor (fruits of mulberry) etc.
- She should consume milk and milk products like buttermilk, curd, butter, ghee, cheese, cottage cheese, in plenty, depending on availability and economic condition.

The Government of India has initiated the Integrated Child Development Scheme (ICDS) to improve the nutritional status of women and children in the lower socio-economic group. Through the Anganwadi center, a woman can get nutritious food during pregnancy and other related care. Women should enroll themselves at the nearest Anganwadi centre as soon as they come to know about their pregnancy.

In a recent scheme, the Government of India provides Rs.500/- for nutritional supplement to needy women upto two births. Contact the Sarpanch and avail this facility.

### **Ways to Obtain More Nutrition at Low-cost**

- While washing the rice or pulses do not rub them vigorously. The rice will lose the important minerals and vitamins of the outer surface.
- Do not throw away the left over water from cooked rice.
- Eat germinated pulses.
- First wash the vegetables thoroughly and cut into big pieces and cook with the lid on. Cook the vegetables without removing skin, as it contains more nutrients.
- Eat seasonal fruits and vegetables.
- Eat more of raw vegetables



- Avoid eating stale, rotten food and food kept open in the market. They are the sources of illnesses.
- Drink clean and safe water.

### **Personal Hygiene**

- A woman must bathe daily, keep her genitals clean, wear washed cotton clothes, and should be provided with a clean and fresh environment. This will keep her cheerful and healthy.
- She must clean her breasts. If her nipples are small and inverted, she should massage and pull the nipples slowly upward everyday.

### **Avoid the Following**

- Consuming any medicine without consulting a doctor particularly during the first three months. The medicine can adversely affect the growth of the fetus, causing damage to her body or at times it leads to abortion.
- Avoid intercourse, as during the first three months of pregnancy it may increase the risks of miscarriage and could be uncomfortable for the woman during the later stage of pregnancy and also, increase the chances of infection of the reproductive tract.
- Anxiety, anger, worries, depression and fear.
- Grieving scenes such as severe illness, death, witnessing childbirth or similar actions, might generate negative thoughts in her mind.
- Heavy work or exertion, which might adversely affect the growth of the fetus.
- Eating mud, brick, clay or raw rice.
- Alcohol, smoking, eating clay, mud, brick, spices etc. and other such toxic substances during pregnancy.

### **Useful Beliefs and Practices**

- A woman's desires should be fulfilled during pregnancy.
- Pregnancy is jointly celebrated and honored by both the parental as well as the in-laws families to make her happy (but usually only girl's parents bear the cost of the celebration, which is unfair).
- From the eighth month onwards the woman is given certain foods to enhance energy. Sweet balls made from jaggery and fenugreek seeds are nutritious and energy providing.
- The woman is asked to read spiritual books and look at positive pictures
- Avoiding intercourse during pregnancy.

### **Harmful Beliefs and Practices which may be harmful**

- Pregnancy does not require any kind of special care.
- Avoid medicine or injection wherever possible
- Consumption of more food during pregnancy may compress the head of the fetus and which may also be born emaciated.
- Avoid eating brinjal and green leafy vegetables as it would cause diarrhoea and the child born will have a dark complexion.

- During pregnancy avoid groundnut, milk, banana, curd and ghee which get deposited on the fetus and obstruct childbirth.
- Going out at night, during no moon and eclipse, as it would cause some defect (physical or mental) in the fetus.
- Eating clay, brick etc, is normal during pregnancy.
- Not being able to see after dark is a normal phenomenon during pregnancy.
- Not to wash hair or have head bath since the heat of head will go down in body
- Leading to miscarriage.

## Healthcare

### The three E Approach

In order to ensure that childbirth is safe; ensure that all women receive the following

- All women receive **Essential care** during pregnancy
- Complications are **recognized Early**
- Those with complications receive **Emergency care** at the first referral centre.

#### 1) Essential care to all women who are pregnant

Most women in your communities are at risk of developing complications any time during pregnancy. Hence it is important that every woman receives the following **five** components of essential care.

##### 1. Early Registration of All Women Who Are Pregnant.

A woman needs to register herself during the first three months.

2. She should get a medical checkup done at least three times during pregnancy. The ANM/PHC doctor will be able to do this.
3. Prevent and treat anemia
  - The woman needs to eat enough food during pregnancy, particularly foods that are rich in iron and growth along with sour fruits and vegetables. Details are given in "Anemia during pregnancy".
  - The woman should take at least 100 iron tablets during pregnancy. (The dose is 1 tablet (100 mg iron) during pregnancy and 2 if the woman is anemic). It is available at sub centre and PHC.
4. All women should take 2 doses of tetanus toxoid during pregnancy.
5. If the delivery is conducted at village level the Dai's, elderly women and all women, who are pregnant, should know about the need for 5 cleans.
  - Clean hands
  - Clean surface
  - Clean razor blade
  - Clean cord-tie
  - Clean cord stump

### Please Note

The Government provides delivery kit to all women during the seventh month of their pregnancy.



## 2) **Early recognition of complications**

If the complications that can lead to death are recognized at an early stage, many maternal deaths can be prevented.

In addition to identification of complications, it is important that the woman must reach a hospital with facilities of taking care of such complications. The communities must be aware of such hospitals.

### Referral

Following are the suggested referral places for different complications.

Bleeding, obstructed labour	First level Referral, District level Hospital
Sepsis Toxemia Abortion	Primary Health Centre (PHC)
Anemia	Sub centre

## 3) **Emergency Care of Common Complications**

There are five common complications, which should be identified, and adequate measures taken

### 1. Hemorrhage/ Excessive bleeding

It can be suspected when a pregnant woman starts bleeding from the vagina any time after 28<sup>th</sup> weeks of pregnancy and before the birth of the child. There may be pain or tenderness over the abdomen while bleeding. Immediately transfer the woman to the first referral center.

### 2. Severe Anaemia

If a woman complains of lack of strength and shortness of breath, The VHW can suspect severe anemia. There may be swelling on face and feet and her eyes, lips and skin may look very pale.

The woman needs to refer to the Primary Health Center or the first referral unit. She must ensure that the woman consumes 2 iron tablets in a day for at least 100 days. In case the pregnancy is advanced, she may also need blood transfusion.

### 3. Reduced or absence of Fetal Movement

If there is any change in the frequency or the, movements of the child in the womb are absent, the woman must be shifted to the first referral unit.

### 4. Headache, Blurring of Vision, Swelling

The ANM needs to check the blood pressure and weight of the woman through out the pregnancy.

If the systolic blood pressure is 140mm of Hg or more 90mm of hg diastolic.



If there is an increase of 3 kg in a single month. Any weight gain more than 2 kg per month or more than 0.5 kg per week is considered risky. These two put together are early predictors of toxemia in pregnancy. The woman must be taken to the first referral unit.

The condition may worsen if the following symptoms are present:

Blurring of vision

Vomiting/headache

Severe pain in upper part of the abdomen

Convulsions

The woman should be immediately referred to the First Referral unit or district hospital.

#### **5. Rupture of the womb**

During pregnancy, the womb may rupture due to a weak scar of previous operation or may due to fall or violence or more often during labour. (hastening of labour by quacks by giving injections, misuse of injections of oxytocin. If a woman has sudden pain in the abdomen, which is not synchronized with contractions of the womb, she should be referred to the First Referral unit.

#### **Useful Health Education Material**

- Phad-cloth scroll on pregnancy care; Training kit for dai trainers; CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad-380004, Gujarat, Language-Gujarati, Hindi

##### Flip book:

- Safe Motherhood (Hindi) IEC Department, Ministry of Health and Family Welfare, Jaipur, Rajasthan

## **Activity-1 Role play**

### **Objective**

To sensitize the participants about the care during pregnancy.

### **Method**

- Ask 3-4 participants to volunteer for a role-play.
- Tell them to prepare a role-play of 10-15 minutes on a situation in a house where the woman is pregnant for the first time. They should share among themselves the role of woman, her husband, mother-in law, and health care provider (Dai, ANM etc.) as per their situation.
- Ask them to demonstrate how they would take care of a woman during pregnancy?
- Give five-ten minutes time for preparation and then perform the role play before the group.
- Along with you, ask the participants to observe:
  - What are the various do's and don'ts related to diet and activities suggested
  - What are the various components of antenatal care covered- Check-up, T.T etc?
  - Which members of the family and community are involved? (Husband, mother in law, ANM, Dai, doctor etc.
  - Whether emotional factors are considered or not?
- After they finish, ask the participants to share what they had observed.
- Categorize their observations in two broad categories

General care at family level and essential health care for all women who are pregnant. Add the information from the section "Points to Remember".

## **Activity 2 Role play**

### **Objective**

To sensitize the participants about emergency health care and factors affecting it.

### **Method**

Based on the following points ask the participants to perform a role-play. Give them freedom to alter the role-play keeping their socio cultural environment in view.

- Shanta is a 25 year old woman. She is pregnant for the first time.
- At 6 months of pregnancy she started having bleeding.
- The family called the local Dai
- She ask to take her to PHC
- Due to difficulty in getting the transport they loose 2 hours.
- When they reached the PHC, the doctor was not available. The ANM asked them to reach the district hospital.
- They reach there.
- The doctor explains the need for the blood and asks to donate the blood. The family refuses.

### **Questions**

1. What could be the end of the role-play? Why?
2. What are the reasons for the delay in reaching the health facility for the treatment?
3. What are the ideal steps to take during such a condition?



## **Activity-3 Body Game**

### **Objective**

To facilitate participants understanding of complications during pregnancy.

### **Material Required:**

Paper sheet, marker, and black board.

### **Method**

- Draw a hand and five fingers on the black board, paper
- Write the name of the five complications on each finger
- Discuss the identification signs and changes of each symptom
- Ask them to repeat the symptom.

### **Activity-4 Referral Mapping**

Please Note: This is an exercise which participants will perform out side training hours

#### **Objective:**

To inform participants about referral systems available for a woman during delivery in case of emergency.

#### **Material required**

Flip charts and marker pens

#### **Method**

- Ask the participants to list the available Government and private hospitals in their district, which have blood transfusion facility, Operation Theater, anesthetist and obstetrician. They may perform the activity in area wise groups.
- Ask them to also consider the distance, available transport facility and contact person and the time taken to reach there.
- Ask them draw a map depicting all these. You may give them large sheet of paper and coloured pens.
- Display this in the training hall,
- Ask them that such map can be developed and displayed at their panchayat, and dispensary.

**Illustration 1**

**Growth of Fetus**

Please Note: Enlarge this illustration or transfer it on transparency to use during training  
*District Level Training Module*



**Illustration 2**

**Growth of Fetus-Three Months**

**Please Note: Enlarge this illustration or transfer it on transparency to use during training**

**Illustration 3**

**Growth of Fetus-Six Months**

Please Note: Enlarge this illustration or transfer it on transparency to use during training  
*District Level Training Module*

# Child Birth and Care after Child Birth

## District Level Training Module



3 hours and 30minutes

### Learning Objectives

At the end of the session the participants will learn about

- stages of labour
- existing local practices and beliefs related to labour
- measures for safe and aseptic child birth
- risks during labour
- practices and beliefs related to care after childbirth
- care after child birth
- risks after child birth

### Design

Time in minutes	Topic	Methods
60	Local beliefs and practices related to labour and care after child birth	Own stories, role-play
60	Different stages of labour and measures for aseptic child birth	Discussion with help of illustrations Practical, Activity 1
30	Care of woman after child birth	Role-play, story
30	Complication during labour and after child birth	Activity 2, Discussion
30	Infant Care, immunization and breast feeding	Buzz group discussion, Activity 3

### Material Required

Flip Charts, Markers, delivery kit, enlarged illustrations- 1,2,3,4,5,6,7. You may transfer these illustrations on transparencies.



## Note for the trainer

Welcome the participants. Ask them to sing a folk song commonly sung for labour and after childbirth.

You may start the session by saying....

"Dear friends,

We all know that giving birth to a child has been an important milestone in our life. For nine months we carry the baby inside us and are eager to see the baby. Many of us know the seriousness of this stage and consider it as a rebirth. Furthermore, once the baby is born, looking after it and our own self is a challenging task. We will discuss about this topic today. Since many of us have been through this stage, let us begin from our own stories."

- Ask the participants to share the stories of their labour and 45 days after labour. As they share bring out the key issues and note them on flip charts. This could be related to health care services, Dai, support of the family members, complications, various rituals etc. Summarize the discussion by categorizing the harmful and helpful practices. Please refer 'Points to Remember'. Encourage at least 4-5 women to share their experiences. Make sure that both positive and negative experiences are shared.
- With the help of illustrations 1, 2, 3 discuss various stages of labour and Do's and Don'ts during these stages. Let them share their own stories also.
- For aseptic delivery make the participant perform Activity-1 Clean hand. Demonstrate the delivery kit.
- With the help of illustrations 4, 5, 6, 7, discuss various complications during labour and after childbirth. Introduce Activity-2 to discuss complications during childbirth and labour.
- Introduce Activity-3 - Buzz Group Discussion to discuss infant care. During the activity focus on breast-feeding and immunization.

## **Points to Remembered by Participants**

Labour and childbirth are very important states of childbirth. There are harmful and helpful beliefs related to this, which need to know.

Local beliefs and practices related to labour and care after childbirth.

### **Positive Practices**

- The woman gives birth in squatting position.
- Stimulation is given if the placenta does not deliver, which includes tickling the vulva, squatting, coughing, etc.
- After childbirth, period of 45 days is considered important for care of the woman.
- She is given special foods and herbs after childbirth.
- A light, carminative, fluid diet is suggested during the first 2-3 days.

### **Harmful Practices**

- Too much force and pressure is applied on the abdomen to bring the baby out.
- Attempts are made to correct the position of the foetus by hand.
- Placenta is extracted by hand, which causes shock and infection.
- The woman is starved for few days after childbirth.
- Inadequate rest is given to many women.
- If a baby girl is born, her mother is discriminated and tortured.

## **Various Stages of Labour**

### **First Stage of Labour**

The time for labour is approximately 9 months and 7 days after the last menstrual period. After ninth month, the foetus begins to descend in the pelvic cavity. A woman feels relief in her chest area but finds it difficult to move about and sit or stand for a long time. The entire process of labour is completed in three stages. When the time for labour comes, the woman has pain in her abdomen as the womb begins to contract and relax. As a result the mouth of the womb opens up and the foetus is pushed down. If the woman is in labour for the first time, this stage lasts for 10-12 hours and if it is for second or third time, for 8-10 hours.



Do	Do not
<ul style="list-style-type: none"> <li>➤ Inform the Dai of ANM immediately</li> <li>➤ Relax and keep moving. Rest when you feel tired.</li> <li>➤ Take the pains gradually as they come. Do not apply force.</li> <li>➤ Breathe deeply.</li> <li>➤ Drink plenty of energy giving fluids like jaggery, black pepper and ginger decoction, tea, milk etc.</li> <li>➤ Ask the Dai/other women to massage your back, abdomen, thighs, etc.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Push or apply external pressure on the abdomen to hasten the labour</li> <li>➤ Break the amniotic sac with nails or blade.</li> <li>➤ Give injection to speed up the labour.</li> <li>➤ Insert hands/other substances in vagina.</li> </ul>

### The Second Stage of Labour

The pains become stronger and unbearable. The interval between two contractions decreases. Many women scream at the top of their voices. This is good. It helps the baby to come down. The mouth of the womb opens up and the bag of water breaks. As the baby comes down, it presses the bag of urine as well as stools and the woman may feel the urge to pass it. The head of the child is visible at this stage. Along with time, the contractions become more severe and frequent and the baby comes out.

Do	Do not
<ul style="list-style-type: none"> <li>➤ Sitting in squatting position would help the baby to come out fast due to gravitational force.</li> <li>➤ Bear down when there is a contraction</li> <li>➤ Support the perineum with a cloth pad.</li> <li>➤ Wrap the baby in a cloth and put it to breast immediately.</li> <li>➤ Cut the cord after the pulsation stop.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pull the baby out with force</li> <li>➤ Cut the genitals of woman with a blade to broaden the passage.</li> <li>➤ Push or apply external force on the abdomen</li> <li>➤ Insert fingers to examine <i>the mother</i></li> </ul>

### The Five Cleans

Many women and children die and suffer a lot due to infection contracted during childbirth. Keeping clean is essential during this period. The following are the five crucial things to be kept clean.



1. Conduct labour on clean surface. (Avoid using dirty rags, polluted sand or grass.)
2. Childbirth should be conducted with clean hands. (Wash hands thoroughly with soap and water.)
3. Cut the cord with a clean blade.
4. Tie the stump with a clean thread.
5. Keep the stump clean. (Avoid putting anything on it and keep it dry.)

### The Third Stage of Labour

After the birth of the baby, the placenta starts to separate. There is a gush of blood, the womb hardens and the cord becomes loose. Gradually, the placenta comes out with the contractions.

Do	Do not
<ul style="list-style-type: none"><li>➤ Wait for the placenta to come out.</li><li>➤ Wrap the baby in a cloth and put it on breast</li><li>➤ Ask the woman to push after the placenta separates.</li><li>➤ See that the placenta is complete</li><li>➤ Bury it in the ground.</li></ul>	<ul style="list-style-type: none"><li>➤ Wait for more than 30 minutes for the placenta to come out.</li><li>➤ Pull the placenta</li><li>➤ Push the abdomen</li><li>➤ Remove placenta by hand</li></ul>

### Care of the Woman After She Gives Birth

A woman spends a lot of energy while giving birth. Hence she becomes vulnerable after she has given birth. At the same time, she requires a lot of energy to prepare for breast milk and look after the newborn. She needs adequate food and rest.

**Diet:** The woman should eat foods that are rich in energy like various roots, oil, ghee, etc. Herbal preparations like decoction of jaggery and bishops weed seeds, ginger and milk, ladoos made from flour, gum and other herbs, etc. Initially, she should start with a fluid diet for a day [milk, Dalia (broken wheat) and jaggery decoction, dill (suva-snepu) seed water, sheera] and gradually take a solid diet. During lactation, a woman is provided nutritious food from the Anganwadi. She should eat it.

**Massage:** The woman should be given an oil massage before taking a bath with warm water. This relaxes her and provides strength.

**Hygiene:** The woman should bathe daily with warm water and wash the genitals as well as the cloth pad.

**Fumigation:** In many places, there is a practice of using herbs and giving smoke in the vaginal area. This reduces the chances of infection in the genitals.

**Rest:** The woman should lie in bed at least for 10 days. This helps the womb to return to its normal position.

**Iron tablets:** She should take 1 tablet daily after meals and complete the course of 100 tablets.

**Breast-feeding:** The child should be put to breast immediately after birth. This helps the womb to contract and reduces the chances of heavy bleeding. Early sucking leads to early flow of milk. The child should be given only breast milk upto four months of age. After that, complementary foods should be introduced along with breast milk. Feed the child breast milk for as long as possible.

While breastfeeding:

- Eat plenty of foods that give energy (jaggery, ghee, sugar, cereals, etc.)
- Drink plenty of fluids (10-12 glasses of water, buttermilk, milk, herbal decoctions, etc.)
- Special herbs and foods promote breast milk (bajri, coconut, poppy seeds, shatavari, etc.)
- Sleep adequately
- Relax and do not worry

### **Care of the Infant**

- The first few days are crucial for the baby's survival. Give extra care to the baby.
- Breast-feed the baby frequently as and when it demands.
- Keep the baby warm
- Keep the baby near the mother. This provides warmth and strengthens the emotional bond (Family members should help with housework).
- Keep the baby dry and clean.
- It is not necessary to bathe the baby for the first seven days. Wipe the baby clean, keep the stump dry.
- Give the baby massage and fumigation (shek) depending on the season
- Immunize the child as per the national schedule. Complete the schedule. Refer Table-1.
- Talk, sing songs and play with the baby.
- Watch the baby carefully. Consult a health worker as soon as you see any risk/changes in the baby.



**Table 1: National Immunization Schedule**

Vaccine	Name of disease it prevents	Age	Route
TT*	Tetanus	Pregnant women	Intramuscular Injection (IM)
BCG (tuberculosis)	Tuberculosis	At birth or first contact	Intradermal injection
OPV	Polio	Birth	Oral
DPT	Diphtheria, whooping cough and tetanus	6 weeks 10 weeks 14 weeks	IM
OPV	Polio	As above	Oral
Measles	Measles	9 months	Subcutaneous injection
DPT	Diphtheria, whooping cough and tetanus	16-18 months	IM
OPV	Polio	As above	Oral
DT	Diphtheria, Tetanus	5 years 10 years 16 years	IM IM IM

TT for Pregnant woman: One injection as soon as woman suspects she is pregnant. Second injection at the interval of one month.

### **Complications during Labour and After Child Birth**

Despite various precautions, complications can set in at any time during labour and after the child is born. It is important to recognize the danger signs and refer, as at this stage, it may result in grave consequences within a short time.

#### **The Following Conditions Are Risky**

##### **During Labour**

Labour continues for a long time. If there is no progress even after 12 hours or pain or the womb's mouth does not open, it is risky.

**Cord Prolapse:** If the cord comes out before the head of the foetus, the baby may suffocate inside the womb.



Hand Prolapse: If the hand comes out first, the foetus may be lying across the abdomen, attempts to change the position may lead to suffocation or tearing of the womb and heavy bleeding.

Baby is upside down: In such cases, the head might get entangled at the mouth of the vagina.

Absence or reduction in fetal movements and heartbeats: This indicates suffocation of the foetus and it may lead to death unless operated immediately.

Convulsions: The woman may have convulsions due to toxemia or other psychosomatic disorder. This may lead to death of the foetus and the mother.

Excessive Bleeding: Excessive bleeding may occur due to a low-lying placenta, rupture of the womb and some other causes. This could lead to death of the woman within hours.

### **After Childbirth**

Placenta does not come out: Usually, the placenta comes out within 15-30 minutes after the baby is born. If there is a delay, the cord should be cut and women taken to the hospital. Meanwhile, put the baby to mother's breast, tickle the vulva and ask the women to squat and cough.

Excessive bleeding: Bleeding occurs when some times, the womb forgets to return to its normal position or a piece of placenta sticks in the womb or the womb has ruptured etc. The woman can die within two hours.

Convulsions: These occur due to eclampsia or emotional causes and risk to the mother and the baby.

Infection: A change in amount, smell, colour of the discharge, accompanied by fever and pain in the abdomen indicate infection in the genital area.

These symptoms should be recognized as early as possible and the woman shifted to the district level hospital or First Referral Unit.

### **Useful Health Education Material**

- Dai Training kit; CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad 380004, Gujarat, Language, Hindi, Gujarati
- Flip book-Safe Motherhood, IEC Department, Ministry of Health and Family Welfare, Jaipur, Rajasthan, Language-Hindi

## **Activity-1: Clean Hand**

### **Objective**

To memorize five clean

### **Material**

Flip chart and marker pens, disposable delivery kit.

### **Method**

- Draw a hand on chart paper or on floor
- Write one clean on one finger. Example, clean hands on the index finger.
- Demonstrate how to wash and dry the hands.
- In this way discuss the remaining four cleans
- Ask them to repeat and demonstrate the five cleans, in pairs.
- Revise by asking them to draw a hand and depicting the five cleans.
- At the end demonstrate the use of delivery kit

Your illustration will look like this.

**Five Clean**

## **Activity-2: Situations of Complications**

### **Objective**

- To inform the participants about what need to be done if complication related to child birth arises

### **Method**

- Ask the participants to make 3-4 groups.
- Ask them to develop role-plays on following situations. You may ask them to perform all or selected one depending on time and interest of group.
  - Mary is giving birth for the first time. She is having pains since 10 hours. The Dai has looked in to her. She does not see any progress.
  - Rama is in labour since past five hours. The Dai look in to her and sees a hand coming out.
  - Rukhl feels that her baby has stopped kicking.
  - Naulibai helped Soni to give birth. The placenta has not come out 20 minutes have passed since the baby was born.
  - Shanti has given birth to a baby girl just now. She is bleeding profusely.
  - Nafisa gave birth to a boy baby two days back. She is having fever and there is a secretion from her genitals.
- You may develop situations for each at risk symptom.
- Give 10 minutes for preparation and 5-10 minutes for presentation.
- Ask the participants to observe carefully what they see in the role-plays.
- Discuss what they have seen and summarize the information after each role-play.

## **Activity-3: Buzz Group Discussion on Childcare:**

### **Objective:**

To inform participation on important aspects of childcare.

### **Method:**

This exercise needs to be done spontaneously.

- Ask the participants to make a group of 3 participants who are sitting next to each other.
- Ask them to think about childcare for 1 minute.
- Encourage each group to give one point
- Ask a facilitator to list down the points
- Add remaining points and summarize the discussion.
- Your discussion needs to focus on immunization and breast feeding



**Illustration 1**

**Stages of Labour-Stage 1**

Note: Enlarge this illustration or transfer this on transparency and use during training

*District level Training Module*

## **Illustration 2**

### **Stages of Labour-Stage 2**

Note: Enlarge this illustration or transfer this on transparency and use during training

**Illustration 3**  
**Stages of Labour-Stage 3**

Note: Enlarge this illustration or transfer this on transparency and use during training

*District level Training Module*



## **Illustration 4**

### **Complication during Labour**

Note: Enlarge this illustration or transfer this on transparency and use during training

*District level Training Module*

**Illustration 5**  
**Complication during Labour**

Note: Enlarge this illustration or transfer this on transparency and use during training

*District level Training Module*

**Illustration 6**  
**Complication during Child Birth**

Note: Enlarge this illustration or transfer this on transparency and use during training  
*District level Training Module*



**Illustration 7**  
**Complication during Child Birth**

Note: Enlarge this illustration or transfer this on transparency and use during training  
*District level Training Module*

# Abortion

## District Level Training Module

2 hours

### Learning Objectives

At the end of the session the participants will learn about

- why some women decide to have an abortion?
- Medically Terminated Pregnancy-(MTP) Act in India
- difference between safe and unsafe abortion
- What is expected during safe abortion?
- care after abortion

### Design

Time in minutes	Topic	Method and material
30	Reasons for abortion and difficulties women face to decide for an abortion.	Sharing of Experiences Case study. Activity 1 Role-play.
30	Difference between safe and unsafe abortion	Discussion, case study Activity 2, 3
15	What is MTP Act?	Discussion
15	What is expected during safe abortion	Sharing of experience and Discussion
30	Care after abortion and danger signs after abortion.	Role Play
You may organize a visit to Primary Health Care Centre (PHC) to show them instruments of abortion.		

### Material Required

Flip charts, markers, Case study 1 and 2

## Note for the Trainer

Welcome the participants. Abortion is a sensitive topic. As a trainer you need to have information on local practices related to abortion.

**You may start the session by saying....**

*"Dear Friends,*

*Today we are going to learn about an important topic, "Abortion". Let us discuss why do some women go for abortion? "*

- Through this question, you may get different answers. Please refer points to remember. Based on the replies of the participants you may build up the discussion taking in to account various socio cultural aspects in view.
- It is important to discuss how difficult it is for women to decide about getting an abortion done. Narrate the case study given in Activity 1. Discuss questions given along with it. Ask them to perform a role-play of a similar situation they are aware of in their area.
- Summarize the points on the places where women go for abortion? why?
- After this ask them whether they are aware of the Indian MTP ACT. Most probably they will not be aware of the details. Give the details in brief. Refer points to remember.
- You may now lead the discussion towards differences between safe and unsafe abortion. Narrate the case study given in Activity 2 and conduct the discussion based on the questions given. At the end summarize the discussion by giving them information on difference between safe and unsafe abortion and how to ensure safe abortion.
- If some one has gone through the abortion process ask them to share the experience.
- End the session by discussing about care after abortion and what are the danger signs where the woman need to seek medical help immediately.



## **Points to be remembered by the Participants**

### **What is Abortion?**

Abortion is expulsion/removal of products of conception of a foetus from the mother's womb before it weighs less than 500 grams (20-22 weeks of pregnancy). Abortion may be spontaneous (natural), nature's attempt to expulse products of conception of abnormal foetus development or unfavourable maternal environment. Induced abortion refers to artificial attempts to remove products of conception from the mother. This type of abortion may be legal or illegal and safe or unsafe.

Abortion is not a method of contraception. It is important that each sexually active person chooses a method of contraception, which works best for them and which suits if they do not want to have children at the time they are sexually active. Most places, which offer abortion services, also offer comprehensive contraceptive services.

### **Some Salient Aspects of MTP Act**

Abortion is a medical and social problem of world -wide significance. In many countries law restricts induced abortion. India legalized Medical Termination of Pregnancy on broad Socio medical grounds through the MTP Act 1971.

The aim of the Act was to reduce maternal mortality and morbidity, where the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health. Also there is a substantial risk that if the child being born would suffer from such physical or mental abnormalities to be seriously handicapped.

#### Person who can perform the abortion MTP

- A registered medical practitioner having experience in gyneacology and obstetrics
- A registered medical practitioner can qualify to perform MTP he has assisted in the performance of 25 cases of MTP in an approve institution.

The act stipulates that -

One registered medical doctor approved under the act can decide to perform MTP in the duration of pregnancy is up to 12 weeks. But if the duration of pregnancy is more than 12 weeks but under 20 weeks opinion of two registered medical doctors is required, except in exceptional life threatening circumstances.

#### Consent of Woman

- If the woman is older than 18 years, she is not required to take consent from any other person. She can decide on her own. The act thus liberalizes the woman and empowers her. Please note that she has to give consent in a specified form to registered medical doctor for termination of pregnancy.
- However a written consent of the guardian is necessary before performing MTP if the woman is below 18 years of age or also if the woman is above 18 years but of unsound mind (lunatics).



### Legal and Safe Abortion is performed-

- by trained and experienced doctor (authorized registered medical practitioner in an approved place approved by Government)
- with proper aseptic instruments
- under clean hygienic conditions and environment
- up to 12 weeks after the last month bleeding, opinion of one recognised doctor is required.
- beyond 12 weeks but less than 20 weeks in consultation with two doctors and with special equipment.

### Illegal and Unsafe Abortion performed

- by untrained person including medical doctor without authorization such persons may be otherwise qualified but not authorized to perform abortion.
- by trained Dais/untrained Dais/Quacks/Compounders/Nurses/Self etc.
- with rusted instruments (sickle etc.)
- under unclean environment
- by trained doctor but after 20 weeks

### **Why Women Seek Abortion**

- The woman is single (unmarried/widowed).
- Some one has raped her and she has conceived as a result of the rape.
- She is forced by some one to get the child aborted against her will. Especially a girl foetus because of strong preference of sons in many societies in Indian context.
- The pregnancy is unplanned or the pregnancy is due to contraceptive failure.
- She already has enough children and she does not want another child or because this pregnancy is too close to the previous birth.
- She feels substantial risk of child being born with serious handicaps, physical or mental.
- There is a risk endangering the life of the mother or cause grave injury such as heart diseases, psychiatric disorders, and severe hypertension in continuation of pregnancy.
- The couple (woman) feels that they cannot afford to support another child (socio-economic reasons).

### **How to Tell If an Abortion Will be Safe?**

It is not always easy to tell if an abortion will be safe. Abortion is the most common surgical procedure in the world. When done by a qualified doctor early in pregnancy it is 10 times safer than having a baby, and 14 times safer than having your tonsils removed. Abortions are safer in the first 12 weeks of pregnancy. Early abortion is safer than late 2<sup>nd</sup> trimester abortions. Follow the following guideline.

- **Have you heard of women getting sick or dying from having an abortion here?**  
If so, go somewhere else. (This may be an institution not having adequate qualified staff or equipment.)

- **Who will do the abortion and how were they trained?** Doctors can do abortions. However, that person need to be trained and has experience of conducting at least 25 abortions during her/his training and be authorized to do so or has experience in obstetrics and gynaecology.
- **Is the room where the abortion will be done clean and neat?** If it is dirty and mossy, probably the abortion will be also unsafe.
- **Is there a place for washing hands?** A doctor who has no place to wash his or her hands cannot do a clean, safe abortion.
- **Do the instruments look clean or do they look unused, dusted or rusted?** Abortion carried out by unscientific instrument cause injury and infection.
- **Are the Instruments cleaned and made free of germs? Is there stove available to boil the instrument or a bottle of disinfectant in the room?** Instruments should be soaked in strong disinfectant or boiled in water to kill germs that cause infection.
- **Where will you be taken if something else goes wrong during or after the abortion?** There should always be a plan to get you to a hospital in case of emergency.
- **What are the charges of MTP?** At Government hospital MTP service is free of cost. If they charge money means that the person is interested in money and not in women's health. The private sector the cost varies from Rs. 150/- to 500/- or more per abortion. Cost of abortion varies with the doctor or hospital in private. In public sector hospitals it is mostly free.

### **What to Expect During a Safe Abortion?**

- Woman should be asked about the time of her last monthly bleeding and whether she has compliant of STD.
- The doctor needs to clinically examine the women. She/he may examine the vagina and belly to assess the size of the womb. To confirm pregnancy, doctor may ask for urine test.
- The doctor will decide upon the method of abortion, which will depend on the duration of pregnancy. Earlier woman decides to undergo abortion safer it is for her health. Woman can and should ask for the information about procedure. During the abortion, woman will feel strong pain in the lower abdomen. It should be over soon after the abortion, the pain would become less strong.
- After abortion the doctor needs to clean her genitals and ask her to take rest. They should keep a watch on women for at least an hour.
- The woman should be informed about danger signs after abortion

### **Danger Signs**

If there is any of the following signs after abortion it needs medical help immediately.

- Heavy bleeding from vagina
- High fever
- Severe pain in the abdomen
- Fainting and confusion
- Foul smelling discharge from vagina



### **Care After Abortion**

- Appropriate counselling before and after the abortion.
- No penetrative sex for some time or use of tampons for the two weeks after the abortion when the couple has sex again, use of an effective contraceptive method is necessary.
- Follow up check up in two to three weeks.
- The woman will get her next period probably four to six weeks after the abortion. If she does not get her period in six weeks, she needs to contact the doctor. The woman can get pregnant immediately after an abortion, even before her next period, so she needs to use reliable contraceptive method if she has intercourse and does not want another pregnancy.
- Insertion of copper-T only after seven days.
- Drink plenty of water
- To reduce the pain and bleeding rub or massage the lower abdomen gently, and often.
- If there is a pain keep hot water bottle on the abdomen

[The information about how to tell if an abortion will be safe, what is to be expected during a safe abortion, care after abortion and danger sign is taken from Where Women have no doctor. Adaptation is done based on Indian scenario.]

### **Useful Education Material**

- Life Useful Health Education for Adolescents: Set of 4 Flip charts, CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad 380004, Gujarat. Languages-Hindi, Gujarati, English
- Abortion, Flip chart, VHA, 40, Institutional Area, New Delhi 110 016

## **Activity 1 Case Study 1**

### Ramila's story

Ramila was the fifth among the seven daughters born to Rasi and Soma. She was bright in her studies and always stood first. Ramila liked a boy named Ramaji, who was her classmate. She enjoyed his company. So did Ramaji. Ramila was engaged with a 10 years older man when she was 7 years old.

When she reached the seventh standard, she felt every thing changed. Her parents forbade her to move about and talk to boys. She was asked to wear a full sari and not go out alone. Ramaji got disturbed when Ramila stopped coming to meet him. One day, Ramila without telling her parents went to meet Ramaji. To avoid any one noticing them they went to fields outside the village. She enjoyed being with him.

Three months went by, but her periods did not come. Ramila was feeling different. She did not know what was happening in her body. She used to remain sad. She went and told her elder sister Gita. Gita realized that Ramila is pregnant. Gita informed her mother Rasi. Ramila came out with the true story. Rasi threatened her against uttering a word to anybody else. Next day they went to the nearby village where a woman conducts abortion.

She took Ramila inside. Ramila did not know what is happening. She started feeling afraid. The abortionist made her lie down and tried to abort her by pushing a stick inside her vagina. Ramila could not bear the pain. She tried to scream. Rasi immediately put her hand on Ramila's mouth. Ramila started bleeding. Both mother and daughter went back home. The bleeding did not stop. Ramila started feeling weak.

**After narrating the story, ask the following questions:**

- What were the factors which made Rasi to decide to go to the local woman for abortion?
- Whose decision was it to abort the child? Why?
- What will you do if you are in a situation of Rasi?
- What do you think could be done to improve this situation?



## Activity 2 Case Study on Unsafe Abortion

### Ratan's Story

Ratan lived in Rangpur village. She was married to Laxman and they had three daughters. The last child was eight months old. Long hours of work at the field and at home, with a meager amount to eat had made Ratan very weak. She had very poor breast milk output for her last child. It was 1 ½ month since her last menstrual period and she was worried. Ratan did not want the child, as she was not in a position to manage fourth child.

She talked to Kala who was her friend. She advised Ratan to go for abortion. She also suggested, to go to hospital at nearby town. Ratan talked to Laxman. He wanted the child. He wanted the male child. Ratan had no money to go to the city. She was afraid too, as her husband was not ready for abortion. She went to a local known allopathic doctor, who gave her an injection. On that day, Ratan started bleeding profusely.

**After narrating this story ask the following questions:**

- Will you call this a safe or unsafe abortion? Why?
- How to ensure safe abortion?
- What will be your action if you are at Ratan's position? Why?

## Activity 3 Case Study On Safe Abortion

Rajul is 35 years old women. She is 3 standard pass. Her husband is a farmer. She has two children. She and her husband have decided not to have a third child. Since last three years Rajul is using copper T to avoid pregnancy. She is comfortable using it. One day Rajul realized that her period has delayed. She waited for 15 days. Rajul realized that she might be pregnant. She talked to her husband. Both of them decided to go and meet the doctor at the Primary Health Centre. The doctor confirmed the pregnancy and informs both of them. Rajul and her husband went back. They discussed about what to do. Both of them were not ready to have the third child. Rajul decided to go for abortion. She got it done at PHC. Same day she returned back home. Her husband undergoes sterilization operation. Both are happy and healthy.

**After narrating this story ask the following Questions:**

- Do you think this is possible? Why?
- What helped Rajul to decide to go for abortion?
- What would you have done in place of Rajul?



# Infertility

## District Level Training Module



2 hours and 30 minutes

### Learning Objectives

At the end of the session the participants will learn about

- How infertility affects a woman's life?
- What is infertility?
- causes of infertility
- charting of cervical mucus.

### Design

Time in Minutes	Topic	Method and material
30	How infertility affects women's life?	Role play
15	What is infertility?	Discussion
45	Causes of Infertility	Lecture
60	What to do for infertility? Charting of cervical mucus.	Activity 1, illustrations,

### Material Required

Flip charts, markers, enlarged illustration 1 and 2. You may transfer the illustration on transparencies for use during training. Material for Activity 1- Curd, sugar syrup, raw egg white and a monthly calendar with clearly illustrated dates

## **Note for the Trainer**

Welcome the participants.

**You may start the session by saying-**

*"Dear friends,*

*Some time due to some reason the couple may not be able to give birth to child. We all know that if the couple does not have a child the woman is usually blamed. Her family members and community harass and torture her. You are aware of this condition. Let us today learn about reasons of infertility and what need to be done."*

- Ask the participants to perform a role-play. Refer Activity 1 to integrate in different socio cultural and health infrastructure related reasons for women's problem due to infertility.
- After this you can give the scientific information on causes of infertility.
- Discuss different points of what to do for infertility. To explain the charting of cervical mucus discuss Activity 2 - "How to chart the cervical mucus."
- With the help of illustrations 1 and 2 show them the positions of man and woman during the sex which helps woman to become pregnant.

## Points to be Remembered by the Participants

### Infertility and Women's Life

In our patriarchal society woman is always blamed for not having a child. The community and the family isolate her. Some of the difficulties woman faces are:

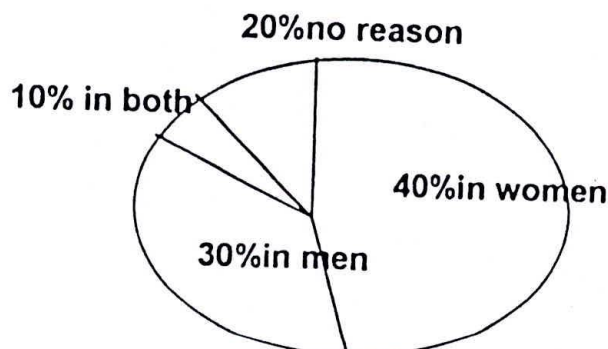
- She is not allowed to participate in the religious ceremony especially the ceremony of childbirth. Also she is not welcome on the celebrations like marriage.
- She is not allowed to see and play with someone else's child.
- She cannot freely socialize in the community. Her mobility gets restricted.
- Without getting a check up done, the community declares the woman infertile and tortures her. The family which is ready for the medical test, forces woman to get herself examined and does not insist on the man to be examined. It is important to note that it is easier to get the medical check up done of man than woman.
- The husband remarries and asks the woman to leave the house.
- The woman has to go through, various religious rituals, to get pregnant, which affects her emotional and mental health.
- She also has to go through the rituals of black magic and faith healers.

### What is Infertility?

A couple who cannot have a child after having intercourse a few times a month for a whole year, without using a family planning method can be termed as infertile.

Sometimes the problem is not the man's or the woman's alone but a combination of the two. Sometimes both partners seem to be healthy but no doctor or test can find out what is the problem.

### Distribution of Causes of Infertility





## **Infertility in a Man**

The main causes of infertility in a man are:

- Not enough production of sperm.
- Sperm may not be able to swim to the woman's tubes or to fertilize the eggs.
- Mumps infection in childhood. He may still ejaculate, but the liquid that comes out has no sperm in it.
- Illness like TB and STDs can also leads to infertility
- He has a swelling of the veins in his scrotum (varicocele)
- He may have problems during sex because:
  - His penis does not get hard
  - His penis gets hard but does not stay hard for sometime during intercourse
  - He ejaculates too quickly, before his penis is in the woman's vagina.

## **Infertility in a Woman**

The main causes of infertility in a woman are:

- A couple may also have a fertility problem if they have had 3 or more miscarriages (lost pregnancies).
- Habits such as drinking too much alcohol, smoking or chewing tobacco, and using drugs can all affect a man's or a woman's fertility.
- Woman does not produce an egg (no ovulation). If her monthly bleeding is less than 25 days apart, or more than 35 days apart, she may have a problem with ovulation.
- Sometimes a woman does not produce eggs if she loses weight very quickly, or if she is over weight.
- She has lumps in her womb. Lumps can prevent conception or make it difficult to carry the pregnancy to full term.
- Conditions such as diabetes, tuberculosis, can also lead to infertility.
- She has scarring in her tubes or inside her womb. Scarring in the tube can prevent the egg from moving through the tube, or the sperm from swimming to the egg,
- the fertilized egg from attaching to the wall of the womb.

Scarring can be caused by:

- An infection from an untreated STD that goes up into the womb or tubes (pelvic inflammatory disease or PID).
- Unsafe abortion or problems in childbirth that caused damage or infection in the womb.
- Unclean conditions when an IUD is put in that caused an infection.
- Problems from an operation of the vagina, womb, tubes or ovaries.

## **What to do for Infertility?**

- A couple needs to have sex during the fertile time. Healthy woman releases one egg every month. The time she release the egg is called her fertile time - the only time during the month when she can get pregnant. For most women their fertile time starts about 10 days after the first day of the monthly bleeding and lasts for 6 days.

- The body has several signs that tell woman what is her fertile time. The easiest signs to check are the changes in the mucus (slimy secretion) in birth canal. During fertile time, the mucus looks clear, and wet, like raw egg white, and can be stretched between fingers; this is a fertile time.
- Later in monthly cycle, you may see sticky or dry mucus. This kind of mucus prevents the man's sperm from getting into the womb.
- Position of man and woman also helps to increase the chances of getting pregnancy.  
The best positions during sex are
  - The woman lies on her back with the man on top.
  - Both man and woman lying on sides

Please note:

After having sex, woman should lie flat on her back for about 20 minutes. This will help the sperm swim into womb and find the egg.

- If any partner is suffering from STD, get it treated. Even if only one person is suffering from STD it is important to get the treatment for both of them.
- Eat good, healthy food. If you do not have regular monthly bleeding and you are very thin or fat, try to gain or lose weight.
- Avoid smoking or chewing tobacco, using drugs, or drinking alcohol
- Avoid caffeine in drinks like coffee, black tea, and cola drinks.
- If woman does not get pregnant after one year it is important to consult the doctor.
- A couple can always adopt a child if they do not have their own child or they may consider other people's/friends children as their own or involve themselves in creative and meaningful activities.

**Useful Health Education Material**

- Flip chart on infertility, Dai Training Kit: CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad-380004, Gujarat. Language-Hindi, Gujarati



## **Activity 1 Role-play - Women's Problem Due to Infertility**

### **Objective**

To sensitize the participants about the social constraints woman faces due to not having a child.

### **Method**

You need following characters to perform the role-play

- Woman who has not given birth to a child and her husband
- Women from the community
- Mother in law
- Father in law
- Bhuva
- Religious leader
- Health worker
- PHC Doctor

Let the participants select their roles,  
Inform that they have to depict a role-play on infertility.

High light following points

- .How family members behave with the woman
- Behavior of husband
- Intervention of religious leader and Bhuva
- Lack of facility of infertility at PHC level, behavior of health worker and medical doctor

At the end of the role -play to summarize ask the following questions to the participants who performed the role-play.

- Feeling of woman during the role- play?
- Feeling of other members felt during the role -play? You may ask them individually.

These two questions will help you to get information on emotional and mental state of woman who is harassed and the power other members draw by harassing her.

Ask the following question to the participants who were observing the role-play.

- What are some of the difficulties that a woman faces and how it changes her life?



## **Activity 2 Charting of Cervical Mucus**

**Objective:** To teach the participants on how to examine the cervical mucus and how to chart it.

### **Material required:**

Curd; sugar syrup, raw egg white  
A monthly calendar with clearly illustrated dates

### **Method**

#### **Observing and Charting the Cervical Mucus.**

Explain the participants that they have to check the cervical mucus for a month and then based on its consistency they have to develop a chart. Every day during the bath after cleaning the hand with soap they have to insert one or two finger inside the vagina up to the cervix and get the mucus. This mucus has to be examined between the finger and the thumb as shown in the diagram.

Explain them that they have to look for

Dryness and wetness  
Colour, texture  
Slipperiness and stretchiness

**Test the Vaginal Secretion and Mucus Between Your Finger and Thumb.**

Type of Mucus	Symbol for charting on calendar
Dry(no mucus) nothing comes on the finger	
Non stretchy, crumbly or like cream on the fingers(not fertile) Uses curd to explain this consistency	
Stretches a little but breaks(slightly Fertile) Use a sugar syrup to explain this consistency	
Wet, very stretchy, slippery(extremely fertile) Use a raw egg white to explain this consistency	

To chart these consistency use the calendar. They can develop a symbol for all the four conditions and draw those symbols. By charting they will come to know their fertile period. During the fertile time the couple has to perform intercourse. It increases the chances of conception.

**Illustration 1**  
**Position of Man and Woman during Sex**

Note: Enlarge this illustration or transfer this illustration on transparency and use during training

*District Level Training Module*



**Illustration 2**  
**Position of Man and Woman during Sex**

**Note:** Enlarge this illustration or transfer this illustration on transparency and use during training

***District Level Training Module***

# CONTRACEPTION

## District Level Training Module



3 hours.

### Learning Objectives

At the end of the session the participants will learn about

- all the available government supported temporary and permanent methods of contraceptives.
- use of different contraceptives.
- side effects of different contraceptives.
- how to choose the best contraceptive for self.

### Design

Time in minutes	Topic	Method/materials
60	What is contraception, different methods of contraception and how to use them	Activity 1, 2 and 3 and discussions
60	Effectiveness and side effects of different contraceptives	Discussions
60	Making a right choice of contraceptive	Activity 4 and discussions

### Material required

Samples of condom, copper 'T', oral contraceptives and condom for Activity 1, model of a penis or a banana for Activity 2, flexible model of uterus Copper 'T' and insertion instrument, copies of story given in the Activity 4 and chairs or sitting mats.

## Note to Trainer

Contraception can become an issue of controversy for some people. As a trainer, examine your own feelings about them and then conduct the session. Invite participants in a friendly way.

**You may start the session by saying...**

*"Dear sisters,*

*All of know about various contraceptives. You may have seen them and use them too. To day we are going to discuss about them in a scientific manner. If you have any questions please feel free to ask."*

- Distribute samples of pills, condom and copper 'T' among the participants. Let the participants have a close look of the contraceptives. Ask questions given in Activity 1.
- Discuss difference between temporary and permanent methods of contraception. Discuss the use of each method in detail. With help of Activity 2 and 3 demonstrate use of condom and insertion of IUD.
- With the use of illustration 1 explain improper use of condom.
- With the help of illustration 2 and 3 discuss male and female sterilization.
- Discuss effectiveness, safety and side effects of each method. Encourage experience sharing while discussing side effects. Highlight the individual differences in acceptance of appropriate choice of contraceptive. Emphasize factors of safety and effectiveness along with personal choice.
- Discuss factors affecting choice of appropriate method. Introduce Activity 4 and encourage sharing of experiences.



## Points to Remember by Participants

- Contraception is a practice to prevent or postpone pregnancy while enjoying sex life as usual. Contraceptive method is a tool to achieve this.
- In changing scenario parenthood is a matter of choice, not chance. Effective means now exist that enable you to decide when it is the right time for you to have a child.
- Either husband or wife can use the method they choose—depending upon what consider best between for them.
- The woman must be in good health and at least 19 years of age. The ideal age for motherhood for a woman is between 20 and 30 years.
- There are different methods of contraception. Individual preferences vary and only he/she are the best judge of what is best for his/her, and perhaps most acceptable at a particular point of time. Different methods suitable at different stages of one's life.
- Information about contraception is easily available from the Auxiliary Nurse Midwife, Medical Officer or even through the Anganwadi Workers.
- There are temporary and permanent methods of contraception. Condom, Oral Pills and Intrauterine Device-Copper 'T' are temporary methods. They are used to delay the pregnancy. Tubectomy and Vasectomy are permanent method of contraception.

## Temporary methods

### Condom

- Condom is the most widely known and used barrier device by males around the world.
- A condom is sheath or covering made of thin latex rubber to fit over the man's erect penis.
- It prevents deposition of semen (sperms) in the vagina during sexual act.
- Government of India has made available under the name of Nirodh which is lubricated.
- Nirodh is available free of cost in all government hospitals, community health centres, primary health centres and sub centres.
- In addition to preventing pregnancy, condom protects both men and women from sexually transmitted diseases including HIV/AIDS.

Some men do not use condoms because they feel the condom reduces the pleasure of sex, reduces sensation or embarrasses them. But it is a matter of practice for them. Safety is more important to consider while making a choice.

## Remember

- Do not use grease, oils, lotions or petroleum jelly to make condoms slippery. These make condoms break.
- Do not blow in to the condom to open it.
- Do not open the condom to check if it is broken, they are already checked.
- Use a new condom at each time one have sex.
- Use a condom once only (single use).
- Store condoms in a cool and dry place.
- Learn to wear condom properly. Loose fitting or angled wearing can lead to leakage or breaking of condom. Please refer illustration 1.
- If condom breaks during intercourse, one need to contact doctor or nurse as soon as possible. They will give oral pills to woman (emergency contraceptive pills). Take them immediately.

## Do not Use Condom If

- the package is broken
- the condom is brittle or dried out
- the colour is uneven or changed

## Some Myths About Condom

### Condoms Reduce Pleasure

If the condom is worn properly and there is sufficient lubrication there should be little difference in the level of pleasure for either partner.

### Condoms are Not Reliable

Condoms are a reliable method of birth control—as effective as the pill when properly used. They are the only option to control Sexually Transmitted Diseases. The new, lubricated Nirodh Deluxe is very effective. Many of the commercial brands are of good quality too. Handling condom carefully, wearing it properly, never wearing more than once reduce the chances of breaking.

### Condoms aren't Sexy

Condoms are sexy. Condoms have only one real purpose and that is of use during sex. Thus they become a symbol of potential sexual activity. Sexy is a completely subjective term, which is defined through the association with a particular object or person. If positive associations can be allowed to accumulate around condoms, they too, can be seen as sexy. If the user is sexy, the condom is sexy.

### Using condom Interrupts Sex

First of all, people often use condoms improperly by waiting until just before penetration to put on the condom. Condoms should be put on as soon as the man has an erection and the intent to have sex is clear. This is because sperm and HIV can all ready be present on the tip of the penis in a tiny drop of pre-ejaculate. Thus, putting on the



condom is one of the first things you should do during sex, long before the moment is so hot that you don't want any interruption.

#### I am too shy to buy a condom

It can be a very difficult task to buy condoms. It is a public declaration of a very private activity. We only overcome this shyness with practice. There are harder and easier places to get condoms, however. Government hospitals give them out for free without much talking or questioning about it. It may help you to be courageous if you think of why you are buying them. Condoms protect from disease and pregnancy. Would it not be more embarrassing to get pregnant/get some one pregnant by accident? Would you not feel shy about having to go to nurse for a STD? How would you feel when you find out you have HIV infection? Feeling shy while procuring/purchasing condom is nothing compared to all this. You also do not need a doctor for procuring condoms.

#### Condoms are more a man's things

Although men wear condoms, and it is great to have a birth control option that man can take charge of and be responsible for, condoms are very much a **woman's things** as well. Unlike almost every other type of birth control method, condoms don't interfere with the way a woman's body works and her natural chemistry. There are absolutely no dangerous side effects for either a man or a woman. Unlike most other methods, condoms are only used when you have sex. Also condoms make sex a lot less messy. Finally, you can feel secure with a condom. There is nothing hidden or mysterious about it. They can be checked after sex so you can feel sure they have been used properly.

#### Intrauterine Devices (IUDs)

- An intrauterine device is a method of contraception that prevents the fertilized egg from implanting itself on the walls of the uterus.
- As the name suggests, IUD is inserted inside the uterus. The most commonly used IUD in our country is the **Copper-T**. It is a T-shaped device covered with copper wire and has a string attached to it.
- IUD must be inserted soon after menstrual period by a doctor. The doctor need to perform a proper check-up to rule out any infection. The strings of the IUD hang inside the birth canal through the womb's mouth. Many doctors cut small portion of the string of the IUD and ask the woman to feel it closing her eyes. This help her to know the touch feeling for the string. This is important as woman is advised to check the IUD regularly every day.

#### How to check whether the copper 'T' is in place or not?

- Woman after bath, has to wash her hands with soap and insert the index or middle finger inside the vagina to check the string. This process needs to be done every day. If the woman does not feel the string she need to contact doctor immediately. The IUD may have misplaced or come out without her knowledge.
- For a few days after the IUD is inserted, the uterus will try to get rid of this foreign body. She may have heavy bleeding and cramps, until body gets used to it.



- IUDs are made of copper and plastic, and are inserted in the uterus of the woman. The presence of such a foreign element causes a disturbance in the uterine cavity, making it impossible for the fertilized egg to implant itself in the uterus.
- IUDs are inserted at all government hospitals/family planning clinics/health centres, and through private doctors. The woman needs to have following information
  - How long it is going to be effective for.
  - Where and when should she get IUDs removed?
- When the time period of IUD is over she needs to do any of the above mentioned places and get it removed.
- When woman IUD inserted, she needs to ask the doctor to give a paper, which has information on what type of IUD has been inserted. The date of removal can be written on it. The woman can preserve this paper and take it along with her. When she goes for a checkup or IUD removal she can present this paper.

### Remember

Woman needs to make sure that she is not pregnant before getting an IUD inserted. It is best to insert an IUD soon after a proper menstrual period (not just a little spotting or bleeding which can even occur if woman is pregnant).

Woman should not insert IUD if she never had a child or a history of cancer of reproductive organs.

#### Refer to Doctor if woman has:

P-Periods (Missed or irregular)

A-Abdomen pain severe

I -Infections, Foul smelling or discoloured vaginal discharge, repeated urinary tract infections.

N-Not feeling well

S-String is missing

### Oral Contraceptive Pills

- The oral contraceptive pills usually come in a 28-day supply package, containing one or both of the following artificial hormones - estrogen and progesterone. When the pills are taken, these hormones get absorbed into the blood stream and prevent the formation of the egg in the ovaries.
- Pills are easily available at government hospitals/clinics and family planning centres, it is usually Mala-D and Mala-N, distributed free. You can also buy from a regular chemist shop.

- Remember pills should be taken daily, regardless of whether couple have intercourse or not.
- It can be discontinued whenever pregnancy is wanted.
- There are several types of oral pills available, but the most common ones are MALA-D, MALA-N, PEARL, EKROZ, PRIMOVLAR, OVRAL-L, CHOICE, TRIQUILAR AND PROGESTEN MINIPILLS.
- The pill is started for the first time it is important to be seen by doctor for first three months. The course must be started on the 5<sup>th</sup> day after the menstrual period has begun counting first day of bleeding as day No.1 in the order described on the pack. In the case of the MALA pills, woman has to start with the white pills, and when they finish, start the orange pills until they are over too. Start with a new packet the next month. Woman will have regular menstruation while taking oral pills.
- If woman miss taking 1 pill, she needs to take it as soon as possible. If 2 pills are missed in a row, she needs to take two pills as soon as possible, followed by two on the next day as well. Also, use of another form of protection like a condom until the pills are over is recommended. If woman misses more than two pills, and miss menstrual period, she needs to go to doctor immediately for a check-up. She may be pregnant.

**Refer to Doctor if woman has:**

- A-Abdominal pain
- C-Chest pain
- H-Headache
- E-Eye problems
- S-Severe leg pain

### Side Effects of Pills

The pill has some specific side effects like abnormal weight gain, anxiety, depression, acne, pimples and vaginal itching. So, think about all this very carefully before you choose the freedom and high effectiveness that the pill offers.

### Important Points to Remember

- If woman smokes the pills are not suitable to her.
- If the woman is of the age above 35 years, have history of jaundice, has high blood pressure or breast-feeding a child should avoid pills and use other contraceptive method.



## Permanent Methods

### Male Sterilization

- Vasectomy is a surgical method of sterilization for men. It is a simple quick surgical procedure that is carried out in a doctor's clinic, under local anesthesia. It takes only 10-15 minutes to be completed.
- Vasectomy prevents the sperm from entering the seminal fluid, and the sperm are re-absorbed into the body.
- Man's sperm are made in his testicles, while the seminal fluid is secreted by his prostate gland and seminal vesicles -the secretions from these glands make the major part of semen. During a vasectomy, the tube that carries the sperm from the testicles is blocked with a clip, or cut and tied. This will stop sperm from entering the seminal fluid.
- Vasectomy is a minor and simple surgery, and man can leave the clinic within an hour of the operation. But for a day or two, there may be some swelling or discomfort in the genital region. Some men also have bleeding, bruising or infection at the site of the surgery.
- Vasectomy has a success rate of almost 100%. Only in a very few cases does it fail and pregnancy occurs. This happens if the tubes have not been blocked/cut properly, and some sperm make their way down the tube and into the seminal fluid. It is also not immediately effective the first 20 ejaculations after vasectomy may contain sperms. The couple must use another contraceptive method for the first 20 ejaculations or the first three months which ever comes first.

### Remember

*There is no real basis for the apprehension that many men and women have, that a vasectomy will adversely affect men's libido and their sexual performance. Since the operation does not involve or interfere with the functioning of the testes and release of male hormones, it does not affect the secretion or ejaculation of seminal fluid and ability of man for sex. Therefore, it has no negative influence on a man's libido or sexual performance.*

However, such apprehensions and tension could affect men's potency. So, it is suggested that both the man and the woman, or at least the man talk to the doctor and others, and be completely convinced that the surgery is not going to affect their sexual life, before undergoing a vasectomy.

### Precautions to be Taken after a Vasectomy:

- Rest for about 48 hours (2 days)
- Avoid too much exercise for a week
- Wait for about a week before resuming sexual intercourse. Do so only after all signs of discomfort have gone.



- If the operation is followed by high fever, excessive or continued bleeding or swelling at the site of the surgery, a doctor should be consulted immediately.
- Be sure to use an alternative method of birth control for at least 2-3 months after the operation. This is because even after the surgery, the sperm that are already in the spermduct (the tube that carries the sperm), can survive for up to 3 months. Therefore, if intercourse occurs without contraceptive protection, pregnancy could occur. So alternative methods of contraception like a condom must be used for the first 3 months after the operation.
- Before starting to have sex without any contraceptive protection it is important to check that the vasectomy has been successful. Man can get his semen tested to get a Zero Sperm Count in the seminal fluid.
- To return for follow-up within 7 days or at least within 2 weeks.
- If his wife misses her menstrual period or thinks that she is pregnant

### **Female Sterilization**

Female sterilization is the surgical process used to end a woman's ability to become pregnant. The procedure is blocking the fallopian tubes (the tube carrying the eggs - ovum by ligating them or by cutting them). The most common female sterilization are (i) Laparoscopy and Tubectomy.

#### **Laparoscopy:**

The procedure is simple and patient can be discharged within 6-8 hours if the condition of patient is stable. The procedure requires only 5-10 minutes in experienced hands. This procedure is usually carried out under local anesthesia with premeditation (sedation) and only by well-trained personnel. The procedure need a tiny cut is made just below the woman's belly button. The fallopian tubes are blocked with a clip.

Pain at the site of the incision that may be relieved by pain relievers.  
Pain in the shoulder and the chest. The gas introduced into the abdomen during the operation and/or the anesthesia causes this. It should subside within 48 hours.

#### **Tubectomy**

This method of sterilization is most often done under local anesthesia. A 5-10 cm incision is made in the woman's pelvic area to gain access to the fallopian tubes. These are then pulled up and tied or cut. The incision is then stitched up. Although it is not essential for you to stay in the hospital, or have complete bed rest, do not exert yourself or lift heavy things for at least a week.

#### **Precautions to be Taken Before Sterilization:**

- Make sure that woman (and her partner) are completely certain that they do not want any more children before undergoing sterilization.

- A complete medical check-up including tests such as a Pap smear, blood count and urine analysis should be done. And woman's personal medical history should be noted so as to prevent complications due to anesthesia or the surgery itself.

#### **Precautions to be Taken After Sterilization:**

- In the case of a tubectomy, woman need to rest for about a week; but after a laparoscopy or 48-hour rest should be sufficient.
- Normal activities may be resumed after 2-3 days; but do not lift heavy objects like buckets of water or over-exert for about a week.
- In case of a fever, fainting spells, bleeding from the stitches and increasing or persistent abdominal pain, consult a doctor immediately.

#### **Effectiveness of Sterilization**

Sterilization is most effective if the operation is performed properly, through complications sometimes arises due to the inexperience or carelessness of the doctors. Of the three methods discussed, tubectomy has proved to be the most successful.

Many women suffer from persistent pain in the legs and the back following sterilization. The reason for this is not known. If during the sterilization process proper care is not taken it can lead to infections, internal bleeding, perforation of the uterus and/or the intestines.

#### **Can sterilization be Reversed?**

In rare cases, it is possible to reverse sterilization by a process called re-canalization, i.e. a joining of the tubes. It is a difficult and expensive process that cannot be relied upon. So, it is better to give the matter very careful thought before deciding to opt for sterilization.

However, spontaneous re-canalization (natural re-joining) of the tubes may occur. This is more commonly known to happen in the case of women. But again, you should not count upon this. Opt for sterilization only after you are certain you do not wish to have any more children.

#### **Useful Health Education Material**

- Universal Child Birth Picture Book, CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad 380004, Gujarat, Language-Hindi, Gujarati, Marathi, Telugu
- Dai Training Kit, CHETNA Ahmedabad
- Life useful Health Education, flip charts, CHETNA, Languages-Gujarati, Hindi, English



## **Activity 1- Random Questioning**

### **Objective**

To familiarize participants with contraceptives and prepare them for discussion.

### **Material Required:**

Samples of different contraceptives mainly, pills, condom and copper T, enlarged illustrations 2 and 3 of vasectomy and tubectomy operations. You may transfer these illustration on the transparencies to use during training.

### **Method:**

- Distribute the contraceptives and pictures randomly in the group.
- Do not talk about anything for some time. Let the pictures and contraceptives change hands and the participants giggle.
- Once most people finish touching and looking at them ask them the questions given below and encourage informal discussions.
- Encourage sharing of experiences.

### **Questions:**

- What is that?
- When did you first come to know about it?
- Have you ever like this touched it or looked at it? Why?
- Do you know its function?
- Have you used that contraceptive any time? In what circumstances?
- Who told you to use the contraceptive?
- How did you decide to use that contraceptive?
- Who decides to use that contraceptive?
- Who helped you to decide?
- Were there other contraceptives available?
- From where can we get that? How much does it cost?
- Were you afraid to use it for the first time?



## Activity 2 Demonstration of Condom Use

### Objective

To educate participants about proper use of condom.

### Material Required

Pack of condom, a model of penis or banana.

### Method:

- Check the expiry date. Carefully open the package so that condom does not tear. Do not unroll condom before putting it on.
- Tell participants that if penis is not circumcised, pull foreskin back. Squeeze the tip of the condom and put it on the end of the hard penis.
- Continue squeezing tip while unrolling the condom till it covers the entire penis.
- Once condom is put tell them what happens to penis after the man ejaculates (comes), hold rim of condom and pull model of the penis out.
- Discuss and demonstrate them the improper use of condom with help of Illustration 1.
- Throw away or bury the condom.

### Emphasize Following Points:

- Do not use grease, oils, lotions or petroleum jelly to make condoms slippery. These make condoms break.
- Do not open the condom to check if it is broken, they are already checked.
- Use a new condom each time you have sex.
- Use a condom once only (single use).
- Store condoms in a cool and dry place.
- Learn to wear condom properly. Loose fitting or angled wearing can lead to leakage or breaking of condom.

If condom breaks during intercourse, contact your doctor or nurse and take oral pills as early as possible according to their advice.

### **Activity 3 Demonstration of IUD Insertion**

#### **Objective**

To educate participants about IUDs and its functions.

#### **Material Required:**

Sample of IUDs, flexible model of uterus and IUD insertion instrument.

#### **Method:**

- With the IUD insertion instrument, insert IUD in the model of uterus.
- The model is usually open from top, show the participants how the IUD fits inside the uterus.
- Show where women can feel thread with their index finger.
- Emphasize the importance of sterilization of instrument, cleanliness of the place where IUD is inserted and clean and sterilized gloves on the hands of person who is inserting the IUD.

## Activity 4

You may use activity A or B depending on which suits better to group. Using both might also be a good idea, where some groups deal one case and other group the other.

### A. Making the right choice

#### Objective:

To sensitize participants about the factors influencing choice of contraceptives.

#### Material Required:

Copies of the of the story given below, as the number of participants or you may write it in big letter on a flip chart and put it on.

#### Method:

- Divide the participants in small groups.
- Give the story of Govind and Godavari.
- Ask the groups to discuss the questions at the end of the situations and come up with a collective answer. There should be a consensus.
- Ask the small groups to make a presentation.
- Encourage the other participants to argue about their choice.
- You may summarize by emphasizing on need for information, counseling and how one's values reflects on choice of contraception.

### Story of Govind and Godavari

Govind and Godavari have three children. Govind is a casual laborer in the near by town doing small jobs and Godavari works as agriculture labour on the landlord's land. Both of them realize that having more children is not good for them. The village nurse is pressurizing Godavari to go for tubectomy or Govind for vasectomy for a long time now. But Godavari is not sure if she wants to do it. She thinks her children are too young. Many children die before ten years in her village. Besides she is afraid of the operation. Govind might also not agree to this, because this will mean loss of wages for both of them for at least two days and what if she ends up sick? So many women get sick after the operation. Govind on the other hand, does not want children but is afraid of going for the operation. What if his sex desire die after that and so many men cannot do hard work after that. Besides his children are too young.

The village nurse explained about the use of contraception to both of them. Govind suggested Godavari to take pills. Godavari started taking pills. But in between forgets and then she gets tensed about pregnancy, all this leaves her very uneasy. She asked



Govind to avoid sex to avoid pregnancy. Govind is very angry with that. He wants Godavari to go to hospital with him and insert a copper T, even the village nurse says it is very safe. But Godavari is afraid.

All this makes Govind very angry. He thinks if Godavari will not co-operate, he will end up going to other women (which he did sometime in the town, when Godavari was pregnant!!)

- Do you think Govind is right in his thinking? Why?
- Do you think Godavari is right in her thinking? Why?
- What contraceptive would you suggest them to use? Why?

## B. Who decides?

### Objective:

To sensitize participants about the factors that influence choice of contraception.

### Material required:

Copies of the case study according to the number of participants, flip chart and marker pens.

### Method:

- Divide participants in small groups of not more than five or six.
- Distribute story of Rani to each member.
- Ask the groups to discuss the case study and project the end.
- Let them answer questions at the end of the case study and present it to large group.
- Classify the options coming out of the presentation and summarize them in the end, add any if necessary.

### Story of Rani

Rani is mother of two children. Both of them are girls. Rani lives with her husband, her brother-in-law, his wife and three children and her mother-in-law. Rani brother-in-law has two sons and one daughter. So everyone in the family feels Rani should also have at least one son. Rani's husband does not have an opinion about it, but Rani feels that they can only take care of two children. Rani's husband agrees to Rani's logic that they can only provide for two children, but he cannot over rule his brother's and mother's decision. He wants Rani to either convince the family about no more children or given in to their wishes. He also deep down thinks one son is necessary in a family. Rani wants help...

- What happened there after? Is Rani right in her thinking? Why?
- Are Rani's husband and mother-in-law right in their thinking? Why?
- What did they decide, take contraceptive or did not take contraceptive? Who decided? If they did take contraceptive, which one? From where?
- What happened then?

## Activity 5 Evaluation Quiz

### Objective:

To revise the learned material and to find out the participants' grasp.

### Material required:

Samples of different contraceptives, some music, chairs, chits of paper with questions on them.

### Method

- Arrange chairs in a line where every chair near to each other is facing in opposite direction. There should be one chair less than the number of participants.
- Invite the participants to stand in a single circle around the chairs.
- Keep all the contraceptives in the one bag.
- Ask a volunteer to turn away from circle and play the music while the participants move in circle around the chair. (It is better if you do the volunteering so that all participants could participate.)
- Stop the music in between, the participants are suppose to occupy chairs.
- The participant who is left without the chair is supposed to pull out one contraceptive from the bag.
- The trainer can ask any question related to that contraception from the questions given below. Others can help her to finish or complete the answer.
- If the person does not answer properly, she will get a punishment like singing a song, writing the answer five times after the game, etc.

The questions on the chits can be:

1. Is this a temporary or a permanent method of contraception? What is the difference between temporary and permanent methods of contraception? What are they?
2. Who can use condom? Explain how.
3. Explain the way to use oral pills.
4. Give names of some IUDs and explain how IUD works.
5. Why is vasectomy called vasectomy?
6. Which are the permanent methods of contraception for women? Explain how they work.
7. From where can we get contraception?
8. Which do you think is the best method to use? Why?
9. What are the side effects or negative sides of this contraception?

**Illustration 1**  
**Improper Ways of Wearing Condom**

Note: Enlarge this illustration or transfer this on transparency and use during training



**Illustration 2**

**Female Sterilization**

Note: Enlarge this illustration or transfer this on transparency and use during training

*District Level Training Module*

**Illustration 3**

**Male Sterilization**

Note: Enlarge this illustration or transfer this on transparency and use during training

*District Level Training Module*

# Reproductive Tract Infection

## District Level Training Module



3 hours

### Learning Objectives

At the end of the session the participants will learn about

- What is RTIs/STDs?
- symptoms of RTIs/STDs
- myths about RTIs/STDs
- socio cultural aspects resist women to seek treatment on right time
- prevention of RTIs/STDs

### Design

Time in minutes	Topic	Methods
60	Socio cultural aspects restricting woman to seek medical help	Activity-1 Story telling and discussion
30	Difference between RTI and STDs	Discussion
30	Symptoms of RTIs/STDs	Discussion
30	Myths about RTIs/STD	Discussion and sharing of experiences
30	Prevention of RTIs/STDs	Discussion

### Material Required

Flip charts and marker pens or black board and chalk



## **Note for trainers**

Welcome participants to the session. This is an important discussion in terms of relationship with self and with partners.

### **You may start session by saying....**

*"Dear Friends,*

*Today we are going to discuss some of our health concerns about which we do not normally discuss openly. Tell me which are the common health ailments of women which create maximum stress and tension to them."*

- With the above-mentioned question you will get a list of local names for various Reproductive Tract Infections (RTI). Define what is the meaning of RTIs and STDs and the difference between them. Refer Points to remember.
- Introduce Activity 1. This activity will help you to list down various socio-cultural and economic factors affecting women to restrict for seeking health care for RTI and STDs.
- Now discuss symptoms, spread and prevention of RTIs and STDs. It is important to discuss the effects of such illnesses not only on physical aspect of women's health but also her social and mental health.
- Various myths are prevalent about STDs spread and cure. Ask the participant to list some of the myths they are aware of. You may add few from the section points to remember.
- You may end the session by discussion the prevention of RTI and STDs. You may discuss demonstration of use of condom. Refer the module contraception.

## Points to be Remembered by the Participants

- Reproductive Tract Infections (RTIs) are infections in the genital/reproductive tract due to a variety of organisms like bacteria, virus and protozoa. Some infections are sexually transmitted and some occur due to changes in the environment in the genital tract. These can affect men as well as women.
- There are three types of RTIs:
  1. Sexually Transmitted Infections or Diseases (STIs or STDs): These infections include group of communicable diseases that are transmitted mainly through sexual contact-sexual intercourse. Various types of infective organisms such as viruses, bacteria, etc cause them.
  2. Endogenous infections: often they are considered as minor infections. They are caused due to overgrowth of organisms normally present in the reproductive organs. They are responsible for significant levels of morbidity among women.
  3. Iatrogenic infections: These infections are usually associated with medical procedures such as vaginal examination, abortion, IUD insertion, etc. when such medical procedures are carried out with improper sterilization and keeping aseptic technique, women get infected.
- Almost all women have at least one episode of these infections during their lifetime. A number of pregnancy related complication have been associated with one or more of the different RTIs.
- Bacterial vaginosis often may be asymptomatic, but in many cases they can be quite symptomatic and uncomfortable. Men are also susceptible to candidan infection and particularly uncircumcised men may develop essentially the equivalent of endogenous infection.
- In women RTIs originate in the lower tract (external genitals, vagina and cervix) and, if not treated, can spread to the upper tract (uterus, fallopian tubes and ovaries). This could result in Pelvic Inflammatory Diseases (PID) which have severe consequences on women's health.
- There are different kinds of STDs, refer table 1 and 2 for details:

**Table 1: The most common RTIs/STDs and how they can affect individuals**

Illness	Symptoms	Allopathic treatment	Herbal Treatment
Yeast-Candida	White, lumpy secretion like milk curd, bright red skin in genitals, severe itching, burning while passing urine, smell like mould	Tablets to be inserted in the vagina is given by doctor	After relieving yourself, insert a tampon made from neem leaf paste wrapped in a clean cotton cloth. Let it remain in the vagina for night and remove it in the morning. Do this for 10-15 days
Trichomonas	Grey or yellow bubbly secretion, bad smell, red and itchy genital area, burning in urine	Oral tablets is given to both the partners and tablet to be inserted in vagina is also given	Insert a garlic clove, like a tampon, in the vagina. Change it three times a day fir the first 3 days and then twice a day for 10-12 days. The partner must orally consume 3-4 garlic cloves, twice a day for a month.
Non specific bacterial infection	More secretion, yellow or white colored	Tablets to be inserted in vagina is given	The herbs mentioned above Grind together 5gms root of Shatavari ( <i>Asparagus racemosus</i> ), 10 gms of cumin seeds and 15 gms of crystal sugar, Take a cup of this paste, every morning on empty stomach for a month.



Table 2: Other STDs which has sever effects on woman and child

Disease	Symptoms	Effects on Your Health	Effects on Fetus/Baby	Treatment
<b>AIDS</b>	Long-lasting infections, diarrhea, night sweats, fever, weight loss, swollen glands, coughing, shortness of breath	Immune system damage leading to cancer, pneumonia, brain damage, death	Foetus can get virus from mother during pregnancy or delivery; immune system damage leading to death in a few years	No effective treatment
<b>Chlamydia</b>	Itching or burning during urination, vaginal discharge, wheatish discharge from penis, pelvic pain, or no symptoms at all	Pelvic inflammatory disease, sterility	Baby can catch during vaginal birth, causing ear and eye infections, pneumonia	Can be cured with antibiotics
<b>Genital Herpes</b>	Sores on penis or vagina, vaginal discharge, fever, tiredness, itching and pains	First attack very painful, recurrent flare-ups, less painful	Baby can catch during vaginal birth causing severe skin infections, nervous system damage, blindness, mental retardation, death	Symptoms can be treated; no cure for the disease; flare-ups may occur 4 to 7 times per year
<b>Gonorrhea</b>	Vaginal discharge, burning during urination; most women have no symptoms	Pelvic inflammatory disease, infertility, arthritis	Baby can catch during vaginal birth, causing serious eye infection, blindness	Can be cured with drugs; babies are treated with eye drops after birth
<b>Syphilis</b>	Sore on penis or vagina, mouth, anus or elsewhere; low fever, sore throat, other sores or rashes	If untreated, can cause damage to heart, blood vessels and nervous system, blindness, insanity and death	Foetus can catch before birth, damaging bones, liver, lungs, blood vessels; infected fetuses can die before or after birth	Can be cured with drugs; once foetus is damaged, there is no cure
<b>Genital Warts</b>	Genital itching, irritation or bleeding; warts may appear as small, cauliflower-shaped clusters; may get worse during pregnancy	Warts grow in size and number, may increase risk of cervical cancer	Baby can catch virus during birth, causing wart growth inside the voice box and blocking windpipe	Can be treated with drugs applied directly to warts, or with surgery to remove them



## **Some of Common Symptoms and Signs of the Widely Prevalent STDs in India**

### **General symptoms in both men and women**

- Burning/pain during urination or defecation, increased frequency of urination
- Single or multiple blister and open sore on the genitals may or may not be painful.
- Swollen and painful glands in the groin
- Itching or tingling sensation in the genital areas
- Non itchy rashes on the body
- Warts in the genital area
- Sores in the mouth
- Nodules under the skin
- Flu like symptoms, headache, lethargy, vomiting, fever etc

### **Symptoms among women**

- Painful sexual intercourse
- Unusual vaginal discharge (yellow, green, curd like, frothy, pus like, foul smelling, blood tinged)
- Blisters or sores in the genital area
- Lower abdominal pain
- Burning or itching in and around vagina

Some STDs may not produce any signs and symptoms in women. They may look healthy but they can spread the infection

### **Symptoms in Men**

- A drip or discharge from the penis

### **Treatment and Prevention**

- According to the guidelines provided by WHO, treatment based on symptoms can be given if a doctor/health worker suspects RTIs/STDs.
- If you have any of the STD symptoms listed in the chart, go to your doctor or nearby STD clinic right away. It is important that your partner is also treated. Take your partner along with you. If you have no symptoms but have had sex with someone who you think might have STD, in that case also both of you need the treatment.
- Most of the STDs can be treated and cured. If left untreated, STDs keep getting worse, causing permanent damage or death.
- Eating certain food or application of certain oils on genital organs cannot cure STDs. Always go to qualified doctor for the treatment.
- If you find out you have STD, tell the persons with whom you have sex. Anyone who has had sex with a person with STD needs to get prompt treatment. Remember: even if You have been treated or cured, you can get the same STD again, or a different one, if you have sex with a person who has a STD. Avoid having sex when you have any sign of STD.

- If you are an unmarried teenager and have STD, talk about it to your parents or any adult on whom you have total trust and faith. If you are confident to approach the doctor directly go to the STD clinic and get the necessary treatment.

### **Myths about STDs**

Due to taboo attached to STD there are a variety myths attached to STDs

Some of them are:

- STDs can be cured by having a sex with virgin or with young girls.
- STD spreads due to masturbation
- Person catches STD due to evil spirit, and curse of god.
- Person who has done sin in past gets STDs.

### **Women RTIs/STDs and HIV/AIDS**

There are various conditions and socio-cultural and economic reasons, which makes women more vulnerable to RTIs/STDs and HIV/AIDS.

#### **Socio-political reasons:**

1. The most basic factor making women vulnerable is the social status of women. Due to social and sexual subordination, women find it difficult to negotiate and prevent men from practicing unsafe sex at home. Thus lack of control over sexuality, in addition to the culture specific submissiveness increase the chances of HIV infection in women.
2. Early marriage expose women to RTIs/STDs and HIV/AIDS at an early age.
3. At present, male condoms on which women do not have a control are the only means to prevent RTIs/STDs and HIV/AIDS.
4. Lack of basic amenities like water and sanitation also increases the occurrence of such problems.
5. Communication about STD is extremely difficult, as it is necessary to discuss sexual practice. It is therefore important that health especially the sex education is made mandatory for the school education. It is important that sex education is given in a non-judgmental manner and with a frank and open manner.
6. Inadequate information, lack of mobility and poor health services increases the chance of RTIs/STDs and HIV/AIDS by manifolds.
7. Inadequate law aggravates her HIV status. For example, rape law and PITA (Prevention of Immoral Traffic Act) are inadequate and more often the violators go unpunished due to the lapses in the Act.
8. Women become sick with AIDS more quickly than men do. Poor nutrition and childbearing may make women less able to fight disease.
9. Women are usually the caretakers for the family members who are sick with AIDS, even if they are sick themselves and run more risk of infections.



**Economic reasons:**

1. This situation reflects at persons at work site also. The supervisory staff or the male workers sexually exploit women. This also increases the chance of RTIs/STDs and HIV/AIDS.
2. Poverty, unemployment and lack of education might force them to accept sex work, increasing chances of RTIs/STDs and HIV/AIDS through forced unsafe practices.

**Biological reasons:**

1. Immature cervix in adolescents and less mucus production in the genital tract of post menopausal women may cause injury during sexual intercourse increasing their susceptibility to RTIs/STDs and HIV/AIDS.
2. Since female birth passage is not visible, any lesion that may occur is not easily recognized and treated. Also birth passage has larger surface area to absorb causative agents of RTIs/STDs and HIV/AIDS.
3. Women get infected with HIV more easily than men do. A man puts his semen in the woman's vagina, where it stays for a long time. If there is HIV in semen it can pass easily into a woman's body through her vagina or cervix, especially if there are any cuts or sores.
4. Women can get more blood transfusions than men because of problems during childbirth.

**Access to health care:**

1. Apart from this, lack of information among the community about availability of services, short supply of drugs, vacancy of medical professionals etc are other reasons for the lack of accessibility of health care.
2. Long distances and lack of transport facility prevents women to travel the primary health care. Fear of lack of privacy and non-availability of lady doctor also prevent women to access health care.

**Useful Health Education Material:**

- A kit on Women's Health, CHETNA, Lilavati, Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad 380004, Gujarat. Languages-Hindi, Gujarati
- Herbs Useful in Women's Health; poster; CHETNA Languages Hindi, Gujarati, English



## **Activity 1 Case Study**

### **Revati's ultimately gets the treatment!**

Revati is 35 years old. She is very upset last few days. She has severe pain in lower abdomen and some smelly discharge from her vagina. She is afraid to have sex with her husband; because she feels that her husband will consider her dirty or that she has had sex with others. The other day, Revati's husband, Ramu asked her for sex, and she refused. He accepted it. He realized that Revati has some problem. He tried to talk it out with her, but she did not share. After few days Revati could bear the pain and discomfort. Her sense of guilt and shame for what happened to her made her very depressed. One day Ramu found her crying. He asked her to share her problem. Revati finally explained her problem. She said that some evil spirit has put a spell on her. Ramu did not pay any attention. Revati's condition was worsening. She refused to have a sex with Ramu, as the intercourse was painful.

Ramu was confused. He decides to talk to his friend. His friend explains that it may be some infection. He also said that many times such complaint is due to sexual relationship. He advised him to visit the doctor. Ramu got doubt whether Revati had relations with others? However he decided to visit the nurse.

When Revati and Ramu reaches the nurse's house she is not available. He decides to go to the Primary Health Centre. The doctor at PHC was a male doctor. Revati refused to get herself checked. Ramu explained to her the importance to check up. The doctor calls the nurse who gave her moral support. The doctor checked Revati and told her that she has infection in her vagina. She discusses with Ramu if he has any symptoms of RTI. The doctor prescribed medicine to both and advised them safe sex.

Both completed their treatment and are now very happy.

### **Tell this story to participants and ask the following questions**

- Why Revati was hesitant to talk about her problem?
- What would you do if you were Revati? Why? What constraints you will face to put your thoughts in action?
- What would you have done if you were Ramu? Why? What constraints you will face in doing those things?

At the end of the question answer sessions consolidate the discussion by focussing on socio-cultural and economic factors restrict women to seek treatment of RTI/STD.

# HIV/AIDS

## District Level Training Module



4 hours

### Learning Objectives

- At the end of the session the participants will learn about
- What is HIV/AIDS?
  - attitude of people to HIV/AIDS
  - mode of transmission of HIV/AIDS
  - Who are at more risk?
  - facts and myths about HIV/AIDS
  - socio cultural aspects linked with HIV/AIDS
  - prevention of HIV/AIDS

### Design

Time in minutes	Topic	Training method and Material
15	What is HIV AIDS? And its symptoms	Discussion
60	Attitude of people about HIV/AIDS, and their thoughts and feelings about epidemic of HIV/AIDS.	Activity 1 and Activity 2
30	How does it spread?	Activity 3
15	Who are more at risk?	Discussion
30	Myths and facts about sex, sexuality and HIV/AIDS.	Activity 4
30	Socio cultural aspects linked with HIV AIDS	Activity 5
30	How to negotiate with partners?	Activity 6
30	Prevention of HIV/AIDS	Discussion, demonstration of use of condom

### **Material Required**

- Flip charts, Markers,
- Copies of Worksheet 1 for activity 1,
- 2 news print papers with "thoughts" and the other one labeled with "feelings" and Masking tapes for Activity 2,
- Set of index cards (You may cut outs the index cards from the photocopied Index card sheet given here worksheet) with common beliefs and facts written on them. With the help of the list given develop the cards for Activity 4
- Silouhette (Cut out figures of the family members) Activity 5
- Vegetables for Activity 6
- Condom and model of penis or banana. Refer chapter contraception for the demonstration of condom



## Note for the Trainer

Welcome the participants.

Talking about HIV infection will create some amount of embarrassment and stress among participants. Please realize that during your sessions, your own attitudes towards man-woman relationships, faith, mutual respect and partner communication are important.

**You may start session by saying....**

*"Dear friends,*

*We are going to talk about something very important in terms of our relationship with self and with our partner. You must be listening about HIV/AIDS on radio and television. Let us today discuss the scientific information about the same."*

- Start preliminary discussion to know whether they are aware about the disease or not. Upgrade their basic knowledge about HIV/AIDS.
- Introduce Activity - 1. This activity will help the participants to know about attitude of persons to HIV/AIDS. To assess their feelings and thoughts of people about epidemic of HIV/AIDS introduce Activity -2.
- It is important to discuss how extensively HIV/AIDS can be spread in the community. Introduce Activity - 3 - Wild Fire. At the end, sum up the discussion by providing information on different modes of spread of HIV/AIDS.
- It is important that the participants are aware about the various myths and facts related to HIV/AIDS. Introduce Activity - 4.
- Discuss in brief the risk of HIV and AIDS to general population and high-risk population.
- With help of Activity 5, discuss the importance of trust and negotiability in partner relations.
- HIV/AIDS has tremendous effect on social aspects of man and woman. To bring to surface these points introduce Activity 6.
- End the session through the discussion on prevention of HIV/AIDS. Organize a demonstration of how to use the condom. Please refer Module on contraception to carry out this demonstration.

## Points to be Remembered by the Participants

### What is HIV/AIDS

- The disease, Acquired Immunodeficiency Syndrome (AIDS), is caused by infection with Human Immunodeficiency Virus (HIV), which enters in the body's white blood cells and destroys them. It weakens the body to such an extent that tuberculosis; cancer, pneumonia and other infections occur and kill the person. AIDS is the final stage of disease when HIV infected person becomes very ill and dies.
- In India the HIV/AIDS epidemic is now more than a decade old. In such a short period it has emerged as a serious public health concern of the country. The available surveillance data clearly indicates that HIV is prevalent in almost all parts of the country.
- About 75% of the infections in the world occur from the sexual route (both heterosexual and homosexual), about 8% through blood transfusion, another 8% through injected drug user.
  - One in every 4 cases reported, is a woman.
  - About 89% of the reported cases are occurring in sexually active and economically productive age group of 15-49 years.

### Transmission of HIV

HIV is transmitted in four common ways. They are-

- through unprotected penetrative vaginal or anal sex
- Through sharing any instruments that can pierce the skin, for example needles and blades that have been in contact with the blood of an HIV infected person.
- From an HIV infected pregnant woman to her baby during pregnancy, during delivery and through breast feeding the baby after birth.
- Through transfusion of HIV infected blood

HIV cannot be transmitted through:

- Normal human contact, touching, kissing or hugging.
- Playing together or sharing food.
- Sharing toilets and latrines or bed.
- Caring for someone with HIV/AIDS particularly if you make sure not to touch their blood.
- Insect bites.

### Who Can Get HIV/AIDS?

- Every one is at risk of HIV/AIDS. There are certain categories of individuals and groups who constitute the 'high risk' group as they due to their life styles are especially vulnerable to HIV infection. They are:
  1. Sex workers: They constitute a particularly high risk group as they have multiple sex partners and at many a times due to economic constraints social factors they are not in a position to negotiate the use of a condom with their clients.



4. Introduction of HIV/AIDS knowledge among industrial labourers and migrant labourers.
5. Regular training and sensitization of health professionals and functionaries on different aspects of HIV/AIDS including the gender aspects.
6. Addressing the issue of HIV/AIDS as a development concern and integrate it with various development programs
7. Special awareness programs for the at risk groups, like sex workers, blood donors etc.
  - Efforts towards control of STDs
  - Promotion of condom use
  - Effective administrative and legal management of use of blood transfusion
  - Strict vigilance on drug abuse

### **Women and HIV/AIDS**

Please refer chapter Reproductive Tract Infection

The behavior of different people, including medical professionals, towards men and women with HIV infection is different. Some of the examples are as follows:

<b>He has HIV</b>	<b>She has HIV</b>
<b>The doctor breaks the news</b>  You have tested positive for HIV. This is a terminal illness. Be careful about your health.	<b>The doctor breaks the news</b>  You have tested positive for HIV. This is a terminal illness. Make sure that you do not conceive. It will transmit to your child and you will be the one to blame for the misery that the child will suffer. In case you are pregnant, you must abort the child as early as possible.
<b>The family learns that he is HIV positive</b>  You have brought us shame. It is better that we keep the family's honour by dissociating ourselves from you. Please leave the house. The wife leaves with the husband.	<b>The family learns that she is HIV positive</b>  We did not know that we were sheltering a whore in the house. Leave the house before the sun rises tomorrow. We do not want to see you here. As far as we are concerned, you are dead. Leave the children here. She leaves alone.
<b>The community learns that he is HIV positive</b>  It is unfortunate that this happened to him. After all, men will be men. They do stray sometimes, but such misfortune does not strike everybody. It is his "karam" (destiny). In any case, a bull is not a bull without its scars.	<b>The community learns that she is HIV positive</b>  Considering the behaviour she has indulged in, she has gotten off lightly by just being thrown out. In our times, she would have been branded so as to be a lesson for other girls to keep away from bad activities.  Source: She can cope. A paper on gender and HIV/AIDS by Madhu Bala Nath. 1997

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2. **Migrant Labourers** : They also constitute a high risk group as they travel from place to place in search of work and hence end up having multiple sex partners and visiting sex workers.
3. **Truckers**: the truck drivers/cleaners also are a high risk group as they are driving on the highways for days together and they tend to visit sex workers very often and do not use a condom all the time. Many of them also actively engage in homosexual behaviour (men having sex with men).
4. **Men having Sex with Men (MSM)**: they also constitute a high risk group as they frequently engage in anal sex which has a greater risk of HIV infection as there are more chances of abrasion and lesion in this kind of activity.
5. **Injecting drug Users**: The injecting drug users have a tendency to use the same needle amongst themselves and thus run a greater risk of contracting HIV infection.
6. **People suffering from STDs**: The people suffering from STDs have a higher risk of contracting HIV infection as HIV spreads more easily when there is genital ulcers and other forms of STDs.

### Prevention of HIV/AIDS

Prevention of HIV/AIDS is every one's responsibility. All individuals need to be involved in curbing the spread of HIV and other STDs.

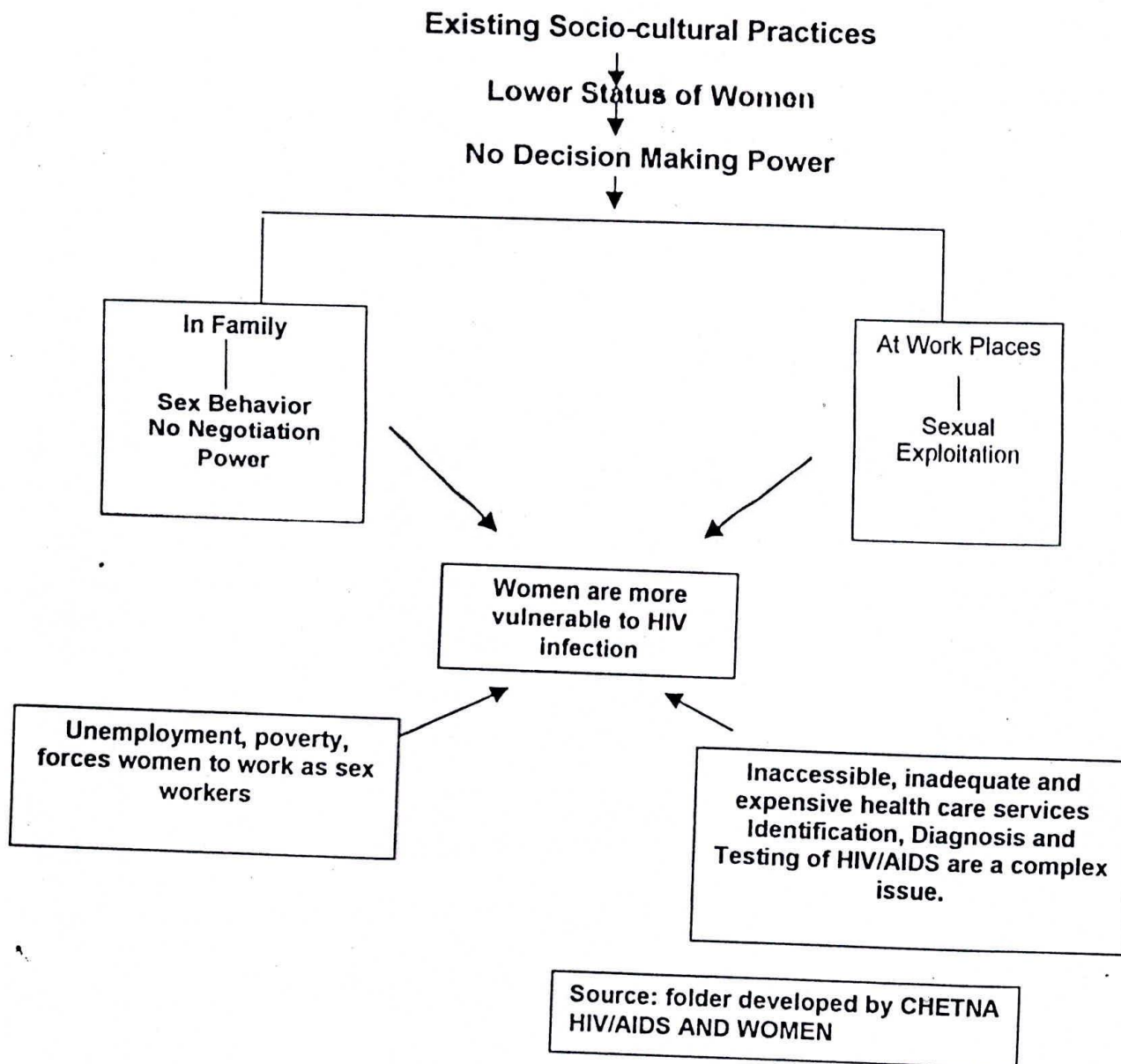
- Indulging in safer sex is the most important way to prevent HIV infection. There are different options to choose from
  - Use of a condom during penetrative sex. Please refer Fact Sheet -2 for details on use of condom.
  - Abstinence or not to have sex at all, is the most obvious way of ensuring that you do not become infected.
  - Long term mutually faithful relationship with an uninfected single partner.
- Never take non-HIV-tested blood.
- Be away from activities related to drug abuse.
- Avoid sharing injecting equipment (syringes) with other.
- Get treated for all STDs/RTIs.

People suffering from STDs and RTI are more prone to HIV/AIDS. Get treated all STDs and RTIs. Both the partners need the treatment

### What Needs to be Done for Prevention of HIV/AIDS in Society?

1. Awareness generation at various levels, through schools, co-operate sector, organized groups, private and public offices etc
2. Production and promotion of need based health education material for different target groups.
3. Introduction of HIV/AIDS awareness program at school curriculum

**Chart 1- Factors Increasing the Risk of HIV/AIDS In Women**



### Useful Health Education Material

- Venereal diseases, Slides, VHAI 40 Institutional Area, New Delhi 1100016, Language-English
- Talking AIDS/HIV between you and me, Flip Book, VHAI, Language-Hindi, English
- STD/HIV/AIDS what everybody should know, Booklet, Language: English, Hindi
- HIV infection-Prevention and Health Education, Slides, VHAI Language-English script

## **Activity 1 Exploring Attitudes**

### **Objective**

This activity gives an opportunity to trainees to explore and clarify their own attitudes towards HIV and AIDS.

### **Material**

Copies of Worksheet 1

### **Method**

Divide the trainees group in smaller discussion groups of 3-5 members. First have each member fill in the worksheet for himself/herself (allow 10 minutes). Then ask each group to elect a leader who can record the group's ideas after all members share and discuss their responses and report them back to the class. Each group member will need a copy of the statements listed in worksheet 1. It is important that the trainers does not seek to correct or criticize views that he or she disagrees with at this stage, but allows free expression of them. The trainer then discusses the following issues with the group by going over the points given below. (allow 20 minutes).

### **Points of Discussion**

- Why are these called controversial statements?
- Have you heard of such statements being made by people? Which ones are most frequently used?
- Did you feel comfortable discussing your views with your partners?
- Were you surprised when your partner disagreed with you?
- Did you change any of your views after listening to your colleagues?



## Worksheet 1

### Controversial Statements

In the boxes fill in an (A) for agree and (D) for disagree based on your opinions about each statement:

- ☐ Women with HIV infection should not have children.
- ☐ People with AIDS should not be allowed to continue work
- ☐ AIDS is mainly a problem of people with immoral behavior
- ☐ Men who have sex with men indulge in abnormal sexual behavior
- ☐ People with HIV infection should be isolated to prevent further transmission
- ☐ It is a collective responsibility to care for people with HIV infection
- ☐ I would feel uncomfortable inviting someone with HIV infection into my house.
- ☐ Surgeons should screen all patients for HIV infection before surgery.
- ☐ I would feel uncomfortable discussing sexuality with a person of the opposite sex.
- ☐ Intravenous drug users should compulsorily be tested for HIV.
- ☐ It is all right for men to have sex before marriage.
- ☐ School children should not be educated about safer sex.
- ☐ Women should never have extra marital sexual relations.
- ☐ All professional blood donors should be jailed.
- ☐ It is difficult for male counsellors to talk to women clients about condom use.

**Please note:** Xerox this worksheet as per the need to introduce the activity

## **Activity 2**

### **Thoughts and Feelings: Personal Impact of HIV/AIDS**

#### **Objectives:**

- To enable the participants to express their thoughts and feelings about HIV/AIDS.
- To surface and assess attitudes of participants and their perceived implications of HIV/AIDS on their life, family and community and prepare them for the succeeding sessions.

#### **Materials needed**

Sketch pens

2 news print papers with "thoughts" and the other one labeled with "feelings".

Masking tapes

#### **Method**

- Post two (2) tear sheets (with a big circle drawn on them) on the board, labeled with "THOUGHTS" and "FEELINGS".
- Ask the participants to write on the torn sheets their thoughts and feelings (as an individual, as member of the family and the community) regarding the HIV/AIDS epidemic. Instruct the participants that the closer they put their thoughts and feelings at the centre, the stronger they feel about them.
- Discuss/process their responses emphasizing those which are held very important especially among people of our culture.
- Summarize the discussion by reiterating how individuals get affected and react to the epidemic, and how these reactions can influence their social and economic life.
- The facilitator leads a discussion on the following:
  - Are there any common responses?
  - What are these?
  - What does it mean?
- Encourage anybody who wants to share some more his/her thoughts about the activity.
- End the session by pointing out outstanding/significant "thoughts" and "feelings" expressed by the participants and relate it with their insights of the epidemic.
- Leave the torn sheets posted on the wall inside the training room.

### **Activity 3 Wild Fire**

#### **Objective**

To sensitize the participants about how extensively HIV/ AIDS can spread

#### **Method**

- Ask the participants to stand in a circle. Ask them to close their eyes. As a facilitator you go around and touch on the shoulder of 5 members.
- Ask them to open their eyes
- Ask them to go around and shake hands with each other three times.
- Call them back in circle.
- Ask the first five whom you touch on shoulder. Announce that they were infected by HIV/AIDS.
- Ask the rest of the participants to come in circle who had shook hands with these five persons directly
- Ask the second batch of participants to recognise with whom did they shake hands after touching the HIV/AIDS positive person. Call them inside the circle.
- Let the participants understand how extensively HIV/AIDS can spread
- Ask the feeling of participants inside the circle.
- Ask the feeling of participants standing outside the circle.



## **Activity 4 Sexuality, HIV/AIDS Myths and Misconceptions**

### **Objectives**

- To clarify misconceptions about sex and sexuality.
- To understand how myths develop.

### **Materials**

Set of index cards (You may cut out the index cards from the photocopied Index card sheet given here with sheet) with common beliefs and facts written on them. With the help of the list given develop the cards.

### **Process A:**

The cards are distributed to each participant. In turn, each participant reads her card aloud and says whether the statement is a myth or a fact. Alternately the group can be requested to volunteer opinions about each statement read.

The facilitator provides the explanation why the belief is a fact or fallacy.

### **Process B:**

An alternative approach is to make it like a game. First break the group into teams of about 10. The teams compete against each other for points from correct answers.

The index cards would be all jumbled in a basket. Either the facilitator or a member of each team would draw out their question. The facilitator would read it for all to hear. One team would be allowed to confer and come up with the answer. If the team answers correctly, they would be awarded 100 points for getting the myth/fact part correct and 400 points for being able to explain why (total points for a correct answer: 500)

## Index and fact Cards

Statement (For the Index cards)	Notes to the Facilitator
1. Girls and boys can have sexually transmitted diseases without showing any symptoms.	FACT: While some STDs may have quite recognizable symptoms, others may not. Gonorrhea, for example, typically displays no symptoms in women and often is undetectable in men. It is important to be examined by a doctor if you think you may have a STD.
2. A girl can get pregnant if she has sex only once or a few times	FACT: It is possible for a girl to get pregnant at any time during her menstrual cycle.
3. Once you have had gonorrhea and have been cured, you can't get it again.	MYTH: A person can get gonorrhea as many times as she or he has unprotected sex with an infected person. It is important, therefore, that anyone who is treated for gonorrhea (or any other STDs) make sure that his or her sexual partners are treated as well.
4. Condoms help prevent the spread of sexually transmitted diseases.	FACT: Not only are they an effective method of birth control, they are also effective in preventing STDs.
5. The size of the penis is equivalent to masculinity or virility.	MYTH: The size of the penis either when it is flaccid or erect is no indication of a man's masculinity or ability. Many people prefer their sexual partners to have smaller penises.
6. A girl can get pregnant even if a boy doesn't ejaculate or "come" inside her.	FACT: Even if a boy does not ejaculate inside a girl's vagina, it is still possible that the pre-seminal fluids will contain sperm, therefore a girl can get pregnant.
7. Sexually transmitted diseases can be cured if the infected man has sex with a virgin.	MYTH: STDs require regular medical treatment. By having sex with a virgin or anyone else, one will only pass on the infection.
8. Menstruation is unclean.	MYTH: Menstruation is related to the cycle of life. The uterus prepares itself for growth of the fetus, if and when conception takes place. When this does not occur, the soft, temporary lining of the uterus sheds which results in menstruation.
9. The female determines the sex of a baby.	MYTH: The male genetic material (XY) determines the sex of a baby through either the X (girl) or (boy) chromosome. Female genetic material is only XX.
10. Nocturnal emissions make boys weak.	MYTH: Loss of semen through a "wet dream", masturbation or sexual intercourse is a perfectly normal, harmless thing. It does not make you weak.
11. Masturbation is normal.	FACT: It is a normal sexual activity practiced by both males and females.
12. Homosexuality is abnormal.	MYTH: A homosexual is a person who is attracted to people of the same sex and derives sexual pleasure from them. Both men and women can have such an attraction. At different times in a person's life they may find they are attracted to different kinds of people. At some time in most people's lives they will



	experience some level of attraction to others of the same sex. It is common and should be considered normal.
13. Circumcision increases the sexual power of a man.	MYTH: Circumcision is a procedure by which the loose fold of the foreskin of the penis is cut off. After the operation, intercourse, if it was painful for the male before, becomes painless. It is also easier to keep the penis clean. However there is no change in the sexual pleasure or powers of the man.
14. A drop of semen is equal to 20 drops of blood. Hence the loss of semen weakens the body and should be avoided.	MYTH: Semen has no relationship to blood and its loss causes no weakness to the body. Semen is meant to be released from the body.
15. The vast majority of homosexuals are men.	MYTH: Both men and women can be and are homosexuals. Male homosexuals are more visible simply because society allows men in general to be more open about sex and desire.
16. Most of the women with HIV are prostitutes.	MYTH: Most women with HIV are housewives. The rate of HIV infection in ante-natal clinics in Delhi increased by 100% in 1994 and 400% in 1995. 70-80% of all women is infected by their husbands.
17. Most men who enjoy sex with men are married and have children.	TRUE: Over 90% of male clients who regularly visit male sex workers do not consider themselves to be homosexual or even bi-sexual. The fact that they have a wife and, more importantly, a son confirms their "normalcy". Likewise if the client takes the role of active partner during anal sex he may consider the male sex worker to actual BE a woman. They follow the logic that a woman takes the receptive role in sex, thus anyone who takes the receptive role is a woman.
18. You cannot get infected with HIV form a mosquito.	TRUE: <ol style="list-style-type: none"> <li>1. HIV is the HUMAN Immuno-deficiency Virus. HIV lives within human white blood cells. It cannot survive outside of its host. Thus, as soon as the white blood cells die, HIV dies.</li> <li>2. While blood cells and HIV are destroyed in the highly acidic environment of the Mosquito's stomach.</li> <li>3. Mosquitoes suck in blood for food. They do not inject blood. There is no way that they can inject HIV back into another person. A syringe is used to inject medicine; in the process it could inject droplets of infected blood. Any tiny droplet of blood left on the outside of the mosquito's stinger would be unable to infect. Such a small amount would probably dry very quickly. When blood dried and HIV is exposed to air, the virus dies within a few seconds. Thus even "infected" blood would become harmless. If, somehow, the blood does not dry, it is unlikely that the blood could enter the body. When the mosquito inserts his stinger, the tension of the skin around the stinger would squeeze the blood back off the stinger, and the blood would remain outside the body.</li> </ol>



	<p>4. Mosquitoes do inject their saliva into their victims. Malaria is carried in the saliva and spreads in this way. HIV cannot exist in the mosquito's saliva and, thus, cannot be spread in this way.</p> <p>5. Once reassuring statistical proof that the mosquitoes do not spread HIV, is that demographics of HIV infection the majority of HIV infections happen through sex, it is largely those people within the most sexually active age range who are infected and die of AIDS. Most AIDS deaths occur between the age of 25 and 45. Malaria, on the other hand, affects all people. Very young and very old people are vulnerable to Malaria. Mosquitoes are not interested in the age of their victims. Thus, if mosquitoes could also transmit HIV, HIV prevalence would be as common among the very old as it is among young adults.</p>
19. A man can only become infected with HIV from an infected woman, not if he has sex with an infected man or hijra.	FALSE: The gender of the sexual partner is absolutely irrelevant. HIV transmission can happen whenever the virus from an infected person is able to access the white blood cells of an uninfected person. Both Vaginal and Anal sex are highly dangerous.
20. If you have a STD, having sex with a hijra will cure it.	FALSE: Only proper medical treatment can cure a STD.
21. The chances of infection are 1 in 5 lakhs through a needle stick from a syringe used on an HIV infected person.	TRUE: HIV must enter your body in an unknown number for you to get infected. This is also one of the reasons it is almost impossible to get infected from barber's razor. There has been no known transmission in this way.
22. 85% of people in India who are infected with HIV got it through sex.	TRUE: Although India portrays itself as a "moral country" that does not indulge in premarital and extra marital sex, the statistics for HIV transmission and STD prevalency do not back that up. The government estimates that more than 17 lakh people have been infected with HIV in this way and 4 crore Indians seek treatment at government STD clinics each year.
23. Anal sex has a higher chance of HIV transmission than vaginal sex.	TRUE: Both anal and vaginal sex are unsafe. Both the vagina and the rectum are lined with a mucus membrane through which the virus can pass directly into the blood stream. But, anal sex has a higher chance of transmission because the chances of minor abrasions or tearing is higher.
24. 1 out of every 4 people in the WORLD who have a STD is Indian.	TRUE: 4 crore Indians seek treatment at government STD clinics each year and this is just the tip of the iceberg. Many people choose to seek treatment from private clinics, quacks, or do not seek treatment at all. It is estimated that only 30% of women with STDs seek medical treatment.
25. 1 out of every 10 people with a STD has HIV.	TRUE: The same behaviours which can lead to a STD can lead to HIV transmission if your partner is infected. Furthermore the existence of a STD increases the chances of transmission if exposed to HIV upto 10 fold.



26. 50% of all HIV infections happen between the age of 15 and 25.	TRUE: Young people are experimenting with sex and drug use, but they may not understand the risks of experimentation. Thus early education about reproductive health, sex, sexuality and HIV/AIDS is essential to the safety of our young people.
27. Using a Copper-T for birth control also protects you from HIV.	FALSE: Condoms are the only form of birth control which also offers protection from the sexual transmission of HIV. Use of Copper-T actually increases the rate of transmission.
28. 7 or 8 out of every 10 women who will be infected with HIV will be infected by their husbands.	TRUE: The only risk behaviour the majority of women who are infected will have practiced is having sex with their husbands - their "marital duty". Many people believe that people who are infected with HIV deserve to die. What about these women?
29. One way of knowing you are HIV positive is if you loose more than 10% of your body weight over a period of less than one month for no apparent reason.	FALSE: Although rapid weight loss can be an indication of a weakening immune system and, thus, the presence of HIV, there are many reasons for unexplained weight loss. The only way you can be sure whether you have the virus is to take an HIV test.
30. Frequent scratching in the genital region is a symptom of AIDS.	FALSE
31. Direct stimulation of the prostate gland during anal sex can result in orgasm	TRUE: Not only is this one source of sexual pleasure during anal sex, but the same nerve which carries pleasurable sensations from the penis (or clitoris) reaches the anus.
32. 23% of unmarried males have had sexual contact by the age of 19.	TRUE: But only 6% of unmarried females have had sex by that age. 15% of secondary school girls were found to have been victims of sexual abuse (not necessarily including penetration). Many boys report that their first sexual experience is with an older man. The first time they had sex with a woman almost half had sex with an older married neighbour.
33. A quarter of the clientele of the central red light district in Bombay are below the age of 21.	TRUE: Only 27% of sexually active college students had used condoms. This is related to the statistic that 50% of the daily clientele of 1,200 males in a Bombay STD clinic were between the ages of 15 and 25.
34. It is possible for a woman to get pregnant through anal sex.	FALSE: There is no connection between the digestive tract and the reproductive tract.
35. Having sex with someone of the same sex means you are a homosexual.	FALSE: Homosexuality is a very personal issue. One's self identity is completely a personal choice which has very little to do with sexual behaviours. A male sex worker may have 10 male clients a day, but only be turned on by women. He may not consider himself a homosexual. On the other hand a virgin may feel his attraction to other men very strongly and know he is a homosexual. In India it is most common for men who enjoy sex with other men to not identify with the term homosexual. Human sexual response does not neatly fit into a set of prescribed terms. Each person falls some where along a spectrum of sexual attraction. It is estimated that only 10% of the population is solely attracted to people of the opposite sex. It is estimated that another 10% is solely attracted to people of

	the same sex. All the other 80% fall somewhere in between. Because of the powerful pressures of society, expectations of parents and peers, most of the 80% (and many of the 10% homosexuals) chose to live a predominantly heterosexual lifestyle.
36. The vagina is the primary sexual organ of a woman.	FALSE: The vagina is primarily a reproductive organ. Because of its function as the birthing channel, the vagina has a very low concentration of nerves. In fact, the same tissue, which forms the scrotum of a male embryo, forms the opening to the vagina in a female embryo. (Both males and females share the same genital structure for the first 6 weeks of life). Fewer than 30% of women are ever able to achieve orgasm through vaginal penetration. The clitoris is the primary sexual organ of a woman. It has no other function than to provide sexual pleasure (The clitoris is formed from the same embryonic tissue as the head of the penis).
37. STDs can only be transmitted via the genitals.	FALSE: STDs can be transmitted through anal and oral sex. It is possible to have STD infection in the mouth and rectum.



## **Activity 5 Demographic Silhouette Activity**

### **Objective**

To create awareness of the social, economic, legal and other consequences of HIV epidemic at family level and by extension at the community level.

### **Material**

Silhouette (Cut out figures of the family members)

### **Procedure**

Place the silhouette in different piles according to family members making sure they all have the yellow dot facing up.

Invite participants to select silhouette cards to represent members of an imaginary family of their choice.

When all have made up their imaginary families, using the silhouette cards, ask them to explain the roles the members play in terms of meeting the economic, social, health and other needs of the family. Let this be a lively sharing of ideas about how members contribute to a family's quality of life.

When all have shared ask them to turn the silhouette cards over to expose the other side where some of the cards will reveal a red dot indicating the presence of the virus. Now ask the participants to reflect on and discuss how this new information will affect the family roles discussed earlier and the well being of the family as a whole.

Time permitting invite comments on how a number of such cases would affect the quality of life and economy of the community.

Source: Lyra Srinivasan and ACDIL, Goa.

## **Activity 6 Negotiation for the Use of Condom:**

### **Objective**

To sensitise the participants about the process of negotiation.

### **Material required:**

Vegetables

### **Method**

#### **Role Play: 1 The Market**

Ask one volunteer to come to the front of the group. Places a batch of vegetables in front of the participant and explains she/he has to play a role of buyer. The participant at end needs to succeed in purchasing the vegetables. The facilitator has to play the role of vendor and asks for a ridiculous price. The participant should then engage in some sort of bargaining they proceed until she succeed in buying the vegetables. Ask the rest of the participant, what method the two used to come to a price, how both the vendor and the woman had to change their original offers. Define compromise.

#### **Role Play 2: The Family:**

Create a scene of husband and wife negotiating about the use of condom. The facilitator acts as a husband and the participant as wife. Ask the participant to use some of the negotiating techniques used during the role-play of "The market."

Ask the participants what are some of the techniques used in negotiation.

# Cancers

## Cervical Cancer

### District Level Training Module



2 hours

### Learning Objectives

At the end of the session the participants will learn about:

What is cancer?

Symptoms of cervical cancer

Risk factors of cervical treatment.

Treatment and protection from cervical cancers.

### Design

Time in minutes	Topics	Training methods and Material
30	General information on cancer	Discussion
30	Causes of cervical cancer and who are at risk, and warning signs.	Discussion
30	Treatment of cervical cancer	Discussion and demonstration, Activity 1
30	Social factors leading to delayed diagnosis	Role Play

### Material Required

Model of uterus, Pap test kit, Flip charts, Markers



## **Note for the Trainer**

Welcome the participants.

**You may start the discussion by saying**

*"Dear friends,*

*Cancer is a non communicable disease which is increasing in our country. It is therefore important to know about the same. Today we will learn about cancer especially cervical and breast cancer which are the most common among Indian women."*

- Start the discussion by asking a question whether they are aware about any cancer. Encourage them to talk about whatever they are aware of. Once you know their knowledge base, add critical information on what is cancer and causes of cancer. You may encourage them to share experience of any individual which, they are aware of who has suffered from cancer.
- Now lead the discussion to cervical cancer. Give them information on indirect causes of cervical cancer, who are at risk and the warning signs.
- Regular screening and treatment of cervical cancer is the important topic of discussion. Especially focus needs to lay on Pap test. With the help of the Pap test kit, and the uterus model demonstrate the procedure of Pap test. Please refer Activity - 1. Focus that Pap test is quick and painless procedure and is also inexpensive.
- You may end the session by encouraging participants to perform a role play focusing the economic and socio cultural aspects linked to or leading to delayed diagnosis.

## Points to be Remembered by the Participants

### What is Cancer?

Our body is made up of numerous cells. These cells grow regularly to repair the daily wear and tear of our body. The cells also grow during wound healing. Usually this growth is systematic and controlled. When the growth of such cells gets out of control, it forms a lump. This growth of normal cells is localized. It is known as a tumor (benign tumor).

Some time, abnormal cells are produced during cell division. These cells grow abnormally and they are not under body's control. They form a lump, which also spread to nearby tissues. They harm the other cells and spread to other organs through blood and lymph. Such a lump is called lump of cancer.

It is important to note that a localized lump is not always benign and the lump at many places is not always malignant.

When cancer is detected early, it can often be removed by surgery or treatment with medicines or radiation and the chances of it being cured may be fairly good. Once cancer spreads, however, cure it is more difficult and eventually it becomes impossible.

Cancers of cervix and breast is common among women and other cancers which is common among both men and women are cancer of lung, colon, esophagus, stomach and mouth and throat.

### Causes of Cancer

The direct cause of cancer is not known. The following things may make a person more prone to cancers.

- Smoking or chewing tobacco
- Certain viral infections like hepatitis B or genital warts
- Incorrect use of hormones .
- Chronic infection
- Prolonged exposure to un rays/ high temperature
- Radiation including Ultraviolet radiation
- Prolonged trauma/irritation
- Some cancers to a some extent may be hereditary eg. Breast cancer

### Healthy living can prevent many cancers.

Eat nutritious foods and avoid smoking and chewing of tobacco, protect yourself from sexually transmitted diseases. Also avoid harmful chemicals at home and at the workplace.

### Cancer of cervix

Cancer of the Cervix is the most common cancer among Indian women. Cancer of the cervix starts in cervix and in later stages may spread to vagina, womb and to other parts of the body. Cancer of cervix is a slow growing disease. It may take years in pre-malignant stage.



### **Common signs for the cancer of cervix**

- Abnormal bleeding from vagina, irregular menstruation from vagina, the colour may be brown or dark brown in colour or water discharge tinged with blood including bleeding after sex.
- Bleeding from vagina after menopause
- A pinkish or bad smelling discharge, or a bad smell from vagina
- In very advanced cases, signs may include pain when passing urine, or pain in the legs, lower belly or back.

### **Some facts of cancer of cervix**

- A greater risk for women older than 35 years, compared to than it is for younger women
- Cured easily if it is detected early
- Painless in its early stages
- Slow growing. It usually takes about several years to become advanced
- Often not detected until it has spread. it is more difficult to cure in advanced stage.

### **Risk factors for cancer of the cervix**

Women are more likely to get cancer of the cervix if they-

- became sexually active within only a few years of starting their monthly bleeding and has given birth in younger age
- has had Sexually Transmitted Disease in the past
- does not keep cleanliness of their private parts
- have had viral infections such as genital warts
- have had many pregnancies

### **Reducing Deaths Due to Cancer of Cervix**

Many deaths from cancer of the cervix could be prevented. Early detection of cancer of the cervix is usually possible using Pap Test. This is a simple painless test, using a few cells taken from a women's cervix, which are then put on a slide and looked a under a microscope for abnormalities.

It is suggested that -

Preferably after 35 years of age, every 3 years Pap test needs to be performed. In places where it is not possible, women should try to get a Pap test done every 5 years. Pap test is not expensive. It can be easily done at public and private

### **Warning Signs**

There are usually no outward signs of cancer of the cervix until it has spread and is more difficult to treat.

Abnormal bleeding from the vagina, including bleeding after sex, or an abnormal discharge or bad smell from the vagina can all be signs of a serious problem, including advanced cancer of the cervix.



## **Finding and treating cancer of the cervix**

### **The Pap test**

The most common test is the Pap test. It is quick and simple procedure. For this test, doctor needs to scrape some cells from the cervix (this is not painful) during a pelvic exam and sends them to a laboratory to be examined with a microscope. The result of the test may takes few days.

- Pap test is not done during menstrual period
- Pap test should not be done within 48 hours of insertion of vaginal tablet
- Do not use savlon or any other cream
- Pap test should not be repeated earlier than six months

To detect cancer of the cervix early enough to treat it simply and successfully, woman should be tested at least every 3 years. In places where this is not possible, woman should try to get tested at least every 5 years, especially all sexually active women over 35.

### **Visual inspection**

A new, low-cost method of screening women for cancer of the cervix uses a vinegar solution (acetic acid) which is painted on the cervix, and turns abnormal tissue white. The cervix is examined, sometimes with the aid of a small lens that makes it easier to see. If a woman has abnormal tissue, she may need other confirmatory tests or treatment.

Other tests used to find cancer

- **Biopsy.** A piece of tissue is taken from the cervix and sent to a laboratory to be examined for cancer cells.
- **Colposcopy.** This tool, available in some hospitals, magnifies the cervix (makes it look bigger) so it is easier to see signs of cancer.

## **Social Factors Affecting Early Diagnosis of Cancer of Cervix**

It is a well known reality that Indian women usually do not talk about their gynecological illnesses till it becomes absolutely intolerable. It experienced by the clinicians and the health activist that due to culture of silence women ignores vaginal discharge and does not contact the doctor on time. Similarly the discharge due to cancer of cervix also get ignored. This leads to delayed diagnosis. It is observed that usually the women reaches the to cancer specialist at third stage of the disease.

It is important to create awareness on signs and symptoms of cancer of cervix. The information will help women to diagnose cervical cancer early. Along with information over all development of women is equally important. It observed that even informed women might not diagnose cancer on time due to low self-esteem, economic independence and lack of mobility.

## **Activity 1 Demonstration on Pap test**

### **Objective**

To demonstrate Pap test so as to inform them about its simplicity and encourage them to get it done regularly.

### **Material Required**

Pap test Kit and model of uterus

- Gloves
- Speculum
- Torch
- Spatula
- Glass Slide
- Fixative

### **Method**

Wear the gloves. Insert the speculum in vagina and pull it gently downwards. Then get a good look at the cervix with the aid of light of the torch. Turn the spatula in the full circle for 360 to collect the smear from the cervix. It is important to explain that all these items need to be appropriately sterilized.

Spread the smear on the smooth surface of glass slide. Immediately put some fixative on the smear and allow to dry.

### **Please focus on following points:**

- This is a painless procedure
- Do not feel shy.
- It is a quick procedure.

Note: This activity is to be done by a properly trained health care provider. The pap test kit must be available at the PHC

# Cancers

## Breast Cancer and Common Tobacco Related Cancers

### District Level Training Module



2 hours 30 mints

### Learning Objectives

At the end of the session the participants will learn about:

- what is breast cancer?
- causes of breast cancer
- who all are more at risk?
- treatment and protection and early diagnosis from breast cancer?

### Design

Time in minutes	Topics	Methods
30	General information on breast cancer	Discussion
15	Causes of breast cancer	Discussion
15	Who all are more at risk?	Discussion
30	Protection against breast cancer, breast self examination	Discussion – Activity 1
15	Treatment of breast cancer	Discussion
30	Access to health care for breast cancer	Activity 2- Case study
15	Oral Cancer	Discussion

### Material Required

Flip charts, Marker pens, transfer the pages of breast self-examination on transparencies.



## **Note for the Trainers**

Breast cancer is increasing in our country especially in the urban areas. It is important that we have the information on the topic, so as to be able to take correct decision at the right time. [Since this is a technical topic it is not possible to use different participatory activities. We will have to rely on the lecture method.]

### **You may start the session by saying-**

*"Dear friends,*

*We already know what is cancer and cervical cancer. Today we will discuss about breast cancer. Are you aware about the symptoms of breast cancer?"*

- You could wait for their answers. Note down their answers. They may be incorrect also. You may give the correct answers and enrich the information.
- Discuss who are more at risk of breast cancer. It is important to focus that women with risk factors may not always develop breast cancer. If you do not discuss this, it may lead to unnecessary fear among women.
- Once the participants have clarity on the above mentioned topics lead the discussion towards the treatment of breast cancer. Very briefly give them the information and discuss its side effects.
- For early detection from breast cancer focus on breast self-examination. You may organize a demonstration or explain it through the pictures given herewith.
- End the session by discussing the social factors affecting poor access to health care. You can discuss this by introducing the case study given in Activity 1. You may read the case study and ask questions given along with it. You may ask them to perform a role-play. Through this exercise you can focus factors affecting late diagnosis of cancer. Also tie up the discussion how it affects access to other diseases.
- At the end of the session briefly discuss about common tobacco related cancer especially oral cancer and lung cancer. You may start the discussion by asking them to describe the symptoms of oral or lung cancer based on their knowledge.

## Points to be Remembered by the Participants

### What is Breast Cancer?

Breast cancer is increasing all over the world. It is increasing in our country too especially in the urban areas. The common manifestations of breast cancer are

- Hard, painless lump, which sometimes may be soft.
- Change in size or shape of breast.
- Change in colour or feel of the skin of the breast or nipple (dimpled or puckered)
- Red secretion from nipple, at times it may be yellow.

Some of the common wrong beliefs are that breast cancer is caused by:

- Injury to the breast
- Injury to the breast caused by infant's head
- Breast-feeding for a long time
- Wearing a tight bra
- Having large breasts
- Using scented soap
- Having more children
- Sin of a previous life

### Risk Factors

The exact causes of breast cancer are not yet known, but some risk factors are known to increase the chances of getting breast cancer. The women who

- are more than 50 years old.
- has had cancer in one breast.
- has more than one close relative (mother or sister) who has breast cancer.
- has delivered their first child after the age of 30
- has not had any children, or has not breast-fed their children
- consumes a high fat diet, or an unbalanced diet
- Stressful life

### Special Note:

- All women with the risk factors mentioned above may not always develop breast cancer.
- Women not having any risk factor can get breast cancer. In fact among women having breast cancer only 30% have risk factors.

## Protection against Breast Cancer

### Lifestyle

Change in a life style will be helpful in many ways. It may protect woman from breast cancer.

- Eat a variety of fiber rich seasonal foods
- Eat more cereals, pulses, raw vegetables and fresh fruits like carrots (Gajar), beetroot, gooseberries (Amal), spinach (palak), fenugreek (methi) leaves, etc.



- Choose a diet that is low in fat
- Maintain your body weight with regular exercise and a balanced diet
- Avoid tobacco and alcohol
- Be alert and keep mentally peaceful with yoga and meditation

### Early Diagnosis

Women need to do regular breast self-examination from the time they reach 20 years.

After the age of 50 years, it is recommended to have a mammography (x-ray of the breast) regularly in case of high risk women.

If lump is located in the breast, the doctor may recommends to go for further test. Many tests are available to diagnose a breast lump: mammography, sonography (getting an image of the breast using sound waves) and biopsy (a surgeon removes all or part of a lump with a needle or a knife and has it tested for cancer in a laboratory). Usually mammography is suggested first other investigations may be required depending on the extent of disease based on clinical examination.

### **Treatment**

There are different ways of treating breast cancer, which are decided depending on age, health and the extent of disease. Many times, a doctor suggests more than one therapy.

- surgery
- radiation
- chemotherapy (treatment through drugs)
- hormonal therapy (Sometimes the female hormone estrogen helps the growth of cancer. Hormonal therapy by anti estrogen like tamoxifen prevents this effect.)

### Side effects of chemotherapy.

During the treatment of breast cancer, healthy cells are also destroyed with the cancer cells. It is impossible to destroy only cancer cells. This causes certain side effects like anaemia, loss of weight, weakness excessive hair loss, indigestion, etc. It is natural that persons taking similar treatment may experience different side effects. Also, different treatments have different side effects. Please note that majorities of these side effects are usually temporary and they disappear after the treatment is completed.

### **Common Tobacco Related Cancers**

Tobacco consumption, chewing and smoking, is increasing in India. Tobacco can lead to head and neck cancers, lung cancer and esophagus (food pipe) cancer. More than 50% of all the cancers in men are tobacco related cancers. The death rate of these cancers is high in India.

Chewing tobacco, raw and Gutka leads to fibrosis in mouth leading to inability to open the mouth. It can also lead to white and red patches in mouth.



**Common symptoms of the oral cancer are**

- Pain in throat
- Non healing ulcer
- Difficulty in speaking
- Difficulty and painful swallowing
- Change of Voice
- Swelling or tumour in neck

The diagnosis is obtained with biopsy of the ulcer or swelling in neck. The treatment includes surgery, radiation and chemotherapy.

**Common symptoms of lung cancer are**

- Dry cough
- Loss of appetite
- Weight loss
- Blood in sputum
- Pain in chest

**Prevention**

- Avoid habit of chewing and smoking tobacco
- Avoid passive smoking
- If someone is smoking and chewing tobacco in that case it is assume that stopping the use of tobacco; chewing or smoking reduces the risk of developing the cancer over the years. After stopping the use of tobacco, the consumption of vit. A rich food may help in reducing the risk of tobacco related cancers.

**Useful Learning Material**

Information booklet on breast cancer, CHETNA, Lilavati Lalbhai's Bungalow, Civil Camp Road, Shahibag, Ahmedabad 38004, Gujarat. Languages, Hindi, Gujarat, English

## Activity 1

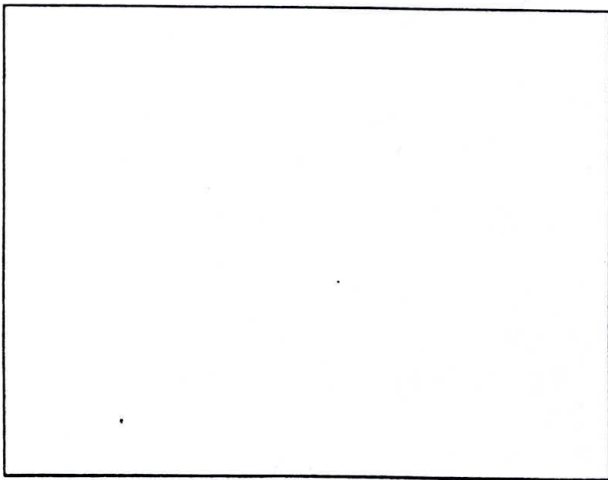
### How to Perform Breast Self-examination

Regular self-examination of breast will help to locate and detect lump in breast early.

#### Observation of Breast

A mirror is necessary to look at the breast. You need a mirror of at least a size 45 cm. x 45 cm.

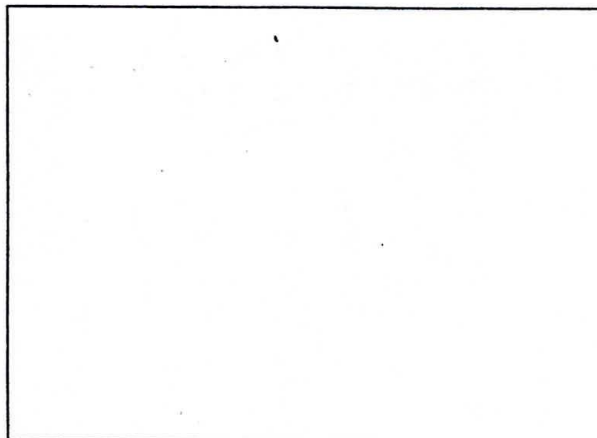
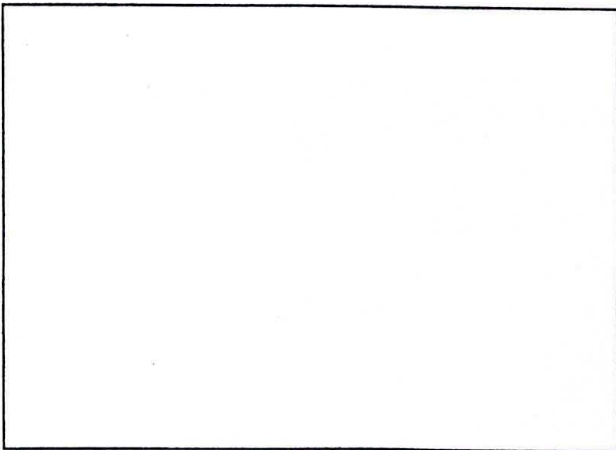
Stand in front of a mirror. Let your arms hang by the side of your body. Observe your breasts from the front and from both the sides.



Has there been any change in size and shape?

Is there any redness or puckery skin on the breast?

Is there any discharge from the nipple?

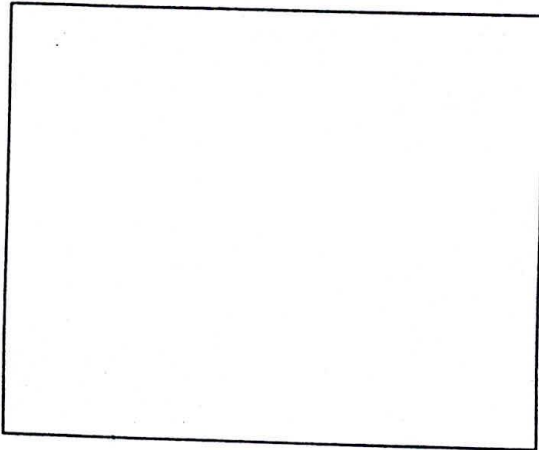


Now lift your hands above your head. If there is a lump, the skin may be puckered. It may look like the peel of an orange.

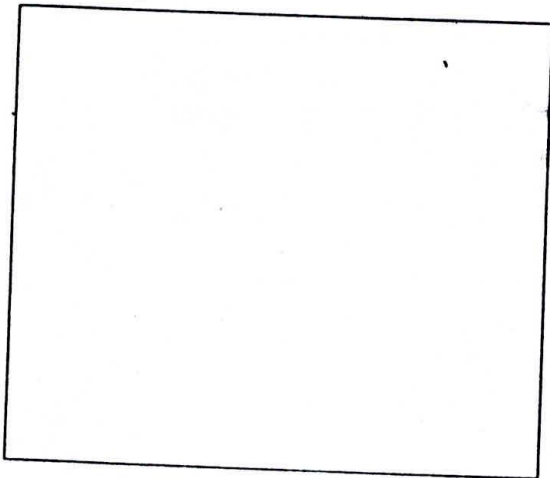
Bring your hands to the level of your nose, as shown in the figure, and make a gesture like 'namaste'. Squeeze your palms together.

During both these positions, observe changes in the breast and armpit.

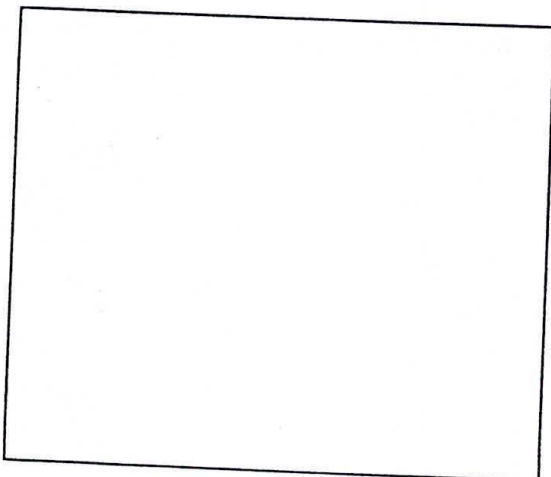
Examination by Hands



It is important to examine both the breasts with your hand. Use the right hand to examine the left breast, and the left hand to examine the right breast. Hold the thumb and fingers together. Keep the fingers straight so that the hand remains flat. Feel for any hard or thick lump in your breast.

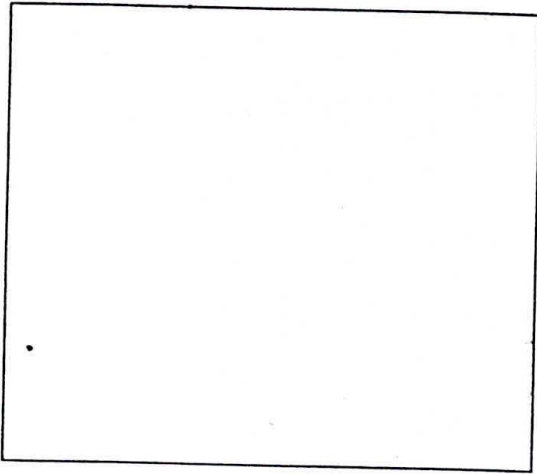


Start examining the breast from the outer most area. Feel around the breast in a circular movement.

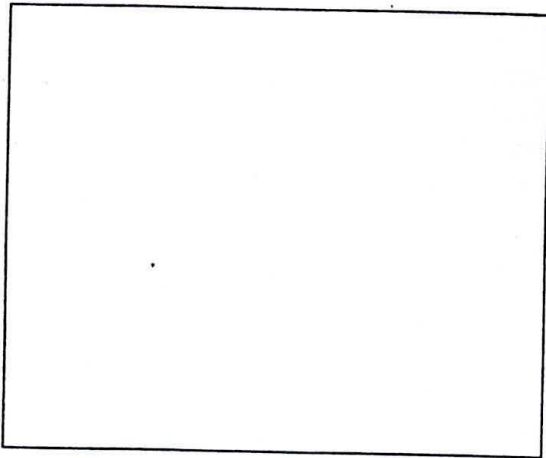


Make a small circle all the way around your breast.

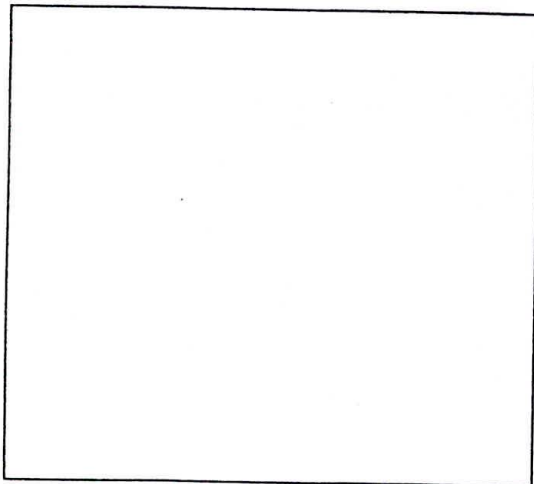




Bend your wrist to check your armpit.

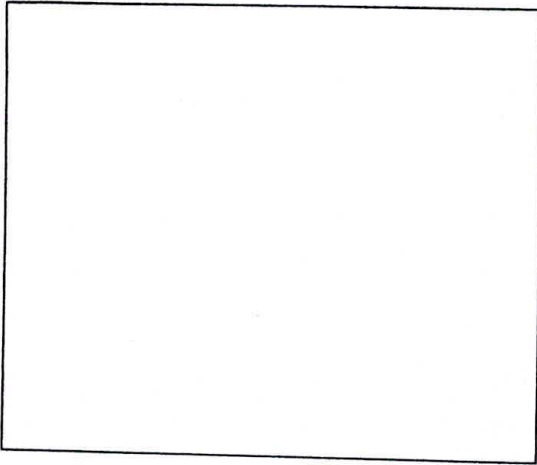


Once you complete checking the outer circle, shift your hand slightly towards the nipple and go around the breast again.

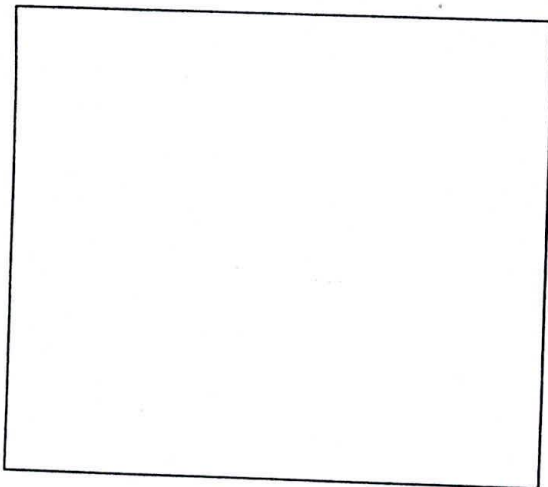


Keep moving towards the nipple. Do not forget to check the nipple. As shown in the figure, press your hand against the nipple and check for hardness.

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Press the nipple between your thumb and finger and look for discharge.



You can examine the breast while lying down. Before going to sleep, lie down on a hard surface. Keep your right hand below your head and use your left hand to examine the right breast as explained above.

Then change hands and examine the left breast.

**Remember**

- Always examine both the breasts.
- Check every part of the breast while examining. Always keep your hand in constant contact with breast. Do not lift the hand from the breast. Give equal pressure on every part of the breast.
- Bend your wrist to feel under the armpit.
- Never conduct breast self-examination while wearing your clothes.

**Please Note:**

You may transfer these pages on transparency and show it to participants with the help of overhead projector. You may prefer to conduct a demonstration. If you demonstrate breast self examination wearing cloths, it is extremely important that you explain to them that in reality they have to perform it without clothing. The best time for that is just before taking bath.

## **Activity 1 Case Study**

### **Hope After Breast Cancer**

Ratan - 50 years old woman who had Breast Cancer, Graduate.

"At the age of 31 I had two children, the eldest 5 years and the youngest just 6 months old (who passed way at the age of 6 in an accident). I was away with my children on a vacation. I was relaxed. While taking a bath I noticed a lump on my breast. I thought it might be due to breast-feeding.

When I returned home I got busy with my house hold work and I forgot about the lump. Finally, after a couple of months I talked about it to my mother. She also felt that it might be due to breast-feeding. Even after the breast-feeding stopped, the tumor did not go. I discussed it with my husband who said he does not understand such matters. I went for a check up. I discovered that the tumor was that of cancer. I told my husband about it. He came to doctor to discuss about the treatment. I needed to be operated. I went through surgery and chemotherapy.

After the surgery my breast was removed. For years I was conscious and had a constant fear of the deformation and if I felt someone's eye on my breasts, I thought that they had noticed that I had only one breast. My dressing style has changed. I could not wear low necks or sleeveless tops. I found myself wearing loose long skirts and baggy T-shirts.

I went through a marital crisis. I took divorce from my husband. Fortunately, I did find true love with one man and my fears are gone forever. For a woman going through breast surgery, it is very important to get the utmost support from their near and dear ones; nothing heals better or faster.

Today I am confident and feel whole again, thanks to the support of my family, friends and this one man. I would like to end this testimony by sharing with you a funny question my younger daughter asked me. She said Mummy, when I grow up will I also have one breast?"

### **Ask Following Questions**

- Why did Ratan ignore the lump in breast?
- What were the reasons for delayed diagnosis of breast cancer in case of Ratan?
- What kind of constraints Ratan faced due to breast cancer?
- If you were in the place of Ratan would you have behaved differently? Why?

Please Note: You may read this case study and ask the given questions. Or let them read the case study and perform a role-play.





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