

Project Report

on

**Training Support For Auxiliary Nurse Midwives  
(ANMs) in the states of  
Madhya Pradesh and Maharashtra**

Seema Deodhar

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**The Foundation for Research in Community Health**

**1998**

The Foundation for Research in Community Health (FRCH) was established in 1975. It is a non-profit, voluntary organisation which carries out research and conducts field studies primarily in rural areas to gain a better understanding of the problems of health and health care of the majority of our people who live in villages and slums and who do not receive any meaningful form of health care.

With its staff from various disciplines - doctors, social scientists, specialists in management, documentation and economics - FRCH conducts grassroots field studies as well as conceptual studies and is trying to determine the reasons for the failure in our country's health care system. It is also attempting to evolve cost effective alternative strategies which can be utilised on a countrywide scale.

Experiments with new approaches like the training of semi-literate village women as in the Mandwa and Parinche Project have demonstrated that the majority of our health and sickness problems can be effectively tackled by the people themselves.

FRCH's larger aim is to create a people's health movement by demystifying medicine and increasing public awareness.



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**Project Period :** 1st October 1993 to 31st March 1998

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**COMPLETION REPORT  
MINOR PROJECT**

1.	<b>Organisation</b> Please state name of organisation	:	Foundation for Research in Community Health
2.	<b>Project title</b>	:	Training Support for ANMs, Madhya Pradesh and Maharashtra
3.	<b>Country</b>	:	India
4.	<b>Project period</b> Start (day/month/year)	:	1st Oct. 1993 - 31st March, 1998
5.	<b>Indicators for goals</b>  Please state the indicators as they were given in the application form together with the obtained goals.	:	Ongoing documentation, Concurrent evaluation, Journal and Manuals in two language and 4 Manuals
6.	<b>Results</b>	:	4 Manuals, 37 issues of Aayushi in Marathi and Hindi, 6 work shops
7.	<b>Total project costs</b>  Please state costs in DKK	:	Rs. 7.400.00  DKK 1.480.000
8.	<b>Danida's contribution to the project</b>  Please state the size of Danida's contriubution in DKK	:	Rs. 7.400.00  DKK 1.480.000
9.	<b>Other sources of financing</b>  Please indicate other sources of financing incl. the organisation who applies and also the size of these contributions (i DKK)	:	Nil
10.	<b>Purchases in Denmark</b>  Please state an indication for how many DKK from Danida were used for purchase of goods and service contri- butions in Denmark.	:	Nil

<p><b>11. Target group and sex</b> :</p> <p>How many men, women (boys/girls) have been profiting from the project?  Were there activities that mostly favoured the long ranging needs of women? If yes, please describe.</p>	<p>Directly, 15,000 women who will be serving 3.75 crores of women in rural India.</p>
<p><b>12. Environment</b> :</p> <p>Has the project had or is it expected to have environmental consequences - positive or negative ? If yes, please describe.</p>	<p>No direct environmental consequences</p>
<p><b>13. Project implementation</b> :</p>	<p>Feed back surveys, workshops.  Timely Funding, satisfactory remuneration to authors ensuring timely and quality contribution.</p>

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1. Basic Project Data

<b>Title of the Project</b>	:	Training Support For ANMs in the states of Madhya Pradesh and Maharashtra
<b>Sector</b>	:	<b>HEALTH</b>
<b>Project Area</b>	:	Madhya Pradesh and Maharashtra
<b>Responsible Authority on recipient side</b>	:	Dr. N. H. ANTIA Director, FRCH
<b>Funded by</b>	:	DANIDA
<b>Date of agreement</b>	:	1st October, 1993
<b>Project Period</b>	:	1st October 1993 to 31st March 1998
<b>Objectives</b>	:	<p>To provide the ANMs in the states of Madhya Pradesh and Maharashtra with training inputs so that they can deal more confidently and competently with the technical, administrative and social problems in their day to day functioning.</p> <p>To provide ANMs with relevant technical, administrative and social information on a regular basis in the form of a contact programme in continuing education and training of ANMs.</p> <p>To develop training modules for improving the quality of basic and in-service training of ANMs through the training teams and MPW training institutions.</p>

## **BACKGROUND**

### **Introduction**

During the pre-independence days, the services of nurses, midwives and health visitors were only available at hospitals. After independence, the government realised that there was a need for special functionaries to provide primary health services at the grassroot levels, especially in rural India. Thus the Auxiliary Nurse Midwife came into existence as a special functionary to provide health services in rural areas.

An Auxiliary Nurse Midwife (ANM) can be defined as someone trained in the various aspects of health care, whose responsibilities are defined by the tasks to be performed rather than by traditional professional roles (WHO, 1961). The second five- year plan described the task of an auxiliary worker as supplementing the contribution made by doctors and other highly trained personnel for promotive, preventive and curative health activities in their various branches. (GOI, 1956 : 54)

### **Functions of ANMs**

The duties of ANMs are varied. The functions that ANMs are expected to perform at present include, in order of priority

- Implementing the Maternal and Child Health Programme;
- Motivating and handling Family Planning;
- Referring cases for medical termination of pregnancy;

- Conducting immunisation camps;
- Carrying out nutrition programmes;
- Giving treatment and taking part in all activities related to the prevention of communicable diseases programmes;
- Collecting & maintaining vital statistics, recording births and deaths in their area;
- Maintaining ante-natal and postnatal records of mothers, record of children below five years of age and of couples eligible for Family Planning etc.;
- Providing Primary medical care to a population of about five thousand residing in villages and hamlets under the jurisdiction of the Sub-centre; and
- Participating in all the Primary Health Centre activities.

The job responsibilities of ANMs affirm and imply that they are the key workers in the health care delivery system. A heavy responsibility thus rests on them.

### **Training of ANMs**

ANMs are regarded as the first contact between people and the public health system for health care. Keeping in view the important role they play, a basic job-oriented training and continuing education are essential.

A wide variety of subjects are taught to ANMs in their eighteen months of training. Within this short period, they are expected to gain primary



knowledge in anatomy & physiology, fundamentals of nursing, community health, sociology, psychology, family health, health education, nutrition, basic medicine & pharmacology, obstetrics and child health. In some aspects, the content and focus of training is not in keeping with the job they are expected to do. For example, forty hours of training are used up by lectures in theoretical nursing, the content of which is largely related to hospital work such as admission and discharge of patients, and care to be provided. This is largely irrelevant to ANMs, who rarely encounter such a situation in the field. Thus there is a mismatch between the training content and the field requirement. The practical experience includes hospital and rural training. Even here, hospital-based training predominates over village-based field work. During the 78 weeks of training, a trainee spends only 24 weeks in rural areas, which amounts to only 33% of the training period.

One of the major responsibilities of ANMs is to assess signs and symptoms of illness, make a primary diagnosis and treat patients, or refer them to doctors depending on the seriousness of their condition. However, during their rural training, the diagnosis and treatment are prescribed by the Doctor/ Intern / Compounder and the ANM only gets to hand out the medicines.

In the course of their field placements, they are expected to gain experience in pre-natal and post-natal examinations of twenty deliveries on their own. Looking at the complex nature of child birth, twenty cases hardly qualify an ANM to handle all situations which may crop up during childbirth. In practice, considering the short period of rural posting for each trainee, it is difficult to get to conduct even

these stipulated 20 deliveries. Before 1985 the focus was on midwifery training, which lasted for one year. Due to a change in the syllabus, the focus on midwifery training has now been reduced, leaving the ANMs ill-equipped for even this important task.

Various social circumstances of the ANMs, such as solitary living at the sub-centre, irregular hours of work and the prevalent social attitudes towards single women, render them vulnerable to sexual exploitation. Unfortunately, many ANMs are not prepared to tackle these real life difficulties which they may have to face. It should be an integral part of their training to make them aware of the law and other social agencies which can help them in the case of any form of sexual harrassment, overt or covert.

There are few in-service education programmes, if any, besides those that concern Family Planning. As a part of continuing education, apart from medical knowledge, ANMs should also be oriented to various social issues and women's issues. Keeping in view the need for such continuing education, the project was conceptualised with the following three specific objectives :

1. To provide ANMs in the states of Madhya Pradesh and Maharashtra with information to help them deal more confidently and competently with the technical, administrative and social problems in their day-to-day functioning.
2. To provide ANMs with relevant technical, administrative and social information on a regular basis.
3. To develop training modules for improving the quality of basic and in-service training of ANMs.

### **The project has resulted in the following publications**

1. A monthly journal 'Aayushi' for ANMs in Hindi and Marathi (36 and 38 issues, respectively)
2. Basic training module for the initial training course of ANMs. (*Disha*)
3. Reference Manual of 400 pages for ANMs.
4. Continuing Education and Training Modules for ANMs. The names are *Dua*, *Madhyam* and *Disha*

### **Review**

#### **Note on Current Health Journals**

Before beginning the actual work on the Aayushi journal, a rapid assessment of the then existing health journals was done in order to pinpoint and incorporate their strengths. The language used in the current health journals was generally English. Except for the medical journals, health journals in English generally combined cosmetic issues with health issues, thus serving only the urban society.

There were four major Health Journals being published in Marathi. Two of them were published by doctors, one by the state government and the other by a Christian organisation.

The journal published by the state government contained articles on preventive aspects of health and articles on increasing awareness of health workers about various disease conditions. The staff of Primary health centres usually contributed by way of articles, poems etc. The language used was simple. The readership was high as the journals were usually read by the entire staff of the primary health centre.

The journal published by the Christian organisation related health to a wider perspective

such as life-styles, making health the responsibility of the people too. The quality of paper used was good : the imprints of the diagrams or photographs were not see - through, thus making reading easy and pleasant. The cover page usually depicted a contemporary theme in an attractive manner.

The journals published by doctors provided information on disease conditions and diagnostic or surgical techniques which would have otherwise remained unknown to most people. The line diagrams used to depict anatomy and physiology were satisfactory.

Though each had its strong points, the four journals had certain common weaknesses.

(1) All of them tended to look at health as an individual responsibility. For example, the government journal focussed on preventive aspects, such as kitchen gardens, latrines, contraception, soakage pits etc.

The journal produced by the Christian organisation focused on dietary practices, relaxation and mental and spiritual health which could be achieved at the individual level.

The two journals published by doctors looked at illness or diseases through symptomology and advised seeking medical help as soon as possible; preventive aspects were rarely discussed.

None of the above journals focused on health as a community responsibility as well.

(2) The journals followed a top-down approach stating what needed to be done to achieve good health. None of them actually made readers



participate in any issues. If at all the readers contributed, it would be with regard to aspects regarding the health education only.

(3) Except for the government journal, the other three journals had an urban-biased approach.

(4) All journals reflected the male viewpoint. None of them addressed the low status of women and their heavy work load, as related to their poor health.

(5) The two journals published by doctors as well as the Christian journal did address some issues on plural systems of medicine, but none in the nature of a debate or as information on when to seek help from these systems. The government journal gave information on herbal treatment but concentrated more on the description of plants. Rarely were home remedies given due importance.

(6) None of them addressed health services or made a critique of the existing system.

### **Approach of our Publication**

After some long discussions, our group decided upon the following approach for our publication :

1) Health would be addressed in the widest aspect possible, relating it to existing socio-economic, cultural and political factors.

2) A disease or illness condition would be explained through the socio-economic paradigm instead of through the use of a medical model alone.

3) Having rejected the top-down approach, we would adopt an approach where mutual sharing of knowledge and experience was possible.

4) We would lay emphasis on women's issues, which have a bearing on their health. The journal would not necessarily reflect a feminist ideology, but rather a concern for involving the entire community.

5) Emphasis on home remedies and danger signals calling for medical help would be stressed in the journal.

6) A Reader-friendly approach and attractive layout: The information provided at the grassroot level compromises on paper quality, layout etc. and the content is not sensitive to the interest of readers.

7) Non-target approach : It was decided that the journal would not support the target-oriented approach adopted by the Government and would also criticise it. The journal would moreover, encourage a 'bottom-up' participatory approach.

Thus, we decided to overcome all these barriers, within the framework of FRCH's basic philosophy.

□□

## PROVIDING INFORMATION

### OBJECTIVE 1

*To provide the ANMs in the states of Madhya Pradesh and Maharashtra with training inputs so that they can deal more confidently and competently with the technical, administrative and social problems in their day to day functioning.*

We had to redefine the above objective as the role of media lies in creating awareness. To develop a change in confidence level requires complex psychological tests, while measuring competence requires close interaction with the target group, both of which were not possible within the given resources and time of this project. Hence we have redefined our objective.

#### The redefined objective :

*To provide the ANMs in states of Maharashtra and Madhya Pradesh with information regarding technical, administrative and social problems, on a regular basis.*

To achieve the above - stated objective, it was decided to publish a monthly journal of 16 pages.

### ACTIVITIES CARRIED OUT

#### A. Production of the Journal

The project commenced in November 1993. Before the actual work started, discussions were carried out among the project staff, other FRCH colleagues as well as outside experts on the various issues of the project. The outcome of these

discussions are presented here in brief.

Title of the Journal : We wished the title of our journal to be appropriate yet distinct. After collecting a list of names from various sources, we decided on the name 'Aayushi' - which literally means 'one who provides life'.

One of the dilemmas was whether to consider it a journal or a monthly magazine. A journal is defined in the dictionary as a serious magazine usually produced by a specialist society.

A magazine is defined as a sort of book with a paper cover and usually large pages which contains written articles, photographs and advertisements usually on a special subject or for a certain group of people and which is printed or sold every week or month.

Our publication was to include two sections: one which would provide ANMs with technical information related to common disease conditions, contraceptives, women's and children's health problems and how to manage them, public health issues, health care delivery, home remedies and so on. This section was to be in a simple language with illustrations and line diagrams, photographs etc. The other section was to deal with real life case studies of ANMs, short stories on women's lives and their predicament in the present society, commentaries on social issues, communication from ANMs and other health workers, etc.

As our publication included features both of a journal as well as a magazine, we decided to



consider it a journal for ANMs - 'Aayushi'

Size of the Journal : It was decided to have the journal in A4 size, keeping in mind the following criteria :

- \* Reduction in wastage of paper
- \* Adequate space to display matter and related tables, etc. in readable font size. The number of pages decided were sixteen including both the manual as well as magazine section.

It was felt that a page length of sixteen pages would be sufficient for ANMs to go through in a month, keeping in view :

- \* the spare time they had;
- \* Their reading habits - many of the ANMs are the first educated generation of women in their family. Thus reading habits would not be developed to a great extent. In the context of the ANMs' low educational status, a mixture of technical and social information would be appreciated.

Our first concern was that the journal should not be intimidating in appearance and not be too heavily academic. In order to achieve the objective we took extra care to design the layout with the help of a professional.

The cover was made simple yet attractive, conveying a message that it was directed at rural women and children.

Paper Selected : There are three main types of paper used for such journals :

- 1) Cream-wove 2) Art paper 3) Maplitho

Cream-wove paper has a loose weave and therefore is used only when there is running text matter. If photos or line-diagrams have to be printed

it leaves an impression on the reverse of the paper.

Art paper is expensive and weighs more and thus further increases the cost of transport or postage.

Maplitho paper has a closer weave and thus it is usually used in textbooks or journals pertaining to geography, technology and science which contains diagrams.

Maplitho paper is available in the 56 GSM to 140 GSM. (Grams per square meter).

Maplitho paper below 80 GSM is too thin and see through : Maplitho paper of higher than 80 GSM would have been of better quality but the weight of paper increases the cost of the postage. It is not readily available in the market either.

Thus after discussion with our printer, we decided to use 80 GSM Maplitho paper quality on account of its :

- \* Easy availability;
- \* Cost-effectiveness; both in the cost of paper as well as postage.

Layout : It was decided that the journal will have two sections : (i) Manual, (ii) Magazine, and this called for a special layout. The magazine section, as the name suggests was to contain stories, poems and articles on social issues.

The manual section was distinguished by using natural shade paper. The manual section was intended to be pulled out and kept together in a file which could later be used as a reference manual. For these reasons, the manual section was punched and perforated, facilitating its being pulled out easily and filed. The pages in the manual section were numbered continuously so that the index of articles in it could provide ANMs with a guide for the use of the manual.



Special Diwali Issue : In Maharashtra, there is a tradition of publishing special Diwali issues of magazines. Such issues are colorful and are preserved by the family members for a long time and read by most members of the family. We also kept to this tradition and published special Diwali issues during the three years of the project.

Layout of the Hindi Journal : Hindi language is more long-winded, as compared to Marathi. Thus, the layout had to be adjusted to fit within the sixteen page format.

Columns : The magazine section contained pages with three columns to accommodate the art work, while the manual section contained pages with two columns. Two columns were selected for the manual section, since the text matter running for the length of the entire page in a single column tires the eyes, by not providing a resting space.

#### Specimen of a page with 2 columns

Needed : A Give and Take

### Local Health Perceptions and Practices

Seema Deodhar

In the course of our training project at Parinche, our *tais* (local women trainees) had the opportunity to interact with other local people and gain an insight into their understanding of various diseases.

#### Specimen of a page with 3 columns

Needed : A Give and Take

### Local Health Perceptions and Practices

Seema Deodhar

In the course of our training project at Parinche, our *tais* (local women trainees) had the opportunity to interact with other local people and gain an insight into their understanding of various diseases, the indigenous remedies for these diseases, their preferred health care providers etc.

On the other hand, three columns make it difficult to print graphs or technical line diagrams.

Selection of Fonts, Size and leading : Presently, there are about 100 different kinds of fonts available on the computers for Devnagari. The fonts used were 'Natraj' for running text matter and 'Yogesh' for the article titles and names of the authors.

'Natraj' has the following advantages over other fonts :

- 1) Universal availability : It is available in D.T.P. software with Devnagari Script.
- 2) The style of the alphabets is simple yet attractive, thus making it pleasant to read.
- 3) It is very compact, hence a lot of space is saved.

#### Specimen of 'Natraj' font

थोडे श्रम झाल्यावर धाप लागणे हेही अॅनिमियाचे लक्षण असू शकते कारण रक्तातील हिमोग्लोबीनचे प्रमाण कमी झाल्याने शरीरातील पेशींना प्राणवायूचा पुरवठा कमी झाल्याने मनुष्य त्याची तूट भरून काढण्यासाठी जोरजोराने श्वास घेतो, त्यालाच धाप लागणे म्हणतात.

Yogesh - The size is bigger, the font clearer, thus it is appropriate for titles. Even when made in bold type, it would not be overpowering for the eyes.

#### Specimen of 'Yogesh' font

थोडे श्रम झाल्यावर धाप लागणे हेही अॅनिमियाचे लक्षण असू शकते कारण रक्तातील हिमोग्लोबीनचे प्रमाण कमी झाल्याने शरीरातील पेशींना प्राणवायूचा पुरवठा कमी झाल्याने मनुष्य त्याची तूट भरून काढण्यासाठी जोरजोराने श्वास घेतो, त्यालाच धाप लागणे म्हणतात.

Font Size : ANMs are not widely exposed to any kind of reading material as a result of their location in remote villages. Therefore, we decided not to make the fonts too small, which would strain their eyes or too big, which would make the print appear



childish. Thus finally, a font size of 13.5 for 'Natraj' was selected for the text.

The use of 'Yogesh' introduces visual variation and was used for the main titles and subtitles.

Leading : Auto leading has been used throughout our publication as the leading and was most appropriate in relation to the size of the fonts.

Printing : In the initial stages of the project, we submitted laser transparencies to the printer. But with laser transparencies, the print gets faded in larger print runs. As our print-run, (the number of copies to be published) was very large; Marathi : 14,500, Hindi : 3500) and also because it is difficult to preserve laser transparencies, later on we decided to use negatives from which in turn, plates were made for printing.

Binding : Staple-stitched binding was used for the issues of the journal. This form of binding is typical for journals with few pages and allows the pages to be opened without obstructing the ability to read the text. As the manual section was perforated and punched, it is possible to remove it easily, without disturbing the overall binding of the journal.

*Computer Hardware/Software* : We have used software produced by C-DAC: ALP and ISM. While ALP was meant for inputting, ISM was used for converting text into the PageMaker. For the same reason, we had to reject the Apple Mackintosh hardware available only for Desk Top Publishing as it does not contain a separate package for data entry.

Using a PC, we could load other useful packages on the computer along with ISM and ALP packages.

Moreover ISM and ALP packages have a facility that allows them to be converted into 14 different languages.

Thus after going through the pros and cons of various software and computers, we decided on a 386 IBM Computer with ALP and ISM software packages.

## **B. PREPARATION OF MAILING LIST**

The Mailing list software package was developed in FoxPro 2.0 under DOS.

**Reasons for using Foxpro as the software are :**

- i) Provides indexes for sorting the database and keeps the database updated at all times.
- ii) Also, FoxPro under DOS does not require any high configuration. The basic configuration required is 640KB, 4MB RAM, PC, DOS 3.0 (or above) and Foxpro 2.0.

**Programming involves 3 basic steps from the user.**

1. For a new entry, the user has to select 'ADD' option.
2. For modification of an existing entry, the user has to select 'MOD' option.
3. For deleting an old mailing address the user has to select 'DEL' option.
4. 'LIST' allows the user to see the list of addresses on the screen.
5. 'VIEW' allows the user to view a particular address.

The programming takes care of confirming each action from the user before making any change in the database.

## **C. DELIVERING THE JOURNAL TO ANMS**

The first issue of the Marathi 'Aayushi' was



published in April 1994. We sent copies of 'Aayushi' to Primary Health Centres up to August 1994. We visited PHCs and sub-centres in Maharashtra (near Pune) in July and August with the objective of finding out whether ANMs were receiving Aayushi regularly and if not, what were the reasons for non-receipt or delay.

In the course of discussions, we realised that 'Aayushi' is read by other PHC staff and by those ANMs who are posted at the Primary Health Centres. However, ANMs posted at sub-centres were not receiving the copies. So we decided to post copies to all the sub-centres. We requested a list of sub-centres from the Director of Health Services, Maharashtra. We received the list from the Director, excepting the list of subcentres in 3 districts, namely Jalna, Thane and Sholapur. We had requested DHOs (District Health Officer) to send us the list but we had not received the list until the end of 1996. Then the copies of 'Aayushi' were posted to PHCs in the above districts. The return of posted copies of Aayushi has been nil from the above districts.

From our field survey in other districts, we could make out that 'Aayushi' copies were not read regularly because of irregular receipt. One of the reasons for lack of access to the journal, is that the copies of the journal are kept at the Gram Panchayat office as there are often no sub-centre buildings. Our surveys have revealed that ANMs do not always receive their copies of Aayushi for various reasons :

\* ANMs do not stay at sub-centres and in many areas the sub-centre building is not within the village, but outside it. In a few places, there are no sub-centre buildings. Copies of Aayushi in such places are deposited at the Gram Panchayat office and can be picked up by anyone who is interested

in reading them.

\* When despatched to the PHCs the issue is often read by Doctors, Male health workers, pharmacists, who may neglect handing over this issue to the ANMs.

\* As told by Postal department in rural areas, there are few permanent postal employees but usually daily wage postmen. Therefore accountability of work and efficiency of services are lacking.

So we decided to do a readership survey to enquire whether ANMs were receiving their copies of 'Aayushi'.

#### **Methodology of selection of Sub Centres:**

Except for the three districts where we did not have sub-centre addresses from the other districts, we randomly selected 20% of sub-centres from two randomly selected talukas of the remaining districts and posted the readership survey forms to the ANMs asking to them to mark out the issues not received by them. We posted this survey form on a self-addressed double pre paid post card so that the ANMs would have to do a minimum of work. We posted 2457 such letters and received a response of 426 letters i.e. 17.33%.

These 426 letters were analysed on the basis of whether the ANMs were receiving Aayushi or not, year wise.

N = 426

Year	Those Receiving (%)	Those Not Receiving (%)
1994	80.05	19.95
1995	88.96	11.03
1996	92.00	8.00



Further, we analysed the issues that were lost month wise to check on the irregularity of the receipt of the journal. In the last 3 1/2 years issues have been brought out regularly without a break. Therefore we analysed the irregularity of the journal month-wise from the readership survey.

The average irregularity over the two years was 36.28% in 1994 and 29.87 in 1995 (decrease of 7%). While conducting a survey of ANMs from different region in 1996 the irregularity of receipt of the journal has been reduced to 7.04%. Irregularities in the receipt of the journal were due to :

- \* Postal services being weak in rural areas.
- \* Irregular visits by ANMs to their sub-centres.
- \* Lack of initiative of PHC Staff to disseminate the journals which were reaching them. (we usually recovered journals from the Pharmacist's cupboards or from Medical Officers' tables.)

A total of 37 issues and 352 articles have been published (For Annotated bibliography, see Annexure 1.1, page 50-81).

Many articles have covered all the three aspects namely, technical, administrative and social problems.

Following is the percentage of articles published under each head.

N = 352

Sr. No.	Themes (*)	No. of articles	%
1	Social	303	86.00
2	Technical	143	40.62
3	Administration	103	29.26
* Overlapping Themes			

Assessing the impact of the journal was rather difficult as : i. ANMs could not receive the journal regularly because of various reasons stated above.

ii. Generally, the daily work schedule of ANMs does not leave much time for reading. The daily work schedule of 229 ANMs from four different regions is given below.

It is evident from the Time Activity Chart that ANMs are very busy and have to find time to read 'Aayushi'.

iii. The ANMs are high school pass outs with an additional 18 months of course training. Most of them are first generation educated women in the family and thus have generally not developed the reading habit.

Due to the reasons stated above, data for impact assessment can not be generalised.

### Time Activity Chart

#### Morning

Wake up time		04.30 Hrs
01. Bathing/		
Getting ready	20 min	04.50 Hrs
02. Sweeping, cleaning	30 min	05.20 Hrs
03. Cleaning utensils	15 min	05.35 Hrs
04. Bath	10 min	05.45 Hrs
05. Prayers/Pooja	15 min.	06.00 Hrs
06. Getting the kids		
ready for school	30 min.	06.30 Hrs
07. Cooking tiffins		
lunch	60 min	07.30 Hrs
08. Having break fast	30 min	08.00 Hrs
09. Getting ready		
to go to work	20 min.	08.20 Hrs
10. Reach office	30-60 min	09.00 Hrs
(Going on foot)		

#### Afternoons

11. Home visits	5 Hrs	15.00 Hrs
30 Visits daily		
12. Return home	30 min	15.30 Hrs
13. Having lunch	60 min	16.30 Hrs
14. Rest	30 min	17.00 Hrs
15. Tea/Snacks		
Self/Family	20 min	17.20 hrs

#### Evenings

16. Washing clothes,		
Utensils	60 min	18.20 hrs

#### Late evenings

17. Cooking/Kids' studies	2 hrs	20.20 hrs
18. Supper/ cleaning up	45 min	21.00 hrs
19. Watching T. V./ News	30 min	21.30 hrs
20. Report writing / planning for next day	60 min.	22.30 hrs
21. Sleeping	6 1/2 hrs	04.30 hrs

**Total working hours 18 hrs.**

## D. ASSESSING THE IMPACT OF THE JOURNAL :

Four methods were employed to assess the impact

### 1. Informal feedback

ANMs' response through letters and articles; responses of PHC and non-PHC staff.

### 2. Field Survey

conducted by FRCH Staff involving verbal feedback of ANMs and PHC staff

### 3. Formal feedback

Responses to mailed questionnaires.

### 4. Workshops

in the four socio-economic regions of Maharashtra.

It should be noted that the total number of ANMs contacted through the above 4 methods were 2678 and there was no overlap in the sample covered through each method.

Letters to FRCH from ANMs	1002
Field work	582
Questionnaires	384
Workshops	239
Total	2017

### 1. Informal Feedback :

1002 ANMs out of 11500 ANMs responded to our publication through letters. This is 8.66%

of the total ANM population. This should be considered as good as it is more than 2 1/2 times of the average response received by the Times of India, with the additional factor that the average reader of the Times Of India is much more educated than the average ANM, for whom responding to a journal was itself a novel idea. ANMs responded from all the four socio-economic regions of Maharashtra.

On enquiry many ANMs said that they were mentally not prepared to give their opinions/experiences in writing.

ANMs Contribution			
Total no of Response	Letters	Articles	Poems
1002	875	82	45

The articles and poems sent by ANMs were regarding their work, problems and interesting experiences.

1. ANMs from Vidarbha gave the most enthusiastic response as many of the ANMs therein reside at the Subcentres unlike in Western Maharashtra where travel facilities are better.

2. Besides, in Western Maharashtra, ANMs have more of other entertaining reading material to choose from.



### ANMs LETTERS (N = 875)

Sr.	Regions	Total No. of letters (%)	Demanding back issues of Aayushi (%)	Subscription Enquiries (%)	Feedback about Aayushi (%)
1.	Vidarbha ANMs	40.47	6.51	1.14	7.5
2.	Marathwada ANMs	33.71	4.57	0.8	5.46
3.	Western Maharashtra ANMs	18.97	3.08	0.4	3.42
4.	Konkan ANMs	6.74	1.02	0.3	1.37

3. Only 6.6% of ANMs have demanded back-issues. On enquiring during field surveys/workshops other ANMs said that though they also wanted the issues they did not actually get down to asking for them.

4. Only 24 ANMs have enquired about subscription rates. On enquiry they felt that it was distributed free of cost to them.

5. Only 20 ANMs out of 880 had pointed out mistakes, or pointed out what they did not like.

#### The complaints in brief :

- Jan. 95 cover depicts a wrong method of injection administration by an ANM.
- Another critically observing ANM pointed out that the dose of T.B. medication was wrong. It was actually a printing mistake and we apologised for it.

• A few accused us of concocting the experiences narrated by us. For e.g., the experience we printed in the Diwali 94 issue, with the title 'Question Mark' sent to us by a Nasik based ANM. (Refer to the Annotated Bibliography in Annexure 1.1, page no. 57)

Table Analysis of letters			
Do not like Aayushi	Appreciate Aayushi	Find useful	Ready to subscribe
2.2%	97.71%	90%	60%

To cite a few appreciation letters.

1. An ANM from Sironcha Tahsil of Gadchiroli district was lavish in her praises of 'Aayushi'. She stated that Aayushi was extremely helpful and useful in her work.

2. ANMs of Ganeshpur PHC in Buldhana district said that : They awaited 'Aayushi' eagerly. It gave them useful tips which helped them to improve their rapport with women during home visits.

3. Due to transfers, 'Aayushi' is not received says an ANM from Baramati and she misses it badly.

4. ANMs from Chockhard PHC in Jalgaon district had to say in praise of Aayushi :

"ANMs deal with subjects of interest to the

20 MOs from various PHCs showed initiative by asking that the ANMs under them should be put on the 'Aayushi' mailing list.

Fifteen letters from Male Health Workers and Pharmacists and Doctors claimed that ANMs do not read 'Aayushi'. Rather they themselves should be included in the Mailing List of 'Aayushi' as they were the neutral readers.

- 110 letters have come from Non-PHC Staff members, all of them demanding 'Aayushi'. One Police Inspector from Jalgaon district specially visited the FRCH, Pune office to ask for 'Aayushi' and even paid the annual subscription for it.

One post master had managed to get hold of the Diwali 95 issue of Aayushi and he liked it so much that he insisted on being put on the

#### LETTERS OTHER THAN ANMs

Sr.		Total No. of letters	Demanding back issues of Aayushi	Subscription Enquiries	P.H.C. demanding Aayushi	Feedback of Aayushi
1.	PHC Staff	99	55.55 %	40%	41.41%	56%
2.	General	126	45.23%	57.93%	Nil	46%

ANMs 'Aayushi' represents an ANM'.

PHC staff, excluding ANMs also have expressed their views :

Most of them would like to receive separate copies of Aayushi. One PHC staff member has threatened to obtain an order from court as he felt that distribution of Aayushi only to ANMs was discriminatory and therefore illegal.

Aayushi Mailing list. Though this response pleased us, the flip side is that it deprives the ANMs from receiving their issues regularly, when those not on the regular Aayushi mailing list keep the 'Aayushi' with themselves.

**The response through letters proves that Aayushi has indeed made an impact on various categories of people.**



## 2. Field Surveys

### Madhya Pradesh

The publication of Hindi 'Aayushi' was launched in January '94 to help the ANMs to perform their duties better.

A feedback study was undertaken by FRCH to gauge the effectiveness of the publication and fulfilment of the intended objectives. PHCs and subcenters in the seven districts in Madhya Pradesh were mailed sets of 'Aayushi' issues (Anne.8). Each set contained seven issues of January, February and March 94. At the end of this quarter it was decided to visit the state of Madhya Pradesh to gauge the performance of 'Aayushi' (See map Annexure 7).

The opinion of the ANMs was sought on the following points :

1. Do ANMs receive 'Aayushi' regularly ?
2. If yes, do they read it ?
3. If yes, do they feel the language is easy to follow?
4. What subjects would they prefer to be incorporated in the forthcoming issues of 'Aayushi' ?
5. Suggestions were invited regarding content, subjects desired by ANMs in forthcoming issues.
6. Probable reasons, if any, for non-receipt of 'Aayushi' by ANMs.

In July 1994 again, three districts from the above 7 districts were chosen viz, Gwalior, Shivpuri & Guna (Refer to map, annexure 7). Upon visiting the District Project Officers (DPOs), in these districts it was found that DPOs were unaware of 'Aayushi' and its objectives. Further, as a result of visits to various PHCs and subcenters, it was also learnt that though the PHCs had received the issues, they were not distributed to the ANMs. Neither were the ANMs allowed to take the issues

home where they could be read at length. Though the subcentres had their own premises the ANMs did not reside in them. They resided in the main town and worked at their stations for 2 to 4 hrs. daily. A surprisingly large number were not aware of the fact that 'Aayushi' is entirely devoted to ANMs and their duties and hence, had not read the issues mailed to them. The DPOs concerned asked for 400 copies to be mailed to each of them in order to distribute them to the ANMs during the periodic meetings of ANMs. Subsequently, FRCH mailed 400 copies to each DPO as decided. After two months, in June '94 we re-visited Shivpuri and Guna. The findings of the visit are as under:

**Shivpuri :** The DPO had received both issues. However, only one issue had been distributed while the May '94 issue had not been distributed as agreed.

**Guna :** The DPO had received both the issues. None of them were distributed as agreed through he promised to do so at the forthcoming meeting. As per the advice of the Deputy Director of DANIDA, we also mailed the issues to the DPO's residence. Even then, the ANMs never received the issues, as is evident from the letters received by this institution from private Medical Practitioners and MPWs. Hence, FRCH obtained the list of PHCs and subcentres for mailing the issues to them directly.

FRCH's proposal covering Madhya Pradesh was for a year only. Therefore though Aayushis were posted feed back survey was not taken.

### Maharashtra

The Marathi edition of Aayushi commenced in April '94. A list of PHCs was obtained from the Health Department, Government of Maharashtra.



It was convenient to mail the issues to the PHCs directly. A set of seven copies each was mailed to all PHCs. But upon following up with some PHCs in Pune district it was found that these sets were not distributed to the ANMs. All those ANMs whom we met suggested that 'Aayushi' should be mailed to them directly at subcentres. (Mailing 'Aayushi' issues to ANMs individually was not possible as a complete list of ANMs was not available.) This suggestion was accepted and acted upon. All the ANMs were mailed copies addressed to their subcentres (except those in Sholapur and Jalgaon Districts, as the list from Director, Health Services Maharashtra did not include these two districts). Subsequently, a list was obtained from the DHOs in these districts and they were also mailed the copies of 'Aayushi'. After mailing 'Aayushi' to the ANMs from April to December '94, a follow-up study was undertaken to gauge its effectiveness by assessing whether ANMs read Aayushi? If yes, how regularly? Did they like it? Was it useful to them in their work? etc.

#### **Methodology used in selection of PHCs and Subcentres in Maharashtra**

**Random Selection :** The phrase random sampling of trainers and trainees appears out of context as there are basic problems involved in performing a random sampling of individual ANMs.

For e.g. geographical factors pose an enormous logistical problem of tracking down randomly selected individual ANMs even if the sample were limited to one district of Maharashtra. Each ANM is responsible for approximately five villages. It is not possible to know in advance the precise movements of randomly selected ANMs on a particular day.

As a result of our discussions with in-house experts in Anthropology and Statistics, we decided on random sampling of districts as follows :

1. Making an alphabetical list of all the districts in Maharashtra which were serially numbered accordingly.
2. A random number table was used to select serial numbers. Thus those districts represented by the randomly selected serial numbers were chosen.
3. An attempt was made to cover the entire district, generally starting from a backward/tribal area in one particular geographical direction to make the survey logistically feasible.
4. The sole bias present was that of choosing appropriate PHCs/SCs geographically linked to the first PHC chosen. Therefore this does not amount to purposive sampling of PHCs but an 'at random selection' of PHCs.
5. From the selected PHCs only those ANMs present at the time of our visit were interviewed, introducing a further degree of randomness in the selection of ANMs.

It was found that after the issues were mailed directly to the ANMs at sub-centres the ANMs read the issues of 'Aayushi' regularly. Alternatively, it was also found that a parallel publication, 'Aarogya Patrika' published by the State Government, was gathering dust in the PHCs. Given the encouraging response from ANMs and with a view to avoiding the fate of 'Aarogya Patrika', 'Aayushi' was mailed directly to subcentres.

As 'Aayushi' is meant for the benefit of the ANMs only, the male workers who wished to read 'Aayushi' would take it home directly from



the PHCs for reading at length.

This only shows that 'Aayushi' was appreciated by all those who read it and not enough copies were being mailed. Many ANMs also informed us that they received the issues of 'Aayushi' irregularly. Quite a few sub-centres have no building of their own. Hence, chances of ANMs receiving 'Aayushi' at these subcentres were remote. In such a case, some issues were returned to FRCH, delivered to Gram Panchayats, private medical practitioners or in some cases even to banks, as was noticed by us in Pune District.

Generally, it was found that 'Aayushi' was not received by the ANMs regularly. However, whatever issues the ANMs received were declared by them as useful, informative and interesting. Special efforts were made to make 'Aayushi' reader friendly. The issue was divided in two parts : 1) Magazine and 2) Manual, to make the publication both entertaining and informative. Stories, poems, write-ups about womens' lives were also included. These also had the added advantage of 'Aayushi' not seeming like a text-book but making it much more interesting reading, as vouched by the ANMs, the MOs and other ardent readers of 'Aayushi'. In some cases, especially in Pune and Nasik Districts, the ANMs wanted the language of 'Aayushi' to be simplified though the ANMs from other districts found the language to be all right. Generally, the ANMs were busy at home and at work, and hence could not find enough time to fully appreciate 'Aayushi'. But the other staff members at the PHCs were very vocal in their praise of 'Aayushi' as was seen in the districts of Pune, Ahmednagar, Satara, Nasik, Sholapur and Kolhapur. Social workers, teachers, post masters,

anganwadi teachers who happened to read 'Aayushi' also found it very informative, useful and good reading. In Satara, it was also found that a few ANMs were preserving the issues, which they received regularly. But they were exceptions. Unlike Satara District where 'Aayushi' was received regularly, other places complained of irregular delivery.

The ANMs in Nasik district positively affirmed that 'Aayushi' as a magazine fared better than 'Arogya Patrika' and 'Centre', two other health publications of the Government as Aayushi is more informative and useful to field workers. When asked about the content of future issues of 'Aayushi', the ANMs requested that subjects like AIDS, CANCER, FAMILY PLANNING, TB, LEPROSY, MALARIA etc. be included. They also wanted more illustrations, sketches to be included in order to make 'Aayushi' more useful.

The information and contents are read publicly in Mahila Mandals, workshops, training sessions etc. In fact, a large number of PHC staff, especially in Maharashtra, asserted that 'Aayushi' is used during training courses for ANMs. During monthly meeting also Aayushi is read. The Medical Officers and Training Officers used 'Aayushi' along with the Government Training manuals but it was 'Aayushi' which made training ANMs easier.

In the Konkan area, we met ANMs in Ratnagiri and Raigad districts. These ANMs perhaps have the toughest job among all ANMs, as they have to survive in a very hostile natural environment, making it especially tough for home visits. Hence these ANMs can spare very little time for 'Aayushi'. In spite of these difficulties, some ANMs managed to assimilate 'Aayushi' and even



their other family members read and enjoyed the magazine.

'Aayushi' is found to be most widely read in Maharashtra. "We eagerly await Aayushi" is what all the ANMs declare. Here, 'Aayushi' is read not only by ANMs but the entire staff including the M.O. Some ANMs confessed to lending 'Aayushi' to neighbours who found it equally interesting.

Open letters to the editor or 'Bolake Patra' is an opportunity for the ANMs to state their feelings and problems. In this, the ANMs wrote back showing their appreciation for other columns like write-ups by David Werner, songs at the last page, informative essays about children, women and poems. In some PHCs in Vidarbha 'Aayushi' issues were bound and preserved. Some MOs and DHOs felt that it was equally useful to Doctors. All of them insisted that they be individually mailed a copy rather than through subcentres so as not to miss any issue of 'Aayushi'. They had voluntarily compiled a list with names and addresses of those wanting Aayushi.

Majority of the ANMs were ready and willing to pay subscription from their own pockets, but they differed as to the amount to be paid. The following options were suggested 1) As much as Arogya Patrika, 2) Between Rs. 20/- to Rs. 50.

Marathwada ANMs informed us that they were willing to pay even above Rs. 50/- rather than see it discontinued. A large number of ANMs felt that if they could spend big amounts on luxuries, they could certainly pay between Rs. 50/- to Rs. 100/- for 'Aayushi'. Unfortunately, in Western Maharashtra, 'Aayushi' was not received as enthusiastically as elsewhere.

ANMs working in tribal or Adivasi areas claimed that due to time constraints they could

not devote enough time to 'Aayushi' but insisted that 'Aayushi' be continued. They were also vocal about inclusion of the problems faced by them, in 'Aayushi'.

State	No. of PHCs & SC visited	No. of ANMs contacted
Maharashtra	433	551
Madhya Pradesh	16	31
Total	449	582

Refer Annexure - 9 and 10

N = 582					
No. of ANMs do not read Aayushi (%)	No. of ANMs read Aayushi (%)	No. response (%)	No. of ANMs preserve issues after reading (%)	Find Aayushi useful (%)	Willing to subscribe (%)
27.19	65.69	7	65.69	61.08	58.15

'Aayushi' has proved to be successful among those for whom it was meant. However, we have not managed to collect the necessary subscriptions for its continued publication.

### 3. Formal Response Mailed Questionnaires :

To gauge the impact of Aayushi, questionnaires was prepared and field tested. (For questionnaire refer Annexure 6)

Only 120 out of a total of 11,500 ANMs returned the questionnaire. The questionnaire was repeatedly printed in three consecutive issues of 'Aayushi' to reach all ANMs at least once. The response to the questionnaire was 1% Dr. Meera Savara (Annexure 5) has conducted Magazine based



surveys in magazines like Business India, Gentleman, Savvy, Debonair. These are all highly priced English language publications aimed at the educated middle and upper classes. The response rate received by publishing questionnaires in this magazine is in the range of 1% to 2 %. According to Dr. Savara this response of 1 to 2 % is considered to be acceptable, and is similar to the rate found in magazine Surveys done in the Western Countries.

During our interaction with the ANMs we enquired why there was such a low response : The explanation they gave was :

\* 'Questionnaires' were a new concept to a lot of ANMs.

\* Some of them were scared of repercussions involving the authorities later on.

\* Some thought that the questionnaire running to two pages was too lengthy and tedious to be filled in.

After our personal interactions with them through workshops we received 244 filled in questionnaires making a total of 364. Our analysis is based on these 364 questionnaires.

ANMs assessment of Aayushi (N = 364)

No.	Subjects	Easy to Understand (%)	Useful for their work (%)	New Information (%)
1.	Women and Health	22.80	35.71	31.31
2.	Pediatrics	49.72	43.68	15.93
3.	National Problems	5.4	10.98	23.62
4.	Commonly occurring disorders	25.82	56.04	55.49
5.	First Aid	13.73	8.02	6.31
6.	Policy Related themes	14.01	3.02	7.41
7.	Development Project	2.47	0.05	5.49
8.	Drugs	69.23	50.00	60.43

\* Percentages add more than 100% due to multiple response.

ANMs have found articles pertaining to policy related themes and development projects irrelevant as they will never be able to implement or have a say in such matters.

**Magazine Section (N = 364)**

No.	Subject	Literature Appreciated by ANMs
1.	Social issues	57.69%
2	Women's issues	40%
3	Poem	38%
4.	Policy related	7.6%
5.	Development issues	9.89%

\* Percentages add more than 100% due to multiple response.

**ANMs found Aayushi useful (N = 364)**

Helped in changing perspective	Helped in community organisation	Helped in diagnosis	Helped in referral
45.85 %	45.85 %	78.84% %	27.61%

\* Percentages add more than 100% due to multiple response.

On enquiry ANMs said that the perspective has changed their outlook specifically towards women and the community in general.

Community organisation includes building rapport with women, articles other than those from the manual were used during home visits, Mahila Mandal meetings etc.

**Community Organisation  
N = 364**

Interaction with women	%
Home visits	61
Mahila Mandals	59

\* Percentages add more than 100% due to multiple response.



**ANMs received information about Medication**  
(N = 364)

No.	Subject	New Information
1.	Herbal	58.95 %
2	Allopathic	42.35 %
3	Plural Systems of medicine	54.58 %

\* Percentages add more than 100% due to multiple response.

The impact of Aayushi through field survey can be gauged by the following table

N = 364

Read Aayushi (%)	Find Aayushi useful (%)	Preserve issues of Aayushi (%)	Willing to subscribe (%)
92	69	92	72

#### 4. Workshops

To gauge the impact of 'Aayushi' on ANMs, we decided to take workshops involving discussions. (Ref. Annexure 11)

The workshops had to cover altogether 1% of the total numbers ANMs i.e. 125 out of total 11,500 ANMs. To get a complete representation of ANMs coming from different socio-economic regions and yet do away with any bias in the sample selection we decided to do stratified random sampling. We decided to invite 40 ANMs from each of the four socio-economic regions of Maharashtra : Konkan, Vidarbha, Marathwada and Western Maharashtra. The four districts were chosen on the basis of ANMs accessibility to these districts and the infrastructure available for holding the workshops. Though technically, the total ANMs through this method would amount to 160, which was more than our target of 125 ANMs, this was necessary as it was possible that due to the nature of their work, some of the ANMs would have to drop out from the workshop at the last moment. The ANMs from each region were selected through the method of random sampling (using Random Tables).

Four workshops were held, one in each region, at Pune (Western Maharashtra), Gadchiroli (Vidarbha), Raigadh (Konkan) and Latur (Marathwada). In each region 40 ANMs were invited for the workshops.

The workshop was a new concept for ANMs. The attending ANMs were apprehensive since they were under the impression that they were to be burdened with additional duties in the workshop. They felt sheer relief on realising that the workshop was not meant to make them implement any new programme.

All the 213 attending ANMs paid the annual subscription of Rs. 60.00 for Aayushi on the spot. They said that 'Aayushi' should continue to be published. 'General comments of participants in the workshop

1) ANMs look forward to receiving "AAYUSHI" each month.

2) The Monthly issue of "AAYUSHI" is awaited by their neighbours as well. The neighbours borrow it to read and make use of it and if necessary, inform the ANMs.

3) ANMs find "AAYUSHI" to be a mine of information. They get to know of matters like child labour which they may not have heard before.

4) ANMs feel "AAYUSHI" helps them to become better parents. It makes them think about becoming better/ideal parents. It informs them about incidents/factors that influence their children and about solving the problems of their children. They get all this and more from "AAYUSHI". It has taught them to think about their children's welfare.

5) "AAYUSHI" gives them a new point of view. They can view society with a clearer outlook.

6) "AAYUSHI" has introduced them to a women-oriented perspective.

7) The M O and other staff members at the PHCs and sub-centres complained about not receiving "AAYUSHI". They wanted to be included on the mailing list for "AAYUSHI" alongwith the ANMs.

8) Exercises for reducing the waste and for alleviating back troubles were helpful. One ANM who suffered from lower back troubles followed the line diagram and tried out the exercises. She was rewarded with immediate relief. On realising the effectiveness of the exercises, she could help



relieve the lower back pain of others.

9) Patients being treated at the PHCs have also appreciated "AAYUSHI" which they chanced to read while awaiting treatment. They later wanted to subscribe to it as they realised that "AAYUSHI" was useful reading.

10) The ANMs believe that "AAYUSHI" is their own while "AROGYA PATRIKA" is for health workers. The ANMs treat "AAYUSHI" exclusively as their own journal.

11) ANMs claim that "AAYUSHI" has helped them in improving skills relating to their profession. It helped them to learn whatever they missed during their training.

12) "AAYUSHI" was read in public at various forums and meetings.

13) One MO in Akola Dist. has filed copies of all "AAYUSHI" issues received by him. This MO ensures that there is sufficient time during each monthly meeting for the public reading of various topics printed in "AAYUSHI".

14) As "AAYUSHI" was received in the remotest areas as well as where no other publications were available, "AAYUSHI" earned itself the place of "THE FRIEND" with the ANMs.

15) "AAYUSHI" is primarily meant for ANMs but has earned the faith of the entire community. Some people feel that "AAYUSHI" should become a permanent feature of public libraries. Its readership is no longer restricted to the ANMs only but the entire community reads it avidly.

Suggestions received during the workshop to make Aayushi more effective

The following are some of the important

requirements in producing a journal for ANMs as revealed by this project.

#### Impact of Aayushi through workshop

N = 229				
Do not read (%)	Read Aayushi (%)	Changed their perspective (%)	Find useful (%)	Actually paid Subscription (%)
6.5	93.44	100	87.33	92

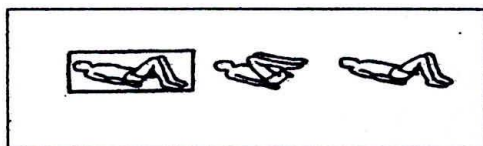
#### Language and Content

- \* A sentence should not extend beyond fourteen words to ensure simplicity.
- \* A paragraph should generally contain only 150 to 170 words.
- \* An article should not contain more than 1800 to 2000 words.
- \* A three column layout per page is easier on the eye.
- \* The font should not be too artistic as it becomes difficult to read.
- \* The language should be reader friendly. Flowery academic language with superlatives should be avoided.
- \* The dialogue form is more appealing and easier to understand when a concept has to be conveyed.
- \* The matter should be relevant to their own life experiences.
- \* Stories with tragic ends are not appreciated. A positive outlook is preferred.
- \* The content should be straight-forward. Irony is not appreciated as it is not easily understood.
- \* As far as poems are concerned they should be

women-oriented poems on grassroot activities. Poems focussing on personal emotions or human relations are not understood.

\* Suggestions pertaining to pictures included in Aayushi :

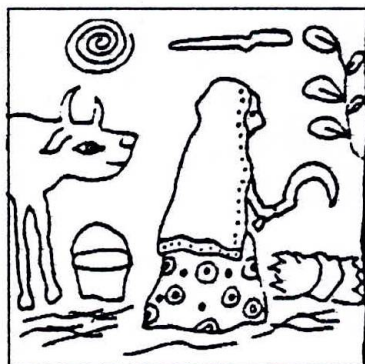
A. Line diagrams are preferred over figures.



B. Urban stereo types are not appreciated.



C. Figures represented in a definite background are contextualized and hence understood better.



D. Pictures that are too abstract or symbolic are difficult to comprehend.



E. Human figures represented in straight lines/ square forms are not appreciated.



### Conclusion

1. A journal like 'Aayushi' is necessary for ANMs.
2. The journal, if it is to be effective, should be based on personal interaction and rapport with ANMs through workshops.
3. The length of the journal should be around 12 pages, for efficacy since ANMs are short of time.

The response proves that Aayushi made an impact. The project has achieved its objective to a high degree.

N = 2017			
Read Aayushi (%)	Preserve Aayushi (%)	Find useful (%)	Subscribe for Aayushi (%)
86	86	72	66

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## CONTINUING EDUCATION OF ANMS

### OBJECTIVE 2

*To provide ANMs with relevant technical, administrative and social information on a regular basis in the form of contact programme in continuing education and training of ANMs.*

The following is a description of activities conducted between April 94 and March 98, with a view to attaining the above stated objective.

#### **Background about ANM training :**

The pattern and emphasis in the training of ANMs varies between institutions, and across the country. The training is imparted through Government Nursing Schools, Grant-in-Aid Schools as well as recognised Private Organisations. There is a lack of uniformity in the training imparted by these different institutions. The Nursing Council, having set the syllabus, does not bother to implement it in its true spirit. There being few checks, the training institutes take this opportunity to turn out poorly trained ANMs and also obtain free labour for services in their hospitals in the bargain. Training institutes thus have an impact of developing a hospital oriented outlook amongst trainees. The extent and quality of training determines the performance of a job. In addition to the above mentioned drawback, teachers and teaching methods also generate the outlook that hospital work is superior to working in the community. The teachers in the training school themselves need orientation for community health.

The method of teaching used is class-room lectures, with demonstrations either on dummies or indoor patients. Classroom teaching or

demonstration should be discussion based rather than lecture based. Demonstrations would be more appropriate if conducted in rural settings. Training of ANMs consists of specific hours of theoretical lectures and practical experiences, which includes hospital and rural training.

The following table gives an idea about the proportion of time divided in imparting practical as well as theoretical training to ANMs in urban and rural settings. The percentages have been worked out by calculating the number of hours given to practical work and lectures. This is an outline of the training imparted by an average ANM training school.

**Time Division in ANM Training**

Placement	Practicals %	Lectures %	Total %
Rural PHC based	25	8	33
Urban hospital based	50	17	67
Total	75	25	100

Out of the 25% of lecture hours, 65% is spent on theoretical lectures which include subjects such as anatomy and physiology, psychology, sociology, nutrition, fundamentals of nursing, basic medicine, microbiology, etc. Only 35% of the lectures are related to community health, covering subjects like communicable diseases, domiciliary midwifery, family health, health education, nutrition education, health problems and plans, mental health, family



planning, hygiene, community health and child health. The absence of sufficient bias in favour of community health thus becomes apparent.

### **Training Content vs Field Needs**

A wide variety of subjects are taught to ANMs in 18 months. Within this short period they are expected to gain primary knowledge in the above subjects. In some instances content and focus in training is not in keeping with the job they are expected to do. The following examples are presented by way of illustrations. The number of hours for theoretical lectures of Fundamentals of Nursing is forty and the content is much more related to hospital work such as admission and discharge of a patient, care to be provided to heart patient, etc. In practice an ANM rarely encounters such a situation in the field. First Aid, according to the standard course outline, is given only 20 hrs. of lectures inspite it being the primary and main responsibility of ANMs. The same lack of foresight is seen again in the subject matter of microbiology. The emphasis is more on types of microbes and classification rather than information regarding sources where microbes are found, conditions under which they grow and how to control them. In the subject nutrition, the course content covers merely the fundamentals. The socio-economic linkages in nutritional status are rarely touched upon.

The image of women's role in our society, which sees them primarily as mothers, is reflected in the training of ANMs also. Consequently the emphasis on care of women's health is confined to pre and post-natal care. Treatment of gynaecological disorders, which are so rampant, is not taught with the same zeal. In fact, the course content in this important area is very limited.

### **Inadequate Rural Component**

Practical experience includes hospital and rural training. As already mentioned, it is more hospital-based rather than rural-based. Out of the 78 weeks of training, a trainee spends only 24 weeks in rural areas, where she is to work in the future. This amounts to only 33% of the total training period.

One of the major responsibilities of ANMs is to assess signs and symptoms, make a primary diagnosis and treat patients, or refer them, depending on the seriousness of their condition. However, during rural training, they are expected to carry out the above functions with the help of Supervisor/Doctor. At PHCs the diagnosis and treatment to be prescribed is written by the Doctor/Intern/Compounder and the ANM just hands out the medicines. As a result, the ANM does not develop the necessary skills and confidence to make primary diagnosis.

In the course of field placement, they are expected to gain experience in pre-natal and post-natal examinations and conduct 20 deliveries on their own. Looking at the complex nature of childbirth, 20 cases can hardly qualify an ANM to handle all situations which may crop up during childbirth. Also, in practice it is difficult within the short rural posting for each trainee to conduct as many as 20 deliveries. Before 1985, the focus was on midwifery and the time allotted for it was a year. Due to the changed syllabus and reduced period of training, the quantum of training for midwifery has decreased. As a result the ANMs remain ill-equipped even for this important task.

Trainees are based at PHCs instead of at Sub-centres, where they have to work in future. At the PHC they are the junior-most persons and therefore not obliged to take decisions. But once they start working at the Sub-centre they often have



to, to an extent, take independent decisions about the health needs of people. Yet, during their training students receive little or no experience in assuming responsibilities or taking decisions, as the administration usually decides on all matters concerning them. In addition to this, nurses are trained to be submissive to doctors and accept the hierarchical nature of the medical profession. Given also the culturally imposed inferior status of women. ANMs often find themselves inadequate to take decisions and be assertive even when a situation demands it.

Solitary living at the Sub-centre, irregular hours of work and young age render them vulnerable to sexual exploitation. Society does not look upon favourably at a young woman going out alone or discussing about family planning methods. During their training ANMs are not prepared to tackle many such practical difficulties which they may face. They are not aware of the agencies/persons, besides the PHC Medical Officer (who is often a male), to look for help in a crisis. It should be an integral part of their training that they are aware of the law and other social agencies which can help them in case of any form of sexual harassment, overt or covert.

A trainee spends about 50% of the total training in the urban hospital. In the clinical setting, experiences are planned in relation to service needs rather than the curriculum objectives. In many places, trainees are made to work with hospital procedures such as bed making, personal hygiene of patients, post-operative care etc. As already mentioned, the hospital authority utilises student services for hospital work instead of employing extra nursing staff.

There are few in-service education programmes. If there are any, they only concern

Family Planning, which is almost an obsession in government sponsored Primary Health Care. During their training period also, the emphasis on family planning has increased, generating the outlook that family planning is their chief responsibility and other functions are not very important. As part of continuing education, apart from medical knowledge inputs, ANMs should also be oriented to various social issues - including women's issues - through various methods and media.

The reason for conducting a training programme in the Nursing school was to explore possible alternatives to the present system, through direct interaction with students and teachers.

### **1. From April 94 - July 94**

**Selection of Nursing School :** The Maharashtra Nursing Council was contacted for a list of Training Schools in the state. The Maharashtra Nursing Council issued a list of schools along with their criteria for selection of ANMs. Pune has two ANM training schools but both being grant-in-aid schools, they were rejected. The Satara Nursing School was selected as it is a Government School. Since there is a backlog of posts to be filled from the backward categories, the Govt. run schools like this one, tend to enroll students from backward (reserved) classes. As such, the graduates of this school stand a better chance of gaining employment as rural ANMs than those graduating from grant-in-aid schools.

A meeting was held with the teaching staff of this school so as to discuss the best way possible to attain the objectives mentioned earlier.

### **2. From July 94 - Dec. 94**

Training of ANMs in the selected nursing



school. For this purpose, a batch of 30 students from the first semester was made available for one and half hours every 15 days.

During our interaction with students we enquired about their problems, expectations, and aspirations. We concentrated on basic lectures rather than continuing education. This was carried on for 4 months. (Training Content Annexure 3)

The students reported the problems and difficulties faced by them with respect to the training. Most of the students found words used in Anatomy and Physiology too difficult. The words used for organs and processes were either in English or Sanskrit while the students preferred colloquial names and words. As a result, they felt that they had to sit for long hours listening to lectures which were not relevant.

To overcome the above difficulties, we decided to involve students in the process so as to increase their participation.

To make them understand different body parts and functions the following approach was used :

- \* Most of the students were from non-vegetarian homes. They were asked to name different parts of the chicken. Students were able to identify 60% of body parts and function. There upon, it was easy to relate this knowledge to the human body.

- \* The remaining parts with functions were explained with the help of diagrams from their text book.

- \* The next step was to locate these organs by drawing imaginary lines on their body.

This helped them to understand location, shape and size of the organ. To cite an example

one of the students was surprised to learn that the stomach is placed so high. Earlier she thought that it was situated around the umbilicus. Similarly, students were surprised to know that the uterus is just the size of a fist. They had earlier thought of it as being much larger in size. Comparing the size of a new born infant, and the uterus size, the concept of elasticity of muscles could be explained.

On enquiry, the students said that when the above method was used it was easier to understand the concepts. Since colloquial words were used they did not have to make efforts to learn the words and instead could concentrate on other aspects such as function and location of the organs. They enjoyed the session as it was participatory and informative.

In Nov. 94 the above mentioned batch of students were posted for rural field work.

The ANM training course is conducted in three semesters of six months each. During the first semester, basic lectures on Anatomy, Physiology, Microbiology, Nutrition etc. are completed. The second semester is devoted to gaining rural field experience. During this semester it is almost impossible to hold any lectures as students do not have any regular working hours. During the final and third semester lectures in Basic medicine and Pharmacology, Sociology, Midwifery, and Communicable diseases are delivered, and the trainees are provided with clinical experience. This leaves them with little or no time for any additional training. Thus the third semester students could not be spared for additional work. We were allowed only one session with them.

Third semester students had some experience in the field and thus were aware of many issues related to work though they faced the following



problems :

\* No cognisance was taken of their experience and the trainers were unable to provide them with practical alternatives.

We discussed the problems faced by ANMs in a group and told them to relate their experiences. Most of the students could find alternatives to the problems faced by them. The experience sharing session helped them to solve problems using one another's experiences.

*One student related her experience about dealing with a case of snake bite. The person was taken to the "Bhairoba" temple and the Bhagat gave him a few neem leaves and two green chilies to chew. Since he could not perceive the bitter and hot taste, the Bhagat predicted that he would die. Through discussion, the group was able to relate this "diagnostic practice" to the fact that cobra poison is neurotoxic and affects the nervous system and sense organs including taste buds. (However, this diagnostic practice may not work when the person is bitten by a lethally poisonous snake but one with haemo\_toxic venom like the viper or krait.) Therefore, the Bhagat could identify that the person had been bitten by a cobra (a snake with lethal poison), and would hence die anyway. Since the Bhagat's predictions mostly turn out to be correct with the help of the above mentioned diagnostic skill, people tend to have faith in the Bhagat. Once the ANMs were able to understand the diagnostic process and the reason behind the faith shown by the people in the Bhagat, they could identify the solution for handling this problem more effectively. The alternative suggested was to make the patient first take anti-snake-venom (ASV), and then seek advice from the Bhagat.*

\* During the third Semester they are taught Basic Medicine and Pharmacology, while Anatomy and Physiology is taught in the first semester. Students were unable to integrate their knowledge and treat the patients coming to them since the

knowledge was provided to them in isolated parts and final integration of all knowledge was not done.

We helped them to understand the above process by starting with common complaints like backache.

*We first discussed the etiology of backache and from there moved on to the Anatomy and Physiology of related systems such as the skeletal, muscular and reproductive systems. We also discussed diagnostic methods and the necessary treatment for the same. To make the sessions participatory, the students were divided into groups and were given books and material to read which they had to discuss and present. They were also asked to narrate particular cases they had seen. This helped them to develop a holistic outlook including the socio-cultural aspect. For example, women suffering from backache do so because of the nature of work they carry out either at home or in the fields. All jobs done by them require only forward bending. The solution in this case was identified as the need to perform backward bending exercises.*

\* For giving them a broader dimension of Health, they were asked to write down their concept of a healthy village and what steps needed be taken to achieve this ideal village. ANMs came out with a wide spectrum of activities to be performed right from setting up a health centre to income generation activities. This information was then presented to the class and the connected issues were discussed in detail.

As mentioned earlier, we could take only one session with the third year students and so our training was limited.

**Suggestions made by the students regarding training :**

\* Training methods at ANM schools need improvement. The teachers should be made aware



of new teaching methods which are participatory in nature.

\* The syllabus needs revision to make it more holistic and integrated.

### 3. From Jan. 95 - Dec. 95.

At the Satara Nursing School we were able to identify the lacunae of the existing system. We devised an improvised package for ANMs already posted in the field. Our attempt was to provide continuing education to these ANMs and to test the improvised package, and at the same time identify field related problems, and seek alternatives for these.

Every district has a District Training Team (D.T.T) comprising of an M.O., P.H.N, Malaria Supervisor, L.H.V. etc., The function of this team is to provide continuing education to Govt health staff. However, the focus of this team is to provide training to M.Os and other higher level functionaries rather than to ANMs. The only inputs that ANMs receive are related to Family Planning and Immunization target achievements.

We contacted the Pune District Training Team and were able to obtain a three hour slot during workshops. We conducted three hour sessions each at 3 months interval.

The method used consisted of participatory training as used earlier (Ref. Annex. 3 for training contents.)

Evaluation : Attitudes and skills were evaluated. Knowledge is cumulative and need based and thus was not focussed upon by us while evaluating. Understanding rather than memory was emphasised.

Attitude was gauged through discussions. Discussions were held on i) Target free approach ii) Health in broader context iii) Community participation. The discussions were documented.

These discussions revealed a positive outlook on the part of the ANMs.

\* Out of 40 ANMs, only 3 said they did not believe in the target free-approach.

\* All 40 stated that socio-economic development is crucial for improving the health of a village, community.

ANMs offered the following suggestions for improving community participation.

- Use of traditional medicines.
- Improvement in diagnostic skills.
- Increase in ANMs knowledge/information about laws, especially regarding women, various Government schemes etc. so that they could share the knowledge with the community and relate better to it.
- Improvement in their skills concerning gynecological disorders.

Skills : They were given skills in speculum examination and identification of minor ailments, which 36 out of 40 ANMs were able to handle.

After 3 sessions, the D.T.T. was reluctant to give any more slots as it meant keeping the same ANMs away from their stations for a long period which adversely affected the fulfillment of their targets.

### 4. Jan - 96 to April - 97

After numerous discussions amongst



ourselves and with PHNs and the DHO at Pune, we decided to take up their suggestion to contact MOs in two PHCs and ask them for time either during their monthly meetings, or on courier day when the ANMs come to submit their reports at the PHCs.

### **PHCs selected**

Two PHCs near Pune were selected so that they could be visited frequently. We were asked by the PHCs to continue sessions after the monsoons. Since January - March are normally busy months, only one session could be held as the ANMs had to be relieved so as to reach sub-centres before heavy rains.

Fourteen ANMs whom we contacted regularly once a month were selected by us.

Method Used : Participatory training as used earlier (Ref. Annex. 3 for training contents.)

Evaluation using the same method as mentioned above. The results are as follows :

- \* 10 out of 14 ANMs improved their rapport with the women since they were able to treat their gynecological ailments.
- \* Use of home remedies increased. All 14 ANMs started using home remedies.
- \* Out of 14, 10 felt that the target free approach was correct. The remaining 4 were not convinced.
- \* All 14 ANMs came up with different problems and valuable suggestions regarding : 1. Improvement in nursing training 2. Drugs to be issued to them 3. Administration problems.

### **5. Sept. 97 - March 98 : Workshops**

We conducted workshops in 4 different

regions of Maharashtra with the objective of giving the benefit of the contact training programme to 4 other regions other than Pune, and of making our training method as relevant as possible. 240 ANMs participated in this workshop. (Geographical details in Annexure 7). The sample covered was the same as for Aayushi impact assessment.

The workshops included only ANMs and the FRCH team, and we made it a point to exclude senior health service officials so as to allow ANMs to freely express their views. The method was participatory with an emphasis on discussions with the participants. Additionally, group discussions and presentations were also arranged. Seating arrangements were circular and first names were used to remove any kind of hierarchical equations. (Refer to Annexure 3 for contents covered in the workshop.).

The ANMs all enjoyed the workshops immensely, and wanted such workshops to be held each year, not only for themselves but for other ANMs as well. For most, it was a rare opportunity to learn, and a forum to discuss their problems and views. At the end of each workshop, the ANMs expressed that it was like "homecoming" for all of them. They were all reluctant to leave and the parting was very emotional for us as well as for them.

Workshop evaluation was carried out using the method used earlier, and attitudes and skills were emphasised rather than knowledge and memory. Communication and Diagnostic skills along with attitude and perspective were focussed upon for effective field performance.



*While discussing the population issue, the relation between density of population and life-style were discussed and participants were informed about countries with high population densities and affluent standards of living, in spite of having poor natural resources. These included several examples from Europe. The group realised that high population density need not be accompanied by poverty.*

*Secondly the flaws in the existing Family Planning Programme were discussed. The Family Planning programme run by the Govt uses a target oriented approach. This was discussed in detail, and it was felt that this is not a democratic approach. Additionally, the devices presently used are provider controlled rather than user friendly. The target oriented approach results in the promotion of provider controlled mechanisms like tubectomy and IUD, rather than user controlled mechanisms like natural family planning or barrier methods. The underlying philosophy is that people are not "equipped" to deal with their own health. This philosophy also affects the extent of information given to ANMs, and thus to the community as a whole. Our discussion revealed that even the ANMs did not know about the history of the IUD, and the complication it's use may lead to. The gender bias in the approach is evident as women constitute the target group for Family Planning.*

*In U.K. for example, population levels declined only after economic development occurred. In Cuba, which is an underdeveloped nation, the population declined within a period of 25 years, since population programmes focussed upon women's education and development.*

*The causal relation between poverty and large family size was discussed. Whether a large family size results in poverty, or vice versa was the debated question. Of the 240 ANMs, 213 ( 89%) felt that poverty is the cause of large family size.*

*The exercise helped the group to understand the population issue in it's broad perspective.*

From the evaluation we gathered that :

- \* Out of 240 ANMs, only 27 said they did not believe in the target free-approach.
- \* All 240 stated that to improve the health of a village, socio-economic development is the most important.
- \* All of them expressed that they would use plural systems of medicine for treatment.

Table	
Number of ANMs contacted for training=357	
Would like contact programme	Will not like to attend contact programme
350	07

## Conclusion

With respect to initial training of ANMs:

\* **Training content :** The syllabus needs revision to make it more holistic and integrated. Apart from medicine, the training should also include subjects like legal counselling, gender issues, community organisation, communication skills, and govt schemes for development. The total training period of 18 months is too short to get acquainted with the various subjects taught. It would therefore be better to limit the training content to fewer subjects, giving greater inputs in areas that would equip them for their specific roles. The subject matter of anatomy, physiology, sociology, and psychology can focus more on areas geared to their practical work instead of being taught as abstract theoretical subjects.

\* **Training duration :** The duration should be two years rather than one and a half years, so that both social and technical skills may be enhanced.



\* **Training arena** : Rural training period should be increased and quantum of time spent in hospitals should be reduced to make this programme a truly community based programme.

\* **Training methods** : These need improvement. The teachers should be made aware of new teaching methods which are participatory in nature.

\* **Evaluation** : The training should be evaluated on the basis of attitude and skills and not only on the basis of knowledge.

\* **Inclusion of other science subjects** : Other subjects offered as a part of the Higher Secondary Course need to be included in the course so that ANMs can pursue further studies (Degrees or diplomas). The inclusion of mainstream subjects would make it possible to consider this course equivalent to Higher Secondary Course (Science).

**With respect to continuing education :**

\* Regular training throughout the service period

rather than occasional : Training should be conducted at four monthly intervals for two or three days, through out the service period.

\* Experience sharing : The principles of Adult Education need to be used and participatory approaches rather than lectures must be used.

\* Need based : Training must be need based and not scheme based.

The objective relating to contact programme in continuing education and training of ANMs is extremely relevant. Our project has achieved this objective to an acceptable degree, but if accepted at the policy-making level, it would have a wider and long lasting impact on the health service delivery system.

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## DEVELOPING TRAINING MANUALS

### Objective 3

*To develop training modules for improving the quality of basic and in-service training of ANMs through the training teams and MPW training institutions.*

The training manuals were prepared :

1. To increase the professional skills of the ANMs.
2. To enable the ANMs to reach out efficiently to a maximum number of people, with health services.

Steps carried out in the preparatory phase :

#### 1. Discussions

The people who were approached for consultation and discussion with regard to the training manual were as follows :

- a. Director, Health services, Maharashtra
- b. ANMs - 125

Western Maharashtra	-	25
Konkan region	-	20
Vidarbha region	-	70
Marathwada region	-	10

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125

- c. District Public Health Nurses (PHN) - 8
- d. District Health Officers (DHOs) - 5
- e. Medical Officers (MOs) - 10
- f. Teachers in the ANM training Centre - 12

Specifically, points relating to factors that would contribute to improvement of work performance of ANMs and factors hampering their

efficiency at present, were discussed.

The discussions revealed the bureaucratic approach of Directors, and target oriented pre-occupation of PHNs and DHOs. Teachers in ANM training centres seemed to be focussing more on hospital based technical skills rather than on grassroot level skills that ANMs require. The discussions with MOs and ANMs were most fruitful in terms of identification of problems faced by ANMs revealing better awareness of ground realities. Few were however able to give suggestions for improving the existing situation.

#### 2. Study of reports

The following reports/s studies were studied with regard to the preparation of the training manual.

- i. "Evaluation of ANMs function" published by Government of India, 1989
- ii. "Evaluation of ANMs skills" by Dr. Prakashamma, 1985. (Unpublished PhD thesis JNU), Delhi
- iii. "Women in Health Care" - by Aditi Iyer, Amar Jessani et al, FRCH, Mumbai/Pune 1992.

The GOI publication on evaluation of ANMs emphasised the target oriented approach, hence skill evaluation regarding other functions of ANMs remained overlooked. Dr Prakashamma has discussed the unsatisfactory level of skills but has not delved into the factors responsible for ANMs' inability to develop skills. The FRCH publication highlights the socio-cultural problems faced by ANMs leading to poor performance, but fails to look at the inherent



limitations of ANMs due to poor knowledge and low level of skills of the ANMs.

### 3. Field Work

We carried out surveys and interacted with the ANMs in 15 districts of Maharashtra, and 4 districts of Madhya Pradesh. (See Annexure 7)

Based on our interaction, we could arrive at the following inferences :

1. ANMs did not seem to enjoy sufficient credibility in the area of operation. This was seen to be related to inadequate diagnostic skills.
2. ANMs were often unable to establish rapport with the members of the community. This was due to poor communication skills.
3. ANMs, being women, many women come to them with women-specific health problems. However, the ANMs were not able to deal with even minor gynecological disorders.
4. ANMs are not aware of government rules and regulations as prescribed by the state government and hence are exploited regarding simple matters such as leave from work, travelling allowance, and at times, even salaries.

- All the above affected their performance in turn, affecting health care delivery.

#### What needs to be done :

1. In order to increase the credibility of the ANMs in the community, one needs to help them to improve their diagnostic skills.
2. Similarly, oral communication skills need to be developed so as to help them establish a better rapport with the community.
3. ANMs would benefit from self-learning manuals that would help them to deal with women's

health, by viewing the issue in a more holistic way.

4. ANMs would benefit from information regarding rules and regulations pertaining to their work.

Taking these needs into account, the following manuals were devised :

1. **Duva** - For information on diagnosis of diseases by gauging symptoms, home remedies, the use of medicines in ANMs kits, and tips for referral of patients.
2. **Madhyam** - For development of interpersonal communication skills.
3. **Disha** - On women and health, and women health workers.
4. **Drishti** - Information about administrative rules, education, savings and investment, women's organisations, relevant to ANMs.

#### Writing the manuals

After the contents of the manual had been determined in the above mentioned manner, we studied the available books/ manuals for health workers. These books/manuals can be broadly divided in two types :

1. Books where information has been provided descriptively.
2. Books/Manuals where information has been illustrated in the form of flow charts and tables.

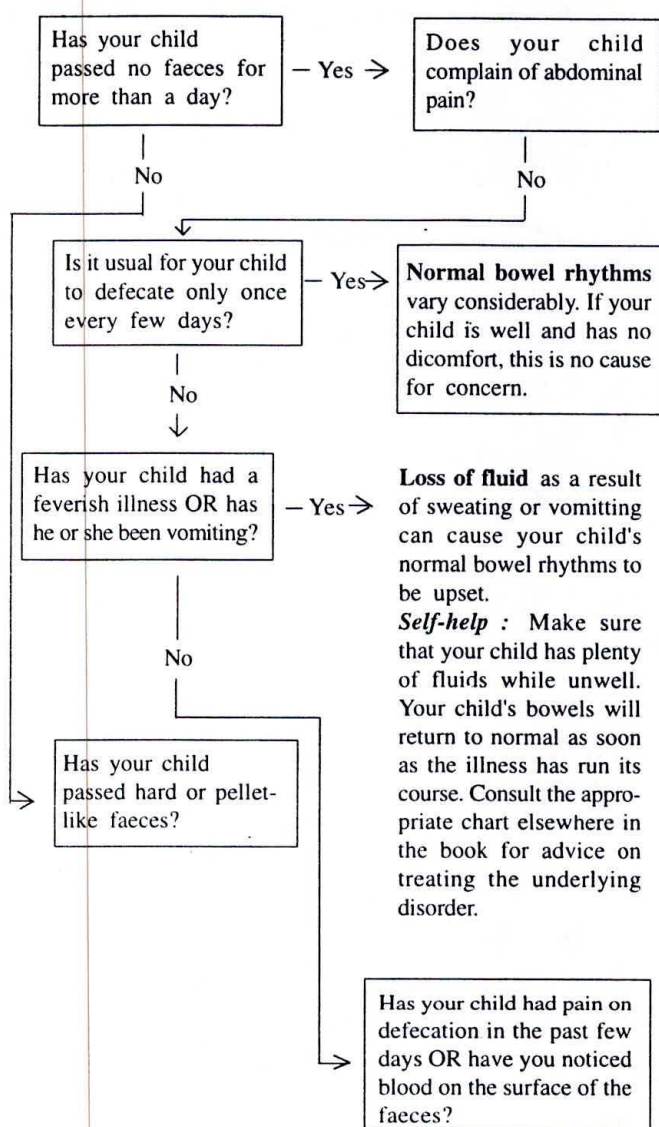
In order to field test both these methods of information presentation, we conducted three workshops with ANMs, with the help of Pune DTT, as well as with the trainee ANMs in Satara Nursing School.

In general the 70 ANMs that we spoke to were of the view that it is easier to understand



information presented in a descriptive manner. Information presented in a descriptive fashion is wholesome in terms of content, and can provide all the details as well as dimensions of a particular issue or problem. On the other hand, Tables provide information at a glance and can be consulted when quick reference is essential. Hence when information is promptly needed, such as when a patient is waiting for treatment, tables prove to be an effective mode of obtaining information quickly. We were able to ascertain that, as far as flow-charts are concerned,

#### Example of Flow Chart



the ability to translate the information presented, into action, and to understand the logic seemed to be near absent amongst the ANMs. This reflects the lacunae in the training received by them. It was therefore decided to present the manuals in text and table form.

While studying the available health manuals, an important drawback observed was that the contents are not interrelated or integrated with each other. Also the complete context of any given issue is not discussed. While carrying out a particular task or activity, the problems pertaining to technical, social or skill-related aspects might arise. However, the manuals only deal with the technical information. Taking into consideration this drawback, we have attempted to present information in an integrated manner.

When ANMs are trained in the method of water-purification, they are taught to measure water capacity of a well, based on the assumption that the well would be circular in shape. The quantity of bleaching powder to be added will vary according to the estimated water capacity. In reality, water capacity estimates can go haywire since wells are often triangular, square, or rectangular. Additionally, bleaching powder leads to death of fish found in wells. The implications of such factors remain out of the framework of the text books. Often villagers refuse to drink water out of wells where bleaching powder has been added due to the smell and the feeling that the water has now become "non-vegetarian". Further implications of this could be women having to fetch water from distant wells where bleaching powder has not been added. The final impact of this could well mean facing the hostility of village women instead of establishing rapport with them.

The solution to such a situation would be the use of alternative means of water purification, for example the use of alum or drumstick powder. Such alternative mechanisms remain out of the framework of the training books and schools for ANMs.



ANMs tend to approach a problem in a mechanical manner, rather than attempting to understand the psychology behind a particular pattern of behaviour. This in turn adversely affects the human relations aspect of the problem, which cannot be overlooked. Therefore, it is necessary to orient ANMs to approach the problems with an understanding of the perspective and socio-cultural context.

ANMs complain that pregnant women are not regular as far as attending monthly check-ups are concerned. They do not take the calcium and iron tablets given to them. Often, women are unable to attend because of restrictions from the family, or because they would lose a day's wage, from agricultural work. With respect to medication, pre-conceived notions about side effects, and actual experience especially because the instructions about when to take tablets are often vague or incomplete, lead to reluctance to follow the medication regimen suggested. ANMs often overlook these causal factors and blame women for not taking care of their own health. This affects the communication process and rapport between the ANM and the women, since women perceive the approach of ANMs as "inhuman".

ANMs need to take into account, the complete perspective, instead of having a mechanical approach.

## Manuals

### I. Duva

The important aspect in the preparing of this manual was that it was done with the complete participation of ANMs.

1. Initially, we used to initiate a discussion on some topic. Everyone was expected to contribute in these discussions. The discussions were open and ANMs responded without any prodding or coaxing.

For example, they were asked "what kind of complaints do people generally turn up with." Then these complaints were marked on the basis of frequency and intensity. After this, it was discussed whether they had any remedy or medication for those complaints. Were they aware of Home remedies? Such relevant information, as well as tips about referral were given to the ANMs. This was the manner in which we collected data during field work.

2. Based on our interaction with ANMs we arrived at the consensus that the manual would be more effective in tabular form.

3. We collected home remedies from ANMs, looked up Ayurvedic texts for remedies, and based on relevant discussions with practising Ayurvedic Vaid, in Pune, we selected certain remedies for incorporating into the manual.

4. After the format and the content were determined we prepared a manuscript and gave it to two experts for testing its technical accuracy. One of these experts was an M.D. and a practising doctor, and the other one was a Ph.D in Pharmacy and who has done research in Pharmacokinetics of Ayurvedic medicine. Their suggestions were incorporated into the manuscript.

5. Then we invited suggestion from the ANMs. This was done through the six workshops that we conducted in four different regions of Maharashtra. Suggestions pertained to language, illustrations and content.



## II. Disha (Basic Training Manual)

This manual was designed to prove useful to ANMs in their routine work, helping them tackle the difficulties they faced as women professionals in the rural community. Similarly, it aimed to enable ANMs to find alternative solutions for their problems and women's health problems.

In this manual, a story format has been used taking an ANM as a central character. This was done to make it interesting and readable. Through the central character, a representative ANM, we have attempted to present how to tackle the problems faced by an ANM, how to deal with the difficulties encountered while working as a woman at village level, and how to deal with health problems of women. Some of the difficulties pertain to problems faced, as a woman who does not belong to the place where she works, rather than to difficulties faced as an ANM. Such difficulties can be best handled in a story form.

While writing this manual, various relevant issues such as 'interpersonal behavior, the need to understand others' cultures', the link between political processes which impinge on health issues positively or adversely thus affecting health problems, status of women and their impact on health - have been discussed.

1. We had discussions with 20 village women and tried to understand their specific difficulties regarding women's health issues.
2. We presented these difficulties to the ANMs, and discussed how these difficulties could be handled.
3. We tried to understand the problems of

ANMs, and if in the discussions, it came out that they had attempted to solve their problems through existing methods or in an innovative manner, we noted this down. The experience sharing exercise helped us to find feasible solutions to the problems of the ANMs.

4. After this process was complete, we prepared a manuscript of the manual, and gave it to experts for suggestions. The experts comprised of a senior anthropologist, two gynecologists, and an M.D. doctor. We incorporated the suggestions of these experts in the manuscript.

5. Illustrations included in the manual were selected by conducting an opinion poll among ANMs, in which they were asked to select one out of three different styles of pictures. This was done to make the manual as 'user friendly' as possible.

6. Then we invited suggestions from the ANMs. This was done through the six workshops that we conducted in four different regions of Maharashtra. Suggestions pertained to language, illustrations and content.

## III. Madhyam

This manual was designed to improve the communication skills of the ANMs. The manual contains the experiences of different organisations who have attempted to build up a rapport with the community, based on health issues. By giving a summary of the article at the beginning, we have attempted to focus the subject clearly. The manual also explains how to initiate work in a village.

1. We carried out discussions with ANMs in 15 districts of Maharashtra. We were able to identify the various strategies and methods used by ANMs while working in the villages through these discussions, which have been incorporated into the manual.



*One ANM initiated a 'Mahila Mandal' or women's group as well as a 'Bhishi' or rotating fund in the village. This helped to establish rapport with women in the community, and she was able to carry on her tasks ably.*

*Similarly, another ANM began to use herbal medicines for treatment when the drug supply she received was found to be insufficient. For this, she had to study a few books on Herbal remedies. This practice helped her to establish rapport with women in the community.*

2. We carried out discussions with a few organisations involved in the field of health education, and incorporated their experiences in the manual.

*The experience of a doctor working in the slums of Pune, in the field of contraception, provided interesting material that could be incorporated into the manual. This doctor makes it a practice to read a story about unequal decision-making power to couples visiting him for contraceptive advice. Through the story, he conveys how women bear the brunt of taking the complete responsibility for contraceptives, because decision-making powers vest with the male. Women are brainwashed into believing that the burden of carrying out contraception lies with them. The story tries to impart the message that males also have equal responsibility of contraception and should take an equal part in the process.*

#### **IV. Drishti**

This manual has been prepared to explain the meaning of administrative rules and regulations using a simple language. Not only rules and regulations, but also additional topics like Saving,

Women and Law, Hostel accommodation for working women and Further Educational options for ANMs were covered.

1. We noted down the difficulties encountered by the ANMs during our field work.

*In one case that we came across we found that one ANM who had to spend Rs.7500/= to have her Travelling Allowances bill for the amount of Rs.5000 passed. The story runs as follows :-*

*The total area under this ANM's jurisdiction was about 100 sq.Kms. The ANM being under the impression that her money would be re-embursed, continued to bear the travelling costs for 2 Years. In the hour of need at the festival time she tried to claim the money due to her. She was made to pay Rs.2500 as underhand money to grease the bureaucratic machinery which after this acted with unusual speed to pay the bill. At the subsequent Audit, this payment was objected to as being time barred and recovered from her salary. The net effect of this was that she lost Rs.2500 for wanting to claim her rightful dues, as well as the Rs. 5000 due to her as Travelling Allowance.*

2. We gauged their level of information (regarding administrative rules) by getting a questionnaire filled from them. Based on this, we charted out the manual.
3. After the topics/issues had been pinpointed, we researched on the relevant rules and regulations, and simplified language.
4. Thus, having prepared the manuscript, we consulted the relevant authorities,(Zilla Parishad Administrative Officer and Accounts Officer) for obtaining their suggestions.

**\* 229 ANMs have shown willingness to purchase Manuals.**

**\* Thus we can conclude that project has achieved its objectives to a high level.**



### 3. Activities

*List major activities planned and compare with end of project status. Give main reasons for major deviations, including such related to performance of recipient institutions and DANIDA*

1. Production of the Journal
2. Preparation of the Mailing List
3. Field Surveys done to assess impact of journal.
4. Contact training programme of ANMs through Nursing School.
5. Preparation of training manuals.

The major deviations in it.

At the Government ANM training schools the authorities were not willing to release final year students for training. For our purpose the first year ANMs were completely inexperienced and totally lacking in field experience as our training impinged on continuing education and not merely initial education. Hence, since no purpose would have been served by training the first semester students, the Government training schools could not be incorporated in our schedule and training was conducted in two PHCs.

2. *To assess the impact of journal we conducted workshops in four different socio economic regions of Maharashtra.*

### 4. Efficiency

*Assess :*

*Whether plans of action were realistic and adequately prepared.*

FRCH's project proposal to DANIDA in connection to the project " Training support for

ANMs in Madhya Pradesh and Maharashtra was submitted in 1992. The above mentioned project was sanctioned in October 1994. The Principal Investigator of the project left FRCH unexpectedly in January 1996. The Project team then realised that some aspects of the initial project proposal needed to be revised.

#### 1. Magnitude of objectives stated in proposal which included :

1. Training of ANMs
2. Production of the monthly Journal in two languages;
3. Production of four manuals.

#### 2. Budget allocation which had not accounted for inflation since 1992.

**3. Personnel :** In view of the objectives, the number of personnel budgeted for, viz 1 doctor and 1 nurse, were found to be inadequate for the function to be undertaken. A much larger number of staff members of above categories would have been needed for proper training of ANMs, preparing manuals, and publishing, technical aspects of the journal.

The Journal 'Aayushi' was distributed to 15,000 ANMs in Twenty-nine districts of Maharashtra and Seven districts of Madhya Pradesh. Constructing the Mailing List for this distribution itself proved to be a formidable enterprise. Management of the entire mailing list for a journal of this magnitude required additional recruitment of at least two additional personnel, for without this, the loss during delivering of the journals to the desired audience would have been unacceptably large.

**4. Travel and training :** Travel and training are two distinctive heads which should have been budgeted differently since there were many



occasions where travel was under taken without implicating training such as for feedback surveys and updating of Mailing list. Several surveys needed to be conducted in Maharashtra and M.P. The distances covered were often considerable. The distances covered by Jeep in a day were often over 400 kms and expenditure incurred was approximately Rs.1500=00 per day. The budgeted amount of one and half lacs in the project Proposal hence proved to be unrealistic.

Nevertheless, the mid course corrective measures instituted or observing the unpredicted difficulties when submitting the initial research proposal have proved to be effective in achieving the major objectives. The staff as well as the Funding agency have shown extensive adaptability of which latter has been greatly appreciated.

*Assess:*

*The quality of Project organization and management.*

As mentioned previously, the management of the project was complicated by the unforeseen resignation of the Project Officer midway in the project which entailed involving changes in personnel and budget.

*III. Assess : If any major project reformulation took place during the implementation :*

The major reformation of the project in the course of its duration were : 1. The ANM training schools do not normally have continuing education programmes as the employed ANMs would be working in the field and would have rarely the time and opportunity to avail of such programmes.

We were compelled to conduct training with student ANMs who as yet had no experience in the field; in a representative ANM School. Since

the inputs for continuing education should reflect problems encountered by ANMs in the field, we held regular meetings of ANMs working at PHCs/ Subcentres. In the course of these meetings Participatory training was conducted.

While the Training of ANMs in Nursing Schools was not achieved, extensive workshops were conducted in the four different regions of Maharashtra which helped to improve the quality and relevance of the manuals. This also helped to achieve ultimate personal contact during training sessions with ANMs selected through random sampling.

*IV. Assess the way in which external factors have affected project implementation.*

Various external forces affected the development of the Project.

I. Contact Training Programme related issues

1. The Government of Maharashtra objected to the forming of groups of ANMs at Taluka level for training purposes as it feared, that doing so would provide a platform for the ANMs to unionize.

2. At the Government ANM training schools the authorities were not willing to release final year students for training. For our purpose the first year ANMs were completely inexperienced and totally lacking in field experience as our training impinged on continuing education and not merely initial education. Hence, since no purpose would have been served by training the first semester students the Government training schools could not be incorporated in our schedule.

3. The District training team was unable to provide the same ANMs consistently for contact training program as it required that the ANMs for this would have to take time off from their regular duties in

the Primary Health Centres and Subcentres. Continuous absence of such ANMs from duty would have created administrative problems.

#### **Mailing list problems concerning the journal :**

Mailing problems manifested as unexpected difficulties in distribution of the journal to its vast readership. We were informed by the postal department that since there are few permanent postal employees in rural areas as opposed to those working on daily wages, accountability and work efficiency are generally lacking.

#### **Administrative Issues**

The ANM is at the lowest rung of the public health system. In order to bring any meaningful changes in the system, inputs should be offered to the administrators in the system also. To expect ANMs to institute changes in health care delivery system while they lack any significant say in planning and management and mode of implementation is unreasonable.

### **5. Sustainability**

#### **Economics of the Journal**

Expenditure on any kind of publication can be divided in the following categories :

1. Expenditure on salary	50%
2. Expenses on paper	30%
3. Expenses on printing and labour charges	20%

Thus to recover the full expenses from subscription is difficult. FRCH is trying to generate subscription and at the same time would reduce the quality of paper and manpower at present on the project.

We have already received subscription from people of the following categories :

ANMs - 300

PHC Staff - 25

NGO - 250

Thus FRCH has decided to continue publication of Aayushi and further promote Aayushi for subscriptions.

FRCH will conduct workshops for ANMs in all the 29 districts of Maharashtra. Through these workshops, we can conduct continuing education of ANMs as well as raise subscriptions and promote manuals.

### **6. Possible Future DANIDA Support**

FRCH would appreciate it if DANIDA can support such an activity as publishing a journal in Madhya Pradesh.



## 7. Other Comments and information

During our interaction with ANMs the following problems were brought out which make their work less effective than desired :

1) Working area of most of the ANMs was spread out. This results in reduction of effective working hours. The average time spent by the ANMs in reaching their place of duties was 2 hours (ranging from a few lucky ones needing only 30 minutes to those needing as much as 6 hrs each way.)

We cite one of the examples found in the tribal districts of Melghat and Gadchiroli. In this area some of the ANMs have to walk 22 Kms each way. During this walk they have to climb up and down a few hills, cross a river where there are no bridges. No transport is available as there are no roads. The problem becomes severe during the monsoons as these being forest areas, the rainfall is very high.

2) Another problem is that of the population assigned to each ANM. Govt Directives assign 5000 people per ANM in plains and 3,000 people per ANM in tribal/hilly areas. But in practice it is found that on an average an ANM looks after anything between 7,000 to 10,000 people on the plains, and around 4,000 people in hilly/tribal areas. This obviously is beyond the average human capacity. Disregarding this background, ironically, the Nursing Council of India claims that ANMs are not competent enough and hence advocates the closure of ANM schools to be substituted with General Nursing & Midwifery Schools. Moreover, the State Government claims that stipulated target of the number of ANMs required has been met, ignoring the reality.

In actual fact, the work load and professional responsibilities of these ANMs have increased many fold as is evident from the average population catered

to by the ANMs in practice and the different programmes implemented through ANMs.

3) Drug requirements & Supply : In order to enable the ANMs to perform more effectively it is of paramount importance that they establish a very good rapport with their community. The felt need of the community is getting their ills cured and NOT prevention. It is found that the ANM drug kit has more preventive medicine than curative which decreases her utility for the community. Also, drugs have made available with the ANM at the hour of need of the intended beneficiaries (or more specifically, all the year round) especially during the last quarter of the financial year. (Drug list given by ANM attached, refer Annexure 4)

4) The target free approach directed by the Govt is only on paper and NOT in practice. Moreover tubectomy is traded in exchange for a favour like special treatment at the school, extra ration for grain at fair priced shop, settling land disputes etc.

Given this context, the ANM is a non-entity as she can grant no favours and is thus unable to meet her targets. Hence, to keep her service record untarnished, she has to literally buy the cases. Upon speaking to the ANMs they suggested that Family Planning targets to be set for the village as a unit and NOT for individual ANMs. Another cause for worry is the recent Govt directive of making Small savings target of Rs.10,000 per ANM. As it is, Family Planning targets have placed ANMs at a disadvantage with their community, collection of money will further create a barrier in building rapport with the community.

5) To compound the problems and the difficulties of the ANMs there is NO continuing education being planned or implemented for them.



6) The ANMs are not aware of the conditions and terms of the service. A sad example is that on the one hand Earned Leave is sanctioned and on the other hand some MOs make them write that they are working of their own free will and then call them to work, as a condition for sanctioning their Earned Leave. All these difficulties result in adversely affecting the output, effectiveness and efficiency of the ANMs.

7) Tedious Record keeping is being asked to be maintained by the ANMs, at their own expense to the tune of Rs.1000 p.a. This system of Reporting takes up 20% of the working time, thereby seriously hampering the general performance and output.

ANMs have to reside at the sub centres, and thus land up maintaining in certain cases two establishments or even three. In some cases thier husbands have to leave their jobs to stay with them. It also some times forces them in keeping their children at the District place for education purposes, resulting in further strain.

8) The training programme for the ANMs should be revamped and made more in alignment with the local conditions likel—

a) ANMs stationed in tribal areas should be more aware of problems to be faced by them while working in the forest. To emphasise this we quote two instances;one with extremely tragic consequences and the other not so tragic but both emphasise orientation of the ANMs to the local conditions.

b) Similarly, ANMs in or around Urban areas should be more conversant with pollution and related issues rather than snake bite remedies.

The first instance involves a tragic death of a man by tiger mauling. In Melghat an ANM spotted

a tiger lurking near her house in the middle of the night. Upon narrating this to the villagers the ANM was informed by the locals that she should be prepared for the tiger prowling around that area again. Being unaware of the habits of the tiger the ANM was disbelieving. As predicted by the villagers the tiger came there again the following night. The ANM was scared and called out for help. A neighbour obliged. The tiger turned and attacked the man. He was mauled to death. Had the ANM been trained in jungle culture this probably would not have happened.

In the second instance a pair of ANMs were nearly trampled to death by a herd of stampeding bisons. It was sheer luck that they escaped by seeking shelter in a depression in the ground in the dry water course that chanced to be in the vicinity.

### **Suggestions of ANMs with policy-relevance**

1. ANMs would like government to build hostels for their children at district places where accomodation would be made available at a subsidised rate.

2. ANMs would prefer it if govt. can provide a fixed amount of money for TA, Medical bills, Leave Travel Allowance etc and provide it alongwith their salary. Their salaries and bills should be paid through a bank.

3. ANMs have suggested a list of drugs that they should be supplied and quantities to be supplied (Refer - Annexure 4)

4. ANMs would like their training to be improved upon.



### Some Successes of ANMs

1) One ANM stationed at a Sub centre in a PHC in Pune Dist., when she first reported for her duties, found that there was total chaos in the place and that the system had completely broken down. She took this opportunity as a challenge as she was determined to change the state of the community's health. She had to start from scratch and trust her instincts to take the necessary steps. She instinctively started on the right course. She decided to make the women of the community her allies in this reformation. The first step she took was to get them together by organising several activities for them like chit funds etc, which simultaneously gave them a little financial freedom. In our society, the money makers are policy makers. This new found financial freedom made the women bolder. They were eager to get together and do something useful. The positive results emerging from her efforts convinced her of being on the right path and this bolstered her confidence. She decided to teach women to read and write and started literacy classes in the evening, daily. Soon the ANM had made herself indispensable to the community and developed excellent rapport with the community and earned their respect. No festival or function, large or small was complete without the ANM as the honoured guest. Its practical fallout was that instead of her going on home visits, it was the community that came to her to get treated. This resulted in a wider reach and better hygiene in the community under her charge.

2) Another ANM in the same area who was physically handicapped had to travel a distance of about 12 kms. to her workplace. This was a superhuman effort when one considers that both her legs are damaged permanently by polio. To overcome her handicap she taught herself home remedies by attending a course on this subject. She found these

remedies to be very effective. This also had the advantage of her not having to rely on the inadequate supply of the drugs. In spite of the handicap she managed to fulfill her responsibility of bettering the health of the community assigned to her. She made the community aware of the local medicinal herbs, shrubs and home remedies which is certainly the job entrusted to her.

3) For the ANM to be able to discharge her duties fully and efficiently it is necessary to create a rapport with the community, which requires a knowledge of the people's language, especially in rural areas where literacy is almost non-existent. This creates a problem for those ANMs in the border areas as many dialects are spoken simultaneously. In the border regions of Gadchiroli District people speak a variety of dialects including Marathi, Telugu, Hindi, Gondi and even Bengali since they reside together. For instance, A Marathi speaking Telugu ANM was posted in area of Gondi speaking the language of the Madia tribe. This created a language barrier. Moreover, some local youths harassed her. She was considered a fair game due to her unmarried status. Instead of getting frustrated by the situation she had a local Marathi speaking Madia woman appointed as her attendant with the cooperation of her MO. With the help of this new attendant who could and did act as her interpreter she was able to discharge her duties fairly successfully. The ANM learned Gondi from her attendant in due course and the problem was solved.

4) One 42 year old ANM narrated her own experience in an open meeting.

She came from a farmer's family in a remote area where there were no educational facilities. The local school taught only upto the 4th standard. Her family could not even afford the 4th standard



education for her and she had to leave school after passing the 3rd standard. As per the custom of her village she was married off quite early.

Though schooled only upto 3rd standard she was intelligent and dynamic. She tried and solved whatever problems her village dwellers faced, be it a family problem or a drinking water problem. Slowly she took charge of the women of the village and their problems. As a result, she was later on, elected to the Gram-Panchayat.

The Gram-Panchayat Head, seeing her intellect and leadership qualities, advised her to complete her schooling and at least get through 7th standard so that after that she could directly appear for her S S C. Having no time for schooling, she went to her mother's village with her 3rd standard passing certificate, where she bribed and cajoled to obtain a 7th standard passing certificate with the help of her old teacher from a neighbouring village. Now that the first obstacle was cleared she had to pass her S. S. C. Examination.

If she could pass her S.S.C. then it would be advantageous for the village, her family and her own self. The Z P Sabhapati advised her to appear not from Maharashtra where the standard is higher than that of neighbouring Karnataka. Moreover, it was easier to pass by copying, if necessary where supervision at the S.S.C. exams was more lenient, specially in the rural centres. Accordingly, she filed her application for S.S.C. Exams from a neighbouring Kannada school. However, this created a problem in that her language paper would be in Kannada which she was not acquainted with.

She started to prepare three months before the Exams by copying verbatim from the guides and books. She first had to locate the question then search for the answer and then make the copy. Slowly, she got better acquainted with the language.

At last the examination day arrived. As expected, she was to appear for her papers from a rural centre. She approached the supervisor to allow her to copy the answers. He refused but she kept on requesting till the fellow relented. He agreed but told her that he would not shield her in the event of a visit by a flying squad. Unfortunately on the 5th day she was caught copying by a flying squad led by a lady officer. Before she could be given any punishment she caught the lady officer's feet and explained to her the situation. The officer was so impressed that she herself wrote the girl's paper. To disguise her hand writing she even wrote with her left hand. When the results came, she found that she had got through her S.S.C.

As soon as the certificate was awarded she submitted the same to the friendly Z P Sabhapati. He used his influence to get her admitted into the ANM Training School. At the ANM Training School she was the senior most student. During the training she helped her batchmates with various problems.

Upon completion of her ANM training she was posted to Kolhapur Z.P. as an ANM. When she reported for duty she was unable to obtain a place to stay for herself, as she was mistaken for a Dalit since her surname was identical with that of Dalit families residing in the village. Due to the strong casteism prevalent in the area, she had to take up residence in the Dalit area. She took this as a blessing and started her work as ANM in her own locality.

Subsequently she earned the respect of the entire community who as a token of their appreciation offered her a better choice in accommodation. But she preferred to stay in the same accommodation among the Dalit community from where she works for the entire community. All her children are well educated. One of her daughters has followed her own footsteps and is presently undergoing ANM Training.

□□



Budget Expenditure								
Income Received					Expenditure			
	1st Year	2nd Year	3rd Year	Total	Project	Actual	Balance	Variation
1. Grants received	21,55,460	19,63,460	19,63,460		1. Personnel	15,10,380	27,94,458	-12,84,078 -85%
2. Annual Increment	----	2,94,519	3,38,697		2. Publication	40,56,000	31,32,733	+9,23,267 22.76%
	<u>21,55,460</u>	<u>22,57,979</u>	<u>23,02,157</u>		3. Miscellaneous	5,16,000	13,63,837	-8,47,837 164%
				= 67,15,596	4. Capital exp.	—	1,02,600	—
					5. Interest ret.	—	6,68,914	—
		<b>Total</b>		<b>67,15,596</b>	<b>Total</b>		<b>73,83,628</b>	

Balance = 67,15,596 - 73,83,628 = -6,68,032 only

Contingency to be received from DANIDA = 6,71,559

## **1ST October 93 - 31ST March 98**

### **Reasons for variation in Budget projected and actual expenditure**

#### **I. Personnel**

Expenditure incurred on salary was high due to

1. FRCH revised its Dearness Allowance grant; HRA and CCA were increased.
2. Annual increment to the staff.
3. The projected salary scale listed for the position of typist/clerk is low as compared to that in existence.

#### **II. Newsletter**

The expenditure incurred on publication is less than the proposed amount on account of various reasons;

At the time of preparing the proposal, printers' quotations were invited from Pune and Mumbai where paper/printing costs are very high. We looked further afield and found quotations stating reduced prices in Belgaum, Karnataka.

The price incurred on the Newsletter has decreased as we were compelled to go in for a paper of slightly lower weightage (70 GSM) as the regular paper of (80 GSM) was not available in the market. This change has accounted for a reduction in the cost.

#### **III. Consultancy**

The expenditure incurred on consultancy was low because many of the articles, art works and translations were done by F.R.C.H. staff.

#### **Use of Library & Documentation facility**

The expenditure incurred was above the projected budget as work on manuals required extra library facilities to be used other than F. R.C.H. resources.

#### **IV. Miscellaneous**

Travel and teaching, training and evaluation was considerably high then the stated project budget proposed, but in the field, we realised that using a public transport to visit ANMs was time consuming and not economical and amounted to low coverage of ANMs. So it was decided to hire private vehicles to visit PHCs/Scs.



## **V. Printing and Xerox**

Mailing list was updated and computerised. Computerization of the mailing list had not been envisaged in the project proposal. But it was included by us out of sheer practicality. Thus the actual amount spent on printing/stationery is much higher than the original proposed amount.

To facilitate mailing the computerized addressess of each individual receipient were printed out on to a thin wrapper encircling the issue for postal purposes. The sticking of the issue required additional manpower hired specially for the purpose.

## **VI. Postage and Telegraph**

Charges rose as we started posting the newsletter to a 1000 NGOs for promotion purposes.

## **VII. Office Rent/Repairs and Maintainance and Sundry Expenses**

The expenditure includes repairs and maintainance as well. It was realized in the 2nd year when appropriate storage and working spæce was found that rental charges would include maintainance of office equipment as well as premises. The wear and tear of computers, printers, xerox machines were considerable as should be expected in the context of publishing a regular journal.

## 'Aayushi' - Social Inputs

MONTH	FOCUS
APRIL 1994	<p><b>1. Editorial</b> The title's meaning; explanation of the Layout's logic, into a magazine section + Manual; need to establish a dialogue with the readership, to ensure the journal's quality.</p> <p><b>2. Article</b> <b>Dr. Ambedkar's Views on Family Planning :</b> The article reviews Dr. Ambedkar's strict advocacy of enforced Family Planning to control population and poverty-related problems. The article however, speaks about how large families are needed to compensate for child deaths, a frequent phenomenon among the poor.</p> <p><b>3. Story</b> <b>Mulgi (Girl)</b> About a 16 year old girl who wants to complete her education, rather than be married off young. The girl's aunt tells her that the changes prevalent today were due to the struggle of Phule, Agarkar, Karve and other social reformers. The story endorses that Gender inequality is a social, not biological issue.</p> <p><b>4. Poem</b> <b>(by Asavari Kakde)</b> about a woman's quiet self-assurance and strength in being able to express herself when needed.</p> <p><b>5. Report</b> On the opening of the Feminist Health Centre at Saswad. The report describes the Centre's focus on treating health problems holistically, taking into account the need to open up the underlying mental problems of women patients, and not just function as a medicine distribution centre.</p> <p><b>6. Poem</b> Translation of <b>Shehnaz Sheikh's</b> well-known poem originally written in Hindi. A mildly satirical poem about a woman's letter to her husband in Dubai asking for his permission for every petty issue in her life. Makes a firm political statement.</p>
MAY 1994	<p><b>7. Editorial</b> Focus on May 1st as <b>International Workers' Day and International Nurses' Day.</b> The editorial makes a plea for the labour conditions of working womens' contending with unequal payment, lack of maternity leave, creches or even toilets. Women's double workload-professionally and domestically and its social, rather than biological expectation, is questioned. The dedication of pioneers like Florence Nightingale is admired, while endorsing that individual Nurses' work constraints and family pressures may make such dedication difficult. The editorial urges nurses to come together and share their problems with their colleagues, leading to the formation of an organisation based on shared interests, helping them fight their own battles.</p>



MONTH	FOCUS
	<p><b>8. Article</b> Describes a woman as an 'Ashtabhuja Devi' an eight-armed Goddess, holding household implements. The conditions of women's double load; and work devoid of appreciation; the lack of rest or 'leave' or salary', the low self-esteem of being a housewife and the feeling of 'doing nothing'. Details of juggling housework and professional life are discussed.</p> <p><b>9. Book Review</b> of <b>Mi Nursabai ( I am a Nurse</b> by Medha Kirane) Discusses the book's focus of looking upon the hospital system's view of nurses as parasites.</p> <p><b>10. Biography</b> Case Study of an ANM. The job taken up to assist the woman in her domestic tragedy, leads to the ANM's self-development and public regard in the village. Yet, acknowledges that ANMs feel less respected than their male counterparts.</p> <p><b>11. Interview</b> With Anuradha Athavale, the Leader of the Nurse's Union in Pune. Reflections on how the Union was started, the difficulties faced. Now, 20,000 nurses are enrolled and the Union runs various schemes, including creches.</p> <p><b>12. Poem</b> Based on the children's Nursery Rhyme- 'Sang Sang Bholanath', talking about gender inequality between a little girl and her pampered brother.</p> <p><b>13. Article</b> Gives a positive, constructive alternative of natural family planning as against artificial methods of birth control, emphasising on the empowerment of women by a new approach to body and sexuality. An account of a programme with women, aimed at family planning by the "mucus method"</p>
JUNE 1994	<p><b>14. Editorial</b> On International Environment Day June 5th The Relationship between health and environment is studied, raising questions of mankind's survival of all round pollution.</p> <p><b>15. Biography</b> of <b>Dr. Vandana Shiva</b>, the well-known physicist and eco-feminist, whose major work is in the field of environment and bio-diversity. She comments on how seed keeping and biodiversity, traditionally part of a woman's preserve are now corporate or nationalised ventures, involving commercial forestry and hybrid seeds, which have ironically reduced bio-diversity.</p> <p><b>16. Article</b> On the redundancy of traditional forms of extortionate marriage, like the 'Pakdaowa system in Bihar, where a man is kidnapped by a bride's family and married off at gunpoint. The article questions the basis of such a marriage.</p>

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JULY 1994	17. Story	Initial story of a serialised story: <b>Radha ki Kahani</b> (Radha's Story)
	18. Biography	An ANM recounts some remarkable experiences gained while working among the Dhangar tribals (Shepherd) <sup>s</sup> , tressing the immense goodwill gained, due to kind and appropriate medical intervention,
	19. Article	Natural Family Planning (Continued from previous month) An explanatory article with illustrations, aiding women to understand their menstrual cycle through three signs vaginal mucus, cervical position and vaginal temperature, in order to use this knowledge to control and make decisions about conception and understanding their own bodies.
	20. Editorial	Based on a poem by Bertolt Brecht, questioning the basis of poverty. Is poverty on account of being illiterate, superstitious, lazy, excessive population, lack of agricultural land or industries? Or is it due to economic disparity, where a few people exploit others in all ways, economic, political, cultural, social? The editorial exhorts people to reduce this disparity first, rather than going in for intensive forms of development like the Green Revolution.
	21. Report	On <b>Medha Patkar</b> and her vision of Development.
	22. Story	Further serialisation of <b>Radha ki Kahani</b> .
	23. Book Review	of the book ( <b>Adolescent Children: Their Problems and How to communicate with them</b> , by Lata Katgane)
	24. Biography	Of Dr. Kanna Madhavi, the first Adivasi (Tribal) doctor. The struggles of the man to gain a good education, without parental support or understanding. The doctor's wish to retain the human touch and his wish to work in Government PHCs in the rural and tribal areas.
	25. Article	A short piece looking at menstruation from the point of view of understanding the female body and its working, instead of negating and repressing it as a taboo subject.
AUGUST	26. Editorial	On India's 47th Independence Day Analyses the term "We have freedom". "We" connotes males, not females, as after 47 years of Independence, India has not seen much change in woman's status, with the perpetuation



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	of female foeticide, dowry deaths etc; though Nehru had stressed women's education, gender, class and caste inequalities still exist, making it impossible to claim that <b>we are free</b> .
27. Article	On why Religious functions are always related to <b>Women</b> , particularly fasts and ceremonies or sacrifices. The context of these rituals in the current climate of social change would need to be reassessed.
28. Biography	An ANM's account of her experience in saving a newborn baby left for dead and abandoned by its superstitious father, who believed it to be an avenging ghost. The ANM's role in mobilising the police and getting the baby to hospital, was crucial.
29. Poem	on <b>Mother</b> , where the daughter - narrator addresses her mother's tendency of covering up her frustrations and disappointments, without letting them taint others, while yet spreading her love and giving her children the chance to dream and grow.
30. Article	An insightful article, approaching the issue of female sexuality and its negation in society, beginning with an acquaintance of the female external sexual organs. Attempts to break the conventional misconceptions and negative perceptions accorded to female sexuality.
SEPT. 1994	31. Editorial Commemorates Teachers' Day (September 5th) and raises the issue of how teachers should be instrumental in changing the Public perception of women, looked upon as sex objects (in the light of the recent Jalgaon and Sawantwadi sex scandals). ANMs too have a clear didactic role in society.
	32. Story <b>First Sati</b> - Based on the Roopkanwar story and the evil arguments determining a young widow's being burnt.
	33. Biography On transfers, hanging like a Damocles' sword over most ANMs' heads, since their marriages, husband's careers and children's education are all compromised in the context of transfers. The situation perpetuates, as ANMs say nothing against it.
	34. Story Continued serialisation of <b>Radha ki Kahani</b> .
	35. Article On the Population and Development Conference. Questions whether it is third world over-population or first world over consumption that leads to environmental damage. The context

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	<p>of more children where there is high infant and child mortality. The injustice of contraception being seen as exclusively a woman's responsibility though women are fertile for only a short period every month, as against man's constant fertility. A discussion of the Government's Family Planning policies and current 'Cafeteria approach' ensues. A plea for Development and education as the best Family Planning method is made.</p>
	<p><b>36. Article</b> A detailed understanding of the monthly cycle, explaining the internal sexual organs, and the various processes, involved in the transmission of the ovum from the ovaries to the uterus. Combats the misconceptions which are based on ignorance, regarding this knowledge.</p>
	<p><b>37. Article</b> Gives preventive measures at home and community levels, to control mosquitoes and prevent the onset of malaria. An account of the work done by the Malaria Eradication Programme, and makes suggestions for its better implementation.</p>
OCT. 1994	<p><b>38. Editorial</b> Discusses the Bhopal issue. (The anniversary of the Bhopal Gas disaster falls in December but the December issue would be a part of the Diwali special). The editorial discusses industrialists and exploitation. The difficulties of getting compensation for the sufferers in occupational health hazard cases is brought out.</p>
	<p><b>39. Story</b> About the ironies of the son-syndrome in old age. Society encourages women to neglect their daughters, even though it is often the daughters rather than the sons, who may guard their parents in their old age.</p>
	<p><b>40. Article</b> An obstacle in women's development is that very few women are part of the decision making process. Though 34% of the workers are women, only 5% are at the decision-making level. At UNESCO, too there are 175 people, of whom only 3.5% are women. This disparity, caused by women's prioritising of family considerations over career goals is a development issue, women are, largely, less concerned with ruthless exploitation.</p>
	<p><b>41. Story</b> Continued serialisation of <b>Radha ki Kahani</b>.</p>
	<p><b>42. Article</b> Discusses the concept of 'Anaemia' and brings out the possible causes for decrease in the percentage of essential components of blood.</p>



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DIWALI ISSUE November- December 1994.	Violence is considered as a major mental health problem not normally considered an important matter. This issue is concerned with women, health and violence. (by Manisha Varma, originally written in Hindi)
43. Theme	
44. Poem	(by Manisha Varma, originally written in Hindi) about a girl foetus, telling her mother not to go in for an abortion.
45. Editorial	Talks about society celebrating Diwali as a family occasion. Until family violence is resolved, there is no genuine togetherness or feeling of celebration. The editorial advises ANMs to deal not only with the physical ailments, but also with the mental traumas of their patients.
46. Story	<b>Ratna</b> (by D. S. Salgaonkar, A police Inspector, based on an actual case study.) A story about the all-round inhuman treatment. Meted out to a young woman Ratna, who is treated cruelly by her in-laws and attacked murderously by her own father and brother, in order to get rid of the burden of her responsibility. Rescued by the PI from drowning in a river, she is then placed in a remand home.
47. Article	<b>On family Violence</b> (by Asha Mundle). The reasons behind family violence are delineated: lack of democracy in the household; irrelevance of children's opinions, patriarchal dominance being taken for granted; acceptance of physical abuse.
48. Article	<b>What Sita did not say.</b> About the injustice of Lord Ram's Ayodhya where all except Sita can expect to receive justice; as shown in the Agnipariksha or test by fire.
49. Article	<b>My Experiences with Adivasi (Tribal) Women</b> (by Anutai Limaye, a renowned social worker) About the anti-alcohol movement initiated by tribal women, compelled by their economy to brew alcohol and tortured by drunken husbands' violence, which is explored. When told to stop brewing rice beer, which sold at Rs.2/- per glass, a tribal woman asked for alternative occupation. The social worker arranged for an alternative occupation, which the tribal woman readily took up.
50. Article	by Abhay . The poem rhetorically describes a rape victim as resembling not a woman, but a skeleton; if she dies, her

- 'honour' is preserved; if she lives, she is considered a fallen woman. The double standards are castigated.
- 51. Article**      **On Violence** ( by Manisha Gupte, Director of MASUM) discusses the genesis of violence springing from the interaction of patriarchy and social politics. The woman's loss of identity after marriage into a different village and the culture of silence that endorses silent acceptance as the hallmark of a 'good' woman are some of the issues raised, as creating the basis for socially sanctioned violence against women.
- 52. Story**      **Twentieth Century Shylock** (by Dr. Satish Kulkarni) About a tribal girl's self-assertion in getting her own way by outwitting- and subverting her father's subservience to an extortionate moneylender by agreeing to marry the latter-day Shylock and immediately eloping with her real lover. By subverting a marriage made on false premises, the tribal girl asserts her moral and sexual freedom of action.
- 53. Article**      **Are Women their Own Worst Enemies ?** (by Vidya Kulkarni) A scathing look at patriarchy where a woman's 'goodness' is dependent on a man-centred perspective. Women in a family are required to talk against each other in order to maintain the primacy of the man; life degenerates into a perpetual conflict of arguments and interests.
- 54. Book Review**      **Aparajita's Expiration** (ed. Vidya Bal) reviewed by Mandakini Bharadwaj - The book details women struggling against adverse circumstances.
- 55. Story**      **Can you Believe That It's True ?** ( by Kusum Nargolkar), About an Adivasi tribe, where the common ailments that people suffer from are believed to be the result of witchcraft. Based on a true story.
- 56. Biography**      **Rakhma** (by Varsha Gajendragadakar). A biography of Rakhmabai, the first practising Indian Woman doctor (in the last decades of the nineteenth century), a signal individual in the history of women's education in India.
- 57. Story**      **Still no Justice** (by Viji Srinivasan). Based on a true incident, this story examines the dowry death of Sasibala and her mother's courageous struggle for justice.
- 58. Article**      **Bitter Truth** (by Rohini Chitale) Based on the author's own aunt's life. An unconventional look at a woman's suffering



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	in an unconsummated marriage to a socially successful-- though adulterous--man. The question of the wife's sexual needs remaining unsatisfied is raised.
59. Poem	(by Abhay) About a woman who is pushed and pulled metaphorically, to fit the 'Procrustean bed' of marriage, if she does not at first fit into its framework.
60. Article	<b>On Physical Illness, Disability and violence</b> A TB sufferer is thrown out of her marital home.
61. Article	<b>Old Age and Violence;</b> The article examines 3 case studies of widows in an old age home, where each old woman is cheated and cruelly spurned (one widow's fingers were cut off, on her refusing to sign over her property) by her own children.
62. Story	<b>Questionmark</b> (by Shaku Markad) Details an ANMs' experience in a hospital, which raises the issue of marital rape (of a woman who has just given birth, by her husband, an engineer). This contentious issue is discussed.
63. Article	<b>Problems of Abandoned Women</b> (by Nisha Shivurkar). This article looks at the economic, social, sexual problems of abandoned women and is written by a lawyer- activist specialising in women's issues.
64. Article	<b>Family Violence and Methods to Stop It</b> (by Vandana Kulkarni). This article takes 3 case studies; 1) Kiranjit Ahluwalia, a Sikh woman in the UK who murdered her husband after suffering 10 years' mental torture. She is acquitted. 2) Sudha Goel, a 9-months' pregnant woman burnt for dowry in Delhi. The husband and mother-in-law are sentenced to 14 years' R.I., but not jailed as the file is lost before it reaches the relevant police station, Ashok Jain, a journalist sees the husband and tracks him down, discovering that he has remarried and has, a new child. The culprits have got away scot free due to loopholes in law -enforcement. Neither of these case-studies depicts a positive resolution. This problem,as may be seen in the case study of: 3) <b>Flavia Agnes:</b> About a woman's physical abuse at the hands of her violent husband. She comes out of her trauma, becomes a lawyer and is a prominent activist for women's rights.
65. Article	<b>On the New Women's Policy of Maharashtra</b> (by Advocate Vivek Dhamankar). Discusses Sharad Pawar's Policy

and the relevance of this policy to Violence Eradication looking at various schemes:

- 1) Gender sensitisation for police;
- 2) Special cadre of people, who would look into violence from all angles;
- 3) Demographic surveys to determine types of people more susceptible to violence.
- 4) Special courts established to hear family violence cases, to hasten justice.
- 5) Legal issues that need to be examined and establishing a legal committee to examine the loopholes in the laws for women. Other points that should be disseminated are discussed, such as:

\* A woman cannot be thrown out of her maternal or marital house.

\* A norm to protect economically backward woman to gain a share of their property has to be worked out.

\* A Committee should monitor the portrayal of woman in advertisements and films, to prevent women's denigration. 2/3 majority of a censor board's consensus should be mandatory before clearing any published material.

**66. Poem**

(by Sarveshwar Saxena) about a woman refusing to stay with her husband if he is not brave enough to fight corruption.

**67. Article**

**On Child Abuse:** Destroys several myths. Shows that relatives and neighbours are the most likely child abusers in actual fact. Children should be protected from victim-blaming. Cases should be filed as soon as possible, the medical examination should be performed by a senior doctor and the report preserved, as also a copy of the FIR, A list of Women's support Organisations in the 4 Regions of India is appended.

**68. Article**

An Activist song about the lit lamp of politics becoming a rampaging fire. The poem exhorts its listeners to extinguish this fire, by getting together to fight it.

**69. Article**

Deals with the physical, mental and emotional aspects of violence, and examines in detail its causes, nature and impact on the victim. Gives tips on handling a victim of violence, especially immediately after the experience.

**70. Article**

Brings out the resignation with which women tolerate violence, and expresses the need to rise out of their passivity and act against such violence.



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	<b>71. Article</b>	Explains the phenomenon of wife-beating, in a recurrent cycle of three stages - pent up tension, explosion and reconciliation, emphasising that there generally is no end to this vicious cycle, unless bold action is taken.
	<b>72. Article</b>	Welcomes the Government act to ban Amniocentesis, for the purpose of sex determination, voicing the violence perpetuated on the female gender through such tests.
	<b>73. Article</b>	Discusses the sexual exploitation of young girls, especially at an incestuous level in a patriarchal society, through various illustrations. Reflects on the possible solutions to this problem, emphasising on trustful, intimate relationship between mother and daughter as an important necessity in this regard.
	<b>74. Article</b>	Reflects on the issue of Child Abuse in its physical, social and psychological aspects, concentrating on sex abuse and its impact on children.
	<b>75. Study</b>	Questions the validity of reasons given for victims of burns-especially in case of women. Studies the correlation between social situation and the number of women succumbing to death by burning in a study conducted in Sassoon Hospital, Pune.
	<b>76. Article</b>	A short feature containing the kinds of action to be taken in case of a situation concerning women facing marital problems or actual violence.
	<b>77. Article</b>	Discusses the solution to marital and familiar discord in the light of various kinds of counselling techniques, pointing the importance of a technique which is gender conscious and empowers women to be able decision makers.
<b>Jan. 95</b>	<b>78. Editorial</b>	Focuses on the work of Savitribai Phule - the pioneer of women's education in India, on the occasion of her birth anniversary; also talks about Leprosy Day and the condition of lepers in India.
	<b>79. Article</b>	A productive look at the lifelong work of Savitribai Phule, who worked increasingly for social reform through women's education.
	<b>80. Article</b>	Discusses the social stigma attached to Leprosy and leprosy patients. Points out the importance of rooting out misconceptions, biases and ignorance in society in order to eradicate the disease and socially rehabilitate victims.
	<b>81. Short story</b>	An account of the struggle of a woman, tortured by

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82. Article	<p>her husband, and deserted by her lover after more than ten years of living together. The woman desperately strives to atleast get maintenance for her children.</p> <p>A review of three plays by prominent playwrights in Marathi, reflecting upon the negative attitudes of the family and society towards leprosy patients, as well as the ray of hope offered by people with progressive and sensitive ideas.</p>
83. Article	<p>The article discusses the etiology, symptoms, diagnosis and cure of leprosy in a lucid language, emphasising the preventive aspect. A reflection on the nature of leprosy as a social disease, resultant of poverty - symptomatic of inequalities between the first and the third world.</p>
84. Article	<p>An informational guide to nutrient values of food articles commonly consumed by people, with an emphasis on low-cost diet components with high nutritive value. Includes tips on increasing nutrient value of foods.</p>
85. Article	<p>Describes the nature of anaemia, taking into consideration, that women are especially prone to it. Gives a list of methods, medical and home based, to deal with the disease.</p>
86. Article	<p>Enquiries into the causes of concentration of trained medical professionals in urban areas, in spite of dire need for them in rural areas. Discusses the commercialisation and urban bias of the medical profession.</p>
Feb. 95	87. Editorial
88. Story	<p>The urgent need for health issues to concern themselves with fundamental factors like poverty, environmental hygiene, and appropriate services, rather than short term and superficial ways of combating individual diseases.</p> <p>The story of a determined woman who, after an unsuccessful marriage, brings up her siblings with grit. Dispels the misconceptions of "unlucky" daughters in law.</p>
89. Article	<p>An introduction to the ideology and working methods of an organisation - "Stree Aadhaar Kendra." recounting some case histories of women, who have availed of the organisation's help.</p>
90. Article	<p>Describes the inception of a non-formal education project for tribal children, in Thane district of Maharashtra.</p>
91. Article	<p>On the occasion of Ms. Sujata Manohar, being appointed a judge in the Supreme Court. Points this out as an encouraging trend, which will be motivating for women to come out and be bold, as well as lead to more sensitivity in administration of justice.</p>



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	<p><b>92. Letters</b> of ANMs and health officials to Aayushi, voicing out the importance of Aayushi's contribution in reflecting the views of ANMs as well as providing knowledge of relevant subjects.</p> <p><b>93. Article</b> Gives a historical and critical perspective of family planning methods, followed in India since independence. Envisages the broad principles for an alternative, humane and more decentralised system of family planning.</p> <p><b>94. Article</b> A brief overview of the clinical aspects of Tuberculosis (including symptoms, diagnosis and cure), with information about government measures against the disease. Also discusses difficulties of a social and medical nature, involved in the control of Tuberculosis.</p> <p><b>95. Article</b> Critically examines how Allopathy, as a medicine system, is limited (due to a curative approach) in working towards a holistic, integrated system of health. Briefly discusses alternative health systems, and the possibility of combinatory usage of two or more systems, in leading to holistic health.</p>
March 95	<p><b>96. Editorial</b> A special issue on "Women and Health", it solicits sensitivity on part of ANMs towards women in rural areas with physical or emotional health problems.</p> <p><b>97. Story</b> Based on an original story by Ravindranath Tagore. Depicts the plight of a mute girl who is close to nature and animals, being confined to a city life, because of marriage. Deals with the pain of the inability to communicate or express, leading to loneliness.</p> <p><b>98. Poem</b> Expresses the frustration of a rural female labourer who can't spend her own money freely, because of other pressing needs in the family.</p> <p><b>99. Portrait</b> of Bangladeshi rebel writer, Taslima Nasreen; her rebellion as a woman in an orthodox Muslim Community.</p> <p><b>100. Story</b> Discusses the issue of gender-discrimination and how women are forced to beget male children; the social stigma and emotional stress suffered by women without male offspring.</p> <p><b>101. Poem</b> Expresses the daily grind and exhaustion in the life of a poor rural woman, striving to make both ends meet. Invites women to come together so that life is made easier to bear.</p> <p><b>102. Article</b> A diagrammatical illustration of various social and cultural aspects of the vicious cycle in which women are caught up, which contribute to their poor health status.</p> <p><b>103. Article</b> Discusses a variety of social factors, rooted in gender discrimination, which are causative for malnutrition in women</p>

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	and children.
	<b>104. Article</b> Brings out the correlation between inadequate and subnormal public sanitation facilities and the spread of contagious diseases in urban as well as rural areas. Articulates the need to improve upon the former in order to control these diseases.
	<b>105. Article</b> Discusses in detail the health hazards faced by women related to their work - within home and outside, especially in rural areas. Considers the sexual violence faced by women at work, as well as the emotional stress involved in a monotonous, exhausting work schedule.
	<b>106. Article</b> An account of the population conference held in Cairo in 1994, revealing how the concern for womens' health is only a superficial priority on the international as well as the Indian agenda.
	<b>107. Article</b> Examines the causes for non-accessibility of health facilities for rural women, encompassing women's status, their powerlessness and non-awareness and unavailability of medical services as the main factors. Perceives the role of the ANM, as a vital alternative in rural areas.
April 95	<b>108. Editorial</b> Discusses the illicit trade in human organs as well as blood, which goes on unchecked. Talks about the 'human organ transplant Act' and asks people to be cautious and conscious while dealing with medical professionals.
	<b>109. Story</b> The story of a young widow, who rejects the offer of marriage from a man - because she feels it to a generated out of pity and expectation of appreciation from society. She prefers suicide as a way out of her life of loneliness.
	<b>110. Experiences</b> An ANM recollects some of her unusual cases and experiences while on duty.
	<b>111. Article</b> Gives information about laws pertaining to women's justice viz, dowry, rape laws and family laws. Emphasises the need for individuals and society to ensure that these laws are implemented appropriately.
	<b>112. Letters</b> Two letters from Aayushi readers, commenting on the relevance of the publication of such a magazine.
	<b>113. Poem</b> Reflects the exhausting, energy-sapping life of women, forced to work in inhuman condition, without respite.
	<b>114. Article</b> Discusses the etiology and nature of 'pain', pointing out its role in enabling knowledge of deep-seated health problems. Warns against detrimental use of pain-killers, which do not handle the problem, but only lessen the symptoms. Also deals with the issue of mental and emotional pain.



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May 95	
115. Editorial	On completion of one year of Aayushi's existence. Discusses the difficulties faced by ANMs in conducting home visits, at odd hours during emergencies, as well as meeting family planning targets.
116. Autobiographical Notes	An octogenarian ANM, who still actively pursues her profession recalls her life as a nurse and her experiences.
117. Poem	About the working woman, who manages both fronts efficiently, but who is looked upon as a 'slave', her needs sacrificed for those of the family.
118. Memoirs	An ex-nurse (who is in the teaching profession) reflects upon her experiences as a nurse. Certain incidents have served to sharpen her sensitivity, making her think keenly about the role of nurses in helping patients.
119. Article	Reviews the portrayal of nurses in contemporary Marathi plays and their image in society. Connects how the image of a nurse in society - as an immoral woman, corresponds to that depicted in plays.
120. Box	Enumerates the duties of a nurse, hundred years ago, in a British Hospital, as well as the various conditions attached to the job, in those times, including pay raise, saving etc.
121. Article	A descriptive analysis of a survey study of 'ANM' conducted by FRCH, in order to understand the difficulties faced by them, as a result of social victimisation pertaining to gender and caste, and the negative perceptions of co-workers, rural population and their own families. Explains the role of the centralised medical system in contributing to the problems faced by the ANM. Contains suggestions from the ANMs to eliminate these difficulties.
122. Article	A narration of experiences of sexual violence (rape) encountered by the ANMs, while working, and how they have been combated. A reflection on how no protection is provided against such incidences.
123. Article	Describes the general negligence shown in the health planning policies, towards women health and their problems, specifically showing how government rules and policies affect the female nurses working in rural areas. Voices the need for nurses to unite and work for their rights.
124. Article	An account of a health training project in Andhra pradesh, which aims to empower women, and women health workers, to understand and deal with their health problems, taking into

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June 95	<p>consideration social, economic and political situations which cause these problems.</p> <p><b>125. Editorial</b> Deals with the various personal and professional problems faced by ANMs and stresses the need for ANMs to come together and fight against injustice meted out to them by society.</p> <p><b>126. Report</b> of a movement of women from a Himalayan village, who organised to bring about the opening of forest areas around their village, as community resource to meet their fuel and fodder needs.</p> <p><b>127. Opinions</b> A letter from a regular contributor to 'Aayushi' expressing that the magazine fulfils the role of provoking its readers to think about the myriad problems in society.</p> <p><b>128. Article</b> Second part of the series dealing with women's legal rights. Deals with Muslim Family laws, Registered marriage Act and family courts in this part.</p> <p><b>129. Book Review</b> A Marathi translation of Dr. Park's book "Essentials of community Health Nursing" has been reviewed as an extremely useful book for field workers and nurses.</p> <p><b>130. Experiences</b> An ANM relates an incident where an educated woman lands up in an emergency situation due to a folk remedy used to relieve her of stomach pains. The ANM reflects on why education, meant to equip people to think and not blindly follow superstition does not help us to do so.</p> <p><b>131. Box</b> Informs about the detoxification centre at Gadchiroli, run by SEARCH. The centre has just complete one year of operation successfully.</p> <p><b>132. Poem</b> Parallels drawn between the chores of women and the larger systems of injustice and exploitation in the life of women.</p> <p><b>133. Article</b> Gives the results of a study conducted to determine the knowledge of the ANM regarding the medicines commonly distributed by them. The survey suggests that it is vital to provide increased knowledge to the ANMs in this regard.</p>
July 95	<p><b>134. Editorial</b> Deals with the issue of malnutrition in Tribal population and locates its sources in the Governmental policies of denying tribals, access to land, water and forest resources, and dispossession. Questions the validity of welfare schemes and projects when fundamental rights are denied.</p> <p><b>135. Story</b> The autobiographical reflections of a woman, representative of many women's lives today, where in spite of having tired of a life of drudgery, she continues to maintain the status quo,</p>



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	out of reluctance to acknowledge boredom.
<b>136. Article</b>	Points out how the first world countries, inspite of causing tremendous environmental degradation, deteriorating the lives of people in the third world, through their commercial ventures, call out "danger" in the name of increasing population and try to suppress population growth in Third World Countries. Seeks to explode the myth about population being a cause for Third world problems.
<b>137. Reflections</b>	How women are discriminated against in all spheres of life, and the conditioning that makes them accept it as a natural thing in a patriarchal society. Expresses the need for women to recognise and question this.
<b>138. Poem</b>	Lop-sided policies in the name of development have caused environmental degradation. In spite of vested interests of the rich and the powerful, the poor come together and resolve to save the forests and the earth.
<b>139. Article</b>	Appeal from the editor to the readers to respond by writing their views about the magazine, its content, what needs to be added etc.
<b>140. Article</b>	Analyses the unequal distribution of resources between the First World and the Third World as a prime cause of scarcity and poverty. Points out the flaws in the Indian population control policies and gives a comprehensive method to bring about awareness through women oriented policies, to enable conscious family planning.
<b>141. Article</b>	Considers the extremely negative impact of the target-oriented family planning programmes on the attitudes and behaviours of the health workers, and consequently on their relationship with the rural population.
<b>142. Article</b>	A reflective article on how the choice vis-a-vis family planning does not really rest with women, but is imposed by other social factors. Narratives of women from different strata of society.
<b>143. Article</b>	Questions the violence committed against women in the form of uninformed and forced usage of contraceptive devices - which are primarily targeted at women. Traces the connection between the fallacious notions of population explosion, and the vested interests of the First World Countries.
<b>144. Article</b>	Gives a historical development of the Intra - Uterine device as a contraceptive through the years.

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August, 95	<b>145. Editorial</b>	Draws attention to the problem of droughts, its consequences. Discusses how urbanisation has increased the tendency to droughts, while its victims are the rural poor.
	<b>146. Story</b>	The guilt of a man who is party to a wedding in which fraud is performed. The man impersonates the bridegroom, who is an old, ugly man and ruins the future of a young, hopeful bride.
	<b>147. Article</b>	Explains how women have been uninvolved in fiscal matters like investments, large purchases, traditionally. Points out the importance of women equipping themselves to deal with these issues, with changing times.
	<b>148. Poem</b>	Envisages the woman, dignified and creative, in a world fashioned by herself, conducive to her growth and development.
	<b>149. Article</b>	Investigates the impact of a liberalised and profit-oriented medicine industry on the price structure and production of medicines in India. Points out the governmental responsibility in the control of production and distribution of unessential irrational and hazardous drugs.
Sept. 95	<b>150. Editorial</b>	On the occasion of Teacher's Day, 5th Sept. it looks at the ANM as a teacher, striving to bring about changes in social practices and habits of the people so as to bring about an environment of health.
	<b>151. Autobiographical Note</b>	The despair of a young tribal girl, who educated herself against all odds, yet is unemployed. Wonders if there are any reservations for scheduled tribes which she can avail of.
	<b>152. Experiences</b>	Of a worker in Health agency about a training programme conducted in a tribal area. Reflects on the differences in the efforts taken by trainers, and the inconveniences troubles encountered by the trainees in order to attend the programme.
	<b>153. Article</b>	Discusses the way in which willingly or unwillingly, children may suffer at the hands of parents and calls for more sensitivity from parents in dealing with children.
	<b>154. Autobiographical Note</b>	A labourer, suffers in silence the beatings at the hands of her husband like a "good wife". But when she gets pregnant, she retaliates in order to protect the child in her womb. The husband repents and turns to the 'man' from the 'devil' he had become.
	<b>155. Poem</b>	Using metaphorical images, deals with the power relationships



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	between a man and a woman, which is what any relationship ultimately boils down to.
<b>156. Article</b>	A narration of a woman's experience of childbirth as a positive and fulfilling process, attempting to break the conventional myths, negative attitudes and psychological stress surrounding pregnancy and child birth.
<b>157. Article</b>	Explains the various kinds of impurities found in water, and emphasises the need of access to potable and clean water in order to enhance public health.
<b>158. Article</b>	Articulates the need to view menstrual pains (Dysmenorrhoea) with a social perspective, taking into consideration the correlation between mental pressure, poverty and related factors and menstrual pain.
<b>Diwali '95</b>	
<b>159. Editorial</b>	The issue deals with the theme "factors affecting and diseases of the Reproductive system". Explains how these problems remain untreated in women, in spite of easy diagnosis and inexpensive treatment, because of the taboo in our culture against speaking about such issues. Emphasises the need for ANMs to get information about these diseases and help woman deal with them.
<b>160. Poem</b>	Brings out three mythological women in Indian culture, who by their example have set the rigid patterns for women's ideals in a patriarchal society.
<b>161. Story</b>	An imaginary future situation, in which statistics decide whether children can be born or not, and foetuses are indoctrinated with the propagandist ideology of the ruling class. A couple attempts to break free of such all pervasive control, and ensure that their child is born 'free'.
<b>162. Poem</b>	There is always hope enough to keep on trying, without despair, and living life fully.
<b>163. Article</b>	Prostitutes are held responsible for the spread of AIDS, but the dangers and risks faced by them of contracting the disease themselves, are ignored. Society is unconcerned about their health and social problems which need to be attacked as seriously as the issue of AIDS.
<b>164. Article</b>	Reflects upon how all the decisions concerning family planning - right from whether to have a child, to what contraceptives should be used, are taken by the husband, with the wife only a passive, subjugated receiver of the decisions. Compares this to a game of cards, where the woman always loses, because she is always given poor cards.

- 165. Poem** looks at current events of violence like rape and murder, and reflects that this kind of evil can't exist in a woman, who has a natural method of purifying herself every month, through her menstrual cycle.
- 166. Poem** How a women is transformed into a stunted 'bonsai', as her thoughts and actions are structured within the conventional frame work, cutting her wings.
- 167. Folk tale** A folk tale of a woman, close to nature, who understands the language of birds and animals. A misunderstanding with her family leads to a later reconciliation. Brings out the importance of proximity to nature for human fulfillment.
- 168. Poem** Dignity, freedom, equality are not to be conferred on women but they naturally belong to each human being, and have to be sought individually.
- 169. Poem** Exhorting people to encourage the development of women out of the structured framework and injustice in which they live.
- 170. Poem** A hopeful song, calling out for women to unite, in order to attain the dignity with which they deserve to live.
- 171. Article** Describes the history of gynaecology as a series of assaults on the female body and mind. Looks at the contemporary practices in the field, medication and family planning as a continuing assault of a similar nature. Brings out the need to investigate an alternative.
- 172. Article** Describes the conceptions of the Bhil and Pawra tribals regarding the male and female reproductive systems, menstruation, fertilization and foetal growth - a knowledge system totally independent of modern anatomical and physiological findings.
- 173. Article** An overview of the AIDS and its impact on affected patients and their families. The need to change social attitudes in order to control the onset and spread of the disease, as well as to secure humane treatment for the afflicted people.
- 174. Article** Perceives malnutrition as causative of various illnesses seen in females. Correlates poverty and other social factors, including gender discrimination, as reasons for malnutrition in Third World Countries, emphasising the need to make women aware regarding their nutrition intake and health.
- 175. Article** Talks about the mental harmony between partners as a prerequisite for making the marital relationship - at sexual and other levels, a mutually fulfilling experience.



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	<p><b>176. Article</b> In view of the general negligence shown towards female health, the article defines the role of the ANM in establishing a rapport with rural women and empowering them to deal with their own health. Perceives the need to train ANM in this direction.</p> <p><b>177. Article</b> Points out the need to improve the status of women and family health, through the narration of the learning experiences gained in a project for Dai-training.</p> <p><b>178. Article</b> The results of a study based in a slum, studying the correlation between women's work and their reproductive health. Infers that, inspite of increased income, lacks of adequate medical services, occupationally related illnesses, and non-awareness regarding their rights - women register a low index of health.</p> <p><b>179. Article</b> A brief survey of laws pertaining to women's health, their loopholes and lack of awareness regarding them. Reiterates the need for women to unite and bring about proper implementation of these laws.</p> <p><b>180. Article</b> An illustratory features on how negligence and lack of time in a hospital can lead to the parameters of sterilisation and hygiene being disregarded.</p>
Dec. 95	<p><b>181. Editorial</b> Discusses the questionnaire meant for the ANMs so that they can give their opinions/feedbacks about Aayushi to the magazine team. Also refers to responses of readers, which express the relevance the control of Aayushi.</p> <p><b>182. Article</b> A thought-provoking case of an innocent boy, sexually abused by men, who tranforms from a homosexual to a 'eunuch' in the span of a few years. Shows concern for such a deterioration in a person's life, while society looks by, uninterested.</p> <p><b>183. Article</b> Gives an overview of Vinoba Bhave's thoughts on education, woman's role as a wife, gender equality and potential professions for women. In a lucid manner, it presents the progressive ideas of a great educational and social reformer of 20th Century.</p> <p><b>184. Poem</b> Muses about the future of young girl. Whatever she may choose, hopes that she learns to know herself, her strength, her dreams, and love her "being"</p> <p><b>185. Article</b> A feature on urinary-tract infections, discussing in detail its causes, diagnosis, remedies and means of preventing the recurrence of these infections..</p> <p><b>186. Article</b> A narration of an experience of severe urinary tract infection, which can go unnoticed due to lacks of information and awareness. Reflection on the need for women to be positively</p>

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Jan. 96	aware of their own bodies without embarrassment.
	187. Article Discussing the natural and industrial causes for pollution of water, and gives homebased as well as large-scale methods for purification of water.
	188. Editorial Reflects upon the glorification of childbearing by society, leading to contempt for childless women. The issue, being a special one on infertility, the editorial discusses medical intervention for infertility as well as adoption as an alternative.
	189. Story Based on a Hindi story by Mannu Bhandari. The story is about how people tend to compartmentalise lives, thus leading to feelings of distrust and insecurity, even in intimate relationships.
	190. Article The first part of a compilation of experiences of women who have chosen adoption as an alternative after undergoing intensive medical treatment for conception, includes views of adoption officials.
	191. Box The technical and legal problems arising during the adoption process, when the wife has maintained her maiden name.
	192. Poem Addressed to women, living in poverty, facing numerous difficulties and still giving of themselves selflessly, to everyone.
	193. Article A narration of the emotional frustration and self-doubt experienced as a result of an inability to conceive a child. Expresses how social perceptions and conventions contribute to this feeling.
	194. Article Discusses the pros and cons of involving more trained nurses, in primary health care system, in the United State's medical system.
Feb. 96	195. Article The review of a book, which discusses sensitively the social, emotional, clinical and cultural factors related to the menstrual phenomenon and the female reproductive system. The book helps to build up a more positive attitude towards menstruation and sexuality (Eka Shapachi Janmakatha - The birth of curse. By Aruna Deshpande)
	196. Editorial Discusses how increasing urbanisation and development leading to environmental degradation, has resulted in the spread of disease causing bacteria prevalent in animals to the human species. Also explains how unclean surroundings and reduced human resistance, leads to the spread of epidemics.
	197. Story A young, adolescent girl's feeling of guilt, shame because



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	of conditioning as a "woman" by her mother and society. How this negative attitude slowly changes after understanding a different perspective.
198. Article	Second part of compilation of experiences of women with adopted children, and adoption officials.
199. Poem	Expressing how conditioning of a woman as a secondary being is destructive for the dignity of woman.
200. Article	Analyses the functioning of the Tuberculosis Control Programmes of the government, based on a research study by the FRCH. Reflects on inadequacy of services, work pressure on workers and target-based indicators as major factors leading to non-efficiency and low success in the programme.
201. Article	A detailed article, discussing the various aspects of adoption in view of the contemporary social situation. Perceives adoption as a creative, positive process of dealing with the problems of childlessness and destitute children.
March 96	
202. Editorial	Talks about "Panchayati Raj", its meaning, the avenues open to women due to 33% reservations. Also discusses, what role an ANM has, as a people's representative with health knowledge.
203. Letter	written by Savitribai Phule to Jyotiba Phule, originally in Modi script. One letter describes how Savitribai explains to her brother the nobility of Mahatma Phule's work. The other describes an incident where she saves a couple - a brahmin man and an untouchable girl from the wrath of the community.
204. Report	The rationale for holding the International Women's Conference at Beijing and a brief reporting about it.
205. Article	An account of various local women's agitations against liquor problems, continuing in the antagonistic environment, where vested interests of bar owners, alcoholics and govt. officials perpetuate the vice.
206. Poem	A satirical poem on how the dowry system is perpetuated openly inspite of the legal ban on it.
207. Article	Brings out the way in which pharmaceuticals use deceptive and underhand techniques to increase sales and profit, citing examples of commonly used medicines for common illnesses. Stresses the importance of home-remedies.

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April 96	<b>208. Editorial</b> Focuses on the World Health Day, 7th April. Brings out the importance of promotive health as against the curative aspect. Points out the disparity in govt. expenditure in rural and urban areas, and stresses the need for people's participation.
	<b>209. Story</b> Story of a lone old woman in a deserted village on the front. Describes her fear, loneliness and sense of hopelessness while trying to combat the knowledge that she has been left alone.
	<b>210. Article</b> Discusses the issue of Child prostitution, pointing out the factors responsible for its perpetuation - namely, poverty, an apathetic society, increasing demand in the form of foreign "tourists" and unscrupulous people in the business. Also views this issue and its pertinence to the spread of AIDS.
	<b>211. Article</b> Reflects upon the all pervading discrimination between men and women in society giving illustrations. Emphasises the need to be aware of this difference being an artificial construct, rather than a natural one, leading to an unjust social system.
	<b>212. Poem</b> Exorts women to continue on the path towards freedom, inspite of being discouraged, exhausted.
	<b>213. Article</b> An international perspective on the progress of thought and practice pertaining to health issues. Explores the connection between social justice, standard of living and health problems, putting the former as prerequisites for health achievement. Brings out the need of a comprehensive health information dissemination strategy, and relevant health policy.
	<b>214. Article</b> The article discusses the idea of a conducive environment in a holistic manner and relates it to 'Health for All'. Gives details of the findings of World Commission on Environment and development, and suggests accordingly the necessary action that can be taken at a global level.
	<b>215. Article</b> An exploration of principles which can enhance community-based health information dissemination. Emphasises the need to use an integrated, multidisciplinary, participatory approach in this regard.
	<b>216. Article</b> (A continuation of an earlier series) Explains how 'tonics' to cure weakness, and 'capsules' are used by medicine manufacturers, as devices to increase profits because of myths and misconceptions prevalent in people.
May, 96	<b>217. Editorial</b> Relates an experience where ANMs and MPWs of two districts were asked to work without given targets and the positive results of this experiment.



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June, 96	<b>218. Story</b> The underlying affection that prevails in a family inspite of overt fights and quarrels.
	<b>219. Article</b> The findings of a European study about work done by women in pregnancy and post-partum period at home, and its negative effects - both physical and emotional.
	<b>220. Article</b> The problems faced by the ANMs in the fulfillment of the monthly targets for the six national programmes, and the factors underlying this - namely negative social perceptions, familial pressure, emotional and sexual harassment, transferable jobs etc.
	<b>221. Article</b> Clears up misconceptions regarding the intake of injections, saline solutions etc. Explains how they are abused by medical practitioners, to deceive people and brings out the danger of resorting unnecessarily to these methods.
	<b>222. Editorial</b> It being the monsoon period, the editorial discusses water borne diseases like diarrhoea. The issue is a special issue on respiratory diseases, hence it also discusses pneumonia, misconceptions about it and need for awareness.
	<b>223. Story</b> The story of a doctor who helps a poverty-stricken woman, forced into sexual exploitation for monetary needs. The doctor falsely "marries" the woman, so as to ensure the abortion of an unwanted child. Reflects on the pitiful situation of women forced to sell their body to support their family.
	<b>224. Article</b> Discusses how women unwillingly or for individual gains contribute to strengthen the patriarchal social system. Stresses the need to be aware of this conditioning and break free from it in order to restore the balance of equality.
	<b>225. Article</b> Case studies of women who have emerged out of unsuccessful marriages as a result of divorce, desertion or voluntary. Points out the role of society and its members in giving justice to women.
	<b>226. Poem</b> A poem reflecting the doubt inherent in a woman, with all-encompassing love for her lover, about whether the love is to be fruitful or not.
	<b>226 (A). Article</b> A thought - provoking feature in the form of a dialogue between an ANM and rural women, which brings out the social perceptions, inadequacy of infrastructure and medical services, as factors preventing access of medical service to people. This is followed by questions intended to facilitate the reader's thinking in this regard.

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July, 96	227. Editorial	On the occasion of the World Population day, it discusses the myth that population is the cause of poverty, the unjust attitude of the government's family planning policy and draws attention to traditional methods of family planning.
	228. Story	The plight of a woman who has been driven out of her in-laws' house, because she only bigots daughters. Her sister-in-law accepts her and shows her a hopeful future by showing her ways to be independent.
	229. Poem	The determination of a woman to bloom, to be herself, in spite of odds, and self doubt.
August 96	230. Editorial	In view of Independence Day, discusses the need for rural development and women's development programmes to be implemented appropriately.
	231. Story	The story of a police official who marries a girl living in a colony of lepers, distilling illicit liquor. The young couple, living in the colony, work towards the development of the slum colony.
	232. Article	The first part of a series on "Feminism", defining its concept, ideology, which aims to bring about equality and justice for women in a patriarchal society.
	233. Poem	Deals with the dual exploitation of a woman labourer at the hands of the "Mukadam" as well as her husband.
	234. Article	The article explains elaborately the nature, causes and necessary cure for malaria, at an individual as well as public health level. Discusses the results of a study of workers in public sanitation, working to prevent malaria, focussing on the health hazards faced by them, and gives suggestions to improve their condition.
Sept. 96	235. Editorial	Reflects upon the inception, implementation and impact of the "Aayushi" project, with the magazine itself, talking in first person, as a woman.
	236. Story	A sensible and mature mother helps her daughter realise that she has been responsible for perpetuating a feeling of inferiority in her brother's wife, who is childless, by not inviting her to the baby's christening.
	237. Article	Second part of the series, explaining "Feminism"; this article discusses its origin, various aspects from a historical point of view as well as contemporary issues and relevance in modern times.



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238. Poem	A poem reflecting on the "inner call" for awakening within women, using the metaphorical images of 'dawn', sun and the crowing cock.
Diwali Issue, 96	
239. Editorial	Increasing employment of women in the industrial sector has had various repercussions. Discusses whether this has proved detrimental or has positive effects on the status of women.
240. Story	The story of a young mute girl from a rural family, who runs away to the city with a lover, only to be deserted by him. Finally she is forced into prostitution by circumstances, which, accompanied with poverty and exploitation leads to her death.
241. Article	Contests the assumption that prostitutes or women who sell liquor are "immoral". Two case studies of women forced to take up liquor selling and their efforts to get out of the business.
242. Article	Reviews an article in an old womens' magazine, "Prachi Prabha (1909) on Hysteria. Attempts to give a comparative perspective on perceptions about hysteria then and now.
243. Article	Deals with rural women, and the impact of their work on their health. Problems related to pregnancy and reproductive organs are emphasised, because of their relation to hard manual labour.
244. Story	A woman leaves her unfaithful husband, only to encounter undesirable sexual interest, at her work place. Emerges as a wiser and more mature woman.
245. Article	The findings of a research study based on the 1991 census, analysing the contribution (overt and hidden) of rural women in the work, its increase over time, and its repercussions of women's health.
246. Poem	Depicts the condition of a female labourer, labouring to support her family, for meagre wages.
247. Poem	Talks about the neglected female labourer whose work and existence is considered invisible, inspite of her immense contribution to the family and economy.
248. Poem	A poem in native dialect, reflecting the agonies of the women, leading an exhausting life, with no rewards.
249. Article	Analyses the adverse effects of women's employment in an industrial society (as well as rural areas) - on women's health. Brings out the correlation between employment, marginalised status and poor health.

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250. Article	An account of the results of a public interest litigation case related to the rights of workers in mines and asbestos industry- which focuses on the health aspect as a primary issue in securing rights in the work environment for the workers in any industry.
251. Article	Discusses the exploitation and victimisation faced by working women in a primarily patriarchal society, in the form of negative social perceptions, work stress, gender discrimination and violence at work etc. Urges working women to come together for a constructive alternative.
252. Article	Deals with the health problems commonly found in women involved in strenuous household chores - focussing on the preventive aspect through proper precautions.
253. Article	A comparative evaluation of the achievements pertaining to women's development, and the darker side of development, since independence, in social, economic, educational legal, technological spheres.
254. Article	A story, depicting the vicious cycle of gender discrimination, ignorance, suppression, poverty and illhealth in which many women are perpetually caught in.
255. Article	Brings out to the fore the problem of sexual violence in the work environment. Defines the nature of sexual violence, at an individual and organisational level.
256. Article	A profile of female ragpickers, describing their health problems, social problems, expressing the need to organise this workforce for better rights and working conditions.
257. Article	Examines the work environment and health related problems of women in the Electronics industry, and stresses the importance of consciously striving towards better working conditions for them.
258. Article	Discusses the economic and health problems of female Bidi workers, which continue in spite of governmental intervention, in the form of legal procedures and schemes, due to non-access to them and no information about the same. Explains how unionisation has been incapable of solving these difficulties.
259. Article	A profile of the domestic workers, discussing the nature of their work, especially as an unorganised sector. Examines the economic, health and sexual problems related to this. Brings out suggestions for rendering this sector more independent.
260. Article	A portrayal of the life of prostitutes who are a marginalised section of society, voicing their opinions and feelings about the negative social attitudes that they confront, especially



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Dec. 96	pertaining to the accusation regarding the spread of AIDS.
	261. Editorial On occasion of the World AIDS day. Enumerates the various campaigns undertaken to spread AIDS awareness. It looks at AIDS as a problem aggravated by urbanisation and lop-sided development, as well as ignorance about sexuality.
	262. Story The issue of environmental degradation, water pollution, and harm to the living organism; brought about by self-centred human greed, dealt in the form of a fairy tale.
	263. Article The third part of the series of articles on "Feminism" discussing the manufeslation of gender discrimination in a capitalistic and industrial, modern society, perpetuating the condition of patriarchy.
	264. Letter A doctor writes about the attitudes of ANMs, who inspite of being in better positions than rural women retain their traditional, stereotypical female psyche, also exploiting other women at times. Encourages Aayushi in its endeavour.
265. Poem Using metaphorical images of 'sunbeams' for the fragile and momentary existence of women, the poem seeks to find a way out of darkness for women.	
Jan. 97	266. Editorial Introduces the beginning of subscriptions of the issue, beyond the circle of ANMs. Also announces the commencing of a number of series on Anatomy-physiology, health and diseases, feminism, in the forthcoming issues.
	267. Story The portrait of a village woman migrated to an urban area who provides support, emotional and otherwise, to all hopefuls coming to the city in search of employment
	268. Article First of the series on 'Women and environment'. Describes the concept of mother forests (Matruvan) which is an ancient tradition in India in which a certain area of forests is under the control of the community women. Environment nurturing and regenerating activities were carried out women. Reflects how loss of status for woman has also resulted in less proximity to nature and environmental degradation.
	269. Article About the activity of a woman's organisation, which works with slum women. A discussion facilitated by the activist, triggered by the suicide attempt of a housewife, who is troubled by the family situation, leads to whether alternatives can be worked out for change in situations.
	270. Poem Inspite of the firm hold of tradition of women, which moulds them in accordance with the wishes and needs of a patriarchal

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	society, it embodies the belief, that these foundations will crumble to give a new culture.
	<p><b>271. Article</b> A thought provoking feature on the exploitative nature of the lop-sided, capitalist developmental approach-bringing out its negative impact on the people. Attempts to outline a paradigm of a people-centred plan for development.</p> <p><b>272. Article</b> Brings out the importance of dissemination of adequate and relevant information pertaining to diseases and health. discusses the nature of information, recipients of information and how it should be imparted.</p>
Feb. 97	<p><b>273. Editorial</b> Informs about WHO's announcement of 1997 as "year for control of Contagious diseases. "Comments on the high occurrence of contagious diseases in India, especially in rural areas because of inefficient services, poverty and ignorance. The need to improve quality of life at all levels - social, cultural, economic and political.</p> <p><b>274. Story</b> A middle aged woman mistakes a man to be her son in law and asks him to take a parcel for her daughter, who is dead. The psychological situation of a woman who has undergone emotional stress.</p> <p><b>275. Poem</b> It asks the mother of a daughter to be happy for begetting a daughter, who is as dead. The psychological situation of a woman who has undergone emotional stress.</p> <p><b>276. Article</b> A discussion of changing one's situation between an activist and a group of women, where she offers to the women, the perspective of 'historical materialism' as a way to perceive and change the situation.</p>
March 97	<p><b>277. Editorial</b> On the occasion of women's day. While celebrations go on, the struggles for women's rights to be implemented as in the constitution, also continues. Economic independence and political participation are perceived as the cornerstones for women's progress.</p> <p><b>278. Story</b> A mythological story of the daughter of the Sun, who refuses to marry an arrogant and powerful suitor, and conducts a contest among the Gods, to select a husband. Reflects a breaking away of tradition and subjugation.</p> <p><b>279. Article</b> Retraces the history and the landmarks of the women's struggle to get their rights, since 1857, explaining why the 8th March is followed as Women's Day.</p>



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April 97	<p><b>280. Article</b> The results of a study to gauge the impact of information dissemination about the IRDP project of central govt. Analysis use of information by beneficiary, and also the basic shortcomings of any project which causes poor to suffer, while well to do people benefit from the schemes.</p> <p><b>281. Article</b> Gives information about the 'hiefer project' which provides families below poverty line with animals, which provide nourishment for children. Training in the care of the animal is undertaken. Its relevance to environmental regeneration is discussed.</p> <p><b>282. Poem</b> An introspective wondering at the nature of one's existence and the nature of self-hood.</p> <p><b>283. Editorial</b> On the occasion of World Health Day - 7th April. Voices concern about the impact of increasing pollution and environment degradation on Health.</p> <p><b>284. Story</b> Of two middle aged women's conversation about death. Puts up a case for the right to die voluntarily.</p> <p><b>285. Poem</b> How the woman cheerfully bears all the pains and conditions within her life, while tending to her family.</p> <p><b>286. Article</b> (Women and Environment) : Talks of women as protectors of biodiversity, in the role of nurturers and conservers of deep ecological knowledge bases. The change brought about by the capitalist model of development - where subordination of women leads to a loss of environmental balance.</p> <p><b>287. Article</b> about a woman who can make women 'pregnant' with her blessings, even inducing false symptoms of pregnancy in these women. The author cautions against superstitious beliefs in such cases.</p> <p><b>288. Poem</b> Wonders whether women, as generators of life have been themselves responsible for the inhuman existence they live, by not rebelling against it.</p> <p><b>288 (A). Article</b> (A continuation of earlier feature). Deals with the causes leading upto Anaemia, emphasising on home-based, low-cost preventive methods to deal with it. Also gives information on clinical cure for Anaemia and tips to be followed during Blood Transfusion.</p>
May 97	<p><b>289. Editorial</b> (12th May) 'Nurses Day' is celebrated by nurses in hospitals. Compares the difference in the working patterns of urban nurses and ANMs, who are not united and have various problems to face on field. Invites ANMs to respond with their needs</p>

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	and problems to Aayushi.
<b>290. Story</b>	A story from Vedic mythology, about a sensitive responsible queen of a cruel king, unconcerned about the welfare of his subjects. While trying to change the king's attitude, she saw to it that poverty was eradicated and education spread in the state, thus taking the role of a 'good wife' who ensured that right action was taken.
<b>291. Article</b>	Deals with the hazardous and unhealthy occupations and industries in which child labour is prevalent. Discusses factors which can permanently damage children's health, sometimes even turning fatal. The need to be sensitive to rights of such exploited children.
<b>292. Article</b>	(Women and environment) Role of women at the dawn of civilization, where 'woman' was at the centre of community existence, cultural continuity being maintained through her. A change in mode of existence and production gave way to patriarchy relegating women to the background.
<b>293. Poem</b>	A poem in traditional metre and style about the cultural perception, that however loved a daughter may be, she is never one's own, but belongs to 'someone else'
<b>294. Article</b>	Looks at malnutrition from an integrated viewpoint, emphasising on balanced diets and healthy habits, as against consumption of "packaged" vitamins, proteins and other ingredients sold under the name of "medicines."
<b>June 97</b>	
<b>295. Editorial</b>	On the occasion of 5th June, environment day, it discusses severe environmental degradation in urban as well as rural areas. Reflects over the change in perspective while looking at environment and related problems. Suggests simple ways to contribute to clean surrounding.
<b>296. Story</b>	The story of a mythical figure Savitri, who with her commitment and dedication brought her husband from the clutches of death. Appeals to women, as daughters of Savitri, to use their strength to change adverse conditions in life.
<b>297. Memoirs</b>	A husband regretfully relates the last days of his wife who died of stomach cancer.
<b>298. Comment</b>	Comments on the possible causes in the family and society, which led a young engineering student to commit suicide, due to coercion from anti-social elements. Stresses the need for responsible citizens to act upon social issues constructively.
<b>299. Article</b>	(Women and Environment) : Deals with the issue of women and population control, since population is regarded as a major



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July 97	factor for environmental degradation. Discusses how women have always been targets and not decisionmakers in the process of family planning, and voices the importance for women to choose and decide on such matters.
	300. Poem Using traditional metre and style, the poem exalts the power of women to withstand opposition of any kind and resist injustice.
	301. Article Aims at provoking readers to approach health from an environmental and community based viewpoint. Facilitates a questioning which can yield an area specific analysis of health situation for the ANMs.
August 97	302. Editorial Explains how 'population explosion' is a bogey raised by rich, developed countries, who want to exploit limited earth resources for meeting their standards of living. Looks at socio-economic inequality as the real problem as against population explosion and violation of human rights in the name of population control.
	303. Editorial On occasion of the 50th Indian Independence Day reflects on whether real development has been achieved for the masses of the country. Holds politicians responsible for defective, lopsided planning. Considers need for decentralisation of power, through schemes like Panchayati Raj as essential for development.
	303 (A). Article An understanding of Hysterectomy, the various diseases and reasons leading upto it. Answers various questions about the removal of uterus, its consequences and the dangers during the process.

## Aayushi - Technical Inputs

MONTH		FOCUS
APRIL 1994	1. Article	Explains the concept of "medicine" as an active chemical, to be taken in the body in order to better health. Emphasises the importance of understanding the function of medicines, dosage, forms of dosage and the dangers in administration of medicines.
	2. Article	An informative feature concerning 'FEVER' - its various types, accompanied with a chart, illustrating how fever can be only a symptom of various illnesses as well as a flow chart which contains questions for accurate diagnosis of fever and related illnesses. Includes information about the various remedies involved.
MAY 1994	3. Article	Describes two commonly found illnesses in children - measles and chicken pox, along with their causes, symptoms, diagnosis and cure, dealing also with the preventive aspect. Contains a table illustrating the differences between the two diseases.
	4. Article	Discusses heatstroke, and heat rash - two afflictions which are common in summer, focussing on the causes and their impact on the body - giving preventive measures for them.
	5. Article	Contains practical tips concerning the care of the new - born infant, in many aspects - chiefly pertaining to health. Enumerates symptoms which are dangerous and recommends immediate medical help.
	6. Article	Gives a positive, constructive alternative of natural family planning as against artificial methods of birth control, emphasising on the empowerment of women by a new approach to body and sexuality. An account of a programme with women, aimed at family planning by the "mucus method" Union runs various schemes, including creches.
JUNE 1994	7. Article	Initial story of a serialised story: <b>Radha ki Kahani</b> (Radha's Story)
	8. Article	Natural Family Planning (Continued from previous month) An explanatory article with illustrations, aiding women to understand their menstrual cycle through three sign vaginal mucus, cervical position and vaginal temperature, in order to use this knowledge to control and make decisions about conception and understanding their own bodies.
	9. Article	Discusses 'WATER' and the various ways in which it can be polluted. Gives homebased methods to purify water. Enumerates water borne diseases, and explains importance of pure water



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		in preventing them.
	10. Article	A feature on the nature of jaundice (Hepatitis A-B), its causes, and method of diagnosis and cure. Explains in detail the care to be taken during illness, as well as ways to prevent the onset of the disease.
	11. Article	Deals with the problem of Infantile Colic, emphasising that it is a natural condition. Discusses how the condition can be diagnosed, abetted and cured by medicines and home based remedies.
JULY 1994	12. Article	Further serialisation of <b>Radha ki Kahani</b> .
	13. Article	A detailed understanding of diarrhoea in infants and young children covering the aspects of its causes, its symptoms, diet and care to be followed during the disease, the various medicinal remedies etc. Includes a lot of diagrams to illustrate the concepts explained.
	14. Article	A short piece looking at menstruation from the point of view of understanding the female body and its working, instead of negating and repressing it as a taboo subject.
	15. Article	Explains the concept of vaccine, which is an important method of immunisation, giving various ways in which vaccines can be made, in order to control the onset of specific diseases.
AUGUST 1994	16. Article	Contains information about diphtheria, mainly concentrating on its diagnosis through symptoms. Tabulated information about comparative symptoms of other related diseases, as well as an understanding of remedial and preventive measures.
	17. Article	Deals with 'MALARIA' especially with reference to its etiology. Explains the cycle of the plasmodium vivax, in the human being and the agent. Also contains the symptoms and various remedial measures for the disease.
	18. Article	An insightful article, approaching the issue of female sexuality and its negation in society, beginning with an acquaintance of the female external sexual organs. Attempts to break the conventional misconceptions and negative perceptions accorded to female sexuality.
SEPT. 1994	19. Article	The article discusses the etiology, symptoms, diagnosis and cure of Typhoid and Paratyphoid, also explaining preventive

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	measures to prevent its onset.
20. Article	Gives a lucid explanation of the hormonal secretions during the monthly cycle, its impact on the vaginal mucus, release of ovum etc. Also explains how psychological and physical environment may affect the menstrual cycle.
21. Article	Enumerates the list of food ingredients to form a nutritious diet for a pregnant woman. Explains the various kinds of physical discomfort experienced by pregnant women, advising appropriate care.
22. Article	Discusses the concept of 'Anaemia' and brings out the possible causes for decrease in the percentage of essential components of blood.
23. Article	Introduces the concept of Bacterial-Resistance, which has led to newer strains of micro-organisms resistant to existing medicines, thus nullifying their impact in destroying germs. Emphasis the need to improve on the body's immune system, instead of increasing dependence on medicines.
DIWALI ISSUE 1994	
24. Article	Deals with the physical, mental and emotional aspects of violence, and examines in detail its causes, nature and impact on the victim. Gives tips on handling a victim of violence, especially immediately after the experience.
25. Article	Brings out the resignation with which women tolerate violence, and expresses the need to rise out of their passivity and act against such violence.
26. Article	Discusses the sexual exploitation of young girls, especially at an incestual level in a patriarchal society, through various illustrations. Reflects on the possible solutions to this problem, emphasising on trustful, intimate relationship between mother and daughter as an important necessity in this regard.
27. Article	Reflects on the issue of Child Abuse in its physical, social and psychological aspects, concentrating on sex abuse and its impact on children.
28. Article	Questions the validity of reasons given for victims of burns- especially in case of women. Studies the correlation between social situation and the number of women succumbing to death by burning in a study conducted in Sassoon Hospital, Pune.
Jan. 95	
29. Article	Discusses the social stigma attached to Leprosy and leprosy patients. Points out the importance of rooting



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Feb. 95	<p>out misconceptions, biases and ignorance in society in order to eradicate the disease and socially rehabilitate victims.</p>
	<p><b>30. Article</b> The article discusses the etiology, symptoms, diagnosis and cure of leprosy in a lucid language, emphasising the preventive aspect. A reflection on the nature of leprosy as a social disease, resultant of poverty - symptomatic of inequalities between the first and the third world.</p>
	<p><b>31. Article</b> An informational guide to nutrient values of food articles commonly consumed by people, with an emphasis on low-cost diet components with high nutritive value. Includes tips on increasing nutrient value of foods.</p>
	<p><b>32. Article</b> Describes the nature of anaemia, taking into consideration, that women are especially prone to it. Gives a list of methods, medical and home based, to deal with the disease.</p>
	<p><b>33. Article</b> A brief overview of the clinical aspects of Tuberculosis (including symptoms, diagnosis and cure), with information about government measures against the disease. Also discusses difficulties of a social and medical nature, involved in the control of Tuberculosis.</p>
Mar. 95	<p><b>34. Article</b> Critically examines how Allopathy, as a medicine system, is limited (due to a curative approach) in working towards a holistic, integrated system of health. Briefly discusses alternative health systems, and the possibility of combinatory usage of two or more systems, in leading to holistic health.</p>
	<p><b>35. Editorial</b> A special issue on "Women and Health", it solicits sensitivity on part of ANMs towards women in rural areas with physical or emotional health problems.</p>
	<p><b>36. Article</b> A diagrammatical illustration of various social and cultural aspects of the vicious cycle in which women are caught up, which contribute to their poor health status.</p>
	<p><b>37. Article</b> Discusses a variety of social factors, rooted in gender discrimination, which are causative for malnutrition in women and children.</p>
	<p><b>38. Article</b> Explores the real functioning of national programmes for women welfare. Brings out the fallaciousness and danger of target-oriented family-planning methods, used by the government, which victimise women at all levels.</p>
	<p><b>39. Article</b> Discusses in detail the health hazards faced by women related</p>

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Apr. 95	to their work - within home and outside, especially in rural areas. Considers the sexual violence faced by women at work, as well as the emotional stress involved in a monotonous, exhausting work schedule.
	<b>40. Article</b> Examines the causes for non-accessibility of health facilities for rural women, encompassing women's status, their powerlessness and non-awareness and unavailability of medical services as the main factors. Perceives the role of the ANM, as a vital alternative in rural areas.
	<b>41. Article</b> Discusses the etiology and nature of 'pain', pointing out its role in enabling knowledge of deep-seated health problems. Warns against detrimental use of painkillers, which do not handle the problem, but only lessen the symptoms. Also deals with the issue of mental and emotional pain.
	<b>42. Article</b> An informative article on the kinds of pains, infants suffer from, including how they can be diagnosed and remedied, at home. Explains the causes of infants crying and helps to interpret this expression of pain.
	<b>43. Article</b> Presents the alternative science of acupressure, as a means of eliminating bodily pain, as against resorting to pain killers. Describes in detail, the various pressure points of the body, to deal with commonly experienced body-aches.
May 95.	<b>44. Article</b> Provides information about the nature and function of allopathic pain killers, together with their harmful effects in general and when consumed in excess.
	<b>45. Article</b> A feature on the continued usage of 'Analgin', in the country despite the ban on it since 1980.
	<b>46. Article</b> A descriptive analysis of a survey study of 'ANM' conducted by FRCH, in order to understand the difficulties faced by them, as a result of social victimisation pertaining to gender and caste, and the negative perceptions of co-workers, rural population and their own families. Explains the role of the centralised medical system in contributing to the problems faced by the ANM. Contains suggestions from the ANMs to eliminate these difficulties.
	<b>47. Article</b> Enumerates the various sources of possible illnesses, which may be contracted by the health workers, during the course of their work, and contact with patients. Gives measures to prevent the same.



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June 95	<p><b>48. Article</b> A narration of experiences of sexual violence (rape) encountered by the ANMs, while working, and how they have been combated. A reflection on how no protection is provided against such incidences.</p> <p><b>49. Article</b> Describes the general negligence shown in the health planning policies, towards women health and their problems, specifically showing how government rules and policies affect the female nurses working in rural areas. Voices the need for nurses to unite and work for their rights.</p> <p><b>50. Book Review</b> A Marathi translation of Dr. Park's book "Essentials of community Health Nursing" has been reviewed as an extremely useful book for field workers and nurses.</p> <p><b>51. Experiences</b> An ANM relates an incident where an educated woman lands up in an emergency situation due to a folk remedy used to relieve her of stomach pains. The ANM reflects on why education, meant to equip people to think and not blindly follow superstition does not help us to do so.</p> <p><b>52. Article</b> Discusses the problems of back pain, and pain in the waist, giving simple exercises to combat these pains and tips regarding how these exercises are to be performed.</p> <p><b>53. Article</b> Gives the results of a study conducted to determine the knowledge of the ANM regarding the medicines commonly distributed by them. The survey suggests that it is vital to provide increased knowledge to the ANMs in this regard.</p> <p><b>54. Article</b> An information-oriented article on occupationally related illnesses, the various chemical and other substances causative of such illnesses and the need to take measures for their control.</p>
July 95	<p><b>55. Article</b> Points out how the first world countries, inspite of causing tremendous environmental degradation, deteriorating the lives of people in the third world, through their commercial ventures, call out "danger" in the name of increasing population and try to suppress population growth in Third World Countries. Seeks to explode the myth about population being a cause for Third world problems.</p> <p><b>56. Article</b> Questions the violence committed against women in the form of uninformed and forced usage of contraceptive devices - which are primarily targeted at women. Traces the connection between the fallacious notions of population explosion, and the vested interests of the First World Countries.</p>

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Aug. 95	57. Article	Gives a historical development of the Intra - Uterine device as a contraceptive through the years.
	58. Article	Deals with the problems of worms in children, explaining their causes and symptoms. Gives the solution for the control of these illnesses at a preventive and curative level.
	59. Article	Provides information about the various kinds of diseases contracted by human beings, through contact with animals, and gives tips to prevent the same.
	60. Article	Explains the causes for vomiting in infants, especially when it occurs as symptomatic of more serious illnesses.
Sept. 95	61. Article	A short piece on various kinds of bodily aches, their possible causes and remedies to ameliorate the pain, focussing on a holistic method of proper diet, exercise and rest.
	62. Article	A narration of a woman's experience of childbirth as a positive and fulfilling process, attempting to break the conventional myths, negative attitudes and psychological stress surrounding pregnancy and child birth.
	63. Article	Explains the various kinds of impurities found in water, and emphasises the need of access to potable and clean water in order to enhance public health.
	64. Article	Articulates the need to view menstrual pains (Dysmenorrhoea) with a social perspective, taking into consideration the correlation between mental pressure, poverty and related factors and menstrual pain.
Diwali Issue 95	65. Article	Describes the history of gynaecology as a series of assaults on the female body and mind. Looks at the contemporary practices in the field, medication and family planning as a continuing assault of a similar nature. Brings out the need to investigate an alternative.
	66. Article	The hazardous impact of pollutants in rural and urban areas, which deteriorate the functioning of the reproductive system.
	67. Article	Describes the conceptions of the Bhil and Pawra tribals regarding the male and female reproductive systems, menstruation, fertilization and foetal growth - a knowledge system totally independent of modern anatomical and physiological findings.
	68. Article	An overview of the AIDS and its impact on affected patients



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<b>June 96</b>	
<b>88. Editorial</b>	It being the monsoon period, the editorial discusses water borne diseases like diarrhoea. The issue is a special issue on respiratory diseases, hence it also discusses pneumonia, misconceptions about it and need for awareness.
<b>89. Article</b>	A thought - provoking feature in the form of a dialogue between an ANM and rural women, which brings out the social perceptions, inadequacy of infrastructure and medical services, as factors preventing access of medical service to people. This is followed by questions intended to facilitate the reader's thinking in this regard.
<b>90. Article</b>	A detailed article dealing with the causes and types of cough and cold (Bronchitis, Sinus pain etc.), along with their symptoms. Gives remedies- clinical as well as home-based, in order to cure them; also mentions preventive measures for the same.
<b>July 96</b>	
<b>91. Article</b>	Discusses elaborately the nature of diarrhoea, dysentery and loose motions, explaining their various causes, especially with reference to children. Illustrates symptoms and cure through a lucid chart and gives medical and home-based remedies (ORS formula), for the illnesses.  Describes the correlation between the irrigation system and health in its positive as well as negative aspects-specifically explaining the spread of communicable diseases through water irrigation channels, and stagnant water areas.
<b>Aug. 96</b>	
<b>92. Article</b>	The article explains elaborately the nature, causes and necessary cure for malaria, at an individual as well as public health level. Discusses the results of a study of workers in public sanitation, working to prevent malaria, focussing on the health hazards faced by them, and gives suggestions to improve their condition.
<b>Sept. 96</b>	
<b>93. Article</b>	Consists of information about fractures at various locations in the body, ways to identify fractures, their symptoms and tips on first-aid to be given in order to minimise the damage caused.
<b>Diwali Issue 96</b>	
<b>94. Article</b>	Reviews an article in an old womens' magazine, "Prachi Prabha (1909) on Hysteria. Attempts to give a comparative perspective on perceptions about hysteria then and now.

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<b>95. Article</b>	Deals with rural women, and the impact of their work on their health. Problems related to pregnancy and reproductive organs are emphasised, because of their relation to hard manual labour.
<b>96. Article</b>	The findings of a research study based on the 1991 census, analysing the contribution (overt and hidden) of rural women in the work, its increase over time, and its repercussions of women's health.
<b>97. Article</b>	Analyses the adverse effects of women's employment in an industrial society (as well as rural areas) - on women's health. Brings out the correlation between employment, marginalised status and poor health.
<b>98. Article</b>	Explores the issue of occupational health in the context of women, explaining the various aspects of health hazards. Gives suggestions in order to change the work situation as well as direct research towards more fruitful study in the area of women's occupational health.
<b>99. Article</b>	An account of the results of a public interest litigation case related to the rights of workers in mines and asbestos industry- which focuses on the health aspect as a primary issue in securing rights in the work environment for the workers in any industry.
<b>100. Article</b>	Discusses the exploitation and victimisation faced by working women in a primarily patriarchal society, in the form of negative social perceptions, work stress, gender discrimination and violence at work etc. Urges working women to come together for a constructive alternative.
<b>101. Article</b>	Deals with the health problems commonly found in women involved in strenuous household chores - focussing on the preventive aspect through proper precautions.
<b>102. Article</b>	A story, depicting the vicious cycle of gender discrimination, ignorance, suppression, poverty and illhealth in which many women are perpetually caught in.
<b>103. Article</b>	A profile of female ragpickers, describing their health problems, social problems, expressing the need to organise this workforce for better rights and working conditions.
<b>104. Article</b>	Examines the work environment and health related problems of women in the Electronics industry, and stresses the importance of consciously striving towards better working conditions for them.
<b>105. Article</b>	Discusses the economic and health problems of female Bidi workers, which continue in spite of governmental intervention,



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	and their families. The need to change social attitudes in order to control the onset and spread of the disease, as well as to secure humane treatment for the afflicted people.
69. Article	Perceives malnutrition as causative of various illnesses seen in females. Correlates poverty and other social factors, including gender discrimination, as reasons for malnutrition in Third World Countries, emphasising the need to make women aware regarding their nutrition intake and health.
70. Article	In view of the general negligence shown towards female health, the article defines the role of the ANM in establishing a rapport with rural women and empowering them to deal with their own health. Perceives the need to train ANM in this direction.
71. Article	An Ayurvedic way of understanding excessive vaginal discharge and home-remedies to deal with the problem.
72. Article	A thought - provoking article on tribal and urban perceptions of sexuality, reflecting whether the urban view seems more narrow minded, hypocritical and limited, as a consequence of distancing from nature.
73. Article	Points out the need to improve the status of women and family health, through the narration of the learning experiences gained in a project for Dai-training.
74. Article	A short feature on the potential contraceptive function of certain traditionally used natural substances - which need to be investigated and further studied.
74. Article	The results of a study based in a slum, studying the correlation between women's work and their reproductive health. Infers that, inspite of increased income, lacks of adequate medical services, occupationally related illnesses, and non-awareness regarding their rights - women register a low index of health.
76. Article	Gives an idea as to the nature of reproductive tract infection as well as tips to prevent the same.
77. Article	A brief survey of laws pertaining to women's health, their loopholes and lack of awareness regarding them. Reiterates the need for women to unite and bring about proper implementation of these laws.
78. Article	An illustratory features on how negligence and lack of time in a hospital can lead to the parameters of sterilisation and hygiene being disregarded.
Dec. 95	
79. Reader's opinions	Appreciate the work of 'Aayushi' while commenting on

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	the need for information about medicines, their dosage, side effects etc. for the use of ANMs.
	<b>80. Article</b> A feature on urinary-tract infections, discussing in detail its causes, diagnosis, remedies and means of preventing the recurrence of these infections.
	<b>81. Article</b> A description of 'Kegel exercises', and how to perform them. They tone the pelvic - floor muscles.
	<b>82. Article</b> A narration of an experience of severe urinary tract infection, which can go unnoticed due to lacks of information and awareness. Reflection on the need for women to be positively aware of their own bodies - without embarrassment.
	<b>82. Article</b> Discusses the natural and industrial causes for pollution of water, and gives homebased as well as large-scale methods for purification of water.
Jan. 96	<b>83. Article</b> An article describing possible causes of sterility and medical techniques to investigate the same. Tries to remove misconceptions regarding sterility and introduces the concepts adoption.
Feb. 96	<b>84. Article</b> A clinical understanding of Tuberculosis of the reproductive organs, its symptoms, and its impact on the functioning of the reproductive organs and fertility.
	<b>85. Article</b> Analyses the functioning of the Tuberculosis Control Programmes of the government, based on a research study by the FRCH. Reflects on inadequacy of services, work pressure on workers and target-based indicators as major factors leading to non-efficiency and low success in the programme.
Mar. 96	-----
Apr. 96	<b>86. Article</b> An international perspective on the progress of thought and practice pertaining to health issues. Explores the connection between social justice, standard of living and health problems, putting the former as prerequisites for health achievement. Brings out the need of a comprehensive health information dissemination strategy, and relevant health policy.
May 96	<b>87. Article</b> The findings of a European study about work done by women in pregnancy and postpartum period at home, and its negative effects - both physical and emotional.



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		in the form of legal procedures and schemes, due to non-access to them and no information about the same. Explains how unionisation has been incapable of solving these difficulties.
	<b>106. Article</b>	A profile of the domestic workers, discussing the nature of their work, especially as an unorganised sector. Examines the economic, health and sexual problems related to this. Brings out suggestions for rendering this sector more independent.
	<b>107. Article</b>	A portrayal of the life of prostitutes who are a marginalised section of society, voicing their opinions and feelings about the negative social attitudes that they confront, especially pertaining to the accusation regarding the spread of AIDS.
<b>Dec. 96</b>	<b>108. Story</b>	The issue of environmental degradation, water pollution, and harm to the living organism; brought about by self-centred human greed, dealt in the form of a fairy tale.
	<b>109. Article</b>	Explains the types of hemorrhage, their various causes, and the first aid to be delivered in case of such bleeding. Deals in details about the various locations which actual hemorrhage may occur.
<b>Jan. 97</b>	<b>110. Article</b>	Explains in detail the concept of 'cells', and the cellular organisation of all living objects. Emphasises on unicellular of microorganism which are responsible for diseases, their effect on the cells in the human body as well as the immune system of the body.
	<b>111. Article</b>	Categorises various types of illhealth and deals in detail with physical illhealth, and its various aspects, especially communicable diseases.
<b>Feb. 97</b>	<b>112. Editorial</b>	Informs about WHO's announcement of 1997 as "year for control of Contagious diseases. "Comments on the high occurrence of contagious diseases in India, especially in rural areas because of inefficient services,
	<b>113. Article</b>	A description of the constituent structure of cells, tissues explaining various kinds of tissues and their roles in bodily functioning.
	<b>114. Article</b>	An informative article describing various kinds of microorganisms, that are harmful to the bodily functioning. Explains the connection between a healthy immune system, vaccination and reduced possibility of onset of communicable diseases.

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Mar. 97	<p><b>115. Article</b> A detailed piece dealing with the constituent structure of human blood, how it is produced, and its functions. Also discusses anaemia, its diagnosis and various causes. Introduces the concept of immune system of body, for which white blood corpuscles are important.</p> <p><b>116. Article</b> Questions the validity of the Governmental regulations regarding distribution of iron and calcium pills, holding that the approved quantify is far less than the required amount. Also brings out the need to subsidise these dosages and not restrict there consumption to pregnant and lactating women.</p>
April 97	<p><b>117. Article</b> (Women and Environment) : Talks of women as protectors of biodiversity, in the role of nurturers and conservers of deep ecological knowledge bases. The change brought about by the capitalist model of development - where subordination of women leads to a loss of environmental balance.</p> <p><b>118. Article</b> about a woman who can make women 'pregnant' with her blessings, even inducing false symptoms of pregnancy in these women. The author cautions against superstitious beliefs in such cases.</p> <p><b>119. Article</b> Explains the various processes of the human body, which serve to destroy harmful organisms and combat bodily ailments, together constituting the immune system.</p> <p><b>120. Article</b> (A continuation of earlier feature). Deals with the causes leading upto Anaemia, emphasising on home-based, low-cost preventive methods to deal with it. Also gives information on clinical cure for Anaemia and tips to be followed during Blood Transfusion.</p> <p><b>121. Article</b> A feature on Jaundice, pertaining to newborn infants and children, describing its causes, symptoms and cure.</p> <p><b>122. Article</b> A detailed and informative article, in a question-answer form, covering doubts pertaining to the causes and nature of an enlarged prostate glands, its symptoms and the various aspects of surgery related to it.</p>
May 97	<p><b>123. Article</b> Looks at malnutrition from an integrated viewpoint, emphasising on balanced diets and healthy habits, as against consumption of "packaged" vitamins, proteins and other ingredients sold under the name of "medicines."</p> <p><b>124. Article</b> An understanding of lymphatic fluid, its function and its specific role in the immune system of the body. Describes the process</p>



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	whereby the lymph system combats external organisms.
	<b>125. Article</b> (Continuation of earlier feature) Deals in detail with various aspects involved in the removal of prostate glands - including post-surgery problems, care to be taken during the period, as well as information relating to the actual surgery and anaesthetic etc.
	<b>126. Article</b> Contains brief tips about collecting samples of urine and blood of patients for investigation.
June 97	<b>127. Article</b> (Women and Environment) : Deals with the issue of women and population control, since population is regarded as a major factor for environmental degradation. Discusses how women have always been targeted and not decision makers in the process of family planning, and voices the importance for women to choose and decide on such matters.
	<b>128. Article</b> Explains the various physical irregularities occurring in new-born children, as normal adjustmental problems in the infant body, advising to be cautious and conscious while dealing with them.
	<b>129. Article</b> Aims at provoking readers to approach health from an environmental and community based viewpoint. Facilitates a questioning which can yield an area specific analysis of health situation for the ANMs.
	<b>130. Article</b> Explains in details, the concept of Cataract, its causes and symptoms, concentrating mainly on the surgery related to removal of cataract. Clears doubts regarding the same giving post-surgery care tips.
	<b>131. Article</b> A brief article discussing the problem of Glaucoma and its causes.
July 97	<b>132. Editorial</b> Explains how 'population explosion' is a bogey raised by rich, developed countries, who want to exploit limited earth resources for meeting their standards of living. Looks at socio-economic inequality as the real problem as against population explosion and violation of human rights in the name of population control.
	<b>133. Article</b> Takes up the problem of anal fissure and its related problems (perianal abscess, fistula-in-ano), discussing the causes, the symptoms and the surgical operations related to it.
	<b>134. Article</b> Discusses the problem of Piles, with reference to the surgery in order to ameliorate the problem.

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August 97	<b>135. Article</b> A detailed discussion about the inflammation of tonsils, its causes, reasons for removing them emphasising on the surgical part giving dangers involved in the process and care to be taken before and after the surgery.
	<b>136. Article</b> (Continuation of earlier article). Discusses diagnosis and surgical operations related to Glaucoma, types of glaucoma, and care to be taken in the surgical process.
	<b>137. Article</b> A reprint of the tips for collecting samples of urine and blood for investigation.
	<b>138. Article</b> Enumerates the various uses of Paracetamol as a multi purpose drug, warning against its side effects especially with reference to children. Advises appropriate dosages for children for various problems.
	<b>139. Article</b> Answer basic questions about the nature of Hernia, its causes, symptoms and methods to ameliorate it. Explains in detail the various aspects of the surgical process, pre and post surgical care etc.
	<b>140. Article</b> An informative feature on the nature, causes and symptoms of Appendicitis, with information about tests for diagnosis, and surgical procedures for removing the Appendix, with the dangers involved in the process.
	<b>141. Article</b> Explains "Curating" as a surgical operation intended to diagnose certain diseases related to the female reproductive system, as well as to remedy some of them. Also includes the process of surgery and potential dangers.
	<b>142. Article</b> An understanding of Hysterectomy, the various diseases and reasons leading upto it. Answers various questions about the removal of uterus, its consequences and the dangers during the process.
	<b>143. Article</b> Aims at giving readers appropriate information and empower them to understand the process of surgical operation and Anaesthetisation in general. Considers the various aspects relevant in such a situation, and facilitates people to be more conscious as patients.



her mother's courageous struggle for justice.

**19. Article**

**On the New Women's Policy of Maharashtra** (by Advocate Vivek Dhamankar). Discusses Sharad Pawar's Policy and the relevance of this policy to Violence Eradication looking at various schemes:

- 1) Gender sensitisation for police;
- 2) Special cadre of people, who would look into violence from all angles;
- 3) Demographic surveys to determine types of people more susceptible to violence.
- 4) Special courts established to hear family violence cases, to hasten justice.
- 5) Legal issues that need to be examined and establishing a legal committee to examine the loopholes in the laws for women. Other points that should be disseminated are discussed, such as:

\* A woman cannot be thrown out of her maternal or marital house.

\* A norm to protect economically backward woman to gain a share of their property has to be worked out.

\* A Committee should monitor the portrayal of woman in advertisements and films, to prevent women's denigration. 2/3 majority of a censor board's consensus should be mandatory before clearing any published material.

**20. Article**

Explains the phenomenon of wife-beating, in a recurrent cycle of three stages - pent up tension, explosion and reconciliation, emphasising that there generally is no end to this vicious cycle, unless bold action is taken.

**21. Article**

Welcomes the Government act to ban Amniocentesis, for the purpose of sex determination, voicing the violence perpetuated on the female gender through such tests.

**22. Article**

Questions the validity of reasons given for victims of burns- especially in case of women. Studies the correlation between social situation and the number of women succumbing to death by burning in a study conducted in Sassoon Hospital, Pune.

**23. Article**

A representative account of a dowry-death, explaining the intricacies of the legal system and the need to resort to it in case of suspicions deaths.

**24. Article**

Explains the importance of First Information Report (F.I.R.) at a legal level, in order to protect and aid women suffering from violence.

MONTH	FOCUS	
Jan. 95	----	-----
Feb. 95	25. Article	An introduction to the ideology and working methods of an organisation - "Stree Aadhaar Kendra." recounting some case histories of women, who have availed of the organisation's help.
	26. Article	Describes the inception of a non-formal education project for tribal children, in Thane district of Maharashtra.
	27. Letters	of ANMs and health officials to Aayushi, voicing out the importance of Aayushi's contribution in reflecting the views of ANMs as well as providing knowledge of relevant subjects.
	28. Article	Gives a historical and critical perspective of family planning methods, followed in India since independence. Envisages the broad principles for an alternative, humane and more decentralised system of family planning.
	29. Article	Critically examines how Allopathy, as a medicine system, is limited (due to a curative approach) in working towards a holistic, integrated system of health. Briefly discusses alternative health systems, and the possibility of combinatory usage of two or more systems, in leading to holistic health.
Mar. 95	30. Article	Explores the real functioning of national programmes for women welfare. Brings out the fallaciousness and danger of target-oriented family-planning methods, used by the government, which victimise women at all levels.
	31. Article	Examines the causes for non-accessibility of health facilities for rural women, encompassing women's status, their powerlessness and non-awareness and unavailability of medical services as the main factors. Perceives the role of the ANM, as a vital alternative in rural areas.
April 95	32. Experiences	An ANM recollects some of her unusual cases and experiences while on duty.
	33. Article	Gives information about laws pertaining to women's justice viz, dowry, rape laws and family laws. Emphasises the need for individuals and society to ensure that these laws are implemented appropriately.
	34. Article	A feature on the continued usage of 'Analgin', in the country despite the ban on it since 1980.
May 95	35. Editorial	On completion of one year of Aayushi's existence. Discusses the difficulties faced by ANMs in conducting home visits, at



## Aayushi - Administrative Inputs

MONTH	FOCUS	
APRIL 1994	----	----
MAY 1994	1. Book Review	of <b>Mi Nursabai ( I am a Nurse</b> by Medha Kirane) Discusses the book's focus of looking upon the hospital system's view of nurses as parasites.
	2. Biography	Case Study of an ANM. The job taken up to assist the woman in her domestic tragedy, leads to the ANM's self-development and public regard in the village. Yet, acknowledges that ANMs feel less respected than their male counterparts.
	3. Interview	With Anuradha Athavale, the Leader of the Nurse's Union in Pune. Reflections on how the Union was started, the difficulties faced. Now, 20,000 nurses are enrolled and the Union runs various schemes, including creches.
JUNE 1994	4. Story	Initial story of a serialised story: <b>Radha ki Kahani</b> (Radha's Story)
	5. Biography	An ANM recounts some remarkable experiences gained while working among the Dhargar tribals (Shepherd) <sup>s</sup> stressing the immense goodwill gained, due to kind and appropriate medical intervention,
JULY 1994	6. Story	Further serialisation of <b>Radha ki Kahani</b> .
	7. Article	A detailed understanding of diarrhoea in infants and young children covering the aspects of its causes, its symptoms, diet and care to be followed during the disease, the various medicinal remedies etc. Includes a lot of diagrams to illustrate the concepts explained.
	8. Article	Explains the concept of vaccine, which is an important method of immunisation, giving various ways in which vaccines can be made, in order to control the onset of specific diseases.
AUGUST 1994	9. Biography	An ANM's account of her experience in saving a newborn baby left for dead and abandoned by its superstitious father, who believed it to be an avenging ghost. The ANM's role in mobilising the police and getting the baby to hospital, was crucial.
	10. Article	Deals with 'MALARIA' especially with reference to its etiology. Explains the cycle of the plasmodium vivax, in the human being and the agent. Also contains the symptoms and various remedial measures for the disease.

MONTH	FOCUS	
SEPT. 1994	<b>11. Biography</b>	On transfers, hanging like a Damocles' sword over most ANMs' heads, since their marriages, husband's careers and children's education are all compromised in the context of transfer. The situation perpetuates as ANMs say nothing against it.
	<b>12. Story</b>	Continued serialisation of <b>Radha ki Kahani</b> .
	<b>13. Article</b>	On the Population and Development Conference Questions whether it is third world overpopulation or first world over consumption that leads to environmental damage. The context of more children where there is high infant and child mortality. The injustice of contraception being seen as exclusively a woman's responsibility though women are fertile for only a short period every month, as against man's constant fertility. A discussion of the Government's Family Planning policies and current 'Cafeteria approach' ensues. A plea for Development and education as the best Family Planning method is made.
	<b>14. Article</b>	Gives preventive measures at home and community levels, to control mosquitoes and prevent the onset of malaria. An account of the work done by the Malaria Eradication Programme, and makes suggestions for its better implementation.
OCT. 1994	<b>15. Editorial</b>	Discusses the Bhopal issue. (The anniversary of the Bhopal Gas disaster falls in December but the December issue would be a part of the Diwali special). The editorial discusses industrialists and exploitation. The difficulties of getting compensation for the sufferers in occupational health hazard cases is brought out.
	<b>16. Article</b>	An obstacle in women's development is that very few women are part of the decision making process. Though 34% of the workers are women, only 5% are at the decision-making level. At UNESCO, too there are 175 people, of whom only 3.5% are women. This disparity, caused by women's prioritising of family considerations over career goals is a development issue, women are, largely, less concerned with ruthless exploitation.
	<b>17. Story</b>	Continued serialisation of <b>Radha ki Kahani</b> .
Diwali Issue 94 Nov-Dec.	<b>18. Story</b>	<b>Still no Justice</b> ( by Viji Srinivasan). Based on a true incident, this story examines the dowry death of Sasibala and



MONTH	FOCUS
	of the Reproductive system". Explains how these problems remain untreated in women, in spite of easy diagnosis and inexpensive treatment, because of the taboo in our culture against speaking about such issues. Emphasises the need for ANMs to get information about these diseases and help woman deal with them.
	<b>54. Article</b> Points out the need to improve the status of women and family health, through the narration of the learning experiences gained in a project for Dai-training.
	<b>55. Article</b> A brief survey of laws pertaining to women's health, their loopholes and lack of awareness regarding them. Reiterates the need for women to unite and bring about proper implementation of these laws.
	<b>56. Reader's opinions</b> Appreciate the work of 'Aayushi' while commenting on the need for information about medicines, their dosage, side effects etc. for the use of ANMs.
<b>Jan. 96</b>	<b>57. Box</b> The technical and legal problems arising during the adoption process, when the wife has maintained her maiden name.
	<b>58. Article</b> Discusses the pros and cons of involving more trained nurses, in primary health care system, in the United State's medical system.
<b>Feb. 96</b>	<b>59. Editorial</b> Discusses how increasing urbanisation and development leading to environmental degradation, has resulted in the spread of disease causing bacteria prevalent in animals to the human species. Also explains how unclean surroundings and reduced human resistance, leads to the spread of epidemics.
	<b>60. Article</b> Second part of compilation of experiences of women with adopted children, and adoption officials.
	<b>61. Article</b> A short piece mentioning the basic features of the Hindu Adoption and Maintenance Act.
<b>Mar. 96</b>	<b>62. Editorial</b> Talks about "Panchayati Raj", its meaning, the avenues open to women due to 33% reservations. Also discusses, what role an ANM has, as a people's representative with health knowledge.
	<b>63. Report</b> The rationale for holding the International Women's Conference at Beijing and a brief reporting about it.
	<b>64. Article</b> An account of various local women's agitations against liquor

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	problems, continuing in the antagonistic environment, where vested interests of bar owners, alcoholics and govt. officials perpetuate the vice.
	<b>65. Article</b> The article discusses the poor functioning of primary health centres in the rural areas and suggests a pattern for making it more efficient through people's participation, decentralisation, training, non-target based indicators and transparency.
	<b>66. Article</b> An in-depth discussion of the concept of decentralisation as a policy - at the economic, political and administrative levels. Reflects on the distortion of this idea by political parties and government. Emphasises the need to rethink decentralisation as a series of processes arising at grass-root level, proceeding upwards.
	<b>67. Article</b> Brings out the way in which pharmaceuticals use deceptive and underhand techniques to increase sales and profit, citing examples of commonly used medicines for common illnesses. Stresses the importance of home-remedies.
April 96	<b>68. Editorial</b> Focuses on the World Health Day, 7th April. Brings out the importance of promotive health as against the curative aspect. Points out the disparity in govt. expenditure in rural and urban areas, and stresses the need for people's participation.
	<b>69. Article</b> Discusses the issue of Child prostitution, pointing out the factors responsible for its perpetuation - namely, poverty, an apathetic society, increasing demand in the form of foreign "tourists" and unscrupulous people in the business. Also views this issue and its pertinence to the spread of AIDS.
	<b>70. Article</b> The article discusses the idea of a conducive environment in a holistic manner and relates it to 'Health for All'. Gives details of the findings of World Commission on Environment and development, and suggests accordingly the necessary action that can be taken at a global level.
	<b>71. Article</b> An exploration of principles which can enhance community-based health information dissemination. Emphasises the need to use an integrated, multidisciplinary, participatory approach in this regard.
	<b>72. Article</b> (A continuation of an earlier series) Explains how 'tonics' to cure weakness, and 'capsules' are used by medicine manufacturers, as devices to increase profits because of myths and misconceptions prevalent in people.
May, 96	<b>73. Editorial</b> Relates an experience where ANMs and MPWs of two



odd hours during emergencies, as well as meeting family planning targets.

### 36. Autobiographical

#### Notes

An octogenarian ANM, who still actively pursues her profession recalls her life as a nurse and her experiences.

### 37. Box

Enumerates the duties of a nurse, hundred years ago, in a British Hospital, as well as the various conditions attached to the job, in those times, including pay raise, saving etc.

### 38. Article

A descriptive analysis of a survey study of 'ANM' conducted by FRCH, in order to understand the difficulties faced by them, as a result of social victimisation pertaining to gender and caste, and the negative perceptions of co-workers, rural population and then own families. Explains the role of the centralised medical system in contributing to the problems faced by the ANM. Contains suggestions from the ANMs to eliminate these difficulties.

### 39. Article

A narration of experiences of sexual violence (rape) encountered by the ANMs, while working, and how they have been combatted. A reflection on how no protection is provided against such incidences.

### 40. Article

Describes the general negligence shown in the health planning policies, towards women health and their problems, specifically showing how government rules and policies affect the female nurses working in rural areas. Voices the need for nurses to unite and work for their rights.

June, 95

### 41. Editorial

Deals with the various personal and professional problems faced by ANMs and stresses the need for ANMs to come together and fight against injustice meted out to them by society.

### 42. Report

of a movement of women from a Himalayan village, who organised to bring about the opening of forest areas around their village, as community resource to meet their fuel and fodder needs.

### 43. Article

Second part of the series dealing with women's legal rights. Deals with Muslim Family laws, Registered marriage Act and family courts in this part.

### 44. Article

Gives the results of a study conducted to determine the knowledge of the ANM regarding the medicines commonly distributed by them. The survey suggests that it is vital to provide increased knowledge to the ANMs in this regard.

MONTH	FOCUS
July 95	
45. Editorial	Deals with the issue of malnutrition in Tribal population and locates its sources in the Governmental policies of denying tribals, access to land, water and forest resources, and dispossession. Questions the validity of welfare schemes and projects when fundamental rights are denied.
46. Article	Points out how the first world countries, inspite of causing tremendous environmental degradation, deteriorating the lives of people in the third world, through their commercial ventures, call out "danger" in the name of increasing population and try to suppress population growth in Third World Countries. Seeks to explode the myth about population being a cause for Third world problems.
47. Poem	Lopsided policies in the name of development have caused environmental degradation. In spite of vested interests of the rich and the powerful, the poor come together and resolve to save the forests and the earth.
48. Article	Considers the extremely negative impact of the target-oriented family planning programmes on the attitudes and behaviours of the health workers, and consequently on their relationship with the rural population.
49. Article	Questions the violence committed against women in the form of uninformed and forced usage of contraceptive devices - which are primarily targeted at women. Traces the connection between the fallacious notions of population explosion, and the vested interests of the First World Countries.
August, 95	
50. Editorial	Draws attention to the problem of droughts, its consequences. Discusses how urbanisation has increased the tendency to droughts, while its victims are the rural poor.
51. Article	Investigates the impact of a liberalised and profit-oriented medicine industry on the price structure and production of medicines in India. Points out the governmental responsibility in the control of production and distribution of unessential irrational and hazardous drugs.
Sept. 95	
52. Experiences	Of a worker in Health agency about a training programme conducted in a tribal area. Reflects on the differences in the efforts taken by trainers, and the inconveniences troubles encountered by the trainees in order to attend the programme.
Diwali '95	
53. Editorial	The issue deals with the theme "factors affecting, and diseases



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	districts were asked to work without given targets and the positive results of this experiment.
<b>74. Article</b>	An ANM writes about her experiences during training as and ANM in Pune, and during training in a rural area. She perceives the rural training to be more flexible, group oriented, learner centered, practical and nontarget based.
<b>75. Article</b>	Studies the structure and the content of the training programme of the ANMs, from the point of view of contemporary health needs and the health situation in rural areas. Voices the need to remove disparities between training and reality in order to enhance its effectively.
<b>76. Article</b>	Reflects on the marginalised status of women in the health machinery as a whole, and the further pressure put on them through target-based indicators. Exhorts ANMs to come forward in order to combat this situation.
<b>77. Article</b>	The problems faced by the ANMs in the fulfillment of the monthly targets for the six national programmes, and the factors underlying this - namely negative social perceptions, familial pressure, emotional and sexual harassment, transferable jobs etc.
<b>78. Article</b>	Clears up misconceptions regarding the intake of injections, saline solutions etc. Explains how they are abused by medical practitioners, to deceive people and brings out the danger of resorting unnecessarily to these methods.
<b>June 96</b>	----
<b>July, 96</b>	
<b>79. Editorial</b>	On the occasion of the World Population day, it discusses the myth that population is the cause of poverty, the unjust attitude of the government's family planning policy and draws attention to traditional methods of family planning.
<b>80. Letter</b>	A letter from an ANM expressing discrimination in responsibilities of an MPW and ANM, the difficulties an ANM faces in her work, especially in completing family planning targets.
<b>Aug. 96</b>	
<b>81. Editorial</b>	In view of Independence Day, discusses the need for rural development and women's development programmes to be implemented appropriately.
<b>82. Article</b>	The article explains elaborately the nature, causes and necessary cure for malaria, at an individual as well as public health level. Discusses the results of a study of workers in public sanitation, working to prevent malaria, focussing on the health

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	hazards faced by them, and gives suggestions to improve their condition.
Sept. 96	----
Diwali Issue, 96 (Nov. & Dec.)	
83. Editorial	Increasing employment of women in the industrial sector has had various repercussions. Discusses whether this has proved detrimental or has positive effects on the status of women.
84. Article	The findings of a research study based on the 1991 census, analysing the contribution (overt and hidden) of rural women in the work, its increase over time, and its repercussions of women's health.
85. Article	An account of the results of a public interest litigation case related to the rights of workers in mines and asbestos industry-which focuses on the health aspect as a primary issue in securing rights in the work environment for the workers in any industry.
86. Article	Discusses the exploitation and victimisation faced by working women in a primarily patriarchal society, in the form of negative social perceptions, work stress, gender discrimination and violence at work etc. Urges working women to come together for a constructive alternative.
87. Article	Gives information about the various kinds of leaves from work, legally available to workers, and the rules pertaining to them. Explains in detail the non-implementation of maternity leave and grants available to working women.
88. Article	A model form for ANMs to send to the district Zilla Parishad authority, to facilitate the procedure for availing of the Provident fund scheme.
89. Article	Brings out to the fore the problem of sexual violence in the work environment. Defines the nature of sexual violence, at an individual and organisational level.
Dec. 96.	----
Jan. 97	<p data-bbox="300 1821 451 1854">90. Article</p> <p data-bbox="568 1821 1369 1966">A thought provoking feature on the exploitative nature of the lopsided, capitalist developmental approach-bringing out its negative impact on the people. Attempts to outline a paradigm of a people-centred plan for development.</p> <p data-bbox="300 1989 451 2022">91. Article</p> <p data-bbox="568 1989 1369 2051">Brings out the importance of dissemination of adequate and relevant information pertaining to diseases and health. discusses</p>



MONTH	FOCUS
Feb. 97	<p>the nature of information, recipients of information and how it should be imparted.</p> <p><b>92. Editorial</b> Informs about WHO's announcement of 1997 as "year for control of Contagious diseases. "Comments on the high occurrence of contagious diseases in India, especially in rural areas because of inefficient services, poverty and ignorance. The need to improve quality of life at all levels - social, cultural, economic and political.</p> <p><b>93. Article</b> A revised version of the feedback questionnaire for the ANMs aimed to receive information on reader opinion vis-a-vis relevance of content and methodology, as given in Aayushi, to actual field experience.</p>
Mar. 97	<p><b>94. Article</b> The results of a study to gauge the impact of information dissemination about the IRDP project of central govt. Analysis use of information by beneficiary, and also the basic shortcomings of any project which causes poor to suffer, while well to do people benefit from the schemes.</p> <p><b>95. Article</b> Gives information about the 'hieffer project' which provides families below poverty line with animals, which provide nourishment for children. Training in the care of the animal is undertaken. Its relevance to environmental regeneration is discussed.</p> <p><b>96. Article</b> Questions the validity of the Governmental regulations regarding distribution of iron and calcium pills, holding that the approved quantify is far less than the required amount. Also brings out the need to subsidise these dosages and not restrict there consumption to pregnant and lactating women.</p>
Apr. 97	<p><b>97. Editorial</b> On the occasion of World Health Day - 7th April. Voices concern about the impact of increasing pollution and environment degradation on Health.</p>
May 97	<p><b>98. Article</b> Deals with the hazardous and unhealthy occupations and industries in which child labour is prevalent. Discusses factors which can permanently damage children's health, sometimes even turning fatal. The need to be sensitive to rights of such exploited children.</p>
June 97	<p><b>99. Article</b> Aims at provoking readers to approach health from an environmental and community based viewpoint. Facilitates a</p>

MONTH	FOCUS
<b>July 97</b>	questioning which can yield an area specific analysis of health situation for the ANMs.
<b>100. Article</b>	Intents to empower people as conscious consumers of health services and products, rather than mute recipients of the same. Warns against inappropriate and unnecessary consumption of medicinal products.
<b>Aug. 97</b>	<b>101. Editorial</b>
	On occasion of the 50th Indian Independence Day reflects on whether real development has been achieved for the masses of the country. Holds politicians responsible for defective, lopsided planning. Considers need for decentralisation of power, through schemes like Panchayati Raj as essential for development.
	<b>102. Article</b>
	Enumerates the various uses of Paracetamol as a multi purpose drug, warning against its side effects especially with reference to children. Advises appropriate dosages for children for various problems.
	<b>103. Article</b>
	Explains "Curating" as a surgical operation intended to diagnose certain diseases related to the female reproductive system, as well as to remedy some of them. Also includes the process of surgery and potential dangers.



## **Annexure 2**

ANMs would like information on following topics :

- \* Home Visits,
- \* Target free approach / Family Planning,
- \* Gynaecological disorders,
- \* Immunisation,
- \* Legal aspects,
- \* Community Organisation,
- \* Maternal and Child health,
- \* Drugs and Herbal Medicine

### **Annexure 3**

#### **I. Participatory Training taken in Nursing Schools**

1. Anatomy and physiology of various systems.
2. Why do people behave as they behave
3. Menstrual Cycle
4. Family Planning

#### **II. Participatory Training Taken through D.T.T.**

1. Women and Health
2. Reproductive tract infections, causes and management
3. Family Planning

#### **III. Participatory Training Taken at Primary Health Centres**

1. Symptoms based diagnostic technique and treatments
2. Women's Health
3. Reproductive Tract conditions and treatment
4. Family Planning
5. Gender Sensitivity
6. Community Participation

#### **IV. Participatory Training at Workshops**

1. Community Participation and Organisation
2. Communication
3. Women's Health
4. Gender Sensitivity
5. Reproductive tract condition and management



**Annexure 4**

**Drug List (from discussion with 240 ANMs)**

ANMs Kit		What ANMs feel they need to have	
		Yearly	Yearly
1.	Fersolate (big)	26,000	30,000
2.	Fersolate (small)	24,000	26,000
3.	Oral Rehydration Solution	3,600	5,000
4.	Chloroquine	3,600	5,000
5.	Furazolidone	1,000	12,000
6.	Co-trimaxazole	2,400	2,400
7.	Mebendazole	2,400	2,400
8.	Vit A Solution	1,200 ml.	1,200 ml.
9.	Paracetamol	1,000	12,000
10.	Gelusil	2,400	4,000
11.	B. Complex	12,000	12,000
12.	Methargin	Nil	100
13.	Aspirin	2,400	1,000

**Annexure 5**

Dr. Meera Savara  
B-10 Sun - N - Sea  
25 JP RD, Vesave  
Andheri (W)  
Mumbai 400061

Date : 20th March '98

Ms. Seema Deodhar  
FRCH  
Pune

Dear Ms. Deodhar,

**Ref : Response rates using Magazines Surveys in India**

This is in response to your query regarding response rates I have received using surveys published in Magazines.

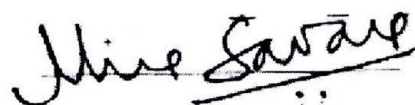
On the past 5 years, I have conducted magazine based surveys in the magazines. Debonair, Saavy, Business India, Gentleman. These are all highly priced English language publications aimed at the educated, middle and upper class.

The response rate I have received by publishing questionnaires in these magazines is in the range of 1% - 2%. This is considered to be an acceptable level, which has been found in magazine surveys done in the Western Countries.

I hope this answers your query and best wishes for your work. If I can be of further assistance, please do contact me.

Thanking you,

Sincerely yours



(Meera Savara)



## Annexure 6

### ANM QUESTIONNAIRE

- Q.1. a) Which information from the manual was difficult to understand?  
b) Which information was easy to understand?
- Q.2. Which information from the manual proved useful in your work?
- Q.3. Which information from the manual was new to you?
- Q.4. Which information from the manual was not to your requirement?
- Q.5. Which of the following information would you like to know in detail (please tick appropriately)?  
i. First Aid ii. Home visits iii. Home remedies iv. Family Planning v. Targets vi. Drugs vii. Others
- Q.6. Some of the articles in the manual carry boxes containing information on home remedies or Ayurvedic medicines. Which of these remedies have you tried out?
- Q.7. a) Have you read the Ayushi issues dealing with accupressre and pelvic muscle floor exercises?  
b) Has this information been of any use to you?
- Q.8. What information helped you in the diagnosis of diseases and from where did you get it?
- Q.9. How much time (in percentage) do you devote for each of the following tasks?  
i. Home visits ii. Family Planning iii. M.C.H. iv. Immunisation v. T.B. Control vi. Leprosy Control  
vii. Prevention of blindness viii. Public Hygiene ix. Eradication of Malaria x. Record and Register maintenance
- Q.10. a) Which officer should be ideally responsible for laying down targets for family planning?  
b) Would you like to define the targets yourself?  
c) On what basis would you fix the targets?
- Q.11. a) Which new medicines were introduced to you through Aayushi?  
b) What information about medicines have you gained from other magazines?
- Q.12. Which of the following medicine should be provided to the ANMs (please tick appropriate)?  
i. Paracetamol ii. Mebendazole iii. Aspirin iv. Fersolete v. Co-trimexazole vi. Dettol vii. C.P.M.  
viii. Chloroquine ix. Primaquine x. Oral pills xi. Others (specify)
- Q.13. Why do devloped countries like America have a low birth rate, low population, and less incidence of infectious diseases?
- Q.14. a) Give the titles of those poems, stories or articles from Aayushi which you have enjoyed most?  
b) Which of the articles on women have you liked most?

ANNEXURE \_ 7

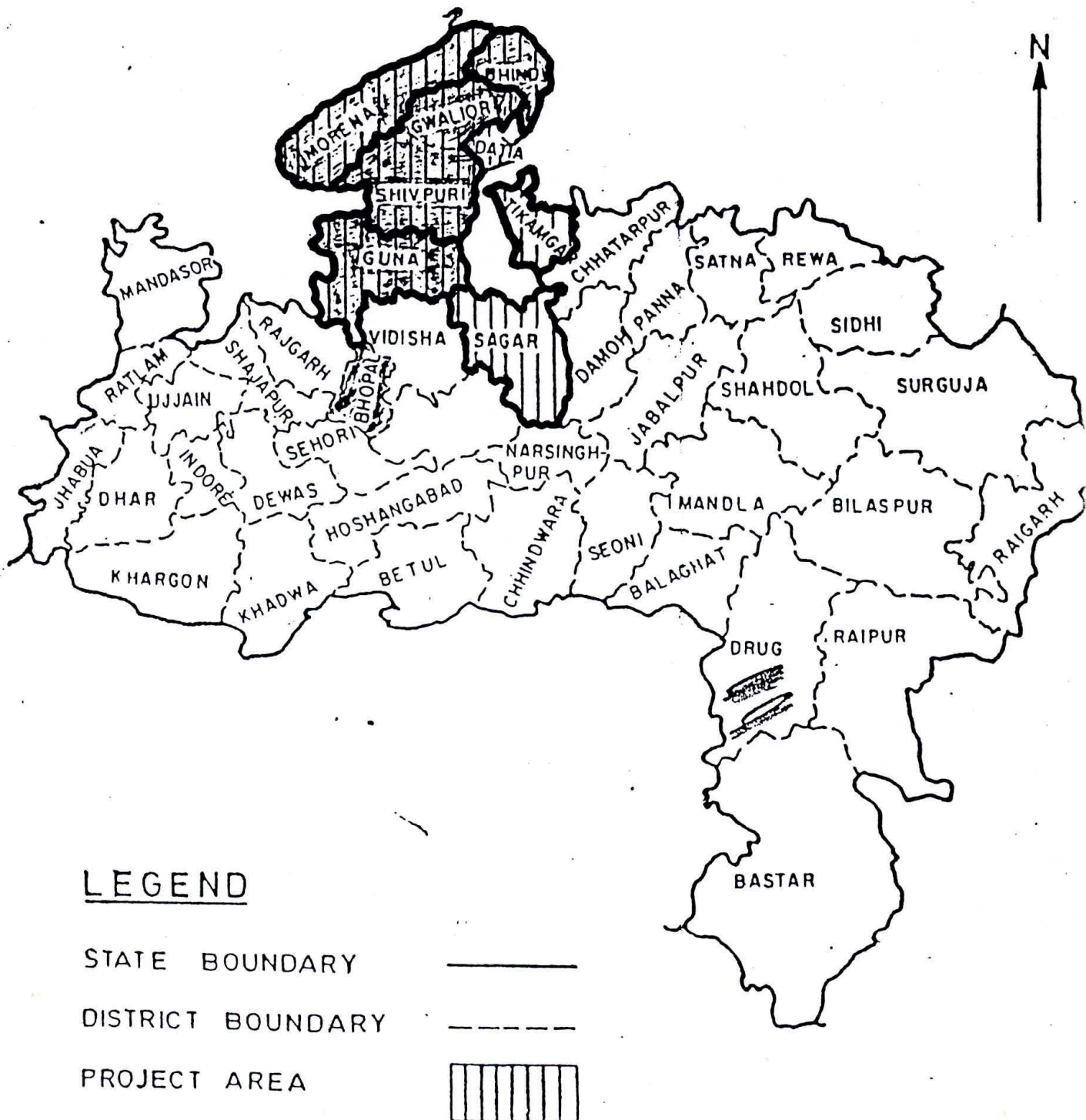




FOLLOWING DISTRICTS HAVE BEEN COVERED BY DANIDA

# MADHYA PRADESH

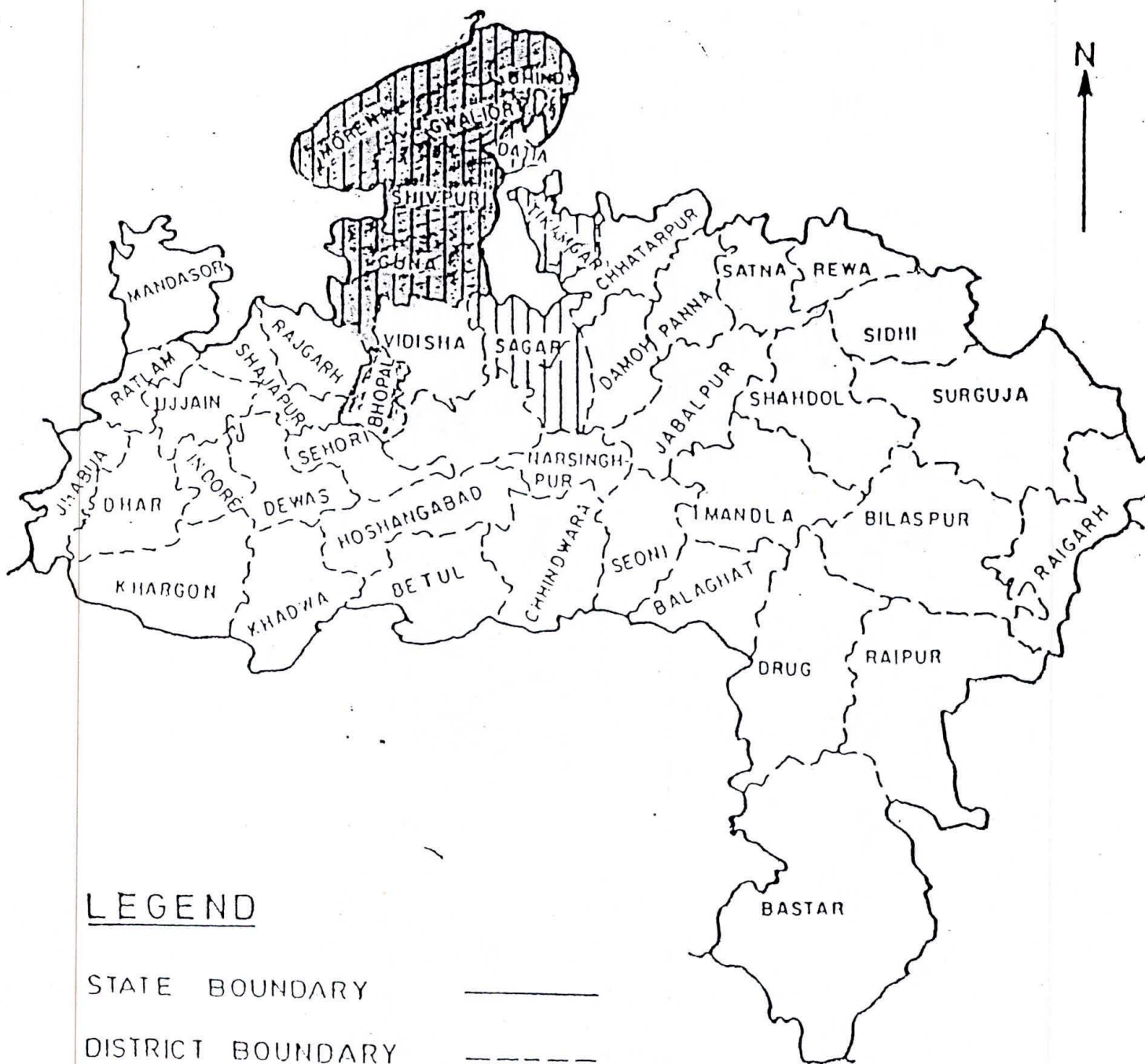
SCALE—1 Cm. = 60 Km.



FOLLOWING DISTRICTS HAVE BEEN COVERED DURING FIELD VISITS

# MADHYA PRADESH

SCALE— 1 Cm. = 60 Km.



## LEGEND

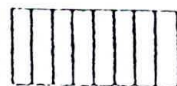
STATE BOUNDARY



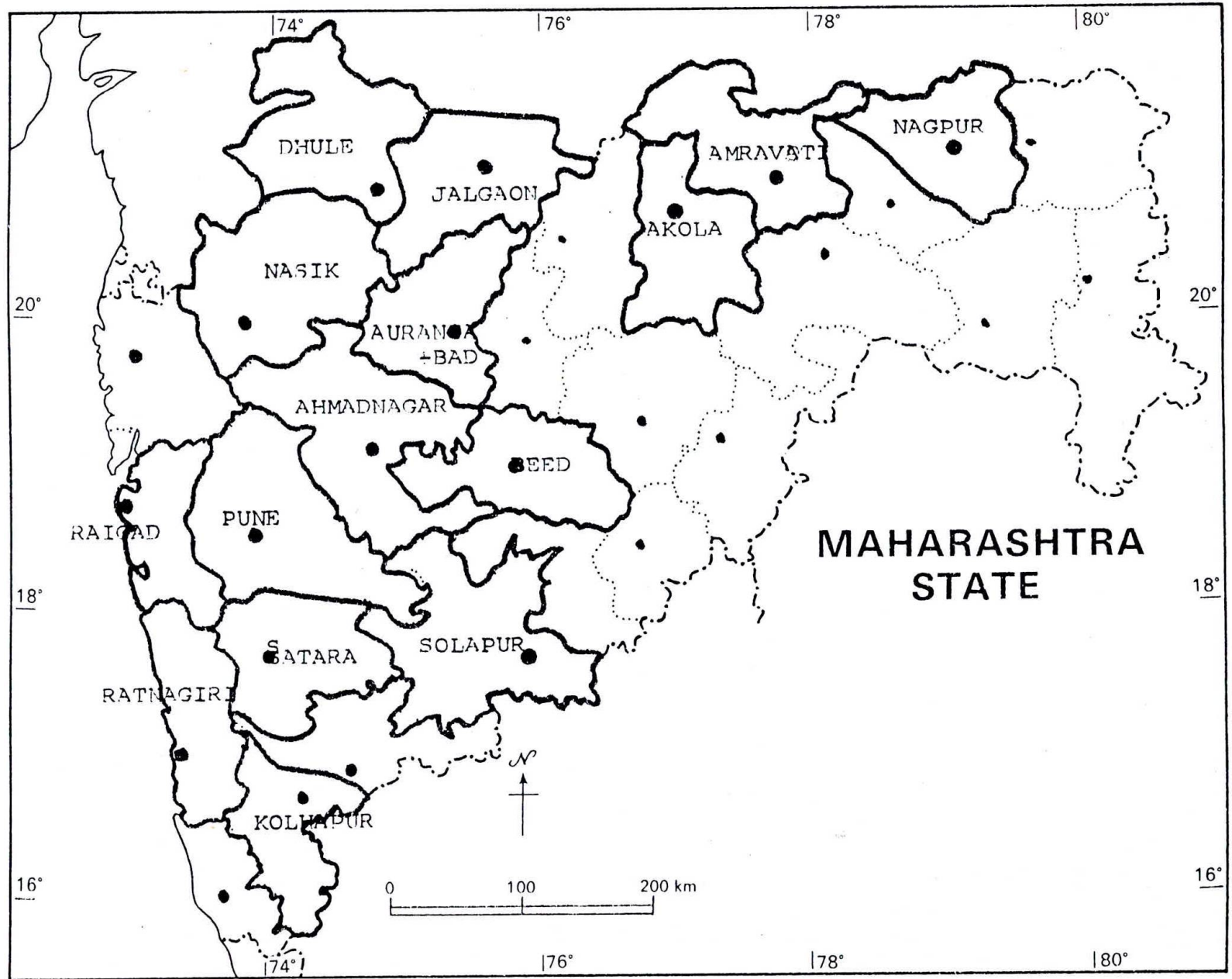
DISTRICT BOUNDARY



PROJECT AREA

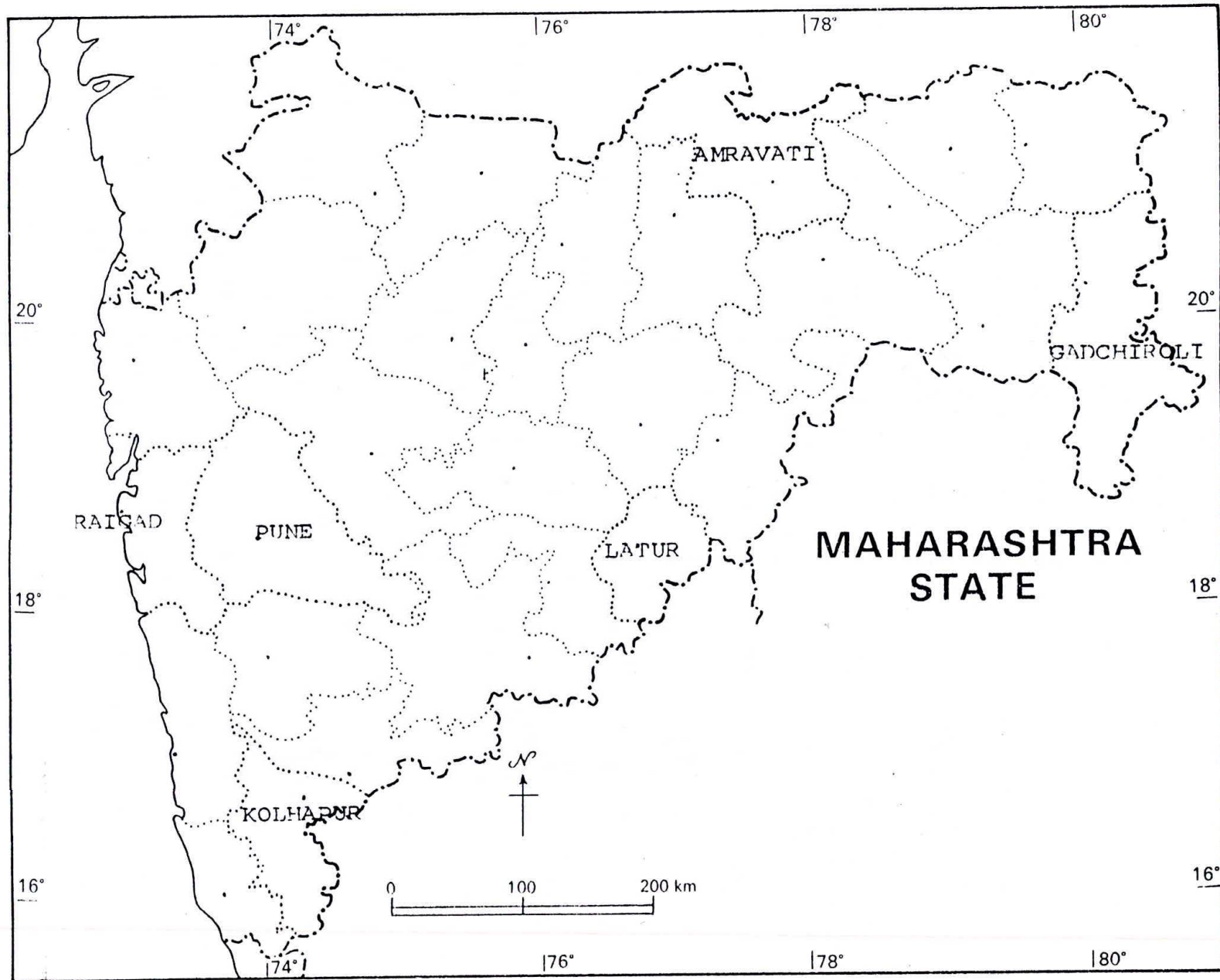






FIELD WORK COVERED IN THE FOLLOWING DISTRICTS

WORKSHOP COVERED IN THE FOLLOWING DISTRICTS





**Annexure 8**

Districts covered by Aayushi (Madhya Pradesh)	
Sr. No.	Name of District
1.	Bhind
2.	Guna
3.	Gwalior
4.	Morena
5.	Sagar
6.	Shivpuri
7.	Tikamgarh

**Annexure 9**

**Field Work Details (Maharashtra)**

Sr. No.	Name of Districts	No. of PHCs and SCs visited	No. of ANMs contacted
1.	Aurangabad	06	12
2.	Akola	37	72
3.	Amravati	50	35
4.	Ahmednagar	42	35
5.	Beed	08	15
6.	Dhule	41	41
7.	Jalgaon	40	45
8.	Kolhapur	29	27
9.	Nagpur	17	19
10.	Nasik	40	60
11.	Pune	40	60
12.	Raigad	28	40
13.	Ratnagiri	07	09
14.	Solapur	27	31
15.	Satara	21	30
	<b>Total</b>	<b>433</b>	<b>551</b>



**Annexure 10****Field Work Details (Madhya Pradesh)**

<b>Sr. No.</b>	<b>Name of Districts</b>	<b>No. of PHCs and SCs visited</b>	<b>No. of ANMs contacted</b>
1.	Bhind	02	06
2.	Guna	04	12
3.	Gwalior	05	07
4.	Shivpuri	05	06
5.	Morena	02	03
	<b>Total</b>	<b>18</b>	<b>31</b>

**Annexure 11**

**Details of Work Shops  
(Maharashtra)**

<b>Sr. No.</b>	<b>Name of Districts</b>	<b>No. of Workshops</b>	<b>No. of ANMs attended</b>
1.	Amravati	01	41
2.	Gadchiroli	01	55
3.	Kolhapur	01	39
4.	Latur	01	41
5.	Pune	01	31
6.	Raigad	01	32
	<b>Total</b>	<b>06</b>	<b>239</b>