

Training Program
For
State Level Master Trainers
For
Women's Health Development
Project

Phase-II

Sponsored by:

WHO &
Ministry of Health &
Family Planning
Govt. of India

Reference:

SE/99/203484

Organised by:

SUTRA
Jagjit Nagar 173 225
Himachal Pradesh

Dates:

Feb. 05 to Feb. 11, 2000.

This is the Second Part of the Report on the Training of State Level Trainers under the WHO-GOI training Program for the Project: Women & Development.

The progress from Phase-I to Phase-II was that, we had two Medical Practitioners from the HP Government as Resource Persons.

The problem was that of Chamba district. All the Master Trainers chosen for the Phase-I, turned out to be quite useless – their attitude towards women remained largely patriarchal. The solution was that we formed the second team, one of the team member was from Department of Education and quite enthusiastic. This was turned to be a blessing in disguise.

We are grateful to WHO and GOI (Ministry of Health & family Welfare) for providing financial support for undertaking the program.

We are also grateful to CHETNA for producing a good Manual.

Now we look forward to undertaking Village Level Training Programs.

PART I

Day I (February 5th 2000)

REPORTING

The workshop began with a welcome to the new comers from Chamba and Kullu and was followed by a round of introductions (For the list of participants see Annex –1). The participants were asked to regroup according to their districts and were given cards to enlist the achievements and the problems faced by them during the training camps in the last one and a half months in their respective districts. (For the district wise presentations see Annex –2)

The high lights of the workshops were: -

- Development of an understanding on gender and equity,
- Women realized the value of the work they take up at household level,
- Listing and understanding of household remedies and practices at rural level,
- Understanding on current status of health,
- Need and interest amongst rural women towards learning and understanding various health issues,
- Development of district-level teams on health issues- 5 such teams.

The participants also shared the post workshop scenario in each district. Apart from the impact of the training at individual level two districts, the participants from Sirmour and Chamba shared community level impact in their region. "SARDHA" Kafota (Sirmour) provided the villagers with space and 6 Doctors for a check-up camp and the villagers contributed in organizing food for the patients and the Doctors. About 700 villagers turned up for health checkup, which was the first time for most of them.

Participants of the first workshop at Kaamla witnessed harsh use of physical power by the men-folk of a family living next to the Mahila Mandal Bhawan when the neighbors broke a section of the newly cemented boundary wall. The women got together and after a lot of effort managed to involve the neighbors in helping them build the same patch of wall the same night thus putting an end to a 6 year-old dispute. This was the first time that the women in Kaamla and adjoining Panchayats collectively tested the strength of organized intervention and negotiating skills.

Women in Kaamla (Chamba) later got together and took charge of cleaning the local sources of water (Bawris) and the surrounding area at the community level.

PART II

Session One: Our Growth

The Female And Male Reproductive System

Resource persons: Dr. Shahida Ali, Dr. Sanjay Sharma

Facilitator: Dr. Manju Ahal

The participants were explained that the body goes through numerous changes before it attains its final mature form; the stage or age from which changes of sexual maturation in the form of secondary sexual characters begin to emerge is called adolescence. These changes were listed separately for men and women with the active participation of the participants (For the detailed list see Annex– 3)

The participants were regrouped according to their districts and were asked to do 'Body mapping'. The participants displayed their charts and were asked to share what they felt while drawing the structures. While some of the women participants expressed their inability to draw the male reproductive structures, most of the participants were aware of the basic structural differences. Dr. Sanjay Sharma was requested to explain the female reproductive system and Dr. Shahida Ali explained the male reproductive system. The exact structure and physiology of the internal reproductive organs were explained with the help of O.H.P and relevant transparencies from the series "Betiya Bari Ho Gaye" developed and published by "SUTRA".

Thereafter the participants were asked to list out various myths associated with the size, structure and function of each organ. A lot of emphasis was given to discussion on anomalies of the reproductive organs. The participants shared their own experiences and in the light of the information provided by the resource persons, collectively tried to find the reasons behind various problems posed to them by the rural masses during field trips and the training camps.

A master trainer from Kullu shared one such incident, where a local man told him that he had only one testicle and yet his wife had managed to get pregnant. He strongly believed that he was not capable of making her pregnant and the child was borne through some other man. This man keeps beating his wife to find out the name of the father of the child. The group realized that simple information and counseling could make so much difference to their lives.

Through out the late evening session, many such cases were discussed with the resource persons. Finally around 8 P.M the group was dispersed for dinner.

Day II (February 6th 2000)

The session began with an evaluation of the issues and approaches taken up the previous day. Thereafter Dr. Shahida Ali described the menstrual-cycle. The role of pituitary, hypothalamus and the feed back mechanism through which the body manages to regulate the menstrual cycle was explained. The normal and abnormal time period, quantity of menstrual flow, duration, pain, etc. were discussed.

Session Two: Contraception

Resource person: Dr. Shahida Ali

Facilitator: Dr. Manju Ahal

The focus was then shifted towards various means, which could be adopted, were the woman or girl doesn't want to conceive. Various means and methods prevalent in the society were listed and classified. IUCDs, Oral Pills, Condoms, Jellies, Creams, Spermicidal Tablets, Depot Injections and various other means within the Traditional Health and Healing Practices were explored (For the list see Annex - 4) and discussed. While discussing the Traditional Health and Healing Practices Operative a heated discussion broke out between the resource persons and the participants resulting in disruption of the process of listing of the THHPs.

The issue was dropped and the operative/ permanent procedures adopted to plan the size of the family were taken up. The procedures were explained to the group along with the comparative advantages and disadvantages of the two. With the data supporting the increasing number of abortions in the country especially amongst unmarried girls emphasis was laid on the use of emergency contraceptives, which can be used in case of unprotected sexual contact during a period in which the possibility of conception is high. The use of - oral pills, IUCDs, alkaline-acidic douches and other means to prevent conception in similar situations was discussed. The participants were shown the procedure of insertion of Copper-T and Condom.

Session Three: Conception And Infertility

Resource person: Dr. Shahida Ali

The process of discussion was then guided towards conception. The participants were asked to present their perceptions regarding the process of conception. Later Dr. Shahida Ali made a presentation on the changes, which result in the uterus, ovaries and the involvement of pituitary and hypothalamus during the menstrual cycle. The participants were explained safe period and most fertile period.

Infertility as primary and secondary infertility was explained to the participants. The emphasis was given to the classification of the couple as infertile only if they have been living together for a period of one year and have not managed a conception despite the knowledge of the fertile period. Various factors, which result in infertility, were also explained to the group.

Session Four: STDs/RTIs

Resource person: Dr. Sanjay Sharma

While discussing the difference between STDs (Sexually Transmitted Diseases) and RTIs (Reproductive Tract Infections) it was explained to the participants that the difference lies only in the way the disease is contracted by the patient and the symptoms remain the same in both the classifications.

The participants actively participated in the process of listing of various signs and symptoms associated with STDs/RTIs (For the list, see Annex - 5)

The most commonly present sign, per vaginal discharge was taken separately and dealt with in detail (For the classification of normal and abnormal discharge and its causes see Annex - 6). It was explained to the participants that women normally experience some wetness or discharge 4-5 days before and after the bleeding phase apart from this some secretions also result around the day of ovulation. Therefore it was concluded that some secretion, provided it fits the criteria of normal discharge (as given in Annex - 6) is normally present through out the month.

The socio-economic impact and the sequel of RTIs/ STDs were dealt with in detail. (For the detailed list see Annex – 7 and 8). Thereafter the preventive and curative aspect of the diseases through symptomatic approach was explained to the participants.

Day III (February 7th 2000)

Session Five: HIV/ AIDS

Resource person: Dr. Sanjay Sharma

Facilitator: Dr. Manju Ahal

The session was initiated with an evaluation of the level of information regarding the topic amongst the participants of the workshop through a Quiz. The gathering was divided into four sub-groups. They were asked questions on various aspects of HIV/AIDS and associated issues. It emerged that most of the participants had a fairly good level of understanding regarding most of the diseases and the myths associated with them. The routes of infection, chances of infection through each route, high-risk behaviors, susceptible age group, relation with STDs, prevention and the gender differential behavior of the community, medical and otherwise towards the patients were explained to the master trainers.

Session Five: Care During Pregnancy

Resource person: Dr. Shahida Ali

Information regarding the normal course and duration of pregnancy was shared and the signs of pregnancy were listed out. (For the list see annex -9) Normal size and growth of uterus during the course of pregnancy was explained through a diagram. The anti-natal check-up and registration schedule was shared and situations where chances of complication during pregnancy are high were listed out. The discussion was then focused on the early signs of complications in pregnant women. The signs were listed out (For the list see Annex – 9). Stress was given to early selection of place and personnel for delivery.

At the least the following things should be adhered to:

Clean, ventilated, warm and well lit room,

Clean and soft clothes for the newborn child,

Clean cloths for the pregnant woman,

Clean plastic sheet,

Trained dai who follows the TBA training during the conduction of the delivery.

Session Six: Childbirth And Care After Childbirth

Resource person: Dr. Shahida Ali

There after the stages of delivery were explained to the participants. It was also suggested that normally the first delivery takes about 10 hour and the second delivery takes about 2-8 hours after the initiation of labor pains. The importance of testing the blood groups of the parents and putting the new born to the mothers breast even before the umbilical cord is cut was explained to the participants. Care of newborn and the mother was also discussed with emphasis on diet and rest.

SESSION SEVEN: ABORTION

Resource person: Dr. Shahida Ali

The session was initiated with MTP Act. The participants were informed that the act includes three aspects the circumstances, personnel, place and consent (For components of MTP Act see Annex -10). Right to confidentiality was also discussed with the group. Various methods used for inducing abortions were explained along with the danger signs and the need for the usage of a suitable contraceptive to plan the size of the family was emphasized. Good nutrition, personal hygiene and rest after an abortion were explained to the participants.

With the end of this session the participants and the organizing team bid farewell to Dr. Shahida Ali and Dr. Sanjay Sharma. The participants were given half a day off for local outing. An informal evaluation of the workshop during the last three days was done in the late evening, in which almost all the participants put forward their feelings. It was concluded that undoubtedly the information backed by the years and years of clinical experience of the resource persons was invaluable. Considering the stress of absorption of the out pour of information in hard core medical terminology at a fast pace, we decided to first assess the level of absorption of the participants. The sessions were divided amongst the districts and the participants were asked to make the presentation in simple and interesting way.

Day IV (8th February 2000)

PRESENTATIONS

Facilitator: Dr. Manju Ahal

Sirmour: Our growth (The female and male reproductive system)

The participants from Sirmour made a collective presentation on the changes that result in the body on its journey from childhood to adulthood through transparencies and O.H.P. The approach was very participative and the level of comfort of the master trainer was commendable. The group explained the process of menstruation by comparing it with the preparations that a family makes when a guest is expected. The participants were advised to devote adequate time to make the women comfortable with the issue before using transparencies or charts in order to get their maximum attention and participation during the course of the workshop.

Session Eight: Adolescent Health And Development

Facilitator: Dr. Manju Ahal

The participants were asked to divide the life cycle into various age groups. The age groups were as follows:

Childhood – 0-10 years

Adolescence – 11-19 years

Adulthood – 20 -35

Middle age – 36 -55

Old age – 56 - death

The participants were then asked to classify the changes in mannerism, division of work, priorities, etc. amongst the boys and girls of 0-10 and 11-19 age group. It emerged that while the boys grow into an environment of freedom and responsibility, girls grow up to realize that they have to live with shame and restrictions. The group felt that the growing environment has to be the same for both boys and girls in which they grow into responsible adults. **Need for sex education to adolescents, was expressed by the participants.** Since this is the age group during which one gets into curious experiments and later enters marriage it was stressed that the adolescent should be

allowed to 'think aloud' and ask questions. The other important aspect was tactful and mature handling of stressful situations concerning the children of this age group. The participants shared cases, where maturity on the part of the adults had played a crucial role in solving the problems or averting a tragedy. It was also explained that this was the age during which a child develops the attitude towards self-respect as well as respecting others.

PRESENTATIONS

District Kullu: Menstrual Cycle

The participants from Kullu made the presentation, as they would do it with the women in the field. The gaps that surfaced during the presentations were listed out and discussed later. A suggested approach while conducting training or a workshop was also shared. The participants were encouraged to experiment with the methodology of the workshop and include games, give adequate time for discussion and sharing. The gathering was divided into two groups, were asked to present role-plays on the myths associated with menstruation. (For the list of myths see annex. -11). The relevance of some of the myths and discriminations in the current life style adopted by the families was discussed. The group went on to focus on families where only one woman was available for the house-hold work. In situations where the family didn't have any other option the woman is allowed to enter the kitchen and cook for the family, thus "need" had gradually taken over the age old myths and over shadowed it with "need based logic" and was acceptable to the same community.

A lot of stress was given to care during menstruation in terms of emotional support, diet and cleanliness. Later the discussion was focused on the problems associated with menstruation – scanty, heavy, irregular, painful menstruation. The participants shared some traditional remedies for the above problems used by the community. Some of the traditional remedies practiced during various menstrual disorders were explored. The group was advised to provide the women with enough time while sharing the traditional remedies.

District Mandi: Contraception

Through the presentation the group was guided to the issue of "who decides between a man and a woman". The group concluded that when it comes to deciding the "time" for an intercourse it was invariably the man but when it comes to deciding the "means" for contraception the burden comes onto the woman. With a glance at the comparative advantages and the disadvantages the proper usage of condom and vasectomy was adjudged to be the best means of achieving contraception. The group then discussed the impact of

the burden of daily chores, contraception, conception, abortion and child rearing. It was decided that the women will have to be empowered with information, communication and negotiating skills to come up to a point where the two can plan means of contraception together. The same empowerment is required in all walks of life.

The group was advised to encourage the women to share their knowledge base on traditional remedies without any prejudices or pre-conceived biases and unless the method has been proved by the medical community to be dangerous they should not be discouraged to use it.

Conception and Infertility

General awareness on the process of conception was good amongst the participants therefore we focused on the use of various tools to help them understand the concept of 'safe period' and 'most fertile period'. By the end of the presentation they were able to calculate the most fertile period in cases where the cycle was 21 days, 27 days, 30 days and variable/ fluctuating with the help of bead strings. This was combined with emergency contraception. It was concluded that a trip on time to the Sub Center or a Health provider costs far less than the cost (in terms of money, time and health) of an abortion or continuation of an unwanted pregnancy and later, burden of childcare.

The process of determination of sex of the embryo was explained to the participants through "A game of rice and pulses". The discussion was then focused on the impact of sex of the child on the status of the mother and the role of patriarchal society in the development and strengthening of such concepts. Role of organizations like Mahila Mandals in similar circumstances was also explored.

The issue of infertility was also discussed with the group with an emphasis on the myths and beliefs associated with infertility. It was stressed though out the session that there could be factors resulting in infertility in either or both the partner and at the same time the couple can be absolutely normal yet infertile. The psychosomatic and psychological reasons behind infertility were also discussed. Some of the participants shared incidents where the couple had a child after 8-10 years of marriage or the adoption of a child.

Various options available to the infertile couple were also shared.

Day V (9th February 2000)

Facilitator: Dr. Manju Ahal

District Chamba: Delivery and Childcare

The participants from Chamba made the presentations and considering their first time it was a good opportunity for them to practice and understand better. The participants were advised to move away from a typical school teacher approach and focus more towards encouraging participation than disseminating information. It was stressed that there was no need to learn every thing by heart one can always make the points on a chart paper or a small sheet of paper.

The gathering was divided into two sub groups. They were asked to present role-plays on various myths associated with pregnancy. A detailed discussion was initiated on the issues emerging through the role-plays and the need for adequate, balanced diet and rest was shared with the participants.

District Mandi: HIV/AIDS

The participants from Mandi made the presentation. Considering the fact that the organizations in Kullu, Mandi and Solan are working in their respective areas on HIV/AIDS and related issue, an in-depth discussion was deemed necessary. The indicators for the possibility of rapid spread of HIV/AIDS were shared with the group.

Indicators:

- Polyandry and polygamy
- Migratory labor oriented work
- Migration for work
- Tourism
- Prevalence of T.B in the community
- High number of STD cases
- Liberal sexual practices

After listing of the indicators the participant from Sirmour shared their fears that most of these criterions were present in their area. By the time the workshop was over Sirmour had decided to seriously look for means to work on this issue.

Major and minor signs were also explained to the participants. It was further explained that at the least 2 major signs and one minor sign have to be present before one is suspected to be suffering from AIDS. It was stressed that no patient can be diagnosed on the basis of the above signs. Only reliable diagnostic mean remains the blood test ELISA or Western Blot, which too has to be positive in two consecutive tests.

Statistics indicating the rapid spread of the disease in the country were supported through the game 'Wild Fire' and its socio-economic impact was assessed through the game 'Silouhettes' (For responses of the participants see Annex - 12). Besides the expected outcomes, the whole issue of stereotyping (through "Silouhettes") and the impact of identification of the people living with HIV/AIDS (through "Wild Fire") came to light. When the participants in "Wild Fire" were declared to HIV negative some of them decided to go and sit with the participants in the outer circle. The people in the outer circle were asked to express their feelings towards the HIV negative members who had joined them recently. The responses were suspicious, cautious, 'its O.K', and scary. The discussion was concluded with stress on universal precautions.

Day VI (10th February 2000)

Facilitator: Dr. Neena Sablok

STDs/ RTIs

The master trainer asked the other participants to enlist the beliefs present within their communities regarding STDs/RTIs.

List of beliefs:

Eating -'Maah' dal

'Garam cheezen'

'Gari'

'Arbi'

'Mirch'

There after the master trainer explained to the gathering that STDs spread through sexual contact with an infected person and RTIs result due to infections of the reproductive tract mainly due to poor hygiene. The participants contributed to the listing of the other causes of infection of the genital tract.

The participants were asked to further list out the symptoms, consequences of delayed medical attention and treatment. The master trainer initiated a process of distinction of the most commonly present complaint amongst women in the state – Per vaginal discharge. The participants thereafter contributed to the listing of characteristics of the discharge, which made it physiological and otherwise pathological. Thereafter the traditional remedies used in the villages were explored and listed (For the list see Annex -13)

SESSION NINE: CANCER

Facilitator: Dr. Neena Sablok

The word 'CANCER' was written on the board and the participants were asked to express their feelings.

- Responses of the participants:
- Fear
- Expenses
- Death

The participants were informed that 'CANCER' is a disease and were asked to elaborate on it. The participants added that it was a non-communicable disease and listed out various types of cancers they had heard off (blood, cervical, throat, breast and anywhere in the body). The participants were asked to strain their memories and recall the people who were identified as cancer patients. They narrated two cases one died within six months and the other died within one month of diagnosis.

Dr. Neena Sablok explained the classification and features (benign and malignant) of the sudden and uncontrolled growth of cells within the body. The focus was then shifted towards cancer of cervix. The participants were asked to enlist the symptoms, predisposing factors of cancer cervix with the active support from the resource person (For the list, see Annex -14). The screening tests were explained to the participants along with special emphasis on its features (less traumatic, non-invasive, inexpensive in terms of money and time) for the diagnosis of cancer cervix. PAPS test was recommended once every three years after the age of 35 and once every year after the age of 45.

There after the curative aspect of the disease was taken up in which the participants were given information regarding the importance of good balanced diet, different available modes of treatment and their side effects.

Breast Cancer was taken up next and the symptoms were listed out with an active participation of the group. Participants were then asked to enlist the beliefs regarding breast cancer in and around their community. (For details see Annex - 15)

Thereafter two case studies were given to the group and they were asked to assess the impact of the disease, access to health services, supportive needs, means of prevention and the role of an organization in similar situations.

The issue of lung cancer was briefly discussed with the group.

Day VII (11th February 2000)

Session Ten: Access To Health Care Services

Facilitator: Dr. Neena Sablok

The gathering was divided into two groups. One group was asked to enlist the existing health infrastructure and the duties assigned to the health personals. Second group was asked to enlist the constraints in access to health care and the strategies to counter the same.

1. Levels of health care in villages: Constraints in the access of health care services.
2. Solutions for these constraints: The constraints on the individual/ family / societal/ cultural level and at the level of the health care providers was discussed.

The topic of empowerment like definition of empowerment, types of empowerment, Levels and procedure of the same were discussed. Empowerment starts from self-awareness leading to self-confidence later to self-independence Spiritual empowerment later to the self-creation and self employment and empowerment of all. The groups were given the task of the presentation on posters regarding the functionaries /depts./ functions of different Govt. and Non Govt. functionaries in the village with the Names of their officers also. After the presentation next day the participants were asked to ask the problems faced in the implementation and the solutions found out by them. The discussion was very helpful and gave a direction and motivation to the participants.

Presentation: Group 1

A long list of various levels within the "Health Services" emerged along with the facilities and role of personnel available at each level.

Presentation: Group 2

An exhaustive list of constraints to accessing health services was presented by the group, which is as follows:

Constraints common to all:

- Lack of information with respect to services and role of personnel
- Lack of transportation facilities
- Unfavorable circumstances
- Absence of Female Health Worker
- Deficient medical supplies
- Inadequate and poor examination facilities
- Lack of privacy
- Carelessness on the part of the personnel
- Lack of accountability and thus control

Constraints specific to women:

- Lack of money
- Family problems
- Work load
- Lack of decision-making ability
- Shame
- Tolerance
- Lack of time
- Low self esteem
- Discrimination
- Superstition
- Non sympathetic attitude of the health personnel

Strategies to counter the constraints in access to health care:

- Forming an organization with the active involvement of the panchayat
- Creating awareness
- Seeking the support of the panchayat in improving the local health services
- Organizing Health Camps
- Discussing the local health problems
- Involving the masses in the process of improving or making the local health services more effective
- Working towards the empowerment of the masses, specially women

Later, the groups were given a task of discussing the role various Govt. as well as Non Govt. functionaries /depts. in villages. The participants presented their discussions and listing through charts. The participants found the discussion very helpful and said that process motivated them and gave them a sense of direction.

EVALUATION:

The participants were asked to sum up in minimum words what they had learned through this training. With the active participation of the group a list was developed (For details see annex - 16)

ANNEXURE –1

LIST OF PARTICIPANTS

Sr.No.	Participants	Address
01.	Vandana Chauhan	'SAVE' Dhaman. Kullu H.P.
02.	Tikam Sharma	'SAVE' Dhaman. Kullu H.P
03.	Kaushalya Sandhu	'SAVE' Dhaman. Kullu H.P
04.	Lal Chand Rathour	'SAVE' Dhaman. Kullu H.P
05.	Hema	S.R.D.A. Thaltukhor Mandi H.P
06.	Amit	S.R.D.A. Thaltukhor, Mandi H.P
07.	Keti Misha	S.R.D.A. Thaltukhor, Mandi H.P
08.	Inder Singh	S.R.D.A. Thaltukhor ,Mandi H.P
09.	Manju	'PARA' Drahal, Mandi H.P
10.	Keshav Chander	R.T.D.C Rajgarh, Mandi H.P.
11.	Indira	R.T.D.C Rajgarh, Mandi H.P.
12.	Ram Chander	'CARE' Birla, Sirmour H.P.
13.	Dr. Jai Gopal Joshi	'SARDHA' Kaffota, Sirmour H.P.
14.	Renu Sharma	R.T.D.C Rajgarh, Mandi H.P.
15.	Yamuna Sharma	'SUTRA' Nahan, Sirmour H.P.
16.	Anjum Vani	'Himalya Bachao Samiti' H.P.
17.	Seema	'Himalya Bachao Samiti,' Chamba H.P.
18.	Sudershna Thakur	'Himalya Bachao Samiti' Chaamba H.P.
19.	Durga Thapa	'SUTRA' Chhiyachhi, Solan H.P.

20.	Leela Devi	'SUTRA' Jagjit Nagar, Solan H.P.
21.	Yashoda Sharma	'SUTRA' Jagjit Nagar, Solan H.P.
22.	Sarita Sharma	'SUTRA' Jagjit Nagar, Solan H.P.
23.	Mohan Lal Sharma	H.J.V.S.S. Darlaghat, Solan H.P.

Resource Persons :

Sr.N.	Name	Address
01.	Dr. Manju Ahal	Palmpur
02.	Dr. Sanjay Sharma	D.A.P.O. Sirmour
03.	Dr. Shahida Ali	S.M.O. Civil Hospital Paonta Sahib Sirmour
04.	Dr. Nina Sablok	In-Charge, Ranbaxy Community Health Project, Paunta Sahib, Sirmour
05.	Subhash Mendhapurkar	Director, SUTRA Jagjit Nagar

DISTRICT CHAMBA

Achievements:

1. District Chamba witnessed an intervention of this scale for the first time since the Literacy Campaign.
2. Women received training on Health Issues and its impact on Women, for the first time.
3. Women got a chance to share their problems and thoughts with the trainers and other participants.
4. By the end of the workshop the women got very charged and took an oath to work on local issues affecting their lives, as in Kaamla.
5. Women realized the value and strength of collective action and organization.
6. Good learning opportunity for everybody involved in the project.
7. Emergence of a scope for similar training within the Government Department and its extensions, bypassing the limitation of providing training to only 72 women organizations in the district through the ongoing project.

Problems:

1. Absence of an organizational support and structure.
2. One had to start from scratch when it came to environment building.
3. Organizing 6 workshops in such a short span of time.
4. Lack of support in relieving the proposed master trainers by Health Department, despite repeated requests.
5. Absence of a Woman Master Trainer in the first three workshops.
6. Lack of commitment and accountability amongst the master trainers.
7. Communication gaps within ICDS CHAMBA.
8. C.M's proposed visit to Chamba, which brought most of the day to day functions of the Department of ICDS to a stand still.

DISTRICT MANDI

Achievements:

1. Successful completion of the camps.
2. The team could ensure the participation of women in the discussions and the training.
3. The level of understanding on the issues within the organization increases in the process of providing training.
4. The women showed eagerness to participate in the second round of training.
5. Team spirit was encouraged through the program.

Problems:

1. Lack of preparation.
2. Last moment dropouts and changes in the proposed list of names.
3. Lack of time.
4. Language problem.
5. Climate problems along with other domestic problems.

DISTRICT SIRMOUR

Achievements:

1. The issues to be taken up for training were explained through discussion, examples and games.
2. The sessions were completed despite the time constraint.
3. Some women traveled for the first time and stayed the night.
4. Women gained confidence and began sharing things, which were too personal to them.
5. Women gave suggestions on various issues and also took an oath.

Problems:

1. Level of education was poor, they had no prior experience of training.
2. Lack of time.
3. Women were too caught up with their domestic roles and didn't want to stay for a residential training.
4. The participants were initially very shy.
5. It was difficult to make them understand the concept of gender and equity.
6. Lack of support from the health department.

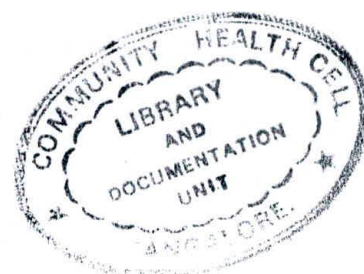
DISTRICT SOLAN

Achievements:

1. Active participation of the participants in the discussions.
2. Women took oath to make changes in their personal lives and reduce the gender differences.
3. Experience sharing.
4. Women decided to raise voice against violence and shared incidents.
5. Women shared information and experiences regarding traditional health practices and decided to document it.
6. Most of the women stayed back at the venue.

Problems:

1. Presence of women of higher age group in the training.
2. Time constraint.



DISTRICT KULLU

Achievements:

1. Participation of women.
2. Experience sharing.
3. Learning opportunity for the master trainers.
4. Women were satisfied with our discussions.
5. Use of information regarding the duties of Anganwari Workers.

Problems:

1. Inability of the participants to voice their thoughts.
2. Low level of education.
3. Bad weather which resulted in poor turnout.
4. Negligible support from the health department.

ANNEXURE –3**List Of Changes In The Process Of Attaining Adulthood**

S.No	Externally Visible Changes In Girls	Externally Visible Changes In Boys
1.	Increase in height	Increase in height
2.	Voice becomes soft	Voice becomes deep
3.	Hips become broad	Shoulders become broad
4.	Hair growth around genitalia and armpits	Hair also grow on the chest and face
5.	Breast enlargement	Growth in the size of penis and testis
6.	Vaginal secretions and excitement	Seminal secretions and excitements

ANNEXURE – 4

Traditional Remedies Used To Achieve Contraception

- The uterus is reversed through massage by dais.
- Two teaspoons of mint powder early morning during the five days of menstrual bleeding.
- Divide the rhizome of turmeric into four pieces. One piece is taken on an empty stomach for three months.
- Some healers use a specific leaf, which they insert into the vagina.

Signs of RTIs/ STDs

- Per vaginal discharge
- Burning micturation
- Pain during intercourse
- Genital ulcers
- Warts
- Genital itching
- Urethral discharge
- Scrotal swelling
- Inguinal bubo
- Lower back ache
- Lower abdominal pain
- Opthalamia neonatorum

Classification of Per Vaginal Discharge

Discharge	Normal Discharge	Abnormal Discharge
Form:	Thin, Odorless, Milky	Thick, Foul smelling, Yellowish – greenish
Increase In Secretions:	Stimulation, Around Ovulation, Just before the onset of periods, After periods.	<p>Endogenous infections: Inadequate personal, sexual and menstrual hygiene and practices.</p> <p>Iatrogenic infections: Unsafe abortions, IUD insertion, checkups and deliveries.</p> <p>STDs: Syphilis, Gonorrhea, Chlamydia, Chancroid, Herpes, Trichomoniasis, GI, LHV.</p> <p>Allergies: Undergarments, sanitary napkins, vaginal applications, IUDs.</p> <p>Low immunity level: Due to under nutrition and certain disorders of the immune system, which results in susceptibility to a host of infections.</p>

Socio-Economic Impact Of STDs / RTIs

Social Consequences:

- Stigma of STD and infertility
- Marital break up and disharmony
- Sexual dysfunction
- Poor use of family planning services

Economic Consequences:

- Loss of ability to work
- Loss of wages
- Cost of seeking treatment
- Cost of repeated treatment
- Cost of providing services

Sequel of RTIs /STDs

- Frequent abortions
- Ectopic pregnancy
- Congenital diseases/ defects
- Opthalamia neonatorum
- Still births
- Infertility
- Chronic pelvic pain
- Cervical cancer
- Pelvic inflammatory diseases
- Disability
- Strictures
- Fistulae
- Swelling of lymph nodes
- Death

Understanding Pregnancy

Signs Of Pregnancy

- Nausea
- Vomiting
- Blackening of the nipple
- Pain in breasts
- Heaviness in breasts
- Eruptions on breasts
- Bulging of lower abdomen

When Should One Be Cautious:

- Recurrent abortions
- Multiple childbirth
- Pregnant woman is less than 20 years or more than 35 years of age
- Pregnant woman is less than 145 cm in height
- Per vaginal bleeding during pregnancy
- High blood pressure
- Diabetes
- Above or below the normal uterine growth

Things To Be Avoided:

- Medication in the first three months of pregnancy, without consulting a qualified doctor
- Intercourse during first trimester and third trimester
- Physical and mental stress - anxiety, depression, anger
- Alcohol, smoking
- Craving for mud, clay, chalks, bricks, etc. should be controlled

Diet and Supplements To Be Taken:

- Green leafy vegetables, green vegetables
- Milk, Curd and other milk products
- Jaggery, Roasted black grams, Peanuts
- Adequate diet consisting of grains and pulses
- Iron and folic acid – a total of 100 tablets

Anti Natal Check Up:

- Urine test for confirmation of pregnancy or registration after three months
- Once in a month till the end of 7th month
- Once in every 15 days till the expected date of delivery (EDD)

Early Signs Of Complications In Pregnancy

- Intensive pain and excessive bleeding per vagina
- High blood pressure resulting in swelling, blurring of vision
- headache, convulsions, excessive weight gain
- Severe anemia resulting in swelling over feet, shortness of breath, pallor
- Reduced or absence of fetal movement
- Premature leakage of amniotic fluid or water bag

MTP ACT

Circumstances:

- Pregnancy due to failure of contraceptive method,
- Unable to bear the expenses of another child in the family,
- Fetus is diagnosed to have a genetic anomaly,
- Unmarried girl gets pregnant,
- Health problems endangering the life of the pregnant woman,
- Mother is mentally incapable of bringing up the child.

Personnel With One of The Following Qualifications:

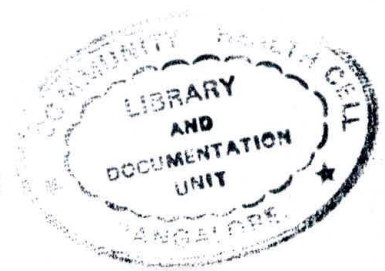
- 1 years house job in Gynecology
- Diploma or M.D in Gynecology
- Surgical specialist
- 15 days MTP training
- One doctor approved under the act can decide to perform MTP if the duration of pregnancy is up to 12 weeks
- Two doctors approved under the act can decide to perform MTP if the duration of pregnancy is between 12-20 weeks

Place

- Government approved place with trained personnel
- Proper aseptic instruments or machines
- Clean hygienic conditions

Consent

- Woman can decide on her own and give a written consent if she is above 18 years of age and in sound state of mind
- In case the woman is below 18 years of age her guardian is required to give the consent and the same follows if she is above 18years and of unsound mind.



Menstrual Myths And Beliefs

- The blood that comes out is dirty
- The shadow of a woman during this period spoils food items like : pickles, chutneys, 'seera', 'badi', 'pappad', curd.
- The shadow of woman during this period falls upon an infant, the infant develops 'chorua' (loss of appetite, loss of weight, irritability and shriveling of skin)
- The woman should not bathe during this period
- Eating jaggery or sweet things results in heavy bleeding
- Eating bananas during the initial days of menstruation results in painful menstruation
- Food items of "cold tassir" result in delayed menstruation

Responses Of The Participants In “Wild Fire”

HIV POSITIVE	HEALTHY
Anger	Nothing
Fear	Happy
Shock	Never again
Surprise	Cautious
Feel bad	Lucky
Vengeance	

Needs That Emerged Through “Silouhettes”

- Awareness
- Education
- Financial support to the family for its daily needs
- Cost of treatment and nutritional supplements
- Child-care
- Moral support
- Physical support
- Information regarding the diagnostic and curative facilities
- Counseling

STD/RTI AND THHPs

- Vaginal discharge - Soaking garlic cloves in curd overnight and then keeping one clove in the vagina for six to eight hours till the discharge subsides.
- Vaginal discharge - Equal parts of 'harad' powder and 'dakh munnakka' are mixed and pea sized tablets are made. Two tablets 2-3 times in a day for one month.
- Vaginal discharge or ulceration on penis - Washing the vagina with neem water, alum water, etc.

Cancer Cervix

List Of Symptoms Of Cancer Cervix

- Foul smelling white discharge
- Occasional pinkish, watery discharge,
- Yellowish/ blood tinged discharge
- Pain in lower abdomen
- Backache
- Foul smell from vagina
- Painful coitus
- Bleeding after coitus
- Post-menopausal bleeding
- Irregular spotting with brownish or blackish discharge
- Loss of weight and appetite
- Weakness
- Pain while passing urine
- Pain in the legs
- Blood in urine

List of Predisposing Factors of Cancer Cervix:

- Early marriage
- Poor hygiene
- Repeated childbirth over a short span of time
- History of STD/RTI
- Multiple partners
- Poor socio-economic status
- Genital warts
- Smoking tobacco
- History of cancer in the family

Dealing With Breast Cancer

Symptoms Of Breast Cancer:

- Lump in the breast
- Painful lump
- Bloody discharge per nipple
- Change in the size, shape of the breast
- Change in the colour and texture of the skin
- Palpable lymph node at the left side of neck

Beliefs of The Community Regarding The Breast Cancer:

- Black magic
- Accumulation of milk in the breast
- Boil
- Repeated abortions and miscarriages
- Abscess
- Impurity in the blood
- Tight bra
- Huge breasts
- Trauma, Trauma due to infant's head during feeding

Pre Disposing Factors:

- Hereditary
- Late marriage
- First child after 30 years
- No breast feeding to children
- Hormones

Prevention:

- High fiber-low fat diet
- Encouraging breast feeding immediately after childbirth and up to two years
- Self-examination

Tests:

- FNAC
- Biopsy
- Mammography

TREATMENT:

- Surgical
- Chemotherapy
- Radiation

Evaluation

Achievements:

- Gained a lot of knowledge and information on the issues taken up during the workshop
- Learned to conduct a workshop in an interesting and participative manner
- Learned to plan a workshop and its sessions as a team through the session on presentations
- Realized the importance and the difference in the tempo of the workshop which results by giving a patient hearing to the participants
- Realized the difference between a good trainer and a specialist
- Realized the importance of a local language in striking a rapport and improving communication with a group
- Learned to be true to the women when it comes to personal level of information, saying "I will try and learn more and get back to you"
- To focus more on the THHPs used by women

Challenges:

- To keep up with the expectations of the women
- To involve the women in the process of using the information given to them through the training in finding solutions to the problems around them
- To complete the camps before 31st March 2000, March being the examination month
- To share with the women in three days what we learned in 7 days
- To make women commit to reducing the gender discrimination within their families, as the first step

Suggestions:

- To take up the issue of Gender and Equity before taking up the issues listed out for the current workshop
- To take up similar training for men
- To provide emotional support to the women who break up during the course of the workshop
- To develop a follow up package