



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

Sponsored by: WHO &
Ministry of Health and
Family Welfare,
Govt of India

Reference SE/99/203484

Organised by SUTRA
Jagjit Nagar 173 225
Himachal Pradesh

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PART I

EXECUTIVE SUMMARY

Context:

WHO and Government of India is supporting a process of training and dissemination of health information amongst the leaders of women groups in five districts of Himachal Pradesh, along with 70 districts in 14 other states in India.

Data collected during various studies shows that health is the second biggest cause for debt among poor rural households. It is interesting, though not surprising, that most of the money taken and spent on seeking health care is for men-folk within the family. Data is also suggestive that women having a minimum income base tend to be more attentive and receptive to health messages and information than those who are extremely poor. Therefore, it is believed that the leaders of women groups where social empowerment process is already on to some extent, are empowered with information on why and what causes illness and disease and where and how to find help, they would be able to live healthier and more productive lives. Secondly, in the process of empowerment, information of services established at Government and in the public sector will also improve.

Participants:

A Total of 23 participants associated with 9 NGOs based in Sirmour, Kullu, Chamba, Mandi and Solan districts of Himachal attended the first round of 8 day long training. Although the proposal was designed to have one representative each from the Department of Health, Education, Rural Development and Women and Child Development, for the training none turned up for the first round of training of the master trainers.

Objectives:

The main objectives of the workshop were:

1. To develop capacity at the state and district level for training women community leaders.
2. To provide an access to critical health information and health seeking behavior patterns among almost 720 leaders of women groups who would in turn reach out to nearly 7,200 adult women in the productive age group within the state. The messages in the first round of training include information on gender and equity, nutrition, work, violence, water and sanitation, communicable and non-communicable diseases associated with them and their control programme.

Process:

The training cum workshop was conducted using a number of participatory and interactive methods like group discussions, field trip, role-plays, video-shows, quiz, and games were adapted to initiate discussions. Every following morning an evaluation was done of the previous days sessions and the later sessions were fine-tuned accordingly.

**Results:**

1. 14 NGOs from Himachal joined hands to undertake this Project
2. 22 activists of 14 NGOs were trained for disseminating information on health to the leaders of Mahila Mandals
3. 22 activists from 14 NGOs were exposed to issues involved in Health and Gender
4. 22 activists of 14 NGOs were sensitized on various aspects of Health Care for women
5. Following aspects of Gender, Equity and Empowerment were dealt in detail:
 - Work and Women's Health
 - Nutrition and Women's Health
 - Water, Sanitation and Health
 - Traditional Health Practices
 - Malaria and Women's Health
 - Tuberculosis and Women's Health
 - Violence and Women's Health
 - Panchayati Raj Institutions and Women's Health
6. Active support from Department of Women and Social Welfare was sought at the State level
7. Space was provided for activists from various NGOs to come together to plan the activity.

Failures:

Though the Commissioner-cum-Secretary (Health Services) to the Government of Himachal Pradesh took personal interest in the program and assured us full support of the Department, at the ground level; no Medical Officer was deputed as Resource Person or Master Trainers. We considered this as a failure. We hope, in Phase-II, we would be able to correct this.



Part II

REPORT OF THE WORKSHOP PROCEEDINGS

Day I (December 1st 1999)

INTRODUCTIONS

In the first round of introduction participants were asked to form pairs with each other, preferably with a participant of opposite sex and from a different Organization. The group was given 20 min. to get to know their respective partners. Along with the general introduction they were asked to present one 'happiest' and 'saddest' moment each from the lives of their partners. There after a game (Snowball) was played to help the participants settle down and remember each other's names.

SESSION ONE: GENDER AND EQUITY

Facilitator: Subhash Mendhapurkar.

In the initial stages of the session, an attempt was made to understand the linkages between names, their meaning, Sex and Gender. Each participant was asked to name his/her family members and the meaning of their names. While summing up it clearly emerged that mostly women had names, which implied beauty, fragility, affection and objects/things and men had names, which implied power, strength, character, imperishability, etc.

The participants were given a task to guide their thought process one step further. They were asked to write the answers to the following questions:

1. *Two things, which are expected from her/ him by society, which he or she likes to do.*
2. *Two things, which are expected from her/ him by society, which he or she does not like to do.*
3. *Two things that are not expected from her or him but he or she likes to do.*

(For participants responses see Annexure-2)

After the presentations it clearly emerged that while the role of women revolved around family, fulfilling its day-to-day requirements (in some cases it includes income generation activities) and maintenance, men controlled the decision-making, "out door activities" and financial modalities. Given this situation the women are denied opportunities for education, skill development, mobility and exposure, which lead to lack of confidence, articulation and power. The discussion then shifted to understanding that determines the 'Role' for men and women. Society, which was created as an institution to maintain and control the norms, with a dominant participation of men-folk, defined and re-enforced gender inequalities. Negligible role for women in decision-making and their lower status seemed to result because of the following power imbalances:



Sr.	Women	Men
01.	Ability to reproduce and breast feeding	Participation in reproduction
02.	-	Financial control
03.	-	Control over property
04.	-	Access to education and information
05.	-	Control due to family and social politics

Out of the above the women seem to derive 100% and men roughly 20% 'Power' from reasons, which could be attributed to the 'Body'. Apart from the physical attributes/biological differences, the social roles or differences are interchangeable depending on the time, place and circumstances.

This was followed by a discussion on how 'Sex' refers to the biological differences between male and female while 'Gender' refers to the social roles and relationship that are taken up by men and women. Through an exercise 'Pehchaan' it was further clarified how with time Gender-neutral children develop into Gender stereotypes (For details refer to Annexure-3 A). An attempt was also made to assess the impact of family, religion, media, cultural beliefs and practices, education, political systems and institutions in defining and re-enforcing gender inequalities. In order to analyze the impact of Gender inequalities the participants were asked to write three words on any feature of 'Pehchaan'. (For details refer to Annexure-3 B)

At the end of the day the participants were asked to assess the role of media in forming gender stereotypes through a Hindi commercial film 'Avatar'.



Day II (December 2nd, 1999)

Facilitator- Subhash Mendhapurkar.

Morning session began with the evaluation of the session conducted during the previous day.

After this we proceeded to discuss the impact of language in maintaining and strengthening gender imbalances. Most of the words used to depict strength, power, and magnanimity were of masculine gender and the weaker, smaller, delicate, vulnerable, etc. were found to be of feminine gender. It was accepted that the use of such language gradually instills values, which are subconsciously carried forward and strengthened, as a result of our continuous interaction with the society and its institutions. The 'Master Trainers' should be conscious of such undertones of gender imbalance while choosing words during their training sessions and in their personal lives.

A game 'Bojh' was introduced to explain the hierarchical setup and the power dynamics present within the members of the same sex, caste, class and family. Three participants were asked to volunteer and were made to sit one on top of the other. After a while they were asked to break up and express how they felt.

Responses were as follows:

- | | | |
|------------------------------|---|--|
| Person sitting on the floor | - | Caged up |
| Person sitting on top of him | - | Relieved (that only one person was sitting
On top of him) |
| The topmost person | - | Scared (of loosing his hold and falling off) |

Summing up the responses of the volunteers Mr. Subhash Mendhapurkar explained that similar power dynamics was evident within the society. The dominant person remains fearful of loosing his/her position and therefore attempts to control the other one through subordination in various forms – discrimination, disregard, insult, control, exploitation, oppression and violence under the garb of tradition, norms, religion, law, and culture.

The role of Media in forming and strengthening gender stereotypes in the society was analyzed through a film, which was screened the previous evening – 'Avatar'. Each participant was asked to express the gender imbalances depicted through the roles in the film. Deep-rooted gender biases were reflected through most of the expressions. The need to be able to see 'beyond' emerged very strongly and therefore the discussion was shifted towards developing an understanding of Patriarchy and its ideology. Through an example the history of systematic withdrawal of women from the level of an equal to a commodity, which required to be protected, guarded and *used* within the confines of the four walls of a household was explained to the participants. The focus shifted to the development of institutions like marriage, religion and customs with the underlying intention to ensure that women remain confined within the four walls. It was further stressed that the challenge lies in trying to empowering women, who continue to silently obeying the norms of the patriarchy and help them develop a positive attitude towards their own body, life and needs.

To understand the importance and impact of an organization in the process of empowering women a game 'Tiger and Goat' was taken up with the entire group. The



participants were asked to stand in a circle and hold each other's hands. One participant was asked to be inside the circle (goat) and the other one was asked to stand outside (Tiger). The Tiger was asked to make efforts to catch the goat while the participants forming the circle tried their best to prevent it. The game was repeated with two sets of tiger and goat and at the end their responses were taken. (For the responses refer to Annexure-4).

Another movie was screened during the late evening session – 'Arth' and the participants were asked to assess the gender imbalances and the impact and role of media as a mean to strengthen the commonly prevalent gender imbalances and perceptions.



Day III (December 3rd, 1999)

Facilitator- Subhash Mendhapurkar

Morning session was started with the evaluation of the sessions conducted during the previous day. Later the participants were asked to enlist positive and negative features from the selected list of characters of the film – 'Arth'. Through this exercise an attempt was made to question the very basis of the institutions created to maintain the norms of the society. Implication of the imbalances pointed out in the form of positive features and the biases, in the form of features, which were accepted to be negative. The participants agreed upon the need to create the atmosphere in which one is able to rise above the norms of 'biological relations' and live a more creative and productive life.

SESSION TWO: WORK AND WOMEN'S HEALTH

Facilitator- Dr Manju Ahal

After a brief introduction of the session the entire gathering was asked to form two groups and present role-plays on the day-to-day chores in the life of men and women. The role-plays offered insights into the daily lives of men and women. The daily chores were listed out (For the list refers to Annexure-5) and the total time spent in performing them was (roughly) calculated. It emerged that the women take on a variety of jobs, which were physically very demanding and required higher number of hours for which barely any remuneration (cash or appreciative) comes from the society and the family. While the work of the women focused around fields, family, house, cattle and general maintenance, men controlled the decision-making, "out door activities" and financial modalities. Given this situation the women are denied opportunities for education, skill training, mobility and exposure, which lead to lack of confidence, articulation and power.

The discussion was shifted towards the working postures adopted by men and women while working and its impact on their health. The participants were asked to enlist the problems associated with day-to-day work/occupation. The list is as follows: -

- Backache, body ache, joint pains, stiffness in neck
- Cough, breathing problems
- Problems related to eyes and vision
- Infections – Tetanus, septic
- Worm infestation
- Cracks, blisters
- Problems related to the uterus – Prolapse, miscarriage and abortion
- Fatigue
- Major and minor accidents – fall from tree, Burning, Cuts, wounds, abrasions
- Reduction in hearing ability
- Stress, depression, tension, loss of appetite



The reason behind, these problems were discussed and curative aspect was dealt with adequately. Physiotherapeutic aspect of healing along with meditation and breathing exercises was demonstrated with the active participation of the participants.

SESSION THREE: NUTRITION AND WOMEN'S HEALTH

Facilitator- Dr Manju Ahal

The participants were asked to enlist the basic ingredients in their daily diet. An exhaustive list of local food items, which included wild green vegetables and fruits specific to the areas represented by the participants evolved as a result of the exercise. (For the list of food items see Annexure-6)

The requirements of the body, which are fulfilled by the consumption of food, were discussed and three categories emerged:

1. For providing energy
2. For growth and maintenance
3. For maintaining and raising the immunity of the body

The list of food items, which was developed in the previous exercise, was re-classified according to these three categories. The discussion was then shifted to means and methods of increasing as well as preserving the nutritive value of food. (See Annexure-7 for the list of means and methods of increasing/preserving the nutritive value of food)



Day IV (December 4th, 1999)

Facilitator- Dr Manju Ahal

Morning session was started with the evaluation of the sessions conducted during the previous day. Later a discussion was initiated on the factors responsible for nutritive deficiencies. The factors were broadly classified into four categories –

1. **Social** –
 - Low self esteem
 - Unequal division of work
 - Eating last due to lower status
 - Dietary restrictions during menstruation, pregnancy and lactation
2. **Religious** -
 - Fasting
3. **Financial/ economic** –
 - Price rise
 - Shift in agricultural practices (emphasis on cash-crops)
4. **Lack of awareness and lack of utilization of Government facilities-**
 - Lack of access to supply of cereals and pulses through PDS and ICDS,
 - Lack of awareness to give due importance to the local edible species,
 - Lack of awareness towards means and methods of maintaining and increasing the nutritive value of the food.

The focus was then shifted towards the prevalent deficiencies amongst women. The group was divided into two sub groups. Each sub group was asked to present role-plays on the social taboos and myths associated with the following stages in a woman's life –

- I) Menstruation
- ii) Pregnancy and lactation

After the presentations the taboos and myths, which directly or indirectly affect nutritional intake were discussed. To enable the participants to understand the impact of such practices on women's physical and mental health, the life cycle was divided into five stages –

- i) 0-5 years
- ii) 5-12 years
- iii) 12-18 years
- iv) 18-45 years
- v) 45 years and above

And various changes in the nutritional requirements of women during these stages and their reasons were discussed. Thereafter the common deficiencies - Iron deficiency Anemia, Calcium and Iodine deficiency were discussed along with its causes, signs and symptoms, treatment and prevention. The emphasis was given to consuming the right nutrition instead of taking tonics and pharmaceutical preparations.



SESSION FOUR: WATER, SANITATION AND HEALTH

Facilitator- Dr Manju Ahal

Explaining the importance of water in our day-to-day lives the participants were asked to enlist the sources of water and categorize them. The need for water in our daily life with its variety of uses was listed and discussion was initiated on the quality of water required for each activity. An exhaustive list of the causes and factors, which resulted in its pollution, was developed. After the discussion the participants were asked to enlist various means adopted by the masses to maintain the purity of water. The list was classified into two categories:

1) Community efforts –

Maintenance of water sources –

- Removing the macro impurities
- Chlorinating, adding lime and *neem* leaves
- Encouraging the community to use toilets instead of open-air defecation.
- Waste disposal in soak pits.
- Cementing the base and planning the out let of water from the hand pumps

Improving the structural designs

2) Individual efforts –

- Using clean utensil with narrow opening for fetching and storing water.
- Covering the utensil,
- Clean hands,
- Using ladle or any other vessel with a long handle to take out water and keeping the vessel on the cover of the utensil.
- Decanting the water or adding Alum to it
- Boiling

The participants were asked to prepare a list of diseases resulting due to either consumption of contaminated water or as a result of water, which provides an ideal breeding ground to the germs. The following list emerged :-

1. Diarrhea
2. Dysentery
3. Typhoid
4. Cholera
5. Jaundice
6. Malaria, Dangué
7. Worm infestation – Hookworm
Thread worm
Tape worm
Round worm



Day V (December 5th, 1999)

Facilitator- Dr Manju Ahal

Morning session was started with the evaluation of the sessions conducted during the previous day and the queries forwarded by the participants were also discussed.

The participants were divided into four sub groups and a 'Quiz' was conducted to initiate a discussion on the water borne diseases listed the previous day. The questions were focused around mode of infection, sign, symptom, treatment, precautions and prevention.

Two participants who were skilled in traditional medicine and practices were asked to volunteer and conduct the sub session on the commonly prevalent health practices in the rural communities. The participants from five districts of Himachal Pradesh pooled together their experiences with traditional remedies and health practices for diarrhea, vomiting, worm infestation and fever and formed a detailed list. (For the list see Annexure-8)

During the evening session the participants were taken out to the field and the local species of medicinal value were identified and their usage was discussed.



Day VI (December 6th, 1999)

SESSION FIVE: TRADITIONAL HEALTH PRACTICES

Facilitator- Dr Manju Ahal

Morning session was started with the evaluation of the sessions conducted during the previous day. Participants expressed their inability to maintain record regarding the herbal resource and its usage in different regions of Himachal. Therefore a detailed presentation was made on the points to be included in the questionnaire and its relevance. (For the format see Annexure-9)

The participants were divided into five groups as per the districts they represented. They were asked to list the sequence in which the rural masses availed the services of various health providers and the criteria for making such choices. Women took care of most of the prescribing and since the trends were shifting towards the other available remedies it had adversely affected the moral and self-esteem of the women with respect to their ability to provide health care. Burns, cuts, abrasions, boils, loose motion, vomiting, stomach-ache, bone setting, bloodletting, fever, delivery, abortions, diseases of the private parts of men as well as women emerged to be the sort of problems for which the first preference was given to house-hold remedies or local dais and *vaidyas*. Women along with *vaidyas*, *sairies*, *tangaris*, *pandits* and *tantriks* provide relief in dental pain, migraine, snake-bite, dog bite, jaundice, epilepsy or fits/fainting spells, *sookha rog* in children and so on. People choose to visit a Hospital on priority in cases requiring surgical interventions. While there is an informal code of preference followed in specific types of problems, it is also a common practice to take house-hold medicines in the first few days, if the condition does not improve then the doctor at the PHC or CHC is consulted. If the patient does not respond to the treatment given at this level the *pandit* or *tantrik* is consulted. The District Hospitals are visited as the last resort and in a majority of cases only after 25-30 days.

Women play a crucial role in the network of health providers not only while dealing with the curative aspect of various diseases and disorders but also in the preventive aspect. The discussion was then focused on the advantages of THHP and its impact on the status of women.

SESSION SIX: MALARIA AND WOMEN'S HEALTH

Facilitator- Dr Manju Ahal

This session was conducted through a game in which the participants were asked to play "passing the parcel" and the person who was holding the parcel when the music stopped was asked to pick a slip. The slips had various symptoms and signs listed in them and the participant had to answer if the following was correct or incorrect. By the end of the session a list of symptoms and signs of malaria emerged which was used to initiate a discussion on the preventive, curative and socio-economic impact of the disease. Special reference was made to its affect on women's health.



SESSION SEVEN: TUBERCULOSIS AND WOMEN'S HEALTH

Facilitator- Dr Manju Ahal

This session was conducted through the same game as in the previous session and the person who was holding the parcel when the music stopped was asked to share information on any aspect of Tuberculosis. The game went on till an exhaustive list of signs, symptoms, prevention, precautions, treatment, and diagnostic measures of Tuberculosis was evolved. Further one discussed its impact on women's health, specifically in the context of pregnancy, under nutrition and workload.

National TB Control Program, Revised TB Control Program and Directly Observed Treatment (DOTS) were also shared with the participants.



leave him. Besides in a situation where a man decides to live with/marry such a woman he is allowed to do so by paying some amount to her first husband.

After the lunch break the participants were dispersed into two groups of women and two groups of men to discuss the situations given to each group in the form of themes.

Theme 1: An unknown person rapes a girl

Theme 2: Her cousin rapes a girl

Theme 3: A girl is raped by her fiancé

Theme 4: A 'fast' girl is raped

The participants were asked to give their views along with reasons on the following:

- Who was responsible for this incident?
- What were the precipitating factors?
- In such a situation what should be the role of a social activist?
- What should be the role of an Organization?

It turned out to be just a mental exercise as other than one organization none had a background of involvement in cases of women and violence. The discussion was then shifted to a presentation of a case study by the host organization and the procedure to be followed in case of rape and the need for justice irrespective of the character of the girl/woman in concern.

The participants were shown another Hindi movie 'Damini' and were asked to give their responses the next morning.



Day VIII (December 8th, 1999)

Morning session was started with the review of previous day's session and the responses of the participants on the movie shown during the late evening session.

SESSION NINE: PANCHAYAT AND WOMEN'S HEALTH

Facilitator- Leela Devi

The discussion was initiated on the role of Panchayat. A game of cards was used to involve the participants in the process of understanding the role of Panchayats. The cards were given to participants to write role of the Panchayats. The major roles that came out were:

1. Construction of school rooms, laying of roads
2. Paving of pavements
3. Conflict Resolution

After discussing, it was found that at present, Panchayats are busy with a development, which involves use of cement, sand and gravels.

With this, the 73rd Amendment to our Constitution was explained in detail to the participants and the major objective of this amendment was put forward as:

Panchayats are to become vehicle for Social Justice.

From this, the discussion was led to defining the meaning of Social Justice.

The participants were asked to list the areas of discrimination in the society.

The participants came out with following list:

- Caste and creed
- Sex
- Region
- Political party
- Social status
- Financial

The impact of this discrimination was discussed and was found that, certain 'opportunities' were provided to 'certain' groups or 'certain' members of the community. And thus discrimination is kept on in the Society/Community.

To develop a system, which doesn't give space to such discrimination can be called Social Justice.

At the same time, need to provide special spaces for the groups/ communities, which were hitherto discriminated, are called 'positive discrimination' or 'affirmative actions'. For the Social Development of the whole of the community or groups, such 'affirmative actions' by the state is required and thus, the need to provide of 'reservation' in Panchayati Raj Institutions.

From this, the discussion was led to involvement of Panchayati Raj Institutions in the Social Sector i.e. Health, education, drinking water, social evils etc.



Participants immediately agreed that at present the Panchayats are not at all involved in any aspect of social sector.

The conflict resolution is one of the major activity of Panchayats as HP Panchayati Raj Act 1994 provides Judiciary Powers to Gram Panchayats.

The participants found that most of the time, when women complain against the atrocities committed on her by her husband or in-laws, the Pradhan rarely provides Justice to women or atleast, women see the action of Pradhans as 'no-justice'.

Many women participants gave various examples of such an attitude not only amongst the male Pradhans but also amongst the women Pradhans.

What is the impact of such 'Justice' on women's health? Was the next area of collective enquiry.

It was found that, the woman who has been harassed by the husband or her in-laws, when finds out that even the Pradhans are not taking her side, go more into depression. Thus, the need for Gender Sensitive approach by the Panchayats was needed to strengthen the mental health of women.

Some of the NGOs, which were involved in RH and Panchayati Raj Project, came out with their experiences.

It was generally felt that the Panchayat leaders don't feel any need to get involved in improving the Health Services. The main reasons for this were:

- Lack of awareness amongst the Panchayat Leaders
- Lack of system where the Health Service Providers at village level are made accountable to Panchayats
- Heavy involvement in physical developmental activities and availability of 'real' money in such schemes; at the same time, non-availability of 'funds' for the social sector.

What about the people, which sector –physical infrastructure or social sector –, is preferred by them?

It was reported by the participants, whose organizations were working in RH and Panchayats, that once the RH issues were raised in the village meetings, the attendance of villagers especially of women, in such meetings increased. In general people preferred that their Panchayat leaders take up the issues concerning health, drinking water and quality of education.

The difference between the perception of 'development' between the Panchayats and people has created, the participants agreed, a chasm.

The solution for bridging this chasm, was to create an environment through these Camps, where the women develop their ability to motivate the Panchayats to look into the issues concerning women's health. And with this resolution, the session was concluded.

EVALUATION SESSION:

The participants were given an evaluation form to give their impressions and suggestions about the workshop. Participant's responses are summarized and given in Annexure-11.



PART III

ANNEXURE-1

LIST OF PARTICIPANTS WITH ADDRESS

Sr.	Name	Name of Organization
1.	Ram Chander Sharma	“CARE”- Birla District Sirmour (H.P)
2.	Dr. Jai Gopal Joshi	“SARDHA” Kaffota District Sirmour (H.P)
3.	Renu Sharma	“SARDHA” Kaffota District Sirmour (H.P)
4.	Lal Chand Rathour	“SAVE” Sanj, Larji, District Kullu (H.P)
5.	Tikam Sharma	“SAVE” Sanj, Larji, District Kullu (H.P)
6.	Vandana Chauhan	“SAVE” Sanj, Larji, District Kullu (H.P)
7.	Anita Sharma	“SAVE” Sanj, Larji, District Kullu (H.P)
8.	Inder Singh	“SRDA” Thaltukhor District Mandi (H.P)
9.	Amit	“SRDA” Thaltukhor District Mandi (H.P)
10.	Keti Misa	“SRDA” Thaltukhor District Mandi (H.P)
11.	Hem Kali	“SRDA” Thaltukhor District Mandi (H.P)
12.	Manju	“PARA” Drahal District Mandi (H.P)
13.	Naresh Kumar	Himalya Bachao, Bhatiyat, District Chamba (H.P).
14.	Chaman Singh	Himalya Bachao, Bhatiyat, District Chamba (H.P)
15.	Desh Raj	Himalya Bachao, Bhatiyat, District Chamba (H.P)
16.	Keshav Chander	“RTDC” Rajgarh District Mandi H.P
17.	Indira	“RTDC” Rajgarh District Mandi H.P
18.	Durga Thapa	“SUTRA” Chhiachhi District Solan (H.P)
19.	Yamuna Sharma	“SUTRA” Nahan District Sirmour (H.P)
20.	Mohan Lal Sharma	“HJVSS” Darlaghat, District Solan (H.P).
21.	Leela Devi	“SUTRA” Jagjit Nagar District Solan (H.P)
22.	Yashoda Sharma	“SUTRA” Jagjit Nagar District Solan (H.P)
23.	Sarita Sharma	“SUTRA” Jagjit Nagar District Solan (H.P)

Facilitators:

1. **Subhash Mendhapurkar Director, SUTRA Jagjit Nagar**
2. **Sandhya Gautam “SUTRA” Jagjit Nagar**
2. **Dr. Manju Ahal “Navrachna”**
4. **Ms. Leela Devi**



ANNEXURE-2

'MY ROLE'-PRESENTATIONS

A) Two things, which are expected from her/ him by society, which he or she likes to do.

Presentations:

Sr.	Women	Men
01.	To give birth to a male child	To shoulder the responsibility of the family
02.	Marriage	To take care of the financial requirement of the family
03.	Motherhood	To manage the outdoor activities other than farming.
04.	Family life	To take one's own decisions.
05.	To maintain family 'honour'	To perform the duties expected from the eldest son.
06.	To perform the household chores	To participate in the village level decision-making.
07.	To serve the husband as one would serve God*	To obey the decision of the parents.

*An unmarried activist expressed this.

B) Two things, which are expected from her/ him by society, which he or she does not like to do.

Presentations:

Sr.	Women	Men
01.	To limit oneself with in the four walls of a house.	To shoulder the responsibility of the family.
02.	Discrimination during menstruation.	Mandatory participation in social functions.
03.	Caste discrimination.	Caste based division of work
04.	Lack of freedom / space to make decisions.	Responsibility to make decisions.
05.	Lack of access to higher level of information.	To take care of the financial requirement of the family
06.	To maintain the confidentiality of family matters.	Unequal status of women
07.	To follow the restrictions regarding communication with men.	To follow the restrictions regarding communication with women.



C) Two things that are not expected from her or him but he or she likes to do.

Presentations:

Sr.	Women	Men
01.	To openly talk about the Reproductive Organs and the associated problems.	To respect the decisions taken by women
02.		To encourage the role of women in decision making with in a family.
03.		To assist women in house hold chores.



ANNEXURE-3 A

'PEHCHAAN'-PRESENTATIONS

1. Can one identify the sex of a two month-old diaper clad baby?

Definitely not.

2. Can one identify the sex of a five yea-old diaper clad child?

Yes, in certain cases.

Characteristics:

- 1) Hair
- 2) Clothing
- 3) Language
- 4) Voice

3. Can one identify the sex of an eleven year-old child?

Yes, positively.

Characteristics:

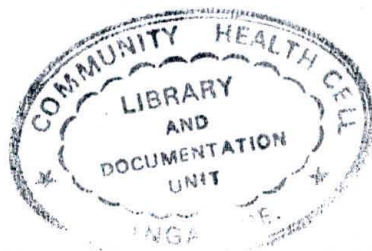
- 1) Hair
- 2) Clothing
- 3) Language
- 4) Voice
- 5) Piercing of nose and ear lobes

4. Can one identify the sex of an 18-year-old person through observation of day-to-day activities?

Yes, positively.

Characteristics:

- 1) Hair
- 2) Clothing (Culturally imposed covering of breast region with a Dupatta)
- 3) Language
- 4) Voice
- 5) Piercing of nose and ear lobe
- 6) Division of work (Out door and in-door activities)
- 7) Nutrition (Eating last, least and leftovers)
- 8) 'Bindi' & vermilion
- 9) Change in body language





ANNEXURE-3 B

IMPACT OF 'PAHCHAAN' - PRESENTATION

CHARACTERISTICS	IMPLICATIONS
01. Nutrition (Eating last, least and leftover)	-Short stature -Low body weight -Anemia -Poor reproductive health -Poor physical development -Low immunity -Problems due to consumption of stale food
02. Bindi – Sindoor	-Infections -Indicator of marital status
03. Long hair	-Time consuming grooming -Gives a good grip during physical abuse/ assault
04. Dress code	-Increased chances of accidents -Mental depression -Impact on the body language -Adverse affect on posture -Mobility -Shame -Consciousness towards protecting ones honor
05. Menstrual discrimination	-Low self esteem -Mental tension -Mental depression -Caged up feeling -Suppression of wishes
06. Piercing of nose and ear lobe	-Pain -Beautification -Identity -Infections -Increased chances of jewelry snatching



- | | | |
|-----|---|--|
| 07. | Division of labor/ Work | -Physical weakness
-Increased mental pressure
-Means to confirm and maintain the dominance of men
-Confinement
-Over burden of work on women |
| 08. | Customs
(Washing the feet of the guests) | -Low self esteem
-Lower status of women |
| 09. | Body language | -mental depression
-Adverse affect on health |



ANNEXURE-4

TIGER AND GOAT: RESPONSES

Questions posed to the 'Tiger'

1. What efforts did he make to catch the goat?
 - Tried to locate a weak spot
 - Pressurised the people in the circle to make way
 - Tried to find friends in the circle
 - Jumped over the circle
2. What was his feeling when he caught the goat?
 - Sense of accomplishment
 - Powerful
3. What were her feelings when she failed to catch the goat?
 - Grudge – the participants in the circle had suddenly changed their strategy therefore even though she had managed to negotiate her way in she was cordoned off by the other participants.
 - Disappointment

Questions posed to the 'Goat'

1. What efforts did she make to defend herself?
 - Nothing – Had total faith on the participants forming the circle
2. What were her feelings when the tiger caught her?
 - Shock
 - Helplessness
 - Disappointment – the society could not protect her from one tiger
3. What were her feelings when the tiger failed to catch her?
 - Reassured (as she had already assessed the physical capabilities of the girl who was chosen to play the role of tiger the second time and the society had become more active)

Questions posed to the People in the circle:

1. Why were they not successful in saving the goat the first time?
 - The participants had formed the circle without assessing the weak spots
 - There was no clear cut strategy, only defensive action was planned
 - There was no communication within the group on change of action plans in case of emergency



2. What strategy did they use to save the goat the second time?
- The chain was formed with men and women in alternate positions
 - The group had gone through the experience once therefore it was more tuned to the idea of defending the 'goat'
 - The group was able to communicate better and change the strategy at the last moment.



ANNEXURE-5

LIST OF THE ACTIVITIES PERFORMED BY MEN AND WOMEN IN THEIR DAY-TO-DAY LIFE:

MEN	WOMEN
<p>Day to day:</p> <ul style="list-style-type: none">• Chopping fire wood• 9 to 5 Jobs with lunch break or relaxing time up to 1 to 1 ½ hours - - Wage labor-Office work	<p>Day to day:</p> <ul style="list-style-type: none">• Cooking (2 to3 family meals in a day)• Washing utensils (min. twice a day mostly with cold water and ash)• Sweeping and mopping• Collecting fuel wood and fodder (some minor forest produce in specific areas)• Taking care of the cattle- Fodder, water, milking, cleaning the cowshed and disposal of cow-dung (normally away from the house or in the fields)• Fetching buckets loads of water for household needs• Washing and ironing clothes of the house hold• Miscellaneous repair and maintenance work• Taking care of old folks and children
<p>Seasonal work:</p> <ul style="list-style-type: none">• Ploughing the fields• Sowing seeds• Feeding the oxen during ploughing season• Selling of crop	<p>Seasonal work:</p> <ul style="list-style-type: none">• Leveling of field• Planting Rice (standing for long hours in mud and water)• Weeding and manuring• Reaping and transportation of head loads of crop• Processing, sorting and packing of crops

Note: The activities taken up by men and women to maintain personal hygiene were not included in the list.



ANNEXURE-6

LIST OF FOOD ITEMS IN LOCAL DIET

CEREALS

Wheat
Maize
Rice

PULSES

Regular

GREEN LEAFY VEGETABLES

Spinach
Mustard
'Bathoa'
'Cholai'
'Lingad'
'Kunkowa' (Bichoo booti)
'Jhown'
'Malora'

WILD FRUITS

Amla
Lemon
'Kashmal'
'Jamun'
'Kaffal'
'Timal'
'Kainth'
Berries

DAIRY PRODUCTS

Butter
Milk

TUBERS

Potato
'Jamin kand'
'Arbi'
'Kachaloo'
Ginger
Onion
Garlic

GREEN VEGETABLES

Mungre
'Lasoode'
'Dheun'
'Kagu'
Bitter gourd
Tomatoes
Pumpkin
Mushrooms
Cabbage
Cauliflower
Lady-finger

FRUITS

Mango
Banana
Apple
Orange
Apricot
Grapes
Papaya
Peach
Pomegranate



Curd
Whey
Ghee
Cheese

NON VEG

Meat
Fish
Egg
Chicken

Plum
Guava
Dry fruits and nuts
Pear
'Anjeer'

OTHERS

Sugar
Oils
Jaggery



ANNEXURE-7

LIST OF MEANS AND METHODS OF INCREASING/PRESERVING THE NUTRITIVE VALUE OF FOOD

- Germinating pulses.
- Using whole flour for making 'chapatis'.
- Washing/rinsing vegetables before chopping.
- Removing thin peels or not removing the peels at all.
- Using optimum quantity of water for cooking the vegetables.
- Consuming vegetables while they are still fresh.
- Cooking the vegetables in closed pans and in low flame.
- Reducing the number of times the vegetables are reheated before consumption.
- Cooking in iron pans.
- Consuming the vegetables in raw form.
- Washing/rinsing rice not more than twice.
- Not wasting the starch while cooking rice – using it in cooking some other dish or cooking rice in just-enough quantity of water.
- Including sour/ ingredients rich in Vit. C in our iron rich food items.



ANNEXURE-8

LIST OF TRADITIONAL REMEDIES AND HEALTH PRACTICES

DIARRHOEA

- Powder of 'Dhaye' flowers with butter milk
- Chutney made up of 'Burash' flowers and 'Daddu'
- Powdered 'Daddu' peels or sucking the peels of 'Daddu'
- Juice or chutney made up of onion and mint leaves
- Black tea with lemon juice
- Powdered seeds of greater cardamom
- Partially roasted and powdered 'Meethi Sounf' with 'Mishri' or with fleased husks.
- Increasing the intake of curd and butter milk/ 'lassi'
- Pulp of immature 'Bil' with cold water
- Seeds of Touch-me-not
- 'Methi' with sugar
- Equal parts of unripe mango seed-core, 'Sounf', 'Mishri', 'ripe Bil giri' and 'Bihi Dana' 1/5th of the total quantity of the above mentioned ingredients. Crush and make 'halowa' in pure ghee.
- Unripe mango seed-core, 'Banafsha' flowers, 'Burash' flowers, 'Kashmal' flowers, 'ripe Bil giri' and 'Jaiphal'.

LOOSE MOTIONS

- 'Chuhara' and 'Jaiphal' paste (specifically used for children and infants).
- 'Poste' paste.
- 'Jamun' bark with non-boiled milk.
- To lime add 12 times water, decant it and add 'Mishri' to it. Give upto 10 drops to children.

VOMITING

- Onion, mint, 'anar dana' or lemon juice with ginger extract
- Lime water
- Honey, lemon juice and ginger extract
- Black tea with lemon juice
- Small quantity of opium
- Roasted 'jeera' powder and black pepper powder
- Taking 'Sainchar' or 'Sambhar' salt with citrus fruits



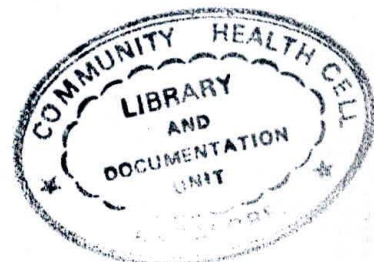
FEVER

- 'Pitt papra', 'Chirayata' and 'Neem Chaal'
- 'Kadu' and 'Patish'
- 'Banafsha' or 'gucchi' decoction
- Cold sponging

WORM INFESTATION

- 'Kaamla' fruit dust with jaggery
- 'Ajowain' with curd

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ANNEXURE-9

THHP DOCUMENTATION FORMAT

Date

1. **LOCAL NAME:**
2. **BOTANICALNAME:**
3. **DESCRIPTION:**
4. **WHERE IT IS FOUND:**
5. **PART USED:**
6. **QUANTITY USED:**
7. **DETAILED PREPARATION METHOD:**
8. **DOSAGE:**
9. **PROPERTIES:**
10. **SYMPTOMS:**
11. **PERSON WHO GAVE THE INFORMATION WITH ADDRESS:**
12. **PERSON WHO ESTABLISHED THE INFORMATION SHEET:**



ANNEXURE-10

LISTING OF VARIOUS FORMS OF VIOLENCE AGAINST WOMEN

Age group: 0-5 years

STAGE	FORM	REASON
Foetal stage	Female foeticide	Male dominance and preference
	Lack of adequate nutrition through mother	Low self-esteem
	Lifting heavy weights	Religious and cultural beliefs
	Lack of rest	Impact of media
	Poor health status of mother	
Neonatal stage	Inadequate care, nutrition, medical attention	
Child	Division of work	
	Differential diet	
	Differential games	
	Rape, molestation, abuse	
	Taking care of younger children	
	Differential dress code	
	Education opportunities	

Age group: 6-12 years

TYPE	FORM	REASON/BELIEFS
Mental	Differential diet	She tends to mature faster with good diet
	Fewer opportunities for education	She is considered to be a 'paraya dhan'
	Pressures	Common belief that otherwise the daughters tend to stray
Social	Over work	Preparing her for the responsibilities she has to shoulder after marriage
	Eve-teasing, molestation, rape	Due to poor background, beauty
	Lower educational status	Finding a match becomes difficult and it is difficult for such girls to adjust in



		the new family
Financial	No control or role in decision making regarding financial matters	She should focus only on the kitchen and the other house hold chores
Physical	Battering	To control her and thus maintain ones family honour
	Rape	Physical changes, beauty, lust

Age group: 13-18 years

Age group: 13-18 years

TYPE	FORM	REASON/BELIEFS
Physical	Battering, Scolding, molestation/physical exploitation at school	To control her and thus maintain the family honour, for late coming from school, participation in extra curricular activities, eve teasing
Mental	Fear, Worry, shame	While going to or coming back from marriage, mela, <i>Ratri Jagrata</i> , college, School
Social	Battering, abusing, bad name or defaming, blaming	When she goes out of home, in village, talks openly and confidently, dowry
Financial	No control or role in decision making regarding financial matters, to take away the earning	Lack of understanding in family, control of men over resources
Political	Not allowed to participate in politics	Family and social pressure
Intellectual	Fewer opportunities for education and training	Conservative views



Age group: 19-45 years

TYPE	FORM	REASONS/BELIEFS
Social	Fewer opportunities for education, marriage against her wish/will, <i>Reet Pratha</i> *, Polyandry, Pressure for producing children specially male child	To strengthen and perpetuate low self esteem
Physical	Discrimination regarding diet and Medical care or seeking treatment, Anaemia, Problems during menopause, to use methods for family planning, battering by drunkard husband	
Mental	Over load of house chores and agriculture work, to obey traditions/ customs, restriction on movements, to defame or declare <i>Daag, Vishyari</i> *, lower status to divorced women and widow	
Financial	No control over financial resources, no participation in decision making in household matters	

*** In trans Giri area of District Sirmour**



Age group : 45 years and above

TYPE	FORM	REASONS/BELIEFS
Physical	Battering, to force for work by son and daughter in law, lack of nutritious diet, no proper medical care if fallen ill	When she could not complete the work given to her, Daughter in law wants to prove her power
Mental	To harass by family, to feel sleepless	Sleeplessness due to weakness, Tortured by family, worried about her future
Social	To discourage or to pressurise her to do any work	To consider her fool by new generation, to disrespect her or abuse the widow, Over load of household chores
Financial	No control over the financial resources and property	Husband or son has the control over financial resources/property
Political	Not allowed to get rights, no permission to participate in politics.	No control over resources, Unchallengeable and ultimate decision by men in family



ANNEXURE-10 SUMMARY OF EVALUATION

How would you apply the understanding that you have developed regarding gender and equity in your personal life?

- Providing equal opportunities of education to my son and daughter
- Division of work
- Providing adequate diet to both, son and daughter
- Sensitizing co-workers
- Helping my spouse in house-hold work
- Reducing financial control over my spouse

Which aspect of each session did you like the most, and your suggestions to make these sessions better?

SESSION –1

GENDER AND EQUITY

- The discussion on the difference between sex and gender

SESSION – 2

WORK AND WOMEN'S HEALTH

- The impact of day to day work on women's health
- The methodology and approach
- Discussion on division of work

SUGGESTIONS

- Audio visual aid can be used
- Demonstration of other cures through Yoga

SESSION – 3

NUTRITION AND WOMEN'S HEALTH

- Discussion on balanced diet
- The reasons why one is not able to take nutritious diet
- The direct and indirect impact of poor diet on a woman's health
- Nutrition through wild and local varieties of vegetables and fruits

SESSION – 4

WATER, SANITATION AND HEALTH

- Diseases and their house hold remedies
- The use of games to built an understanding of the disease
- Information on worms and other diseases



SESSION - 5

TRADITIONAL HEALTH PRACTICES

- Discussion on house hold remedies

SUGGESTIONS

- Field trip for identification and sharing of specific usage of herbs.

SESSION – 6 & 7

MALARIA, TUBERCULOSIS AND WOMEN'S HEALTH

- The detailed discussion was very enlightening
- The use of games to built an understanding of the disease

SESSION – 8

VIOLENCE AND WOMEN'S HEALTH

- Classification of various types of violence inflicted upon women
- The entire session had a deep impact

SESSION – 9

PANCHAYAT AND WOMEN'S HEALTH

- Role of Panchayat as a provider of health services, education and social justice

While working in the field of Women's Health which aspect would you give priority to and why?

- Nutrition and Women's Health – as this affects their health the most.
- Impact of day-to-day work on women's health.
- Violence and women's health
- Traditional health practices
- Enabling women to voice their concerns and initiate a discussion on health issues

Do you have any suggestions for the oncoming workshop on Reproductive Health?

- Usage of Films and Documentaries
- Usage of Posters and Charts
- Adequate time and environment for discussions
- Adequate discussion on the subject with respect to women as well as men