

**COMMUNITY HEALTH FELLOWSHIP SCHEME  
APRIL 2005 TO OCTOBER 2005.**

**Reported by  
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**Submitted to  
*COMMUNITY HEALTH CELL***

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## ACKNOWLEDGEMENT

The experiences I got in this six month of fellowship is an eye opener to me about health. For that I worship thanks to my god for giving me the way and I thank to my parents who strengthened me.

I express my heartfelt thanks to Community Health Cell and Sir Ratan Tata Trust for having given me such a good experience. It showed a path to me to study and know about health (public and community health). It is a great motivation to me for future to work.

I am very much thankful to Dr. Ravi Narayan , Dr. Thelma Narayan and Dr. Francis to put their great efforts and for providing me encouraging support and guidance. I don't have words to express my feelings.

Dr. Ravi and Thelma are the Pot maker and CHC is a wheel (through which pot is made) when Dr. Ravi and Thelma rounds the wheel and gives shape to the raw mud it becomes a nice pot, and when these pot is baked in fire then its procedure completes and the pot becomes useful to fill water in. Its use is precious because it satisfies thirsty when he gets cold water from it.

I am thankful to all CHC Staff for their direct and indirect support.

I am thankful to FRCH (Foundation for Research in Community Health) who permit me to work and learn with them. I am also thankful to my field mentor Dr. Rakhal who was my guide, motivator and supported me a lot. And Dr. Sarika who had help me in my studies.

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## **A. ORIENTATION.**

Report on Interns/Fellowship Orientation program.

**INTRODUCTION:-**

15/4/05

Self-introduction, we were two myself and Madhumita.  
CHC-SOCHARA overview, CHFS - objectives and overview  
Expectations of participants from CHFS, Expectations from interns/ fellows.

All CHC team had introduced themselves and its objectives and their reflections towards community health is a process of enabling people, to exercise collectively their responsibility to their own health and to demand health as their right. To enhance the 'community health' approach it is therefore necessary for 'health action' initiating teams to evolve a greater democratic, non-hierarchical, participatory, team building and team empowering ethos in their own relationships as individuals and members of a team. Community health action is closely intertwined with efforts to build an alternative socio political economic cultural system in which health can become a reality for all people.

Afternoon session:- Introduction about Admin, Accounts and Library.  
Understanding self, identity, and relationships.

Ravi asked one question to us about self-identity and then explain how we know our self or other know us or we don't know about others and also us or other don't know about us. Feedback may be positive or negative.

Discussion on reading assignment- Health for All- Now  
The International conference of PHC co-sponsored by WHO & UNICEF was held in ALMA ATA (USSR) from 6<sup>th</sup> to 12<sup>th</sup> September 1978.  
The strategy of PHC, advanced by WHO & UNICEF, was declared by 134 states at ALMA ATA in 1978 to be the means to achieve health for all by the year 2000.

Nutritional Assessment of under-6 children, for Developing an intervention-  
Visit to TVS. Hosur.

18/4/05

We went to Hosur with Navin, Chandar and Divya. It was a field visit to observe how nutritional assessment is done. At first we went to community center their self-help group women's were doing chapattis it was a SHG women's chapatti production and sales center. Then we went home to home to do survey and we had taken height and weight of under-6 children to analyses nutritional status of children and they awaring people how to take care of their children which nutritional food should be given, importance of taking weight and height. We were there till evening we covered around 85 houses/ In between we went to TVS company for lunch their we saw that there was a separate facilities of dispensary & Pharmacy is given to their employees.

In Hosur visit I learned that awareness of nutrition would create more effective work

## Health Situation Across The Globe- An Overview (including a discussion on the broader determinants. 19/4/05

Dr, CMF had a discussion on the determinants- Advance development and reduce poverty by 2015 Daly's, MDG-Millennium development goals-

Eradicating extreme poverty and hunger.

Achieve universal primary education. Promote gender equality and empower women. Reduce child mortality. Improve maternal health.

Combat HIV/AIDS, malaria and other disease.

Ensure environmental sustainability.

Develop a global partnership for development.

*I learned that we are good planner but not good achievers because qualitative implementation is less.*

Afternoon Session – Introduction to health and community health.

Ravi had taken this session. I like this session because the way of explaining the subject was nice,. He had explained the difference between medicine and health. The Promotive, Preventive, Curative, Rehabilitative how it is useful, whose role is what. Which things to be consider necessary for keeping good health, then he had explain us about paradigm shift on which we discussed on many factors.

	<b>Biomedical model</b>	<b>and</b>	<b>Community health</b>
1	Medicine/Disease		Health / states of wellbeing
2	Physical/Psychological		Social, cultural, spiritual
3	Patients/beneficiaries		Participants
4	Individual		Collective
5	Providing		Enabling/Empowering
6	Intracellular		Baboolist

The Response to the Context:-JSA, Right to Healthcare' campaign, Janaarogya Andoloana:- 20/4/05

In this we learn that revolutions is necessary. People should demand because health is a justicable right demand of comprehensive health care. Right to health campaign- we discussed Problems- Ignorance of health care and health facilities among people No proper treatments, Lack of transport facilities. No proper implementation of health scheme.

*My learning was- Health education is necessary, enabling people to use their rights. Awareness and community organization is necessary to fight for their right, to change/provide govt., pattern or services mobile services.*

Afternoon session –Alma Ata to The people's Health Movement, People charter for Health, Mumbai declaration

We had a discussion on Alma Ata to the people's health movement people charter for health, Mumbai declaration (In which we also discussed what is missing in Alma Ata) Appropriate technology, Community participation, Primary health care, Disability, Gender issues, globalization, war conflicts and disaster.

*My learning was why health movement is necessary we should work on issue related to Human rights, Equity reaching the unreached*

## Health Situation In India: - 21/4/05

We had learned that according to health situation in India there is a need to work in community and on social health awareness in large scale for poor and marginalized people.

Afternoon session: - Health and Nutrition

In the beginning of session Padmasini asked all of us to ask question or topic about which we want information. So we all had asked her questions-To know about balance diet / Women diet. And Adolescent diet.

We learn that those people who are poor or living in rural area the women has a sacrificial nature food is limited they feel that they should not eat more it is a cultural sociology. Being poor it does not mean to a ill health. So basic diet is necessary for regulatory growth, develop and fight against diseases. Mother's ignorance leads inefficiency because they don't understand when to give solid to children so it is necessary to give education to women that what ever food is available should be eat enough because you have to feed children and yourself. it is very expensive to afford ill child than normal child. Then she told that adolescent diet is not to go on junk food. but green vegetables, rice, all types of dal, milk, egg, meat all should eat .

**22/4/05**

Today we saw a Documentary film show on CHC .In which different Doctors like Ravi, Antiya, Benjamin, Zaffruddin, Arole shared their ideas, opinions, experiences, thoughts, and work on community health. Which impressed me for doing efforts for community in a right way.

## Understand Primary Health Care:-

**25/4/05**

Concept of PH- It is a essential health care made universally accessible to individual and families in the communities by means acceptable to their full participation and at a cost that the community and country can afford. Gobi – Growth monitoring, Primary Health care includes: -Promotion of proper nutrition, availability of adequate supply of safe water, basic sanitation, immunization against major infectious disease, maternal and child care including family welfare etc. Obstacles to PHC and comprehensive primary health. (promotive, preventive, curative, rehabilitative) My learning is that People should encouraged to take treatment in primary health care and that people should demand better services. Because going to private hospitals is double burden on people's expenditure with unnecessary treatment

## Health and Finance:-

Neeta had shared her study of Health finance in which she told us about types, methods of health finance, rules and regulations, security, importance, how it is beneficiary to whom all aspects of health finance. My learning is health finance is a good concept when it will be beneficial to poor and marginalized community for comprehensive health.

## Afternoon session:- Communicable and Non communicable Diseases

AIDS in India. Prevalence of HIV positive-0.9%, Majority of HIV infected population in sub-Saharan Africa-29.4 million. U.N declaration of commitment on HIV/AIDS. June 2001. Information, work on Tobacco, Alcohol, Information about GFATM.

*My learning is importance of HIV/AIDS facts should reach to people.*

## CHC Planning workshop:-

**26/4/05**

All CHC fellows and team were present in the workshop. All of them shared their experiences and work. We got some ideas of different types of social issues and work on which all members are working with one aim comprehensive health for all. Then Thelma had told us about NRHM. It was a very good experience to me.

## Development communication: -

**27/4/05**

In which we learn how developmental communication is useful and what are the problems in effective communication.

WIGO:- What is going on

WIS :- What is selected

WIMTU :- What is meant to us.

Teaching and training

The first problem what is going on. Something is always going on in every body's mind.

Problem arises when an individual finds what is going on in her mind is exactly the same in others' mind. Human beings are selective in nature e.g. I select which is familiar to me.

Types of communication

One way communication (2) Two way communication (3) Direct (4) Indirect (5) Interpersonal (6) Intrapersonal (7) Verbal (8) Nonverbal.

After that Krishna told us about skills of communication (1) Listening skill is a basic skill (2) eye contact (3) Voice also about Mass Media communication Then they showed film show about their work using several development communication methods.

## Afternoon session:- Orientation to Life skills.(Sheshadri)

After introduction they shared some incidence about violence against women. Then he showed how to use life skill by some games. There are some life skills which can be used in communities:- Decision making and problem solving.

Critical thinking and creative thinking

Intra personal and effective communication

Self-awareness and Empathy

Coping with stress and coping with emotions.

## Visit to a NGO (APSA): Association For Promoting Social Action. **28/4/05**

It is a child centered community development organization. They work at the macro levels of state and the country through Advocacy and policy planning initiative. At the grass root level, we facilitate the empowerment of the urban poor through community based, interconnected projects to promote human and democratic rights.

## ACTIVITIES:-

NIMMAME, NAVJEEVAN NILAYA, SLUM OUTREACH, CHILDLINE

We had seen the shelter and training center and informal education, library, computer hall, laboratory where these orphans, slum children's were given education. We ask them how they face the problems and difficulties.

It was a nice exposure to me because there are so many shelter and projects are there but APSA is different because here all the facilities are given at one place and sustainable efforts are made here which really make a child self independent.

## Towards understanding the community. (Ms. Valli Seshan) 29/4/05

We had made discussion on how to understand community needs, requirements and discussed many topics factual resources for solving problems, conflict management, how to approach community voluntarily, advantages and disadvantages in communities, Ethics. In our discussion we did not found solutions but many other ideas, thought, came out which should be consider while working with communities.

*I learned that learning something means there is a change in you. Risk taking also means being creative.*

## Medical Ethics and public health:- Dr, Francis had discussed with us about :- 2/5/05

- 1) Doctor - Patients relationship:- Beneficence , Non malfeasance , Autonomy, Informed consent, confidentiality, Patient rights, Malpractice, Negligence.
- 2) Medicine and Society:- Right to health, Health policy, Allocation of resources, Justice, equity, Quality of health care, Gender, Children, Aged, Commercialization of medical care.
- 3) Ethical problems at beginning and end of life.
- 4) Special concerns.
- 5) Right of the Patient:-a) Right to medical care of good quality  
b) Right to self determination  
c) Right to freedom of choice.  
d) The unconscious patient.  
e) Legally incompetent patient.  
f) Right to information  
g) Right to confidentiality  
h) Right to health education.  
i) Right to dignity.  
j) Right to religious assistance.

Then Abraham gave some information about informed concent and confidentiality.  
*My learning is that all this information is important it should be followed and we should aware communities and tries to promote social justice in the provision and distribution of health care wherever possible.*

Afternoon session;- Health policy public health Research and action.

*I learn how health policy was been made which factors are necessary to be kept in mind while making policy.*

## Visit an NGO situated in Banaswadi (BASIC NEEDS):- 3/5/05

It is a NGO working on mental health. There we met with Mr. Noyada. they share their experiences with us how they work in the communities on mental health and they showed us a documentary film of their work which is activated by community themselves. Basic needs staff works voluntarily and some of them are from community and work more efficiently, they said we follow principal of dignity and hard work

*My learning is mental illness is a part of health illness and not a stigma and they should also get health care.*



Abraham showed us a film on sterilization programme It was implemented and what are the opinions of people and the doctors. India was the first country to adopt family planning prog. as a govt. program. For that 9 million dollar were been funded in 1952.

Then we had made discussion on the film. We came to the conclusion that these programme was based on female sterilization, because they showed many things to avoid pregnancy but all these products are made for women.

*My learning is without consent and choice of people these programs was and is implemented to achieve target and not health care of people. Such developmental programme which are based on target and other interest is killing the poor and not poverty.*

## **HIV/AIDS in Kenneya**

**4/5/05**

Today Sunil had shared his experiences of HIV/AIDS in Kenneya. He told us the geographical, political, economical, cultural, social situation of the village, slums of Kenneya. He shares the living standard of people, he said Poverty, HIV/AIDS, Slums are big problem, in slums people are living in unhygienic condition in a very crowded area with different addictions. Now due to some awareness and govt. has given free services to test HIV people are responding positively. The infected people are taking care of themselves and accepting, and declaring facts to others. There is a good change in the thoughts of people towards HIV/AIDS.

*My learning is that proper knowledge, information, good communication; hard work is necessary to bring change in the thoughts of people.*

## **Globalization.**

**5/5/05**

We discussed about globalization, its meaning, history, advantages and disadvantages from both the sides community and self. How globalization relates to health and women. Conclusion was that it is harmful as well as helpful in some extent.

Afterward Prasanna came and he also discussed with us about globalization and how it affects to health of the people. I understand globalization as a privatization; commercialization, liberalization, industrialization and it will give rise to many problems.

Then Prasanna gave us information about PATENT –

Patent means a monopoly given to a people in a limited no. Of years. There is two type of patents- (1) Product Patent (2) Process patent.

Before 1970 we had a product patent. Now govt. is changing the patent pattern and which will affect to our whole health economy etc. we are trying to give some ideas, thoughts, opinions to govt. about patent issue.

This was my last day after that my fellowship orientation programme was finished.

*In all my sessions I had learn about health from different angles, its importance, different perspective's and necessities. Also our liabilities towards it. I am very thankful to all my CHC team, which had given me a great opportunity to understand the facts of health and aims and objectives of CHC.*

## **B] INTRODUCTION**

In my fellowship in Community Health Cell From 14 April,05 to 15 October,05 I had done a study to know peoples perspective towards primary health care center within which I had done some focus group discussions with different types of people and side by side I got involve with community health workers training as a part of my fellowship to know community health. This Training was going on in the same area where my study had taking place in the institute called FRCH working on health about which I had mentioned further in my reports. While doing all these process I met with a case of a domestic violence and I got a chance to study the physical and mental health of a women living in rural area and I had a case study. Also with in this fellowship period I got a chance to attend 'International Women's Health Meeting' held in Delhi and it was a great eye open to me. And I also got a chance to meet some Activist like 'Manisha Gupte'. This entire fellowship scheme has turned my life and created a different view to see the world.

### **“STUDY OF PUBLIC HEALTH SYSTEM”**

**Date:- 3/06/05**

#### **Background:-**

The govt. is spending huge amount of money on the public health system. There are problems with in the system itself promoted but still utilization of the services provided is also low. It seems that the provider's perspectives are different for the users perspectives. This study is as attempt to understand these different perspectives.

**Introduction:-** This study is done to know about Community health and to study about The people's perspective of about the public health system and to see whether they know about their rights regarding health and their life in drought prone villages in Parner Block, MH (state). In which I had selected four villages viz, Panolli, Pimpalner, Vadule, Sangvisurya. To come up with probable ways to increase the utilization of the public health system by the people it was necessary to know about their perspective regarding that. The govt. is spending huge amount of money on the public health system. There are problems with in the system itself promoted but still utilization of the services provided is also low. It seems that the provider's perspectives are different for the users perspectives. This study is as attempt to understand these different perspectives. In Maharashtra , Ahmednagar district is declare as Drought prone area and it is mostly seen in 'Parner' Block. While working with women self help groups in four village aiming for the overall development I had achieved organization, participation of village community at some extent but then I realize that some part is missing because thought women's status has been increased in some extent they are not satisfied with the resources available to them because there the majority of women and children had no access to health care they were spending lot of money on health. So I started looking in to their health status and started thinking how to tackle with this problem.

So through the Fellowship in Community Health Cell (Bangalore) I got a wide perspective and then After knowing health is not just the absence of disease ore stress But is directly related to a person's stability, normal functioning and the realization of potentials to the fullest extent. I fixed some learning objectives to be fulfilled during my fellowship.

### **Learning Objectives :-**

- **To study the peoples perspective of about the public health system in drought prone villages in Parner Block, MH (state)**
- **To study the perspective of those in service in the public health system.**
- **To Study the NGO's perspective about public health system.**
- **To come up with probable ways to increase the accountability of the public health system to the people.**
- **To come up with probable ways to increase the utilization of the public health system by the people.**

So I could not satisfied all of my objectives due to time limit but I started working with the help of Foundation Research for Community Health organization ( who was working in the same four villages on health issue ) **To study the peoples perspective of about the public health system in drought prone villages in Parner Block, MH (state).**

Maharashtra is a well qualified state in the sense the education status is quite good but still health condition is poor in some part such as in drought prone area. So thinking that the greatest risk for poor health and quality of life is poverty. It is obvious that poor,middle-class and wealthy women and men live in separate worlds and their access to and control over resources is mitigated dramatically by their socio-economic situation.

I had chosen four villages in Parner (Block ) viz, Panolli, Pimpalner, Vadule and Sangvisurya. Where Watershed development project is also going on and through which we had achieved a good rapport with the community so to know their perspective of about the public health system was essential for me.

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## **C] RESEARCH DESIGN.**

### **Methodology:**

The methodology was evolved during the fellowship period to ensure that it was peoples perspective towards primary health care center and health as a right.

### **The study area:**

The study was conducted in 4 villages in rural areas of the state where a woman's are actively engaged in self-help groups. The fellow is social worker working in rural communities.

### **Methods of data collection:**

Given the exploratory nature of the goals, facilitator chooses to go for (a) Focus Group Discussion (FGDs) a method from within the domain of qualitative research methodologies. (b) Interview guides to case study women with their experiences of primary health care services. The interview session with women for case studies had to be completed over 2-3 sittings each lasting for about 1 to 2 hours.

Interviews were recorded manually during and immediately after interviews. The fieldwork lasted for about four months. Case studies were conducted over 1 to 2 sittings with selective women groups each lasting for about 1 to 2 hours on an average. No electronic recording methods were used. Women included for case studies were identified through some homogeneity (rich, poor, young, old women SHG groups) of methods. In that the interactions during the FGDs women from each of the four villages played important roles. Also, the fellow work in these villages since from 3 years allowed close interactions with the groups; enhanced the quality of data.

### **Goals:**

The goals of this learner were to understand people's perspectives about Public health care system which ultimately could be used to explore and identify appropriate areas of enquiry into the subject matter and to contribute to improving people's access to primary health care services through awareness building and advocacy campaign., Some of the specific objectives which evolved through the formative research were: (a) to know peoples view regarding health and primary health care center. (b) To understand their expectations about quality health care services. (c) Their knowledge about Right to health.

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## DJ DETAILS OF STUDY

### Focus group discussion: (pilot)

**Date: 24/7/05.**

**Introduction:-**Facilitator had chosen this Laximinarayan self help group for FGD as it is a young women group with a same amount of saving. They all were from one village. Prior permission was taken from all the participants.

**Village: - Vadule.**

**No. Of participants: 17**

#### **Situation Given: -**

A woman whose economic condition is bad. She is having two-girl child and expecting for third. Her husband is a drunkard does not look after home. Her in laws are old. What should she do for her delivery?

#### **Discussion: -**

Woman is faulty her decision is wrong. She should have to think if her economic condition is not good why she want one more child. She should decide and should not listen to others and now days has changed women's can take decision. She should speak with her husband when he is not drunk and if he does not agree she herself should decide what is better for her. If she is working she must dare, in spite of giving money to husband for drinking she should save for her future requirements. Giving birth to third child she is adding her responsibilities and expenditure due to her poor condition we don't think she may be able to do sex determination test. And if she delivers third girl child then he situation will become worst. Because family people will trouble her for son. PHC will force her for family planning operation, The third child will not get any govt. facilities, some of them started saying she might be pressurized by her in laws for son but then she should do sonography (sex determination). Then I asked is sex determination allowed in hospitals. Woman started no it is ban but most of the private hospitals do but we it costly and it should be kept secrete. Primary health care centers do not do. But every one goes to private hospital though he is rich or poor there is no way Govt. has made rule of two children. And ANM comes and forces for family planning operation and people want at least one son child so adjust money from anywhere but they go for sex determination test. But how she should adjust money she should helped by villagers e.g. In our village same type of case was happened that time our village people helped her for vehicle and one of our Village President's boy is a doctor in Parner. So he has given free treatment for her labor. Otherwise she should go in PHC some said if anybody is giving her economic support best way to go in private hospital. Because if she go to PHC again she will have to take anybody with her then expenses increases because during labor period the nurses and health workers do not follow their duty, the person who is with the patient have to do the cleaning, washing of clothes, caring during whole procedure and after that two three days. Some women said give some money to the dais then they take care.

So I asked but what about poor one of the ladies said then don't ask no body looks after her, if she shouts due to pain nurses scolds her. Doctor never comes to see what is going on. I asked why that lady does not oppose or say anything to them for such behavior. Some woman said why should se say she should listen and tolerate because it is her bad time that will pass some woman said she have to listen because she is dominated by other women and she is helpless. She has no self-confidence and capacity to dare anything due to responsibility and family pressure.

## **I) Focus group discussion.**

**Date: 01/8/05.**

**Introduction:-**Facilitator had chosen this KAMAL self help group for FGD as it is a women group with a same amount of saving. They all were from Rich families of one village. Prior permission was taken from all the participants.

**Village: - Sangvisurya.**

**No. of participants: 19**

**Situation Given: -**

A woman whose economic condition is bad. She is having two-girl child and expecting for third. Her husband is a drunkard does not look after home. Her in laws are old. What should she do for her delivery?

**Discussion: -**

What should we say for her? She has to think what will be best for her. Knowing her economic condition we may help her giving some from our self-help group. One woman said but where is her husband, what he is doing otherwise her parents should take her. So facilitator explains that her parents are far away and her husband is not working. Some woman said if she is pregnant for third time her in laws should take her responsibility and taker her in good hospital otherwise she should abort it, immediately one woman said but abortion is illegal and she will have to take her in laws consent for abortion. Though abortion and sex determination is illegal but all private hospital give this services and all are doing these things which is very costly and unaffordable for poor they should not involve in this they should accept the govt. facilities which they will get cheaper.

**Exp: -** One woman said I had taken my daughter in law for abortion in private hospital at Shirur. It took net 5000/- for 4 months pregnancy and extra medical expenses. Facilitator asked why you abort she said we had done first sex identification test and then it was a girl child so we done abortion. Facilitator asked don't you think it is a illegal and unethical. Also it affects woman health she may die. Then her daughter in law Shakuntala (she is also a group member) started saying it us so critical and painful and I suffered much still now I am not feeling well, but women have no right to decide about it. Once all elder members decide it becomes difficult to oppose them and sometimes husband did not agree to take step against them. This awkward situation puts women nowhere that time society is also with our elder's side. Immediately one woman said those days were different now a days women have knowledge, economic status has increased due to our self help group also there are unlimited resources woman with their husband's decide what they want and what they should do. If both are ready no other member of family will interfere in that.

Facilitator asked but where should that lady go for delivery then some women said if she wants good facilities she should go to private hospital there are good facilities and it take good money. Otherwise she should go in any nearer PHC. Facilitator said how is their system some women said we don't know we never went there we always go to private hospital who has time to wait their for long time there is so much crowd. Some started saying that are made for poor people then if we are self-sufficient why should we go there we had heard that there is no one to take care of patient only nurses are doing delivery and they uses bad wards and scolds the patient there is unhealthy environment no proper facilities, dirty surroundings, no special rooms. In between shakuntala said their should be abortion facilities should be done legal because any how people are doing it only the poor don't get facilities they have to struggle which many times cause to death of women. Some women said but many women normally complain of lower backache and irregular bleeding after tubectomy done in govt.

hospitals. Whether these problems are related to the hurried and callous surgeries performed on women in camps.

## **II) Focus group discussion.**

**Date: 17/8/05.**

**Introduction:-**Facilitator had chosen this ANANDIBAI self help group for FGD as it is a women group with a same amount of saving. They all were from Poor families of one village. Prior permission was taken from all the participants.

**Village: - Panolli.**

**No. of participants: 20**

**Situation Given: -**

A woman whose economic condition is bad. She is having two-girl child and expecting for third. Her husband is a drunkard does not look after home. Her in laws are old. What should she do for her delivery?

**Discussion: -**

There is nobody to see for poor every thing we need money. If she is needy she should do home delivery otherwise go to the nearer PHC. There she will have her labor nicely only she has to expend 2 Rs/- for case paper and some medicine expenses. Some village people should help her for that. Because one of our group members had gone to Parner for daughter's delivery it was normal and cheaper only she has to take medicine from out side. She had registered her name to the ANM who comes to our village once in week or fifteen days. She had her all treatment in PHC all injections and that doctor is also nice many patient goes there. Then facilitator said that lady has heard many negative things like govt. hospitals does not give proper services, nurses uses bad words, lack of cleanliness, limited resources, crowded area. Immediately one woman said my sister had injured in delivery because health worker beat her during her labor but we could not say any thing to them we were fearful that now Nurses will scold us that patient is troubling them during labor. Due to hear of such experience, she might be fearful to go in govt. hospital.

Then some women shouted and said if she wants such a good facilities she should have take birth in lord family. Who will give such a comfort to poor she should understand it is her trouble period and though the treatment given in PHC is worst she should accept it. Because No body can object to Govt. people, patient situation is such that he can't say anything and relatives are unaware or they do not dare to speak. And how to say them or ask them we are not paying to them first thing they are giving us services in free. Though we complaint who will listen to the area and us is so crowed nobody gives information. Then one woman said if we gave some prasad (money) to those people they take care of patients care as well as gives correct information with services. MTP is possible in govt. hospital if tub is to be done.

One woman said but though she went in public or private hospital for delivery she is delivering third child and according to govt. rule third child does not get father's name and it is not register in Grampanchayat and in Ration card. But women in our community have no right to decide about children. She cannot avoid pregnancy without her husband and family's permission she cannot say for any contraceptives till she bears son because women's status is consider on that. If she does not gave at least one son the husband and his parents becomes ready for his second marriage, still she is scolded, beaten and troubled by her in law's or husband. Many times it is provoked her for suicide otherwise mutual divorce.

Some women said but for delivery the Parner PHC is best the doctor is also nice they knows everything about us they gives us card of treatment and doses mother and child care services is given in free. That nurse comes in our village to give does and during vaccination and Anganwadi teacher has all the record of pregnant women she gives food for them it is insufficient if the woman is poor but at least she get some support. Then why should we

demand extra? What happens if that woman gets bad treatment she should tolerate and adjust for getting all the treatment free?

### **III) Focus group discussion.**

Date: 21/8/05.

**Introduction:-**Facilitator had chosen this NILKAMAL self help group for FGD as it is an elder women group with a same amount of saving. They all were from Poor families of one village. Prior permission was taken from all the participants.

**Village: - Pimpalner.**

**No. of participants: 18**

**Situation Given: -**

A woman whose economic condition is bad. She is having two-girl child and expecting for third. Her husband is a drunkard does not look after home. Her in laws are old. What should she do for her delivery?

**Discussion: -**

In starting discussion could not be possible women were not responding. The women from this group are illiterate and elder. They were not at all interested in this matter. They were saying what do it is her personal matter we cant say anything. Her family should take her responsibility she should go to her mother's home they will take care of her. Then facilitator asked though she went her mother's home the question remains the same. All women are having this experience what is there to think so much. In our days there was home delivery there were no special treatments given there were no facilities of doctors and hospitals and women were having so many children's. We do not know any medicine everything was ok and fine with in no time. One woman said but now days are not same as earlier there so many diseases occurred so nobody takes risk. Another said but now women are also become weak they cannot deliver two children nicely. There are a fad of cesarean Normal delivery has become rare still they are getting all medical facilities. One woman started saying you tell madam how a poor can afford such high expenditure for delivery I think that is why govt. has made a rule of two children.

Then facilitator asked what does a woman do if she doesn't want child then one woman said she should take pills ( Mala D ) and still she conceive then best way to abort it. Then immediately one woman pinches her why are you saying like that. But she said what is there in telling that every woman does Cretin if she doesn't want child because many times husband does not allow her to take pills or some times pills doesn't work. Facilitator asks were does this cretin take place then all women were stopped talking. Then one woman said in Shirur all private hospitals does it but is costly still people does it the facilitator asked why don't people go for your PHC they dint understand what is PHC immediately one woman said that nurse comes here but she always tells about family planning. So people are scared if they go to PHC they will force us to do operation.

It is not easy to do FP operation there is one case in our area one woman she is having four girl child her husband does not look after home he is always wander anywhere and come to home once in three four months he does not give money to her he is drunkard drinks lots of alcohol and beats her wife for money and goes she goes for daily wages her parents gives her help in cash or kind. When PHC subcentre nurse comes to our area she always forces her for family planning operation but still she cannot take decision. Then immediately some women started saying how could she take decision First thing her parents are not taking her responsibility she is thinking that her husband is expecting that she will bear son at least for that he is still attached with his wife and family. One said but at least she should take some contraceptives her health is going down day by day she is always doing abortion her parents



gives her money. Another one started saying how you are talking she has no way to do such he husband wants son child she is helpless.

Then facilitator asked when do you go to go to govt. hospital the they said we never goes to hospital if there is urgency then only we goes to hospital and that of private otherwise women though very much ill does not go to doctor because she has lot of work, responsibility there is no clinic in our village no transportation facility women are unaware of traveling and nobody gives importance to her she herself ignores her illness. Many times she goes to traditional healer (babas). We prefer to govt. hospital only for polio does and prenatal treatment of pregnant woman. Some times that nurse comes and gives information and medicine in our area.

Once there was epidemic of Hepatitis B that subcentre Nurse & Doctor Ghaimukte were coming to our village and visited all our vasti's and gave vaccine. But we goes very rare one woman said once my son had gone to take dog bite injection & treatment to the subcentre they told us to go in PHC at PALVE village where there is no transportation facilities, so he went there but he found two time doctor was not available So he went to private hospital. Many times for medicine we have to go for PHC because subcentre does not have sufficient medicine.

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**IV)Focus group discussion.****Date: 22/07/05.**

**Introduction:-**Facilitator had chosen this Nandini self help group for FGD as it is a elder women group with a same amount of saving. They all were from Middleclass families of one village. Prior permission was taken from all the participants.

**Village: - Pimpalner.**

**No. Of participants: 14**

**Situation Given: -**

A woman whose economic condition is bad. She is having two-girl child and expecting for third. Her husband is a drunkard does not look after home. Her in laws are old. What should she do for her delivery?

Discussion:-

Women asked from which village she belongs to. She is having already two girl child her family member might be forcing her for son child. As she is poor her village people should help her. One woman said if she is a member of any self help group, that group should help her by giving her loan for some long period without interest on loan. Then facilitator asked but where should she go for delivery some women said if she went in private hospital and if she got cesarean she cannot afford the expenses one woman said she can go to Parner Primary health center it is very cheaper and doctor is also nice. Another woman said but in Govt. hospital it is said that people does not get proper treatment. Nurses and their assistants does not give information completely their behavior is arrogant. One woman asked how do you know she said once my cousin went their for delivery that time she was shouting due to pain and that nurses we saying 'why are you shouting so you people wants so much children and after every one year you are here for delivery, you enjoys relations and this pain is not new to you don't act so much etc. So the words of nurses and their behavior are so irrigative. In between that one women said if she want delivery free and she is poor and needy she should listen and bear all this situation if we want something we have to listen because if she went in PHC she will get treatment free, medicine free one woman said yes I had seen many cases of govt. hospital people listen and accept such bad behavior because they are poor and innocent who will listen their voices where should they complaint because it i8s the only one choice for them. Some women if we know somebody working in PHC then we get proper treatment due to contact with staff. One woman said she should tolerate these things as she is habitual and secondly she is a woman she will have to tolerate.

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## OUT-COME: -

### 1) Fear:-

People think that govt. officers are Superior due to ignorance and illiterate they feel themselves unconfident. Lack of correct information, knowledge of rights they feel unable to oppose doctors, Nurses of any abuse. PHC's peoples attitude, behaviour makes people less access to public hospitals. E.g. One woman went at PHC for her tubectomy but she saw a long line and the animal behavior with the patients to achieve family planning target, she got fear and she ran away.

### 2) Son Preference:

A very strong gender bias is entrenched in the cultural heritage of Indian society. It is a society that idolizes sons. Within the family it is the women who perpetuate the preference of male child though there may also be valid economic reasons for this. Sons are considered ritually and economically desirable. They are desirable not only to light the funeral pyres of their parents, but also to ensure continuation of the lineage and family name. The status of women is enhanced when she becomes the mother of a son and this cultural and economic preference is seen to have serious implications not only for the status but also for the survival of females. Foetal sex examination with a view to aborting the female foetus continues in spite of the laws against such as (Prenatal diagnostic techniques Act 1994) by expending much more money in private hospitals which further leads them indebtedness.

### 3) Forceful family Planning Operations:

The issue of targets has completely distorted the entire delivery of health care services in rural areas. Health workers lose the trust and confidence of the common people because of their persistent nagging about family planning. The end results are poor access to health care for most needy people and a population growth that eludes any control..

### 4) Satisfied with free services:-

Govt. services are free and therefore people have no right to expect good quality services. So whatever we get should be accepted otherwise we must have money. Rich people can afford so they can demand how can a poor.

### 5) Acceptance of two child norm:-

People had to accept two child norm the reason behind it is not a women's health but govt. has made restrictions, a third child would not get name on ration card, the family will not get concessions for any govt services and hence we have to accept it.

### 6) Feeling that abortion is illegal:-

Due to lack of awareness and information women feels that abortion is illegal and this facility can not be available in nearest PHC so they go in private hospitals and those who cannot afford the expenses tries different local medicines which affects them physically or mentally. Only because women are kept ignorant of the facts do they allow themselves to stay untreated and humiliated.

### 7) Status of Women:-

Women's health care continues to be a neglected area except during pregnancy or for Abortion women hardly access the health care service. To gauge the socio-economic and cultural independency especially relating to homely matters, women were asked

there decision which is also rare, it was found that those living in the nuclear families could decide on relatively more no. of issues that in joint families where either father-in-law or mother-in-law headed the household and ran it according to there whims.

**8) Right to Health:-**

People are not aware of the rights due to the culture of silence regarding health problems and lack of autonomy in decisions making.

**9) Quality of Services:-**

In study it has been seen that quality of services is worse according to peoples perspective. The environment is very crowded and dirty there are no proper facilities, no medicines available, behavior of the health workers during labor is bad, going PHC is time consuming though it is free if we want good services we have to pay money separate to health worker. Most of the people prefers private hospitals very poor and needy people goes to public hospitals.

**10) Less access to health care:-**

The study also shows that generally rural people, especially the working class, have low access to healthcare, whether to private or public health care services. The reasons behind that are numerous. It is found that primary health care centers were placed at the extreme end of the Taluka (tehsil) people, of course, do not know these administrative distribution and with common sense of logic they go to the nearest primary health care center where they are send back.

**11) Empowerment:-**

Reality is that women not only from a major section of the society but also hold greater responsibilities than men towards many facets of life .Therefore, it is the women who matters because if one women is empowered through education. Health and information then whole family benefits and these benefits are spread over the whole society automatically. The empowerment and autonomy of women and the improvement of their political, social, economical and health status is a highly important end in itself.

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## **E) FINDINGS:-**

- 1) It brought out violence perpetrated by nurses and the health workers during labor, violation of medical ethics by medical professionals while dealing with women abortion care needs, private medical professionals indulgence in illegal abortion practice.
  - 2) It also brought to light that money and connection in govt. hospitals provides good care and facilities.
  - 3) Ignorance, fear makes people unhealthy to demand their rights.
  - 4) Patient, being poor in pain, trauma and fear, are already in a disadvantaged position can hardly question to health workers for their mischief.
  - 5) Women normally complain of lower backache and irregular bleeding after tubectomy done in govt. hospitals. Whether these problems are related to the hurried and callous surgeries performed on women in camps.
  - 6) Women's utilization of health services both public and private is quite low only for delivery and sterilization.
  - 7) Women have to suffer the consequences in silence, more so because the family would doubt the women's monogamy.
  - 8) Use of facilities, especially among young women is rapidly increasing first for sex determination and second for delivery complications like cesarean delivery.
  - 9) The felt needs of the people for maternity and other emergency care remains unattended due to their over emphasis on family planning programmed.
  - 10) Men more easily manifest their problems through alcoholism, drugs etc but women's problems are neglected, to be suffered in silence and isolation.
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## CONCLUSION: -

Helping the people so that they can help themselves.

All human beings are entitled to a healthy and productive life in harmony with nature. They have the right to an adequate food, clothing, housing, water and sanitation, adequate standard of living for themselves and their families and for long and healthy life their should be equal distribution of knowledge and access to resources needed for a decent standard of living.

The gender difference in health between men and women are of a greater imp because the health vulnerabilities of women are more pronounced.

The low level of health service utilization and the poor quality of health care received during pregnancy are also responsible for both high levels of neonatal and maternal mortalities. So there is a need of support, sectarianism, reservations, or feminists clubs and movements of women rights can liberate and make women healthy, educated, informed, trained and gainfully employed and have a say in population decision. For which we have to cultivate health awareness, education, lifestyle that is promotive of health and participating action in a social responsibility for health. Build people to demand health rights acceleration of anti-poverty prog. Through organizing, training, educating people for the implantation of PHC and other referral services and make them accountable to Village Panchayats. Campaign for active women candidates for joining the Panchayat and support them during election. Enhancing awareness among Panchayat members about the available services at the PHC' and subcentres.

In short the following are the main overall learnings:

- I appreciated the complexity of health and the intimate connections with various aspects of life.
- I appreciated that the people have different points of view from the 'experts' and this is based on their real life experience.
- I felt the need for concerted work with the people as the only way towards health for all.
- I realised the importance of understanding the peoples perspectives while working with them.

## **F) Training Report from 12<sup>th</sup> May, to 30<sup>th</sup> August, 2005.**

### **Introduction;-**

I am doing my internship /fellowship under **Foundation for Research in Community Health** Institute, PUNE in which they had implemented a project of voluntary health workers in 30000-population which covered 6 villages area approximate for three years period. Community health workers come two days in a week for training. From the project the VHW receives a stipend of around Rs- 40/- per week to cover their weekly travel. The training held in a centre place which is Ralegansiddhi at Tal-Parner & Dist-Ahmednagar, Maharashtra.

Most of the teaching is based on a discussion of actual cases. The roles of sanitation, water supply, nutrition, health & hygiene people, and social issues are discussed. The major tool of training is verbal communication. In which dialogue and discussion are the main means of teaching than practical demonstration. Messages are repeated at all levels, by trainers. Constant sharing of experiences and appreciation of successful efforts reinforce high motivation. These VHW's are encouraged for home remedies and minimum use of simple drugs. The focus is more on preventive and promotive measures.

Training to these community health workers are given by Doctors, Shayogini Tai's (Senior Tai's working experience of 10 years in their own village.) two days in every week which is Tuesday and Wednesday.

Training started with a prayer song after that exercise and again one song about women empowerment. After that revision of last week's topics then discussions on any experiences, questions and then the groups separate into two groups and then the main topic get starts.

I had involved in the training as a learner so I had also learned all the topics, which the health workers had taught and explain it to self help groups individually and through Tai's in some extent and done some community participative work in four villages which is my fellowship field area.

### **Report No – 1**

**Topic :- Infertility**

**Date :- 17/05/05.**

In last week Tai's (VWH's) were asked to prepare some messages regarding the clarification hepatitis B ( about its misunderstandings ). They were given mike to speak the message it was a trial so that they feel confident while they are addressing the village people. It was felt that Tais were still not very perfect about the messages therefore it was explained again today. After the group separated in two groups previous topic was resumed. Today they

had started discussing about Infertility. Trainer asked what do you think about infertility. One of the tai said if a woman did not conceive people starts blaming her the reasons behind it may be anything. All suggest her for medical checkup go for some spiritual things. Nobody advises to husband anything and men's did not become ready to have health checkup.

Tai asked when could you call someone impotent. Who is responsible for that because most of the time it is the women who are held responsible? If a woman has only girl child then also she is held responsible. Some tai explained that both of them should be explained the cause and both of them should go for check-up and treatment if required.

Definition of infertility was explained by showing the posters. Tai's said that general belief is if someone cut the hair of a woman it could lead to infertility. Tais were given role-play where infertility issue was taken up along with the reaction of various family members. The issue related to the spiritual Baba's who treat infertility. Most of them believe that trust in god helps psychologically to conceive as in most of the cases baba's act as the mediator for conception.

Next day while discussing on fertility the question of Adoption was taken in which tais discussed on the issues, beliefs related to adoption in their area. Trainers explain this issue with the help of posters tais wanted to know about single parents especially with respect to women and what are the legal requirements. In their discussion some tai explained that one should take care of the children as their own child. She further explained that there is some difference like how we expect our own child to be a doctor or so can we expect the same from adopted child. This sentence and the inference were quite strange. Tais replied that no, it is completely depends on the capacity of the child. The discussion further came that Adoptions should be from adoptions centers rather than from a relative because of caste identification, for child benefits, child gets proper behavior due to unawareness about his background. Then trainers explained the legal procedure of adoption in the last session.

## **Report :- 2**

Topic: - Infertility (Adoption)

Date :- 17/05/05.

Today after song and exercise the session started with different feedback. Panolli tai's specially Taratai and Mangal tai talked about their vasti meeting. Vasti people were happy to know about FRCH training and hospital. Then Ralegan tai's said that they had designed to announce the hepatitis B information on mike but we were not able to this in last week. Other tai's said we gave this information in our workplace and in SHG meeting.

After the group separation Ralegan tai was saying that there is a malnourished patient found in Ralegan that you know, we had went to see that child but mother of that child is not reciprocating as she is not ready to accept anybody's interference in her matter. Tai's still asked her to give soup of dal and rice but mother said that such thing doesn't help, as the child cannot digest the food. Tai feels that child should give only milk and tonic to complement the food.

Today the remaining part of law of Adoption is taught. Tai asked how panchayat can adopt such children is it a sustainable process. For how long the village will contribute for such family and will this solve the problem in the long run. It can be sustainable if could provide employment or provide labor to the family.

Second day session continues with adoption topic and moved towards violence against women and alcoholism how in majority cases it has affected the women. Tai's felt that in such circumstances they don't have much choice to access. Many women cannot talk openly in the village. Such issues should be taken in Gramsabha (women gramsabha), but we don't know



about Gramsabha when and for what purpose it is arranged many times it is only on paper. Trainer asked do you know about women reservation in election. Responses of tai-

- Reservation of women is necessary without compulsion women will not get chance to participate.
  - Women should consider for all the seats including reservation.
  - But the women who becomes should be well educated.
  - Not only responsibility but also powers should be given to women sarpanch.
- Then at the end of the session Tai's were told to collect the information of panchayats but some of the tai said we cannot do all of a sudden.  
At the end of the session holiday on next week (24/25/05/05) was declared.

### **Report No – 3**

**Topic:-Infertility**

**Date:- 31/05/05.**

After one week gap tai's were happy to come together. Revision was taken as to see how much tai 's remember after having holiday. Then the trainers came again on the remaining topic of infertility. While talking on social factor Tai's discussed on Rohini tai's brother's example (Alcohol and tobacco consumption could also lead to infertility.)

Social reasons of Infertility-

- According to tai's discussion beliefs like it is due to not worshipping or curse of the traditional family god.
- If any funeral is taking place and that time any married women who has not yet conceive cross the dead body then she becomes infertile.
- A woman who is infertile is said as Vanzh and the reason of her vanzhness is that god has cursed her by birth.

Remedies for infertility:-

- The married women who are not conceiving should make fast and worship to Mavalai or Sattubai and arrange meals for the seven married women.
- A woman can became pregnant if she please god with fast and touches any woman who had small kids in temple.
- There are some spiritual Baba's whom treat but the rules of such treatment is compulsory to be followed then only it works. E.g. there is one woman in Gujarat who treats the woman. She only touches the woman ask some rules to follow and the woman get pregnant But 9 months she should not go to doctor for any illness.

Then trainer explain the tai's the reasons and treatments of infertility. Some new inventions were also discussed. Many questions raised regarding conception, hysterectomy, cesarean where and how it happens and what exactly do in tubectomy. Trainers explain all the things deeply. Some tai asked how TB is related to infertility, how if a man is injured (due to accident) it can also lead to infertility. Trainer taught them all the things regarding infertility and the possible measures, which can bring fertility.

In second days training trainer asked tai's do you want any other information other than medical from us then some tai said now every where there is election atmosphere so we want to know about details of panchayatiraj. Remaining second half session I was not able to attend due to some urgent work.

## Report No – 4

Topic:-Pregnancy

Date :- 7/06/05.

Today's session started with the topic of pregnancy, in beginning some tai's were feeling very shy to speak on pregnancy. Some tai's shared experience how everyone ask woman about conception after few months of marriage. Then trainer taught how pregnancy occurs and how to identify that the woman is pregnant. Their was long discussion on symptoms of pregnancy in which tai's asked why women are facing so much of vomiting problem in pregnancy she cannot have proper food and which may further leads to anemia. Trainer asked what do you do to stop this problem. Some tai said there is no medicine on it, it happens to everybody so no one take it seriously.

We identify according to the behavior of women as she always feels like vomiting that she is unable to eat, but still she feels to eat some different things (e.g lemon ).Pregnant women stomach becomes big day by day. One tai share that one woman she was feeling like pregnant, she had always vomiting, all things had happened to her like a pregnant woman her stomach became big but after checkup it is found that she is not pregnant. There was no child in her womb. Trainer explained what might be the reasons behind it. What happens when the pregnancy took place and grows in the tubes how it is dangerous to the woman's life?

Tai's wanted to know about loop (IUD) because most of the women face lot of problems due to IUD that's the reason most of the women opt for tubectomy. Tai's wanted to know about natural birth control mechanism. Trainer had explained and gave all detail information.

Second day discussion was done about all the care to be taken in 9 months of Pregnancy.

- They are taught how to check urine to about pregnancy.
- How to find out the delivery date of the patient.
- Which are the doses and injections and what time it is to be given to pregnant women.
- Which nutritious food should be given and the importance of iron tablets.

Trainer asked when did you take T.T. injection tai's answered if someone gets injury with any iron rod, or if any wound is septic. Most of the women don't take this injection except during pregnancy. Three doses are given and it is referred to govt. hospitals. Phc nurse has record of pregnant women she gives us iron tablets and told when to come in Phc for injection.

Aganwadi sevika gives food to the pregnant women compulsory. But many of them does not get because at that time every one goes for work in field. Poor people need this facilities but they cannot stay home for the little food which cannot satisfy the pregnant women one time. In this situation women due to pressure of work and limited food leads to anemia.

Then to examine Anemia Thalapi mirror exercise was done. Trainer showed the line diagram from the book 'Every Women' in which nine stages of pregnant women was shown. We explained and taught about how to take pulse and how to measure blood pressure.

## Report No –5

Topic:- Pregnancy (Continuation)

Date :- 7/06/05.

Training started with the revision. Tai's reflected on the fact that pregnancy is usually becomes difficult as one feels nauseate at first few months. Tai's discussed on various

condition of first few month like nausea, liking for certain food and sensitivity towards certain smell. Tai's opinion was that one should eat food in small quantities but frequently irrespective of continuous vomiting during pregnancy to avoid anemia. But some tai gave opinion of taking rest. But some tai said that full rest should not be encouraged as it increases other complications in natural delivery. A cesarean took place when woman takes lot of bed rest.

Tai's wanted to know how the pregnancy take place in fallopian tube, clarification on the pregnancy known as 'Draksha grabha' it is a condition where a grapes kind of pattern is form in the uterus. It is like a pregnant woman. Tai's said the woman who are taking treatment from Baba (spiritual leaders) usually as the woman to believe in things like-

- Do not go to doctor for any reason of ill health.
- Even if periods does not stop woman will be pregnant.
- Woman should keep secrete about her menstruation.

Trainers explained tai's about natural abortion how it happens how to identify , If you see danger symptoms the patient immediately send to doctor other wise patient may die, what care should be taken if any patients is getting natural abortion.

In the last session deformalities in baby was discussed. Trainer explains many things to tai's like constant pain, backache during and after pregnancy. Danger signs and symptoms of pregnancy and delivery were discussed in the session. (e.g about white and red discharge.)

## **Report No - 6**

Topic – Dilevery. Date:-

21/06/05.

Today it was decided to show video on normal and cesarean delivery. So Tai's were happy and excited to know the facts. The procedire of sex selective abortion was explained by trainer. Tai's wanted to know how to find out the sex of fetus through injection .Trainer explain the method and informed that before usage of sonography this method of sex detection was very common but it is not in use. Responses of tai's after vedioshow :-

Tai's were frightened and became serious how difficult is the delivery and cesarean procedure. All had experienced but they had not affected or thought of such things. They said normal delivery is better. Doctors should not suggest for cesarean without any emergency. Overall development of child is depends on the psychological condition of mother. The good / bad environment of family and social treatment given to women matters on its child's development e.g Abhimanyu in Mahabharata. Tai's wanted to know whether really a music, reading of good novels affect the baby. Some discussion : -

- Sexual relations should be avoided last three months of pregnancy.
- The sexual intercourse during last three months leads to a sticky stuff on the child..
- Earlier women were given massage for natural delivery.
- To makeup natural tear during delivery people used mixture of turmeric and oil.
- There are many problems arises due to episiotomies.
- Some tai's said it is expensive to go for putting and removing the stitches during delivery.
- Tai's had some questions like, whether medicines for abortion affect the child, consumption of certain food affect the color.

Then tai's started discussion home remedies for spontaneous unwanted pregnancy suggest consuming soup of methi seeds, consumption unprepared papaya, and some roots which are hot in nature. Trainer explained heavy dose of medicine for unwanted pregnancy leads to abnormality. Some Tai talked about their vast experience in dealing with complicated deliveries. Remaining time of training was given to tai's for practicing the B.P. Apparatus.

Second day training started with songs and exercise. Tais were asked to write the procedure of taking B.P. Today one tai has brought the sample of urine of a pregnant woman and one tai gave sample on non-pregnant woman therefore all the had experimented the procedure testing of urine. All tai's saw the strip test and physical touching the same helps in reinforcing the same.

Last month tai's were asked to monitor their discharge to explain them about safe days cycle, few tai's had examined some tai's did not remember some were confused. Tai's wanted to know when can a couple resumes the normal sexual life after delivery.

Suman tai had bought her daughter (who was pregnant) she had voluntarily ready to examine herself. Tai's were taught how to examine the growth of child by touching the stomach. It was a good exposure to Tai's. Trainer had explained each and every aspect of the report she has also bought her medical report all tai's went through it.

Then in the last session there was a discussion where doctor declared cesarean case but the woman went back home and had normal delivery.

## Report No-7

Topic:-Pregnancy

Date :- 05/07/05.

Last month Tai's were given self-examination based homework. So after separation of two groups they were asked to tell about that, Many Tai's were not able to do it. Homework subject was to do self-examination about discharge. But Tai's said that they are not comfortable doing it. Due to big family and limited place.

Experience: - Only one of the Tai said she is keeping the record she explained about the consistency of the discharge it is like milk or may be like curd she was not sure. All the tai's agreed that white discharge is common and there was a consensus that first four five days after menstruation nothing cannot recognized but later a sticky thing could be seen in the middle phase the discharge is like a mirror.

Then trainer explained about the fertility period. Sahyogini Tai explained the same by giving the example of cow. If a woman keeps a close monitoring she could avoid pregnancy. But this natural process is not recommended in certain situations like immediately after taking the copper T as there may be infections.

Indicators of menstruation: -

- 1) Pain in the stomach.
- 2) Pain in the back, thies and legs.
- 3) Fullness of breast.
- 4) High sexual desire.

Tai's has some doubts to be clarifies.

- The woman who had tubectomy can this process of change in discharge is seen.
- Does the white discharge reduce white blood cell.
- Does vaccine of dog bite will affect the pregnant woman?

Trainer explained the variation in the discharge all through the month with the help of various substances like Atta, Glue and sabudana mix like and tai's were asked to touch and feel and see the co-relation between the actual discharge.

Trainer said conception does not take place when the woman is breast-feeding but this

statement was completely opposed by the Tai's, as they know numerous examples where women have conceived irrespective of the fact that they were breastfeeding.

- Tai's wanted to know about the conception of twins.
- Why oral contraceptives should not be given to a breast-feeding mother.

Trainer explains them about the ovulation medicines and asks some of the other withdrawal methods that are common.

Then discussion reasons as how family planning operation may fail. About three-month window period in case of male sterilization.

### **Report No-8**

**Topic: - After delivery**

**Date: - 19/07/05.**

Today training started with exercise in which tai/s response was that after doing regularly Surya-namaskar their menstrual cycle has become regular. Some Tai said regular exercise has yield good results.

Discussion was made on some of the doubts of tai's-

- At what age hysterectomy could be done.
- Could prolapsed uterus lead to hysterectomy
- People have more faith in temple rather than medicines
- Reasons of infection after delivery.
- Reasons for drying of a child in the womb.
- Why emphasis on monitoring of child in the fourth months of the pregnancy.
- What happen when umbilical cord breaks in between?
- Does white discharge lead to hysterectomy.
- Does acute pain during menstruation signifies lump in the uterus.

Then trainer had given some case studies to Tai's for identifying the problem like a woman has missed her periods for some days and there is acute pain what could be the reason.

Second day trainer had given many more case studies to tai's so they will learn to identify various ailments with symptoms. Then Tai's wanted to know about the shock treatment this is the local term use for chemotherapy.

Tai's were of the opinion that once a woman had a child and tubectomy done then her work is over therefore one doesn't care about her health. Then some Tai's was to know about excess bleeding during menstruation and earlier women use to dig a pit and use to sit on it till it becomes full. Many Tai's narrated about case storied where excess bleeding had taken the live of a woman. Reasons were pointed out for excess bleeding were –

- After delivery.
- If the placenta is not completely out.
- Incomplete abortion
- Lump in the uterus.
- Starting of menstruation.
- Menopausal stage.
- Sometimes the reasons are not known.

### **Report No –9**

**Topic: - Snake bite / Fever**

**Date: - 2/08/05.**

As reproductive health was finished we had started new topic information on snakebite and different types of fever. Trainer had told that we had bought vaccine on snake bite so in emergency you send people in our hospital. So after revision while sharing experience one Tai shared that some body had bite snake yesterday but they had gone to Pune I don't know what is the condition of patient today. It is nice that now snakebite vaccine will be available here it will secure peoples life. Otherwise it is available only in civil hospitals. Then in discussion some beliefs had come out of village area.

- If snake comes towards us it is said that take the name of 'Astickrushi' he goes back without disturbing us.
- If we kill one of the twin's then the other snake takes revenge of it.
- While killing snake it should be killed till he die otherwise if he is halfly murdered he takes revenge.
- A person should not kill snake whose wife is pregnant.
- People are worshipping 'Nagraj' so nobody kills to nag. If it occurs anywhere people keeps milk for him.
- In our village if anybody bite snake that man is kept in the village temple for one day and he becomes ok.

Then trainer had explained them about snakes and types of snake. Every snake is not poisonous there are some Poisonous snakes which are found very rare. Some times unpoisonous snake bite to a man and people take that man in temple and he becomes all right and all thinks it is due to worshipping god.

If the one snake bite to two people at the same time or within some interval the poison of that snake may affect the first one and will may not affect two second one because the bag in which snake store its poison becomes empty.

Then trainer taught the first aid on snakebite how to identify snakebite. The signs made by the method used in hospitals to identify that a patient has bite poisonous snake.

## **Report No -10**

**Topic:** Dengue fever

**Date:** - 09/08/05.

Training started with revision of last week topic. After that while sharing experiences one Tai from 'Pimpalner' said in our village few days before one dengue patient was found. Everywhere it has become famous. All PHC doctors and subcentre nurse and MPW are running towards our village and near by village to take preventive steps.

Tai's started how dengue occurs why it has become so important that everybody is speaking about that case. Then trainer taught the Tai's about 'Dengue fever'. It caused by virus and transmitted by the bite of Mosquito called 'Adis'. Then some Tai said we could identify that mosquito we had seen all types of mosquito in AFMC last year's study tour. This mosquito's breed in artificial collections of water in and around the houses and bite mostly during the day.

### **Symptoms:** -

I start with a high fever and chills, a severe headache and pain in muscles and joints. In a more severe the patient may also collapse in shock. Preventing mosquito bites can prevent by eliminating mosquito-breeding sites and dengue

Then Tai's were asked what should be done for prevention.

- Surroundings should be kept clean.
- Water should not be stored more than seven days.

- Water should be purified and should be kept in upper from floor.
- If we saw anywhere mosquito's larva breeding in stored water or collected rainwater suggests putting kerosene or washing powder in that.
- Use of 'Gappi fish' in large storage of water. E.g. Water tank.
- The water utensils should be well closed.
- Discarded tins, broken bottles, tires tree cavities where rainwater is collected or stored should be removed.
- While working in farm use long sleeves shirt to avoid mosquito bites.

The next day trainer had started the session with Typhoid. In which Tai's said in our village every time we had some cases of typhoid. And when people goes to doctor they admits the patient,

Gives lot of medicine. Then trainer explain them that typhoid spread through bacteria its infection causes fever and sores in the intestine, which may bleed at times.

**Spread:** - This disease spreads though open food and water contaminated by faeces and urine. It infection if we does not maintain proper hygiene. The flies transfer the germs from the faeces to eatables by contaminating open food.

## Report No -11

Topic: - Malaria.

Date:-16 / 08 /05.

Today another lady doctor from FRCH, Pune conducted training. Then Tai's sang song after that exercise has been done.

**Revision:** - One by one Tai's gave information about typhoid in detail. How typhoid occurs what is their system what is the treatment, how to tackle with such case what care should be taken. When patient should be sent to doctor, what happens in body when typhoid occurs. The doctor surprise because all Tai's gave response and nicely explained about the typhoid.

Then that doctor had taken one game in which all group members participated game was there was three places where the women should keep stone at those should put first place stone. Woman who washes there hands by soap. Second place stone should be kept by those women who wash their hands buy Ash. Those women who wash their hands bu clay after coming from toilet must keep third place stone.

The trainer explained them how disease affect to health and how it spread through poor sanitation, lack of hygiene, Lack of community cleanliness. Then she asks what happens when there is such an unhygienic condition. Then Tai's respond so many intestinal infections and diseases like diarrhea, gastro, vomiting, Polio, jaundice, cholera, typhoid, and malaria may occur. Trainer asked what precaution should be taken to avoid from such diseases. Tai's said safe drinking water should be made available, it should be taken from the cleanest possible source, and we should keep our environment clean. There should be cleanliness in community. Use of toilet,

Then the discussion started about how Malaria occurs what are its systomps. Trainer explains that malaria occurs due to bite of female Anopheles. It bites only in nighttime. These mosquitoes spread in stagnant water. When there is too little water, it affects our personal hygiene, which leads to a variety of diseases.

### **Symptoms:-**

- Shivering followed by high fever.
- Headache, fever usually comes on alternative days, some times it may come everyday.

It spreads through a chain of infected person to mosquito and from infected mosquito to a healthy person. A healthy person may develop malaria within two three days of infected mosquito bite. Then the time was over so it was decided that remaining part will be continued in next week.

## Report No –12

Topic: - Malaria / Rumatic Fever/ Mumps.

Date :- 23/08/05.

Training started with exercise and while sharing experiences tai's were happy because they said since we are learning about mosquito every one is conscious about mosquitoes especially children's are finding mosquito and asking us what type of mosquito is it and what happens if it bites.

Revision:-

Some time if trainer explain the possibilities and symptoms to related topic and gave any example about it the Tai's immediately grasp but if trainer teach do's and don't of the related topic they confuses. But today's response was nice that typhoid and Malaria has taught and grasped by Tai's nicely and due to practical experience it was effective to remember them.

Then the topic started and they had asked about how to prevent from Malaria. Some said to stop the spread of malaria we should take care that mosquito should not occur, and as mosquito breed in clean stagnant water we should cover water and clean the utensils of water storage. Big water storage container and pits around house should be monitoring every time.

Trainer asked what they do when there is mosquito

- Some said we make fire and puts neem leave in that so due to that smell mosquito does not occurs.
- Some said we use mosquito repellent coil.
- Some Tai's said we grow a bush of damro or tulsi near our house it not allow mosquito.
- Some Tai's said we have small children's so we use mosquito net while sleeping.

Then Tai's were taught herbal remedies.

Next day training started with new song, then exercise then revision was taken for the Tai's who were absent yesterday. Then trainer taught them about '**Rumatic Fever**'. It occurs due to throat infection and spread through air. It attacks on the joints and severe pain takes place in joints. It occurs specially to small children's and adolescents, as their resistance power is low.

One tai shared that there is one patient in our neighbors she is a small girl and she have joint pains, she goes to doctor for taking injection in every three weeks and doctor has said the injection should be continued till the age of 20yrs. Otherwise if it becomes severe it will affect on heart.

Then Tai asked what happens actually when it becomes severe. It is curable? Trainer explains that joint pain is a severe one and the initial stage of it is rumatic fever. Then they were taught some preventive measures and home remedies for rumatic fever.

Then trainer also taught about the '**Mumps**'.



Tai's said Mumps occurs when we continuously put air in balloon with mouth but then trainer explain the fact as-

- How does it occur?
- Symptoms.
- Home remedies.

## **Report No –13**

**Topic: - Chickenpox**

**Date: - 30/08/05.**

Today both the groups' session was at one place because due to election period many Tai's were absent.

Revision: of Typhoid, Malaria and rumatic fever was taken for those Tai's who were absent in last week.

The discussion started on chickenpox. Tai's started asking how it occurs, to whom and how many time it occurs it is curable or not, we had heard it is communicable disease. Then trainer explain them

- It is viral infection
- It is communicable disease
- And spread through air.
- It occurs once in lifetime.
- It occurs mostly to children's because their resistance power is low.

One Tai shared her experience that her son had small reddish pimple on his body. I was confused what happen to him he was having fever some people told me to take him in village temple. I took her but his fever was increasing so scared and said I will take him to doctor but my neighbors said don't take him to doctor otherwise the disease will increase but I did not listen and went to doctor for treatment.

Then trainer said such patient should be kept separate from other children, he should be given separate (cotton) clothes. Then one woman asked how can a poor people will able to do so they use one towel in whole family two brother use the same clothes alternatively. The trainer said then the clothes of patient should be washed in hot water and wet in sunlight. Patient should not send in school other children might affect, as it is communicable. One Tai said but it itches severely so we use neem branch.

Some Tai said that in our village there was a belief that if any one got chickenpox that child should not take bath. His mother should not work and touch anybody she should not comb her hair should not put bindi for seven days she should not sleep on bed and of seventh day she should take her child in village temple without chapple. Then only it cures and not occurs again. Then trainer explain them that once it happen it never occurs again as it is a viral infection automatically it cures in seven days.

## **G) VISITS**

(During fellowship)

### 10<sup>th</sup> International Women & Health Meeting (IWHM) **Health Rights, Women's Lives: Challenges and Strategies for Movement Building.**

IWHM was held on 21<sup>st</sup> to 25<sup>th</sup> September 2005 at New Delhi. Around eight hundred women and some men were gathered from different parts of the country. Participants from all over the country were feminist, health activists, community organizer, development workers, legal advisors etc. IWHM was based on anti-imperialist, anti-patriarchy. Such global networking will eventually build into a movement that can make a difference to people's lives and in particular, to women's lives.

The 10<sup>th</sup> IWHM seeks to foreground women's health as a fundamental human right and the woman's world. The understanding of women's health today has moved beyond maternal roles and procreation, to a more holistic notion. It also seeks to highlight politics, policies and issues that have adverse effect on women's health and simultaneously bring out the linkages and interconnections of these seemingly disparate phenomena. The attempt is to reiterate the holistic concept of health, and to strengthen the claim for health care and health as a justifiable right for all people.

#### **• Issues Covered.**

- Public Health, Health sector Reforms & Gender: -
  - Expanding spaces for women's health, analysis in the context of public health, health sector reforms & gender.
  - Right to health care.
  - Equitable health care for the disabled, where are we?
  - The gender politics of GATS & Health care provision.
  
- Reproductive & Sexual health Rights:-
  - Sexual & Reproductive rights on political agenda.
  - Connecting Body politics:- Feminism, Reproduction & lesbian sexuality.
  - Integrating reproductive & sexual rights into our campaign & struggles.
  - Achievements & challenges ahead from reproductive rights and sexual rights.
  
- The Politics & Resurgence of population Policies:-
  - Pronatalist policies or Birth Control – how women's choices in Eastern Europe has been shaped.
  - Population Control & Reprogenetics in US. Neoliberalism.

- Population policies & politics of food.
- Women's Rights & Health Care Technologies:-
  - Ethics, Genomic & Drugs on trial – New Arena of struggle for Women's rights.
- Violence & Women's Health:-
  - Violence Trauma & Healing in the lives of indigenous

Australian women.

- The comfort women system of world war long – term effects on the lives & health of women survivors of the wartime violence of Japanese Military sexual slavery.
- Employed but not a worker, literate but not educated, earning but still in poverty the violence of gender based development.
- Emerging Feminist Perspective & Strategies: -
  - Disability, Globalization & Feminist health.
  - Contradiction in the right & choice language.
  - Abortion: On going challenge.
- Global Challenges to Women's Health:-
  - Global strategies for movement building.
  - Where do we go from here?

There was a posture, Pictures, exhibitions side-by-side film festival was going on the above subjects. Then there was proper mechanism for translation system of French, Spanish, Hindi and English languages. Entertainment, Lunch and traveling facilities were nice and convenient. The most important thing was punctuality of all programs.

I hope that such global networking will eventually build into a movement and there will be some impact across gender, class, caste, race, disability, sexuality and ethnicity.

## “Report on Maharashtra Social Forum”

Date :-24/5/05.

It was nice experience to me to attend MH Social Forum held in Ahmednagar District. About 10,000 People from more than 300 different organization coming under one pendal and join hands to fight globalization and stand for equity, peace, justice-This seemed very inspiring. All this gathers was for Maharashtra Social Forum 2005.

The first of its kind, this gathering was held on 20th-22<sup>nd</sup> May 2005 in the historic city Ahmednagar, Maharashtra.

Globalization, privatization, liberalization seemed to have become a close of ‘triple’ that the developed world is injecting into the third world to make sure that it remains clad with poverty, injustice, of a sure market for everything they sell. This gathering was to take of ways to fight this and the need of masses getting together in this movement. This was held on the background of the W.S.F. held in Mumbai last year.

The 3<sup>rd</sup> day schedule was full of activities and discussion; plenty of session’s youth and women were given special attention. The discussion included those in Globalization and peace, The status of women in globalization, Privatization of public sector, problems of dalits and tribal, Exploitation of natural resources and people’s right, Status of youth in the present century, Problems of workers in the unorganized sector. There were street plays and slogan, competition attractively volunteers along with a series of documentaries and film show on above subjects. Cultural activities in the right made the programme more colorful. The presence of Dr. Raj. Arole, Shri Anna Hazare, Shri Popat Pawar, and such great missionaries poured spirit into the programme. This programme ended with burning a lamp of hatred against imperialism and a vision and motivation to fight against it in the hearts of many.

## “Report On Meeting With Manisha Gupte.”

**Date: - 08/08/05.**

Today I had taken appointment with Manisha Gupte. I met her in her house. We had discussion on some issues like how domestic violence affect on women's health.

While talking about 'Nari' (my case study) she said woman are bitted by their husband not due to Alcohol, but due to her helplessness, innocence husband knows that his wife has no one except me; she is helpless, illiterate, no family support so if something is wrong with him he beats her when he is drunk.

Alcoholism is such a big problem all over many crises took place due to this, it affects on health of many people directly or indirectly and many people especially women are suffering from that. Then I asked why govt. is not taking any step against it. She said see why govt. will take step, they are getting large income from that and this politicians require money for election and they permits and they get large money from this than other source. The leaders of such thing has ruling on some communities where there are distributors and beneficiaries all over the country that satisfy their economic benefits through their votes.

The greatest risk for poor health and quality of life is poverty. Here as men have made up the major proportion of those engaged in productive activities, "men's work" is valued. Because women have made up the major proportion of those engaged in reproductive activities," women's work" is less valued.

Today importance is given to curative health, which depends on heavy expenditure. There is a need to think the basic causes and necessities of people to expend on their health not curative but preventive system will never look after it. So for that awareness among the people about their rights, health right is necessary and they should be made recognize there priorities and people themselves should take essential steps and we should come forward to aware and educate people about there rights, health needs, and motivate them, mobilize them, organize them to demand the right things. We cannot move people towards change before their minds set up changes.

Look society is like this it will take time to change the thought of people one should be very flexible and adjustable while working in community. There are many problems which cannot be fully solved by any reason but the continuation of work should not be disturb we should consider whom and what should be important to be preferred for the problem. The decision that you make and the action that you take upon the earth are important. At each moment you choose the intentions that will shape your experiences and those things upon which you will focus your attention.

## H) ACTIVITIES

### “Kishori” Group Melawa.

Date: - 06/07/05.

Topic:- Discussion on personal health and hygiene and Nutritious food.

Today we had arranged meeting of young girls at watershed community center of ‘Sangvi surya’. Meeting started at 10 am. Around 18 girls were presented all are of age 14 to 19. Some of them are school going and some had left the school due to family responsibility and lack of transportation facilities. So initially we made introduction then discussed about likes and dislikes (about food, dressing, lifestyle) Then we found that some girls are shy and responding and mixing so we decided to play ‘Carum-board’ which was available in the ‘Watershed community center’ they had made there groups and enjoyed the playing then we started discussing the about Nutrition from a manual ‘Building capacities of women’s’.

**NUTRITION:** - The body of an adolescent is critically in need of better nutrition to keep up with rapid growth spurt. This growth spurt can compensate for the loss of growth during the first six years of life, if the young person is provided with adequate nutrition, health and developmental facilities like education, exposure, challenges and support. For girls, apart from the growth spurt, factors such as onset of menstruation, early marriage and pregnancy, childbirth and motherhood create a demand for extra nutritional requirements. On an average, girls require 10 per cent more iron intake than boys do, it make up for menstruation blood loss.

### Preventive Action With Community Participation.

Date:- 10 /08/05.

On 10<sup>th</sup> August in the training session Tai’s were given Practical so from next day we had decided to arrange ‘shramdan’ of all Self help groups. So at first we went to ‘Pimpalner’ Two three Tai’s were come. Then we made announcement in speaker about the precautions to be taken for Mosquito bite and written Messages on Village Panchayat’s blackboard, also paste the message on common places where possible in which we had written all the necessary steps of preventing from mosquitoes. Then we gave round to whole village. We put kerosene or washing powder where there was collected rainwater, discarded tins, tires, broken bottles, and stored water. Side by side we gave all information about what we were doing and why?

Then next we went to ‘Sangvisurya’ we had kept their ‘shramadan’ all self-help group and school children’s and Tai’s were came. We put clay (Murum) on the big area where there was colleted rainwater. Then we made announcement in speaker about the precautions to be taken for Mosquito bite and written Messages on Village Panchayat’s blackboard, also paste the message on common places where possible in which we had written all the necessary steps of preventing from mosquitoes.

Again next day we went to 'Panolli' where some Tai's and we together gave round in village and put kerosene or washing powder where we found larva of mosquito in collected and stored water. Then we made announcement in speaker giving ten rupees to a 'Davandi man' about the precautions to be taken for Mosquito bite and written Messages on Village Panchayat's blackboard, also paste the message on common places where possible in which we had written all the necessary steps of preventing from mosquitoes. Then Panolli Tai's said we will suggest our Grampanchayat to Put 'Murum' on the open water pits on the road side and school play ground and open space.

## **Report On Violence Against Women.**

Any discussion of health in the context of the social, cultural and economic factors cannot be complete without addressing the gender perspective in access to healthcare and services. Gender differentials in health have consequences not only for the women themselves but also for the well-being of their children (particularly females), the functioning of households, and the distribution of resources.

Health as a human right promised to codify the needs of people, reformulate them into ethical and legal norms and direct the efforts in a way that optimizes the satisfaction of the vulnerable population's basic needs in a sustainable manner.

**Case Study:** - (Note writer don't want to disclose the actual name of the victim so she had given a nick name as 'Nari'.)

'Nari' – Age 30 – Village – Pimpalner. She is a member of "Parvati self help group. I met her very first time when I newly formed that group in Jan 2003. She is a fair looking with brown eyes and curly hair. Her is small and sweet with one son and husband. Her mother in law stays at Mumbai. Her son is studying in first standard that is always ill; her husband does nothing except taking milk at dairy. They have one small own house, little farm and 3-4 cows whose milk is 40 liters in a day. But still she is not happy because her husband is a drunkard wanders with village leaders and waste money in drinking and useless things. When she came to know that self-help group is made to solve problems of each other, she then started complaining me in SHG meeting about how her husband abuses her, since he is a drunkard he always beat her and does not allows her to participate her in any activities. She is a good singer and she sings Bhajans in spiritual occasions but she has to struggle for that with her husband She complaints that he does not allow me to go anywhere. He is always suspicious about me. He does not keep any money with me. I have no right to interfere in his personal or any matter of him, family matter, and money matter. I had two cesarean but my no child is alive then many years I had no pregnancy then I went to Gujarat there was woman she gave me medicine and then I had one son Praveen. Still he will beat me for any reasons in front of my son. Many days we dint talk with each other we had no sexual relation. My son is affected so much he always becomes ill and frightened always in the evening when my husband is home.

Once when 'Nari' was beaten she was admitted for two days in hospital I and his village woman Sarpanch (she was one of her group member) and some group member's went her home to see her that time we talked to her husband for two three hours we explain him that your family is small and sweet why you behave like this if your wife died who will look after you and your son what will you get disturbing your own things village people will come to see Tamasha nobody except your wife will care you in your bad days and your child seeing this will never accept you. But we found he is very sharp he told us I understand how to run

family and behave but I don't know what happens to me. I don't like some of her behavior she talks in front of me, she insults me and always suspicious about my behavior, she does not listen to me gives backwards to me. After long discussion we removed their misunderstandings they also apologies each other and us. He said thanks for advising us I will not do like this again.

Then 'Nari' was selected for community health worker's training from her village and basti. After some months she again started complaining about her husband in SHG meetings. That his husband does not give money in her hand and demands loan from SHG without my consent and does not allow me to come for our monthly Shg meeting and group member's scolds me saying that why you sends your husband for meeting you are not repaying your loans installment regularly and demanding loan, I feel this so much I have no right to ask my husband if I ask he says this is none of your business do what I says to you I will give money when I will feel then I say the shg member will not take money from you but I know he gives and takes money from one of our shg member who lives near by her, he has relations with her, he always goes to her house eat there, he helps her in farm and he always insult me in front of her and always talk and give example of her how to behave that woman's husband did not say anything. But this I can't say to my group members they don't understand my problem that nothing is in my hand. She was asking me for help she likes health training where she was feeling free and happy at least for two days in week but now her husband was troubling her not to go for training. So I talked with her group members in her absence but many of them were saying 'Nari' is acting she has no trouble she stays with her husband very nicely we see her laughing and happy with him she only attracts us for excuses for not following group rules if there is any money problem then she starts complaining. And why should we be bad with her husband. So let's not interfere in her matter better to cutoff her name from shg so her husband will not trouble to our group.

I remember one day, she had telephone me unexpectedly and started crying and asking me for shelter if she leave her house. Because my husband is troubling me and now I am unable to tolerate. We had a quarrel yesterday he had beaten me badly if you dint help me I will suicide. I said her don't worry we will think on it nicely and then you take decision because leaving home is not an easy task you will have to think every thing. But I got frightened and I asked to one of my senior how to deal with such matter but he said we should not involved in anybody's personal matter, let them solve their problem with their own. But I was worried so I went to the village woman sarpanch and ask to help her. Both of us went and saw her condition she was injured her husband was went somewhere then sarpanch said don't worry I will talked with my husband and he will look after him. But I suggest you don't take it seriously every woman has to face this problems but why to leave home otherwise they will get free atmosphere. She said but now I am unable to tolerate. So I said if you leave home you, there are rehabilitation center for woman but once you gone you should not see back to your family if your husband come and apologies you she said what will this society think about me, how I will feed my son what will happen to my house, cows my husband will sell all things and what we will do in future so I said all these things you will have to think first and then take any step. She said I don't want to live with my husband but these community will not allow me to live alone my husband will find me from anywhere and will kill me. I want to live for my son I cannot go beyond my culture and traditional boundaries I have no strength and daring to face any challenge. So we could possible to give only emotional support nothing else.



On 21<sup>st</sup> June, 2005 Wednesday health workers training got over in evening 'Nari' came from back side avoiding all village people without knowing her husband and mother in law (she had came yesterday) leaving her child in school. She had came by walking and looking frightened her husband had called her mother in law from Mumbai and had complaint about 'Nari' and she had a quarrel with her and she had threatened her that I will show you what we can do after coming my son they had a planed to kill me Then we had listen 'Nari's story silently she was telling that today my mother in law came to our house unexpectedly I was feeling ill so I said her husband had not came home from yesterday he is not looking after home .So she got angry and started using bad words she was saying that I trouble her son he has some prestige in village and you are not behaving properly you doubts about him and does not work. She started threatening me that we will kill you and I got very afraid. Because my husband is of criminal nature and I know that for money he can do any thing. So want your help for my child sake I want live with my family but I am unable to tolerate this violence. I think if Anna Hazare speaks to my husband he will behave properly. So Sarika and I told this to Rakhal & Subhashri took her and went to Anna next day. Anna said you make police complaint and go to your sister in Mumbai till then I will call some of your village leader and then we will see what to do. But she said they all are drunkard and if I made police complaint he will never accept me again and will disturb my whole life. I want you once talk and warn him.

'Nari' was facing all these since she was married according to her she was deceived by her in laws by telling that her husband is well educated and working in Mumbai on a nice post. They had showed duplicate certificates to her father. 'Nari' is having two sisters and parents had died. They had equally distributed their property within these three sisters. Her elder sister is living in Mumbai with her family. Second one is widow living in fathers house in Nighoj. My husband had use all money which he got from my father and when he was arrested in case of kidnapping two girls for that case he had kept his land on mortgage to my elder sister and taken 1.5 lakh rupees. He troubles me for that so my sister will give him his land and not ask for any money. But he can't say this directly.

We had decided last month to take all training tai's for a study tour to show them Parinche project and Mahabaleshwar on Saturday 24<sup>th</sup> June but the now we were thinking what to do with Ranjana meanwhile we had taken suggestion from Manisha gupte (Masum), Prof. Garole (HST) etc. So it was decided late at Friday night not to keep 'Nari' alone we will take her for tour and Rakhal will stay here in Ralegan to attain the discussion with her husband, village people and Anna. But Anna was busy with some Ministers so two three day the program postponed. We then send her to her sister at Nighoj and ask her to call her elder sister from Mumbai. Her husband was finding her everywhere like a hungry lion. Then he got information from other Tai's of his village because Tai's had seen her in study tour. I had some suggestion from my colleagues you should had informed to her village people, Why you keep her for so many days without knowing anybody, you should take community participation they will take responsibility of her and they will decide what to do after all it is their village matter. So according them we call some of the village people and explained them the matter so they become ready to meet Anna. Next day Nari's husband came and started shouting and asking about her wife we send her to Anna he went and talked with him they scold and explain him and ask to call village leader to solve the matter. Next day Anna called everybody and in front of all both of them we explained and made compromise in written village people said we will take responsibility her husband said I will behave properly and then every thing was over they went their home.

Few days after when I went to Pimpalner I got news that 'Nari' ran away from house. This time she was at her sister's home she had phoned us and she said she had made police complaint and now she has decided to take divorce. And several things disturb me.

I don't know what will happen in future about her son.

What will her son might be thinking about his mother and father.

Why men do not understand women's problem and needs.

I don't know whether the decisions regarding her, community involvement was right or wrong.

What was the reason of community was not ready to accept his fault and teasing her.

Why a woman's decision have no value.

Why she was held responsible for all this matter.

Why she was confused to take decision.

I don't know why she decided to take divorce now.

What will she do now? Many people now telling that she was character less. All are blaming her for his behavior.

Question arises:

- 1) Why Men's beat their wives after drinking Alcohol.
- 2) Why people suggest not interfering in women's violence case.
- 3) It is said that in all good and bad things women are responsible
- 4) Why no community is supporting 'Nari'.
- 5) Why 'Nari' wanted Anna should make compromise and talk wit her husband.
- 6) Why 'Nari' was double-minded position.
- 7) Now 'Nari' wants divorce at any cost why?
- 8) Community knows all facts of 'Nari' and her husband but still they are teasing and taking side of her husband.
- 9) Why community are scolding all Tais of training because of her.
- 10) Why 'Nari' was bounded by social system was it really necessary to include community in her personal matters.
- 11) Why 'Nari' was feeling helpless.
- 12) What does the Laws says regarding Domestic violence?
- 13) What are the resources (counseling/ legal / shelter) available in Ahmednagar District?

## **Response from community:-**

They all believed that it was a woman's responsibility to keep the marriage together, come what may. Violence against women especially spouse abuse, is a private family matter is a common attitude with in the community. You should not give her shelter, she was not nice woman she had relations with other men she wants to be separated. Her husband had threatened to Subhashri I will see you etc Women of her Shg were saying that we could had forgive her if she had not ran from house. She should have think about her son.

