Women's Health Towards Empowerment...

Overview

There is an increasing concern that disadvantaged and marginalised women suffer from various physical and emotional health problems. In our society, there is a culture of silence. Women hardly come forward to share their health problems and when few of them do show the courage and come forward, they do not have access to early diagnosis, cure and treatment from the primary health care system. Due to lack of access to information and services, women tend to suffer more, and often needlessly, spending their scarce resources in seeking private health care which generally results in a situation of women and families being exploited. It has been experienced that when women are empowered with information on why and what causes illnesses and diseases and where and how to find assistance, they are able to live healthier and more productive lives; by demanding women friendly quality public health care system. This leads to the overall well being of families and communities in which they live in.

The right to information is one of the basic rights of a person, to be exercised and enjoyed by one and all, regardless of class, caste, religion, and region and gender boundaries. However, for most women in rural India and in the urban slums, the right to information is still a distant reality. This is evident when we look at their health, social status and well being.

To achieve the goal of wellbeing and to improve the lives of the rural-poor women of our country, the Ministry of Health and Family Welfare, Government of India, (MOHFW) New Delhi, initiated a project **"Women's health towards empowerment"**. The project's aim was to train and disseminate health information among village-based women's groups in interior rural and tribal areas. This was a unique example of a collaborative partnership between the Government and Non Government Organizations. This pilot project was initiated during 1998, in various states of India with financial assistance from the World Health Organization (WHO). The financial support for the project continues till September 2001.

The uniqueness of this program was the active participation of experienced NGOs and experts at every stage of planning and development. The experienced NGOs were actively involved in sharing concerns of the disadvantaged and poor women.

CHETNA Editorial Team
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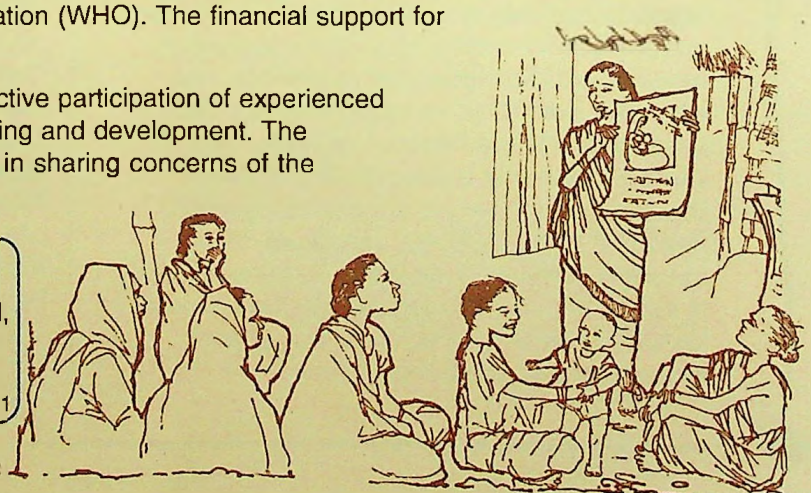

Source:1,2- State of India's Health VHAI-Delhi

Women's Health

The health of a nation is assessed by the health status of its people. The maternal mortality and the morbidity pattern and fertility rate is an indicator of women's health. Environmental degradation, violence, occupational hazards and gender discrimination contribute and have grave implications on women's health which is presently grossly neglected.

Approaching the 21st century, we still face the grim reality that health is the second largest cause of indebtedness among the rural poor. Majority of the communities still borrow money for seeking health care ironically mainly for menfolk. Even though women suffer from various mental, physical and psychological disabilities, they still do not have adequate access to diagnosis, care and treatment from the Primary Health Care System due to existing socio-cultural and economic constraints. Hence, women's health concerns remain largely unrecognized and thereby untreated.

Effective health care depends on self-care.

It is a well-recognized reality that there is a missing link between women's health and the prevailing development scenario. Prevalent gender biases in society contribute significantly to further widen these gaps. If women are better informed about their health, they can take better care of their own and that of their families' and communities' health.

Health is a personal and social state of balance and well-being in which a woman feels strong, active, creative, wise and worthwhile, where her body's vital power of functioning and healing is intact, where her diverse capacities and rhythms are valued, where she may decide and choose, express herself and move about freely.

Women and Health (WAH!)Program - India (1993)

Glimpses on Statistical Data on Women's Health

Examining India's pre and post independence scenario has revealed that the crude fertility rate and the infant mortality rate have substantially reduced and life expectancy at birth has also increased from 40 to 62 years. This has been possible due to the effective implementation of various health and development programs. However, we lag behind our national goal of Health for all by 2000 AD, specifically the reduction of maternal mortality. To bring about a reduction in maternal mortality, we have to work towards addressing specific socio - cultural, economical and political concerns.

Statistics on women's health status

Indicators	India
Sex ratio, 2001****	933
Literate Women (6th. +)***	48.6
Women Involved In Decision Making About Their Own Health***	51.6
Crude Birth Rate, 1999*	27.20
Crude Death Rate, 1997*	08.90
Infant Mortality Rate,1997*	72.00
Maternal Mortality Rate, 2000***	05.40
Total Fertility Rate, 1994*	03.50
Life Expectancy at Birth, 2000*	
Male	62.36
Female	63.49
Couple Protection Rate,1999*	29.10

Source: * From SRS Bulletins. ** CMIE, India social sector
*** NFHS-2 **** Provisional Census 2001.

Women's Health Towards Empowerment.... Project

The outreach strategy was divided in two phases, developing a training manual and modules and Training of Trainers. Participatory training approach was the tool used to reach out to disadvantaged and marginalised women for dissemination of health information. Based on the modules, trainings were organized for the district and the village level trainers. The village level leaders later imparted health information to the women of self help groups.

From each state, competent NGOs and training institutes were selected to organize the district level Master Trainers training. Trainers representated both NGOs and GOs. From each state district, 5 Master trainers were trained for 15 days in one or two phases. After receiving the 15 day training, the master trainers had organized a training program for the village leaders. The state level trainers provided follow up support and guidance in planning and execution of the village level training. During the follow up visit, the master trainers expressed the need for the refreshers course, and the village leaders were keen to have a second round of educational intervention. To meet these needs and to enhance their training capacity refreshers training courses were organized in all the states. During these trainings few topics were introduced such as Wiser women's health, Tobacco and women's health and Leprosy and women's health. At present the project is being evaluated and very soon the scaling up of the learnings will be ensured.

GEOGRAFICAL AREA

13 States* of India
Andhra Pradesh
Gujarat
Himachal Pradesh
Karnataka
Kerala
Maharastra
Madhya Pradesh
Orrisa
Rajasthan
Tamil Nadu
Uttar Pradesh
Urban slums- Delhi
West Bengal

COVERAGE

In each state, 5 districts were covered.
In each district, 72 Self-help Groups were identified.
From 72 Self-help Groups, 144 Village Leaders were trained. Thus in each state, 360 self help groups and 720 village leaders were trained.

Process of Developing Training Modules

Development of state level training manual followed a participatory process, which involved needs identification, drafting of manual, review of draft training manual by government officials and experts of the topic and finalization of the training manual. Initially, it was planned to develop the manual by ensuring the contribution and participation of different NGOs. However, the major contribution came from CHETNA. In addition, SEWA (Ahmedabad), The Foundation for Research in Community Health (Pune), CINI (Calcutta) and the Community Health Cell (Bangalore) contributed. The State Level manual, focused on comprehensive information on 23 topics* related to women's health.

In all the three levels of the modules women centered health perspective and issues pertaining to the deep rooted gender discrimination against women was the central theme.

The district level module was developed by incorporating the learning objectives, training design, training methods and detailing the various training activities by the CHETNA team. The village level module focused on the important health messages. It had an added feature of information on the role of the family particularly men , Self help groups and Panchayat members. This information was particularly useful for the village women to develop their action plan to improve the health status of women of their village. It also served as monitoring indicators to measure the change at the community level.

The training modules were graphically illustrated and translated in local languages, prior to the training. The translation and the printing was done state wise.

Participatory Approach for Training of Trainers

In the implementation of the Master Trainers Training program, a participatory training method was adopted. The participatory training method is a non-formal, on-going process, in which both trainers and trainees learn from each other. This approach to training is intended to build on the learner's confidence and their capacity to observe, analyze and figure out things for themselves. Learners are active participants in the educational process, and their need and questions, mirrors their reflection and analysis, and their strategies for change carry the process forward.

In participatory training, the emphasis is more on learning than on training. Learners are encouraged to voice their own ideas and explore ways to solve their problems, investigate their own reality on the basis of their own experience. The learners discover that they are just as good as their teachers and others.

Principles of Participatory Training

- It is participant centered. The training arises out of specific needs of participants as articulated by them.
- Comprehensive nature of participatory training necessitates combined focus on awareness, knowledge and skills.
- Experimental approach relies heavily on the past experiences of the participants.
- Creation of a suitable learning environment is crucial consideration in participatory training.
- What is learnt in a training, needs to be utilized in real life situations.
- It is geared towards building and strengthening the group.
- The trainer's behaviour is an important element in the participatory training.

Source: Participatory Research in Asia. (PRIA, New Delhi), 5th edition 1998.

Go to the people, live with them, love them
Start with what they know; build with what they have.
But with the best leaders, when the work is done, The task accomplished,
The people will say,

"We have done this ourselves."

Lao. Tsu. China,700 B.C. Training for Transformation, A Handbook for the Community worker. Vol. 1

Learning Environment

In the context of learners and the learning process, the challenges of building and sustaining an environment that would facilitate both individual and collective learning. Some salient features of an enabling learning environment are:

- Valuing learners and their experiences: Valuing the learner, his/her uniqueness, experience, contributions, knowledge and capacity to learn, grow and change.
- Sharing personal experiences: Easy, open, systematic and effective sharing of their past experience in relation to specific learning objectives with other learners and the trainers. To facilitate sharing in small groups, expressing, opening up, articulating, listening to others and caring for others is important.
- Openness: Openness to learn, question, examine and observe.
- Challenging: Learners are provoked, stimulated and challenged.
- Safety: Psychological safety and comfort.
- Support: Emotional, intellectual and behavioral support.
- Feedback: Feedback from the trainers and the l earners.

Murphy's Law

If something can go wrong-it will!!!

We at CHETNA feel that "Murphy was an optimist!"

The only way to beat Murphy is to be a professional and use the P's

- Planning
- Preparation
- Perfection.

Source: The Trainer's Pocketbook; John Townsend

Experiences of Women's Health towards Empowerment... Master Trainers Training

In each state, the trainers that participated were a mix of literate, semi literate or neo-literates. Those who were not literate had a rich experience working at the field level. For many trainers, exposure to participatory training was a new experience. The participatory training approach provided an opportunity to develop a comprehensive perspective on women's health based on life experiences. Integration of scientific information with socio-cultural aspects was also greatly appreciated. The exercise of master trainers conducting the session along with the trainers provided an opportunity to develop their training skills and increase their confidence.

Gender concern was interwoven throughout the training. Trainers were able to relate field level experiences with reality and develop strategies to address the issues that were discussed. The discussion on useful traditional health and healing practices for various illnesses and viewing health from a holistic perspective also provided ample scope to the trainers to share their experiences and make the discussions more enriching.

Peeling of Onion

"I am an enthusiastic and a very talkative person. I have been working with SEWA for the last 10 years. I would like to share as to how this training has brought a change in my life. You will not believe the fact that earlier I used to hate men. The reason being that when I was studying, my best friend ran away with a 'Bava' (Sadhu). She was already married at the time. All the blame for her actions was put upon me and my family blaming me, beat me up. I was innocent but nobody believed me. That was the day, I decided to leave school. This experience instilled fear in me. I developed a hatred for men. But the turning point in my life was last year, when I participated in this training program. When the topic on gender was discussed, I felt motivated and it made me change my attitude. At SEWA we are told that, there is no word such as 'No'. Now I can talk to men such as a male doctor frankly. I have also developed a gender training manual especially for men.

-A 45 year old Participant from SEWA, Ahmedabad.

Voices of Grass root Trainers

"The content, activities and methods of the module were liked and enjoyed by the participants. The important achievement of the training was that the women got clear and correct information about their body, especially on the fertile days and reasons of infertility. The self-help groups and organized groups of surrounding villages demanded a similar training for themselves".

Experiences from the State of Rajasthan

"As a trainer team, our experience in using the module was very positive. The guidelines given to follow each training session were excellent. The master trainers felt that this module and the training were an example of a comprehensive and integrated women's health".

Experiences from the State of Gujarat

Source:1,2-Building and Strengthening of Mahila Mandal, Dept. WCD Govt. of Raj

"Most of the key messages were well understood by the participants. Almost all participants were unaware of the deadly disease called AIDS. A few knew about STDs. All the participants have demanded a continuity of such training programs. They would also appreciate guidance from the Core Trainers, especially from the MPVHA Program Staff".

Experiences from the State of Madhya Pradesh

"Most of the information in the module was based on women's health in a systematic way. Illustrations in the module were useful and effective. After the training, the negotiating capacity of the women participants has increased. Now they have become more vocal with the panchayat members, family members and with the PHC staff".

Experiences from the State of Karnataka

"Close proximity with mothers and children has been very useful whenever we follow the format of the module. Sufficient information was given which was very interesting and encouraging for the participants".

Experiences from the State of West Bengal

Source:Swasthya Bhavishya, Bindia Thapar for Heaalth and Family Welfare Servicies-Govt of Raj.

"The master trainers felt that this module and the training were an example of a comprehensive and integrated women's health program".

Experiences from the State of Gujarat

Acknowledgement

The State, District and Village level modules are the result of a great amount of discussion and interaction between the Government of India and Non Governmental Organizations who have been actively involved. At every stage of development, activists brought with them the concerns of the marginalised women and worked with the technical specialist in order to come up with information that is need based, acceptable and more importantly easily understandable.

This module was therefore the result of the dedication, commitment and insights of a large number of people. To each, our special gratitude and thanks.

K. Sujatha Rao
Joint Secretary, MOHFW, New-Delhi

*** 23 TOPICS**

- ♀ Gender, Self-Esteem and Empowerment
- ♀ Nutrition and Women's Health
- ♀ Women's Work and Health
- ♀ Violence and Women's Health
- ♀ Women's Mental (Emotional) Health
- ♀ Access to Health Care
- ♀ Panchayati Raj and Women's Health
- ♀ Traditional Health and Healing Practices
- ♀ Water Borne Diseases and Women's Health
- ♀ Tuberculosis and Women's Health
- ♀ Water Sanitation and Health
- ♀ Reproductive Health-Our Growth
- ♀ Conception
- ♀ Adolescent Health and Development
- ♀ Reproductive Health: Maternal Health
- ♀ Child Birth and Care after Child Birth
- ♀ Abortion
- ♀ Infertility
- ♀ Contraception
- ♀ Reproductive Tract Infections
- ♀ HIV/AIDS
- ♀ Cancers-Cervical Cancers
- ♀ Cancers-Breast Cancer and Tobacco Related Cancers

Partner NGOs in this Initiatives:

Andhra Pradesh- Andhra Pradesh Mahila Samakhya Society(MSS)-Hyderabad, UNDP-Kurnool.

Gujarat - CHETNA-Ahmedabad, SEWA Ahmedabad, Mahila Samakhya Society (MSS)-Rajkot and Vadodara

Himachal Pradesh- SUTRA-Solan

Karnataka - Community Health Cell (CHC)-Bangalore

Kerala -Integrated Rural Technology Centre-Mundoor

Madhya Pradesh- M.P. Voluntary Health Association (MPVHA)-Indore.

Maharashtra - The Foundation For Research in Community Health (FRCH),(Pune).

New Delhi - MAMTA- Health Institute for Mother and Child-New Delhi, Dipshikha-New Delhi, SHARP-New Delhi, Voluntary Health Association of India (VHAI)-Delhi.

Orissa - National Institute of Applied Human Research and Development (NIAHRD)-Cuttack.

Rajasthan - CHETNA Jaipur CUTS-Chittorgarh, IIRD -Jaipur, Seva Mandir - Udaipur.

Tamilnadu -Tamilnadu Voluntary Health Association (TVHA)-Chennai, Resource Centre for Ecology, Agriculture and Community Development-Kanyakumari, NATURE-Pudukkottai, Kumbakonam Multipurpose Social Service Society-Kumbakonam, Coimbatore Multipurpose Social Service Society Coimbatore, READS-Tiruvannamalai

Uttar Pradesh - Mahila Samakhya Society(MSS) -Lucknow.

West Bengal - CINI-Calcutta, Pally Unnayan Samity -Howrah, Nivetida Community Care Centre -Hooghly, Pallisthi - Parganas

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Dear Partners,

We are happy to share with you the first newsletter of Women's Health Towards.... Empowerment, a joint effort of GOs and NGOs and hope that you find the newsletter to be interesting and informative.
In the continuation of the same effort, we are planning to bring out three more issues this year. The second newsletter will be published in May, 2001. The highlight will be the sharing of Master Trainer's experiences, information on additional topics that were included in the training module and glimpses of the participatory training methodology used.

We request all the readers and the master trainers to contribute their rich experiences at the field level. We would also appreciate if case studies and other methods/activities such as stories, songs, drama, role-play, card games, illustrations, games are shared by the trainers.

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