

# Revitalizing Primary Health Care through Women's Empowerment

Sudhamani N

The World Health Organization has defined Community Health workers as workers who live in the community they serve, are selected by that community, are accountable to the community they work within, receive a short, defined training, and are not necessarily attached to any formal institution (WHO Study Group, 1989).

Good health is an invaluable asset for better economic productivity, both at the individual and national level, but it is valued by those who own it as a prerequisite for a better quality of life and better standards of living. Those who are at the highest risk of poor health and its effects on longevity and morbidity are the poor, women and children, especially those in the lowest strata of society.

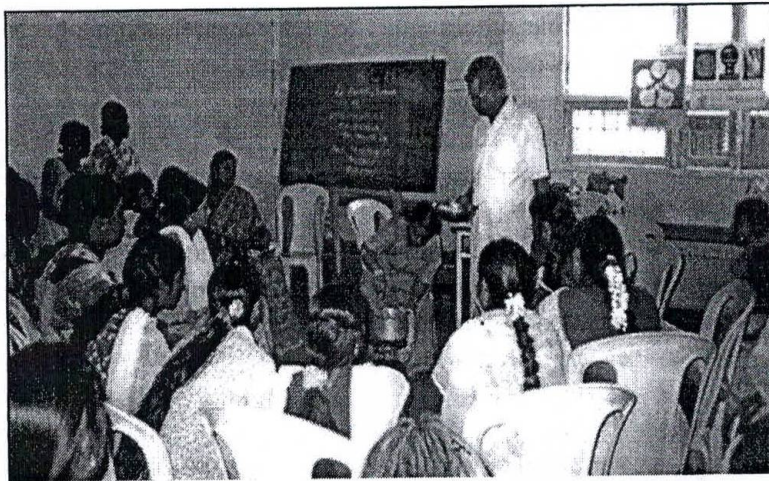
The inability to access healthcare and to spend on

healthcare are the main reasons among these marginalized groups for their poor health status. Public healthcare systems do not have enough outreach to them; it is a known fact that rural India is facing an acute shortage of trained medical personnel. Across states, only 6.3 percent posts are vacant whereas 67 percent of doctors enrolled remain absent from duty.

## Women and Health

Community Health Cell's experience in Karnataka on empowering the poor rural women to be health activists/community health workers and its impact on primary health care is narrated here. The Ministry of Health and Family Welfare initiated a project towards empowering women for health with financial assistance from WHO-SEARO in 1998 to address the physical and emotional health problems of vulnerable groups of people in 15 states. Community Health Cell was identified as the lead NGO for the state of Karnataka to devise and conduct training programme 'Towards empowering women for health' along with other collaborators in Karnataka. This was in line with CHC's objective to render training to health workers from all levels in government and NGO sector.

Community Health Cell identified ten NGOs to be trained on health aspects. These organizations were engaged in empowering women through self-help groups (SHGs). The programme aimed at training 144 women



*Women undergoing Community Health Worker's Training*



covering at least two women from each SHG, whereas the participating NGOs extended the programme covering more than 500 women from five districts viz., Bangalore Rural, Chamarajanagar, Bidar, Koppal and Bellary. Training was done in two phases of one week duration to strengthen an individual's knowledge on the understanding of health and women's empowerment, the various schemes available, social underpinnings of women's health and exploring strategies to take up at the village level. The training used participative methodology including exercises on self-reflection, personal growth, spiritual reflection, games, role-plays, songs, yoga and exercises.



Community Health Workers from Karnataka sharing their experiences on the 30<sup>th</sup> Anniversary of the Alma Ata Declaration

At the end, the women participants described simple and meaningful changes brought about by the training programme.

➤ *Participants' overall perception of the training*

- Individual's understanding on health issues increased
- Better understanding of superstitions
- Clear understanding of impact of nutrition on women's health
- Clearer understanding of the need for hygienic conditions and sterilisation
- Increased their confidence and women became more articulate

➤ *Many women described the following changes in their personal lives*

- They ate when hungry and did not wait for men
- Many of them ensure that some vegetables or greens are included in every meal
- Got the strength and confidence to bring in changes and to talk about health matters and alcoholism with others
- Increased their mobility
- Felt that they could influence the decisions regarding girls' marriage
- They spent at least 15 minutes for physical exercise and meditation when they meet for the sangha meeting. Some of them try to do it everyday to see the changes that would be brought on their health
- Personal hygiene was maintained during menstruation by having regular bath and washing clothes. Earlier they did not change

their saris for three days. They started advising other women and especially the younger ones in their families

➤ *Community level action*

- Applications were submitted to the Panchayats to clean the drains and the areas around the source of drinking water and to build toilets in their villages.
- In Jagatgiri village of Kudligi taluk, Bellary district, the sangha women stopped the people from using the school compound for toilet purposes
- Seven Sangha women got together and stopped a child marriage (12 yrs old) in Rampur village, in Bellary after discussing the ill-effects of child marriage
- Role in ante/post natal care – Started maintaining records of pregnant women, births, herbal medicines used and list of women undergoing sterilisation
- Advised pregnant women to eat better food including papaya (as women do not take papaya during pregnancy for fear of miscarriage)
- Along with *dais*, advised pregnant women and their family a few days before the due date to clean the place where the delivery would take place
- Encouraged breast-feeding within half an hour of delivery instead of starting after three days
- Advised to give more vegetables and water after delivery and to break the belief that more water consumed would distend the stomach
- They discussed on HIV and sterilisation of needles among the people and with the ANMs. Women understood the causes for HIV and decided to hold village-level meetings to create awareness among the youth

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Fifthly, by involving itself with national entities such as Jan Swasthya Abhiyan and Medico Friends Circle, CHC was able to draw upon their experiences at various levels to influence thinking and practice at local and national levels for non-governmental organizations and state and national health systems.

Sixthly, on an international level, CHC's achievements have been no less than outstanding. On the strength of their community level and national level achievements, they have been able to intrude into international health thinking and decision-making with special reference to the World Health Organisation where CHC's influence has been pervasive.

Along the way, CHC successfully demonstrated that it is possible to raise significant amounts of money from Indian sources instead of relying solely on foreign funds alone.

Having done all this, they involved themselves with the People's Health Movement (PHM) wholeheartedly

and hosted the PHM Secretariat in Bangalore for three years. Three very significant years in the growth and outreach of PHM. In a sense, the philosophy, the values, norms and practices that CHC developed over the years are now part of the people's health movement worldwide.

Their record has been outstanding and achievements countless and of far reaching significance. Ravi, Thelma and their team have set an example that is hard to emulate. It is also hard to write laudatory notes about them since a lily does not need gilding!

On behalf of Asian Community Health Action Network (ACHAN), the Chairperson, Dr. Qasem Chowdhury and other trustees, it is my privilege to greet CHC on its Silver Jubilee and to hope that the next 25 years will prove quite successful for them. ■

*(The author is Honorary Coordinator, Asian Community Health Action Network, (ACHAN), and Co-Chair, Steering Council, People's Health Movement)*

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- They also discussed on common problems faced by women (white discharge) and got clearer understanding of identifying the symptoms to seek medical help in time.
- They learnt about components of herbal medicines for headache, pimples, cracked feet etc

The programme is still continuing through various efforts like advocacy, capacity-building and networking and all of these are linked to health action. Very recently, there was a meeting together of health workers from many parts of Karnataka to discuss their experiences and challenges in community health action.

### **Women in Primary Health Care**

To commemorate the 30<sup>th</sup> Anniversary of the Alma Ata Declaration in a meaningful way, a two-day workshop for the community health workers of Karnataka was organized on 10<sup>th</sup> and 11<sup>th</sup> September 2008 by the Community Health Cell. Community health workers and health activists came together to share their experiences, challenges and hurdles faced by them in Primary Health Care.

Excerpts from the dialogue

- Women are playing a major role in addressing women's and children's health issues. They have developed skills in identifying diseases pertaining to women and giving herbal treatments. They have

succeeded in conducting and assisting in normal deliveries and in identifying difficult cases and referring to the hospitals. In most cases they accompany women to hospitals during the time of delivery.

- Depending on the training received they have been able to identify malaria, T.B etc and in conducting the preliminary tests and referring to hospitals. They are also able to give medicines for common ailments.
- Those who were trained in herbal medicines have cured many cases of paralysis and skin-related problems.
- They help the poor and marginalized sections of the society in accessing the health systems, public distribution system, panchayats etc as well as tackling social issues (violence against women, alcoholism, superstitious beliefs etc) in the community.

It is evident from this experience that when women are empowered they are able to bring in changes in the community. Community Health Workers, mostly being local women, have tried to revitalize primary health care through the knowledge gained. There is a need to enhance their capacity with the updated knowledge to keep the community healthy and link them with the system to access their health rights. ■

*(The author is Field Training Coordinator, Community Health Cell, Bangalore 560 034)*