

## **Listening and Talking with Women on Health**

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*It is a hard reality that the social-cultural web has conditioned Indian women not to complain but to cope silently with their health problems and live with them. CHETNA team members exposed to this reality, by listening to voices of women. Using the traditional gathering Mela-Fair as a model CHETNA, has developed health education approaches to provide opportunity to women and adolescent girls to know about their body and diseases. Women's Health Fair, Adolescent Camp are the examples. Along with educational activities facility for diagnosis and treatment of gynaecological illnesses were provided in non-threatening environment. "The caring and support given during the fair has cured us. Can life be so relaxed where we get time to think and about our oneself?" is the feeling expressed by one of the women after the fair. We learnt that women's health issues need to communicate with an integrative, realistic holistic and gender sensitive approach.*

### **Our health problems and our cultural inheritance**

Reviewing human history in India, it has been observed that women have died young, in childbirth or in ill health, often as the victims of abuse, torture, violence, neglect and other social discrimination. Even in today's modern scientific world, the same situation still prevails due to the dominance of a complex, socio-cultural web, which has conditioned women not to complain but to cope silently with their multifaceted health problems.

A bird's eye view of the perilous path that a woman undergoes through her life indicates that, as a child she is usually discriminated against and/or overprotected. Robbed of her golden years as a young woman, in the anxiety of early marriage, she bears the burden of becoming a mother even before she completes adolescence. The adult personality of an Indian woman is moulded out of society's manipulation of cultural norms, and leads to chronic feelings of low self-esteem. Women are rarely equipped with the courage and confidence to voice any of their problems, including health. By clinging to the hope that their health problems will disappear one day, they lose their precious adulthood and enter into old age without understanding that by then it is too late for treatment.

In working with women, CHETNA team members have listened to many statements that expose the complexity of women's health problems, and their ability to seek treatment.

"What illness? We do not have any illness. I am not suffering any illness" (40 year old severely anaemic women with five children from Panchmahal district, Gujarat).

"My husband does not listen to my illness. He says that I do not have any disease as I can walk, eat and work too." (35 year old woman with four children suffering from severe white discharge from Panchmahal district, Gujarat).

"Knowing fully well the consequences of death of my wife during child birth I do not want to donate my blood. I take full responsibility" (Young man signed the above written statement at Udaipur hospital, Rajasthan).

"Let me die, but do not take blood of my husband or son, they will become weak." (Woman patient at Udaipur hospital, Rajasthan)

A pregnant woman that came to CHETNA's holistic health centre with the complaint of bleeding from her ear finally revealed: "For no reason my husband slapped me on my ear and it started bleeding. I still do not know why he beat me."

On the other hand, a general lack of understanding about the reality, complexity of women's health problems has led to a tendency for more advantaged groups who enjoy various privileges and powers in society - to make generalised statements such as: "women are ignorant, they do not understand, women do not talk about their health problems". Such assumptions and myths further entangle the socio-cultural webs that trap women in a spiral of worsening health. "How long this will continue?"

There is an urgent need to create new models of women's well being, but these models will only emerge once we; as a society start listening to women's health problems and their feelings. Similarly, women need to come out of the veil of "niceness" and start talking about their health problems.

Sharing their suffering their feelings, their wisdom and creativities will create a pool of learning which will facilitate the process of developing new models of women's health which then can be replicated in future.

With a mission to contribute to developing these models, CHETNA team members (mainly women) have spend the past decade in a search for better understanding of women's health by using innovative health education approaches and creative health education materials. Our field efforts have generated a great deal of common positive understanding on women's health issues, which has helped us to evolve a guiding principle to work- with women's health: "The cultural context of women's life affects her health - acknowledge it and act on it to change the circumstances."

Participants' questions and expressions collected during various training and educational events organised by CHETNA illustrate how women's physical and mental well being is affected by their family life:

"I wonder, - I get inner satisfaction to take care of others, but I never think of taking care of myself."

"Why do I feel so guilty whenever I take rest."

"My life changed completely after the birth of my first child. I do not get time to think about myself and my body. My husband's life did not change much." "I thought that the sex of my children was not important to me, still, when I delivered a second daughter, an echo of an apologetic thought came to my mind when my family members came to visit me."

Our Experiences to bring a change through communicating health with adolescent girls/women using innovative approaches

Women live in a cultural context, which affects both their health and their freedom to discuss their health concerns. Their silence exacerbates their health problems, since many conditions become worse if left untreated. To break this cycle, CHETNA has used several sensitisation and awareness building strategies. One such medium is that of a 'Mela' or a fair to communicate health messages with adolescent girls and women. A mela is an intrinsic part of the Indian rural culture. It enables women to spend time away from the worries of routine life and gives them an opportunity to enjoy themselves merrily dancing and singing to traditional tunes in the company of other women friends.

CHETNA has used this traditional form several times for organising educational events like Yuvati (adolescent girls) Mela, Women's Health Mela, Women's Health Awareness and Diagnostic Camp, to discuss women's health with young girls/women.

The events vary from one day to three days. The basic objective is to provide a learning forum for women and young girls, to sensitise them as to the complexity of their health problems, and strengthen their health knowledge. Further, it provides them with an opportunity to also go through a medical examinations.

### **Yuvati Mela - Experiences with adolescent girls**

Discrimination begins at the birth of a girl child, and continues through out the life cycle. During adolescence, girls are taught to be apologetic of her own existence, her being a girl. Her responsibilities of working at home, taking care of young siblings, generate and supplement family income as well, leaves her with no time to learn about herself and her environment.

In most Indian societies where sex is rarely discussed even among married couples, sex education for adolescents is a taboo subject. Majority of girls gets married by the age of 16 years without adequate knowledge of sex and sexuality. In several States of India, girls are married by the age of 10-14 years, resulting in teenage pregnancy. Girls less than 15 years may suffer the trauma of MTP/Abortion. The Department of Health and Family Welfare, Ministry of Health and Family Welfare, reports that during 1991, 0.5% of MTP cases occurred in 15 and under the age group of and about 7% among age group of 15-19 years. The unreported cases of abortion are bound to be higher.

Due to this grim reality, the girls are left with half-baked information on sex and sexuality, which they get, from their married girl friends, sisters or sister-in-law. Their ideas and beliefs are based on fantasy and hearsay from their peers who, while better exposed, also have incomplete information. For example, "On the first night, if your husband pulls your right leg, you will bleed."

The urgent need to provide accurate information on sex and sexuality was apparent and compelled CHETNA to organise an Adolescent Mela, in 1990, to provide information on sex and sexuality along with other health and socio-cultural concerns of adolescent girls.

The three days programme provided opportunity for 150-200 young girls to participate fully in the learning process. The first one and half day was devoted to discussion about general perspective of health in their own environment. CHETNA felt that new women's health models would not be created until girls and women understood where and when in their daily lives they co-operated with a socio-cultural system that works to destroy them. This awareness was created through discussion, video show, and sharing experiences.

After sensitisation, technical information on menstruation, sex/sexuality, abortion and sexually transmitted diseases was introduced through charts, slides and posters.

While discussing the topics some of the expressions shared by the CHETNA trainer were:

"We take longer to discuss this topic with rural girls as we are not fully aware of the rural dialects and are unfamiliar with rural terminology." - CHETNA Trainer

"Small group discussion proves to be the best way to discuss these topics. After half an hour of giggling and inhibition, the discussion becomes very smooth. This group has lots of questions and queries to clarify. The facilitator has to take bold and forthright approach in discussion. Also participation of all members is needed to ensure that inhibitions are broken and fear disappears". - CHETNA Trainer

"One of the important areas of discussion is misconceptions that were prevalent among them. When girls are too inhibited to verbalise their questions, they often write them on paper. The facilitator then collects all the questions, and discusses within the group.

Some of the questions posed by adolescents:

- Is it true that well developed girls, whose breasts are well developed, are immoral?
- Is it is true that man is able to find out whether his wife had sex before marriage due to broken hymen? Is there any surgery to repair it?
- Is it true that if a boy touches a girl on her breast, or kisses her, she will become pregnant?"

Apart from the information sessions, there were some activities mainly for fun and enjoyment. Exercise, play, speaking out about their own thoughts and experiences, dance and song creates a learning atmosphere full of fun, solidarity and support.

## Impact of educational process

Since a channel of information-exchange already exists among the peer group, the topics discussed were quickly disseminated. Many girls went as far as to discuss with their mothers, and elder sisters.

A spark of information will take the process of awareness far ahead and will transform into action hopefully one day. The girls were encouraged to write down their thoughts and intentions in order to bring about a sense of commitment to what they had learned.

<b>Illness reported by women</b>	
200 women were interviewed before the women's fair (Diagnostic Camp) organised during May, 1996. Information was collected through house to house visits. Women complained of the following illnesses:	
<b><u>Illnesses</u></b>	<b><u>No. of Women</u></b>
Vaginal discharge	109
Weakness	19
Backache	15
Giddiness	14
Fever	8
Headache	7
Excessive bleeding	6
Skin infection	5
<b>Total</b>	<b>183</b>
Out of the 200, 73 women participated in the fair. 40 women mentioned gynaecological and obstetrical complaints. The following are the results of their examination:	
<b><u>Data on gynaecological examination</u></b>	<b><u>No. of Women</u></b>
	9
<b><u>Conditions/Symptoms</u></b>	4
Vaginitis	1
Cervicitis	1
Non specific discharge	1
Pregnancy + vaginal discharge	2

Endocervicitis	2
Trichomonal infection	1
Pregnancy + anaemia	1
Severe anaemia	1
Pregnancy + hypertension	1
Pregnancy + reduced fetal movements	1
Premature menopause	3
Primary infertility	1
Menorrhagia	9
Itching in genitals	1
Pregnancy/ANC	
CUT insertion	

### **Women's health mela and diagnosis camps - Our experiences with women.**

Discrimination throughout adolescence, conditions adult women to fit into the rigid, stereotype, socio-cultural and economic roles laid out for them by society. They already suffer from various general and reproductive health problems. Various socio-economic factors, such as fear of health check-ups, which are not sensitively done and involve strangers, prevent women from seeking timely treatment. Therefore special efforts are required to sensitise and motivate them to undergo gynaecological check-ups and seek timely treatment.

To contribute in the sensitisation process CHETNA organised a Women's health Mela for the first time in 1990. Since then, two more health Melas were organised by CHETNA in 1993 and 1996.

### **Listening to women about their health concerns before the Mela**

Listening to women is a prerequisite for organising the Mela. At least five to six personal visits in the community helped CHETNA team to know about the socio-cultural aspects of the community and also learn about the health concerns of women. This information helped to organise health check up facilities during the Mela.

## **Creating a warm and conducive environment**

Receiving women by offering flowers helps to receive the women with warmth and respect. Women begin to feel confident and free in an enabling environment. In the residential fair, a special introduction session provides an opportunity to talk about themselves before a group of 200 women. Having overcome their fears and inhibitions, women start to identify their own likes and strengths:

"I have come out of my village for the first time. It is a wonderful experience to be with so many friends away from worries of the family. The best thing is, we do not have to cook!" (A woman's feelings during the Health fair 1990).

## **Understanding the complexity of our own life and health**

Open-ended role-plays provide an opportunity to move away from reality and look at their lives afresh and objectively. Role plays on complexity of socio-cultural, economic and political aspects of their lives. Each role-play was an open forum. Crucial questions like "Who is responsible? Why did this happen? What other ways can be adopted?" etc. were posed for self-reflection.

In small groups, women discuss these questions. Each one shared her own views/perspective on the topic based on her life experiences. CHETNA team members facilitate the group process to enable them to arrive at a common understanding.

Each time, this discussion, builds up, tension and frustration among the women as they began to understand that they live in such circumstances affecting their health and have never realised it. We feel that this process is central to a change, in thinking that one-day it will help to provide direction to creative problem solving for ourselves.

## **"Know your body" exhibition**

Scientific information on human body is shared through a special exhibition of posters and models. Small groups of women are guided through the exhibition by a facilitator who explains the details and answers questions.

During this tour many women share their learning experience like:

"I knew few things about my body, but this is the first time someone is informing me with so much patience about human body. It is not' difficult to understand."

*A mother and daughter came along to participate in one of the CHETNA's women's Mela. The teenage daughter felt too shy to listen to discussion on the reproductive system, but her mother prompted and encouraged her to participate.*

### **Learning about our own gynaecological illnesses**

Enlightened with the basic scientific information, women in small groups discuss different gynaecological illnesses, anaemia and other general health problems. The diseases discussed are the same as those mentioned during the pre-Mela community meetings or surveys. Scientific information is discussed in conjunction with different beliefs, socio-cultural aspects and access to health care that affects their health seeking behaviours and delay in receiving timely treatment. Some of the expressions shared by women during different events are:

"I persuaded my husband to accompany me at the Primary Health Centre for my vaginal discharge, but when the doctor asked my husband to take medicines too, he refused." (A woman participant from the Women's health Mela; 1990).

"If we talk about illnesses related to genital organs in our community, people believe that evil spirit has entered in our body. That is why we do not talk about it openly" (Tribal women from Vansada, district Valsad-Gujarat).

"I discussed about my vaginal discharge with the local health worker. She said that she did not know how to treat it" (45 year old women from Vansada, Valsad district, Gujarat).

*During these discussions, we came to know that women have knowledge about herbal remedies. We promote helpful remedies to cure certain illnesses.*

"For treating white discharge, I went to Primary Health Centre. The doctor gave me the capsules but did not check me. I wanted the internal check up to know if something was wrong inside" (35 year old women with 4 children Panchmahal district, Gujarat).

These expressions re-emphasised the need to acknowledge the guiding principle of women's health "Cultural context of women's life affects her health."

### **Undergoing the health check-up**

With a clearer, richer understanding of the complex nature of women's health, women are motivated to undergo hemoglobins estimation and gynaecological check up. Check-up facilities are provided at the site of Mela, which may be either under a Banyan tree, at the Primary Health Centre or at CHETNA's holistic health centre. In each location, the environment is the same - friendly, worry free and supportive, with total privacy.

### **Hemoglobin (Hb) estimation**

"I do not want to get myself pricked. It would be painful and the blood loss would make me weak. "This was the general expression of women prior to the Hb estimation.

An atmosphere of togetherness and watching other friends undergo the test encourages women to follow.

### **Gynaecological check-up**

"I am scared and shy of the examination. But I want it to get cured" (A woman participant in the diagnostic camp; 1996)

*It is our observation that in every camp and Mela held through CHETNA, a majority of women are anaemic. Their average Hb percentage falls below 10 gm %. We even come across women whose Hb fall below 4-6 gm %. Sharing information about low Hb values generates discussion among women about " Anaemia as a social ill."*

A woman doctor keeping full privacy and providing moral support conducts the check-up of women. Women who have already gone through the examination are encouraged to share their experiences. This motivates other women to go through the check-up too.

If a woman is still scared of the check-up procedure, other woman of her community is permitted to accompany her inside the check up room and provide moral support. For many women, it is the first examination they had taken. Naturally, they were apprehensive. A visit by a team of counsellors motivates them individually.

While awaiting their turn for check up video film is screened on various health messages, which keeps them occupied and relaxed

### **Understanding the treatment and prevention of the disease**

The process of Mela comes to end when women receive appropriate medication and information together with preventive messages.

"Women are patient to listen to the preventive measures as well as the treatment aspects. If more than two medicines are prescribed it is important that we write the instructions preferably through illustrations."

-CHETNA team member

### **Enjoying 'Togetherness'**

Like the adolescent Mela, the women's Melas are not simply forums for exchanging information or conducting a health check up. Cultural entertainment through various kinds compliments many of the learning activities and enhances feelings of security, unity and pleasure at being involved in the Mela. In each game, song or dance women make different discoveries about their health, their friends and themselves.

### **Some of the feelings women expressed**

"This type of Mela is the first of its kind that we have experienced. It is a different kind of health clinic for women. We have seen typical clinics where no one gives us support value, or talks to us as equals."

"The caring and support given during the Mela has cured us. We have forgotten our family responsibility. Can life be so relaxed where we get time to think about our ownself?"

"If we get this kind of warm treatment in other hospitals we would surely go there for treatment."

### **Lessons learned by CHETNA team**

The Adolescent Mela and the Women's Health Mela were positive educational experiences to reach out to girls and women. However, our learning did not and here stop there. CHETNA realises that as health issues are embedded into the socio-economic, and cultural context, it is necessary to communicate with an integrative, realistic, holistic and gender-sensitive approach to about health concerns. Women and girls must become active participants in addressing their own health issues to bring about true changes. The Melas and Camps facilitate an enabling atmosphere and learning experience that encourages women and girls to share, to express themselves, to feel empowered and to feel that there are people who care about their health. We hope many more such experiences

would be carried out and the process is replicated at various GO and NGO health infrastructures.

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