

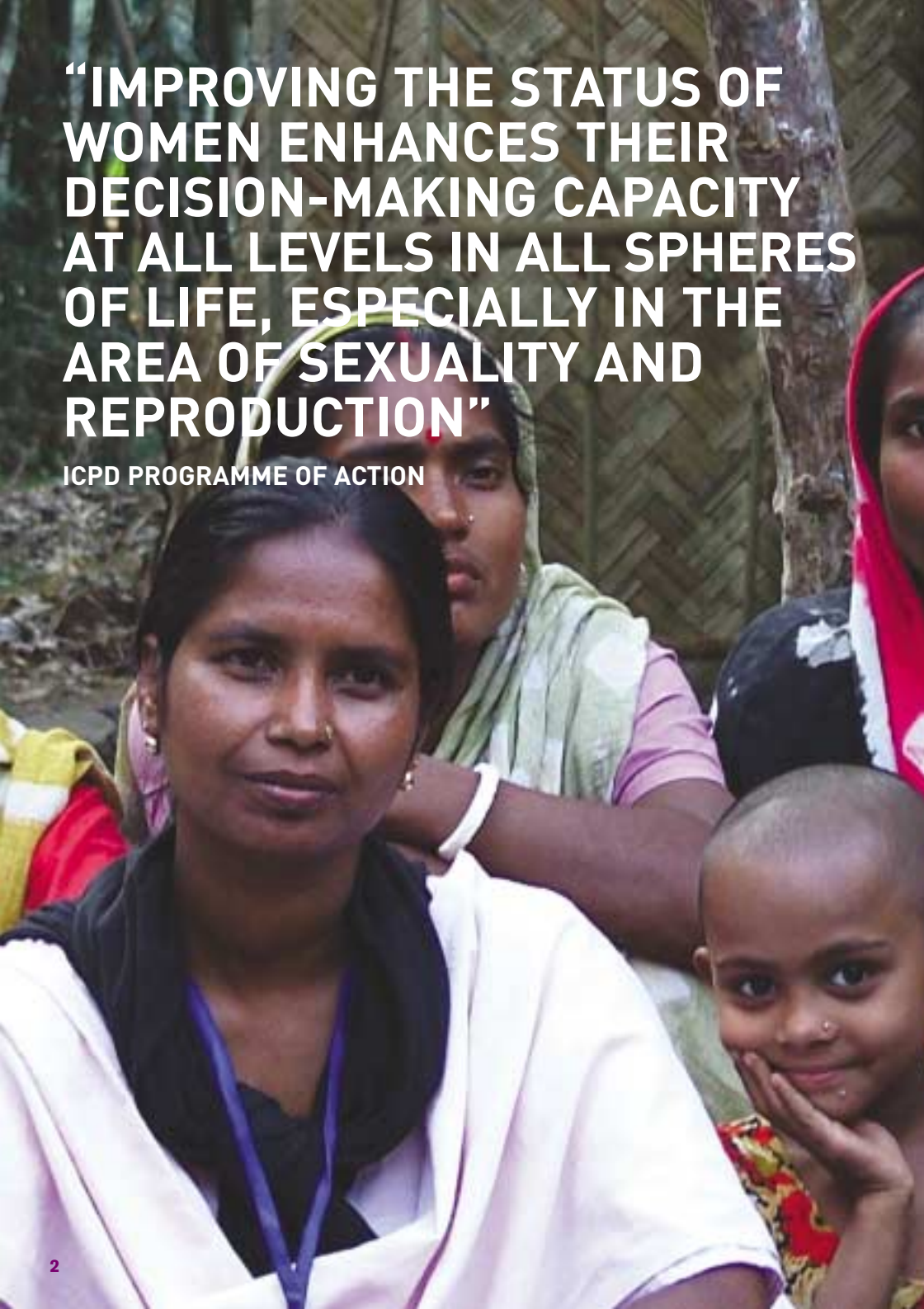
ASIA: GENERATING GENDER EQUITY



interact
worldwide

for safer sex...for reproductive health...for people



A photograph of a group of women and a child in a rural setting. In the foreground, a woman with dark hair and a nose ring looks directly at the camera. Behind her, another woman in a green shawl is visible. To the right, a young child with a nose ring rests their chin on their hand. The background shows a woven bamboo wall and a tree trunk.

**“IMPROVING THE STATUS OF
WOMEN ENHANCES THEIR
DECISION-MAKING CAPACITY
AT ALL LEVELS IN ALL SPHERES
OF LIFE, ESPECIALLY IN THE
AREA OF SEXUALITY AND
REPRODUCTION”**

ICPD PROGRAMME OF ACTION



ASIA: GENERATING GENDER EQUITY



The delivery of health services to women in the world's poorer communities remains severely compromised by the limited social empowerment of these women in many regions. In many countries, women's health needs are at best an after thought and at worst ignored. This scenario affects not just the health and well-being of women, but also their families, particularly young children.



Throughout Asia, health services and support for women of all ages are severely compromised by the second class status of women and girls. In India and Bangladesh, more than 50% of girls are married by the age of 18. More South Asian women of reproductive age die from complications during pregnancy and childbirth than any other cause. India has the highest absolute number of maternal deaths in the world.

The subordinate position of women in the region makes them especially vulnerable to HIV infection. In Indonesia only half of all births are attended by skilled health professionals.¹

Throughout the region, there is a social preference for male offspring, and young girls and women's health, education and well-being is compromised by societies and societal practices that favour boys before girls, and men before women.

Although so called 'cultural' practices are used as justification for much of this discrimination, Interact Worldwide's experiences in the region suggest that where communities are sensitised to the real needs of women and their families, important changes can be made in how and where services and support is provided. Working with local

health, human rights and formal and informal women's groups, Interact Worldwide supports the design, implementation and replication of interventions that respond to particular community needs – with a specific focus on the Sexual and Reproductive Health (SRH) needs and rights.

¹ *Women Of The World: Laws And Policies Affecting Their Reproductive Lives – South Asia*, Centre For Reproductive Rights, May 2004

EMPOWERMENT OF WOMEN AND NGOs IN THE REGION



In 1999, nine NGOs collaborated in the organisation of the Asian South-South Facilitator NGO Network to promote South-South-North collaboration.

The network partners submitted a proposal which in 2001, the UK Government's Department for International Development (DfID) committed support towards. The three-year project was named, *Empowerment of Women Through Strengthening Comprehensive Sexual and Reproductive Health Programmes of NGOs in Asia*.

The aim of this project has been to empower women through strengthening health and support services for women in three Asia countries – Bangladesh, Indonesia and Thailand – through the training and sensitising of local service providers on the needs of women who come to their health clinics and other service delivery outlets.

The project was designed to capitalise on the collective knowledge of all participating organisations, while at the same time being sensitive to local expectations and opportunities.

In October 2001 a workshop involving all project partners generated an overall framework for strengthening service delivery in project sites. This framework focussed on a common understanding of gender and women's empowerment and also Knowledge, Attitude and Practice (KAP) surveys which gave insight into the strengths and weaknesses of existing service delivery.

Some of the many myths about SRH that were discussed at the workshop include:

- Only high risk groups such as sex workers should use condoms
- Women should work hard



Participating Organisations

- Centre for Health Education, Training and Nutrition Awareness (CHETNA)
- The Bangladesh Women's Health Coalition (BWHC)
- Yayasan Kusuma Buana, Indonesia (YKB)
- The Planned Parenthood Association Of Thailand (PPAT)

Technical support provided by the International Council On Management of Population Programmes, Malaysia, and Interact Worldwide.

during their pregnancies for easier delivery

- Boys know more about sex than girls
- Women at their menstrual time should not be allowed to attend auspicious social events since they may bring bad luck to other guests

Project partners developed a broad list of indicators on women's empowerment which included access to information, opportunities for women to express their own needs and opinions, a decrease of dowry practice, a decrease of domestic violence, sharing of household work, and better economic and social participation in the community.

Workshop findings included recognition that:

- Women's empowerment is a continuous process
- All sections of the community must be reached with advocacy and communications strategies to ensure 'ownership' of the process of empowerment
- In many national and local settings, sex education is still perceived as promotion of promiscuous behaviour
- Information, Education and Communications (IEC) tools must be technically correct but also take into account women's (and men's) feelings and emotions

The multi-country project framework which was developed at the workshop created links between existing practice that affects women's empowerment, and mapped out interventions that could positively promote and create both gender sensitivity and women's empowerment. In all three countries much of this proposed work was discussed in terms of interventions and support that could be provided to women when seeking advice about SRH at clinics.

PROJECT IMPLEMENTATION

A group of people, including men and women, are sitting on a patterned blue carpet in a circle. They appear to be in a workshop or meeting, with some looking towards the center and others looking down or at each other. The setting is indoors, possibly a community center or a meeting room.

The workshop laid the groundwork for organisations to begin work on return to their respective countries. An important component of this work were assessment tools developed for capacity building at organisational, programme and individual/service provider level. Using these tools staff skills in each organisation were reviewed and training needs amongst staff who deal with women in clinics on a day to day basis were identified. There was also the important testing of new IEC materials which promoted empowering messages about women, and encouraged community involvement in gender sensitisation and equitable health service provision.

Throughout the programme, Interact Worldwide and the International Council On Management of Population Programmes (ICOMP) collaborated on the provision of technical assistance, co-ordination and monitoring support to facilitating partner organisations.

In Bangladesh, BWHC has worked with 36 different couple groups at the project sites. The messages of 'gender sensitivity', 'empowerment and promotion' and 'defence of reproductive rights' are being assimilated into training, retraining, behavioural change communication programmes, couple sessions and couple fairs throughout the country through BWHC's country-wide network. Sensitising sessions have been held with religious leaders, local elites, and members of local government bodies and BWHC is considering producing a short film on the status of women's empowerment in Bangladesh.



In Indonesia, YKB has conducted a comprehensive programme of workshops to reach major stakeholders in SRH and women's empowerment. These stakeholders include other NGOs, women's clubs, religious and other community leaders, and young people who are living in urban slums. YKB has also held refresher courses for women counsellors, and developed new IEC materials which have been disseminated at training and advocacy courses. YKB also promote the role of the husband and the father to actively support his families reproductive health needs.

In Thailand, PPAT clinical staff developed a new gender-sensitive service delivery model which is now being used in PPAT clinics. PPAT organised meetings with government and non-governmental providers of SRH services to encourage a wide use of new approaches to service delivery. New IEC materials have now been produced and training has been provided for PPAT counsellors to ensure that they can use these materials to promote gender equity. PPAT has also held discussions on male responsibility in SRH with Islamic leaders, and is promoting safe motherhood amongst Muslim women.

In India, CHETNA provided technical support to all the participating organisations on gender and Behaviour Change Communication. As part of their role they have developed a project IEC manual to aid review of materials from a gender perspective and facilitating the process of developing indicators for change in Knowledge, Attitude and Behaviour. CHETNA has also reviewed its communications strategies and is organising multi-site training for staff and volunteers designed to improve and refine communications and message dissemination skills.

PROJECT OUTPUTS



- Improved services for women
- Better trained and more informed health service providers
- New Information, Education And Communication materials in local languages
- Greater understanding across communities of the health needs of women
- Localised health and information provision strategies
- Strengthening local non-governmental organisations' local networks
- Regional solidarity of purpose

This innovative project has proved that providers of SRH services and recipients of those services face similar problems in different country and regional settings. It has also shown that gender empowerment is an agenda that must be promoted at all levels, from local community leaders to government policy makers, but also, perhaps most importantly, by service providers in all aspects of their work.

With a new solidarity of purpose, and the sharing of regional experiences, the participating reproductive health organisations have developed tools, training modules, and codes of conduct that overtly – but sensitively – promote the real needs of women in community settings where women's voices have often been the last to be heard.



“PROMOTE GENDER EQUALITY AND EMPOWER WOMEN”

MILLENNIUM DEVELOPMENT GOAL 3

PARTICIPATING ORGANISATIONS

BANGLADESH WOMEN'S HEALTH COALITION (BWHC)

BWHC, a national non-government organisation established in 1980, works with underprivileged women, children and adolescent through health oriented development interventions with a prime focus on SRH. BWHC firmly believes that the quality of women's lives are enhanced by emphasising a gender approach, community participation and working in integration and collaboration with government and other relevant organisations.

PLANNED PARENTHOOD ASSOCIATION OF THAILAND (PPAT)

PPAT has been working to improve the quality of life of various groups in Thailand since 1970. The focus of PPAT's projects has expanded from family planning to a wider reproductive health approach. Knowledge dissemination and service provision to promote knowledge and better SRH among the population is still very important especially within the changing context of today's society. Capacity enhancement of PPAT and its staffs is crucial to be able to implement effective projects and activities for the benefits of the Thai population.

CENTRE FOR HEALTH EDUCATION, TRAINING AND NUTRITION AWARENESS (CHETNA)

CHETNA's mission is to contribute in the empowerment of disadvantaged and marginalized women, adolescents and children to gain control over their own, their families' and communities' health.

YAYASAN KUSUMA BUANA (YKB)

YKB is one of Indonesia's largest national NGOs that aims to improve health educational and care facilities in the community, workplaces and schools. YKB started factory-based health programmes in 1993 and has since developed a wide experience in working together with the private sector in delivering awareness raising programs and medical services to workers and their families. YKB operates several large clinics in densely populated areas throughout the country that service a total of 40,000 visitors annually. YKB is staffed by both medical practitioners (general and specialist practitioners) and experts in the field of public health and communications (education & training).

INTERNATIONAL COUNCIL ON MANAGEMENT OF POPULATION PROGRAMMES (ICOMP)

ICOMP is an international NGO committed to achieving excellence in the management of quality population programmes at country, regional and international levels. Population programmes generally include reproductive health (RH) programmes, including HIV/Aids, and strengthening population-sustainable development linkages.

INTERACT WORLDWIDE

Interact Worldwide is a UK based international sexual and reproductive health and rights organisation. We have been working to promote family planning and reproductive health for over thirty years. Currently we have 24 partnerships across Africa, Asia and Latin America, and collaborative undertakings with organisations based in the UK, continental Europe, and the USA. We support and implement programmes which enable marginalized people to fulfil their rights to sexual and reproductive health. Our vision is a world where exercising these rights contributes to the reduction of poverty and a better quality of life.

**For further information please contact
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