

3. Tamil Nadu

Working within the System

Tamil Nadu from the beginning shared with the other DANLEP-supported states a concern for the greater involvement and empowerment of women. Because of the existence of a strong health administration in the state, the project here worked more through the existing health care system than in the other two states. Starting with Salem district in 1986, including South Arcot and Madras city in 1991 and extending to state level support shortly thereafter, DANLEP ensured that conscious efforts were made to involve women both in case-detection and as communicators of knowledge about leprosy.

Between 1990 and 1993, priority committees involving zonal and district level NLEP staff were formed to deal with different aspects of leprosy elimination. In the campaign approach which was evolved by the Case-detection Committee, and which was to provide the model for MLEC, there was emphasis on increased participation by women in IEC and case-detection. In addition, the priority committees explored ways of exploring issues related to women in leprosy. The Monitoring and Evaluation Committee included gender-based information in monthly reports, the Case-detection Committee reviewed collected data on a gender basis, the POD Committee looked at gender differences in deformity status and the IEC Committee trained and informed women to involve them in NLEP activities.

Reacting to the 1994 Mid-Term Review team's query about a systematic and planned effort to promote gender equity, the project facilitated a state-level two-day workshop on gender issues in leprosy at Udhagamandalam (Ooty) in 1995. During preparations for the workshop it was realised that very little material was available on gender in leprosy or health, on which discussion and analysis could be based. Some DLOs then volunteered to undertake sample studies on specific gender issues. These were presented at the workshop and problems and solutions were discussed. This was the

beginning of a more general concern for gender issues in health and development in the state.

The sample studies were on topics relating to gender-specific data in case-detection, incidence of disability and deformity, modes of examination, service delivery and coverage by workers. The geographic area of study was invariably small. As a first attempt they provided a useful, if limited, opportunity for analysis at the workshop. Participants at the workshop included NLEP and DANLEP staff and NGOs who had worked on gender issues in leprosy and health. The objective was to produce specific recommendations for action within the leprosy framework and in particular to see if the existing programme could be modified to ensure involvement of women at all levels, thus ensuring a gender inclusive programme. At the end of the workshop the general view was that it was time to incorporate gender issues in leprosy elimination.

The following year, at the state leprosy conference in Tiruchi, gender was recognised as a cross-cutting issue. This was also the time when integration of leprosy with general health services was perceived as inevitable and imminent. Those who felt threatened by integration thought gender was being used to push integration through. This perception emerged as a second reason for resisting incorporation of gender in leprosy, in addition to traditional attitudes. The project, therefore, temporarily slowed down its high profile advocacy of gender. The tempo was expected to pick up again after integration was implemented.

In 1996, at the national leprosy workshop in Pune, DANLEP Tamil Nadu presented a paper on “gender task force”. What emerged in the decade between 1986 and 1996 was that, individually and collectively, DANLEP Tamil Nadu was committed to increasing gender-related activity as a means of promoting gender equity in health. It was during this time that the gender core team in DANLEP raised the question of developing modules and manuals on gender in leprosy and health. Orissa and Tamil Nadu joined together in this effort, with support from DANLEP Delhi.

Meanwhile, in the MLEC campaign of 1997, greater numbers of women than ever before were involved. Campaign data was analysed on the basis of gender. Both voluntary reporting and overall case-detection among women had increased substantially.



Female worker at a women petrol pump creating awareness about leprosy, Tamil Nadu

Thus, until 1997, the gender focus in Tamil Nadu had been confined to gender in leprosy and this within the NLEP structure. In this, it differed from Orissa, where the relevance of gender in all areas of health was already a subject of advocacy and activity and a wider network of individual and institutional partners was developing. The Tamil Nadu Government Order implementing integration in mid-1997 enlarged the scope of DANLEP's gender activity in the state. It was recognised that, in training PHC staff in leprosy, gender had to be a component. The majority of field level workers in general health are women and Reproductive and Child Health (RCH) is a major part of general health work. It is also an area particularly sensitive to gender issues.

A Pilot Project for Gender in Health

On the heels of integration, the state health system, in 1998, requested the project to initiate a shift in focus from gender in leprosy to gender in health. This proved to be a catalyst for a major expansion in gender-related activity in Tamil Nadu. The State Directorate of Public Health and Preventive Medicine (DPH & PM) and DANLEP Tamil Nadu together developed an action plan to

train trainers in gender as part of a pilot project for gender training for PHC workers.⁵

Aims of the pilot project were to:

- Provide gender sensitisation for various categories of health workers.
- Develop and implement gender sensitive action plans.
- Ensure mainstreaming of gender in health work by its incorporation in all primary health care programmes.

Gender training was provided at three levels: To district officers to ensure their support for health personnel; to members of Block Training Teams (BTTs) as TOT to enable them to train field health workers; and to workers in the field so that they could incorporate gender in their daily work.

The project covered one block each from eight Health Unit Districts, having a total of 30 PHCs. Between July 1998 and December 1999, 1838 health personnel (1531 females and 307 males) were trained. At all levels, it was an intensive two-day training programme. BTT members had an additional one-day session for review and analysis after they had conducted one round of training for field workers.

The Joint Director (Training) of the DPH and the Associate State Project Coordinator (ASPC) of DANLEP Tamil Nadu, who was also the gender focal person, were the prime movers of the project and were in the Core Gender Training Team. Others in the team were the State Project Coordinator (SPC) of DANLEP and the Monitoring Coordinator from the Danida Support Unit (DSU) of the Danida Health Care Project (DHCP). All training was self-directed and participatory, and learning was experiential.

The development of a Gender Training Kit was an additional benefit arising from the pilot project. It was to prove of long-term value, especially after the initial kit was modified in consultation with DANLEP Orissa. In the PHC

⁵ Mainstreaming Gender: Gender and Health - A Pilot Project in Tamil Nadu. DPH&PM, GoTN, Chennai, and DANLEP, 2000



Gender workshop for leprosy awareness, Tamil Nadu.

pilot project, the kit was given to each BTT member. It contained banners and wall hangings containing short messages and slogans; overhead projection sheets with illustrations, messages and data about gender and health in the state; a quiz book on women in different areas of work; a role play; a case study; a video cassette on empowering women; a gender-based game of snakes and ladders; information sheets on gender perceptions in leprosy work; and the Handbook on Gender and Health, which was developed for the project but has been very widely used since then. Later, during the phasing-out period, DANLEP Tamil Nadu produced in VCD form a comprehensive gender training module and guide, based on the experience of the gender focal person.

The training content included the basic gender concepts and an understanding of how gender bias is built into society as a whole and the health system in particular. Review of the training by members of the core training team, through field visits and discussion with participants, established that all BTT members and most field staff had understood and internalised the concepts of gender equity such as male responsibility and male participation in health care for women. The father's responsibility for

sex determination at conception was well understood. Trainees had also learnt to explain these concepts to the community they served.

Feedback and Impact

At all three levels and among both women and men, a large number of those who received gender training confirmed that their personal level of awareness of gender issues had increased considerably. Attitudes had changed and many took it upon themselves to explain gender issues to others at home and at work in an effort to change their attitudes as well. BTT members and field workers felt the need for periodic refresher courses. They also felt that gender training should be allotted more than just two days.

A need to provide gender training to husbands of women health workers was perceived and an attempt made to do so. It could not be carried out because the resentment and resistance shown by the men had not been adequately foreseen and planned for. But the core training team remained convinced of the need.

This was the first substantial initiative taken by the project in Tamil Nadu in gender training. Its impact was also substantial. Within the health system it promoted understanding of the need for gender sensitisation which resulted in further training programmes and a systematic inclusion of gender components in all training for health workers at different levels. Among other government and non-government institutions, there was first a wide demand for the material used, in particular the handbook on gender and health. This was followed by requests for support in developing training modules and the presence of DANLEP's gender focal person as facilitator and/or resource person in gender training programmes. Among those who thus made use of the DANLEP experience were the WB-ICDS project, the state's network of training institutes, the Academic Staff College of the University of Madras, the State Resource Centre (SRC) and the State Adolescent Task Force initiated by the SRC, and the Women's Development Corporation.

Taking Gender to Training Institutions

The Danida PHC Project in Tamil Nadu in 2000 made a push to launch gender activities in the project area. Strong support from the RDE Gender Adviser and the determination of the IAS officer heading the project, enabled DPHC to take up such activity despite the indifference and sometimes ridicule of many government officers who said: “gender is for the home front.”

The approach was to build a resource-base in the state and regional training centres through TOT in gender. To ensure the cooperation of the directors of health departments – all of them male – a two-day programme of gender sensitisation for the directors and their second level officers was held. Some senior Public Health Nurses (PHNs) were included in the programme to ensure a male-female mix.

In May 2000 the Danida project facilitated a state-level workshop on gender training to devise ways of bringing a gender component into all training programmes. It was decided that all 150 trainers of the regional training institutes, in five batches of 30 each, should receive TOT in gender. The DPHC Project Coordinator and the DANLEP gender focal person were facilitators and resource persons for this training. After this six-day TOT, 20 of the 150 trainers were selected for an advanced training of 21 days conducted by an independent consultant.

In the two years following the TOT in gender programme for the training institutes, gender sensitisation was incorporated into the routine training of health personnel, both medical officers and field workers, in initial orientation training as well as on the job training.

The ICDS Link

In April 2001, the Government of India requested the World Bank ICDS-III Project to organise training in gender sensitisation and women’s empowerment for women *panchayat* members in the project area. This was part of the government’s overall strategy to empower women by imparting the required skills to increase their role in grassroots democracy.

Participants in a gender policy workshop conducted earlier at the Tamil Nadu Women's Development Corporation (TNWDC), where DANLEP's gender training facilitator was a resource person, had included two officers from WB ICDS-III. When they were required to organise TOT for their project personnel who would, in turn, provide training to women *panchayat* members, they called on her to design and facilitate the training.

WB ICDS-III covered 24 project districts. During July and August 2002, 137 staff (of whom 11 were males) mostly district level supervisory officers, divided into four batches, received TOT in gender and women's empowerment at a three-day residential training programme. The training module first designed by the facilitator was modified based on feedback during TOT. From this emerged a two-day training module to be used in gender training of *panchayati raj* institution (PRI) female members. Over the next four months, these trainers undertook gender training of women PRI members at block level. By mid-January 2003, 318 blocks in the project area had been covered.

Feedback

While ICDS staff provided feedback on both the TOT and their own experiences as trainers with their perceptions of the outcomes, women PRI members did so on the gender training they had received, what they had understood from it and, in many cases, how it had motivated them to action. All ICDS staff were very positive about the training methodology, which was fully participatory. To begin with, they had been a little worried to be told that there would be no lectures and no notebooks. But they soon found that the games, case-studies, group discussions and group activities were stimulating. Learning and retention were both good because of the participatory method.

Many of the staff were experienced trainers but gender training was new to them. The training made clear to them the basic concepts of gender, and the difference between sex and gender. The participatory methodology was particularly effective in the session on the relative workloads of men and women. Through games the participants themselves set down the details of work done by a man and a woman during a day. These were all facts they were familiar with and had taken for granted, but the result, showing the extreme imbalance in workload, still surprised them. This new learning was

Using participatory methods we found that the women responded without shyness, discussing everything in colloquial language. We also became aware that change was necessary among our own staff and their families. A CNW whose first child was a girl and who did not conceive after that was being beaten by her husband to the extent that she was thinking of suicide. A CNI who learnt of this by chance counselled her and her husband and after much effort got him to understand the causes of sex determination and made him treat his wife better. A BEE used to believe that being a sportsman increased the chances of his having a male child! He learnt the truth at gender training!

CNI, Dharmapuri

something they could relate to their own daily lives and it stimulated them to question the existing order of things. Men who underwent the training also found that it had made them more sensitive to the rights and needs of the women in their families.

Women as well as men appreciated the fact that gender awareness did not mean seeing man as the enemy. Both through content and method it was made clear that gender equity meant a more equal sharing of responsibilities and privileges between men and women.

The only critical comment about the TOT was that three days was too short for such an important and useful training. Many of the trainers felt that they were “not as good as” the TOT facilitator in using the participatory method. Some felt the need for more refresher training and backup support until they had gained experience.

A majority of the women PRI members had gained in knowledge and confidence as a result of the training. In particular, understanding of basic concepts (like the difference between gender and sex and the biological determination of a child’s sex through the father) was high. Many women said that the use of a lime and a tomato (to signify x and y chromosomes) made the explanation easy to follow. The difference in workload of men and women was again quickly understood and many women said that though there was nothing new in these facts, the actual listing of their daily work brought home to them the extent of women’s burden and the need to involve men in the care of home and children.

A group of women PRI members who had undergone gender training some months earlier, as part of the WB ICDS-III scheme, found difficulty in recalling many of the things they had learnt, including the facts about sex determination. But they had all understood the implications of gender inequity, how it affected nutrition, access to health, property and decision-making, and the low esteem in which women were held. *"We believe it in our hearts,"* they said about the need to work for a more equitable community. And they showed it in action. After the training, they prevented three female infanticides and arranged the remarriage of a girl who had been abandoned by her husband. And they were discussing how they could persuade fathers as well as mothers to attend *balwadi* (ICDS creche run by *anganwadi* workers) meetings and take an interest in their children's care.

In another village, a woman PRI member made a telling comment about attitudes of some of the ICDS workers who had given them gender training. Talking about why men took no interest in the care of their children at the ICDS centre, she said: *"women are called and we go; men are not called and they don't."*

Nutrition and other health needs of girl children and women formed an essential part of gender training. Most trainees agreed that girls should be brought up in the same way as boys and several said that in their villages girls were sent to school. However, they were not as positive about being able to soon change the family tradition of women eating last and eating poorly. There was general agreement on the need to change this situation but obvious doubt about whether it could be done.

Instances were related of how the training had inspired a woman to face up to an exploitative or discriminatory situation and bring about some change. Many of the women were also very clear that it was not enough to train only them in gender concepts. Male PRI members as well as other men and women in their families should be trained, they said, to change attitudes in the community.

The trainers were enthusiastic about both content and method of the gender sensitisation programme. When PRI women showed that they had understood and remembered what they had learnt, the trainers showed their satisfaction and appreciation. They were often the first to relate with pride instances of trainees taking action as a result of what they had learnt.

During a group discussion with the documenter, a *panchayat* representative came forward to ask a lawyer, who had been a resource person at the training, to help solve a case of dowry harassment in her village. With legal advice and support, she was able to persuade the husband to abandon his dowry demands and to bring the couple together. Another got her brother to stop drinking and also got his wife to adopt a more sympathetic attitude towards him.

Fifty trainees per batch made the groups too large and unwieldy. The training module for PRI women was designed for two days because these women could not get away from their work and responsibilities for more days. However, distance and transport problems resulted in many of them arriving late at the venue and leaving early, further cutting down the available time.

In general, good use was made of doctors and lawyers as resource persons to explain medical and legal aspects of gender. In some cases, the trainer's lack of self-confidence resulted in such technical matters being given too much time at the expense of essential gender components. In one block, a teacher and a social worker, neither of whom had received training in gender or participatory methodology, were used as resource persons.

Training for women's empowerment and gender sensitisation has, on the whole, been successful. It has raised awareness among women members of PRIs and made them more confident in their role as representatives of their communities. However, the new facts and attitudes which are offered in gender training are contrary to many traditional beliefs and can be retained and strengthened only through continuous reinforcement, either formally through periodic re-training or informally through group discussion and problem-solving.

Working with the State Resource Centre

The State Resource Centre (SRC) in Tamil Nadu has taken up gender as a major component of its training programme for workers in Continuing Education which includes the adult literacy campaign (*Arivoli Iyakkam*). As convenor of the Task Force for Adolescents, SRC is also ensuring a gender input in programmes for young girls and boys. In all these programmes,

the DANLEP gender focal person has worked closely with SRC in developing training curricula and material, has frequently facilitated TOTs and/or acted as a resource person.

We have learnt the participatory method of training from DANLEP. Now we can see how difficult it was to disseminate understanding using only the lecture method. We had a very limited methodology earlier.

SRC Programme Officer

In 2002, SRC initiated a TOT programme for District Resource Teams which, in turn, would train literacy workers at nodal and village levels. In the first phase of training, resource teams from nine districts were formed into three groups of three teams each. Training of these groups was completed by March 2003. Resource teams were then formed for training in the other districts.

One of the discussions initiated by the gender focal person during training of district resource teams was about the terms used for addressing persons: the use in Tamil of *Thiru* (Mr) for men and *Thirumathi* (Mrs) and *Selvi* (Miss) for women. Out of this emerged a consensus that the differentiation was irrelevant at work, not only between married and unmarried women, but also between men and women. It was agreed that it was not necessary to identify persons by sex when addressing them in writing or orally. *Thirumigu*, as a gender-neutral prefix, was accepted as equitable and suitable. In Sivaganga, district trainers explained this idea of changing the prefix at the Collector's executive committee meeting. As a result, a resolution was passed adopting the prefix for the whole district and the Collector has so informed other district offices.

Pudukkottai, Sivaganga and Ramnad were the first districts to be covered under this programme, with the DANLEP gender focal person acting as facilitator and chief resource person. District Project Coordinators (DPCs) of Pudukkottai and Sivaganga, who had attended the TOT as members of the resource teams, are mainstreaming gender into all their training and teaching routines. They find it particularly relevant in the training of women SHG members under the special literacy programme for women.

This TOT made me understand that counselling is different from advising; I learnt to be a counsellor, not an adviser. During the TOT, we asked the trainer some awkward questions about gender and sex. It was embarrassing. But she was so frank, we realised that we can talk about anything as long as it is based on the need to know and understand. There must be others in the field who need to ask even more.

DPC, Sivaganga

The district trainers found that when they conducted a programme for women SHG members, many men came and stood around, then started asking questions as well. The trainers felt it was good to draw men into the proceedings when gender was discussed. Having done a lot of training, initially for just women's groups, they were happy that they were also training mixed groups of teachers, NGO members, and other interested persons.

After TOT for the first two groups, SRC put together relevant training material including a manual, flash cards, booklets on gender and law, gender and health, to be used in further training of district teams.

This was a revelation to me: that women did so much work! Faced so many problems! And the facts about sex determination. I talk about these things now, everywhere, whenever I get the chance; in the consumer council, the polytechnic... this should be part of all programmes: literacy, adolescent training, everything. It brings hope to a backward district.

DPC, Ramnad

As convenor of the State Adolescent Task Force, SRC early on invited the DANLEP gender focal person to become a member. She was active in formulation of policy and strategy and in developing a training manual containing five critical interlinked components with gender used as a cross-cutting issue. With this, and with the example of the gender kit developed by the project, SRC has put its own training package together. This is expected to provide useful source material for district level trainers.

The SRC and the Task Force also work with several NGOs throughout the state. In Gudiyattam, the NGO, POETS, has been working with adolescent

I have always discussed my work with my husband. He is a very sympathetic person. Earlier, he used to help with the housework, but secretly, not when others were present. After I told him about the gender training, he is changing slowly, is more open and natural now about doing housework.

Nodal Continuing Education Coordinator, Pudukkottai

boys and girls for several years. Their work has now been taken up as a pilot project within the adolescent strategy formulated by the Task Force and DANLEP has been facilitating this process. This is an organisation that first undertook formation of women's SHGs and leadership training for their members. In recent years it has concentrated on various kinds of training for adolescent boys and girls. Since being exposed to gender issues through contact with DANLEP and the Adolescent Task Force, there have been changes within the organisation, a moving away from conventional ways of looking at the needs of boys and girls.

For more than 20 years I have been involved in NGO work and I had developed the belief that I have to do it all myself if it was to be done right. My wife has been active in the organisation also, but I was the one who made all the decisions. After the gender input, in the last few years, I have learnt to leave many areas of work to her. She has developed in self-confidence and leadership and I have learnt that I am not indispensable.

NGO Convenor, Gudiyattam