HEALTH EQUITY AND WOMEN'S PARTICIPATION

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Abstract: *This paper examines the social and theoretical underpinning of women's participation for health equity and safety. Despite various policies and legal entitlements health inequities have been persistence at national and global level. Women's risk factors associated with age, geographical domain, political turbulence and with different section of groups namely childhood, adolescence, pregnancy, elderly, working, urban, rural etc. Health equity as human rights, need women's active participation to accelerate development. The theory of Education/participation by Freire (1968) provides social strategies and psychological understanding of the oppressed mass to induce change in the larger systems. The theories directed to the social system's objectives and all its components with practical orientation kindle functionalities that are precise and clearer. Based on the education theory four levels of participation has been examined to study women's participation for health equity at Perambakkam (South Chennai) displaced community. The health assumption has been examined with the support of empirical evidence to justify the incidence of health inequity in the community which is a matter of concern. The analysis suggests twelve principles of participation of women to demand health equity. The finding suggest that effective participation is one that is initiated from below, voluntary, organized, direct, continuous, and broad in scope and empowered. Indirect participation may be quite appropriate and satisfactory in some situations. Ideal performance is the result of ideal conditions. Although advocacy for participation waxes and wanes, in today's context it has been recognized as the most important governance principle for change in health equity.*

Keywords*: Health Equity, Participation, Development, Strategies*

1. INTRODUCTION

Health equity is basic human rights and participation of women at various levels is a significant factor to accelerate development. There are numerous tools and techniques available to guide participatory endeavors in the health field and theories to substantiate the need for participation for the promotion of health equity for women. The theory of education by Freire (1968) provides social strategies and psychological understanding of the oppressed mass to induce change in the larger systems. The theories directed to the system's objectives and all its components with practical orientation kindle functionalities that are precise and clearer. Therefore participation of women at various levels is a significant factor to accelerate wellbeing among women. Reducing the gap between hunger and poverty to promote health equity had been the sole purpose of many national and international consortiums. Human development has been directly equated with positive health indicators. Despite various policies and legal entitlements health inequities have been persistence at national and global level. There are risk factors associated with age-geographical domain, political turbulence and with different section of groups namely childhood, adolescence, pregnancy, elderly, working, urban, and rural.

1.1 Purpose of the Study

Action research and field trips organized with local communities, its subsystems and components to identify health challenges were enterprising exercises. The time and resources invested to observe dimensions of health systems and it practices open-up new horizons of understanding on health inequalities. In this academic endeavors the research documents various significant factors associated with persistent health inequalities in India; namely inadequate data on health issues and policies, perception of the community regarding health and its practices, government institutional frailty, lack of community engagement and participation in health promotion, ineffective emergency responses (disasters and climate change), ineffective Information and Communication Technology (ICT), substandard local planning and implementation, commercialization of health and wellbeing etc.

Health is a valuable part of physical and mental well-being and development. Displacement had a negative impact on women and signs of depression with loss of appetite, lack of sleep and aggressive behavior were demonstrated during and after a month of recent relocation. Displaced women face risk on health due to unhygienic, underdeveloped environment at the rehabilitation site. Stagnation and seepage of sewage water during and after rain and cyclone season, leads to breeding of mosquitoes and flies causing many water-borne diseases. Monumental failure by the authorities to follow guidelines to protect displaced women of all ages and conditions (pregnant, lactating, old, adolescent, children, disabled, chronically ill etc.) ignored their special needs. The elderly suffer from neglect, adolescent girls suffer sexual harassment are reluctant to share their humiliating experiences, women burdened with stress and anxiety, but attempting to maintain a sense of peace for the sake of the family. Pregnant women live in fear due to poor accessibility to hospital/medical facility; lactating women had no privacy and supplement diet

A sample was taken of families and women who suffered health problems at Elizhil Nagar, Perumpakkam during and after relocation time. An enquiry on the health issues revealed that most of them suffer from fever and cough and some suffered from diarrhea, jaundice, measles and physical injuries. Fever and cough have become inseparable most common health issues were the issues that prevent them from undertaking any routine work.

Alcohol consumption by spouses created a different set of problems for women and they have to bear the burden of managing alcoholism in the family. Alcohol consumption has increased after eviction among the sampled respondents families. The addiction becomes financially and psychologically draining and the women in the families suffer a lot. Emotional disturbances and poor health were common problems caused by alcoholism. Due to the unsafe situation in the tenements, respondents lived in fear of being molested. The dangerous conditions forced them to live in constant fright for their lives. The scare of being sexually assaulted has created a stressful situation for them. Tension caused by lack of safety has led to several health problems.

It is significant to quote Kodungaiyur as an example of deteriorating slum community with plethora of health issues which faced eviction 25 years back. The residents at Kodungaiyur face lot of health issues due to dumping yard -the largest municipal solid waste dump. The dumping yard has grown rapidly over the last two decades, to the point where it now accommodates mixed garbage from seven out of ten corporation zones. The conditions for residents living in the vicinity of the dump are miserable. The constantly shouldering garbage dump releases a shroud of toxic smoke that is blamed for the rampant health problems in the neighborhood. Local residents are frustrated that years of petitioning, protesting and meeting politicians and officials have brought no respite. An air sample was taken inside the dumping ground that revealed the presence of nine toxic chemicals includes three carcinogens.

1.2 Theory of Education/Participation

Change is constant and in accordance with that knowledge, attitudes and behavior related to health problems and challenges are also changing constantly. In order to understand women's participation for health equity Brazilian Educationist Freire's theory of education/participation (1968) has been critically observed. Freire in his theory on education discusses about normative behaviors of people's participation for change. Theoretical background to participation of women for health equity helps to develop and understand strategies and practices. The ideology behind the theory gives confident to reframe strategies. In this paper we discuss in nutshell the education theory of Freire to support the need and motivation of women's participation to create and celebrate health equity.

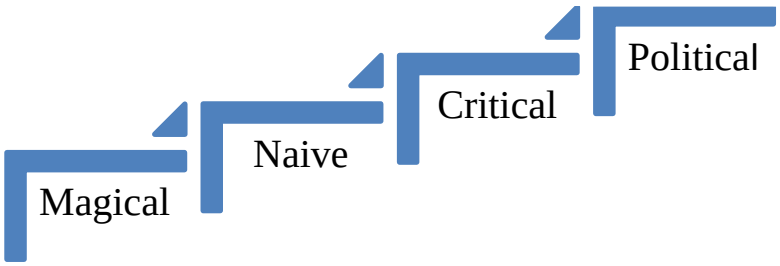

Figure 1 - Levels of Participation

1) **Magical Consciousness:** At this level women feel powerless and depend on supernatural force for change.
2) **Naive Consciousness**: At this level women are able to understand the issues and challenges but feel incompetent to address the issues.
3) **Critical Consciousness:** At this level women are able to understand the problems also able to identify their strengths and power.
4) **Political Consciousness:** At this level woman possess deeper understanding on issues, grasp identity and able to consolidate the community strength to influence the power, policy and politics.

2. Research Methodology

Freire method of liberating education focuses on communication as dialogue and participation. The goal of participation is conscientization, which prioritizes cultural identity, trust and commitment. Freire approach called "dialogical pedagogy" is centered on the principles of people's participation for equity in distribution of power and privileges. The reconstructing experience helps to rediscover the power within and in the community. With this background and understanding women's participation for health equity was analyzed through FGD. While interacting with the women the researcher kept the four levels of participation namely magical, naive, critical and political awareness levels as a basic measure to understand and participation for health equity.

The objective of the study was

- To know women's opinion on health issues:
  - important, accessible, affordable, human right, entitlement
- To know their perception about health equity
  - Important, already present, able to get it
- To know whether they consider health and health equity as their basic rights

- Accept, Never we will get it, No policy

- To find out SHG women's levels of participation for health equity.
  - Participated, Afraid to participate, Not willing to participate

  Since it is a short term project twelve SHG women participated in FGD to share their experience about health and health equity.

SHG Women's Perception

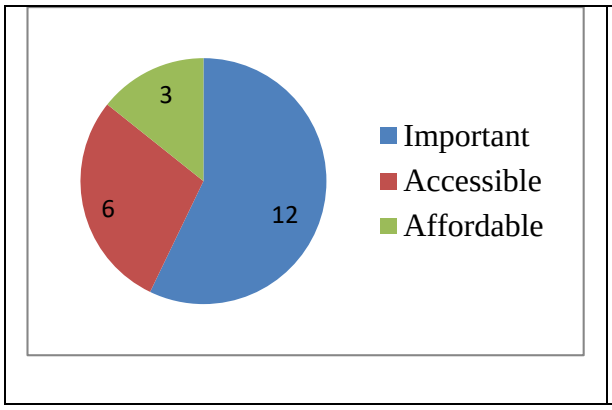

Figure 2- Well Being

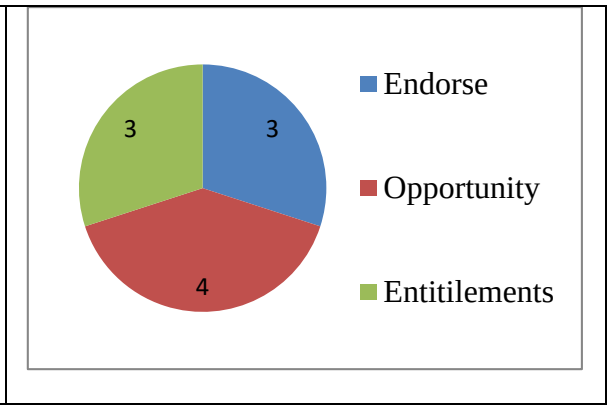

Figure 3- Human Rights

Women's perception about personal wellbeing endorse that the accessibility and affordability for health care is not within their power. Health care has become an expensive and undesirable phenomenon they said. Though it is important and we need to take immediate course action for health and wellbeing we are unable to do so, due to the impoverished condition and new environment. In the place of origin we had some health system like, government hospital closer to our habitation, known dispensaries and private health care personnel, but in Ezhil nagar we have to build identity a new support system for health care. It is not that easy. Due to long stay and frequent interaction with the health care personnel at the place of origin is lost and when the ailment prolongs for more than two days we still go back to the old health care personnel in whom we have more faith for healing. Accessibility and affordability is also another matter of concern in the new location.

SHG Women's Participation

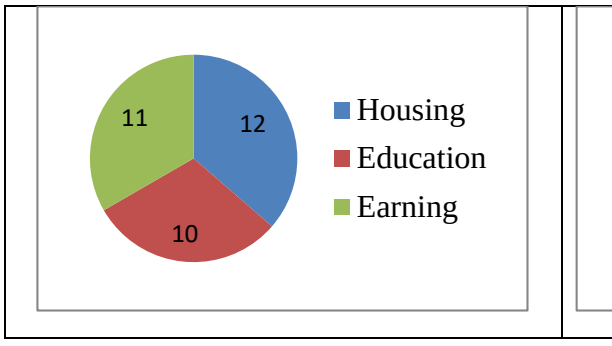

Figure 4- Participation

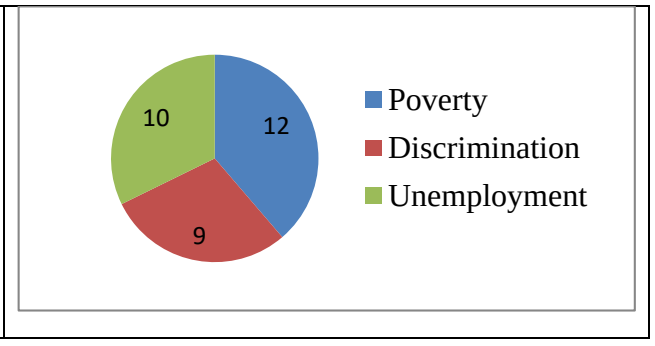

Figure 5- Awareness

It has been a stimulating exercise to study the knowledge and perception of women SHG members about Health and Equity. Very interestingly the women were able to associate three factors, namely housing, education and earning as major factors to promote health equity. In

spite of their poor living condition and burden of displacement they observed housing, education and earning as major factors for health equity. And similarly able to understand that poverty, discrimination and unemployment has been the major negative forces of health equity. Majority of the displaced populations at Elizh nagar face various health issues. Group discussion reveals that they are in the first stage of consciousness and also feel powerless. Though they have formed a SHG yet there is no cohesiveness among them to discuss and dissent on any issues. There are several personal, social, economic and environmental issues deter them from initiating any action. There are no social and people's organization and social capital, due to sudden eviction and rehabilitation. Economic and livelihood snags and job and job insecurities do not permit them to contemplate anything beyond their survival. The new environment is so hostile and unfriendly; so they face facing psychological and social pressure to have a balance lifestyle. Lack of trust and confidence prevalence in the new location seems to face them to depend on God and supernatural power. However they are also able to understand the important of health issues. As portrayed in the Figure 2 and 3 they are able to feel the link between health equity and inequity but feel powerless to initiate any action. Freirean concept of magical and naive consciousness emerges at this juncture and the people from displaced community at Ezhil nagar will be able to move to the next phase and initiate action for health equity only with the consolidated support from NGO and CSR initiatives.

Awareness and Participation

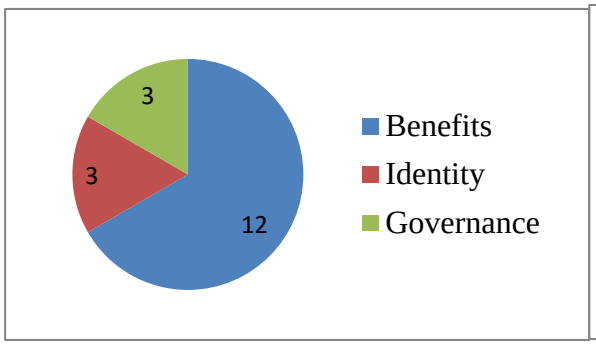

Figure 6- Participation

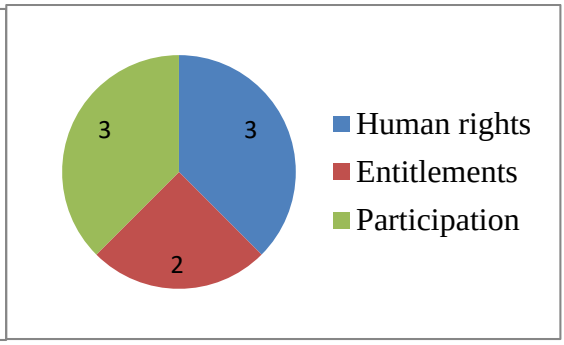

Figure 7- Awareness

Effective participation is one that is voluntary, organized, direct, continuous, and broad in scope and empowered. Effective participation is an outcome of multiple factors/forces. Although advocacy for participation waxes and wanes, today, it is once again seen by many governments.

Three critical issues for women participation are:

- To understand the fact, that there is no universally accepted conceptual framework to participation in health for health equity.
- Unrealistic assumptions about the contribution of participation to health equity.
- Issues surrounding the power and control over systems and structure between various spheres.

The above data on awareness and participation reflects the mindset of women, who participate in any community activities for certain benefits and not for any better ideologies and identities. They are unable to comprehend that health is their basic human rights and therefore they dissent to participate and demand health equity from health sector. Discussion with community workers and other significant health care workers reveal that the indirect participation may be quite appropriate since direct and ideal participation involves various risk factors. Given the large scale of healthcare resources in the country, a reorganized system of Universal access, ensuring good quality, appropriate healthcare for all could be a concrete possibility in the near future. However, this would require large scale changes in the

way that healthcare in the country is organized. Keeping the interests of the general public paramount, powerful vested interests would have to be curbed, regulated and made accountable. Planning and control must shift from unaccountable international agencies and minimally unaccountable Ministries to the common people, their organizations, and their locally elected representatives in the relocation site. This would need to be accompanied by reorientation of the Public Health System with strong systems of accountability and health rights at multiple levels.

3. CONCLUSION

The emergence of one dozen steps to demand health equity is the outcome of reflection and references. As there are no definite media and method to follow participation process, the study try to identify and suggest these twelve steps for everyone who desire change in health care system. Alternative health care, indigenous health care, women centered health care, home based health care, etc., are certain critical native practices and approaches for health equity claim. The suggested steps does not overrule parameters like need assessment, action planning, and strategic planning etc. which need skills and training. Macro level approach and planning may help to analyze and interpret the implementation and outcome of any health practices and programs. The proposed process oriented model is only illustrative and not exhaustive.

Twelve Principles to promote health and wellbeing and encourage participation for change;

- Initiating and Encouraging self-diagnosis in Communities
- Strengthening stakeholder (SHG women, NGO personnel etc.) competencies
- Networking and coordinating with various Institutions
- Prepare and promote participatory mechanisms at various levels (social media)
- Creating an enabling environment
- Analysing outcomes and opportunities
- Forming critical mass, health activists
- Proposing alternate solutions
- Demanding Right to Health & Health Care
- Creating data bank
- Awareness on indigenous and Alternative Health care
- Promoting positive health conscience and behaviours (boycott chunk food)

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