

Turning the Disadvantaged Women into a Working Force

ONE of the significant lessons learned from the development efforts in the Third World during the 70s and 80s was that without proactive involvement of the women in the development process, no meaningful and sustainable improvement in the socio-economic condition of the people can be expected.

FWA is assisted by 10-15 such volunteers for dispensing services to about 700-800 eligible couples. These volunteers — mostly illiterate housewives — are recruited by their own community elders and provided with both basic and refresher training on basics of family planning and adverse effect of over-population, health and nutrition education, sanitation, tree plantation, and the like.

by Ahmed Ghani
7 Thana Family Planning Officers, and 18 Union Parishad Chairmen and other official/staff from thana and union levels. The participants were divided into eight groups, each representing a thana team.

cost) in the training for LIP volunteers seemed to have had a large benefit in terms of broadening their knowledge and understanding. This increased understanding was summed up by one volunteer who said: "Previously we were just leading a 'jungle' (ignorant) life, without any ideas about the importance of less children and a small family for a better life."

family members are in favour of our involvement. My husband is also helping me, although he was completely against my participation in the initial days. Now he says, "Yes, you may go to work for the society. Since the Prime Minister is a lady, I think you can do it, too."



LIP volunteers: A high official from FPMD/Boston, USA is seen among the working force

This realisation on the part of the social scientists and the policy planners found expression in increased flow of both government and donor's fund towards women development.

'Empowerment of Women' became the catch-word of the day. Bangladesh is no exception to it. Beginning from the second half of the 70s, the country saw a number of development programmes aimed at involving the women in the nation-building activities.

drop-out rate has decreased and the contraceptive prevalence rate in the LIP areas has been found to be much higher (62 per cent) than the national average (45 per cent) as of December, 1995.

The LIP experience with the community female volunteers aroused a lot of interest among both the donor and government circles, and a necessity was felt to assess the perception of the programme managers as well as of the volunteers themselves as to how they view the programme activities and their role in implementing the activities.

The number of participants in the FGD for the BDG-FP programme managers was 72, drawn from 8 purposively selected district/thanas. These included 6 Deputy Directors of Family Planning, 7 Thana Nirbahi Officers (Administrators),

Some participants were called "extension workers", while others identified them as "communication builders". The volunteers are contributing towards making the rural society more open and less conservative," opined almost half of the participants.

Sustaining the interest and involvement of the volunteers was also discussed by the participants. While acknowledging the useful services that these volunteers are providing for the greater interest of the community, the discussion confirmed concerns expressed about all voluntary efforts that some additional contribution may be necessary to ensure continued participation by these individuals.

The PDG study with the volunteers revealed that the limited investment in time and

groups; special note was made of assisting pregnant women to get appropriate care, as well as improved immunisation coverage, breastfeeding and nutrition practices in the community.

An enhanced social consciousness was an important theme of the discussions of volunteers' contribution. One participant noted: "Now the social consciousness level is much better; people understand why they are poor and what they need to do to get rid of poverty."

The volunteers displayed a heightened sense that they are contributing to enhanced social service at the community level and that they were getting a great deal of satisfaction as well as enhanced status out of their participation in LIP. About the attitude of her husband, one volunteer had this to say: "Our

HIV/AIDS and Children Myths and Reality

by Muhammad Abdus Sabur

THERE are myths about AIDS. This is a disease which is primarily thought to be associated with sexual transmission. This means that when most people think of someone who has HIV/AIDS, they think of adults at the first instance, the perception being that it is adults, and not children, who engage in sexual activity.

being marginal because of their less socially acceptable behaviours, who are at risk of HIV infection. In some society, it is acceptable or at least tolerable for men to have multiple partners and visit sex workers. This means that there is a proportion of the population which engages in risk behaviour that is actually acceptable/tolerable for that society. A further reality becomes clear. Women, who may not engage in risk behaviour themselves (that is, they have not had sex outside of their marriage), may be at risk of HIV infection from their husbands because of norms/acceptance allowing men multiple sexual partners.

infection include child prostitution and street children. HIV vulnerability increases in child prostitute due to low education and poor HIV knowledge. Lack of bargaining power, physical immaturity, perception of lower HIV risk, lack of access to services and support. The important problems faced by the street and drug abuse, police harassment, inaccessibility to medical care and child prostitution. HIV vulnerability increases in street children because of lack of information about HIV and its protection, drug use by itself and also making younger one more likely to have sexual relationship to earn money for drug, lack of (parental) guidance and lack of medical care.

The increased freedom to leave the house and move about the community is also a predominant theme in this regard. For example, one participant stated: "If we had not become part of LIP, we would have been passing time as housewives confined within our houses. We used to feel constrained from mixing with others." Others pointed out that the increased knowledge about health and family planning discussed above would not have been possible if the volunteers were still confined to their houses.

Social sexual norms and gender inequalities are not the only reasons why children are at risk of HIV infection. Poverty and economic inequality, the lack of work and/or education opportunities, materialism and opportunism/exploitation by adults, social upheaval and family disruption are some of the factors which can contribute to children's risk of infection. Children at risk of HIV



Motivating people about scourge of AIDS: Street drama in Dhaka

There is also evidence that the children involved in sex work are getting younger and younger. AIDS has been known to influence the increasingly younger ages of children currently found in prostitution; the belief held by some is that the younger the youth or the children are, the more likely it is that they are free of HIV infection. So, adults who have become wary of the dangers of HIV infection, but who do not wish to change their behaviour, involve instead younger and younger children in the flesh trade to satisfy their desires.

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The chain of child infection follows the simple route. Through extramarital sex, premarital sex, husband gets infected. The infection passes to the wife through marital sex. Child gets infected from the mother through perinatal and/or breastfeeding. In order to break the chain of infection, the first step in targeting is to prevent husband's infection through changing norms on extramarital and premarital sex for men by mass awareness. As back-up of it, there should be activities to make sex safer through condom promotion, sexually transmitted diseases (STDs) treatment and reducing visits. The next step in targeting is to prevent husband to wife transmission. Activities in this step include promotion of voluntary premarital counselling/testing, encouragement of discussion between husband and wife, development of husband's sense of family responsibility, strengthening and promoting programmes to offer voluntary testing and counselling services. Preventing mother to child transmission is next in targeting. Activities for this, before or during pregnancy, include, offering HIV testing and counselling in integrated reproductive health services, providing counselling to HIV positive couples on future childbearing decisions. Activities after pregnancy or birth include, offering AZT to reduce perinatal infection, offering appropriate advice on breast feeding. Study with AZT (ACTG 076) reveal, without AZT chances of infection is 26 per cent and with AZT (for 5 months) chances of infection is 8 per cent (dropped by two-thirds). The treatment costs US\$ 120 to 1440 per mother.

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