Agents of Change

SHEIKH TARIQUZZAMAN



Photo: Zahedul I Khan

Thousands of women have been working as women health workers for some decades, as this is traditionally considered as appropriate for women consistent with their caring role.

There are however, strong objections to their presence. As one government health inspector argued, "Government shouldn't recruit women for this post. They spend four months for maternity leave; they don't come to the office in time because of household work, they are unwilling to ride bicycles and can't conduct fieldwork properly." This is the dominant attitude regarding women's social positioning, which creates pressures on women engaged in outside employment. Yet despite such odds women health workers have tenaciously held on to their jobs and proved their worth. Here are a few examples.

Rokeya Akhter's brings in a monthly income of Tk. 16,000. She gives money to her husband, who is a retired schoolteacher, for groceries. She pays for her younger son's and daughter's education, the house rent and other daily needs. She feels that she does not have to take permission from her husband to go out for anything. She argues, "I return after I finish my work, why should I take permission for this?" Her husband does most of the household work like cooking, cleaning, sweeping, etc. A pious man, he sometimes wishes to go for Tabligh. Often he cancels his trips as he needs to look after the household and his children.

More than half of the women health workers are the main breadwinners in their families. This has positive implications for their status in the family, as they are able to take more decisions since other members depend on their earning and renegotiate their roles and responsibilities accordingly.

Amena, a senior paramedic at the Shimulia sub centre of Gonoshashtho Kendra (GK), passed her S.S.C in 1970 and joined GK in 1973. She gives family planning and child health services to the villagers. People come to her with their family problems and for information and advice in children's marriages. She discourages mothers-in-law from oppressing their daughters-in-law and has also prevented incidences of violence. Amena thinks that her role in the community has made people aware about violence against women and incidences have been reduced. She is well known in her area and everyone recognises her contribution in establishing the Shimulia sub centre which she has helped to build to its present status. When she wanted to resign for health reasons, her employers conviced her to stay on and she now occupies a permanent position in her job.

Recognition and status accorded to women health workers by their respective organisations and employers is an important pathway of women's empowerment. The status given to women health workers by their employers is mirrored in the respect shown to them by their families and communities.

Najma Akhtar, of Gonoshashtho Kendra (GK) fulfilled her dream of being doctor by becoming a paramedic. Anowara, of the BRAC community health programme says "People exclaim 'the doctor has come' wherever I go, and I am offered a chair to sit on. Everyone heeds the advice I give". The same is true for women health workers of ICDDR,B, one of whom commented "People in the community display great hospitality and everyone calls me a doctor".

Professional respect and status is an important pathway of empowerment in the community. The public image of the women health worker as "doctors", "daktarni" (female doctor) or "daktar apa" (sister doctor) is a source of pride, prestige and power for the women.

The women health workers claim that their work has contributed to a decline in birth rates, maternal mortality rates and child mortality rates. These statements indicate that community health workers take pride in their professional roles and see themselves as agents of social change.

The Pathways of Women's Empowerment Research Programme's study on Women Health Workers has shown that despite the challenges that women face working in the public, their standing within the family, in the broader community and the formal space of the workplace is enhanced through their profession, indicating that the government and non-governmental Women Health Worker programmes improve women's positioning in society.