



MAHILA JAGAT LIHAAZ SAMITI

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MAKING GREAT STRIDES - ANNUAL REPORT 2018-19

The Mahila Jagat Lihaaz Samiti or Society for Respect for Women and Earth, also known by its acronym Majlis which in turn means a collective, has made great strides in the third year of its existence. The two main programmes of women's gynaecological health and sustainable agriculture have gone from strength to strength and the achievements of the year under review are described in detail in this report.

1. Gynaecological Health Programme for Women

The women's gynaecological health camp programme was extended to other states in this year. The programme was first held in Kolkata in West Bengal in April 2018 and later in Chittorgarh in Rajasthan in November 2018.

MAJLIS in collaboration with the NGOs, MARTINIAN '78 and NEWLIGHT, extended the model of gynaecological health intervention to Kolkata where it was implemented in a slum in Kalighat in the month of April 2018. The results of this intervention are summarised below.

The National Family Health Survey IV 2015-16 (IIPS, 2016) data for Kolkata and that from the survey in the Kalighat slum have been compared to situate the latter in the larger context of the city. Table 1 below provides a comparison of the demographic indicators that are common to both the surveys.

Table 1: Demographic Indicators (% of respondents)

Sl. No.	Indicators	NFHS IV	Kalighat
2.	Women 15-49 years who are literate	80.7	57.4
3.	Women with 10+ years of schooling	49.5	5.9
4.	Women 20-24 married before 18 years	13.4	83.3

The literacy and education levels are much poorer for the Kalighat sample than in the NFHS IV sample and the proportion of women in the 20-24 year age group who have been married before reaching the legal age of 18 years is very high and this affects the reproductive health of the women adversely. Thus, the Kalighat sample has a far worse demographic profile than the NFHS IV sample.

The comparison between status of drinking water, sanitation and cooking fuel is given in Table 2 below.

Table 2: Drinking water, Sanitation and Cooking Fuel Indicators (% of respondents)

Sl. No.	Indicators	NFHS IV	Kalighat
1.	Good Drinking Water Source (Piped Treated Water Supply)	96.2	94.5
2.	Good Sanitation (Individual Household Toilets)	50.1	5.9
3.	Clean Cooking Fuel (LPG or Electric)	69.4	23.5

The NFHS IV sample has a slightly higher proportion of households with a Good Drinking water source while the proportion of households with good sanitation is extremely low for the Kalighat sample and the proportion of households with clean cooking fuel is also much lower for Kalighat. Thus, in the case of these indicators also the Kalighat sample overall has a worse situation than the

NFHS IV sample. Especially noteworthy is the very poor situation in the slums in Kalighat with regard to sanitation which is a major cause of ill health.

The comparison of the indicators related to pregnancy and childbirth are given in Table 3 below.

Table 3: Pregnancy and Childbirth Indicators (% of respondents)

Sl. No.	Indicators	NFHS IV	Kalighat
1.	Contraceptive use among 15-49 years	70.0	73.4
2.	Mothers with full Antenatal Care	32.8	4.6
3.	Institutional births	95.0	88.3
5.	Mothers who received Janani Suraksha Yojana(JSY) cash	4.6	2.4
7.	Total Fertility Rate	1.6	1.86

The Kalighat sample has much poorer values for all the indicators other than contraceptive use, with the non receipt of cash support under JSY being particularly disadvantageous. Newlight conducts a programme to make the women use contraceptives with the free distribution of condoms and this is one of the reasons for the better value for the contraceptive use indicator.

The comparison of the reproductive health indicators is given in Table 4 below.

Table 4: Reproductive Health Indicators (% of respondents)

Sl. No.	Indicators	NFHS IV	Kalighat
1.	Women who are anaemic	46.4	39.7
2.	Women of 15-49 years who have undergone examination of cervix	5.6	1.3

Anaemia due to factors like overwork and malnutrition are the bane of women in India. The Kalighat sample has a lower proportion of 39.7 percent women who are anaemic than the NFHS IV sample. While many women suffer from gynaecological problems and especially erosion of the cervix, very few ever get themselves checked up by gynaecologists. The Kalighat sample had only 1.3 percent women who had had their cervix examined and these were all those who had had hysterectomies.

The indicators of women's empowerment are given in Table 5 below.

Table 5: Women's Empowerment Indicators (% of respondents)

Sl. No.	Indicators	NFHS IV	Kalighat
1.	Married women who have experienced spousal violence	23.7	33.8
2.	Women who own house	25.8	13.2
3.	Women with Bank A/c	54.8	44.1
4.	Women who use Sanitary Napkins	72.9	66.2

The values for all the indicators for the Kalighat sample are much worse than that of the NFHS IV sample and so the women in Kalighat are comparatively less empowered.

Thus, overall the women who have been chosen as beneficiaries for this gynaecological health intervention in Kalighat are in a very disadvantageous situation as compared to the NFHS IV surveys sample, which themselves paint a very sorry picture of the status of women's health in Kolkata. Therefore, the preliminary survey establishes that the implementation of the current gynaecological programme in Kalighat is eminently justified.

During the preliminary survey the women were asked whether they were suffering from any of twenty specific women's health problems that most commonly afflict women. 83.8 per cent of the women reported reproductive health problems with an average of two different complaints per woman, with some having as many as eleven complaints. 93.4 percent of the women said that this

was the first time they were revealing their gynaecological problems to anyone as they did not feel that they could speak about them. This is why the survey process is so important because it helps to break the culture of silence and ensures good participation of women in the clinical examination process to be done at the end.

Table 6 below gives the summary of the results with the proportion of women suffering from the most prevalent complaints as reported by the women themselves.

Table 6: Proportion of Women Complaining of Various Health Problems

Health Problem	Dizziness	Waist Pain	Vaginal Problems (Discharges, itching, swelling etc)	Urinary Tract Problems	Menstrual Problems
Proportion of Women with complaint (%)	32.4	61.8	13.2	7.4	48.5

The proportion of women who complained of dizziness is quite high at 32.4 percent which correlates well with the proportion of women who were tested and found to be anaemic which is 39.7 percent. A very high proportion of 61.8 percent of women complained of waist pains which generally arise from a combination of anaemia, overwork and problems of the reproductive tract. The proportion of women reporting vaginal problems which mostly arise from lack of menstrual hygiene was low at 13.2 percent which correlates well with the proportion of women who use sanitary napkins during periods which is 66.2 percent. A very high proportion of 48.5 percent of the women reported having menstrual problems which too arise mostly from a combination of anaemia, overwork and lack of menstrual hygiene.

Results of the Clinical Intervention

The summarised results of the clinical examination and laboratory tests are given in Table 7 below.

Table 7: Proportion of Women Diagnosed with Major Gynaecological Problems

Gynaecological Problems	Cervical Problems (erosion, cysts, hypertrophy etc)	Vaginal Problems (discharges, itching, eruptions etc)	Sexually Transferred Diseases	HIV	Pap Smear Test Positive
Proportion of Women Affected (%)	13.2	39.7	25.0	4.5	26.5

13.2 percent of the women suffered from cervical problems like erosions, lesions and cysts. This is something that the women did not know about at all as they had never had their cervix examined by a gynaecologist. Many of these women also had vaginal problems and on the whole 39.7 percent of women were suffering from these. It is noteworthy that this proportion is much higher than that reported in the preliminary survey and shows that many women do not know that they are suffering from these problems. The proportion of women with urinary tract and menstrual problems was less than what they had reported in the survey because at the time of clinical examination they were not suffering from these problems which they do from time to time only. Considering that many of the women were at high risk since they were sex workers, tests for sexually transmitted diseases, HIV prevalence and cancer were also carried out and the results are a cause for concern. As much as 25

percent of the women were suffering from STDs, 4.5 percent were HIV positive and 26.5 percent were positive for malignancy. Medicines were distributed as prescribed during the camp itself and most women responded to this treatment and got well.



Follow Up Action

A followup camp was held to provide counselling to the women who had more serious problems like STDs, HIV and malignancy. The women suffering from STDs were taken to a nearby government run STD clinic for further treatment where after repeat tests it was confirmed that they were indeed affected and had malignancy problems that require further treatment. Colposcopy will be done on those who are suffering from malignancy according to the Pap Smear test and then further treatment will be prescribed.

Clinical diagnosis and laboratory testing of blood and urine samples are quite costly if done individually but since these were done in bulk, the costs came down by as much as 60 percent. Similarly medication for cervical and vaginal problems is quite costly if branded medicines are used. However, generic medicines were used in the camps and sourced at wholesale rates through bulk purchase and so the medicine costs were only about 15 percent of the retail value of branded drugs. Most women were cured of their problems over the month's time in which they were diagnosed and treated. Only those suffering from STDs, HIV and malignancy are undergoing further treatment.

We have already seen that there is a high level of gender based violence. The baseline survey also revealed that other indicators of women's disempowered status were equally bad -

1. The gender division of labour is highly skewed for this sample with 83.8 percent of women doing all domestic work.
2. The proportion of women who said that their men decided when to have sex and they had no say in the matter was very high at 90.4 percent.
3. The proportion of women who had some knowledge of government schemes favouring women was only 19.1 percent.

4. The proportion of women with knowledge of the Prevention of Domestic Violence Act was only 23.5 percent.

Clearly, the women had poor gynaecological health mainly due to inability to articulate their problems and get access to good reproductive and sexual health services and prevalence of malnutrition and overwork due to a combination of poverty and patriarchal oppression.



Impact

The total cost of the month long intervention in one slum, including the preliminary survey, the clinical diagnosis, laboratory tests, medication and documentation and analysis is Rs 70,000 catering to about 70 women. Thus, for an average cost of about Rs 1000 per woman, complete diagnosis, testing and curative treatment is provided which would have cost the women at least Rs 3000 if they had tried to do it individually. This was of course made possible because members of the Martinian 78, Majlis and Newlight gave their services in management and clinical diagnosis free of cost. Moreover, in most cases, the women do not have access to gynaecologists for their own problems even if they have the money due to lack of awareness and they were profuse in their praise for the intervention which had benefited them immensely. This programme is, consequently, not only very essential but also a high impact one. Gynaecological health problems lead to both economic loss through inability to work and mental stress due to illness. An adverse gender division of labour, lack of sexual rights and domestic violence, further queer the pitch for most women.

Later in the year the programme was conducted in villages of Chittorgarh district in Rajasthan in association with the organisations PRAYAS and PRATIRODH. Try as we might we could not get a gynaecologist for our health camp. All the gynaecologists in the town of Chittor area engaged in private practice including the ones serving in Government hospitals. They are busy in doing caesarian sections to deliver babies or in in vitro fertilisation to make it possible for childless couples to have babies. Eventually we had to rope in a general practitioner lady doctor who had some gynaecological experience and somehow hold the camp. Casteism too is rampant as the laboratory staff who came to collect the samples refused to eat in the Bhil Adivasi home in which we had organised the camp saying that he would be ostracised by his caste if he did so. As is usual, the camp revealed that the women are mostly anaemic and suffering from various gynaecological problems. What is even more disturbing is that a large number of women tested positive for chronic typhoid. The women go to private quacks and get a few tablets and injections which do not solve their problems apart from giving them temporary relief. Apart from this the health camps were also held in the villages of Dewas district and the slums of Indore city. The conduct of these camps has been well developed and they are in great demand. Interns from the Tata Institute of Social Science, Guwahati took part in the organisation of a camp in Sitapuri village in Dewas district.



2. Sustainable Agriculture Programme

The programme of sustainable agriculture tasted a major success this year in being able to revive the cultivation of pearl millets in Dewas district. Pearl millet or bajra as it is called locally is a very nutritious cereal that used to be grown widely by the Bhil Adivasis in Western Madhya Pradesh in the monsoons. However, with time it has been replaced by corn in most areas except some of the remoter parts of Barwani and Alirajpur districts. Even in these districts the traditional varieties have vanished and what is sown are the hybrid varieties. We tried to reintroduce the cultivation of indigenous Bajra in Pandutalav village last year. However, since the MAJLIS farm was the only farm

with Bajra, and since it ripens early, it was swamped by birds and we had a difficult time saving the crop from them. Eventually, we managed to harvest a little and on winnowing it yielded about forty kilos only. It was so tasty to eat that one person in Indore bought almost the whole of our produce.

Subhadra remembered that many years ago when an organic farming expert, Jacob Nellithanam, had been running a campaign to preserve indigenous seeds, he had brought a variety of Bajra that had long whiskers on its seeds when on the plant that prevented the birds from eating it. She said that we should get that variety as only then would we be able to revive Bajra cultivation in Pandutalav. So began our search for the whiskered pearl!!

We searched in many places and asked many people but to no avail. Even in the most remote areas of Barwani and Alirajpur this whiskered variety of Bajra had become extinct. We got to know that in Barawani a hybrid variety of whiskered Bajra is sown but on going there we found that it is only sown in the winter season and not in the monsoons.

When we had almost given up hope, suddenly one day activist Naresh Biswas published a post on his Facebook Wall in which there was a photo of a girl holding a cob of whiskered Bajra saying that on a visit to the Pataalkot area of Chhindwara district he had seen this variety still existing. I immediately got in touch with him and asked him to give us some seeds. He said that it was difficult to get as this was the only cob that was remaining because in Pataalkot also not many people are sowing bajra anymore.

I must digress into describing Pataalkot here before taking the story forward. Pataalkot is a valley in Chhindwara district of Madhya Pradesh just south of the Satpura Hill Ranges which fall in a steep cliff into the valley. Due to this steep cliff the valley remained isolated for a long time and its residents, the Bharia Adivasis, lived a subsistence forest dependent life far removed from modern development. Consequently, they have been categorised as a Particularly Vulnerable Tribal Group (PVTG) by the Government because of their long lack of access to education and health services which has adversely affected their ability to adjust to the modern economy and polity. So special development packages have been implemented by the Government for the Bharia Adivasis and roads and electricity have been provided in the valley. In addition to this, adventure sports like sky diving and paragliding have been promoted from the top of the cliff in Pataalkot by the Tourism Department and this has led to an influx of well heeled tourists into the area, boosting the local economy.

The Bharia Adivasis are still very poor because they have small landholdings and the soil quality is not very good. Water too is not readily available for irrigation and so in most cases the Bharias take only a single crop during the monsoon season. Schools and health centres also do not function properly. There are many villages in Pataalkot which still do not have road connectivity and grid electricity. However, they still practice indigenous bio-diverse agriculture and depend on a considerable number of herbs and plants of the forest for their subsistence. This is why Naresh Biswas has stepped in. Naresh has been promoting indigenous agriculture and the conservation of seeds which are slowly going into extinction due to the spread of chemical agriculture and hybrid seeds. Naresh has been conducting this Beej Swaraj or seed independence movement in the Baiga Adivasi areas in the districts of Mandla and Dindori in Madhya Pradesh and Bilaspur in Chhattisgarh for quite some time. He has now extended this to Pataalkot also. This effort of Naresh's made it possible for us to trace the whiskered bajra seeds that we were so desperately looking for.

One fine I set out in our car for Patalkot having got the contacts of Gyan Shah of Kauriya Dhana village in Patalkot from Naresh. Given the fact that the highway roads from the town of Hoshangabad towards Patalkot are in bad shape and full of cows and traffic leading to jams, we decided to rely on Google Maps to take a short cut along the village roads which had been macadamised under the Prime Minister's Rural Roads Scheme. We were progressing quite well towards our destination when unfortunately the data connectivity vanished in the villages and so we lost our directions on Google Maps!! Nevertheless with some help from the villagers we finally managed to get back on the highway to Patalkot succeeding in bypassing the town of Pipariya which is a major traffic congestion point. The view into Patalkot from on top of the Satpuras is really breathtaking. There are a number of tourist points that have been developed from where these splendid views into the valley can be enjoyed. These are also the places from which in winter adventure sports like sky diving and hang gliding are arranged by the Madhya Pradesh Tourism Department. Gyan took us to these viewpoints first and then we proceeded to his village Kauriya Dhana.

Kauriya Dhana is one of those villages that is still to be connected by a motorable road and grid electricity. Gyan said that no car had ever gone to his village and so we would have to park our car in a village before that and walk down to his village. It was getting late and a total walk of six kilometers to his village and back would mean darkness falling before we could climb out of Patalkot. Our car, an old 1998 model Maruti 800, has been customised to travel on rough rural roads and so we overruled Gyan and told him that it would be the first car to ever reach Kauriya Dhana!!

So off we went piling on a few other passengers who were walking to the village on a bumpy stony track with Gyan getting down often to clear the bigger stones from the track. Eventually we reached the village after a few minutes and it was indeed a sight for sore eyes. Typical small Adivasi huts made of mud and baked tiles situated on their farms at a distance from each other. A few pucca houses were under construction with grants from the Prime Minister's and Chief Minister's Schemes for rural houses but overall it had an old world look with forested hills on all sides.

Gyan then brought out the prized bajra seed. He had been able to collect just one cob of bajra from a more distant village and had sown half of it and saved the lower half for us. Such is the state of affairs as far as preservation of our indigenous seed heritage is concerned. After searching for so many months and finally undertaking such a long journey we could lay our hands on just half a cob of the dry land pearl. The Government is busy promoting sky diving in Patalkot oblivious to the immense treasure of indigenous seeds that is on the verge of extinction and is still available because of the Bharia Adivasis. So it is people like Naresh and Gyan who have to make the effort to conserve this heritage and provide us with an opportunity to go pearl diving in Bharia Land. All in all it was a memorable trip to a part of Madhya Pradesh which we had never visited before. The seeds were sown in Pandutalav and did very well. Due to proper sowing and tending of the plants they grew to more than 3 meters in height and tillered very well. Each plant had many cobs and these cobs were as big as half a meter or more in length. The seeds have been kept on the cobs and are going to be sold to farmers before the forthcoming kharif season for sowing. In this way a very important indigenous cereal has been preserved and will now be propagated among the Adivasis to help them to improve their nutrition.



Extensive soil and water conservation works have also been done on the farms of the Adivasis in Dewas district to improve the fertility of the soil and availability of soil moisture for better agricultural production. Subhadra participated in a number of organic agriculture exhibitions presenting her work on the conservation of indigenous seeds. She was felicitated with two awards for her work on sustainable agriculture – one by the Gram Seva Samiti in Hoshangabad and the other by the Kasturba Samman Samiti, Gandhi Bhavan Madhya Pradesh and her views regarding the revival of agriculture were published in Down To Earth Magazine and Times of India. Thus, the sustainable agriculture programme of the organisation has become quite popular and famous.

3. Challenges and Problems

The Mahila Jagat Lihaaz Samiti is battling the severe crises that face India on the three crucial environmental fronts of water, energy and agriculture. Agriculture is the mainstay of the livelihoods of 60 percent of the population of the country yet not much is being done to put it on a more sustainable basis by switching subsidies from chemical agriculture to organic agriculture. Consequently, farmers continue to use chemical fertilisers and pesticides to grow hybrid varieties of wheat, maize and cotton in our area even though they hardly yield any income after their harvest. Due to this lack of support for organic farming, farmers do not give much consideration to our efforts to popularise it.

A rain water harvesting tank was built in the MAJLIS office in Indore. We had been recharging all the rain water into the ground before. However, with the increasing withdrawal of ground water by others nearby our borewell water level has gone down and with rains being less and less the water level will go down further. Water recharged into the ground by a single house is not enough in the absence of others doing the same in our colony. So we built the tank to store water to be used in the crucial summer months when the borewell supply goes down. Once again since there is not enough enforcement of the rules for water harvesting and recharging the water table is going down due to increasing extraction.

The big problem with solar power for irrigation is that the initial torque of the submersible pumps is very high and so requires a high starting current. While the solar panel system we had designed for the farm in Pandutalab takes care of this current requirement between the months of February and June it begins to create problems in the rest of the year either because of cloud cover during the monsoons or due to less insolation from October to January. So we have had to replace the submersible pump with a compressor pump which requires much lesser starting current. This also was a project in itself as Indore doesn't have outlets selling compressor pumps and so it had to be sourced all the way from Coimbatore in Tamil Nadu. Yet again the lack of good policy support for the implementation of decentralised solar systems is hampering the spread of solar power.

4. Future Plans

The major programme of the organisation is that of reproductive health delivery to under privileged women and this has been well developed by it. It has been successfully tried out in other parts of the country and the process of universalisation through further implementation in other parts of India will be replicated.

The sustainable agriculture programme will be extended to farmers in the coming year. A campaign for indigenous seed adoption will be carried out involving the sale of seeds in the weekly markets just prior to the onset of the kharif season. There are special seed sales during the weekly markets or haats and Subhadra along with other farmers will sit with the indigenous seeds to sell them while explaining their benefits to the farmers.

The education programme has to be fine tuned further and the possibilities of starting a hostel for girls will be explored as the weekend coaching model being tried at the moment has its limitations. Decentralised solar models that are appropriate to rural areas and can be easily serviced are being

sought out and if a suitable model is found then it will be implemented. Finally there are plans to take up one watershed for comprehensive climate change adaptation and mitigation action. The hostel for dedicated education of Adivasi girls will also be started with the forthcoming academic session to actualise the aim of providing good education to Adivasi girls.

The farm at Pandutalav has been well developed and it will be promoted as an eco tourism hub where people can come and partake of the organic produce of the farm and take part in its activities. In this way they will be engaged in productive physical labour, eat organic food and reduce their carbon footprint by using off grid solar electricity.

