Dispatch: Waiting at the Doorstep – Learnings from India

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ABSTRACT

Gender disparity is a major issue pervading many aspects of life in India, particularly education. My volunteer experience at a school in India enabled me to understand the problems caused by lack of access to education by rural women in particular, and the importance of the empowerment of women in any global health effort. Education increases the likelihood that women will earn an income, promotes healthy decision-making in the household, and ultimately contributes to better health outcomes for their families and communities.

KEYWORDS: *education, empowerment, women, health, India*

She gave birth to a baby girl. No worse a crime than this had her thrown out of her house, waiting at the doorstep, praying for her husband's mercy. Down the street sits a widow, wailing, languishing over the confiscation of her land by her in-laws. It is dusk. Around the corner, a girl sits outside her school staring down at her feet, dejected, struggling with the reality that she will have to forfeit her education as her younger brother is now starting school and household duties need tending to.

Gender disparity is a frequently encountered issue in India. It is deeply ingrained into the way of life of many communities around the country. The purpose of this article is not to dwell on the problem but rather to describe a first-hand experience of strides being taken to counteract the effects of this pervasive issue and to contribute to the health and sustainable development of rural communities through the empowerment of women.

Deep in the heart of India, within Madhya Pradesh—one of the poorest states in the country—lies the Barli Development Institute for Rural Women, a non-governmental organization (NGO) where I volunteered for one month. For almost three decades, the Institute has provided free education and vocational training to several thousand tribal women. These are indigenous rural villagers whose livelihood comes mainly from agriculture, forestry, and raising livestock. Most applicants, aged fifteen to thirty years, come to know of the program by word of mouth when graduates return to their villages with newfound skills and capabilities. Priority is given to the most economically disadvantaged such as orphans, the divorced, widows, and dropouts. Parental consent must be obtained for admission whenever possible and married women are encouraged to gain support from their husbands. Parents and husbands also attend the school for a three-day course on gender equality, collaborative decision-making, healthy conflict resolution, and the importance of the education of females—future mothers and the primary educators of their children. Many male family members become ambassadors for the Institute and play key roles in supporting graduates upon their return.

Trainees reside at the Institute for the six-month duration of the curriculum. This allows them to be free from the barriers to education that they face in their home communities such as early arranged marriages, household duties, and the responsibilities of caring for children and elders. Additional barriers include poor access to schools due to lengthy commutes, lack of adequate infrastructure such as roads and transportation, and the risks of such travel for unaccompanied women. The curriculum includes a literacy program, classes on personality development, workshops on health and hygiene, vocational training in agriculture and solar cooking, and classes on tailoring and embroidery.

> **"Against all odds, many of these perseverant women have indeed found a voice and have become effective contributors to their communities.**

My role was to develop and deliver workshops on immunizations, anemia, and the prevention of water-borne illnesses. With the assistance of three other international volunteers and an interpreter, we provided live demonstrations to supplement the material. I will never forget the light in the eyes of a student who shyly thanked me after my last session and expressed that it has been her lifelong dream to become a doctor and teach others about health. It was difficult to absorb these words. A bright young woman stood before me with the exact same goals and desire to serve her community as I remember having at her age. I was never any more

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deserving of attaining this dream than she was, yet I had the mere luck of being born into starkly different social circumstances that facilitated my path. Most of these women will not go on to post-secondary education, and not just due to the high cost of tuition. Many of them will still face some of the same barriers and resistance from their communities upon their return as their newfound assertiveness can appear to challenge male authority, despite the Institute's efforts to educate families.

However, many will return to complete their secondary education and put their new skills to work with the support of their families. The transformation is stunning. The majority of students arrive illiterate, unsure of themselves, and uncertain about interacting with people from different villages and castes, let alone foreign volunteers. After six months, they graduate with a practical fund of knowledge and skills, the capacity to generate income, and most importantly, the confidence to exercise leadership skills and play a role in healthy personal, family, and community decision-making. Many of them will return to their communities to become "Area Coordinators", promoters of literacy and health, and educators regarding prenatal care and vaccinations, significantly increasing childhood immunization rates in their home communities upon their return.[1] This tangible example of how knowledge can empower one to grow and to advocate for positive change in the community has reinforced for me the importance of effective patient education that can guide healthy decision-making in their everyday lives. Against all odds, many of these perseverant women have indeed found a voice and have become effective contributors to their communities.

Demonstration of proper washing methods, Barli Development Institute for Rural Women, Indore, India

The beauty of the situation here is that the issue at hand is not one that requires years of research seeking out some panacea, or miracle drug. The vital "resource" for health development in India, and numerous other countries with gender disparities, consists of living, breathing entities eager to be invested in, to be given a voice. They are already there, waiting at the doorstep.

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