



## **Asia Safe Abortion Partnership (ASAP): Narrative Report Template**

### **Basic Info:**

Name of the CAN/grantee partner: Ms. Akshata Todkar  
Name of the project/s: Understanding SRHR issues faced by rural communities organized by MASUM and ISAY, and supported by ASAP  
Focal person as per the MoU: Ms. Akshata Todkar  
Timelines (start and end date): 6<sup>th</sup> to 8<sup>th</sup> December, 2021  
Reporting period dates:

### 1. What was the plan or goal for this visit?

The 3-day Workshop was organised at MASUM, Hadapsar, Pune. It was arranged by Ms. Manisha Gupte, Dr Ramesh Awasthi Co-Founders of MASUM and Ms. Kajal Jain.

The objective for the visit was to

- help us improve communication with people from non-medical background, typically living in rural areas and enable us to talk with them about sensitive issues like SRHR, Abortion, Patriarchy, Gender roles etc.
- Understand how to conduct workshops in peri-urban and rural areas while considering the socio-political situation.
- Observe how MASUM conducts their sessions and the changes they brought
- Understand the ground reality of the rural development with respect to women's sexual and reproductive healthcare.
- To know the issues faced by rural women while availing healthcare
- To understand the difficulties and cultural differences faced by an urban healthcare provider when they cater to rural women.
- To be more sensitized about the rural cultures and lifestyle.

### 2. What was achieved during this time – you may explain day-wise and overall achievements?

#### **DAY 1-**

The day started with an interactive discussion between the participants, Dr Manisha and Dr Awasthi. They asked us about our expectations from this workshop.

#### **Session 1 by Dr Ramesh Awasthi-**

The first session was taken by Dr Ramesh Awasthi, the co-founder of MASUM, an organisation working towards the welfare and development of women in Pune. From this session we understood the socio-political dynamics in rural areas and how to tackle them when interacting with people living in rural areas.

Dr Ramesh through his experiences explained about casteism and social structures in a rural setup. Knowing about the different ways in which the caste system is still prevalent in our society and how we are perpetuating the privileges from it shattered our belief systems nourished by the society. He explained how caste is omnipresent.

Casteism is still very rampant. It can be identified through various examples like-

- the different coloured “Pagdis” where its colour is used to determine caste
- the “Baara Balutedar” system where these artisans perform certain duties in exchange of grains or a share of crop on certain religious occasions.
- The reluctance to allow the lower caste to enter temples, not allowing them to wear footwear or preventing them from asking questions even in the so called “democratic” organizations.

He explained how caste plays an important role in the geography of a village. Usually the Dalit houses are nested at the other end of village away from the main entrance near the crematory. Even the direction of wind is considered as the wind must not flow from the community houses to the Savarna houses.

He further explained the subtle ways in which caste is correlated to economic status and how the upper caste ensures the maintenance of hierarchy. This can be seen by the land distribution pattern in a village. The water cone determines where the Savarna houses and the Dalits are placed on outskirts where there is lack of water year round.



In the political context casteism still exists as the people are not identified by their first names but by their surnames which represents their caste.

We got to know how this structural violence is unconsciously carried on by us in our daily lives unconsciously which made us realize again that there is still a lot to unlearn, learn and relearn.

## **Session 2 by Dr. Manisha Gupte-**

Ms. Manisha took the discussion forward and explained how Endogamy is Caste, Caste in Endogamy and how women function as a “Gateway” to Casteism.

She emphasized on ethics of sexuality and how she tackled gender politics. It was astonishing to know new ways in which the economic, cultural and social spheres affect our autonomy and sexual rights. She explained by citing the Mass Hysterectomy case in Maharashtra sugar belt. Large numbers of families from the Marathwada region of Maharashtra, migrate for work to the sugar belt in the western parts of the state, to work as sugarcane cutters. The women among these workers have been systematically induced by private hospitals in the region to undergo unnecessary hysterectomies. This is done in order to extract maximum working hours from the women who, post-surgery, stop having their menstrual cycles.

She explained caste and patriarchy through her own experiences from her stay in a drought prone village in Maharashtra. Through her tales we learned that true empowerment is not in just helping those women but in making them capable of standing on their own feet.

She explained all the skills required to listen deeply. Some of the tips she gave are-

- Listen
- Empathise don't Sympathise
- Longer the question, Shorter the Answer
- Don't give solutions, ask questions
- Be patient
- Create trust and a safe space
- Understand their issues rather than telling them our opinion

Yet again Dr Manisha gave us a new lens to view the society and ourselves with. We learned that with time we will have to continuously break and build our own belief systems.

### **Session 3 by Ms. Kajal Jain**

As most of the participants were budding veterinarians, they were unaware of the current healthcare structure in rural areas. Thus, Ms Kajal started the session by explaining the Healthcare structure in a rural setup. She gave us a comprehensive idea of the PHC's and their role in villages.



Through examples she explained the problems rural women face while availing healthcare. This was done by asking participants to imagine themselves as a rural woman seeking healthcare and addressing what all limitations one might face socially, economically and emotionally. It was nerve wracking to know that because of these limitations, women suffer in silence from conditions like uterine prolapse for as long as 5 years.

The participants realised that the most common reasons for lack of healthcare are-

- Healthcare budget of India
- Economic Constraints
- Lack of Transportation
- Understaffed and unequipped hospitals
- Social Stigma which leads to discomfort in communication with the doctor. Certain treatable conditions like prolapse are just ignored because they don't know how to approach and explain the doctor due to lack of body awareness.

On this note, she explained about the training sessions done by MASUM with these women to overcome social stigma around sexual health and how these have impacted their Social, Political, Emotional and Economic lives. They trained these women with

some basic healthcare and diagnostic practices to improve healthcare in their region. It was interesting to know that while performing speculum examination they encouraged these women to look at their cervix and vagina through a mirror. It was seen as a new way to get to know yourself just like when we see our faces in the mirror every day.

## DAY 2-

### Session 1- Vanpuri Meeting

The participants visited Vanpuri village near Saswad with Ms Kajal Jain. They had a meeting with the rural women associated with MASUM.



The participants had an open discussion with the women and asked them questions about their lives before and after MASUM. The women replied that they had to face a lot of resistance from their families initially while working for MASUM but eventually their families succumbed. They added that since joining MASUM, they have gained an identity for themselves and regained their Autonomy.

They told the participants about the change brought about in their village after they felt they were empowered enough to participate in village matters. Two of the women present there had been elected as Sarpanch before and just knowing about all the changes they made for themselves and the village was amazing.



It was surprising to know that most of these women know about their property rights and demanded for joint house and land ownership which most of the women even in highly educated families don't have. They further told us ways in which they overcame the backlash from men in their house.

Through these women the participants understood the ground realities of healthcare access and reproductive health in a rural setup.

These women inspired us to believe in the betterment and making learning choices. They had an openness, an acceptance and the willingness to move forward. We were in awe of their potential and ability to evade and crack the four walls of their houses and some traditional values that had supposedly nourished but actually stripped them of their freedom and rights. They did not dismiss their pasts, but embraced them with forward-looking optimistic thinking. Their example made us believe that everything is achievable.



## Session 2- Saswad- meeting with the youth group of MASUM

The meeting took place at the MASUM office in Saswad. Every young person present, joined MASUM through their "Raanpakhra" programme which is held for children of age 9-14. The youths spoke at length about how MASUM helped them overcome the stereotypes and stigmas that they face extensively especially in a rural setting. participants heard a lot of personal accounts of how each one is using the knowledge and wealth of experience they have gained through years of working with MASUM, to help children younger than them. Some of them are now teachers at the Saswad college and they try to be people that children can come talk to.

It was amazing to know to know how MASUM has been instrumental in drastically changing the viewpoint of the youth with respect to a variety of issues from gender equality to sexuality and reproductive health.

It was also interesting to know that the participants and the youth group of MASUM shared very similar thoughts and faced the same kind of resistance from their families.



## Session 3 by Mr. Shrikant Lakshmi

Mr. Shrikant started the session by explaining their work with children and men. He spoke at length about the importance of inculcating morals and breaking stereotypes at a young age. He spoke about having conversations with children about



stereotypes/stigmas instead of lecturing them and trying to impose/bombard them with these concepts. This can be done by asking them questions to make them think on their own as our main goal is to make them capable enough to think on their own.

While doing so we should also learn on the way from our mistakes.

## Session 4- Ms. Sunanda Khedekar

Ms. Sunanda is the team leader of programme against Domestic Violence. She started the session by explaining the basic protocol followed at MASUM for Domestic Violence Survivors. They cater to these women depending on their needs. Some



women just want their story to be heard while others are in serious need for physical, Psychological and Economic support.

The basic procedure for women who have left their house is providing them with shelter, help them look for jobs, teaching them certain skills etc

It was disturbing to know that only 20% of women who come to them actually lodge a formal complaint/FIR against their perpetrators.

She also mentioned that counselling is a very important part of the process of helping domestic violence survivors take action against their perpetrators or leave the house the violence is happening in and become financially independent.

She explained that our job is not to help them forever or fight against the violence inflicted to them but to make them capable enough to fight against the violence and help themselves.

### **DAY 3**

#### **Session 1 and 2 by Dr Anant Phadke-**

Dr Anant started the session by giving a basic idea of the medical field back in his days and he discussed about the drawbacks of the medical syllabus like lack of importance to public health, inclusion on procedures not practiced in contemporary world etc.



He explained the economics of health and how it is a source of power and a way to control developing countries. He also interlinked how the fundamental issues of health are related to nourishment. Through his session we realised how there is a transition from old diseases caused by transmission etc. to new age lifestyle diseases.

One of the root causes of poor healthcare is Government apathy and commercial interest. Privatization of healthcare and lack of facilities for doctors posted in remote locations leads to them abandoning their duty and turning towards corruption. Thus it is very important to provide permanent government employment to doctors to increase their accountability and competence.

He further interlinked how cheap labour is associated with the poor healthcare system in India despite it being a developing country having advanced technology. His session was an eye opener and made us realize that the gap between our knowledge at college and the field level conditions we have to face is going to be huge to cope up with thus having a head's up about it will enable us to give our best.

3. What were the key learnings and challenges – you may explain day-wise and overall challenges?

- We got to know first-hand how the amount of hurdles the women face culturally and socio-economically to obtain healthcare leads them to suffer from pain for prolonged periods of time and worsening the condition.

4. Any significant story of change?

5. Any new collaborations or unintended outcomes as a result of this visit?

All the participants got a chance to visit the MASUM library and received a list of publications. Dr Manisha guided us with the basic material to start with for better understanding.

We also got a chance to develop our friendship with the youth members of MASUM.

6. What are the plans to take forward the learnings from this visit?

We plan to use this knowledge and skills while conducting sessions in the village's adopted by our college and during our rural postings.

7. How can ASAP support you better in future and what collaborative roles would you like to explore in the future?

In the future we would like to attend a training session in work with the MASUM staff to see how to ice-breaking is done.

