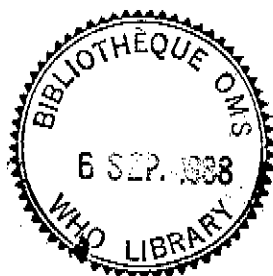


THE ROLE OF WOMEN'S ORGANIZATIONS IN PRIMARY HEALTH CARE WITH SPECIAL REFERENCE TO MATERNAL AND CHILD HEALTH INCLUDING FAMILY PLANNING



Report of an Interregional Meeting
Jakarta, 23–26 November 1987

cosponsored by



World Health Organization
Geneva, Switzerland



Ministry of Health
Republic of Indonesia

Acknowledgments

The cosponsors wish to acknowledge with thanks the major financial support provided to this meeting by the United Nations Population Fund (UNFPA) (Project No. INT/84/P20) as well as the contribution from the United Nations Children's Fund (UNICEF).



Contents

	<u>Page</u>
1. INTRODUCTION.....	2
2. POLICIES AND STRATEGIES FOR HEALTH FOR ALL THROUGH PRIMARY HEALTH CARE	3
3. PRIORITY HEALTH NEEDS OF WOMEN, INCLUDING REPRODUCTIVE HEALTH NEEDS AND THE ROLE OF WOMEN IN THE DEVELOPMENT OF HUMAN RESOURCES.....	5
4. THE ROLE OF WOMEN'S ORGANIZATIONS AND NONGOVERNMENTAL ORGANIZATIONS IN PROGRAMMES FOR MCH/FP AND INTEGRATED FAMILY HEALTH AT VARIOUS LEVELS OF PRIMARY HEALTH CARE.....	5
5. IDENTIFICATION OF APPROACHES AND PROCESSES FOR WOMEN, HEALTH AND DEVELOPMENT.....	10
6. RECOMMENDATIONS.....	14

LIST OF ANNEXES

ANNEX I	List of Participants.....	17
ANNEX II	Keynote address of the Minister of Health of the Republic of Indonesia.....	20
ANNEX III	Address of the Minister of State for the Role of Women.....	22
ANNEX IV	Agenda.....	26
ANNEX V	Background documentation.....	27
ANNEX VI	Topics for small group discussions.....	28
ANNEX VII	Members of small discussion groups.....	29
ANNEX VIII	Speech by Mme Tien Soeharto on the occasion of the courtesy call by participants at the Independence Palace on 25 November 1987.....	31

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

Ce document n'est pas une publication officielle de l'Organisation mondiale de la Santé (OMS) et tous les droits y afférents sont réservés par l'Organisation. S'il peut être commenté, résumé ou cité sans aucune restriction, il ne saurait cependant être reproduit ni traduit, partiellement ou en totalité, pour la vente ou à des fins commerciales.

Les opinions exprimées dans les documents par des auteurs cités nommément n'engagent que lesdits auteurs.

1. INTRODUCTION

1.1 The WHO Interregional Meeting on the Role of Women's Organizations in Primary Health Care with Special Reference to Maternal and Child Health including Family Planning, which was cosponsored and hosted by the Ministry of Health of Indonesia, was held in Jakarta from 23-26 November 1987 in collaboration with UNFPA and UNICEF. Fifty participants from 13 countries representing a variety of health and social disciplines, as well as representatives of international organizations, attended (See Annex I for the List of Participants).

The overall objective of the meeting was to enhance the involvement of women and women's organizations both as beneficiaries and as participants in health for all through primary health care (PHC) with particular reference to maternal and child health/family planning (MCH/FP) and in the achievement of the overall development goals. The specific objectives were:

- a) to review policies and strategies for health for all through primary health care, including those related to women, health and development;
- b) to review priority health needs of women, including their reproductive health needs and the role of women in development of human resources;
- c) to review actual experiences of country programmes in maternal and child health/family planning; integrated family health programmes at various levels of PHC and the role of women's organizations and nongovernmental organizations (NGOs) in this field;
- d) to identify approaches and processes for:
 - creating awareness of women's perspectives and needs in family health programmes;
 - supporting and facilitating the involvement of women's organizations from community to national policy making levels;
 - applying appropriate technologies and mobilizing financial and human resources particularly at community level;
- e) to recommend a plan of action to implement the approaches and processes identified above.

1.2 Opening

Dr M. Sathianathan, WHO Representative to Indonesia, addressed the participants and recalled the United Nations Decade for Women which provided the framework for the effective integration of women in socioeconomic development and health development strategies and goals. Primary health care, the means for achieving equality in health that was unanimously agreed at the International Conference in Alma Ata in 1978, stresses the importance of the health of women and emphasizes equity in health and universal access of women and children to health care. One of the key principles of the strategy of primary health care is community participation. Therefore, proponents of PHC are now well aware that women's groups are an important part of such participation.

The national, regional and global strategies for health for all through primary health care, and the health and development provisions of the Nairobi Forward Looking Strategies for the Advancement of Women, which were adopted by the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women held in Nairobi in 1985, are similar in their content and approaches and their objectives readily converge. For this reason the World Health Organization (WHO) has developed an integrated approach to women, health and development to enhance and facilitate both the objectives of health for all and the Nairobi Forward Looking Strategies and to this end has promoted the incorporation of women, health and development into the main stream of various WHO programmes.

Mr D. Brooks, UNICEF Representative to Indonesia, called attention to the commitment of the international community to promote child survival and development and the important role of women in this effort. Women's role in the community is becoming increasingly important as they become more economically active and more literate. Women are organizing themselves in associations of various kinds to advocate a wider role for women in development and for improved policies and programmes for child survival and development. In Indonesia volunteers, many of whom are women, sustain the development effort at village level.

The keynote address was delivered by Dr Suwardjono Suryaningrat, Minister of Health of Indonesia, who reminded participants of worldwide development concerns and the importance of primary health care in achieving health for all. He described the family planning programme of his country in the light of PHC and national development goals and population policies. Women's organizations, as well as other nongovernmental organizations, are actively involved in PHC in Indonesia, particularly at community level. The Posyandu concept, focusing on active community participation to increase health awareness including family planning, is an effective means to reach underserved communities. (See Annex II for the full text of Dr Suwardjono Suryaningrat's address.)

Following the opening of the meeting, officers were selected:

Chairperson - Mrs Luhulima; Vice Chairpersons - Dr Coyaji and Mrs Hoda Badran;
Rapporteurs - Mrs M. Hautvast and Mrs Sun Young Kim.

2. POLICIES AND STRATEGIES FOR HEALTH FOR ALL THROUGH PRIMARY HEALTH CARE WITH SPECIAL REFERENCE TO WOMEN, HEALTH AND DEVELOPMENT

Various topics related to policies and strategies for health for all through primary health care with special reference to women, health and development were highlighted in plenary session. These are summarized below.

2.1 Present policies and strategies regarding health and development with particular emphasis on MCH/FP and the key role of women in development should be viewed in an historical context. As early as 1948 the Constitution of the World Health Organization emphasized the promotion of the health of women and children as one of the priority actions. In the 1970's the world development community increasingly recognized the importance of health and human development as a means to as well as an ultimate goal of socioeconomic development.

The concepts of equity and social justice with particular reference to health and family planning have been unanimously agreed upon in numerous recent international fora. Strategies and approaches in this regard have also been elaborated and widely recognized. These strategies and approaches include those recommended by the International Conference on Primary Health Care held in Alma Ata in 1978; the International Conference on Population held in Mexico in 1984; and the Forward-looking Strategies for the Advancement of Women adopted by the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women held in Nairobi in 1985. The common feature of these strategies is the recognition that the goals of health, family planning and overall development can only be achieved if women are fully integrated in these efforts and there is a true partnership in development.

2.2 Women and National Development

The case of Indonesia was presented as an example of the role of women in national development. The Indonesian guidelines of state policy stipulate that women and men have the same rights, responsibilities and opportunities, and it is stated that specific means

should be employed to enhance women's role in development in harmony with their role in the family. Recognizing that women's health status cannot be improved without concurrent action to improve their social and economic wellbeing, interrelated programmes are being planned and implemented. For example, broadening the aim of family planning beyond population control to the promotion of family welfare has given rise to programmes for improving the quality of life of the individual. Health programmes, which not only focus on women's reproductive health needs but also on their other health needs and on the needs of younger and older women, require the availability and implementation of laws and regulations which provide support to the wellbeing of women.

To assess the progress and results of programmes aimed at enhancing the role of women in development a monitoring and evaluation system has been initiated and a set of social indicators for women have been developed. Health activities should also be monitored for their impact on and the involvement of women. (See Annex III for the full text of the address of the Minister of State for the Role of Women.)

2.3 Women and health for all through primary health care

- a) Implementation of the integrated community health service post in Indonesia; the role of the Family Welfare Movement (PKK)

The integrated community health service post, known as "posyandu" serves a group of 50 to 100 families, particularly pregnant mothers, children under five years of age and eligible couples. It provides services for family planning, nutrition, immunization, diarrhoeal disease control and other aspects of MCH care. Posyandu programmes are organized and staffed by the Family Welfare Movement which is a community-based movement of volunteers at the grass-roots level. The PKK is concerned with motivating communities and families - particularly women - to participate in obtaining their own welfare. The PKK covers all of women's activities in the village with its basic programmes that deal with public health and related factors such as housing and home economics, education and handicrafts, food, health, protection and conservation of the environment, and sound planning. The PKK has been actively involved in health and family planning since 1972.

In order to overcome obstacles to successful implementation of its activities the PKK employs such methods as communication, information sharing, ongoing training, attraction of resources and gaining the help of health professionals.

The description of the posyandu concept was complemented by a field visit to Bogor district where the participants were privileged to see one health centre and three posyandus in order to gain firsthand experience of the role of women's organizations in primary health care and community participation. At hamlet level the integrated services given by the community and the health provider enable the health delivery network to reach all households. The posyandu plan has been set up to serve as an agent of development as well as a vehicle for the transfer of knowledge and skills. Cadres chosen from the community are trained and subsequently provided with guidance from the health centre staff, Family Planning Coordination Board and the PKK.

- b) The policy and strategies for health development in Indonesia were developed in the context of the main strategy for national development which is based on three principles: equity, sustainable national economic growth and political stability. Health development programmes aim at enabling individuals and communities to achieve their optimal health status. The operational guidelines, based on consideration of major health problems, currently emphasize special age groups to reduce infant and child mortality rates and fertility rates. Attention is focused on improving coverage and quality of care in five programmes - family planning, MCH, nutrition, immunization and control of diarrhoeal diseases - through the establishment of integrated service posts. Women's groups are being actively involved in this effort.

3. PRIORITY HEALTH NEEDS OF WOMEN, INCLUDING REPRODUCTIVE HEALTH NEEDS AND THE ROLE OF WOMEN IN THE DEVELOPMENT OF HUMAN RESOURCES

3.1 Special health needs of women

Women's health is not a medical issue alone. Such factors as education, nutrition, sanitation, water, access to economic resources, sociocultural factors and the power to make decisions are very important. Although health programmes are addressed to all, and both men and women experience many of the same pressing social problems, such as inadequate resources, unemployment and lack of training opportunities, women are almost always the most severely affected. Furthermore, there are conditions specific to women, such as their special biological needs in pregnancy, childbirth and lactation; and sociocultural patterns and values might expose women to the risk factors affecting health in a different way, or might influence their patterns of utilization of the health services. In some communities in the world there is sex discrimination against girls and this begins very early. For example, female babies are sometimes breastfed for shorter periods of time and the seeking of medical care for them when ill is delayed.

Primary health care is an effective approach to meeting women's health needs because it implies the involvement of women in identifying their own health and family planning needs and stresses the importance of providing women with scientifically valid, socioculturally acceptable information upon which they can base their health-related decisions. The principles and approaches of primary health care are particularly relevant to the needs of women and their participation in health and development. The principles of equity, community involvement, appropriate technology, total coverage, intersectoral approach, will benefit women and will enhance their participation.

3.2 Women and the development of human resources

Improved health and social status of women provide the key to their equitable and effective participation in overall socioeconomic development. Women should be given opportunities to attain decision-making positions, and those in such positions must be supported with adequate resources. Women who are assuming responsible positions in the community need to be provided with the knowledge and skills necessary to successfully carry out their functions. Education is an important means of supporting women. Literacy gives women self-confidence and has a profound effect on the health of their families. Studies show that the higher the female literacy rate, the lower the infant mortality. In every economic setting, the children of literate women have a better chance of survival than those of illiterate women. Furthermore, women with schooling tend to marry later, delay child-bearing, and are more likely to practice family planning. Secondary education enables girls to have a choice of professions and, therefore, increased economic independence.

Women's organizations have an important function in exerting their influence on governments to improve women's role in development, as planners, agents and beneficiaries.

4. THE ROLE OF WOMEN'S ORGANIZATIONS AND NONGOVERNMENTAL ORGANIZATIONS IN PROGRAMMES FOR MCH/FP AND INTEGRATED FAMILY HEALTH AT VARIOUS LEVELS OF PRIMARY HEALTH CARE

4.1 Since the Declaration of Alma Ata in 1978 and the recognition of community involvement as an essential component of primary health care, measures to achieve more effective involvement of women in PHC have been sought. As the main providers of health care in the family and community, as bearers and rearers of children, and as workers at home and outside, women play a vital role in health and development. Women's organizations have been recognized as having an important role to play in the process of involving women in PHC since, addressing themselves to women's needs and problems, they can effectively channel the immense potential of women to bring about positive changes in their communities.

Women's organizations have special characteristics which make them a key factor in community involvement and an ideal entry point and partner in primary health care:

- they are traditionally supportive, motivated and interested in health care (linked with socially prescribed roles of women as health care providers);
- they are able to understand and carry out intersectoral activities basic to primary health care;
- they have a positive attitude towards voluntary work;
- their work in primary health care is seen as positive action, acceptable both to the family and the community;
- they are based on, or form part of, long-standing networks, with family, cultural and intergenerational ties which are conducive to health promotion and disease prevention.

Grass-roots women's organizations play a significant role in implementing primary health care at local level. Since their goal is to satisfy the immediate needs of their members, they often carry out a number of health and health-related activities. Where health services are supporting such groups, the activities are more effective and might include, for example, organizing mothers for maternal care, providing information on family planning, and health education. Health education programmes by women's organizations are especially beneficial because a group of women - rather than individuals - is involved. These women can thus reinforce each other and help adopt new practices.

Intermediary women's organizations, which support local groups as well as their own membership, are involved in activities such as: provision of services to the community (e.g. advising on management of limited health resources); education and training of grass-roots women; nonformal education; initiation and/or promotion of grass-roots women's organizations; research; and influencing policy-making or advocacy. Intermediary groups help grass-roots organizations to achieve greater effectiveness in planning and supervising local health activities.

International women's organizations - associations or federations of national nongovernmental organizations - can provide important links between community organizations and the government. International women's organizations generally provide the following types of assistance to their affiliates: writing proposals, providing training in leadership, management and technical skills; obtaining funds; and information exchange. Such organizations are actively involved in the promotion of health in general, and in some cases, of women's health in particular. In this regard their activities include: networking between women's organizations in developed and developing countries; organizing and participating in seminars and conferences on issues that affect women's health; disseminating information about primary health care; and involvement in PHC projects through national and local affiliates.

4.2 Country experiences

a) Country studies

The specific role of women's organizations varies according to the social, cultural and political circumstances in which women live. In order to develop country-specific strategies to enhance the involvement of women's organizations in MCH/FP, three WHO/UNFPA-supported studies on women's organizations and their role or potential role in primary health care with particular reference to MCH/FP were carried out in Ghana, Mali and Mexico, in some instances with the collaboration of IPPF. The results of the studies will be the basis for action programmes in these countries, however, the methodology and the lessons learned will be disseminated widely for application in other countries as appropriate. The findings of the studies were presented at the meeting and are summarized below.

In Mali the national women's organization is especially concerned with young unmarried mothers and has developed special programmes for them. It is actively involved in promoting family planning, often in conjunction with income-generating activities, and has found that 90% of women approve of family planning (including both birth spacing and problems of infertility). However, there are various constraints to the practice of family planning such as lack of a national family planning policy; lack of an adequate health infrastructure to deliver contraceptive services; and the attitude of men. Future plans of the women's organization include: intensified production of educational materials for use in promoting family planning; training; and the development of programmes to motivate men to support family planning.

In both Ghana and Mexico, while women's organizations are active in many areas, their potential for engaging in primary health care and family planning activities has not been fully realized. In Ghana it was noted that men have a positive attitude toward family planning, which may be partly explained by the existing matrilineal social system. In Mexico, it was found that the majority of women's organizations had no knowledge of government health policies or even of the health services that were available nearby. This lack of information is an impediment to the effective mobilization of women's organizations for health and development efforts for women themselves, their families and communities.

- b) The activities and concerns in relation to women's organizations and PHC with particular emphasis on MCH/FP in various countries were presented to the meeting by the participants.

In Bolivia women take a very active role in primary health care, especially through their participation in popular health committees. These committees are involved in the decision making process at national level as well as in teaching primary health care concepts in the community. Nongovernmental organizations that deal with women's concerns are grouped under an umbrella organization called, "Women Coordination."

In the Republic of Korea women's organizations were organized and consolidated under the auspices of the Saemaul Undong (New Village Movement) based on the philosophy of the integrated approach to development through organized community effort, which was initiated in 1972. Participation in development projects including income-generation, day care centres, food and nutrition and MCH/FP have increased women's confidence and self-esteem, particularly in rural communities where women's organizations play a very active role.

The Mozambique Women's Organization (OMM) is a centralized organization, founded during the movement for national liberation, to emancipate women and to enhance their potential for contributing to national development. The OMM represents women country-wide and at all levels, including policy-making. Since its inception the OMM has been actively involved in PHC, including MCH/FP. In collaboration with the Ministry of Health, the OMM is responsible for health education and the mobilization of women to utilize health and family planning services; operates health clinics and other programmes especially aimed at working women; and works with the government and national youth organization to promote the health concerns of young women.

In the Solomon Islands women play an important role in community development, particularly because men frequently leave the rural communities to seek employment in Honiara, the capital city. Primary health care programmes are being developed by nongovernmental organizations as well as the government. Women's organizations have been oriented toward improving women's health and that of their families in the context of their role in the family. More than 400 women's clubs exist in villages

supported by nongovernmental organizations, churches and government services. These women's organizations could be more effectively utilized by the government in addressing the needs of village women who sometimes lack the information needed to improve their health and that of their families.

The Katiwala primary health care programme in the Philippines is staffed almost exclusively by women volunteers. It is an example of a community-based health and development programme that depends on the active participation and initiative of women. It emphasizes the training of volunteers and income-generating activities and maintains close links with governmental and nongovernmental organizations in these fields.

The role of women as health care providers in their families in Thailand is supported by the Coordinating Committee for Primary Health Care of Thai NGO's (CCPN) which encourage rural women to form action groups to promote their health concerns and facilitate their participation in decision-making in national development. The strategies used by the CCPN include community organization, education programmes and the allocation of existing resources to optimally benefit women and their communities. Other nongovernmental organizations dealing with women, health and development in Thailand include the Girl Guides Association, the Association for the Promotion of Women's Status, and professional women's associations.

A population policy was adopted by Egypt as part of its PHC strategy. A representative of women's organizations is a member of the national council for population which includes the ministers of all the service ministries. All health centres provide family planning services, as do most of the clinics run by women's organizations. However, cultural and economic factors mitigate against more extensive use of family planning.

The policies and programmes of two of the women's organizations in Indonesia were presented.¹ KOWANI (Indonesian Women's Congress), a federation of 61 national voluntary women's organizations, has approximately twenty million members. Its aims in the health area are to provide information on health and health-related issues to its members and to promote their participation in preventive health programmes. It also trains health and family planning programme motivators. Constraints to the work of voluntary women's organizations that were noted include the present status of women, lack of managerial skills and the lack of remuneration which causes voluntary work to be unattractive to young women, professional women and those in low income groups. Dharma Wanita is actively involved in family planning and health programmes in the context of the Indonesian national development plan to improve individual, family and community welfare.

The considerable progress that has been made in Kenya in improving child health has been largely attributed to the contribution of women in the provision of health care. The training of nurses, 90% of whom are women, is being strengthened, as is the training of traditional birth attendants as providers of community-based health care. Maendeleo Ya Wanawake, the largest women's organization in Kenya with over 300,000 members, is actively involved in providing family planning services in combination with income-generating activities, and has trained its member organizations in such areas as sanitation and household hygiene. The difference in educational level between men and women may be narrowing, since 90% of those attending adult literacy classes are women, and there is now support for the construction of high schools for girls.

¹ The work of other women's organizations including the PKK, as well as policies related to women in national development, are discussed in section 2 of this document.

4.3 Experiences of participating organizations in the area of women, health and development

The International Planned Parenthood Federation (IPPF) is composed of national family planning associations in 128 countries. Integrated planned parenthood and women's development programmes are key priority areas and generally focus on community education, family planning and income-generating activities. In order to effectively implement the health and family planning programmes that they would wish to undertake, women's organizations in many countries require additional resources that could be provided by national governments and international donors. Advocacy in such areas as family planning, particularly for adolescent girls, health concerns of women and other women's issues is an extremely important function that women's organizations can provide.

The United Nations Development Programme (UNDP) has women and development as one of its priority areas in all of its programmes and is currently supporting 54 primary health care projects which include women's health as a key concern. A fund for operational research on maternal health (Safe Motherhood Initiative) has been established and long-term intersectoral strategies to improve the health and social status of women and girls as well as immediate action to strengthen maternal health and family planning programmes, are being implemented.

The United Nations Fund for Population Activities (UNFPA) emphasizes the integration of women's interests into all population activities through the promotion and support of activities required to ensure the participation of women and the incorporation of their interests in all programmes and projects; and, the support of projects specifically developed to benefit women. The goal of UNFPA within the area of women, population and development is to improve the status of women and to increase their participation in population and development activities and programmes as well as to increase the benefits that accrue to women from these programmes. Activities which are currently being supported include education, training, skill development, economic activities, child care and community participation, as well as those designed to strengthen the capacity of women's organizations to participate fully in the development process and to assist them in expanding their roles beyond the traditional ones and to become advocates on behalf of women.

Recognizing that women's organizations have a crucial role to play in achieving health for all through the primary health care approach, the World Health Organization (WHO) works to strengthen these organizations by such means as dissemination of credible, scientific information as a basis for action to promote health and the enhancement of women's leadership capabilities. WHO has supported several action-oriented studies on the role of women's organizations in primary health care (see section 4.2(a)) as the basis for designing more effective strategies.

In the Western Pacific Region of WHO, the active participation of women's organizations is being promoted. In collaboration with UNFPA and national authorities, women's organizations are specifically involved during needs assessment and project formulation. In Samoa and Papua New Guinea village women's committees contribute directly to MCH/FP activities in the community. In China the national women's organization supports various aspects of the family planning programme and in Viet Nam the Women's Union lobbies for legislation affecting women. In Tonga and the Lao People's Democratic Republic women's groups are being mobilized to promote family planning.

In the South-East Asia Region of WHO collaboration with women's organizations will be supported by workshops on the role and functions of nongovernmental organizations in women, health and development. Other suggested strategies for improved collaboration include: development of leadership capabilities among women's organizations; establishment of national coordinating mechanisms for women's organizations; and research on women's special health concerns, including appropriate technologies to reduce excessive workloads, malnutrition and too-frequent pregnancies.

5. IDENTIFICATION OF APPROACHES AND PROCESSES FOR WOMEN, HEALTH AND DEVELOPMENT

Based on the presentations made at the meeting as well as the ensuing discussions, the participants addressed three basic areas for which approaches and processes for action are needed:

- creating awareness of women's perspectives and needs in family health programmes;
- supporting and facilitating the involvement of women's organizations in health development activities;
- applying appropriate technologies and mobilizing financial and human resources, particularly at community level.

The participants discussed these issues in working groups (see Annex VI for the list of working group members and Annex VII for the list of discussion topics) and presented their plan of action and recommendations in plenary session.

5.1 Creating awareness of women's perspectives and needs in family health programmes

Women's special health needs are primarily related to their reproductive role. The process of pregnancy, birth, breast-feeding and child-nurturing is in itself a healthy and normal process. But when such factors as unregulated fertility, low social status and poor general health and nutrition are present, and are further compounded by lack of care, this life-giving process can be life-threatening to women. It is estimated that approximately 500,000 women die each year of pregnancy-related causes, which are theoretically preventable with current technology. Pregnant women must receive adequate antenatal care and have access to essential obstetric and gynaecological care provided by trained workers; births should be attended by trained health workers; the health infrastructure should provide access to family planning; and intersectoral action is required to enhance the role and status of women. Other major health needs of women include early detection of breast and cervical cancer, promotion of mental health, protection of the health of working women, child care and social support for the family.

In addition to their health needs, women also have a key role as health care provider, particularly in the family where they carry the main responsibility for its health. To better assume the role of health care provider in the community, women need training and support, including the sharing of tasks within the family.

To create an awareness of women's special health concerns as well as their perspectives, approaches/strategies and their accompanying activities were identified.

a) Promotion of reproductive health of women

Activities should aim at increasing access to adequate, affordable, and effective services for antenatal care, safe delivery, postnatal care, family planning and adolescent reproductive health.

b) Data base on women's health status including maternal health and family planning needs

Women should be involved in the systematic collection, organization, analysis and dissemination of data on maternal mortality and morbidity, lactation, birthweight and gender-specific infant mortality rates.

c) Advocacy

Messages based on priority health issues should be developed for use at different levels. Both men and women should be involved in the organization of advocacy activities and their follow-up.

- d) Communication, information and education for women and men on their complementary roles in development

Formal education activities would involve the development of appropriate curricula and geographical and socially-accessible secondary education equally available for boys and girls. Nonformal group education activities would be aimed at community leaders, religious groups and women's and men's organizations, and would develop curricula appropriate to the nonformal channel.

- e) Mobilization of mass media for information, education and communication

Support is needed to develop and disseminate information, education and communication messages through mass media (e.g. radio, television, newspapers, and traditional entertainment).

- f) Mobilization of multisectoral efforts

Activities that are relevant to each sector - both government and nongovernmental - should be identified and support should be given to integrate them into each sector's plan of action.

- g) Mobilization of grassroots resources

Community leaders should support the actual and perceived needs of grassroots level women. Activities based on a combination of these needs should be developed in collaboration with community leaders.

- h) Development of leadership capability of women

Leadership training activities for women should be supported at all levels and from an early age. Equal opportunity in leadership and decision-making jobs should be provided.

- i) Equitable sharing of family resources

Activities aimed at creating awareness of the need for equitable sharing of resources such as food, health care, and educational opportunities should be supported, as should activities aimed at preventing the abuse of women. Fostering mutual respect and the sharing of tasks within the family is another important aspect.

- j) Legal issues

Activities should be developed to create awareness among women of their legal rights and to promote further legislation related to women's health and social status. Legal provisions that may be needed could include the reduction of arranged marriages, ensuring equal pay for equal work, equality of inheritance and protecting the economic and social rights of single mothers, and elimination of violence against women in the family and community.

5.2 Supporting and facilitating the involvement of women's organizations from community to national policy-making levels

Women's organizations are a powerful force whose potential contribution for the promotion of PHC has not yet been adequately mobilized. Organizations at each level have a specific contribution to make. Grass-roots organizations serve as a mechanism through which women from the most disadvantaged sections of society participate in improving all aspects of their lives. They are also a cost-effective means of making available a

variety of services at the local level such as literacy training, vocational training, income-generating activities, health and family planning. Intermediary organizations have an important role in identifying local organizations, coordinating their activities and providing training to their leaders. International women's organizations can help to extend communication beyond national boundaries. While grass-roots organizations form the backbone of the efforts of women's organizations in health and development, intermediary (including professional) and international women's organizations provide vital support, particularly in terms of expertise, advocacy and mobilizing resources.

In order to strengthen existing organizations and to encourage the formation of new groups and networks of women, as well as to facilitate their involvement in health and development, specific measures must be taken.

a) Planning health actions

In order to determine priority areas for action, community diagnosis using simple means of data collection should be carried out to assess health needs and problems. In some instances, women's organizations may need to reorient their health care projects and activities in accordance with primary health care concepts. Therefore, information about the primary health care approach, including the role of women's organizations in PHC, should be made widely available to both grass-roots and intermediary women's organizations. Activities may be carried out in such areas as health education, nutrition, MCH/FP, immunization, sanitation and safe water supply, and housing and conservation of the environment.

b) Mobilizing women's groups

Potential groups can be mobilized by contacting local leaders of formal and informal groups, including local administrators, village heads and leaders of religious groups and youth organizations. A useful first step is to make an inventory of women's organization's currently working in health or health-related areas.

c) Training for primary health care

Training is an important component of any strategy to enhance the role of women's organizations in PHC. It must be aimed at various levels and appropriate teaching/learning aids and materials should be developed. Women leaders need to be trained in such skills as management and administration, programme development, implementation and evaluation, and the preparation of teaching materials (in collaboration with experts). Women who will train and work with those in the community need to be trained in communication, information and education techniques, simple working procedures, and essential technical knowledge. Village women need training in functional literacy, "legal literacy", health education and practices, income-generating and marketing skills, operating loan facilities, cooperatives and community health insurance systems, promoting community self-reliance and conservation of the environment.

d) Collaboration

Setting up a mechanism for collaboration among women's organizations, the health sector and other development sectors is essential in order to maximize the contribution of women's organizations. Lack of information about government policies and programmes in the health area can be a constraint to women's organizations in effectively carrying out their role in this area. Periodic coordinating meetings, a nongovernmental liaison body in the Ministry of Health, and appropriate guidelines for the use of health personnel at different levels on how they can work with international, national and local women's organizations are possible solutions.

e) Research

Operational research on collaboration between women's organizations and the health sector is needed. Women's studies institutes should be utilized when possible.

f) Documentation and information dissemination

Accurate and adequate information, relevant to local circumstances, is essential for appropriate action. It is also necessary for advocacy purposes. Meetings, publications and various audio-visual media are useful means of disseminating information on women's health concerns and on women's perspectives.

g) Monitoring and evaluation

Sustained monitoring and evaluation of the involvement of women's organizations in PHC, with the support of the health sector, would be useful for strengthening the participation of women's organizations. At the same time it could help the health sector assess the costs and benefits of such involvement and might encourage a greater allocation of resources for it. Aspects of the involvement of women's organizations in PHC that would need to be assessed include: the relevance of the activity initiated; the process followed in its implementation; the effectiveness, efficiency and impact of the activity; the support given by the community, other local organizations, the health sector and other related sectors; and its impact on other activities of women's organizations.

5.3 Applying appropriate technologies and mobilizing financial and human resources, particularly at community level

a) Appropriate technologies

It was recalled that as defined in the Alma Ata Declaration on Primary Health Care, appropriate technology is based on sound scientific knowledge, socially and culturally acceptable, accessible, capable of being adapted and locally produced and maintained, if possible. It should be simply designed, low cost and able to be maintained by the people for whom it is intended. Appropriate technology includes the development and production of tools, instruments, equipment, training materials and training methods. Appropriate technologies are based upon assessment of the environment and consultation with the potential users. Appropriate technologies were recognized to include those specifically related to health and family planning, especially the delivery system; and those related to reducing women's work load.

Women should be involved in the planning, implementation, monitoring and evaluation of new technologies to ensure their effective use. Women's involvement in the process of developing and managing water supply and sanitation systems was given as an example. Training and refresher courses should be made available to women when new technologies are introduced so that they can learn how to use and maintain them. Operational research on how the technologies are used, as well as on their impact on women's lives, should be carried out.

b) Mobilizing financial and human resources

Financial and human resources to support women's organizations must be mobilized from the following levels: individual women, family (including the extended family), community, national sources and international sources. The difficulty that nongovernmental organizations have in obtaining sufficient funds from national and international sources was noted, and the establishment of a funding mechanism by the

health sector to assist women's organizations in carrying out health-related activities such as training, research and publications was proposed.

In a spirit of self-reliance community-level women's organizations can be involved in income-generating/fund raising activities, as well as in participating in the establishment of cooperative community health programmes. The access and control of financial resources by women is an important factor in determining the use of such resources for improving the health and nutrition of the family and community.

Human resources to support women's organizations can be mobilized from such community-level sources as formal and informal leaders, religious leaders, youth groups, education and health workers, traditional health practitioners and other community organizations. However, the most important human resource is women themselves. Through involvement in women's organizations women are supported and strengthened, and gain new self-esteem as a result of participating in a non-family institution. Furthermore, since women's organizations often have an integrated approach toward women's concerns, they can promote health from a holistic perspective. Training in the technical content of PHC including family planning is essential as is leadership development.

To mobilize the necessary financial and human resources and political commitment, information, education and communication media must be used for advocacy to create awareness among women and others. The allocation of resources to women's organizations is a necessary prerequisite to their effective involvement in PHC.

6. RECOMMENDATIONS

A series of recommendations based on the preceding discussions were adopted by the participants in plenary session.

General

Since long-term sustained development for all is the most important goal and means concerning the enhancement of women, every effort should be made to translate the Nairobi Forward-looking Strategies for the Advancement of Women that were adopted by the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women (Nairobi, 15-26 July 1985) into action. National and international organizations, both governmental and nongovernmental, should support the implementation and monitoring of the Nairobi Forward-looking Strategies and of the approaches and processes identified and agreed during the meeting.

Creating awareness of women's perspectives and needs in family health programmes

6.1 National governments should take the necessary steps to ensure that women are involved in the decision-making process from grass roots to high policy-making levels, and that their concerns are adequately represented in national plans for development.

6.2 Women's organizations should make their members aware of existing legislation which affects their health and social status and should be active in promoting the enactment of additional legislation.

6.3 Research, particularly operational and action-oriented, concerning women's health priorities should be carried out.

6.4 National and regional networks for information exchange should be developed and strengthened.

6.5 Women's organizations should play a dynamic role in promoting change in social attitudes and values which affect women's health and that of their families. They should act as a pressure group to promote necessary change at the policy level.

6.6 Women's organizations should pay special attention to adolescent groups and young women in order to prepare them for family life including creating health awareness and providing family planning information and services as appropriate. The development, training and involvement of young women should be considered a priority, and the collaboration of youth groups should be fostered.

Supporting and facilitating the involvement of women's organizations from community to national policy-making levels

6.7 In view of the numerous nongovernmental and women's organizations concerned with the health of women and children, and the need to most effectively use their resources, a mechanism to coordinate the participation of these groups in attaining the goal of health for all by the year 2000 should be established, and the roles of women's organizations at different levels should be carefully defined to ensure that their roles are complementary and mutually supportive.

6.8 Information obtained from the grassroots (community) level should be a major input to decision-making.

6.9 Women's organizations should be fully involved in data collection and analysis, programme planning, implementation, monitoring and evaluation in relation to MCH/FP services, including training and operational research.

6.10 The capacity and capabilities of women's organizations to participate in decision-making at all levels should be strengthened through provision of knowledge, skills and means including financial support as appropriate.

6.11 Health personnel, both women and men, at all levels should be trained so that they better recognize the value of women as health care providers, and the health sector should actively support and collaborate with women's groups, including facilitating their access to relevant information and being responsive to information provided by women's organizations.

6.12 Other government sectors should recognize the potential role of women's organizations in PHC, especially MCH/FP, and should collaborate with them.

6.13 International organizations should support countries in organizing national and regional workshops on the role of women's organizations in PHC with special reference to MCH/FP.

6.14 Training methodologies and materials appropriate to the audience for which they are intended should be developed.

Applying appropriate technologies and mobilizing financial and human resources, particularly at community level

6.15 International organizations should support the development of women's leadership for PHC and family planning.

6.16 To most effectively use appropriate technologies needs assessment, including prior consultation with users, should be carried out.

6.17 Women must be adequately trained in how to use and maintain these technologies. For this purpose educational materials should be produced.

6.18 Local use of appropriate technologies should include the adaptation of existing successful technologies (e.g. growth charts, home-based mother's records, training of TBA's), and the development and production of new technologies as needed.

6.19 Special attention should be given to using appropriate technology to improve health and family planning delivery systems. Women's groups should serve as a channel to promote the use of appropriate technologies.

6.20 Recognizing the importance of a safe water supply and sanitation system for health and its impact on reducing the workload of women, special efforts should be made to involve women in the planning, utilization and maintenance of such systems.

6.21 Governmental and nongovernmental organizations should establish a mechanism to review collaborative funding and policies.

6.22 International donor agencies should review their policies to facilitate the provision of financial support to nongovernmental organizations and should keep nongovernmental organizations informed of policy changes that would affect funding proposals.

6.23 National and international agencies should be encouraged to increase funding to women's organizations.

6.24 Women's organizations must be assisted in developing their human resources.

6.25 The value of "in-kind" community support and contributions should be recognized by programmes and agencies.

ANNEX I

INTERREGIONAL MEETING ON THE ROLE OF WOMEN'S ORGANIZATIONS IN
PRIMARY HEALTH CARE, WITH SPECIAL REFERENCE TO MATERNAL AND CHILD HEALTH
INCLUDING FAMILY PLANNING

Jakarta, 23-26 November 1987

List of Participants

Bolivia

Dr M. T. Paz
Assistant Secretary
Ministry of Health
La Paz

Egypt

Dr Hoda Badran
National Women's Organization and
Member Arab Council for Children
Cairo

Ghana

Professor P. A. Twumasi
Department of Sociology
University of Ghana
Legon

India

Dr B. J. Coyaji
King Edward Memorial Hospital
Rasta Peth
Pune 411 011

Indonesia

Dr Suyono Yahya MPH
Director General for Community Health
Ministry of Health

Ir. Soepardan
Secretary, Office of the State Minister
for the Role of Women

Mrs Achie Soediarti Luhulima
Assistant to the State Minister
for the Role of Women

Mrs Samiarti Martosewoyo
Indonesian Midwives Association

Dr Sudyanto
Indonesian Pediatrics Association

Mrs Adnan Widodo
Central Family Welfare Movement

Mrs Gustiantina Sulakso
Dharma Pertiwi

Soeharto Wirjowidagdo
Prov. FWM of Jakarta

Dra Roch Budiati
Ditjen for Rural Development
Ministry of Interior

Dr Malichah Motarom
Aisyiah

Dr Lily Munir
Fatayat NU

Dr Halimah Majid
GUPPI

Dr Gautama
Catholic Women's Association

Dra B. Simorangkir
Christian Women's Association

Dr Tutty Suyono
Dharma Wanita

Mrs A. Cholil
Dharma Wanita

Mrs Mien Soegandhi
Wanita MKGR

Dr E. S. Pandi
Deputy for Research and Development
NFPCB

Ms Kustiniyati Mochtar
IPPA

Mrs Sumhadi
Indonesian Women's Congress

Mrs Imatu Sudjakri
Central FWM

Sonya Poernomo
Ministry of Health

Mrs Emma Suratman
Ministry of Health

Dr Widyastuti Wibisana
Ministry of Health

Mrs Rustandi
Prov. FWM of West Java

Mrs Geertruida
Ministry of Health

Dr Rusjda Hadjerat SKM*

Mrs Purwani SKM*

Dr Orie Andari Sutadji*

Dr Setyawati Hanna MPH*

Dr Sumaryati Aryoso SKM*

Mr Zulfahrein*

Mrs Titi Sumbung**
Yayasan Melati

Dr Uki Soedjoko**
Yayasan Mawar

Mrs Titi Memet
UNICEF Consultant

Jamaica

Dr C. Bowen-Wright
Principal Medical Officer
Ministry of Health
Kingston

Kenya

Mrs Joyce Naisho
Senior Public Health Nurse
Deputy Head of Family Health Unit
Nairobi

Mali

Mrs A. Diallo
Association Malienne pour la
Promotion et Protection
de la Famille
Bamako

Mozambique

Mrs Anasztacia Guimares
Mozambican Women's Organization (OMM)
Maputo

Netherlands

Mrs M. Hautvast
International Agricultural Centre
Wageningen 6701 AN

Philippines

Dr E. Nino-Dayrit
Chief, Maternal and Child Health
Service
Department of Health
Manila

Ms Josephine Quianzon
Community Organizer and Trainer
Katalina Institute, PHC
Davao Medical School
Davao City

Republic of Korea

Mrs Sun-Young Kim
Seoul

* Local Organizing Committee

** Observer

Solomon Islands

Ms Sarah Osiabu
Extension Agent
Family Food Production Project
Honiara Town Council
Honiara

Thailand

Mrs Bung-Orn Rithipakdi
CCFNC Coordinating Committee of
Thai NGOs on PHC
Bangkok

Ms Khunying Kanok Samsean Vil
NGO Girl Guide Association
Bangkok

Dr Nonglak Tanyawanich
Professor In Public Health
Mahidol University
Bangkok

Representatives of International
OrganizationsInternational Planned Parenthood
Federation (IPPF)

Ms N. Fee
Programme Adviser, Women's
Development
London

United Nations Children's Fund
(UNICEF)

Mr D. Brooks
Representative
Jakarta

United Nations Development
Programme (UNDP)

Ms K. Springer
Technical Adviser
New York

United Nations Population
Fund

Ms Uyen Luong
Deputy Representative and
Senior Adviser on Population
Jakarta

World Health Organization

Mrs D. Edouard
Technical Officer
Division of Family Health
Geneva

Dr L. Mehra
Senior Medical Officer
Maternal and Child Health Unit
Geneva

Dr Saiyud Niyomviphat
Regional Adviser, Nursing
South-East Asia Regional Office
New Delhi

Dr A. Petros-Barvazian
Director
Division of Family Health
Geneva

Dr M. Sathianathan
The WHO Representative
Jakarta

Dr R. Thapa
Regional Adviser, Maternal
and Child Health
Western Pacific Regional Office
Manila

ANNEX II

Keynote address of the Minister of Health of the Republic of Indonesia

Distinguished guests, ladies and gentlemen,

It gives me great pleasure on behalf of the Government of Indonesia to express our heartfelt thanks for the honour accorded to us by the WHO Headquarters and UNICEF to host the Interregional Meeting on the Role of Women's Organizations in Primary Health Care with special reference to MCH/FP.

It is indeed a privilege for me to be given the honour to address this distinguished audience attended by senior officers and expertise in the field of health development through MCH and Family Planning Programmes.

As I have been personally involved in these particular programmes in my professional career, my views and experiences on this subject might hopefully be of some use to your deliberations.

Ladies and gentlemen, the developing countries are dealing with common social and economic constraints which are obviously the underlying factors of health and population problems faced by the developing world. The high mortality and fertility rates are unmistakably sharp indicators to measure their state of welfare and overall development.

Governments are attempting to solve these problems through their national development programme emphasizing economic growth in support of improving people's welfare. In the social sector, education, health and family planning are the main priorities of rural development.

The major health problems of the rural poor are the high prevalence of infectious diseases, nutritional and health environmental conditions which are not conducive to development. These unfavourable conditions lead to the high mortality rates among infants and children, high maternal mortality as well as high fertility rates which are common and prominent health indicators in the developing countries. Advancements in health technology such as the introduction of antibiotics and other applied technologies helped reduce mortality rates.

With regard to maternal mortality, low level education and even illiteracy among women, besides the inadequate health services, particularly maternity care, are the major constraints in health.

Due attention should be given to expand the outreach of educational as well as health service programmes to make mothers better understand their own and their children's health.

It is obvious that programmes to cope with immunizable diseases, diarrhoea, malnutrition and unacceptable health environmental conditions should be given high priorities in the health development strategies.

Ladies and gentlemen, all member countries have been committing themselves to the HFA strategies by the year 2000 as advocated by WHO and the expanded programme on immunization as suggested by UNICEF. It is well understood that the primary health care concept is the key approach to the HFA strategies.

The family planning programme launched on a large scale in my country has a twofold objective. With regard to population control as part of the national development, it is aiming at fertility decline. Viewed from the welfare approach, family planning which is closely related to our efforts to improve the health of mothers and their children to some extent should be part of the MCH programme. Particularly its contraceptive service activities should be integrated with MCH as at the operational level priority programmes implemented through MCH programmes and family planning are dealing with the same target population, namely women and their children; the same area targets, the village, and the same community, participating in these programmes.

I am not stating however that our national family planning programme should be deprived of MCH activities or primary health care. The national family planning programmes as part of a larger scope of our population policies is attempting to bring down fertility at an acceptable rate to stabilize our population. However, the main target population remain and will still be the underserved rural and urban community. Based on these observations in the field and viewed from the cost and programme effectiveness aspects, we have found it necessary to integrate MCH and family planning services in the integrated educational and health and family planning services termed Posyandu in this country. Posyandu is notably not merely an extension of health services including family planning. It is meant to facilitate a platform for the community to participate actively in community health programmes through MCH and family planning. The focus is on educational and simple health measures dealing with the community's and individual health needs through creating health awareness and simple self-medication such as the use of oral rehydration therapy and other medicine not requiring a doctor's prescription. The strong and effective women's organization, namely the PKK and other similar women's participation programmes of nongovernmental organizations, or NGOs, have been instrumental in accelerating this learning process through learning by doing. Their programmes go even beyond health and family planning, e.g. illiteracy and income generating schemes.

Ladies and gentlemen, learning from the Indonesian experience I would like to invite this forum to take a closer look at the following issues:

- a) There is an increasing need to create health awareness through innovative communication, information and education programmes.
- b) Expansion of health delivery systems emphasizing MCH and Family Planning as part of the Primary Health Care concept is the best approach to accelerate maternal and child mortality decline, as well as meeting the twofold objective of the national Family Planning Programme.
- c) The Posyandu concept focusing on increasing active community participation to increase health awareness including family planning should be considered a breakthrough to challenge careless and passive attitudes of the underserved community. Community participation should become a movement and women's organizations are the most appropriate prime movers of this "learning by doing process" including beyond health and family planning programmes.

To conclude my remarks I wish you every success in your deliberations.

Thank you.

Minister of Health of the
Republic of Indonesia
Dr Suwardjono Surjaningrat

ANNEX III

Address of the Minister of State for the Role of Women

Distinguished delegates, ladies and gentlemen,

I feel greatly honoured to be present and address this Interregional Meeting on the Role of Women's Organizations in Primary Health Care with special reference to Maternal and Child Health and Family Planning.

The Indonesian Guidelines of the State Policy stipulate that national development is conducted in the framework of the development of the whole community. The main objective of the long term development is to lay a strong foundation for the Indonesian nation to grow and develop based on its own strengths towards the achievement of a just and prosperous society based on Pancasila (the five principles of the State Philosophy).

The Guidelines of the State Policy stipulate the role of women in national development:

- a) Overall development requires maximum participation of both men and women in all fields. Therefore, women have the same rights, responsibilities and opportunities as men to fully participate in all development activities.
- b) The role of women in development should increase harmoniously with their role in creating healthy and prosperous families, guiding the young generation, the youth and underfives in the context of the development of the Indonesian Man of Integrity.
- c) The role and responsibilities of women in development shall be enhanced by increasing their knowledge and skills in various fields according to their needs and capabilities.
- d) In order to promote the participation of women in development it is necessary to further increase the activities of women for the improvement of family welfare, among others through the programme of Pembinaan Kesejahteraan Keluarga (PKK - Family Welfare Movement).

The acknowledgement of the importance of the equitable participation of women in development is stated in the Government's policy called "Eight Paths of Equity". The sixth path stipulates equitable opportunities to participate in development especially for youth and women.

The major policy objectives in the efforts aimed at enhancing the role of women in national development in all fields are:

- a) to improve and expand the role of women in creating healthy and prosperous families;
- b) to increase and expand the role of women as members of the labour force through the expansion of work opportunities in various fields of development.
- c) to speed up the increase and expansion of the role of women in various fields of development through improvements of education and skills;
- d) to encourage a socio-cultural climate conducive to the participation of women in development;

- e) to improve and expand the role of women in various fields of development through their contribution in building a strong foundation for the Indonesian nation to grow and develop on her own strengths towards the achievement of a just and prosperous society.

The policies and measures to increase the role of women are carried out in coordination and integration with policies and measures in the various other fields of development. Steps towards integration are taken beginning with the planning stage to the implementation and through the control stage.

The increased participation of women in national development must be supported and appreciated by the society at large. It is therefore imperative that the public give their full support to the goals of development which women would like to achieve. This can be done through the following measures:

- a) improvement of the quality of information and extension services to the public through the mass-media;
- b) encourage the development of national laws that will stimulate and enhance the role of women through:
- i) legal aid and legal-literacy activities;
 - ii) improvement, change or replacement of legal rules that constitute barriers to the advancement of the role of women and,
 - iii) legal research in areas that will have a bearing on women's status and needs;
- c) intensification of the development of a data base on women and development;
- intensification of research activities on the status and role of women in development; data collection has to capture the differential manner in which women and men inter-act with development process;
- d) intensification of international and regional cooperation to widen the outlook of Indonesian women and to develop their professional skills.

It is within the framework of the overall policies and strategies for the advancement of the role of women in development described above that the policies and strategies for enhancing the role of women in health development should be viewed. There is a close interrelationship and interdependence of health and social and economic development. In the long run, it is clear that women's health status cannot be significantly improved without additional action to uplift women's overall social and economic conditions. Many health problems are due as much to poverty as to any specific health or nutritional deprivation.

This means, that it is necessary to view supporting women's reproductive roles in social sectors or supporting their productive roles in the economic sectors as a continuum.

It has been proven that supporting women's access to productive resources has shown positive effects in maintaining collective group activities, improving the nutritional status of children, lowering fertility and increasing the chances that children, especially daughters, have access to education.

Recognizing that health development is an integral part of the socioeconomic development process, activities of the health sector must be coordinated at national, intermediate and community or local levels with those of other social and economic sectors.

Though such an approach is complex in nature, the implementation of a number of interrelated programmes not only opens wider horizons, it also strengthens the role of the community. For instance, broadening the aim of family planning beyond mere fertility control to the promotion of total family welfare, has given birth to programmes for improving the quality of life of the individual, such as lowered morbidity and mortality, improved nutritional status and income generating opportunities. On the other hand, strengthening the role and status of women has opened wider opportunities for women to be active participants in the process of national development and not just passive beneficiaries

In terms of objectives, the programmes focus on mobilizing women for participation at the community or grass-roots level; improving the welfare of low-income families through income generation projects; strengthening their capabilities as mothers, family educators and household managers; improving the conditions of women in agriculture and small scale industry, in the labour force and eradicating illiteracy; and raising the level of education and skills among women. In addition, advocacy activities are carried out to sensitize policy makers, planners, women's leaders and the public at large about specific and important issues related to the role of women in the home and community which need special attention.

The legal literacy programmes, for example, recognize the relationship between age of marriage with the health status of women and their level of education. Health programmes must also be accompanied by conscious efforts to reduce the total workload of women among others through development of appropriate technology. Efforts to improve women's health condition also depend on the availability and implementation of laws, regulations and other stipulations which can give better protection to the wellbeing of women.

In health programmes attention to women's health and nutritional needs should not be focused on women's reproductive status only, which puts the emphasis on maternal and child health and family planning, but also on women's other health needs and the needs of younger and older women.

To assess the progress and results of the programmes aimed at enhancing the role of women in development, a monitoring and evaluation system has been initiated. A set of social indicators for women has also been developed. It is hoped that the monitoring and evaluation system and social indicators will be the means to assess the actual performance of projects in incorporating women and women's needs and concerns in development.

It is also most important that all health activities be closely monitored for their involvement of, and impact on, women. Community women should participate actively in both routine monitoring and periodic evaluations.

All the strategies for incorporating women and women's needs and concerns into health programmes described above are incorporated in the National Basic Strategies for the Enhancement of the Role of Women Towards the Year 2000. More specifically, the National Basic Strategies also stated:

- a) The development of human resources are primarily geared to the development of the potentials of underfives and the young generation towards attaining a physically, mentally, socially and emotionally healthy condition which calls for the improvement of the abilities of mothers to create a healthy and harmonious environment.
- b) To promote women's knowledge and skills in health as women are the principal providers of health care in the family.
- c) To promote healthy living in the family as a fundamental life pattern by enhancing women's competence in maintaining the health of herself, her children and her family.

- d) To promote the quality of the community health centre (Puskesmas) and integrated services post (Posyandu) and its utilization and community participation.
- c) To promote the quality and the role of women cadres serving and referring people to the Rural Health Centre (PKMD) regarding health services for treatment.
- f) To promote health education as an integral part of all activities of education and training centres focusing on the equal distribution of functions, duties and roles of women and men within the family, at work and in society. Children and adolescents, especially those who are still at school should become motivators of the implementation of a healthy life within the family and its environment.
- g) The intensification and extensification of health information to society especially to women and adolescent girls through the religious and other potential social groups.
- h) To promote efforts to achieve women's self-reliance in the fields of health such as:
 - i) the promotion of nutrition education and a healthy life pattern starting within the family;
 - ii) the inclusion of environmental health into the work programme of women, youth and adolescent organizations;
 - iii) the improvement of women's social insurance (DUKM) and the health fund system, to be reached by all strata in society;
 - iv) the promotion of women's knowledge and skills in herbal cultivation and the utilization of traditional medicines.

It should be noted here that women in Indonesia play a crucial role in health and family planning programmes. PKK cadres and members of women's organizations constitute the majority of voluntary workers at the village level. Health and family planning are strong components in the ten main programmes of PKK. A great number of women's organizations and the PKK carry out health and family planning programmes, which range from advocacy activities, health education to the actual provision of services. A number of women's organizations conduct maternity clinics with MCH and family planning services open to the public.

Health development in Indonesia has always been marked with a strong cooperation between the Government and NGOs at all levels of administration.

The participation of women's organizations in policy-making at the national level is exercised through their representations in the various working groups established by the various Government institutions. And it is imperative to maintain and strengthen this cooperation to ensure the achievement of Health for All by the Year 2000.

It is my hope that the outcome of this meeting would add new dimensions for the successful promotion of the role of women in the health and welfare of the community as a whole.

Finally, I wish you a very successful meeting.

Mrs A. Sulasikin Murpratomo
State Minister for the Role of Women

ANNEX IV

INTERREGIONAL MEETING ON THE ROLE OF WOMEN'S ORGANIZATIONS IN
PRIMARY HEALTH CARE WITH SPECIAL REFERENCE TO MATERNAL AND CHILD HEALTH
INCLUDING FAMILY PLANNING

Jakarta, 23-26 November 1987

Agenda

1. OFFICIAL OPENING
 - 1.1 Introductory addresses.
 - 1.2 Introduction of participants.
 - 1.3 Selection of officers and method of work.
2. POLICIES AND STRATEGIES FOR HEALTH FOR ALL THROUGH PRIMARY HEALTH CARE WITH SPECIAL REFERENCE TO WOMEN, HEALTH AND DEVELOPMENT
 - 2.1 Women and national development.
 - 2.2 Women and health for all through primary health care.
3. PRIORITY HEALTH NEEDS OF WOMEN, INCLUDING REPRODUCTIVE HEALTH NEEDS AND THE ROLE OF WOMEN IN THE DEVELOPMENT OF HUMAN RESOURCES
 - 3.1 Special health needs of women.
 - 3.2 Women and the development of human resources.
4. ROLE OF WOMEN'S ORGANIZATIONS AND NONGOVERNMENTAL ORGANIZATIONS IN PROGRAMMES FOR MCH/FP AND INTEGRATED FAMILY HEALTH AT VARIOUS LEVELS OF PRIMARY HEALTH CARE
 - 4.1 Country experiences.
 - 4.2 Experiences of participating organizations.
5. IDENTIFICATION OF APPROACHES AND PROCESSES FOR WOMEN, HEALTH AND DEVELOPMENT INCLUDING:*
 - 5.1 Approaches and processes for creating awareness of women's perspectives and needs in family health programmes.
 - 5.2 Approaches and processes for supporting and facilitating the involvement of women's organizations from community to national policy-making levels.
 - 5.3 Approaches and processes for the application of appropriate technologies and the mobilization of financial and human resources, particularly at community level.
6. RECOMMENDATIONS AND PLAN OF ACTION TO IMPLEMENT THE APPROACHES AND PROCESSES IDENTIFIED
 - 6.1 Reports of group discussions.
 - 6.2 Recommendations and plan of action.
7. CLOSING CEREMONY

* This item was addressed in group discussions.

ANNEX V

Background Documentation

1. Assimeng, M. Women's Organizations in Ghana: their nature and types with reference to their potential involvement in family planning. Legon, University of Ghana, 1987. (Unpublished paper)
2. Women's Organizations and Family Planning in Mali. Bamako, Association Malienne pour la Protection et la Promotion de la Famille and the Union Nationale des Femmes du Mali, 1987. (Unpublished paper)
3. Lenero, M. Report of involvement of women's organizations in health and family planning. Mexico, Technical Secretariat of the Commission on Women's Health Secretariat, 1986. (Unpublished paper)
4. WHO. Collaboration within the United Nations System: Women, Health and Development: progress report by the Director-General. Geneva, World Health Organization, 1987. (A40/19).
5. WHO. Health and Family Planning. Geneva, World Health Organization. (In Point of Fact, No. 23/1984)
6. WHO. Women and Health. Geneva, World Health Organization. (In Point of Fact, No. 27/July 1985)
7. WHO. Women, Health and Development: a report by the Director-General. Geneva, World Health Organization, 1985. (WHO Offset Publication, No. 90)
8. WHO. WHO Consultation on Policy Aspects of Community Participation in MCH/FP Programmes. Harare, Zimbabwe, 15-17 October 1986. (WHO unpublished Document No: WHO/MCH/86.14) Geneva, World Health Organization, 1987.
9. WHO. World Health Statistics Quarterly, Women and Health. Volume 40, Number 3. Geneva 1987.
10. UN. The Nairobi Forward-Looking Strategies for the Advancement of Women as adopted by the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, Nairobi, Kenya, 15-26 July 1985. United Nations Department of Public Information. Division for Economic and Social Information. 1986.
11. _____. Safe Motherhood, Nairobi, 10-13 February 1987. World Bank, WHO, UNFPA.
12. WHO. Declaration on Strengthening District Health Systems. Harare, Zimbabwe, 7 August 1987.

ANNEX VI

Topics for small group discussions

Topic I

To identify approaches and processes for creating awareness of women's perspectives and needs in family health programmes.

- a) identify women's perspectives and needs in family health programmes;
- b) identify approaches in creating awareness of women's perspectives and needs in family health programmes;
- c) identify the process of each approach applied to create awareness;
- d) formulate a plan of action to implement the approaches and processes identified above;
- e) indicate recommendations accordingly.

Topic II

To identify approaches and processes for supporting and facilitating the involvement of women's organizations, from community to national policy-making levels.

- a) identify involvement of women's organizations in health development activities from community to national policy-making levels;
- b) identify approaches in supporting and facilitating the involvement of women's organizations in health development activities;
- c) identify processes for supporting and facilitating the involvement of women's organizations in health development;
- d) formulate a plan of action to implement the approaches and processes identified above;
- c) indicate some recommendations.

Topic III

To identify approaches and processes for application of appropriate technologies and the mobilization of financial and human resources, particularly at community level.

- a) identify existing application of appropriate technologies and mobilization of financial and human resources, particularly at community level;
- b) identify approaches and processes for application of appropriate technologies;
- c) identify approaches and processes for mobilization of financial and human resources;
- d) formulate a plan of action to implement the approaches and processes identified above;
- e) indicate some recommendations.

ANNEX VII

Members of small discussion groups

Group A (emphasis on Topic 1)*

1. Dr A. Petros-Barvazian
2. Dr Maria Teresa Paz
3. Dr Elvira Nino Dayrit
4. Ms Khunying Kanok Samsean Vil
5. Ms Sarah Osiabu
6. Mrs Joyce Naisho
7. Ms Katherine Springer
8. Dr Rita Thapa
9. Mrs A. Widodo
10. Mrs Roch Budiati
11. Dr Lily Munir
12. Ms Gustiantina Soelakso
13. Dr Malichah Motarom
14. Ms Kustiniyati Mochtar
15. Dr Halimah Majid
16. Dr Tri Komala
17. Mrs Gertruida
18. Ms Abdullah Cholil

Group B (emphasis on Topic 2)*

1. Mr Uyen Luong
2. Dr Banoo Coyaji
3. Mrs M. Hautvast
4. Mrs Sun Young Kim,
5. Mrs Adama Diallo
6. Mrs D. Edouard
7. Mrs Saiyud Niyomviphat
8. Dr Nonglak Tanyawanith
9. Dr Tuty Suyono
10. Mrs Soeharto Wirjowidagdo
11. Ms Samiarti Martosewoyo
12. Mrs Sumhadi
13. Dr E. S. Pandi
14. Dr B. Simorangkir
15. Dr Widyastuti Wibisana
16. Ms Mien Sabur

* See Annex VI for list of discussion topics

Group C (emphasis on Topic 3)*

1. Mrs Hodra Badran
2. Professor P. A. Twumasi
3. Dr Leila Mehra
4. Ms Bung-Orn Rithipakdi
5. Ms Josephine Quianzon
6. Ms Nancy Fee
7. Ms Anasztacia Guimares
8. Dr Sudyanto
9. Mrs Rustandi
10. Mrs Emma Suratman
11. Mrs Titi Sumbung
12. Mrs Mien Soegandhi
13. Dr Uki Soedjoko
14. Dr Sonya Poernomo
15. Ms Gautama
16. Ms Iman Sudjahri

* See Annex VI for list of discussion topics

ANNEX VIII

Speech by Madame Tien Soeharto on the occasion of the
courtesy call by participants at the Independence Palace
25 November 1987

Ladies and gentlemen,

First of all I would like to extend my warmest welcome to Jakarta, especially to participants from abroad. Allow me also to express my congratulations on the holding of the Interregional Meeting on the Role of Women's Organizations in Health Development which you are now attending. I hope that this meeting will produce beneficial results for all of us.

It is a distinct pleasure for me to have the opportunity to talk and meet with you, prominent leaders of women's organizations from different countries.

I think it is correct to say that our present era is actually the era of development. Nowadays, almost all nations are competing with each other to develop themselves. The advanced nations are continuing their development in order to reach an even higher level of prosperity and wellbeing. The developing nations - including our nation - are also working very hard, to develop ourselves and to catch up with all kinds of backwardness and to attain progress, for the sake of our prosperity and wellbeing. Learning from the historic experience of different nations, we have formulated the goal of our development as the development of a complete Indonesian man and the development of the whole Indonesian society.

Of all the many elements required for achieving the goal of our development, the question of health constitutes one of the extremely important aspects. Apart from food, clothing, shelter, education and employment opportunities, health is undoubtedly one of the most fundamental human needs. Without a good degree of health, it is impossible to create a prosperous society.

During the implementation of our development, our Government has indeed tried very hard to raise the degree of our people's health, and due to such hard work we have made quite encouraging progress in this field.

Despite the great progress we have made so far, we are aware that the demand of our people is still so much greater than what our Government has been able to offer. Because of this, there are many social organizations, including women's organizations, which have participated actively in health development.

The participation of such social organizations in health development was motivated, among other things, by the fact that development, as a great endeavour by the whole nation to improve the people's wellbeing and to enhance the prosperity of the community, can only succeed if it is fully supported by the whole of society. Moreover, the participation of social organizations in development also reflects the spirit of mutual assistance, which has become one of the unique characteristics of our society.

In their participation in health development, many social organizations are managed by women, who have selected the sector of mother and child care.

The selection of mother and child care may possibly be linked with the natural instinct of mothers to take care of the health of children and of themselves.

I believe that such motherly instinct has a far-sighted objective. Namely because children are the nation's hopefuls, where our nation can place hope and reliance in them in the future. Children who are physically and spiritually healthy, who are intelligent and smart as well as imbued with a noble character, certainly will grow up as children whom we can rely upon later. And such children can only grow if they were born and raised by equally physically and spiritually healthy mothers.

Apart from dealing with the health of mother and child, there are also many social organizations, which are pioneered by women, who are active in the eradication of various diseases that still inflict our people such as, tuberculosis, heart disease and arteriosclerosis, eye diseases and so on.

We are very pleased that the activities of these various social organizations in the field enjoy the full support of the Government and the community, so that these activities can eventually function much better and become more widespread. The results have been very heartening.

The close cooperation between the Government and social organizations in the field of health that has been established so far, has reduced the infant mortality rate and raised the average life expectancy of our people. Another fact which is also important is the increased health awareness of our own people.

From the achievements that we have just mentioned, we become even more aware that through development, in general, and development in the field of health in particular, we are confident that stage by stage we will definitely be able to attain the development goal of our nation.

It is the beneficial contribution by society towards development that has enabled Indonesia's women to have self-confidence, to have the eagerness and stamina to continuously take an active part in the development of their nation. Naturally, we would like also to learn from the experience of other women in their participation of developing their own societies. We may possibly learn of such experiences during the current meeting.

By exchanging experiences, by having mutual comprehension and understanding, we are convinced that we can foster friendship amongst our respective societies. With closer friendship between nations, we certainly can build a world which is more imbued with understanding, more peaceful, and more prosperous for the entire human race, which is so deeply cherished by all women.

With all these hopes, I conclude my speech.

May God Almighty constantly bestow His blessing on all of us.

Thank you.
