Women's Participation in Environment Education

Ms GITA SEN GUPTA
Miss V. SUBHADRA

I. Introduction

At the United Nations Conference on Human Environment held at Stockholm in June 1972, a modern era of environment awareness and concern was born.[1] Most nations of the world came together at the time in response to a deterioration of global environment and to a growing threat to its integrity.

During that time there were only 10 countries to have environment protection agencies. Today, their number exceeds a hundred. Environment is beginning to be seen as something that man must depend on not merely for their continued well-being and development but for their very survival.

II. Population Explosion

In this context the countries' population growth is worth a look. With the advancement of medical science and technology the mortality and morbidity status of India has come down compared to the birth rate resulting in population explosion.

Table 1

India's population at a glance in millions as on 1st March' 81[2].

Year	*Population*	*Density of population KM²*	*Percentage of urban population to total*
1901	238396	77	10.84
1921	251 21	81	11.18
1941	318661	103	13.86
1961	439235	142	17.97
1981	685185	216	23.31

Table 1 depicts how rapidly the country's population is increasing. Immigration of population is more towards cities and towns, than villages, and, as a result, cities and towns are getting thickly populated and along with them bustis and jhuggies are increasing day by day. This rapid increase of population is mainly responsible for environmental population.

Population Projection Summary

Table 2

Population in millions as on 1st March, 1981

Male 348; Female 324.

Ms. Gita Sen Gupta is on the Faculty of Public Health Nursing and Miss V. Subhadra is Head, Department of Public Health Nursing. A.I.I.H.P.H., Calcutta.

These 324 million women need to be approached as agents of environment education, especially in the slums for their majority.

Table 3

Population by age as on 1st March, 1981

Age group	*Male*	*Female*
5—24	39.6%	45.7%
25—44	24.5%	24.9%
45.65	12.1%	11.4%
65+	3.5%	3.4%

The 45.7% females between 5 to 24 years of age can be approached through formal education as a part of general education and others through non-formal and adult eduction, so that they will also act as agents.

The Problem

Forest, grass land, and fisheries are the world's three major renewable resources. Their utilisation exceeded the natural rate of replenishment, and the undernourished people on earth today are greater than even before and are continuing to increase. Due to dirt, desert, floods and denudation of forest for human consumption the world is undergoing an unprecedented loss leading to an ecological imbalance.

Why women's participation in Environment Education is essential ?

1. Women are fairly large in number in consideration to total population.
2. Approximately half of the womenfolk (24.73%) of our country are illiterate compared to menfolk (46.62%) and more so the rural women (17.92%), but they consume the bulk of the health care facilities the country provides[2].
3. They are easily accessible and approachable by all different categories of health workers including professionals for motivation.
4. As mothers are interested in their children, they can teach and inculcate good health habits and preservation of the environment in addition to household work within the home situation.
5. Most of them being housewives are available in the homes and often may be said to be taking, decisions, initiate actions, hold on to the ideals and values

within the home and community.

Hence, the choice of designating her as an agent within the community to motivate others beyond the family fold in adopting controlling measures for environment pollution is justified.

To have access to the solution a plan of action is necessary for taking into cognizance the availability of resources, men, money, materials at the different levels.

Proposed Plan of Action

Plan of action in the broader sense should cover the awakening of conscinusness and joint action by the professionals and women in the following areas.

A. Environment

1. Physical environment within the home : To ensure adequate and proper ventilation with free flow of fresh air throughout the day and night.

2. Health workers should demonstrate and encourage construction of smokeless chullas for use and prevent pollution of immediate environment.

3. Provision of safe drinking water within the home and if not so within an accessible distance with the community, provided the community should form a base. Consumers should be encouraged to use the resource as well as maintain them.

4. To prevent water pollution, construction of sanitary latrine in the home must be enforced by women along with 'Sulabh Shouchalaya' type of sanitary latrine in the community.

5. Creation of public opinion against water reservoir pollution. Awareness should be created for protection of village ponds and wells from pollution, washing of clothes, utensils and bathing of animals in ponds should he prevented.

6. Depending on the availability of land within the home environment, kitchen garden should be encouraged for economic reason and also to inculcate the habit of taking salads in the daily diet in addition to green landscape.

7. Emphasising the responsibility of individuals to keep the plants alive in their neighbourhood, afforestation on a large scale may be undertaken in a phased manner in mutual cooperation from families and the community.

8. Stopping of brick kilns and their impact on the top fertile soil and enviroment : Near the outskirts of urban areas the brick kilns are responsible for removing the top fertile soil which leads to water stagnation and so many health hazards. The women should create a favourable public opinion in the families and community collectively to solve the problems of brick kilns.

9. The remedy of soil erosion is making of parapets and planting of trees should be encouraged at the community level. Green fertilisers like Sanahi, Decha and Mung should be planted in boundary walls to prevent soil erosion. They will also be fodder to animals and fuel for family.

10. With the help of the government or voluntary agencies construction of gobar gas plants may be undertaken at the village level to save fuel consumption and for lighting in the homes and community.

B. Training

Environment education is an important aspect of environment pollution and its bearing on community.

The environment education through formal and non-formal education system and extension method should take into consideration the needs of day-to-day problems of people in the rural area and slums. The greatest hurdle to communicate difficulties are between the literate and illiterate and no effective communication strategies appears to have been developed as yet to bridge this communication gap.

The curriculum content of environment education should be built up on specific objectives in a frame of day-to-day problem of real life situation, hazards of population explosion, environment pollution, ways and means to prevent environment pollution, along with 3' Rs i.e., reading writing and simple arithmeties.

C. Community participation

Community participation along with government agencies will be more effective in implementing the environment education programmes in the form of collaboration with local people, groups of community leaders, youth club members, panchayats, co-operatives, school teachers, Mahila Mandal Samitis, village women's clubs and health committees. Community participation from planning to evaluation stage will enhance the acceptance of the programme by people.

The nurses and health workers like Village Health Guides, Community Health Workers, Health Educators and others should motivate and organise their local groups and clubs for controlling and preventing environment pollution, beautification of environment through demonstration, exhibition, film show, distribution of leaflets, pamhlets, arranging of visits to health projects so that they ultimately arrange similar programmes to motivate the womenfolk of the community in action. The womenfolk will ultimately increase consciousness among the menfolk, and the community as a whole of environment education.

D. Coordination, supervision and government support

Government, voluntary organisations and professionals like C.M.D.A. or City Development Authority, Public Health Engineers from Welfare Organisations, revenue collectors, Environmental Hygiene Advisory Committee of I.C.M.R., P.H.C. Workers and I.C.D.S. programme supervisors should provide adequate supervision, time-to-time guidance and encourage the community organisers, village health committee members to continue the project. Environment education is a long-term project and needs constant monitoring, modification, evaluation and follow-up.

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of human milk has increased and research techniques have improved. As a result, even cautious workers now conclude that there probably is a link between the kind of food eaten in early life, and later development of allergy. Human milk is thought to be less likely to lead to allergic problems than other foods.

Goldman (1975) in a review of cow's milk sensitivity states that : 'It is therefore evident that breast-feeding and avoidance of cow's milk is the most practical method of preventing the occurrence of cow's milk sensitivity in infancy.' However, breast-feeding does not prevent sensitivity only to cow's milk which is anyway rather rare. Other, more common allergies may probably be avoided, because the immunoglobulins and cellular components of human milk seem to be able to prevent sensitization to other foreign proteins as well. How they achieve this no one yet knows for certain, but probably they prevent the absorption of undigested foreign proteins through the infant's immature intestinal wall.

Jelliffe and Jelliffe (1978) draw attention to the fact that when both parents have a family history of allergy, the baby's chances of being affected are 3 : 4 (that is, three out of every seven children in such families will have an allergy problem). Jelliffe recommends, among other things, that :

—the pregnant mother tries as much as possible to avoid well-known, strong allergens in her food; and

—that she prepares mentally to breast-feed her infant for as long as possible.

Mentally Handicapped Infants

Children with brain damage, or mental handicap from any cause, are also often poor breast-feeders. This is mainly because they are slow learners. However, many of them succeed eventually, so the mother of such a child should be encouraged not to give up trying too quickly. Persistence and patience can bring rewards, even under these distressing circumstances.

If a child is known to be handicapped at birth, it may be difficult for a health worker to know whether or not to encourage the mother to start the intimate 'bonding' to the child through breastfeeding. The mother's total situation has to be reviewed : do she and the father wish to take care of the child themselves ? Do they have the resources to do so ? What are the alternatives ? Will the mother reject the child if she does not 'bond' to it ? Nowadays, it is recognised that many handicapped children do better if they live at home, even for a limited period, than in istitutions, provided there is sufficient educational and other support for the parents. And in many parts of the world there is very little professional support, and no alternative to home care. A great deal of understanding and broadmindedness on the part of the advising health worker is demanded—not only with regard to breast feeding, but the situation as a whole. Breast-feeding helps a mother to accept her handicapped baby as her own, and to love the baby in a way that is more difficult without that kind of closeness. For the baby being loved is essential. It may of course make a later separation, should it be necessary, more painful.

A Baby with Cleft Lip or Palate

Most medical textbooks curtly state that it is 'impossible' to breast feed a child with a cleft upper lip or palate. Here again, practice belies the statement.

If only the soft palate is cleft, breastfeeding is usually no problem. All that is necessary is for the baby to be fed in relatively upright position, to help prevent the milk from going into the nose. If only the upper lip is cleft, the mother can often ensure proper sucking merely by putting her finger over the opening.

However, if the upper lip and hard palate are both totally cleaved, sucking may be very difficult. We know of one energetic and handy father who was able to mould a plastic device which covered the cleavage, but this may not always be possible. The mother may in such cases have to hand-express her milk and give it by cup and spoon or by bottle. She may then have to use a rubber teat which is longer than usual. If you cannot obtain one of these, you can try to put two ordinary baby teats, one over the other, which also makes the teat longer. To feed with a cup and spoon, you may find that a soft metal teaspoon with its sides bent in is more efficient than an ordinary spoon.

Feeding children with cleft lips and palates usually takes longer than normal. These babies may swallow more air than usual, and may have to be relieved of this ('burped') several times during feeding. Again, persistence and patience are the most important demands on a mother of such a child. She will be in great need of support and encouragement from the health worker.

For information on better material and infant feeding practices, write to : Infant Nutrition Information Service, C-14 Community Centre, Safdarjung Development Area, New Delhi-110 016.

Women and Environment Education

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Conclusion

Women play a vital role in controlling the environment pollution, promoting and maintaining ecological balance of environment for healthy life by educating themselves, creating clubs and conscious groups to discuss the day-to-day environmental issues and may lead them to timely action for the health and welfare of the community.

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