

## **CONCEPT NOTE**

### **INTERNATIONAL CONFERENCE ON GENDER EMPOWERMENT (ICGE2012)**

Main Theme:

#### **GENDER EMPOWERMENT AGAINST POVERTY TOWARDS FAMILY WELFARE**

The theme is addressed for supporting the development of the Family welfare among spouses; empowerment of men and women in family, particularly within poverty and hunger; which cover the related knowledge, attitude and practice to daily life situation such as: healthy lifestyle, spirit to get advancement, building self-confidence, anti domestic violence, economic skills, and related technology and so on.

One of considered tools is harmony between men and women. Harmony in family life, particularly among husband and wife will not born automatically, but within a process that comes from spirits and efforts to the common-needs, proper gender perception, creativity, practicing on togetherness, and to act in bringing the equal relationship and or expected condition, most important, healthy, free from poverty/hunger and domestic violence.

The four aspects of gender equality process: access, opportunity/participation, benefit and control are important within the four main living areas: social, economy, culture and politic of decision making process in the family based on egalitarian ethos. The patriarchy culture is noted still being anchored in most family life; thus it is noted for education and culture towards better mindset and coping mechanism for a better family life, community life and a better world for women and children which lead to family future.

The slogan: Women's empowerment is family advancement towards future investment; is not merely give benefits to family more over this is referred to human rights without eliminating the 'local wisdom', which is enriching the most people life in developing countries. This international conference is welcome any finding, report, analysis and model development related to the above for supporting family welfare.

The sub-themes are stated below but not limited to, as follow:

Sub Themes:

1. Education and culture within gender empowerment
2. Gender empowerment against illiteracy on law and human's rights implementation

3. Gender harmony and prevention of domestic violence for family advancement and social welfare
4. Prevention of teenage pregnancy and unwanted children
5. Nutrition and breast feeding for healthy infants and children within poor families
6. Gender sensitive health care for HIV/Aids, TB and Malaria
7. Role of cooperative union on women economics and cottage industry
8. Family coping mechanism and gender collaboration empowerment within poverty challenges and environment
9. Women's empowerment in applied technology for health
10. Role of Information, Communication and Technology (ICT) for gender empowerment and advancement

The conference is aimed to build sharing experiences among participants with focus discussion on education and culture of family, people that lead to community life that will be delivered by the keynote speaker. Another important topic is about role of gender in combating poverty, particularly from the lens of policy analysis and programme management. When economic is becoming the key word within poverty and hunger; health is most precious thing and significant for the poor and the rich. However this is mostly forgotten by people, particularly by the poor. The poor shall have greater loss if they don't have money and health as well. The family coping mechanism is needed, better understanding need to be developed, elimination of stigma, put respect to the human rights; and they need to be empowered by the skills in healthy lifestyle, household/family economic skills, building gender harmony free from domestic violence, utilization of information communication and technology (ICT) and so on.

Professionals, Researchers, Providers, Activist, Policy makers, Experts, Consultant, Graduate/Continuing students and Programme managers are invited to join this first International Conference talks about Gender Empowerment. It is hoped that gender equality would be better discussed on the constraints and challenges within family and community life towards the Millennium Development Goals achievement by 2015, hereafter to reach the equity in health, economic, social and politic between men and women towards family and social welfare.

#### POSTERS EXHIBITIONS:

The exhibition is also opened along with the similar main theme and sub-themes.

Details about Posters Exhibition shall be obtained at [here](#)

Please send your abstracts by April 10, 2012 to the ICGE2012 Secretariat

[SecretariatICGE@genderempowerment.com](mailto:SecretariatICGE@genderempowerment.com)

Further query, if any, please write to:

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## **1. EDUCATION AND CULTURE WITHIN GENDER EMPOWERMENT**

### **Background:**

Culture most of the time is being used to describe the beliefs and practices of certain society, or community maybe up to one country which is also related to tradition, custom or religion they follow. Actually culture means also 'the way things are done'; confirm also understanding of why this should be so. The world conference on Cultural Policies (Mexico, 1982) stated that; 'Culture.... is.... the whole complex of distinctive spiritual, material, intellectual and emotional features that characterize a society or a social group. It includes not only arts and letters, but also modes of life, the fundamental rights of human being, value systems, traditions and beliefs'.

Gender perspective is born due to social and culture construction over the time by certain society or community. That's why talking about gender relation and its empowerment must not have gone far away from education and culture. Some people believe that gender relationship is institutionalized into all aspects of living due to customs, myths, beliefs and so on. Patriarchy culture put men number one; lead to marginalization of women that give lots of disadvantages in their life. While the World Conference talked about fundamental rights of human being; many times women are under discrimination in the social, economic, culture and political arena. Stereotypes are sometimes being merged with biased traditional and or religion practices that lead to women's discrimination, marginalization and sub-ordination.

Gender harmony with the egalitarian culture is noted may change the situation into empowered family, supporting each other, family advancement towards family welfare and future investment. Certain information and education on gender equality need to be shared to men and women, even to girls and boys in order to eliminate discrimination and or mal-practices that prevent family from harmony towards gender empowerment for family welfare.

Professionals, activists, researchers, program managers, sociologist, anthropologist and so on are invited to share their ideas, experiences and or model development to support the gender empowerment process, particularly in combating poverty and hunger; free from domestic violence towards family welfare.

### **Some questions, but not limited to:**

1. What is the impact of biased tradition or culture to gender empowerment?
2. How the culture or biased perception is changed towards family welfare?
3. Intervention by education to support egalitarian culture, related to poverty challenges and family welfare
4. On the view of regular education, concern to the better chances for proper understanding to gender perspective.
5. Community development experiences on gender education and culture.

## **2. GENDER EMPOWERMENT AGAINST ILLITERACY ON LAW AND HUMAN'S RIGHTS IMPLEMENTATION**

### **Background:**

It is important people can achieve health without discrimination and sincerely to support their effort in having the highest attainable standard of health. In order to increase the rights to health of every woman/ girl; we have to be sure providing every action needed to protect, fulfill and respect their rights to prevent, or to be cured/medicated. We need to empower women/girls since cultural norms of sexual ignorance and purity for women block their access to information about prevention of any un-wanted condition, including HIV/AIDS, pregnancy, Tuberculosis, domestic violence and so on. The power imbalances make women difficult negotiating safer sexual practices with their partners. The poverty/economic dependence and fear of violence may lead them to consent to unprotected sex. A systematic programme to increase gender equality may lead to health equity; and fulfilling the rights to health for women/girls.

### **Gender and Human rights programme:**

It is important to create/design steps of human rights programme to reach MDGs based on certain community (read: women and men relationship, condition and situation). Some activities such as: causal analysis, role/pattern analysis and capacity gap analysis may direct any intervention and or reveal which group is particularly vulnerable. The main message is to highlight every human whoever they are; deserving the rights to health. Women are still receiving the destiny to deliver baby as an obligation to do; while gender relationship may give implication to the better processing support from antenatal, delivery and post natal. Gender empowerment is needed.

Diseases are not invited; however the situation may go not as expected. Women received disadvantages due to culture and lack of education. For example: Many people living with HIV/AIDS, particularly women who are shy and being 'hidden and silence' by the culture have less access to the health services. They did not have their rights to health due to, lack of information, lack of accessible, affordable and available health services that could protect and fulfill their rights to health; not to mention lack of respect their rights to health due to discrimination and stigma done by the health providers, family, religious, public services and community. Transmission of HIV/Aids from mother to child during pregnancy is also another concern.

It is hoped that sharing ideas, experiences may suggest proper model to increase people capacity, particularly women on fighting for their rights to health to have better health for tomorrow, nation and the world

**Some questions, but not limited to:**

1. Gender analysis on the capacity of mindset and implementation of human rights in the community as right holders and or providers as duty bearers.
2. Activities within multi-sectoral approach for awareness and responsive action to the literacy of related law and human rights implementation
3. What kind of community development and or public services programme to highlights gender needs of any vulnerable groups: either men or women (men having sex with men, sex commercial workers, migrant workers, women workers etc) to change the situation
4. What is the situation that made gap between the side of women as rights-holders (e.g. women's ability to decide) and the side of duty bearers (e.g. gender sensitiveness of health providers)
5. What kind of best practices development in the poor community to have rights to health?
6. What kind of policy suitable within human rights aspects for better opportunity and living, such as: income generating scheme, nutrition market, youth networking, women positive and so on
7. What benchmarks needed in monitoring mechanism to be built for people beneficiaries and better situation in the future?

### 3. GENDER HARMONY AND PREVENTION OF DOMESTIC VIOLENCE FOR FAMILY ADVANCEMENT AND SOCIAL WELFARE

*Coordinator of the sub-themes: DR. Erna Surjadi MS. APBI, PhD*

#### **Background:**

Everybody wants to live happily and in harmony; however the happiness in family cannot be enjoyed due some reasons, particularly if Domestic Violence (DV) presents in family. The victims in majority are women in many places in the world. Law has been produced to prevent all forms of violence in the family who live in the same house, to protect victims of Domestic Violence, to prosecute the perpetrators and to maintain the family unity within harmonic and wellbeing. However, it seems there is gap that has not yet being bridged between the government programme to eliminate DV and the perpetrators (potential) which are people in the grassroots. Majority of people do not understand about process of the explosion of DV cases nor the specific programme therefore they cannot implement any prevention effort to DV. One of the efforts is to work with men to eliminate 'Violence against women (VAW)'. However, it seems also this programme is becoming classic and then other issue is aroused about violence against men performed by women; and lately very obvious the evidence of "harassment" to girl/women workers in some Asian countries. It is understood the gender mainstreaming not needed in the national development only; but should be delivered and being echoed to the family within all of living aspect, including gender relationship which free from violence.

The social phenomena shows that DV can attack any one regardless ethnic, age, social status, education, religion, job and so on; this has pushed scientific and public services to solve the problem. What is the role of patriarchy culture and communication between husband and wife? What about economic status? Is harmony relationship becoming more important to face any stressors in family life?

The prevention process is not as easy by sounding through lips and spirits; due to there are other factors found within entirely life that give influences to the gender relationship, which are not merely coming from the two human: man and women who have love in between. Thus the domestic violence needs to be explored and discussed in comprehensive way to perform the primary prevention in well manner.

Primary prevention need to be started from education and cultural development on anti DV within family and community life.

There are lots of intellectual men who could see the above contextual by wisdom and supporting the women's advancement; however there are still lots of men can not shift their biased beliefs that leadership is for men only and seeing women as the followers. In reality women can be the partners of men to bring family advancement despite the life dignity where women have also their human rights including after marriage. The harmonic relation and position of women as partners to men and anti violence culture need to be planted in early life starting from childhood to change the impact of patriarchy culture which has been rooted to prevent domestic violence.

**Area of coverage:**

Study, observation, model development, analysis, community participation and or gender sensitive training and services need to be discussed further. Among other things to support the gender equality, it is noted that gender empowerment is needed not only to women but to both sides, men and women as partnership in life, daily family coping mechanism towards better future in the community and nation life for family and social welfare.

**Some questions, but not limited to:**

1. How to build gender relationship in equality and equity?
2. Gender mainstreaming, the programme versus community empowerment in family life
3. Building fair and harmonic relationship between men and women
4. How to prevent domestic violence?
5. Policy development for zero tolerance on domestic violence services programme
6. Role of family counseling, family welfare programme towards social welfare
7. Partnership and empowerment constraints and challenges against poverty and domestic violence
8. The 12 critical areas of women's advancement as part of family welfare

## 4. PREVENTION OF TEENAGE PREGNANCY AND UNWANTED CHILDREN

*Written by: Sri Durjati MD, SpGK, PhD, IBLC*

### Background

Annually, 13 million children are born to women under age 20 worldwide. More than 90% of these births occur to women living in developing countries. [Complications of pregnancy](#) and [childbirth](#) are the leading cause of [mortality](#) among women between the ages of 15 and 19 in such areas, as they are the leading cause of mortality among older women.

Many women who are underweight are also stunted, or below the median height for their age. Stunting is a known risk factor for obstetric complications such as obstructed labor and the need for skilled intervention during delivery, leading to injury or death for mothers and their newborns. It also is associated with reduced work capacity.

Adolescent girls are particularly vulnerable to malnutrition because they are growing faster than at any time after their first year of life. They need protein, iron, and other micronutrients to support the adolescent growth spurt and meet the body's increased demand for iron during menstruation. Adolescents who become pregnant are at greater risk of various complications since they may not yet have finished growing. Pregnant adolescents who are underweight or stunted are especially likely to experience obstructed labor and other obstetric complications. There is evidence that the bodies of the still-growing adolescent mother and her baby may compete for nutrients, raising the infant's risk of low birth weight (defined as a birth weight of less than 2,500 grams) and early death.

Gender-responsive governments and policies need to be put in place to protect and favor women and girls—for example, allowing young mothers to return to school. If the right to health and education is not accepted as an argument for action, then an economic case should be used. For example, in India, if the ratio of female to male workers was increased by just 10%, the gross domestic product would rise by 8%. With the world's largest generation of young people now entering their sexual and reproductive lives, there is an urgent need to mobilize a culture of men and women to support gender equality as a solution to some of these persistent development problems.

Bonding and love between parent and child is a crucial foundation for family integrity and wholesome child development. It is sometimes said that parenthood, particularly motherhood, is a 'natural' condition in which 'there is always room for one more.' But can all parents learn to love a child who was unwanted during pregnancy? Further, even if a woman does love a child born after an unwanted pregnancy, is love ever enough to ensure wholesome child development? Although it is true that unwanted pregnancy does not always translate into unwanted births, research on the development of children who were unwanted during pregnancy suggests that when women say they cannot adequately care for a child, it is important to listen to them.



Both unintended and unwanted childbearing can have negative health, social, and psychological consequences. Health problems include greater chances for illness and death for both mother and child. In addition, such childbearing has been linked with a variety of social problems, including divorce, poverty, child abuse, and juvenile delinquency. In one study, unwanted children were found less likely to have had a secure family life. As adults they were more likely to engage in criminal behavior, be on welfare, and receive psychiatric services. Another found that children who were unintended by their mothers had lower self-esteem than their intended peers 23 years later.

The adverse health consequences of teenagers' inability to control their childbearing can be particularly severe. Teenage mothers are more likely to suffer toxemia, anemia, birth complications, and death. Babies of teenage mothers are more likely to have low birth weight and suffer birth injury and neurological defects. Such babies are twice as likely to die in the first year of life as babies born to mothers who delay childbearing until after age 20.

Although high quality prenatal care can largely prevent the physical health problems of these children, research has established that their social and psychological problems persist, partially because the mothers are themselves from disadvantaged backgrounds, but also due to the lack of future education and poor employment prospects of teenage mothers. Children born to teenagers are more likely to have lower achievement scores and poorer school adjustment and problem behaviors than children born to older women.

**Area of coverage:**

Study, observation, model development, analysis, community participation and or gender sensitive training and services need to be discussed further. Among other things to support gender equality, it is noted that gender empowerment is needed not only to women but to both sides, men and women as partnership in life, daily family coping mechanism towards better future in the community and nation life for family and social welfare.

**Some questions, but not limited to:**

1. To initiate a supporting culture to teenage pregnancy and unwanted children through community education and protective action;
2. To generate awareness system to girls' knowledge and attitude to prevent teenage pregnancy, unwanted pregnancy, 'pregnancy in a growing body or child' and unwanted children;
3. To generate awareness system to parents on how to raise reproductive healthy and responsible attitude of youths;
4. To analyze the opportunities and challenges (e.g. young mothers' schooling and single parenting tasks) confronting these problems in rural communities ;
5. To discuss women rights on continuing education while pregnancy;
6. To understand from the stakeholders the ground realities of the problems of social and cultural supports;
7. To analyze the important of optimizing every girls' nutrition status.

## **5. NUTRITION AND BREAST FEEDING FOR HEALTHY INFANTS AND CHILDREN WITHIN POOR FAMILIES**

*Written by: Sri Durjati MD, SpGK, PhD, IBLC*

### **Background**

The world, especially among developing countries, has suffered from high levels of under-nutrition due to sub-optimal infant and young child-feeding practices rooted in longstanding beliefs related patriarchy culture (men/boys as number one) that lead to gender inequality and suffered the women's and girls' status, as well as food insecurity and chronic poverty. A series of environmental and economic shocks in the country over recent years exacerbated existing structural weaknesses, resulting in high levels of acute malnutrition among young children.

During the first decade of 21<sup>st</sup> century, nutrition surveys showed that a quarter of children under three years in the third world suffered from acute under-nutrition, which is five times higher than older children (3-5 years old) in whom the prevalence of acute under-nutrition is only 4-8%. Meanwhile breastfeeding (BF), both exclusive BF and Early initiation will provide about a quarter reduction of Infant Mortality, it can also be important for women's psychological well-being throughout the life course. The behavior of breastfeeding appears to be gender specific, that lead to the effect of breastfeeding on psychological well-being; in adulthood, being breastfed at birth was associated with higher self efficacy and lower risk of psychological ill health in women.

Women are the key actresses for family health and nutrition; however they are mostly lack of education and knowledge; therefore need to be supported by men in the family to maintain their health. Good nutrition requires enough food, proper health and adequate care starting from the women. Since women play a key role in all those of three areas; nutrition projects work extensively with women. But though women may play an essential role, ensuring good nutrition is the joint responsibility of all family members, including men. Gender empowerment is needed.

Everyone needs to be adequately nourished to live healthy and productive lives. Nutritional demands vary depending on age, sex, health status and activity level. Pregnancy and breastfeeding make additional nutritional demands on women, so during these times they need extra nutrients to keep themselves and their babies healthy. Since poverty is a main cause of under-nutrition, it is crucial that poor women have access to the means to earn a living.

Women play a critical role in achieving household food security. It is usually the women who grow most of the food the family eats. They also choose which foods to purchase and find ways to feed the family when supplies run low, for instance, during the dry season. In many cities they supplement the family diet with fruits and vegetables grown in small gardens. Women supporting process and the stored food, ensuring safe and sustained consumption for the family, including children. Women also prepare and distribute the food the family eats, collect

firewood and carry water. Sanitation and hygienic related to food consumption are then also becoming important for family health care.

So it is really crucial for a woman, a family as well as a community, especially among people who live in poverty, to understand the growing mindset/knowledge of women capacity to support the overall family health management. Solving the predicaments facing women is a crucial development objective. But it is also a neglected instrument for health. Women and girls make up 60% of the world's poorest people and two-thirds of the world's illiterate people. Yet, with education and empowerment, they can lead healthy lives, lift themselves and their families out of poverty and disease, usually marry later, and have fewer and healthier children who are more likely to attend school themselves.

Tackling gender equality is not easy, because it involves challenging cultural norms and stereotypes. Providing education to girls is not enough to make a substantial difference to health and development. A challenge is to understand and support more culturally sensitive and rights-based approaches to gender equality so that the discriminatory social structures and systems that lead to create gender inequity can be eliminated. For example, against child labor and improving breastfeeding protection laws are getting tougher on the legal age of marriage. MDG 3 is not just one goal in itself but a driver for other goals in the MDGs, and is intimately linked and causally connected to MDGs 4, 5, and 6. Now is the time to invest in understanding these linkages and form strong alliances between constituencies in social determinant of health and gender equality to reach the health equity. It is hoped that the professional gathering provides such a platform and an immense opportunity of gender empowerment to take maternal and child health issues out of their currently narrow health contexts.

**Area of coverage:**

Study, observation, model development, analysis, community participation and or gender sensitive training and services need to be discussed further. Among other things to support gender equality, it is noted that gender empowerment is needed not only to women but to both sides, men and women as partnership in life, daily family coping mechanism towards better future in the community and nation life for family and social welfare.

**Some questions but not limited to:**

- How some aspects of breastfeeding to children; women's nutrition and food security play important role in achieving the related MDGs;
- Awareness about the key issues pertaining to better or even optimizing family health and nutrition, including the need for a 'healthy start of newborn' from gender relationship;
- Opportunities and challenges confronting this problem in the community life and country;
- Initiatives and experiences on developing models to a better prevention of child nutrition, women nutrition and health related problems.

- Gender roles and relations powerfully influence the course and impact of the progress status of women, newborn, infant and child in family health and nutrition
- Implementation in community life challenges and constraints related to all aspects of breastfeeding, child and woman nutrition and food security;
- Family counseling and support into any community based programs related to nutrition and breast-feeding;
- To understand from the stakeholders the ground realities of the problems managing of health promotion related to education and culture for community and providers;
- To brainstorm on the ways forward on goals especially for the poor community.
- Ways forward on goals especially for the poor community

## 6. GENDER SENSITIVE HEALTH CARE FOR HIV/AIDS, TUBERCULOSES AND MALARIA

Written by: Erna Surjadi and B. Ferrianto Gozali

### Gender Sensitive Health Care

United Nations mentioned that *“A gendered understanding of HIV/Aids suggests that it is women’s and girl’s relative lack of power over their bodies and their sexual lives, supported and reinforced by their social and economic inequality, that makes them vulnerable in contracting and living with HIV/Aids”*

Health is a state of physical, mental and social wellbeing. What people see is not all situations that could be concluded as a healthy condition. The condition of women’s health is hidden more compared to men. The health services though developed for everyone need to consider the different needs of men and women due to gender disparities, especially implicit situation of gender inequality which mostly hidden due to social, culture, economy and political situation. HIV/Aids, Tuberculoeses and Malaria are noted inclining attacked women; while at the beginning men are mostly being attacked by the diseases. There are social determinants of health behind the inclining prevalence of those diseases in women. Good providers of health care delivery, including free from stigma can be achieved if considering the above gender disparities in providing gender sensitive health care. It is understood that gender perspectives are constructed by social culture that are changing over the time; so that gender sensitivity will also depend on local gender practical implementation.

Today is part of information era. The world without computer is less powerful. For so many years people were reluctant to computer before they changed the working style at the end of 1980s into user friendly computer information system; then it is noted the world was booming with Information Management in the 2000s. However one decade was past, apparently most people by negligence have ignored that besides the tacit things in development of hardware and software; most important is the brainware – human as the centre. Information is not always coming to knowledge; knowledge management is considered important for modern organizations with competitive advantages. It gave management a better analysis of the situations, conditions and related information to support the decision making process. People health seeking behavior depends also on their understanding, belief and knowledge about health care. The GSHC is developed as guidance to health providers and or community to increase gender equality towards health equity to support the family health care and health service delivery for community, either men or women.

Gender sensitive health care (GSHC) model development is noted as promising approach in reducing the gender inequality and health inequity in health assessment. Development of prototype of gender, women and health (GWH) portal for knowledge management (GWH-PKM) among gender focal points within 11 countries: *Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor Leste* was

*displayed and agreed by 10 countries, March 2008 in Colombo, Sri Lanka.* This GWH portal is aimed for supporting the capacity building and knowledge management development on policy, strategy and tools for gender mainstreaming in health through distance learning as well as sharing experiences for best practices, constraints and challenges among gender focal points and its stakeholders in the SEAR countries. Gender sensitive health care (GSHC) is one of module that planned to be developed for supporting the knowledge management process; it is noted also the need of changing biased people mindset to support the goals.

Another example of GHSC is Gender Sensitivity Are you well program to HIV/TB which was developed by Nalamdana, Chennai India with Dr. E. Surjadi (SEARO, WHO); during 2009-2010. The methods are based on Radio programme, dancing, role play and dialogue for patients in Government Thoracic Medicine Hospital. This has increased access of poor women patients from 31 % (which being plateau for about 13 years) into 51%.

Further sharing from other parts of the world is needed to enrich capacity to achieve the MDG by 2015.

### **The Gender, women and health portal knowledge management (GWH-PKM)<sup>1</sup>:**

The GWH portal knowledge management may play role as centre for information and communication to support knowledge management across countries, institutions, multi-disciplinary, multi-sectoral, collaborating centers, available resources for similar programmes/ activities and open links to other agencies as well. Only members may access the facilities of papers, databases, resources etc; however public may read announcement, public information etc. This portal shall give historical documents of GWH development landmarks, provides sharing and access to central website/ others and limited interactive query for certain documents/ information (*not meant for back and fort/ long discussion on various topics*). The topic of Gender sensitivity health care (GSHC) is developed under the session of Gender sensitivity. Certain explorative tools could be accessed to perform the GSHC through the knowledge management entrée. The related basic information and tools will be carried forward with improvement over the time and over the country throughout best practices in capturing the tacit/ implicit knowledge among members to become asset of organization in implementing gender sensitive health care to support the primary health care as stated explicitly in the portal. The best practices and lesson learnt from other countries may give advantages for others to keep improving the GSHC practical model.

The GSHC knowledge management is considered as one of tools in the Gender, women and health portal for knowledge management (GWH-PKM) to support health providers' empowerment and or community gender empowerment and capacity building in the implementation of gender sensitive health services for patient care in health facilities and homecare; through E learning and cyber communication interactively throughout the country, region and global. Health providers will learn the knowledge and skill on delivery the model through e-learning. However, face to face capacity building network is encouraged, especially for training of trainers, sharing experiences, community challenges and constraints and policy development.

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<sup>1</sup> Article GWH-PKM published by EHealth Magazine, Noida, India, August 2009, written by: Dr. Erna Surjadi; Gender Sensitive Health care in Knowledge management presented in International Conference on Health informatics for management, Feb 2010, Singapore; authors: Erna Surjadi and B. Ferrianto.

**Some questions but not limited to:**

- **Some** extent to which differential needs and rights of women and men are met and achieved by the providers in the health care delivery system and or family care in the community related to HIV/Aids, TB and Malaria.
- The output quality of methods of delivery is fulfilled properly by the health providers
- **Best practices (or: Good practices):** that have been proven to work well and produce good results, and therefore recommended as a gender sensitive health care model
- **Resources:** what and how knowledge market is developed based on country experiences/ initiative related to GSHC implementation.

## 7. ROLE OF COOPERATIVE UNION ON WOMEN ECONOMICS AND COTTAGE INDUSTRY

Written by: Dr. Ir. Hertomo Heroe

### Background:

Family problems in many countries nowadays mostly held by *social economics problems*) or poverty which give implication to other condition such as: divorce, family conflict, domestic violence, youth malpractice and so on. Economic development in many countries still have lack of capacity to improve the overall community welfare. luas. The main indikator is high discrepancy and poverty. Gender inequity still exist in job market, where women access to job opportunity mostly end to their lower wages compared to men's income. Women have limited opportunity to work, and in contrary have bigger opportunity not to be hired. Women tend to have lower wages than men.

In the other side more women's group getting united and stronger, either in organization or productivity, to increase their participation in public arena. Women's group in economic has given significant advancement to the community and area. Women have rights to economic field as part of basic needs in living towards family welfare; moreover to get gender equality in position and condition with men. Though women entering the economic arena, however they are mostly involved in informal sector; therefore the contribution of women in micro and small industry frequently are not being considered (Swasono, 2005).

The Minister of Women Empowerment and Child Protection RI has encouraged all stakeholders, government, private, non government organization, higher education/academic institutions and bank institution together managing and developing the women entrepreneurship to become tough entrepreneurs, here after could give optimum contribution to the national economy. In supporting the mission, regardless the women double-burden, it is important to have strategy on women empowerment and by at once for family empowerment towards individual welfare, family and community welfare through partnership and family harmony in Indonesia. Thus, it is confirmed to the more importance of steps on integrating gender issues into all policies related to combating poverty.

Nowadays, more cottage industries are developed; using waste material, derived from tradition and or gaining from community development and or any long distance learning using ICT. Providers, grass-roots developers, activists, researchers, program managers and professionals are invited to share their ideas, experiences to the conference for creating better strategy on this topic.

### Some questions, but not limited to:

1. Family concept for achieving family welfare related to coping mechanism, access, participation, benefit and control among family members.



2. Reality life on poverty in consideration to coping mechanism development based on sociologist, cultural and policy development.
3. Role of gender education, technology, women economic organization, working forces, property and micro financial unit in the community towards family welfare
4. Role of gender job distribution in family, either public or domestic arena related to resources management activities in family (material, non material and time, tasks and financial support), e.g. men in helping the domestic roles in children care or education
5. Strengthening the family coping mechanism within gender empowerment in public sector related to productive allocation time of women's role as dual income family.

## **8. FAMILY COPING MECHANISM AND GENDER COLLABORATION EMPOWERMENT WITHIN POVERTY CHALLENGES AND ENVIRONMENT**

*Written by: Erna Surjadi*

### **GENDER COLLABORATION AND EMPOWERMENT (GCE)**

#### **Area of scope:**

*Collaboration and gender empowerment, particularly to vulnerable groups (women, children, poor, disable, indigenous, isolated area) to improve the skills, knowledge, proper perception within gender teamwork in family, coping mechanism and harmony towards the synergy in economic, social, culture and politic (decision making process) to support independent, healthy, and family welfare*

#### **Current Issues**

- ✦ Women's advancement is becoming tougher due to ongoing financial crisis, climate changes, emerging diseases, persistent patriarchy culture, social stratification and exclusion, discrimination, submissive perception, reluctance officials and un-supportive politics
- ✦ Women keep being neglected and suffering despite many programmes and activities aimed for supporting them
- ✦ In-efficient and less effective used of funds to support women's empowerment and family welfare
- ✦ Need practical and grassroots participation different from classics and probably obsolete strategies on rigid institution gender equality policy

#### **Background situation**

- ✦ About half proportion of women in the world population
- ✦ Indonesia: 14.19% girls 0-14 years old; 15.4% population are under poverty, 7.5% income under 1\$ a day, 49.8% income under 2\$ a day
- ✦ Poverty means → Live with lack of basic human needs, such as : clean water, nutrition, health care, education, clothing and shelter (home)
- ✦ Women in poverty is poorer than men in poverty

#### **Women in poverty**

- ✦ Having pattern of malnutrition as the impact of lack of money,
- ✦ precarious livelihoods, somewhat related to excluded locations,
- ✦ Sometimes physical limitations.
- ✦ gender relationships,
- ✦ problems in social relationships,
- ✦ lack of security,
- ✦ limited capabilities,
- ✦ being abuse by those in power, disempowering institutions and weak community organizations

### **Vulnerable women population**

- Poverty
- Illiterate
- Under stigma and discrimination
- Being marginalized
- Living in bad livelihood
- Under sickness and lack of access to medication
- No social support
- Disability
- Cultural and political pressures
- Not knowing their human rights

### **Objectives of the GCE:**

- Implemented to poor community, in the first particularly within women TB patients
- To support women's empowerment, social economic, livelihood and better family health care
- To build women's skills in small entrepreneurship using wasted material to leverage family economic within collaboration and communication with the spouse
- To give information and knowledge on gender harmony and healthy lifestyle, including required nutrition to be healthy; to support gender equality and family career development.
- To create family savings in supporting the health care and development
- To be supported through CSR (Corporate Social responsibility) with related community leaders for future community development networks.
- To be confirmed by policy dialogue formation followed by women's multi-stakeholders policy formulation

### **Potential assessment and implementation:**

- Utilizing wasted material and or simple glass ornament into handy crafts
- Support is coming from the land fills and or recycling centre of the CSR units.
- Broadening the opportunity and participation of poor society, particularly within family empowerment
- Fighting poverty and hunger intrinsically within systematic mechanism

### **Some questions but not limited to:**

- How to create family coping mechanism against poverty
- Leveraging process of women's empowerment and gender equality towards family welfare, to jump over poverty line
- Future public policy development on practical women's empowerment and systematic family advancement
- Supporting the better MDG results by 2015, particularly on elimination of poverty and hunger; and women's empowerment and gender equality; and declining the un-touched sick women
- Model development for gender empowerment to end poverty

## **8. WOMEN'S EMPOWERMENT IN APPLIED TECHNOLOGY FOR HEALTH**

*In Collaboration with: WeHealth, Project Millennium2015, UNESCO  
Scientific Committee: Veronique, Erna Surjadi, Arletty Pinel et.al under coordination:  
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### **Introduction:**

With three years to the 2015 MDG deadline, there is a growing global consensus that innovation is essential to ensure the greatest benefits from resources allocated to global health, and to reach underserved populations. In line with the Global Strategy for Women's and Children's Health launched by the UN Secretary General in September 2010, the private sector has become an indispensable partner in the effort to accelerate progress in health MDGs with the use of technology. Stakeholders within the Innovation Working Group, the mHealth Alliance, Johnson and Johnson and other private sector partners have started to provide identify gaps and bottlenecks that can be filled with technological responses. The Commission for Information and Accountability has noted the importance of technology is ensuring accountability at all levels.

While many stakeholders have started to identify how to strengthen the health workforce – which is primarily female – for both service delivery and accountability with the use of technology, it is still widely recognized that the world faces a gap in the involvement of women in the use of information and communication technologies. Recent studies and international conferences have highlighted this gap (Telecom 2011, Millennium2015), and challenged global stakeholders to respond. In the Global South, the gap is even greater, for women face the dramatic combination of the lack of access to applied technologies, systematic gender discrimination, and poor rural development.

In response to this gap, which is critical to progress, it is planned to establish a global collaboration to support the participation of women in applied technology. They have established a South to South inter-regional technological platform that will leapfrog inclusion bottlenecks, bring the private sector of the Global South to global health in unprecedented numbers, and transform the participation of women and girls in applied technological solutions to address pressing challenges in global health (MDGs 4, 5 & 6).

The Initiative is organized by Genos Global and Advanced Development for Africa and will work in partnership with the Innovation Working Group under the chair of Norway. The initiative is built upon the results of the study conducted at Millennium2015 Women and eHealth ([www.millennia2015.org](http://www.millennia2015.org)) and the principle of Digital Inclusion, a global internet portal with ICT solutions that are built to ensure digital accessibility of persons with most types of disabilities that result in inequity in ICT access.

### **Founding Principles**

Equity: While most technological solutions to health reinforce the equity gaps between those with education and access and those without, platform of its kind that brings together developers with an eye is needed to ensuring that the aged, illiterate and poorly connected have services targeted to their needs.

Accountability: Focusing on bridging the gender and digital gap across regions will have a future effect of increasing effectiveness and timeliness of data collection on vital events, commodity management, as well as other information essential for the proper functioning of accountable and effective health delivery systems.

Linking across Health and across all MDGs: This initiative will equip the predominantly female workforce particularly at the community level with critical technologies that accelerate progress to MDGs 4, 5 and 6. The platforms will also address outcomes in nutrition and girls' education, increase the likelihood of female participation in technological careers, and contribute to sustainable development worldwide.

**South-South private-sector collaboration:** This effort focuses on South-South collaboration between Africa, Asia and Latin America, Middle East and the Caribbean with emphasis on low cost eHealth solutions such as mobile health (mHealth). The private sector in the Global South is growing in strength, and is increasingly keen to contribute to addressing pressing health and development issues.

**Gender sensitivity:** the initiative will employ gender-sensitive capacity development approaches, support the inclusion of gender perspective in national eHealth strategies and plans, and create incentives for women to find new technological solutions through providing incubation possibilities.

A gender-sensitive learning architecture is important to scale up the capacity of women to use technology for health and development. The architecture of learning will cover vocational, in-service, and higher education training. The initiative will also reinforce primary and secondary education so that gender-specific attention is provided to encourage girls to pursue technological or technologically enabled careers.

**Some questions but not limited to:**

1. How ICT may contribute better to changing mindset of people in the grassroots to achieve their health
2. How gender sensitivity development is supported by the ICT
3. How people live in stigma and or lack of knowledge in healthy lifestyle could be supported by the ICT
4. How Women's health maybe explored and being supported through the ICT utilization

## 10. ROLE OF INFORMATION, COMMUNICATION AND TECHNOLOGY (ICT) FOR GENDER EMPOWERMENT AND ADVANCEMENT

### **Background:**

The expectation of relation and position of men and women in the society has created gender perspective over generation from time to time. Gender is crosscutting issue across many sectors such as: economic, social, culture, health, education etc. The impact of gender inequality in many aspects of living has led to gender inequity, including social and health inequity such as: female foeticide or sex selection, gender-based violence including violence in pregnancy, adolescent pregnancy, low-quality of home maternal care, child abuse, lower wages for women, discrimination in land property etc.

For many years activist, program managers, policy makers are facing challenges to motivate men as leaders to implement human's rights including women's rights, building capacity of gender focal points to raise the gender awareness for gender equality between men and women; perform gender analysis and actions to support gender equity and advocate member states to perform gender mainstreaming in all aspects of living to achieve gender equality and equity in family life, community life and nation life.

The role of information, communication and technology (ICT) may change the situation due to its capacity to reach people regardless places, times, ethnic and country. ICT works beyond physic to change people mindset, beliefs, myths or biased perception about gender relationship. ICT may continue supporting the capacity building and knowledge management development on policy, strategy and tools for gender mainstreaming in social, health, education, economic and political development through distance learning as well as sharing experiences for best practices, constraints and challenges among gender focal points and its stakeholders in the community, country, region and global arena. Tools of gender awareness could be accessed as distance learning or taken as gender kit, as well as the related Law, government/public rules and regulations and or any resolution/declaration related to gender and its empowerment.

We invite professionals, academic, ICT developers and program managers to share their ideas and experiences to support the above mission. Prevention is better than cure. Among others, knowledge is most powerful resources to have a better condition and progress towards family welfare.

It is hoped that this ICT may connect all collaborative works and network communication on gender and all living aspects, including health, economic, social, culture, politics, human rights etc.

### **Some questions, but not limited to:**

1. How the public, particularly women and men are communicated through the ICT?
2. How community may learn about healthy lifestyle, being independence towards advancement and family welfare regardless time and places?

3. Sharing experiences about constraints and challenges on gender empowerment using ICT
4. How girls/boys or young generation may learn in early education about harmful practices, safe motherhood and safety life?
5. Model development on community empowerment for family welfare using ICT
6. The use of gadgets or ICT device for public on empowering people towards family welfare