

**New Developments in Women's Health**

**Pouring water through a cloth can prevent cholera**

People get sick with cholera by drinking water that has cholera bacteria in it. People who have cholera get severe diarrhea that makes their body lose too much water (dehydration). If they cannot keep enough water in their body, they can die very quickly. Children can die within 4 to 6 hours.

You can make water safer to drink with a few drops of bleach, lemon juice, or by leaving a closed jug of water out in the sun for several hours. Boiling water also kills cholera. If you can keep the cholera bacteria out of the water you drink, you will probably not get sick with cholera.

Cholera bacteria are tiny, but they live inside slightly larger microbes that live in water (both cholera and the microbes they live inside are too small to see). Recently, a group in Bangladesh discovered that they could keep these microbes out of their drinking water if they poured the water through a *sari cloth*. Sari cloth is a fabric used to make

clothes in India. Women fold the sari cloth 4 times and then pour the water through the fabric into a jug. Then the water is much safer to drink. After using the cloth, they wash it and leave it in the sun to dry. This kills any microbes that may be left in the cloth.



If you do not live in a place where women wear saris, you can use other fabric to filter cholera out of your drinking water. If cloth is too loosely woven the microbes will be able to pass through it. But it can also be difficult to pour water through tightly woven cloth. So try folding a handkerchief or linen cloth

4 times and pour the water through slowly. You may actually see the water become more clear. The cloth cannot keep out all the microbes that can make you sick. But the cloth will make your water much safer to drink and does not cost anything. To learn more about cholera, read chapter 4 in *Where There Is No Doctor*.

*Thanks to Rita Colwell and Anwar Huq for sharing this idea with us.*

The **Women's Health Exchange** is a publication of the Hesperian Foundation.

The Hesperian Foundation is a non-profit organization committed to improving the health of people in poor communities throughout the world by providing tools and resources for informed self-care. We believe that people can and should take the lead in their own health care.

**Coordinating editor:** Meredith Larson

**Writing and Editing:** Aryn Faur, Todd Jailer, Jane Maxwell, Elena Metcalf, Susan McCallister, Sarah Shannon, Hilary Abel and Maya Shaw

**Design and Layout:** Aryn Faur, Lora Santiago, and Elena Metcalf

*This issue of the Women's Health Exchange was produced with the help of the following people: Carolyn Babauta, Alberto Colorado, Sabet Cox, Kathy DeReimer, Vinod Diwan, John Emrich, Tom Friedan, Siobhan Hayes, Barbara Hjalsted, Hamidah Hussain, Anwar Huq, Anne Hyson, Eric Mintz, and Ian Smith*

*Training guide: Aryn Faur and Sarah Shannon, with Bill Bower from the Charles P. Felton National Tuberculosis Center at Harlem Hospital, Ian Smith, Andrea Irvin, BA Laris, Melissa Smith and Santa Raye*

*Logo: Sara Boore*

*Artists: Sara Boore, Heidi Broner, Barbara Carter, Regina Faul-Doyle, Sandy Frank, Anna Kallis, Delphine Kenze, Lucy Sargeant, Lihua Wang, June Mehra, and Petra Röhr-Rouendaal*

*We would like to hear from people who have used this newsletter in their community. Write to us about your experience! Contact:*

**The Hesperian Foundation**  
 1919 Addison Street, Suite 304  
 Berkeley, California 94704 USA  
 tel: 1-510-845-1447, fax: 1-510-845-9141  
 e-mail: whx@hesperian.org



Dear Reader,

You are one of more than 2,000 women from around the world receiving this unique educational tool. We could not have published and sent you this newsletter without the financial help of the General Service Foundation, the Moriah Fund, and the Public Welfare Foundation. We thank them for their assistance.

Recently, the number of subscribers has been rapidly increasing and more money is needed to meet the growing demand and costs. If you can afford it, we would welcome your donation. Your gift will help make the *Women's Health Exchange* available to even more women!

**Please send your gift by check to:**

Hesperian Foundation, 1919 Addison St., #304 Berkeley, California 94704 USA (overseas checks must be in U.S. dollars drawn from a U.S. bank)

**Or call/fax to charge your gift to a credit card:**

telephone: (510) 845-1447 fax: (510) 845-9141 email: hesperian@hesperian.org

**Women's Health Exchange**

*A resource for education and training*

A HESPERIAN FOUNDATION PUBLICATION



Issue No. 5, 1999

**Making TB treatment work for women**

TB, or tuberculosis, kills over 3 million people each year, and it affects poor people the most. Poor people are more likely to live or work in enclosed crowded spaces such as factories, prisons and refugee camps, where TB germs spread easily.

Once they have breathed in the germs, poor people are more likely to get sick from TB because they are often already weak from not eating enough good food or from sickness, like asthma or AIDS.

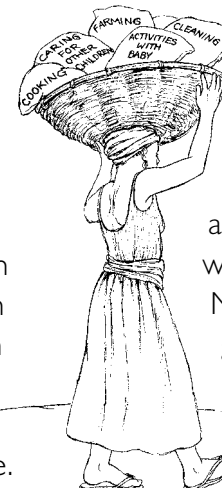
Since health services are often out of reach of poor communities, many people die because they cannot get the care they need. Because of these conditions, the poor have the greatest need for TB treatment. And most poor people in the world are women.

Additionally, women often have little control over their own lives. This makes it hard for them to take care of their health. For example, men usually control the family's money. If a woman with TB needs to go to a clinic, she may need to ask her husband for money or permission. In some communities, women are not allowed to be seen by male doctors. This can make it very difficult for women to get medical care.



*A woman may not get treatment because she fears her husband would leave her if he finds out she has TB.*

There are other pressures that keep women from getting treated for TB. Women are often expected to take care of their husbands and children before caring for themselves. Many women have spent months caring for a husband sick with TB, only to get TB



themselves and have no one to care for them. Most women are busy every minute of the day, caring for children, cooking and cleaning for the family, or working outside the home. Many cannot find the time to go to a health clinic for TB treatment, which can require many clinic visits and continues for months.

**Solutions**

To stop the spread of TB, health workers need to find women (and others) in their communities who are sick with TB and help them get treatment. To do this, many countries use a program called DOTS (Directly Observed Treatment, Short-course). DOTS health workers watch people take each dose of medicine to make sure they finish their treatment. This program usually lasts for several months.

TB programs should offer community-based treatment and make services accessible for women, especially poor women.



*Many poor communities do not have clinics. Often women cannot pay for the bus to go to a clinic when they are sick.*

*please turn to page 2*

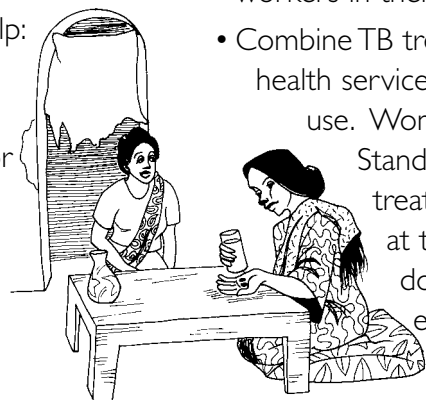
**Inside**

Profile .....p.2  
 Women health workers curing TB  
 Learning activities.....p.3  
 TB treatment and women  
 Creative Solutions.....p.7  
 Songs can teach about health  
 New Developments.....p.8  
 Pouring water through a cloth can prevent Cholera

## Making TB treatment work for women, *continued from page 1*

Here are some ways that programs can help:

- Provide DOTS treatment in women's homes. For example, health workers with the Ndola Catholic Diocese in Zambia provide care for people with TB and AIDS in their homes.
- Train community women to provide TB treatment. The International Nepal Fellowship has trained more than 150 volunteers from 37 village women's organizations to be DOTS health



workers in their communities.

- Combine TB treatment with other health services that women may use. Women volunteers in Standerton, South Africa treat women with TB at the same time they do other health education activities, such as giving away condoms.

Programs can also:

- teach women and communities about the signs of TB and how TB is cured.
- work with families and communities to reduce the fear and shame about having TB.

- help health workers understand the problems that women face in getting and finishing treatment.
- have flexible hours at clinics.
- train community members, including people who have had TB, to be health workers.

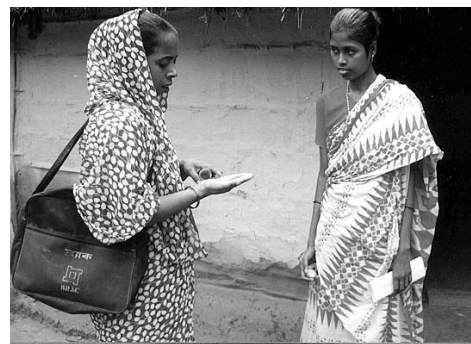
Treatment programs should be designed to meet women's needs. But improving the status of women and reducing poverty is more likely to stop the spread of TB than any other solution. It will be difficult for women to seek and finish life-saving TB treatment until women's health is valued as much as men's and women have more control over their lives.

## Women Health Workers Curing TB

Teaching women to be health workers can help them play an important role in their community. The Bangladesh Rural Advancement Committee (BRAC) health worker training program has given women a chance to become community leaders, and in turn, these women health workers have worked hard for their communities. BRAC has cured almost 90% of the people they have treated for TB. The women health workers are at the heart of this success.

The women work in the communities where they live. Most of them have little formal education. They are chosen by their communities and are members of their village organizations.

In BRAC's training, the health workers learn the signs of TB sickness and how to collect sputum (thick mucus or spit from the lungs) to be tested for TB. After they finish the basic training, the health workers meet once a month to share experiences.



*This health worker gives women TB medicines in their homes.*

BRAC health workers also learn about special problems that women with TB may face. For example, many women do not want to tell their family they have TB because they fear their husbands will divorce them. Because of this fear, women often do not seek treatment for TB until they are very sick. The health workers practice how to talk to these women about their fears and about the importance of getting care.

Health workers also learn how to help husbands and other family members learn about TB and how they can support women who are getting TB treatment.

BRAC's TB program is based on DOTS (Directly Observed Treatment, Short-course).

The health workers give medication, counseling, and care, either in the homes of people with TB or in their own homes.

The health workers also teach *please turn to page 7*

## Women health workers, *continued from page 2*

about TB during community meetings. Respecting community tradition, they and other BRAC staff meet separately with village doctors, the mosque Imam (religious leader), village leaders, the women of the community, and the men of the community.

Poor people need more than treatment for TB. To be able to take care of themselves, people need health education and ways to support themselves and their families. BRAC has several projects that help poor people meet these needs. For example,



*BRAC's health workers teach groups about TB.*

BRAC gives rural women small loans so they can start their own money-making projects. With these loans, women have started family vegetable gardens, raised chickens to sell, and started fisheries. By treating both TB and the poverty that keeps people

from getting the care they deserve, BRAC is successfully fighting TB in Bangladesh.

Contact BRAC at:  
Sector Specialist Control Programme,  
Health and Population Division, BRAC,  
75 Mohakhali,  
Dhaka 1212, Bangladesh.  
email: hpd@bdmail.net  
To learn more about DOTS, contact:  
Global TB Programme,  
World Health Organization,  
20, Avenue Appia, CH-1211  
Geneva 27, Switzerland.  
email: FightTB@who.ch

### —Creative Solutions—

## Songs are a fun way to teach about health

People learn in many ways. Singing songs is a fun way to pass the time and can also teach people about their health.

A song can make it easier to remember important information, such as the ingredients for a drink for people with diarrhea. Or a song can simply get people thinking and excited about taking action to improve their lives. One group in Papua New Guinea, the Baua Baua Popular Education Troupe (their name means "go step by step" in the Botin language) sings songs about the health and of women and children.

When a tsunami (tidal wave) destroyed the homes of 9500 people in Papua New Guinea last year, the group traveled from camp to camp singing their songs. The songs tell about the need for hope and the need to change things that make it hard for women and children to stay

healthy. One woman reports that "People are laughing again for the first time since the disaster. The adults who have been grieving for so many lost friends and family say that the music and drama has given them energy to start rebuilding their gardens and homes."

The group has made 2 tape recordings of their songs. They share these tapes with groups of women who are learning about health issues.

Health workers and women's groups can start music projects to create new songs about a health topic. For example, a health worker can give a group of women one line of a song about how flies spread sickness. Then they can have a contest to see who can make up the best song based on that one line.

For more ideas about using songs to teach about health, read chapter 1 of *Helping Health Workers Learn*.



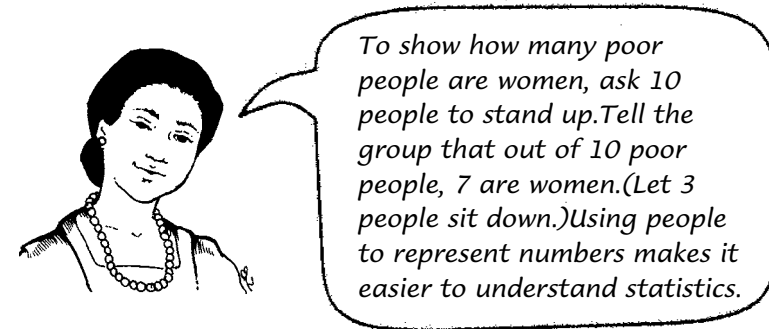
Here is an example of one of Baua Baua's songs:

*Crisis in Paradise*

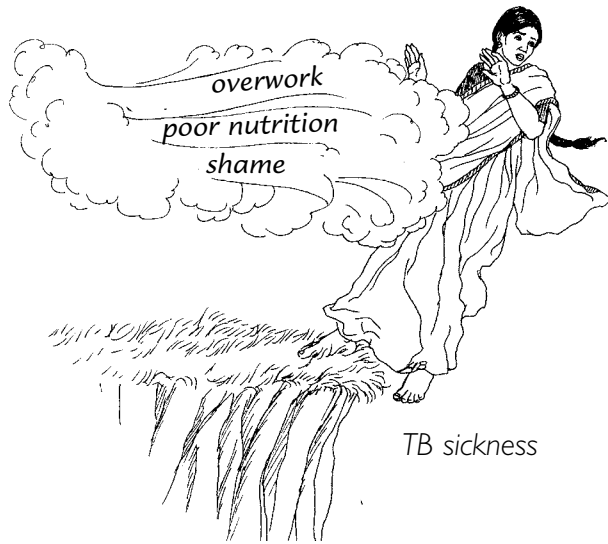
Too many mothers are dying in childbirth,  
Too many children are dying before they are one year old.  
Too many children are dying before they reach five years.  
Too many children have no place in school.  
We must do something to improve the situation!  
...We have to wake up now...  
Work together with the health centres and schools,  
Get the services working again in support of a better life  
We all have to get up and do something!

**4. Talk about the problems poor people and women face when they are sick.**

In most places, it is poor people who usually get sick with TB. Ask the group why it may be harder for a poor person to finish TB treatment than it would be for a wealthy person. List the reasons.



Ask the group why poor women are least likely to get and finish TB treatment. What makes it especially difficult for a woman to get health care? Why would a woman stop taking her antibiotics? List the problems women may face.



Understanding why it is hard for women to take care of their health is the first step to making changes that can help women stay healthy.

Compare the list of difficulties that poor people face with the special problems women deal with when they are sick. How do the problems of poor people hurt women more than men? How do beliefs about women's roles make it even more difficult for women to overcome the problems poor people face?



**5. Plan ways to help women get and finish TB treatment.**

Break the group into pairs to practice what they would say to convince women to finish treatment.



Discuss how to make it easier for women in the community to get and finish treatment. Talk about what each person could do to help their friends, family and neighbors learn about TB. How can they support a woman sick with TB so she can finish treatment? Discuss how TB treatment programs in the community could be improved to make it easier for women to get help when they are sick with TB. What needs to change so that women will be more likely to finish treatment?

Then, think about bigger changes that need to happen in the community to stop the spread of TB. Decide on some actions the group can take together to help women.

Wait! Let's not leave until we decide a specific date and who will be responsible for what!



Be specific about next steps.

**Learning activities: TB treatment and Women**

To make it easier for women to get and finish TB treatment, we need to understand why women may not get treatment when they are sick.

This training guide will help a group understand why TB treatment is difficult. It will also explore other reasons women may not be able to

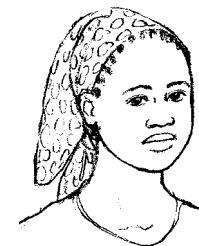


get the help they need. Then the group can plan to change treatment programs and educate the community so more women can get the care they need.

If you do all the activities in this training guide, the meeting will last 1 to 1 and 1/2 hours.

**What will people learn from these activities?**

- TB treatment is not simple. Treatment often uses 3 or 4 different medicines and takes as long as 6 to 12 months.
- Poverty keeps people from getting the care they need. Poor women face the most barriers to getting and finishing treatment.
- Health workers and other people can make it easier for women to get and finish TB treatment.



To learn more about puzzles, read chapter 19 in *Helping Health Workers Learn*. For more activities or 'icebreakers' to help start meetings, see chapter 4.

**1. Discuss the facts about TB.**

Ask the group what they have heard about TB. What are signs of TB? What parts of the body do the germs attack? Curing TB is not easy. Discuss why someone would need to take more than one medicine to cure their sickness and why it would take as long as 6 to 12 months. As people share what they know, make sure that the ideas from the *Facts about TB* page are also talked about.

Games that let people move around make learning fun, and help everyone participate. People remember things they do more than things they hear!



**Puzzles as "icebreakers"**

Putting together a puzzle can help the group start to work together at the beginning of a meeting.

You can make a puzzle out of paper or cardboard with pictures related to TB. Each person could have a piece of the puzzle and cooperate to put them back together. Then you can use the puzzle to start the discussion in step 1 of this training guide.

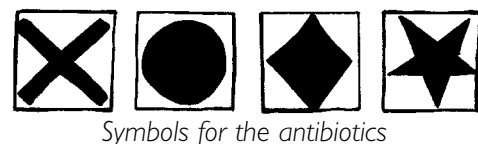


**2. TB Tag is a chasing game that shows how antibiotics cure TB.** (TB tag works best with 20 or more people, but you can change the game to work with fewer.)

This game shows how TB treatment works. Imagine that the game is happening inside a person who is sick with TB. In the game, four people pretend to be antibiotics and chase other people who pretend to be TB germs. See pages 4 to 5 to learn how to play.

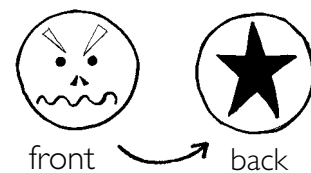
## How to play TB Tag

**To prepare:** 1. **Make 4 badges for the antibiotics to wear.**  
Cut 4 squares out of paper or cardboard. On each square draw a different symbol like this:



Symbols for the antibiotics

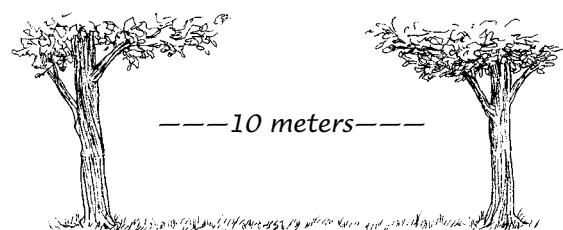
2. **Make badges for all the TB germs.**  
Every TB badge should have the same scary face or other symbol for TB on the front. On the back of each badge, draw one of the antibiotic symbols above. Try to have 4 TB badges for each of the antibiotic symbols. If there are 20 people playing TB tag, 4 will be antibiotics and 16 will be TB germs.



front → back  
Only the antibiotic with the star will be able to 'kill' the TB germ wearing this badge!

3. **Choose two things (like trees, walls or lines in the dirt) to be the goals for the game.**

The goals should be about 10 meters apart so the people with germ badges will have room to run.



**To play:**



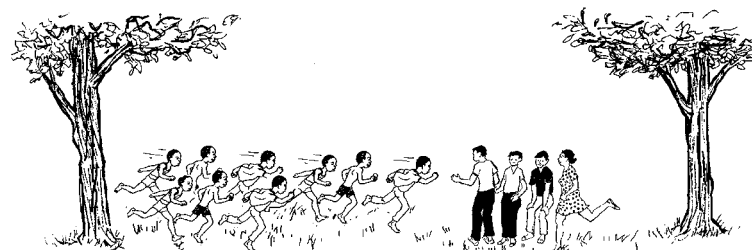
Choose 4 people to be the antibiotics that will chase TB germs. They stand halfway between the goals.



Everyone else will be the TB germs. Make sure they wear their badges so that the antibiotics cannot see what symbol is on the back. They stand near one of the goals.

**Tell everyone the rules of TB tag:**

1. Explain that each time the germs run to a goal is like another week that a sick person took the TB antibiotics. When you shout "week 1!" the TB germs run from one goal to the other goal.



2. The antibiotics will chase the germs and try to "kill" them by touching them. But each antibiotic will only be able to kill germs who have their symbol on the back of the badge.



- When an antibiotic touches a TB germ, the germ is "dead" only if it has the antibiotic's symbol on the back of its badge. If they do have the same symbol, the germ must leave the game. But if they have different symbols, the germ can keep running to the other goal.
- When the TB germs have either been "killed" or have reached the goal, the next round of the game can start. Let the antibiotics return to the halfway point between the goals. Shout "week 2!" so that the germs that were not tagged can now run to the other goal. Repeat the game until all the TB germs are dead. When there are no more TB germs left, the game is over.

**Other ways to play TB tag:**

You can change TB tag to teach more ideas about TB treatment. For example, to explain what happens when people do not take their antibiotics for a couple of days, let the TB germs run to the goal, but do not let the antibiotics chase them. As each germ makes it to the goal, let a germ that was out of the game come back in. To show what happens if a person stops taking one of the antibiotics, make one antibiotic sit out during several rounds.

Uh, oh! José is a diamond antibiotic. Juan is one dead germ if he has a diamond on the back of his badge!



### 3. What did we learn about TB from the game?

Different TB germs get killed by different kinds of antibiotics. Ask questions so the group will make the connection between the game and what happens in real life when someone takes antibiotics to cure TB. For example, ask the group who was the last germ 'killed' in the game. Some TB germs are like fast people in tag who don't get caught until the very end. But unlike the game, TB germs that do not get killed reproduce and change so that the antibiotics cannot kill them. (See the Facts about TB for more information.)

**Q:** In the game, 4 medicines were needed to kill all the TB germs. What would happen if a person sick with TB only took 2 or 3 of the antibiotics?

**A:** They would kill only some of the TB germs. But the other germs could make even more germs.

**Q:** Sometimes people start to feel better so they stop taking their medicines too soon. In the game, what would happen if the medicines stopped chasing TB germs after they had caught a few?

**A:** The person would get sick again because the germs would have time to reproduce and grow stronger.

**Q:** Curing TB takes months, much longer than the 4 or 5 doses of medicine in the game. Why weren't all the germs killed in the first run of the game?

**A:** Because the medicines couldn't catch all the germs the first time. It takes many doses of medicines to kill all the germs.

