

addition to these literacy materials, BCD-CRW piloted ProLiteracy's health literacy program and ProLiteracy's *Good Health Begins at Home* manual was adapted and translated into Mandarin. After the introduction of the ProLiteracy health literacy program, physicians began to see a dramatic improvement in the hygiene and health practices of the learners. They became literacy instructors themselves so they could integrate the health literacy program into their medical practices.

Lifesaving Native Medicines

Desperate to find a cure for her sick child, Yayuk Keisman, a native inhabitant of the Javan rain forest, approached the Seloliman Environmental Education Center's Pusat Pendidikan Lingkungan Hidup (PPLH), a research center near her home. PPLH leaders, many of whom are world-renowned rain forest experts, administered a traditional brew of native plants known as jamu to her son, and he quickly recovered. Yayuk recalled at the time that her own childhood illnesses had been cured by jamu, but the knowledge of how to make the medicine had died with her grandparents. Following her son's recovery, Yayuk became a participant in the ProLiteracy sponsored PPLH literacy education program where she learned what her ancestors knew about the rain

forest. PPLH discovered (as has ProLiteracy) that women tend to be the most effective change agents and willing participants in such programs. PPLH, therefore, targeted its instruction toward women and titled its effort the Village Women's Program. Women learn practical skills such as how to make garden beds, mulch, plant seeds, organic rice-growing techniques, grow living fences, and prepare traditional medicines. Women who participate in the Village Women's Program have seen improved family health, improved sanitation, increased income generation, and improved conservation.

HIV/AIDS PREVENTION AND EDUCATION

Since 1981, more than 25 million people have lost their lives to AIDS. Women and children are the most vulnerable to the epidemic. Globally, and in every region, of the 39.5 million people living with AIDS in 2006, 17.7 million are women. At the end of 2006, women accounted for 48% of all adults living with HIV worldwide, and for 59% in sub-Saharan Africa. Furthermore, children under age 15 account for one in six AIDS-related deaths worldwide and one in seven new HIV infections -- the vast majority through mother- to-child transmission. Many more children are affected by HIV even though they are

not infected. Africa has 12 million AIDS orphans.

In 2002, ProLiteracy launched a literacy and AIDS initiative in seven countries in Africa to empower parents and youth with literacy-based information, practices, and confidence for AIDS prevention, patient treatment, community organization, and orphan care.

Staying Healthy with AIDS

The literacy curriculum for ProLiteracy's partner the Adult Literacy Organization of Zimbabwe (ALÖZ), includes a solid dose of AIDS education including some very innovative efforts to help HIV-infected adults and their families to maintain a healthy lifestyle that includes a nutritious diet. After more than 20 years of teaching reading to adults in her native Shona language, Zimbabwe educator Grace Kumbawa realized that her instruction had to include an emphasis on AIDS. "So many of our learners and even some of our teachers had died of AIDS," she said, explaining the importance of nutrition in treating AIDS. "The people we teach are too poor to pay for medicines and proper food. We show them how to plant nutritious gardens without having to buy fertilizers or pesticides. With a balanced diet, they can fight off AIDS symptoms and sustain their homes for many more years."



Literacy and Women's Health

**WOMEN IN LITERACY:
CRITICAL ISSUES IN LITERACY**



Women all over the world play the central role in keeping their children and families healthy. Women grow, select, and prepare the foods needed for healthy bodies and most often, are in charge of keeping the home clean and sanitary. When illness comes, they are the family's primary caregivers.

Women's health is vital for thriving families and communities— however because of complex and inter-related factors such as poverty, malnutrition, inadequate health care, poor education, and gender discrimination, women in the developing world face many serious health problems.

When women become ill, whole families are placed in jeopardy. Poor communities remain underdeveloped and national economies falter when women are too ill to contribute their talents and labor. The consequences of poor health are clear as millions of women are thwarted in their efforts to reach their potential.

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Women in ProLiteracy programs in 65 countries

are reading, writing, discussing, and acting their way to better health for themselves and their families. They are overcoming the most entrenched social and cultural obstacles and confronting the deeply rooted problems that give rise to the horrors of poverty, hunger, and disease.

The literacy process results in permanent change because it invests women with the power to create change. Desperately poor women unleash their own creativity and skills to address the problems that waste their bodies and minds. Communities learn to work together to seek solutions to broad-based health problems that affect everyone.

ProLiteracy, through its Women in Literacy program, continues to support women-centered literacy programs around the world. It is an investment in women who will restore their health, the health of their families and communities, and the health of our world.

By Karen Norton

WOMEN, GIRLS, AND FAMILIES AT RISK

Millions of families in underdeveloped nations live in desperate poverty, unable to get enough food to provide themselves with even minimally adequate nourishment. This makes them all the more susceptible to infectious diseases such as HIV/AIDS, TB and malaria, which rarely cause death in anyone in developed countries, but which are responsible for half of all deaths in the developing world.

Millions of women are further endangered by their culture's response to their gender, and girls and young women are particularly at risk. Female genital mutilation, practiced in Africa, Asia, and some Middle Eastern countries to control female sexuality, is performed annually on an estimated two million girls from 4 to 16 years of age, often without anesthetic and under unsanitary conditions. Many girls who undergo this procedure die of shock and blood loss and many more experience long-term complications, such as obstructed labor and chronic infection. The growing exploitation of women in the sex industry in Africa and Asia is another significant threat to women's health. threat to women's health.

Already exhausted by hard work, malnutrition, and disease, many women are further depleted by repeated



pregnancies. Many who wish to delay having children have no access to or are prevented from using birth control. Other women are pushed into childbearing by a culture that offers them no other role but motherhood. Of the 210 million women who become pregnant every year, more than 529,000 will die annually from pregnancy and childbirth related complications. When wives and mothers become ill or die, the lives and health of whole families are placed at risk. Every year millions of young children die because their mothers, weakened by repeated, closely spaced pregnancies, can no longer provide infants with breast milk or devote the effort needed to make sure toddlers are adequately nourished.

Emphasis on early marriage in the developing world places millions of physiologically immature girls and their infants at risk. Teenage mothers have a significantly higher maternal death rate than their older sisters.

ILLITERACY AND POOR HEALTH

Lack of education is a significant health risk, and the relationship between the lack of education and ill health among women and children is well documented. The highest rates of illiteracy among women are found in regions that report high rates of infant mortality, low life expectancy, and poor nutrition.

Poorly educated women are more likely to marry and start their families early and make less use of prenatal care and delivery assistance. Many do not know that germs cause disease and that simple dietary changes can preserve their children's lives, or that there are simple household treatments they can use to nurse a sick child. Women who are poorly educated are less aware that an unsanitary household and unclean drinking water can be lethal. They are less likely to seek out health-related information services.

Literacy and Health

Since its formative years in the Philippines over 70 years ago, ProLiteracy Worldwide's

international adult literacy programs have attracted women in greater numbers than men. In response to this demand, ProLiteracy organized Women in Literacy to formalize its expertise in developing literacy services for women. ProLiteracy's Women in Literacy program, launched in 1991, has reached 1.6 million women in the United States and 65 developing countries in Africa, Asia, Latin America, and the Middle East.

Through Women in Literacy, ProLiteracy disseminates a model program that integrates basic literacy instruction with a learning process that addresses health care concerns of women around the world. Participants in Women in Literacy programs acquire basic and advanced literacy skills, gather information relevant to the health concerns they identify, develop the organizational capacity needed to address the underlying causes of ill-health, and adopt new attitudes about themselves and their ability to create change.

The centerpiece of this innovative program is a publication and training vehicle known as *Good Health Begins at Home*. This learning and action tool is designed to enable women and their families to improve their lives and communities in three distinct but interrelated ways: literacy, health, and community problem-solving.

Through literacy, women learn and apply basic and/or intermediate reading and writing skills by using health-focused content material. The health program highlights issues and information that all families need to consider in order to prevent disease, treat sickness, and advance wellness in such areas as sanitation, nutrition, safety, and violence prevention. The program emphasizes various specific illnesses including AIDS, malaria, and diarrhea. This community problem-solving is a highly participatory process of learning and dialogue. Women not only gain a common framework of knowledge and understanding, they develop mutual trust and vision needed for group action. This process strengthens



individual and group capacity to create participant-generated solutions to health-related and other daily-life problems. This program is currently being adapted and modified for local cultures and translated into local languages.

Community Health Projects

In the Dominican Republic, one-fifth of the people have no access to doctors or toilets and one-fourth have no source of clean water. Many of these people live in the poorest provinces of Azua, San Juan, and Elias Piña near the Haitian border. ProLiteracy's partner, FUNDASEP (Fundación Azua-San Juan-Elias Piña), is a nongovernmental organization (NGO) based in three extremely poor provinces in the southwestern part of the country and works to link healthy people with a healthy environment. The first literacy primers that FUNDASEP offers are vida (life), agua (water), and salud (health). Through these primers and lively discussions, women learn the importance of sanitation and how to prepare safe and nutritious family meals. FUNDASEP translated and adapted ProLiteracy's *Good Health Begins at Home* manual and integrated the program into its existing activities. FUNDASEP helps learners take action. Since 1992, groups of learners have stocked and used more than 500 botiquines (medicine chests) in villages without health care. They have constructed cisterns and laid pipes to

collect and distribute rain as an alternative source of drinking water. Learners have also built and installed 7,800 molded concrete latrines that use minimal water to flush and reduce water contamination.

Publishing Health Materials

As editor of the national government periodical, *China Women's Daily*, and the leader and founder of Rural Women Knowing All (RWKA) magazine, Xie Li Hua recognized there were no publications aimed at the needs and perspective of China's rural women. First published nationwide in 1993, RWKA reaches 150,000 rural women and provides relevant information through columns on family, love and marriage, reproduction and health, science and technology, farming and education. While this periodical was extremely popular in rural villages in numerous provinces of China, its editors and writers soon discovered that a significant portion of China's rural women lacked reading skills and had no access to the vital information contained in the magazine. The often hidden and ignored reality of rural illiteracy in China became the catalyst for forming an NGO—the Beijing Culture Development Center for Rural Women (BCDCRW). The BCDCRW literacy program in Hebei Province serves 500 women and develops primers on rural life and issues ranging from reproductive health to child safety. In