

Women with disabilities – cooking, fires and smoke

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Background

Of Pakistan's four provinces, the North West Frontier Province (NWFP) is the smallest, and specific customs in this region form an inseparable part of Pathan society. In the province, there are 1389 general health institutions, and the population per health unit is 12 000. The men are mostly farmers or work as labourers for daily wages. Most of the families belong to very low income groups.

Pathans are men of swords and guns, and the life of a tribal Pathan is governed by unwritten codes which contain values of life and embrace all their activities from the cradle to the grave. Among the Pathans, one of the most evident traditional marks of social status is the relative inactivity and invisibility of their women from the public and social scene. Women perform tasks centred within the family quarters – only fetching water or gathering fuel and fodder, normally take them out of the home in some of the areas.

The world of rural disabled poor women in developing countries is handicapped four times; their poverty, their rural background, their illness, and disability. They have least access to education, skills training, income-generating activities, transport and housing. They also suffer from social disrespect, malnutrition, disease and ignorance, they are less likely to get married and mothers with disabilities face social stigma, poverty and isolation. Most women in this situation spend many hours a day preparing food. This puts them at risk from health problems caused by cooking fires and smoke.

Social constraints

Strict *purdah* (or seclusion of women) is a more critical issue

Les femmes handicapées: cuisson et émission de fumées

Cet article décrit la situation des femmes handicapées physiquement du Nord Pakistan et leur environnement domestique particulièrement les tâches liées à la cuisson. En plus de leur handicap physique, ces femmes sont également victimes de la pauvreté, de la maladie et de leur appartenance au monde rural. Leur accès à l'éducation, transport, logement et activités génératrices de revenu est extrêmement limité. La politique d'isolement des femmes contribue aussi à restreindre l'accès aux programmes communautaires de réhabilitation. Cependant, depuis les années 1990, ces programmes tendent à être acceptés et les femmes commencent à bénéficier de formations liées aux activités domestiques sans que cela ne déroge aux traditions.

than the activities performed by them. NWFP has a reputation throughout Pakistan as the centre of conservative behaviour in this respect. Women observing strict *purdah* usually remain inside the walled off quarters of a home. *Purdah* is not just a woman's personal matter, it rather involves the whole Pathan society. A stranger trying to enter a house can lead to fatal results. If the visiting persons are male, trying to talk/teach the female members of the house, it is next to impossible. When there are cultural restrictions, like the seclusion of women in reaching and helping disabled people, the task of the community-based rehabilitation programmes becomes very difficult.

The Rehabilitation Centre for the Physically Disabled (RCPD)

Keeping all the above factors in mind, the Rehabilitation Centre for the Disabled was started in a two-roomed rented house, with a few parents and professionals in 1985, with the main target being helping rural women and children. Experience had shown that an institution is more likely to be successful where rehabilitation of disabled children is combined with facilities where parents/caretakers can get training about home management skills. The presence of female staff, in a

small day-care rehabilitation centre with a home-like atmosphere, encouraged the local community to allow their grown-up disabled girls, and mothers of disabled children, to benefit from the organization.



Figure 1: Two women with physical disabilities making naans at the Centre's kitchens

For the first few years, home visits by female staff for mothers' training in home management and mothers' counselling played an important role in developing community confidence. (The female staff member was always accompanied by a male staff member, for security. The man

stayed out with male family members, discussing with them the importance of the child's rehabilitation.)

Skill transfer

After the first few years, the organization arranged classes, seminars and workshops for community training in disability-related issues. In 1990, Primary Health Care classes for the mothers coming to the centre were started. Mothers took great interest in these classes. These classes consisted mainly of group discussions, with the help of available slides, charts and videos; Peshawar UNICEF provided some training. Seminars have been run on 'Networking NGOs working on Disability with NWFP', with 102 participants, and another seminar on 'Human Resources Development', with 332 participants.

There were three pre-seminar camps in three main cities of NWFP, before the second seminar took place in Peshawar. During group meetings with the local communities before the seminars, the need for participation of mothers in the planned seminar was stressed. The group members (all male) said that they would try to send a few females for training too. But not very surprisingly, there was not a single female participant present at either seminar.

Outreach programme

To meet the needs of helping disabled children from farther afield, an outreach programme was started in 1992, reaching 96 towns in the following six years. Camps at various locations were attended by both men and women, as purdah arrangements made this possible. Although the community will accept male staff as care givers to some extent, if mothers are to be taught about disability-related matters, with guidance for home care of their disabled children, there must be arrangements made to allow women to attend courses. In 1997, formal seminars on 'Primary Health Care and Prevention of Childhood Disabilities'

helped many women development NGOs to strengthening community understanding about the work of such groups.

Empowering women with disabilities

POWER (Promotion Of Women Empowerment & Rehabilitation)

In mid 2000, a group of women with disabilities was formed at RCPD to help empower women with disabilities. A challenging task in a country with strict socio-cultural norms. The group started work in 6 different towns with local NGO help. These are demonstration groups with commitment to women's equality and female human rights in general, supervised and run by women with disabilities.

National Disability Network:

The need for a disability-related network at national level arose from the expanding work of the outreach programme. From 88 towns all over Pakistan, 231 NGOs became net members and the network became 'Rehab Pakistan' in 2000/2001. The RCPD was already working as a Resource Centre, having physical and vocational rehabilitation sections, providing disability-related publications, and providing a lot of human resource development programmes. In February 2001, it

started collaborating with 21 similar NGOs with contacts and work in another 15 towns.

Household management skills particular to women with disabilities

Physical needs

- Women with loss of sensation in their legs due to disability need to use a protective wooden board close to their legs for the prevention of burns
- Such women should also drink a lot of water to prevent dehydration, especially in summer. Otherwise, urinary tract infections or constipation can cause more problems.

Safety

Liquid fuel and gas stoves can cause explosions, fires and burns if not properly used. For using these more safely, here are some instructions:

- Do not let fluid drip anywhere or touch your skin – if it does, wash it off right away
- Keep anything that can burn away from the stove
- Store extra fuel in a place away from the cooking is done, and do not use matches or cigarettes nearby



Figure 2: Cow-dung is highly polluting as a fuel

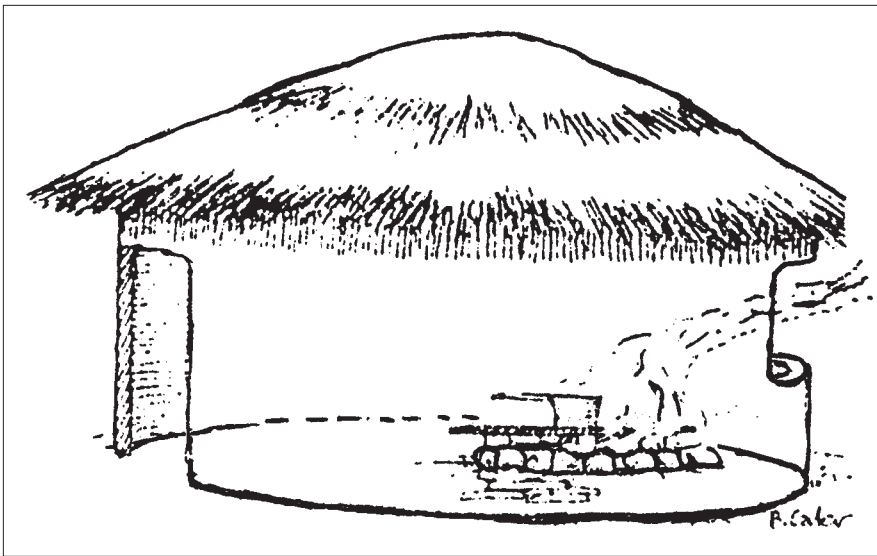


Figure 3: Have at least two openings to allow smoke to get out of the room

cooking, keeping the cooking pot covered. Less fuel is utilized and you breathe less smoke.

- Using dry fuel on stoves that produce less smoke. (Smoke is a sign that fuel is being wasted, since it is caused by fuel which does not burn completely).

Conclusion

In a society where free mobility of men and women is not permissible mainly due to seclusion of women and cultural limitations, hundreds of thousands of dis-

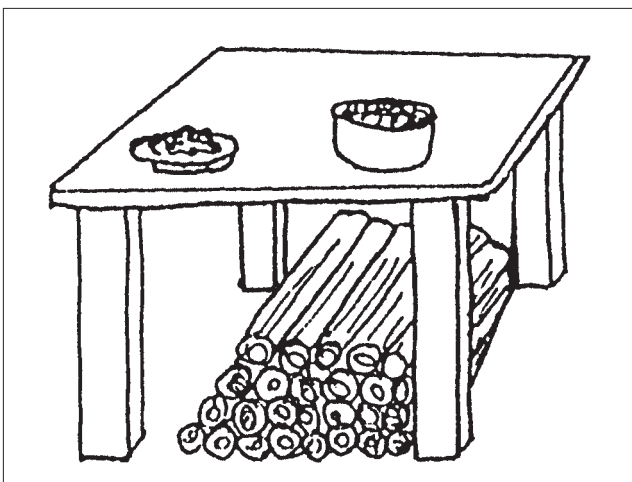


Figure 4: Cut food into small pieces and protect fuel from rain

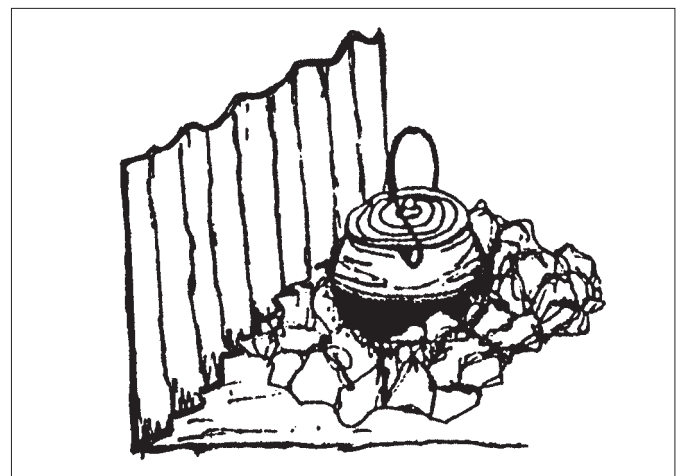


Figure 5: Protect outdoor fires from wind, and always use a lid on the pot

- The stove should be kept in an area where air can move freely around
- Be extra careful while lighting the stove

Women using solid fuel stoves that produce a lot of smoke often suffer from more health problems than those using cleaner fuels. In Pakistan, biomass fuels include wood, cow-dung cake, paper, wood, coal, dried sugar-cane leaves. The smoke from these fuels causes further problems if the fuel is burned indoors. And if the fuel has chemicals in it, like pesticides or fertilizers in the crop residues, the smoke is more harmful.

Breathing smoke from cooking fires can cause chronic coughs, colds, eye problems, pneumonia, bronchitis, lung infections and lung disease.

Breathing coal smoke can also cause lung, mouth or throat cancer. Pregnant women breathing cooking smoke can suffer from dizziness, weakness, nausea and headache. Smoke can probably also lead to the birth of low-weight babies.

Preventing health problems from smoke

- Cooking where air can move freely. If outdoor cooking is not possible, have at least two openings for air in the room
- If possible, cooking in turns with other women, so that each woman can breathe less smoke
- Finding ways to cook food in less time, but completely. This could include cutting the uncooked food into smaller pieces, soaking dried foods, like beans, overnight before

abled children and their parents, especially mothers, cannot be left unassisted. The above experiences and models, if practiced widely in other such areas of Pakistan, can make gradual, needed changes at the community level, without disturbing the centuries old traditions.

Useful references

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