

skills, and creating an enabling environment. The mass media and community activities, meanwhile, are linked through a common logo 'Know Yourself', theme song, consistent messages and integrated program activities, thereby offering overall cohesion.

Monitoring of implementation indicates that the program has great potential for wide-scale application, including with parents and community gatekeepers.

#### PP3-14

##### **ADDING COMMUNITY ELEMENT IN PAC: A RIGHTS BASED INITIATIVE TO ADDRESS POOR UTILIZATION OF HIGH QUALITY PAC SERVICES**

Md. Imtiazul Islam

*NSDP/ CARE Bangladesh, Dhaka, Bangladesh*

PAC is one of the priority components of NSDP (a national umbrella SRH project in Bangladesh). PAC was introduced in twelve safe delivery clinics on a pilot basis with necessary technical up gradation and trained staff on MVA, etc. But even after 2 years of this initiation, the utilization of this service was very poor despite huge prevalence of unwanted pregnancy and unsafe abortion in the country (28% of maternal deaths are related with abortion complications). So, an intensive assessment, comprising gap or issue mapping and root cause analysis exercises, was conducted using a number of participatory tools involving different levels of stakeholders. The major findings were as the following: absence of community mobilization, involvement, and youth focused strategies, poor understanding and confusion of staff regarding Mexico City Policy (as it is a USAID funded project), no linkage with local informal health providers, lack of integration with other SRH services, inadequate IEC messages and materials addressing stigma and discrimination related with unwanted pregnancy and unsafe abortion in the society, etc.

Based on these invaluable findings, a comprehensive PAC initiative was designed and implemented keeping community and women's SRH and rights as a key focus. The initial changes were dramatic as the rate of utilization almost tripled in the first year. A very good working partnership was established with informal practitioners, MCP related mis conceptions were clarified, staff capacity regarding addressing women's SRH&R were enhanced, youth focused and gender sensitive IEC messages and materials were developed, PAC was integrated with SRH and safe motherhood activities and the advocacy efforts were strengthened.

#### PP3-15

##### **GENDER COMPETENCIES & MEDICAL CURRICULA CHANGE- TOWARDS A NEW GENRE OF GENDER SENSITIVE DOCTORS**

Yut Lin Wong

*HERDU, Faculty of Medicine, Universiti Malaya,  
Kuala Lumpur, Malaysia*

In view of the need to sustain and move forward the gains of and commitments to women's sexual reproductive health and rights in post 1994 ICPD and 1995 Beijing, the training and provision of gender sensitive healthcare providers is one critical strategy. Yet, gender bias has long been inherent in clinical practice, medical research and education. It is a concern that physicians stereotype women, pathologize their normal bodily functions, treat women as abnormal because they are not men (i.e. the "male as norm" on which much of medical training has been based). Much of this attitude and treatment of women patients can be traced back to the medical curriculum that shapes the perceptions, attitudes, and behaviour of the future doctor in addition to providing medical knowledge and skills.

Hence, this paper urges for drastic medical curricula change in order that women's rights to informed decision-making, medical treatment and quality health services be advanced. The curricula change needs to be structural and holistic versus modifying terminologies or adding more women's health topics. This paper examines why it is important to integrate gender competencies in the medical curriculum, what are gender competencies, reviews ways on how to in-build them as well as their evaluation and assessment within the medical curriculum. Past and current efforts to change and gender-sensitize the medical curricula as found in North America, Europe and parts of Asia Pacific would be reviewed to take stock of the lessons learnt and the gaps and challenges that remain to be addressed.

It is hoped that the review would be helpful to innovative educators and trainers of healthcare providers committed to gender sensitive health services and equity in health.

#### PP3-16

##### **HOW SAFE ARE THE YOUNG FEMALE WORKERS AT THEIR WORK PLACE? : A CASE STUDY OF THE GARMENT WORKERS IN BANGLADESH**

M.E Khan

*Population Council, New Delhi, India*

Socially and economically, Bangladesh is passing through a transitional phase. Increasing number of women is working outside their home. In Dhaka alone about a million girls/young women are working in garment industries which often demands working till late hours in night.

The present paper examines how far these garment workers (GW) are safe and free from emotional and sexual harassments while working or commuting to their workplace. The paper is based both on quantitative (survey of 726 GW) and qualitative data (30 in depth interviews) collected from Dhaka.

The findings indicate that most of the women face harassments, both while commuting to work place and at their job. The common harassments during commuting to work were touching or pinching of body, passing indecent remarks, proposing for sex and threatening if not oblige them or keep silent. Such harassments were almost universal while commuting in bus. At place of work also, similar harassments by the male supervisors and employers were reported, though less frequent. The coping mechanism includes commuting in group, neglecting or being non-responsive and in some cases even obliging to their demand. Many workers reported in being constant fear.

Learning Point: We learn about the problems of working women in garment industries, the second highest foreign earning industry of Bangladesh. The paper gives an opportunity to the owners to rectify the problem as continuation of such practices could be damaging for the industry.

#### PP3-17

##### **ADOLESCENT REPRODUCTIVE HEALTH (ARH) ADVOCATES CHAMPION SKILL BUILDING & ENHANCEMENT WORKSHOP IN FAR FLUNG VILLAGES AND BARANGAY SECONDARY SCHOOLS**

Miel Filomeno Nora

*PLAN Philippines, Masbate City, Philippines*

Adolescent Reproductive Health (ARH) Advocates Champion Skill Building is an interactive & participatory capability building workshop for children and young people in school based and or far flung community setting. This aims to bring out the mental and physical creativeness in them in promoting reproductive health issues among their peers in a fun and learning environment.

The workshop which will promote ARH among the young people, thus helping their peers in order to get out of their