



Women Empowerment: An Intervention to Reduce Alcohol Consumption and Prevent Alcohol Related Problems

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Alcohol problems in Thailand

- Expanding markets in Asia
e.g. Carlsburg's biggest market in Asia is Thailand, Oktoberfest, Beer's garden
- Alcohol marketing targets the poor
e.g. "put back what the day take out"
- Alcohol consumption create poverty
- Loss of the nation from alcohol
62% of traffic accident victims



Prevalence of alcohol problems among emergency room patients in Thailand

- Patients with transportation injuries were twice as likely, and those with assault-, fall-, or burn-related injuries were at least three times more likely to screen positive compared to the non-injured comparison group.
- The estimated overall prevalence rate of alcohol problems for this population, adjusted for age and diagnostic classification, was 0.39 for males and 0.08 for females.

Why alcohol affects women more ?



Apart from physical and health problems, alcohol also has a causal link with aggressive behaviours among men which cause social, and family problems e.g. domestic violence, sexual abuse

Alcohol and Women

- Data from the police, social workers, and hospitals show that many women, especially housewives, are victims of alcohol abusing husbands.
- Thus, the researcher was interested in using women empowerment to prevention and control alcohol problems in community



Traditional alcohol prevention/control programme e.g. public health education, campaign, health services based activities, Arrive-Alive.



Why attend Empowerment Training?

- Have you ever said to yourself... it's time for me to make a change in my life? -And then not followed through.
- With empowerment training you'll be given a proven system to create measurable and lasting change.
- This course will take you step by step through a process that will help you identify what it is you really want, what's preventing you from getting it, and how to break through barriers to take action and transform your life forever...



Empowerment Principles

- Philosophy and practice of empowerment lead to redistribution of power, resources, decision making so that stakeholders can decide actions and goals for themselves (Staples, 1999)
- Using empowerment approach to planning, implementation and evaluation involves community member and constituencies, a procedure result in relevant, respectful, and effective programme (Brandon 1999)

Empowerment

- Empowerment is a social action process by which individuals, communities, and organizations gain mastery over their lives in the context of changing their social environment to improve equity and quality of life (Minkler & Wallerstein, 1998).
- Crucial element of empowerment theory for health educators is the participatory process through which people work to improve health.
- Participation is a precursor for empowerment.

Psychological Empowerment (PE)

Qualities of PE

- Intrapersonal
- Interactional
- Behavioural components

(Zimmerman, 1995)

Intrapersonal components

- Self perception,
- Domain-specific perceived control,
- Self-efficacy,
- Motivation to control,
- Perceive competence and mastery”



Interactional & Empowerment

- Women with higher empowerment scores tended to participate more inside organization and decision making process in organization.
 - Men with higher empowerment score were more likely to participate in community as representatives of other residents.
- (Itzhaky & York, 2000)

Social Cohesion

- Social cohesion is a construct that considers participation in the context of relational notions such as trust, shared emotional commitment and reciprocity among community members (Kawachi & Kennedy, 1997).
- Connected participants were have higher on empowerment than unconnected participants (Speer et al., 2001)

Aim and Objectives

Aim: To Develop, implement and evaluate the empowerment training programme for women to reduce alcohol consumption and alcohol related problems

Objectives:

1. Developing women empowerment for increasing their potential, self esteem and self assertiveness.
2. Support women to implement the activities and follow up for 6 months
3. Evaluating effectiveness, competence, performance and satisfaction

Stakeholders

- Local Hospital : Health Educator (Health Education Specialist), Nurses
Department of Community Medicine
Department of Social Services
(Ministry of Health)
- Department of Community Development
(Ministry of Home Affairs)
- Community's leaders
(Both formal and traditional)

Methodology

- Recruit of the participants, organized training venue and refreshment by department of community developments through community's leaders.
- Developed training curriculum by health education specialist.
- Prepare training team and training manual and materials.

Participants

- 40 women in low-socio-economic group in northern part of Bangkok
- Mean age 43 , Age range 37-51
- Occupation: housewife, sale foods (street food stall or mobile), farmer and etc.
- Husband occupation: labourer (construction site), worker in industry company
- Education level: majority = primary school



Time and Materials

- Total 3 days from 10h00 to 16h00
- Training materials
flip chart, drawing papers, drawing pencils
colours paper, glue, straws, pin, etc.
- Venue: large meeting room

Methods

- Group process technique was used to build relationship among participants, warm-up, relax, and make fun among participants
- Empowerment training techniques were enable and encourage participants to have a critical conscious, increase self esteem, exchange experiences in group.

Day 1:

- Register
- Opening remark by the chief district officer
- Introduction to the training course, house's rules e.g.
 - Talk one each time,
 - Only positive comments
 - Active participation (everybody)
- Ice breaking activities: let's know each other

Day 1. (continue)

- Pre-evaluation “Hope and Fear” activity
(Expectation from the Programme,
Openness, Ready to learn))
- Exercise: The “River of Life”
Know yourself
Accept the difference of individuals
To focus yourself on what it is you want
most in every area of your life
(Network and Connectedness)

Day 2.

- Exercise: “Big Shrines”
Self esteem
Group work
How to motivate yourself to take consistent action
How to control your state of mind
- Exercise: “Miracle Stone”
How to free yourself from past experiences that may be holding you back
- Exercise “I Love You”
- Exercise “ The Great Role”



Day 3.

- Exercise “ The Dream Come True”
Help you create a compelling future and a personal pathway to it.
- Exercise “The Bridge to Stars”
Help you create a compelling future and a personal pathway to it.
- Closing “ the Web of Love”
Build closer relationships and enhance persuasion skills
Enhance your self appreciation and self esteem.
- The participant leader declaration



Evaluation

- Participant's behaviors and training climate observation.
- Group process evaluation activities.
- Pre-post training and follow-up evaluation to ensure the empowerment competence.
- Health center and hospital record and community's leaders record, periodic meeting and action plan after training.

Cerebration !

- General Talk, poem, song during various cerebation
- General talk during wedding ceremony



Religion Practice

- Motivate and support of regular religion practice

Basic Practice

- Drinking Alcohol
- Gambling
- Lie, dishonest
- Sexual immoral
- Killing of other life, take advantages from others



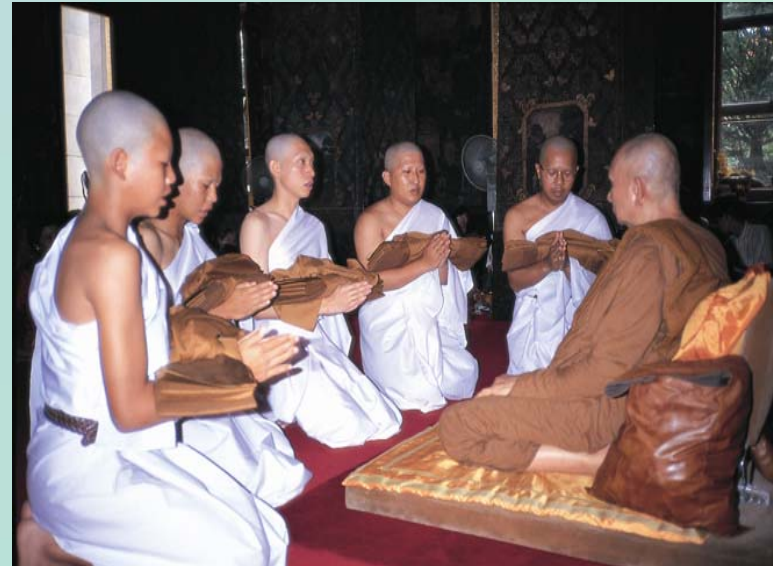
Religion Ceremony

- Variety of family activities during Public Holidays including participate in religion ceremony



Female monk

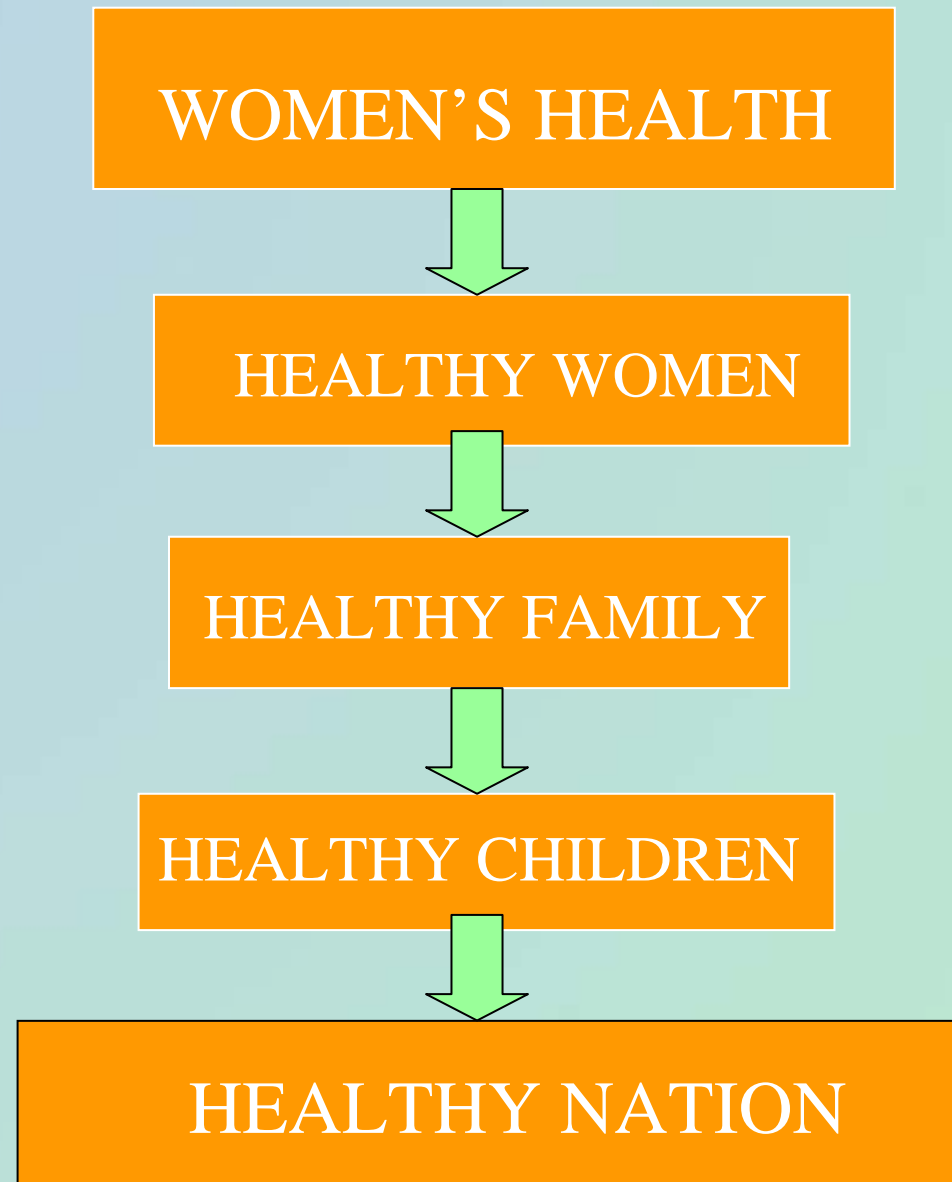
- Female monk play role among young girl and elderly women as role model, counselor and educator for women especially problems





Conclusions and Recommendations:

- A women empowerment community alcohol prevention programme seems promising and cost effective in reducing drinking levels and alcohol related problems among husbands.
- Further, research is needed to ascertain the effectiveness of such programmes.





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