

## Editorial



### Empowering women via public health

Manuja Niranshi Perera

Department of Public Health, Faculty of Medicine, University of Kelaniya, Sri Lanka

\*Correspondence: [kmanujanp@gmail.com](mailto:kmanujanp@gmail.com)

 <https://orcid.org/0000-0002-9869-3399>

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Public health field in Sri Lanka has always been a pride to the island nation. In the month that we celebrate women, this editorial is dedicated to all the women who developed and shaped the public health field in Sri Lanka, preventing diseases, promoting health and prolonging lives of the Sri Lankan citizens.

#### *How empowered are women in the public health field?*

Empowerment was originally defined as “the mechanism by which people, organizations and communities gain mastery over their lives.” (1). Sadan described it as a process and an outcome; “A process of transition from a state of powerlessness to a state of relative control over one’s life, destiny and environment.” (2). Empowerment is discussed in three levels, namely individual (psychological empowerment), organizational/small group and community (3). Zimmerman conceptualizes psychological

empowerment in three components or domains; intrapersonal, interactional and behavioural. Intrapersonal domain incorporates “sense of control” described using the attributes of self-efficacy, motivation, perceived competence and mastery regarding an issue. Critical awareness, understanding causal agents, skill development and

ability to mobilize resources are the attributes of interactional domain. Behavioural domain incorporates community involvement, organization participation and coping behaviours (4). Thus, an empowered individual has a sense of control, critical awareness about her socio-political environment and is involved with her community, taking necessary actions to change things for better.

How empowered are we? I will start by referring to one of the greatest success stories of our system - the public health midwives. They are the grass root level healthcare worker that had contributed immensely to promote wellbeing of women and children in Sri Lanka for almost a century. Walking from door-to-door, encouraging women to seek medical care and deliver at hospitals with obstetric services, they have been the most important determinant behind the 99.5% institutional delivery rate as well as a low maternal mortality ratio in-par with the developed world. They have promoted and supported breastfeeding, nutrition and immunization and optimised care in early childhood, not only reducing child mortality but also laying a strong foundation for development of the country. They do have a sense of control over the aspects of maternal and child health, involved

with their communities and take actions to make things better.

The services of women in public health are not limited to public health midwives. Apart from being public health nursing sisters, women have contributed significantly serving in many other public health posts as medical officers of health, and at regional, provincial and national level as technical and administrative officers. Furthermore, the mother organization of this journal, The College of Community Physicians of Sri Lanka (CCPSL), the pioneering professional organization related to public health, has a female founder-president and an array of empowered professional women who had led the CCPSL to uplift the standards of the public health profession as well as development of the public health sector in Sri Lanka. In addition, there are woman trainers and mentors, not only disseminating their knowledge and experiences to the next generation of public health professionals, but also acting as role models and examples on how to tackle 'life'! As a female relatively junior member in the fraternity, I too have been brought up by such mentorship throughout my postgraduate career by an array of female trainers and mentors.

Reflecting on the local scenario, it is obvious that women in the public health sector are quite empowered and have abundant opportunities to involve, act and create positive changes in their respective communities and in the country. The greatest determinants that may have led to this may be the free education policy as well as the existence of a culture that is positive towards females, believing that they deserve to be educated,

employed and paid to a level equal to their male counterparts. However, it is questionable whether this level of empowerment is universal to all women or even across all professional fields in Sri Lanka. We still hear stories about young women being prevented from reaching their potential because of having to leave school to support their families or higher education to start their own families. We still see women trapped in abusive households due to lack of economic independence and social barriers. Further, in work settings and environments, even within highly educated, powerful professions, occasional stories of disempowerment in the form of emotional and sexual abuse can still be heard.

Empowering communities to address the determinants of their wellbeing is under the direct purview of public health professionals. Thus, as a relatively empowered women group with opportunities and even official capacities to get involved, the writer believes that we have a bigger and a better role to play in empowering women in Sri Lanka. We have been concentrating on improving their wellbeing and of course it is essential to continue to do so. But are we adequately focusing on empowering them too? Improving their insight and control over the determinants of their health by improving their skills and capacities, creating supportive environments for innovative empowered actions, re-orienting health staff to work with them rather than limiting to the traditional approach of 'working for them'? It is time for all of us to reflect upon and take action, so that women in Sri Lanka will uplift themselves and carry their households, communities and the country with them.

## References

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