



Swiss Agency for  
Development  
and Cooperation  
SDC



Swiss Agency for  
the Environment,  
Forests and  
Landscape SAEFL

## **International POPs Elimination Project**

*Fostering Active and Efficient Civil Society Participation in  
Preparation for Implementation of the Stockholm Convention*

---

# **Preparation of a Manual on POPs and Women's health**

**Chintan Environmental Research and Action Group**

**India  
March 2006**



## About the International POPs Elimination Project

On May 1, 2004, the International POPs Elimination Network (IPEN <http://www.ipen.org>) began a global NGO project called the International POPs Elimination Project (IPEP) in partnership with the United Nations Industrial Development Organization (UNIDO) and the United Nations Environment Program (UNEP). The Global Environment Facility (GEF) provided core funding for the project.

IPEP has three principal objectives:

- Encourage and enable NGOs in 40 developing and transitional countries to engage in activities that provide concrete and immediate contributions to country efforts in preparing for the implementation of the Stockholm Convention;
- Enhance the skills and knowledge of NGOs to help build their capacity as effective stakeholders in the Convention implementation process;
- Help establish regional and national NGO coordination and capacity in all regions of the world in support of longer term efforts to achieve chemical safety.

IPEP will support preparation of reports on country situation, hotspots, policy briefs, and regional activities. Three principal types of activities will be supported by IPEP: participation in the National Implementation Plan, training and awareness workshops, and public information and awareness campaigns.

For more information, please see <http://www.ipen.org>

IPEN gratefully acknowledges the financial support of the Global Environment Facility, Swiss Agency for Development and Cooperation, Swiss Agency for the Environment Forests and Landscape, the Canada POPs Fund, the Dutch Ministry of Housing, Spatial Planning and the Environment (VROM), Mitchell Kapor Foundation, Sigrid Rausing Trust, New York Community Trust and others.

The views expressed in this report are those of the authors and not necessarily the views of the institutions providing management and/or financial support.

This report is available in the following languages: English

# Preparation of a Manual on POPs and Women's health

## I. Project background

In India today, there are hundreds of organizations working on the issue of women's health. The areas of work include reproductive health, an area severely impacted by exposure to POPs. Yet, the focus has not included toxics in any manner.

One of the reasons for this is the broad nature of toxics themselves. Until scientists like Theo Colborn and Sandra Steinberger actually wrote about chemicals in a comprehensible, reader friendly way, the issue was a garble of long names and complex science that was actually difficult to imbibe, much less use. However, while the importance of these books cannot be downplayed, it is important to remember that they are in a context completely different to that of India. Hence, while they do create awareness, they may not be able to be of direct relevance. The twin issues of jargon-free material and information relevant to India are hence an important one that must be addressed when we consider the issue of POPs.

Another issue is that of the very information being shared. Instead of being merely related to the manner in which POPs function and impact the human body, it is also related to the practical aspect of the issue: prevention and hands on action that can be taken. This information is also absent in India.

More concretely, this proposal had the following aims:

- To collate all the information available on POPs and women's health.
- To use the information to create a primer for both practitioners and literate women in English and Hindi for widest usage
- To share it with networks and groups working on the issue of women's health through a workshop.

## II. Our Work

Our work took us well over the expected 4 months, as it required multiple inputs and needed to be rewritten five times before the test group was able to comprehend it and discuss it confidently.

A brief summary of the work is as follows:

### A. Initial Study

Our initial study required us to undertake a survey with groups working on women's health. However, we were advised by a range of NGOs and individuals to work with NGOs that in general, worked with health as well. We therefore circulated a brief

questionnaire and followed up by telephone. The efforts required for this lead us to reduce our interactions with those outside Delhi and instead, work with both groups and individuals in Delhi. Besides, we also decided to work with groups in and around Delhi as many of the others were far away for a follow up.

The initial study, collated by the project supervisor, showed us that:

- There was no inclusion of toxics of any kind in this realm
- There was no notion of POPs at all
- There was no plan to include these in the near future as they were not seen as serious or important
- Health was seen in traditional terms

## **B. Advisory Group**

We created a small advisory group comprising those involved in the issue and a doctor. This included Dr. Kiran Gularia, Dr. Shehla Agarwal, Mr. Pranay Lal, Ms. Kamla Upadhaya, Ms. Vibha Gupta.

We later also turned to seek the help of Ms. Moho Chaturvedi, as she works on gender and health issues in India.

## **C. Manual Structure**

Given that there was no knowledge base to start with, we created a structure with a summary of intended matter.

## **D. Review of Structure**

The structure was sent out for comments to the group as well as to other persons. Many comments came in, mostly those requesting for a big change and greater clarity. There was a call for more basic information. The structure was revised three times before it was suitable for a pedagogical specialist, who added additional inputs.

## **E. Bibliographical and Information Search and Selection**

The sections above were divided into 3 and distributed to the researcher to initiate a bibliographical search. They were asked to search websites, libraries and meet individuals. Over 120 useful references were found. Of these, those found relevant to Indian conditions were sorted out. Besides, on advice, those studies that used a sample size of less than 72 were not used. The information was classified into sections. Discussions were held with several persons about their work, information available to them and their own work and observations.

## **F. Draft Circulation**

The first draft was circulated. It was widely discussed and many comments were received. In general, it was felt that the contents contained too much science and required simplification. It was also felt that the content needed more focus, so many additional information sections were removed.

A second draft was circulated. Here, it was felt that a simpler and broader overview of POPs was required. Moreover, the pesticides were found to be too detailed and it was decided to reduce these to tables.

A third draft was circulated. Some people in the advisory group felt that it was imperative to also include other emerging POPs to make the manual more useful.

A fourth draft, with these included, was circulated. It was felt that the issue lacked the human rights perspective, particularly with the need for emphasizing women's right to bear healthy children.

Finally, a fifth draft was agreed upon. The agreed content is as follows:

0. Introduction (about 1000 words)
1. POPs: What are they? *The dirty dozen. Maps of the hotspots, regions where they are the most produced. A brief history. How do they travel? A bit about the history of the Stockholm convention*
2. Why are women so susceptible to POPs? (3000-5000 words) *The medical science and the main symptoms. Here we create the broad health problem categories that we will remain with through the rest of the manual. These will be those that are the most common, at least five examples are spontaneous abortions, difficult conception, cancers, endometriosis and babies who are ill.*
3. Global Evidence (10-12000 words). *Interviews with Neil Shakeback, Bruce Landseer. Case studies and literature review under the broad headings of the health problems. Needs not to be presented as a literature review but include most of the important studies.*
4. Indian Evidence: DDT, BHC, HCH. *Telephone interviews with doctors. Here, we will have to be more like detectives and piece together solutions. For example, we will have to say that given we have X no of medical waste incinerators; there is already dioxin present.*
5. The Way Ahead

## **G. Producing the Manual and its dissemination**

The manual was sent into production, with minimum frills. However, given the number of drafts that it took, it was decided to hold a workshop with the draft copy, in order to include any further comments. A total of 40 groups, including NGOs, individuals, Resident Welfare Associations (RWAs), social workers, and doctors were invited, of which 22 showed up. The rest comprised internal staff and a filmmaking team. The workshop used the draft and sought comments on it.

Several comments were forthcoming, including one that the manual should be smaller and more basic. A glossary was also requested. Most people refused to read in Hindi, saying that they worked and taught in Hindi but preferred to read in English.

The feedback was taken to the manual and where required, included. The final manual is in print and will be distributed widely. It will also be sent for review.

## **III. Challenges**

The greatest challenge we faced was to balance between simplification of science and lucidity for people who knew nothing.

Another challenge we faced was to find studies relevant to India. Also, as these were absent, we required to use global evidence with practices in India and present hypothesis. This was hard to do as it was constantly challenged.

Finally, it is frustrating to produce a manual where the solutions are policy based and long term, not quick steps that can be taken at home. While this is the case of POPs, we were concerned about how readers would react to a long term solution to scary problems in their present.

## **IV Results**

The following results were achieved:

- A first of its kind manual
- A manual linking toxics and human rights in a practical way
- A large number of persons likely to be impacted, as the manual will be widely disseminated
- Chintan is considering serializing it