



## Women & Indigenous Knowledge: a South-South Perspective

A little over half the world's population are women, whose roles, responsibilities and potential contribution to the families and communities place them at the center of locally-manageable, cost-effective and sustainable development. They are involved in large numbers in agriculture, food security and traditional medicine all over the world. Yet, most development initiatives are still largely geared towards men, and women remain an overwhelming proportion of the poor. Development projects and government initiatives in South Asia have made great strides in recognizing this disparity and have attempted to address this shortcoming.

### **Gender dimensions of Indigenous Knowledge (IK)**

The gendered nature of IK is often overlooked, marginalized or neglected. While the differences may tend to be more subtle in industrial countries, the same cannot be said of developing countries. Information, especially IK-related information, tends to be viewed, perceived and acted upon differently by the different genders.

An understanding of the role of gender and the way it impacts the intrinsic value of local knowledge systems is critical to the understanding, interpretation and dissemination of indigenous knowledge. As a result of this gender differentiation and specialization, the indigenous knowledge and skills held by women often differ from those held by men, affecting patterns of access, use, and control, while resulting in different perceptions and priorities for the innovation and use of IK. It also impacts the way in which IK is disseminated, documented, and passed on to future generations.

*IK Notes* reports periodically on Indigenous Knowledge (IK) initiatives in Sub-Saharan Africa and occasionally on such initiatives outside the Region. It is published by the Africa Region's Knowledge and Learning Center as part of an evolving IK partnership between the World Bank, communities, NGOs, development institutions and multilateral organizations. The views expressed in this article are those of the authors and should not be attributed to the World Bank Group or its partners in this initiative. A webpage on IK is available at // [www.worldbank.org/afr/ik/default.htm](http://www.worldbank.org/afr/ik/default.htm)

## Cross-regional exchange of women's Indigenous Knowledge

In September 2002, the World Bank Indigenous Knowledge Program organized a study tour to South Asia, involving counterparts from three Bank projects in East Africa. During the trip to Sri Lanka and India they met women engaged in all forms of knowledge activities — as active members of their communities with varying roles of innovators, managers and leaders. The key to some of the success stories observed in South Asia resulted from having women involved in planning and implementation in projects at the grassroots level.

### *Traditional medicine*

India has a rich tradition of indigenous medicine — Ayurveda, Siddha, Unani and Amchi — besides a vast collection of living traditions of ethno-medicine scattered across the country. Even today, a large percentage of rural households in India utilize home remedies, the recipes of which have been handed down from generations. Since women are

more likely to nurture the needs of the family, they tend to be primary practitioners of this indigenous knowledge. Surveys have revealed that a vast majority of local folk healers (also called “Naitivaidyas”) are women. Economic advancement within a community and urbanization are factors propelling larger numbers of young men in rural areas to migrate to urban areas. Women are thus becoming responsible for maintaining indigenous knowledge of traditional medicine in rural areas.

### *Medicinal plants conservation*

The team attended a workshop of NGOs involved in the conservation of medicinal plants in Chennai, South India. It was interesting to note that women were active in most of the NGOs which appeared to be among the vanguard of this movement. The Foundation for Revitalization of Local Health Traditions (FRLHT) is a local NGO that is coordinating the implementation of a pioneering program for the conservation of medicinal plants by involving women in its *in-situ* and *ex-situ* conservation efforts. The team learned that women (some of whom used to work as daily laborers at construction sites earning a daily wage of 40 rupees — less than \$1) had been tapped to help with *ex-situ* and *in-situ* “Medicinal Plants” conservation. A gender focused program called “Kitchen Herbal Garden” (KHG) encourages rural household women to help identify medicinal plants and grow a package of fifteen or twenty medicinal plants in their kitchen gardens and use them for appropriate primary health care needs. FRLHTs business model relies on dedicated rural women to help revitalize local traditional medicine systems. It is estimated that the above activities have benefited more than 36,000 households in South India. Nearly 25 percent of the participating households in the KHG program have added additional medicinal plants to their garden on their own initiative and have also disseminated this knowledge and plants to their neighboring households. This has a drum-roll effect as it both raises the awareness of useful medicinal plants and saves on routine medical expenses.

### *Food security*

Women's role in food security is much more multidimensional — they often preserve biodiversity as they tend to have specialized knowledge of traditional plants / available

## IK Notes

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resources for nutrition and health. In this context, the team visited the NGO-initiated UP Sodic Lands Project near Pratapgarh in Uttar Pradesh. This program aims to reclaim land lost to salinization through the use of locally-mined mineral ‘Gypsum’. Other interesting components include the use of integrated pest management based upon local knowledge. Women appear to play a major part in the use of IK related to cattle as they are the ones who mostly collect fodder for cattle, milk them and collect, dry and use cow dung for energy purposes. Women also play a vital role in post-harvest operations and storage of grains. The team learned about the wide-spread incorporation of IK practices such as threshing (use of wooden sticks, spreading the ear-heads on roads, use of bullocks), winnowing (use of broom-sticks), cleaning (use of sieves), drying, storage and pest control methods (use of neem leaves). The project, while rich in use of villagers’ indigenous knowledge of the lands and minerals was a critical factor in the empowerment of the local women. Using participatory community planning, the women are involved from the grassroots level up helping them to not only understand and run the project effectively but also giving them a platform for personal and economic development. Through the use of joint land ownership, micro planning and resource mobilization women have been able to become more financially independent which contributes to more stable family situations.

#### *Information communications technology (ICT)*

Opportunities for connecting IK and global knowledge using the vehicle of modern science and technology abound. In Sri Lanka, women utilize information technology to capture, store and disseminate IK by digitally photographing centuries-old palm-leaf manuscripts containing information on “traditional medicine” and storing them on computers. Without a climate-controlled environment, these manuscripts deteriorate rapidly over time. This initiative (a) ensured that this body of knowledge is preserved for future generations; (b) has the potential for cost-effective dissemination; and (c) allows access to a larger body of interested researchers for validation.

In India, this access to ICT enabled women to empower themselves and improve the quality of their lives at various levels. Women who are traditionally the custodians of local

and indigenous knowledge stepped up the challenge of bringing technology to their village. In the small town of Embalam in South India, women are pivotal in running “Village Knowledge Centers” being used by various neighboring villages as well as their own. This initiative not only enables women to educate themselves further but also serves as a platform to learn more about local diseases and treatments. Women were able to find other women doctors or read about certain ailments not only with reference to their immediate families but also relating to their farms and agricultural issues.

The team visited several project sites related to the “Information Village Research Project” in Pondicherry supported by the MS Swaminthan Research Foundation (MSSRF) which emphasizes an integrated pro-poor, pro-women, pro-nature orientation to development and community ownership of technological tools. Most of the operators and volunteers at these “Village Knowledge Centers” were women. Advantages for women have a far-reaching effect because “when women derive benefit, the whole family derives benefit”. These Village Knowledge Centers provide a host of value added services such as providing weather and wave forecasts and conditions to fishing villages, information on government schemes about housing loans, eye camps, bus schedules, market access to women’s self-help groups, doctors addresses, insurance, herbal remedies and employment opportunities. The Village Knowledge Center at Embalam also appeared to be a support platform that enabled local women to disseminate IK as well as IK products — such as traditional medicines.

#### *Early childhood development (ECD)*

The team visited the “Child Development Center” (CDC) in Kerala to learn about the application of indigenous knowledge in Early Childhood Development (ECD). In the context of childhood disability, CDC has placed emphasis on early detection and intervention rather than relying primarily on rehabilitation services. Early stimulation programs involving IK were demonstrated that appeared to be effective in improving the developmental status of “low birth weight” (LBW) babies. IK practices involved the use of validated simple tools for detecting developmental delay within the community. This integration of IK practices made it possible

to provide community-level workers with simple assessment tools that also served as vehicles for providing early therapy services to children with disabilities.

### Cross-regional exchange: Knowledge adaptation

Developmental approaches in Africa seem to focus mainly on the introduction of modern knowledge systems by replacing traditional or indigenous knowledge. This has not proved very effective as it is based upon the “concept of substitution” and tends to reject traditional values, which are normally the main social asset of the poor. Enhancement and sustainability of developmental initiatives can be enhanced by building upon traditional values that have been identified and validated as being beneficial. In this context, the following are some adaptations concerning women that the team identified at the conclusion of their “Learning & Exchange tour” to Sri Lanka and India :

- *Bottom-up approach.* Increasingly involve women in a participatory fashion, where they can provide inputs into the way a project is being designed and implemented ; Instead of simply giving communities projects and programs that will ‘help’ them — involve women in the project cycle at an early stage. This ensures that women of a community will take personal interest and responsibility in making those programs work and reach the identified objectives.
- *Battling HIV/AIDS.* Interestingly one major lesson that the African team wished to impart to the teams and NGOs on their trip to India and Sri Lanka was how to deal with the epidemic of HIV/AIDS. Although the AIDS pandemic in South Asia is not near the levels it has reached in Africa, there are mitigatory models that can be adopted from Africa. Women are not only agents of change, but also purveyors of information and knowledge in this regard. Informed women educate their families and their extended families and fighting HIV/AIDS through informed women could be a powerful tool. Informing women in the local communities about traditional medicines for alleviating or treating the symptoms of AIDS is often effective, especially since the majority of people in Africa still go to or can only afford traditional healers.
- *Innovations in ECD.* In Sub-Saharan Africa, women contribute 60–80 percent of the labor in both food production intended for household consumption and/or sale. However, women’s role in food security is multidimensional. Women also often preserve biodiversity as they tend to have specialized knowledge of traditional plants / available resources for nutrition and health. In India, the team saw this in the innovative way women cared for their children. During visits to ECD centers, there were many different ways in which women not only taught but also provided food and nutrition to babies and children. As one African counterpart remarked “We may not be able to afford using slates for our children, but we can certainly afford to use IK to help them in the process of learning, growing and socialization.”

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