

# INTER PARES

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## MAKING THEIR WORLD WHOLE: *Women and Health in Asia*

The first thing that you notice is not the mud, but the flowers.

We have just rounded the corner of a path that curls its way gently down a forested hillside to enter a small village in rural Bangladesh. How different from the stereotypes! What a contrast to the images that flit across our television screens.

Clay and thatch homes, tidy, clean and compact. Fences molded from the flowering bushes and hedges growing around the houses. Gardens that abound with flowers and herbs to form a halo around family vegetable plots. Children resting like lazy bees in sparse shade, or languidly playing at some chores meant to be taken more seriously, while others – more spirited – dare puddles and each other in after-school games.

We are visiting this village with a friend from UBINIG, which has been mobilizing rural women in this area for the past six years. We enter a circle of women who greet us with open hands and eyes, and teasing laughter at our shy hesitation. One woman, her teen-aged daughter leaning on her shoulder, offers with a wink in her voice: "Do not be shy to come into our mansion; the luxury we have comes from God, and we share it with you." She speaks with subtle and good-humoured irony, shared rather than forced.

We have come to visit a "health" project: these women are the project. We sit for a while to rest, taking the fresh tea they offer, and some rice cakes. Our friend trades information with the women, exchanging news from nearby villages and the far-away capital for local gossip and news. They discuss the success they have had in protecting the purity of a new well drilled some months ago, and the progress made in refining their forest conservation scheme.

We come to understand that the children we saw "playing" in the woods as we came down the path into the village were

actually minding their forest. The women have given the responsibility for cultivating and harvesting firewood to the village children, who have been taught how to care for the forest, plant and mind saplings, and to carefully forage for firewood without spoiling a resource that they will want and need for their own children and grandchildren.

Gardens, gossip, water and wood. This is what health is about. Nurturing the whole life of a community and all of its members. Health programs often focus on problems, on deficiencies, on disease and treatment. This health program focuses on opportunities and capacities: helping the community to fully develop and use its tremendous capacities to maintain and nurture life in all of its richness.

Women are central to this vision of human development. As the major contributors to the productive life of the community, women are the heart of community health, social development and change. Yet women are also the first victims of injustice, poverty and disease. Inter Pares emphasizes working with women to make their lives and work visible, and to empower them in their role as community leaders and as agents of change. Together we are committed to working toward one universal standard of opportunity and dignity for all, regardless of gender.

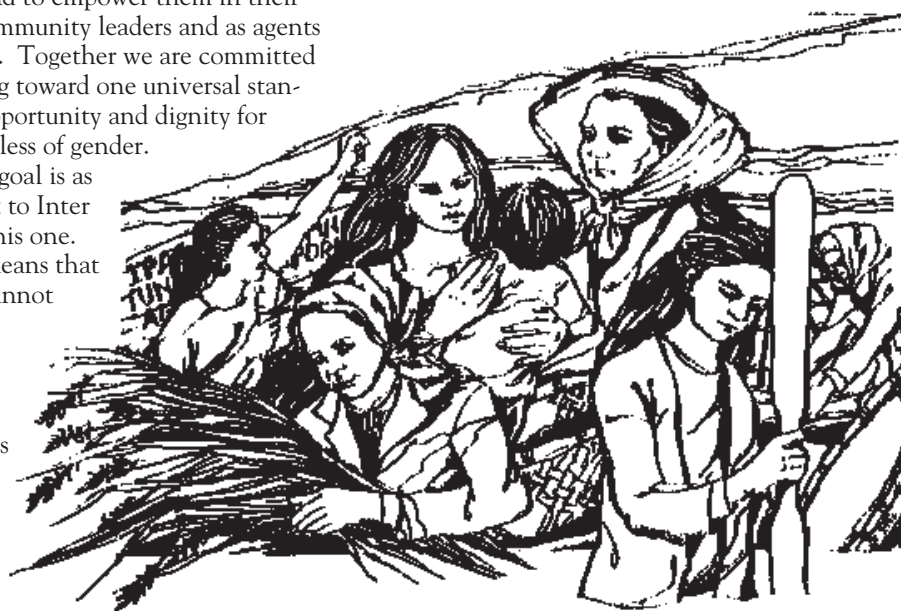
No other goal is as important to Inter Pares as this one.

This means that women cannot be seen merely as a special category. Inter Pares strives to establish women as

central primary partners and colleagues integral to all of our work. Yet precisely because we live in a world where discrimination against women makes this goal so difficult to achieve, we also work with women to develop programs that are specific responses to their particular needs for health, education, and independent organization and empowerment.

In Asia, this emphasis often focuses on community health: the treatment and prevention of disease by promoting individual and community wholeness and wellness. The key to this approach is nurturing the capacity of the community to achieve for itself what it can by its own means, through the deliberate empowerment and mobilization of women to control their own lives, bodies and the resources of the community.

This approach is not simple, because it often challenges structures and traditions that exploit and violate women, and prevent their authentic role as central actors in the life and governance of communities. This *Bulletin* describes some of the action Inter Pares supports in Asia with women – working to make their world whole.



# BANGLADESH: *After the Cyclone*



CLISO

In late April 1991, a cyclone slammed into southern Bangladesh. The storm was followed by a tidal surge that inundated the low-lying coastal region for many miles inland. Homes, farms, roads and bridges were swept away. The final death toll exceeded 300,000; another 1 million people were left homeless.

The Bangladesh development organization, UBINIG, immediately launched a relief program in Moheshkhali and Badarkhali, two remote townships that were devastated by the storm. After people's immediate needs for food, clothing, shelter and clean water had been met, UBINIG began a series of community discussions to develop a longer-term rehabilitation plan. UBINIG saw the opportunity not only to re-build, but also to assist people to transform their communities in more fundamental ways.

UBINIG insisted that the planning and consultation process include everyone, not just community leaders. And especially important was to ensure that women became full participants. In these remote and deeply conservative areas, women had never participated in open community discussions and male political and religious leaders were reluctant to include them.

UBINIG began by organizing women's meetings to discuss women's needs and their visions of a new community. It was clear that women had a lot to say. Their most central concern was the absence of health services in the area. But women knew that a healthy community must also address the lack of educational opportunities and the constraints on women's involvement in economic activities.

Over time, women's participation in community planning gradually became more accepted. Their vision of what is required for a healthy community was eventually incorporated into the overall rehabilitation and development plan.

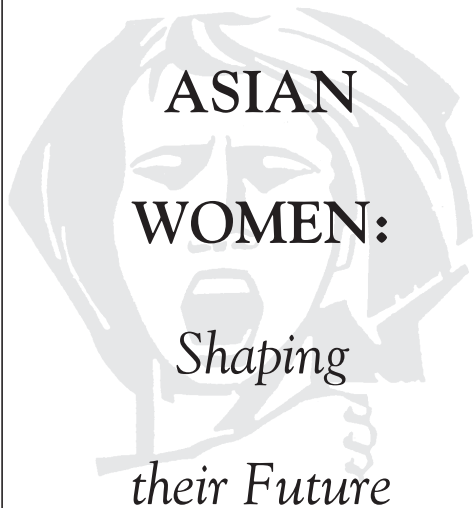
Three years later, Moheshkhali and Badarkhali are bustling communities once again. Primary schools, housing, and roads have been rebuilt. Reforestation and mangrove planting projects have been

established. New water and sanitation systems have been developed.

But Moheshkhali and Badarkhali have also been transformed. There is a growing acceptance of women's right to have a role in community decision-making. Most of the women are meeting regularly in women's groups which have initiated savings and loans programs to support economic activities. Eleven women's centres have been established where women come together for training and community discussions. A women's health program is operating, and local women are involved in ongoing community health surveillance. And work has started on the construction of a women's health and adult education centre.

It will take time for the women of Moheshkhali and Badarkhali to be accepted as equal participants. But this work has shown that it is possible to transform a community, even under the most tragic of circumstances, and that whole and healthy communities are created with the participation of all.

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**ASIAN  
WOMEN:**  
*Shaping  
their Future*

In December, 1993, women from across Asia created the East and South East Asian Women's Health Network. Led by GABRIELA and other Philippine women's organizations, women discussed problems they faced in their own lives, and those that were common to women all over the region. Through the network, women will share information on these issues, and strategies for organizing to deal with them. They will also share techniques on how to advocate with their governments to address problems ranging from domestic violence and reproductive rights to the impact of economic adjustment policies on women. Women from Vietnam, Laos, Indonesia, Japan, and Thailand, among other countries, will participate in practical skills exchanges to strengthen their power at national and regional levels.

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# HEALTHY COMMUNITIES, WHOLE LIVES

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On a trip to the island of Negros in the Philippines two years ago, we visited a squatters' community and met with women who lived there. At the time of our visit, the community had no clean water, no sanitation facilities, no electricity, no support services. Viewed as illegal occupants, these women and their families were being harassed by local authorities and threatened with eviction from their homes.

The women seemed shy and withdrawn at first. They and their children were thin, their clothes ragged. Several were ill. But as they spoke to us about their plans, their determination was evident. They spoke with passion about their goal of installing a new well for clean water, and determination about their visions of a future in which their children would be healthy and educated and have decent homes in which to live.

One year later, this community, with the assistance of the Negros Women and Children's Health Home, had convinced local government to finance a well. Clean drinking water, crucial to good health, was finally available to the community.

This was but one of the activities undertaken by the women's organization, GABRIELA. With assistance from Inter Pares, GABRIELA started the Health Home to improve the lives of poor people in their province. The Health Home also provides pre- and post-natal care, nutrition education, childcare and pre-school for children, and instruction on preventive health care measures.

In their attempt to improve health "literacy" in communities, GABRIELA works with people to determine what can be done in the short, medium and long term. This involves undertaking "community diagnoses" to determine the factors leading to illness, and opportunities for promoting good health. The squatters' community identified poor water, malnutrition, lack of family planning information, maternal and child mortality, unemployment, and psychological problems brought on by insecurity, as factors in the illnesses present in their community.

In response, the Health Home helped the squatters persuade their government to build the well. GABRIELA offered

training in growing vegetables and herbal medicines; started kindergarten and pre-school education, as well as de-worming and immunization for children; and engaged a midwife to care for pregnant women and assist with births and family planning. The Health Home is now administering a supplementary feeding program for malnourished children with assistance from the local government. In addition, the community is beginning to explore small-scale cooperative economic activities.

GABRIELA is aware that there are no quick cures for the lack of health and well-being. The long-term solutions to these problems lie in fundamental political transformations that lead to greater investments in health and education, raise the status of women, re-distribute wealth and involve greater participation of people in decision-making processes. But local actions like those of GABRIELA and the squatters' community in Negros are essential to this process, and are being multiplied in many other parts of the Philippines and around the world.

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## MAKING CONNECTIONS: *Women's Health Interaction*

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For more than a decade, Women's Health Interaction (WHI) has worked with women in Canada, Asia and around the world, to stress the relationship among health, employment, education, food production and the need to enhance women's political power.

In 1982, Inter Pares invited Khushi Kabir of the Bangladesh peasant organization, Nijera Kori, to visit Canada and meet with women's groups, community organizers and health activists. Khushi and colleague Shireen Huq spent a month travelling across the country with an Inter Pares staff member. From Corner Brook, Newfoundland to Nanaimo, British Columbia, they met with women in community centres, churches, offices, and around kitchen tables, sharing information on their work for change in Bangladesh, and learning about women's concerns and activism in Canada.

That visit 12 years ago helped establish a common agenda, and was the impetus for collaboration between Canadian and

Asian women on health issues. One of its outcomes was the creation of the Women's Health Interaction collective. With support from Inter Pares, including office space and resources, WHI has brought an international perspective to women's health issues in Canada and shared Canadian strategies for change with women in other countries.

WHI has linked with national and international organizations and networks, particularly in Asia, with the understanding that health is shaped by the social and economic environment in which women live, and is part of the struggle for justice and women's economic and political power. Since WHI's inception, this collaboration has taken the form of workshops, documentation and popular education – including theatre and video – as well as policy and advocacy initiatives.

Recently, Inter Pares and WHI hosted a meeting of health activists from across Canada and Quebec to prepare for the International Conference on Population

and Development, to be held in Cairo in September, 1994. The result was the formation of a national working group to prepare a Canadian Women's Report for Cairo, to situate the issues within women's broader struggle for social justice. The Canadian Women's Report was drafted by WHI, and addressed Canada's domestic and international role in population, reproduction and development. The experiences of Asian women with population control were integrated into the Report.

WHI and Inter Pares have collaborated on the publication of Fact Sheets on reproductive technologies which use Asian, African, Latin American and Canadian women's experiences to reveal the positive and negative impacts of a variety of these technologies. WHI consciously integrates women's own experience in all of its efforts, as a starting point for understanding commonalities and building solidarity, as well as the basis from which alternative policies and programs can emerge.

# POPULATION AND HEALTH

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*In debates on human rights, development and our role in the world, Inter Pares starts from the recognition that when people have the right to participate in the definition of their problems and in the decisions that affect them, the solutions they define will be effective and sustainable. One aspect of women's health that receives more attention than others is that of reproduction, often framed in terms of concerns about over-population. Following is an excerpt from Inter Pares' statement on population and development, prepared last March for the Parliamentary Committee for the Review of Canada's Foreign Policy.*

In submissions about the challenges that face the planet, and threats to the security of Canadians, the Committee will hear a great deal about population, and be urged to recommend even more emphasis on population control programs than presently exists. Yet far from being overlooked, population control programs initiated by donor governments such as Canada, and by the U.N. system, have long been a centrepiece of foreign aid. A greater investment is made in this area than in fundamental poverty alleviation, which ultimately is the only real resolution to the problems of increasingly dense concentrations of poor people in marginal communities.

The U.S. AID overseas assistance program devoted \$325 million to population control in 1993 alone, the largest single sectoral allocation in its program. This priority is being accentuated, with a budget of \$500 million for population control in 1994. Population control is given a similar priority by other northern governments, including Canada, presently ranked as the world's fourth largest donor to population control programs. Yet the popular perception is that not sufficient emphasis is put on population control.

...We understand why many believe that the root problem is overpopulation. It comes from a compassion for the poor, and a concern for the planet, and is an attempt to understand the incomprehensible. But it can also be a very dangerous over-simplification, because a focus on population simply cannot lead to lasting solutions to conditions that threaten the health of humanity and the planet. For this reason, working with Canadian and Third World colleagues, we have tried to develop an alternative position.

For Inter Pares, our starting point is that there is no one pre-eminent problem of global development – for example, overpopulation. Instead, we perceive an interrelated set of problems and dilemmas that relate to the very notion of development itself, and to assumptions about economic growth, production and consumption.

It is clear that over-population has not created the problems of poverty, landlessness and social strife in the Third World. In general, the poor *do* produce enough to sustain themselves, and more. The difficulty is not that the poor do not produce, but that they are not allowed to con-

sume what they produce. Instead of producing food for their own consumption and the local markets, poor people are being driven off the land and out of production, usually into massive urban slums. The land is being converted to export crops, and pasture for meat exports, for foreign exchange to pay the increasing service charges on international debt that was not incurred by the poor in the first place.

In this light, we reject the notion of population control as an anti-poverty strategy. At the same time we do believe that the problems inherent in increasingly dense concentrations of poor people must be addressed. This is inescapable. But it is a proven reality that social and economic justice bring a radical change in fertility rates and population growth patterns. An increase in economic and physical security within a community *always* reduces family size. This,

ultimately, is the only lasting and viable solution to the population "problem".

The 1988 *State of the World's Children* report of UNICEF stated that, "...when parents become confident that their children will survive, they tend to have only the number of children they want. So the average family size falls and the population growth slows. That is the reason that there has never been a steep fall in child births which has not been preceded by a steep fall in child deaths."

...These points made, family planning is central to the programs of many of our counterparts. They are committed to working closely with organizations of poor women, who are victimized doubly: by ignorance, superstition and their lack of choice and power over reproduction; and by the gross and dangerous attempts to coerce them into sterilization programs or health-threatening birth-control methods. Our counterparts are strong advocates of a health system that assists women in family planning and allows women the free choice and opportunity for safe medical interventions to terminate pregnancy.

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But the most hopeful prospect is to support the efforts of women for political and economic organization and empowerment, and to promote freedom of choice and opportunity for all women, including the poor, that can guarantee their integrity and their health and safety. The only women who can freely take advantage of family planning programs are those women who have been assisted to escape the material conditions of extreme poverty, social oppression and dependence.

...From this perspective, then, Inter Pares has insisted that Canada should only support family planning programs that fully respect the human rights of women, and are offered on a truly voluntary basis in the context of appropriate and adequate information and education, as well as necessary social, economic and health support...

