

Women's Health and the Barriers of Culture and Religion

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Cultural beliefs and practices such as son preference, pregnancy and childbirth taboos, traditional contraceptive and abortion methods, *sati*, dowry killings and patriarchy have been identified as problems which hold back the improvement of women's health, especially their reproductive health. More traditional religious views and practices of Islam and Christianity regarding sexuality, abortion, contraception and the relationship of women and men in marriage and the family are similarly regarded as retrogressive by women's health activists. Not surprisingly, minimal work by researchers and activists has been done in this area to demonstrate

how traditional cultural practices can have either a negative or positive effect on women's health. Even less effort has been given to unravel the complexities of the beliefs and interpretations of various religions. Disappointingly, the final stand of the principles of the ICPD Programme of Action was that it was up to countries themselves to do an assessment of their own culture. Similarly, the argument for inaction is that understanding of religious beliefs and practices requires theological knowledge situated in country contexts, which is best left to experts. Discussion on culture, religion and health within the frameworks of Cairo and Beijing is difficult because this requires a debate on core values like reproductive self determination, human rights (including sexual and reproductive rights), gender equality, men's responsibility and the family.

Conceptual Clarity

The essence of culture is diverse values or ideological principles that determine people's behaviour. When both values and practices continue with little change, they become known as tradition. Culture is dynamic, however, with some change inevitable as part of the development and history of human societies. Nevertheless, there is a common misconception that the culture of a country is



monolithic, that is, with only one acceptable form of behaviour that is timeless and "correct". Religion's base is also principles and behaviour, which makes it difficult to distinguish it from culture. A common assumption is that religious values are the only basis of culture (thus equating religion with culture). Therefore, it is very important to differentiate between religion as comprising core principles contained in sacred texts and religion as practice. The core principles of all the major religions—Hinduism, Buddhism, Judaism, Christianity and Islam—are fundamental and do not change. However, the interpretations of these religious

texts, in order to develop codes, laws and behaviour guides, are done by human beings who were naturally influenced by the prevailing thinking, conditions and attitudes of the time. Religious practices can therefore be understood as mediated by culture. Examples of practices frequently attributed to Islamic beliefs are female genital mutilation and the wearing of the veil. Some Muslim scholars are now pointing out the cultural basis of these practices historically, even before the beginning of Islam.

Gender relations is a very important area to differentiate between culture and religion in order to determine the source of principles on the issue of gender equality. There is a common misconception that the principles of some religions do not support the equality of women and men. Asian theological scholars who have a gender perspective such as Dulcie Abraham, Chatsumarn Kabilsingh, Fathi Osman, Sisters in Islam and other sociologists such as K.S. Susan Oorjitham who have studied and written about the basic religious texts of Christianity, Buddhism, Islam and Hinduism have found that these had not expressed inequality in the attributes and value of men and women. These scholars explain that text interpretation originally was and continues to be done largely by men who were

influenced by predominant cultural values which included the belief that women played a secondary role to men. Particularly, patriarchy is seen as an existing value system that began operating before the development of Hinduism and Buddhism in Asia and later, Christianity and Islam in the Middle East.

Culture needs to be more clearly understood as a separate concept from religion. Culture encompasses the values, ideas, knowledge and ideologies of human beings which develop and change. Part of this change needs to include a process of reflection on beliefs, principles and behaviour to assess whether any aspect of social and customary values, knowledge and practice is standing in the way of people's better development and well-being. In the area of women's health and gender, this reflection is essential as most cultural practices are frequently referred to in sweeping statements as barriers to better health. In reality, there are traditional health practices which contribute greatly to protecting and maintaining women's health. Yet, there are also practices which need to change now that there is new knowledge to show that they are not beneficial or that other health interventions are more effective. Positive examples are herbal treatments, massages and acupuncture that have been health practices for several thousand years and are now being integrated more closely into allopathic health systems in both developing and developed countries.

In the Asia and Pacific region, the small amount of work being done to deepen understanding and action on culture and religion is inspiring and challenging, with NGOs taking the lead to both assess cultural practices and get back to the basics of religious texts on gender equality and reproductive rights (see "Resources", pages 8-10). Some governments such as in Thailand are beginning to examine and discuss religion in their National Development Plans on Women to determine the extent to which various religions have progressive or retrogressive effects.

Key strategies for continuing work would include: (1) Overcoming the "sensitivity" argument about discussing both culture and religion with the understanding that not dealing openly with sensitive areas can lead to even greater problems regarding women's human rights; (2) Striving for increased conceptual clarity and more in-depth knowledge of cultural processes and development of basic religious texts and historical development; (3) Promoting gender-sensitive interpretative work by Asia-Pacific women and men theological scholars and activists and more public education to discuss gender equality, reproductive rights, contraception and abortion within the frameworks of culture and religion; (4) Conducting more country-specific

discussions on the meaning and goals of development, the role of various cultural beliefs and practices, the principles and interpretations of various religions in relation to gender relations and women's health and reproductive and sexual rights; (5) Increasing consultation by policy makers from government and international agencies with women and/or health NGOs that are engaged in innovative research and advocacy work, women's rights within a religious framework and on cultural practices and gender; and (6) Encouraging real debate between health activists and leaders at international conferences and also among women and men at community and individual levels who have just as much right to provide their own understanding.

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■ References:

- Osman, Fathi.** 1996. *Muslim Women in the Family and the Society*. Selangor: SIS Forum (Malaysia) Berhad. 56 p. (Reprint).
- Othman, Norani; Ng, Cecilia (eds.).** 1995. *Gender, Culture and Religion*. Kuala Lumpur: Persatuan Sains Sosial Malaysia. 81 p.
- Sisters in Islam.** 1991. *Are Women & Men Equal Before Allah?* Selangor: SIS Forum (Malaysia) Berhad. 13 p.

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Learning from India's Traditional Birth Attendants, the Dais

Matrika (Motherhood and Traditional Resources, Information, Knowledge and Action) is a three-year research project started in 1997 by Janet Chawla of the Society for Alternatives in Health and Development (SAHAJ), which is based in Baroda, India. Matrika is funded by UNICEF and the Canadian International Development Agency under its Gender Equity Fund. It is a collaboration of NGOs, researchers and *dais* (traditional birth attendants) who came together to generate, document and analyse data gathered from *dai* workshops, role plays, interviews, folklore, birth rites and songs. Among the objectives are to: 1) bring forward the indigenous health knowledge of traditionally trained midwives or *dais* into the mainstream of current health and healing efforts; 2) publicise the skills, knowledge and cultural framework of *dais* in order that their heritage and contributions may be recognised and compensated; and 3) advance affordable, sustainable, culturally appropriate and safe approaches to maternal and child health.

Matrika is also committed to motivating health policy makers to include the participation of *dais* in all government reproductive health initiatives as knowledgeable resource people. This is because although in the old days, young women trained to be *dais* by accompanying their grandmother or mother to a birth and did not practice independently until they learned their skills, today's modern health system trains midwives in one month with only three or four days of practical training. Matrika thus attempts to learn from the *dais*, document their indigenous knowledge and is assembling a database of therapies from alternative medical systems.

Matrika conducted extensive research with *dais* in the villages of Bihar, Rajasthan and the resettlement colonies of Delhi to gather gender and caste-sensitive information about the knowledge and practice of *dais*. The research differs from current reproductive health methodologies in that instead of mainly focussing on the biomedical model of the female body, it studies indigenous cultural understandings of *dais* in relation to women's health. The findings revealed that *dais* have indigenous knowledge of herbs, diet and massage techniques to ease the pains of pregnancy and delivery. This knowledge, which is oral and acquired by serving apprenticeship, was found to be a combination of several factors: empirical observation, extensive experience, intuition and emphatic understanding. A final report of the research findings is being prepared.

Matrika documented the research findings and analyses in Hindi and English. The first phase of

research will be completed at the end of March 2000 and activities of networking, dissemination, inputs for *dai* training and advocacy will be started in April 2000. In 1999, it also held a *dai* symposium in New Delhi to highlight their skills and knowledge of maternal and child health, which are undervalued because *dais* are made up of low-caste women whose knowledge was not mentioned in ancient Hindu texts and whose work was discredited by colonialists who wanted to push forward Western medical science. In the symposium, the *dais* informed doctors and researchers about their skills and held discussions with policy makers and health volunteers about the holistic approach they have towards pregnancy and childbirth. For example, if a pregnant woman suffered from headaches, besides applying cold compresses, they would advise her to rest for a couple of hours and tell her in-laws to stop troubling her and give her less housework. Skits were performed to bring out the positive nature of their practice.

Other activities of Matrika included working with health policy makers to evolve a protocol for medical personnel to receive cases referred by *dais*, promoting further unbiased research on outcomes of deliveries performed by medical methods vis-à-vis traditional *dais*' methods and encouraging further participatory research on maternal mortality and morbidity focussing on Indian ground-level realities rather than globally-developed categories and strategies. It also plans to conduct culturally appropriate training programmes based on the research findings which maximised use of local resources; skills and techniques of *dais*; and rituals and customs which support women and their families. Matrika stresses that in India, culturally appropriate, affordable and gender-sensitive perspectives can only be implemented when health care providers and trainers have an appreciation of existing local health knowledge and practice.

References:

- Ghosh, Avijit.** 1999. "Dignity in labour". *The Telegraph Calcutta*. 7 November. [Newspaper article].
Madhok, Sujatha. 1999. "Dais: filling the breach". *The Sentinel*. 13 November. [Newspaper article].
Yadav, Kiran; Panwar, Nivedita. 1999. "The *Dai* is typecast". *The Pioneer*. 24 September. p. 10. [Newspaper article].

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Conducting Religious Discourse on Reproductive Rights: The Pesantren Experience

The existing predominantly male interpretation of religious texts tends to discriminate against or ignore women's needs and well-being. Deeper analyses of these religious texts by female scholars and gender-sensitive male scholars is necessary. Only then could the rights of women as embodied in such texts come to light and be put into practice. A notable step in this direction has been taken by a Muslim NGO in Indonesia. The Indonesian Society for *Pesantren* and Community Development (P3M) conducts gender-awareness workshops which encourage discussion of Qur'anic verses and *Ahadith* (sayings and actions of Prophet Muhammad) that pertain to women. Their innovative approach to understanding women's reproductive and sexual rights in relation to Islam is conducted at the community level and is therefore a possible model for emulation by other religious organisations in countries besides Indonesia.

In 1983, P3M was established as an independent group by individual members of Nahdlatul Ulama, an Indonesian Muslim organisation, and others with the aim of co-ordinating *pesantren*-based community development in rural Java and Madura. *Pesantren* are Islamic boarding schools that besides providing secular education, also encourage the study of Islamic texts. Their students are often among the most knowledgeable in the country. From the start, P3M focussed on social injustice and the misuse of religion to legitimise the views of the dominant socio-economic classes. As women joined the staff, their analysis of injustice included gender inequality and religion's role in perpetuating it in Indonesian society. P3M identified three types of rights in relation to women's reproductive role. These are the right to safety and health (based on the fundamental right to physical well-being and respect for life guaranteed

under Islamic law), the right to social welfare (economic right) under which women deserve compensation for their reproductive role, and the right to make decisions. The last is in line with Islam's belief that one is responsible and accountable for one's own actions, regardless of sex.

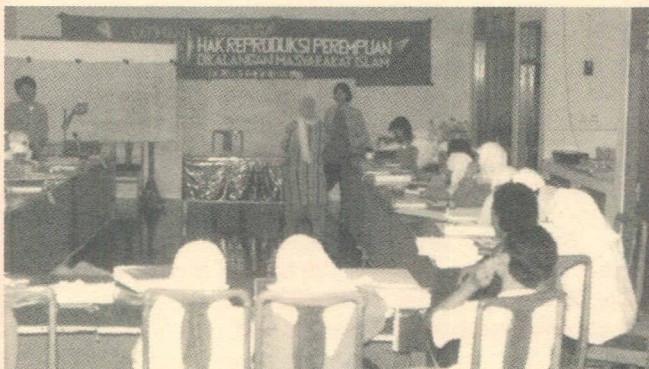
Debating and Interpreting Islamic Texts

Starting in 1995, P3M gathered conventional and alternative interpretations of Islamic texts and views on reproductive and sexual health from local and overseas sources, composed a framework document and produced a training module for workshops. The participants include women preachers, religious teachers and heads of women's *pesantren*. Lectures, group discussions, role-plays, ice breakers and simulation games replaced normative religious teaching. Films are also shown to lead off discussions so as to present issues in realistic and practical terms.

The very first workshop covered the theory and concepts of gender and reproductive health in line with the ICPD recommendations and then addressed Indonesian Muslim women's lives in relation to Islam. However, the participants saw these concepts as foreign and as an attempt to enforce Western feminist paradigms on Islam. Consequently, terms derived from Islam and the daily experience of participants have been adopted to avoid such misunderstandings. Medical and religious information is integrated and so information is given in lay terms on the reproductive system, the reproductive cycle, the sexual organs, contraception, abortion, STDs and AIDS, and instead of discussing women's rights in secular terms, the Islamic equivalent (*huquq al ummahat*) is addressed.

Analysing the Qur'an and Hadith

P3M encourages in-depth study of relevant Islamic texts in discussion of gender and reproductive health with the aim of widening women's understanding of Islamic jurisprudence (*fiqh*) and correcting male-biased interpretation of *fiqh*. For instance, P3M refers to the Islamic core principle of justice in arguing that although Islam in Prophet Muhammad's time delegated to men the burden of production and to women the burden of reproduction according to prevailing gender relations, it also said that such burdens should be balanced. Only then would there be justice in marriage as well as in society. As such, the workshops debate the meaning of just compensation and gender roles in society since many women now carry the double burden of



Understanding Women's Reproductive Rights in Islam



Putting Women's Views Across

working and child rearing.

Another Qur'anic verse which describes pregnancy as "hardship upon all hardships" is used to encourage discussion on the

risks of pregnancy and fosters respect for mothers. A film on childbirth is shown, followed by a discussion of the high rates of maternal mortality in Indonesia, unsafe abortion and religious and cultural beliefs that endanger the health of pregnant and nursing women. Case studies of gender injustice such as early marriage of girls, forced marriages, wife beating and rape are also analysed.

P3M also addresses the controversial issue of whether a woman can refuse to have sex with her husband. In the workshops, it is addressed by quoting the verse, "Your women are a field for you (to cultivate) so go to your field whenever you want to" (Surah Al-Baqarah verse 223). This verse is often used to argue that women cannot refuse their husbands sex, along with another verse that is misused to condone wife-beating. P3M argues that the symbolisation of women as "a field" to denote fertility may have been valid in past agrarian societies but not now. Moreover, from the original context, it could have been a warning to men not to perform anal sex on their wives and not as dominant interpretations claim, to compel women to obey their husbands sexually, which would contradict the core Islamic principles of equality, justice and mutual kindness.

According to P3M, Islam also never encouraged, allowed or condoned violence or rape within marriage. Indeed, its principles of mutual kindness and well-being would allow a wife to refuse sex if it might hurt her or if she is very tired or busy. If she simply refuses sex, it could be the husband who may have failed to arouse her desire, as prescribed by the *Hadith*, "If you desire to make love with your wife, do not behave like a couple of camels or donkeys. Start with seductive words and kisses" (as narrated by Ibn Majah).

Follow-up to the Workshops

These workshops resulted in a book on women's

rights to reproductive health, to choose a partner, to enjoy sexual relationships, to have children and to decide about pregnancy in light of Islam. Simple language is used to enable women from all levels of society to grasp the complex issues discussed. P3M's monthly newsletter, *Sehat* (Health) also focuses on reproductive health from an Islamic perspective. It is distributed to *pesantren*, Muslim scholars and institutions and women's groups. In addition, P3M conducts a media-publicised bi-monthly forum entitled *Rahim* ("womb" or "merciful" in Arabic), where both male and female religious scholars, medical professionals and health activists examine alternative interpretations of Islamic texts on gender and reproductive health.

Looking Ahead

For the first time in 1997, the NU National Conference of the *Ulama* included women whose active participation promoted women's rights. The opportunity given to the participants to air their views encouraged them to challenge conventional assumptions and raise awareness that not everything in *fiqh* texts are indisputable. The women have also broken the psychological fears and barriers they had in discussing religious issues with their religious leaders. However, it remains to be seen whether a women-oriented interpretation of Islamic texts can succeed in a society where conventional male views dominate religious discourse. Nevertheless, P3M's work contributes to a more balanced discussion of reproductive



Spinning the Web

health and rights and provides Indonesian women with the opportunity to improve their life at home and in society in line with their faith.

References:

- Lies Marcoes-Natsir. 1999. "Islam, reproductive health and women's rights in Indonesia". *Report of Proceedings on the Regional Workshop—Islam, Reproductive Health and Women's Rights*. Kuala Lumpur: Sisters in Islam. pp. 38–40.
- Sciortino, Rosalia; Lies Marcoes-Natsir; Masdar F. Mas'udi. 1996. "Learning from Islam: advocacy of reproductive rights in Indonesian pesantren". *Reproductive Health Matters* Number 8, November. pp. 86–96.
- Photographs courtesy of Rosalia Sciortino, Programme Officer, Ford Foundation, Philippines. For more details, contact P3M, Jl. Cililitan Kecil III/12, Kramat Jati, Jakarta 13640, Indonesia. Fax: 62-21-8091617.

Fiji

■ As part of a national follow-up to discuss and further disseminate the findings of Fiji's country report on the implementation of the ICPD Programme of Action in the area of reproductive health and rights from ARROW's post-Cairo research project, the Fiji Women's Rights Movement (FWRM) facilitated a post-Cairo/Hague National Seminar in Fiji. It was held for the first time in Fiji from October 14–15, 1999, with funds from the UNFPA through ARROW. This seminar offered both government and NGOs the platform to jointly review the implementation of the ICPD Programme of Action, with special focus on reproductive health rights and to identify gaps in the action plans and ways to address them. The seminar was opened by the Minister of Health, Hon. Dr. Isimeli Cokanasiga and was attended by officials from his ministry and representatives from family planning organisations, medical and nursing associations, women NGOs, NGOs addressing reproductive health issues, regional organisations and the Fiji School of Medicine. Among the objectives of the seminar were to review the country situation since ARROW's post-Cairo research and discuss the findings, review the national action plans by government and NGOs in light of the ICPD+5 review, identify gaps and barriers in the ICPD implementation and explore advocacy strategies for those gaps in the national action plan for the government and NGOs. Among the issues discussed were unsafe abortion, male responsibility in family planning, domestic violence against women and children, collaboration between the government and NGOs, appropriate and effective education and awareness of reproductive health, and training of teachers on sex education.

■ For more information, contact Raijeli Nicole, Project Officer, Women's Employment and Economic Rights Project, Fiji Women's Rights Movement. Tel: 679-313156; Fax: 679-313466; E-mail: <fwrn@is.com.fj> or <fwrn@rrrt.org.fj>.

India

■ From June to November 1998, Swaasthya, an NGO, conducted a six-month study about enhancing effective communication on reproductive health based on the belief that gender segregation of roles and responsibilities can be bridged through communication—whereby women relate their health needs and men, being aware and informed, participate in decisions concerning those needs. The study was conducted by a team of seven interviewers who were of similar age to the respondents (51 men and 50 women) and came from the same community. The principal investigator

was Dr. Geeta Sodhi, Director of Swaasthya. The study aimed to collate baseline data on couple communication, to sensitise couples towards reproductive health issues and the need for them to communicate about these issues and to develop a module on gender sensitisation based on process documentation. The study was divided into research and intervention. The former, which consisted of a close-ended questionnaire, discovered that 72 per cent of women respondents reported reproductive tract (RT) morbidities in themselves while 82 per cent of the men reported absence of such morbidities in their wives. Since women respondents and the wives of male respondents come from the same context, the results should indicate that prevalence of RT morbidities in the two groups would be the same. As such, there is a gap in the perception of morbidities in women as seen by women themselves and as seen by their husbands. The intervention phase was conducted to gain more information about this gap, to sensitise each group to their spouses' roles and responsibilities, to help participants recognise health as a joint responsibility and to help them recognise the importance of communication. Among the findings were that both women and men have incomplete knowledge about women's health morbidities, poor understanding about causes of general feeling of ill health due to anaemia, post-menstrual syndrome, etc. and that a wife may not inform her husband of her sickness due to low priority given to health.

■ For more information, contact Manish Verma, Associate Director, Swaasthya, G-1323, Lower Ground Floor, Chittaranjan Park, New Delhi 110019, India. Tel: 6224690/6464153; E-mail: <swaasthya@satyam.net.in>.

Korea

■ "The Role of the NGOs in the 21st Century" was the theme for the 1999 Seoul International Conference of NGOs that was held from October 10–16 at Olympic Park in Seoul. This international gathering was organised by the Conference of NGOs in Consultative Relationship with the United Nations (CONGO), the Executive Committee of NGOs accredited to the Department of Public Information of the United Nations (NGO/ DPI) and the Global Co-operation Society (GCS). The conference, which was hosted by Kyung Hee University, gave more than 1,000 NGOs the opportunity to exchange experiences and seek common and concrete measures for self-empowerment and alliance-building. The conference was the first ever multi-issue NGO gathering to cover all areas of human development. One of the conference's goals was to assess commitments made by governments at UN world conferences, such as the 1994 International Conference on Population and Development held in

Country Activities

Cairo, the 1995 Fourth World Conference on Women held in Beijing, the 1996 Conference on Human Settlements held in Istanbul, the 1996 World Food Summit held in Rome and the 1999 Hague Appeal for Peace. Other goals were to advocate fulfilment of these commitments, to engage in policy dialogue with the United Nations and government agencies and to build networks for more effective implementation of NGO activities in support of the world conference recommendations. Among the visions espoused by the "Seoul Millennium Declaration of NGOs: Achieving Our Vision for the 21st Century", which was an outcome of the conference, were of a world that is human-centered and genuinely democratic and where human beings are full participants and determine their own destinies; a world in which women and men, young and old, live in true equality at all levels, sharing leadership, decision-making and family responsibilities; and a world in which the voices of indigenous peoples, older persons, youth, people with disabilities, rural dwellers and other excluded and invisible populations are heard and heeded in their own communities and at the highest levels of policy and decision-making.

■ **Source:** ARROW's internal report by **Subramaniam, Vanitha**. 1999. "The role of NGOs in the 21st century: inspire, empower, act!". Report on the 1999 Seoul International Conference of NGOs in Seoul, October 10-16. [Unpublished].

Malaysia

■ The four-day workshop on "Islam, Reproductive Health and Women's Rights" held in August 1998 and organised by Sisters in Islam, involved Islamic scholars, activists in women's health and women's rights in Islam, Shari'ah lawyers and government policy makers from Indonesia, Malaysia, the Philippines, Singapore, Thailand, Egypt, Pakistan and the USA. The first two days were devoted to presentation of conceptual and issue papers on Islam, reproductive health and reproductive rights, and women's rights. The third day saw the presentation of country papers on Egypt, Indonesia, Malaysia and the Autonomous Region in Muslim Mindanao, Philippines. On the workshop's final day, small groups discussed the issues of reproductive rights; sexuality, women's body and femininity; and women and family. Each group proposed suggestions and resolutions for further action. Among the findings mentioned were the need for: more dialogue between different groups in seeking solutions to grassroots realities; better sharing of strategies in dealing with the specific areas of concern; study exchanges and more in-depth and creative forms of interaction and collaboration;

development and publication of a manual on family relations in Islam based on mutual consent and consultation; and the need for more dialogues with people who do not necessarily share similar opinions.

■ **Source:** **Sisters in Islam**. 1999. *Report of Proceedings on the Regional Workshop "Islam, Reproductive Health and Women's Rights"*. Kuala Lumpur: SIS Forum (Malaysia) Berhad (Sisters in Islam). 66 p.

UN ESCAP Discussion

■ Among the interesting highlights during the UN ESCAP High-level meeting to review government commitments to the 1995 Beijing Platform for Action in October 1999 in Bangkok, was the side panel discussion, "Barriers posed by cultural and customary practices to Women's Empowerment". This panel discussed how societies perpetuate traditional attitudes towards women, and how governments and NGOs could work to replace these traditions with new ways of viewing and valuing women. Madhuri of the Joint Women's Program, an NGO in India, reported that crimes against women done in the name of ancient tradition are still encouraged and glorified by the value system of Indians today. Among such practices are female infanticide, early marriage of girls, the paying of dowry by a bride's family to the groom's side and *sati*, whereby a widow is burned alongside her husband's body. However, Madhuri added that the strong influence of tradition is not exclusive to India, since most countries in Asia also have culture systems that perpetuate discrimination against women. According to the chairperson of the Indian National Commission on Women, Vida Parthasarati, the process of perpetuating traditional stereotypes is a matter of conditioning. One example would be the songs and stories taught to children which set distinctions between boys and girls. Parthasarati reiterated that women have to fight deeply entrenched patriarchy, which systematically pushes women to the bottom strata. While she agreed that women's movements have been very effective, she thought that it is equally important to work at different levels, from the family to the nation to the global community and in all institutionalised structures. The discussion concluded that there should be intensified sensitisation of society, especially of men. The participants of the discussion recommended a change in the school curriculum and orienting the media to gender issues, which would help bring much needed change in traditional perceptions.

■ **Source:** **Salapuddin, Fatma**. 1999. "Women breaking away from tradition". October 29. [Online posting at <apwomen2000@isiswomen.org>].

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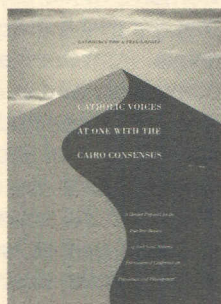
Butalia, Urvashi; Magno, Neng; Lau Kin Chi (eds). [199_]. *Resurgent Patriarchies: Challenges for Women's Movements in Asia*. Hong Kong: Asian Regional Exchange for New Alternatives (ARENA). 221 p.



ARENA's first gender project on the impact of economic restructuring on women's lives and the strategies developed by women individuals and groups to counter it soon posed the questions whether Asian feminism exists and how women's lives would have been if economic restructuring had not occurred. One of the common factors that underlie most articulations of women's experiences was the changing face of patriarchy in the region. Whether it was the state, the market, the military or the religion, most women felt that the modernisation their societies were supposedly undergoing meant little for them in terms of freedom to move or take control of their lives. Women's groups often had to compromise much of their principles in order to work within those patriarchal structures. The articles in this volume recount such efforts in the Philippines, Malaysia, Thailand, China, India, Sri Lanka, Nepal, Korea, and Japan. Sex work, migration in search of jobs and women's increasing exposure to different forms of violence are issues that are weaved throughout the book. The analysis and critique of the new forms of patriarchy in Asia points to several strategies of action that are highlighted. Since political, religious and market powers are becoming more regional and international, it is the simultaneous working of women's NGOs at the regional, national and local levels that could empower women in today's globalised world.

■ **Source:** Asian-Regional Exchange for New Alternatives Ltd., Flat 6, 13/F, Fuk Keung Industrial Building, 66-68 Tong Mi Road, Kowloon, Hong Kong. Tel: 852-2805-6193; Fax: 852-2504-2986; E-mail: <arena@asianexchange.org>.

Catholics for a Free Choice. [1998]. *Catholic Voices at One with the Cairo Consensus*. A dossier prepared for the Five-Year Review of the United Nations International Conference on Population and Development. Washington, D.C.: Catholics for a Free Choice. 48 p.



This dossier contains several papers, starting with a short introduction entitled "Catholics for a Free Choice: an organisational summary". This is followed

by "Abortion and Catholic thought through history", "Catholics and contraception: a struggle for control", "The Church at the United Nations", and "The Holy See and Cairo". Then follows an introduction to Catholic Voices, an initiative of Catholics for a Free Choice that serves as an international forum on issues of population and development. Catholic Voices' "Reflections from the Paseo de la Reforma, Mexico City, December 1998" touches on issues such as poverty eradication, human rights and the poor, women's human rights, sexuality, abortion, family, and the role of religion. The main paper is entitled "Catholics and Cairo: a common language". Part 1 of this paper lists areas of agreement such as the universality of human rights, people as central concern of development, population-related goals, sustainable development, the eradication of poverty, the right to education, migrants' rights, the right to asylum, indigenous rights, and development responsibilities. Part 2 deals with areas of debate which include the empowerment of women, the right to health (in particular reproductive health), safe motherhood, abortion, sexual health, as well as adolescents' sexual education and the definition of "family". The dossier concludes with "Acting against the grain: a chronology of Church action to block Cairo's implementation".

■ **Source:** Catholics for a Free Choice, 1436 U Street, NW, Suite 301, Washington, DC 20009-3997. Tel: 202-9866093; Fax: 202-332-7995; E-mail: <cffc@igc.apc.org>.

Iman Hashim. 1998. "Reconciling Islam and feminism". *Gender, Religion and Spirituality*. Oxford: Oxfam GB. pp. 7-14.

The author argues that Islam is often represented as a religion which denigrates women and limits their freedom. However, many scholars have found evidence in Islamic texts which support women's rights. Whereas Western concepts of feminism are often resisted as foreign and subversive, arguments for women's equality from within Islam hold a lot of potential for feminists. The first issue that must be addressed when considering the relationship between feminism and Islam is the historical relationship between Islamic and Western societies, as this has important ramifications for both Muslim women and feminists, Muslim or otherwise. The article further looks at reasons for feminist engagement with Islam; at addressing women's interests through the Qur'an, giving the example of veiling; and at the issue of reconciling Islam and feminism by returning to the Qur'an. The author concludes that incorporating the study of women's rights according to Islam into the awareness-raising and educational component of development intentions could effectively improve women's lives,

and that there are efforts to establish a dialogue between grassroots people and national and international decision-makers to ensure the dissemination and adoption of the findings of these Qur'anic studies.

■ **Source:** Oxfam GB, 274 Banbury Road, Oxford OX2 7DZ, United Kingdom.

Mukhopadhyay, Maitrayee. 1995. "Gender relations, development practice and culture". *Women and Culture*. United Kingdom: Oxfam (UK and Ireland). pp. 13–18.

This article analyses the dilemmas faced by development practitioners when dealing with the issue of gender relations and how these are rooted in different cultures. "Insiders" could be accused of treachery to their own culture, and "outsiders" of a lack of cultural sensitivity. The author argues that gender and development practitioners have to take sides so as to help dismantle hierarchies of gender and class because by remaining silent, they unwittingly take the side of the forces who enforce traditions of hierarchical gender roles and relations and present these as unchangeable and authoritative. The cultural theorists seem to have forgotten to point out that cultures undergo processes of evolution too, though these changes are less tangible and more abstract than political and economic processes because they deal with meanings, values, identities, symbols, ideas, knowledge, language and ideology. Development practitioners ought to use culture as a way to open up intractable areas of gender relations and stop regarding culture as a barrier to working towards more equitable gender relations.

■ **Source:** Oxfam GB, 274 Banbury Road, Oxford OX2 7DZ, United Kingdom.

Rashidah Abdullah. 1996. "Reproductive and sexual rights of Muslim women: the Malaysian situation". [Paper presented at the] *International Conference on "Challenging Fundamentalism: Questioning Political and Scholarly Implications"*, Kuala Lumpur, 26-28 April 1996, organised by Friedrich Naumann Foundation. 25 p.

This paper examines women's reproductive and sexual rights within a human rights framework. It outlines the meaning of these rights globally as agreed to by governments in international conferences, the debate in Cairo (ICPD) and Beijing (FWCW) between fundamentalist religious forces and women NGOs, and the writings of Muslim women theologians and researchers. The global trend shows that conservative religious forces are trying to slow down the development of women's

rights, and that women activists are returning to their own religious and cultural traditions to effect social reform, gender equality and justice. In Malaysia, the National Policy on Women and CEDAW express gender equality, but there is great resistance to its implementation. As the reservations to international treaties show, women's rights are seen within an Islamic framework instead of a human rights framework. The author also analyses legislation, particularly the Islamic Family Law, and cites research on the different understanding various groups of women have of their own reproductive and sexual rights. Indicators that conservative thinking has affected Muslim women's life choices include low contraceptive use and stricter dress codes. Nevertheless, socio-economic development has given them better access to education and economic equality. It is critical therefore for Muslim women themselves to articulate their experiences and difficulties in exercising their rights to the relevant authorities and receive due attention.

■ **Source:** ARROW.

Shodhini. 1997. *Touch Me, Touch-me-not: Women, Plants and Healing*. New Delhi: Kali for Women. 222 p.

This book was written by a group of women who united in search of a women-centred approach as an alternative to the prevailing dominant system of health care. It is targeted at all those who are concerned with promoting sustainable forms of health care, specifically women's and development groups, researchers, health care planners, providers and policy makers, as well as ordinary women in search of remedies to their personal health problems. The book has two objectives: to understand the practices of traditional healers and document their use of herbs, preparation of herbal remedies and healing processes; and to help women take charge of their health through self-help. The first section charts the learning process that the members of the Shodhini research group experienced. The second section, which can be used as a manual, discusses several categories of physical complaints that Shodhini dealt with as part of the action research, and presents some well-trying and time-tested herbal remedies for these problems. The last chapter in the book raises some theoretical issues emerging from this kind of feminist action research. The book concludes with indexes on symptoms of illnesses and plants used as the remedy, an evaluative compilation of plants, a glossary and a select bibliography.

■ **Source:** Kali For Women, B1/8 Hauz Khas, New Delhi 110 016, India.

OTHER RESOURCES

Ab. Rahman Isa; Rashidah Shuib; M. Shukri Othman. 1999. "The Practice of Female Circumcision among Muslims in Kelantan, Malaysia". *Reproductive Health Matters*. Volume 7, Number 13 May. pp. 137-142.

Antone, Hope S. 1995. *Women and Beijing: Churches' Response*. Proceedings of the CCA Workshop. Hong Kong: Christian Conference of Asia. 27 p.

Azizah Y. Al-Hibri. 1993. "Family planning and Islamic Jurisprudence". [Online] <<http://www.consultation.org/consultation/azizah.htm>>.

Bajpai, Vd. Smita. 1996. *Her Healing Heritage...* Ahmedabad: CHETNA. 216 p.

Cho, Hae-joang. "Korean Women and Their Experiences in the Traditional World" in *Korean Women and Culture*. Seoul: Research Institute of Asian Women, Sookmyung Women's University. pp. 25-51.

Dañguilan, Marilen J. 1993. *Making Choices in Good Faith: A Challenge to the Catholic Church's Teachings on Sexuality and Contraception*. Quezon City: WomanHealth Philippines. 160 p.

Kim, Jin-myung. 1998. "The Ideology of Sexual Discrimination in Korean Women's Religious Rituals" in *Korean Women and Culture*. Seoul: Research Institute of Asian Women, Sookmyung Women's University. pp. 53-72.

Kissling, Frances. 1996. *The Vatican and Politics of Reproductive Health*. London: Catholics for a Free Choice. 14 p.

Minamoto, Junko. 1997. "Japanese Buddhism and Sexuality". *Voices From Japan*. Tokyo: Asia-Japan Women's Resource Center. pp. 12-15.

Mumtaz, Khawar; Rauf, Fauzia. 1996. *Woman to Woman: Transfer of Health and Reproductive Knowledge*. Lahore: Shirkat Gah Women's Resource Centre. 25 p.

Religion Counts. 1999. *The Rome Statement on the International Conference on Population and Development January 5, 1999*. Washington: Religion Counts. 12 p.

Sisters In Islam. 1991. *Are Muslim Men Allowed to Beat Their Wives?* Selangor Darul Ehsan: SIS Forum

(Malaysia) Berhad. 13 p.

Sweetman, Caroline (ed.) 1998. *Gender, Religion and Spirituality*. Oxford: Oxfam GB. 87 p.

Thomson, Rachel. 1993. *Religion, Ethnicity and Sex Education: Exploring the Issues*. London: National Children's Bureau. 124 p.

Yong, Ting Jin. 1996. "Understanding VAW in the Church: Perspectives of Culture and Theology" in *Our Forbidden Tales and Stories*. Workshop on Violence Against Women, 16-20 April. Hong Kong: Christian Conference of Asia. pp. 47-50.

World Health Organisation. 1997. *Women's Health in a Social Context in the Western Pacific Region*. Manila: World Health Organisation Regional Office for the Western Pacific. 62 p.

ARROW'S PUBLICATIONS

ARROW. 1999. *Taking Up the Cairo Challenge: Country Studies in Asia-Pacific*. Kuala Lumpur: ARROW. 8 pp., 288 p.

■ Price: US\$15.00 plus US\$5.00 postal charges. Payment accepted in bank draft.

ARROW. 1997. *Gender and Women's Health: Information Package No. 2*. Kuala Lumpur: ARROW. v.p.

■ Price: US\$10.00 plus US\$3.00 postal charges. Payment accepted in bank draft.

ARROW. 1996. *Women-centred and Gender-sensitive Experiences: Changing Our Perspectives, Policies and Programmes on Women's Health in Asia and the Pacific. Health Resource Kit*. Kuala Lumpur: ARROW. v.p.

■ Differential pricing. For more information, please contact ARROW.

ARROW. 1994. *Towards Women-Centred Reproductive Health: Information Package No. 1*. Kuala Lumpur: ARROW. v.p.

■ Price: US\$10.00 plus US\$3.00 postal charges. Payment accepted in bank draft.

ARROW. 1994. *Reappraising Population Policies and Family Planning Programmes: An Annotated Bibliography*. Kuala Lumpur: ARROW. 101 p.

■ Price: US\$5.00 plus US\$3.00 postal charges. Payment accepted in bank draft.

ARROW Information & Documentation Centre Services

Information requests by telephone, in writing (by mail, fax or e-mail) or through visits are welcome. A minimal fee will be charged for any service rendered.

Culture

The complex whole that includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by a human being as a member of society, which develops and changes through time.

Source: Adapted from **Taylor, E.B.** 1871. *Primitive Culture*. London: John Murray. Volume 1. [page number unknown].

Dowry

The product of an ideology that one's gender determines one's worth or significance. At the time of marriage, when the female is in transit between the two households, the family that accepts her is perceived to be saddled with a new economic liability, and the household that is losing her is, in fact losing a liability. The dowry then becomes a compensatory payment to the family that agrees to shelter her. Even if the bride brings a salary, she is regarded as a *de facto* burden, and a dowry still needs to be paid.

Source: **Singh, Nalini.** 1981. "Why Dowry Spells Death" *Indian Express* (newspaper) in **Sivapalasingam, Sumathi.** 1993. *Asian and Pacific Women's Resource and Action Series- Law*. Kuala Lumpur: Asian and Pacific Development Centre. p. 34.

Female Genital Mutilation (FGM)/ Female Circumcision (FC)

The collective name given to four types of traditional practices that involve the partial or total excision of female genitals. FC/FGM can be performed as early as infancy and as late as age 30. However, most commonly, girls experience FC/FGM between four and 12 years of age. The origins of FC/FGM remain unclear.

Source: **The Center For Reproductive Law and Policy.** "The facts—female circumcision/female genital mutilation (FC/ FGM): global laws and policies towards elimination". *Cairo +5*. New York: CRLP. (Fact Sheet).

Female Infanticide

The selective killing of female fetuses, newborns and infants to avoid what is perceived as an unnecessary additional burden on family resources which is usually linked to dowry payment and women's limited employment opportunities. The first daughter is usually allowed to live because she is expected to help with household tasks.

Source: Adapted from **Conly, Shanti R.; Camp, Sharon L.** 1992. *India's Family Planning Challenge: From Rhetoric to Action*. Country Studies Series #2. Washington, D.C.: The Population Crisis Committee. p. 17.

Patriarchy

A social system where the father (or the patriarch) controls all members of the family, all property and other economic resources, and makes all major decisions. Linked to this social system is the belief or the ideology that men are superior to women, that women are and should be controlled by men, and are

part of a man's property. This thinking forms the basis of many religious laws and practices, and explains all social practices which confine women to the home, and control their lives. Double standards of morality and laws which give more rights to men than to women, are also based on patriarchy.

Source: **Kamla Bhasin**, quoted in **Ariffin, Rohana; Abdullah, Maria Chin.** 199_. "Religion, Politics and Violence Against Women in Malaysia" in *Resurgent Patriarchies—Challenges for Women's Movements in Asia*. Hong Kong: Asian Regional Exchange for New Alternatives (ARENA). p. 54.

Religion

A complex system of beliefs (myths, doctrines, theologies), rituals (reverent behaviour and dramatic performances) and morals (ethical doctrines and rules). It is both sacred and functional.

Source: Adapted from **Tremmel, William Calloley.** 1983. *Religion: What is It?* New York: Holt, Rinehart and Winston. pp. 6–7.

Sati

A Hindu tradition/ritual found predominantly in India whereby a wife immolates herself on the husband's funeral pyre, as a way for a widow to attain spiritual fulfilment for herself and her kinfolk.

Source: Adapted from **Sivapalasingam, Sumathi.** 1993. *Asian and Pacific Women's Resource and Action Series—Law*. Kuala Lumpur: Asian and Pacific Development Centre. p. 34.

Theology

A reasoned defence and critical explanation of religious beliefs from within a circle of faith.

Source: Adapted from **Schmidt, Roger.** 1988. *Exploring Religion*. California: Wadsworth Publishing Company. p. 494.

Tradition

Tradition is not the whole of the past but only a part of it consisting of "frozen movement", the result of deliberate choices endorsed by subsequent generations over a relatively long period.

Source: **UNESCO** cited in **Sweetman, Caroline.** 1995. "Editorial". *Women and Culture*. Oxford: Oxfam. p. 2.

ERRATUM

In Volume 5 No. 2 issue of *ARROWS For Change*, p. 1, the text in the third paragraph beginning with "Such a responsibility . . . (e.g. older women sponsored by their children to enter and stay in a foreign country)" was taken without citation from the document entitled "Addressing the Health Impacts of Grandmothering in Culturally and Linguistically Diverse Communities" by Nilufer Yaman, Researcher, Planning and Evaluation Worker of Women's Health in the North (WHIN), Australia. We regret the error.

Restrictive Abortion Laws in Asia-Pacific

Unsafe abortion contributes to 50 per cent of the maternal mortality rate in Nepal¹ and an estimated 29 per cent out of a total of 28,000 deaths due to pregnancy-related causes in Bangladesh.² Many other women survive unsafe abortions only to suffer from infertility, chronic morbidity and permanent physical impairment.³ Such tragedies could have been prevented if the women had better access to contraception and safe abortions at hospitals and clinics. Women have been denied abortions by restrictive laws which are usually derived from customary law and law linked to religious values and beliefs, which can have a significant influence on an individual's life even if the country follows secular law. As such, the abortion policy of a country may be determined by the religion most of its citizens adhere to. The Philippines, for example, which is a largely Catholic country, prohibits abortion altogether (see Table 1). In some other countries, the Islamic and Hindu systems have had considerable influence in the area of public law governing family and interpersonal relations. In Thailand, Pakistan, Vanuatu and the Republic of Korea, this law is a bit broadened to allow abortions for reasons of physical health as well (see Table 1). Among the 26 Asia-Pacific countries listed in the table, only five allow abortions in cases of either rape or incest or both, and only in five countries are abortions allowed without restriction as to reason. Restrictive abortion laws do not consider that women may seek to have abortions due to poverty and hardship, poor access to family planning services, forced sexual relations by the husband, absence of safe and appropriate contraceptives or even failure of contraceptives.⁴ In China, where contraception is easily and widely available, non-use of contraception is a primary reported reason for unwanted pregnancy and abortion. Contraceptive failure can go as high as 37 per cent as the reported reason for abortion in China.⁵ Abortions are also sought by survivors of rape and incest. The realisation of all these factors has aroused demands by health activists for abortion to be legalised and for women to be allowed to make their own decisions regarding their own bodies. According to a survey carried out in Australia for Family Planning Australia and Children by Choice, Melbourne, by AGB McNair in 1996, 72 per cent of Catholics say decisions about abortion should be left to individual women and their doctors.⁶

Religious leaders and policy makers who deny women the right to have a safe and legal abortion are denying the fact that women are capable of making ethical, sensible and practical decisions regarding their own bodies. By doing so, they are also denying that sexual violence and coercion exists in this world and that many women do not have the resources or any real recourse for action because of

Table 1. Abortion Laws in Specific Asia-Pacific Countries, 1999

1. **Prohibited altogether:** Lao PDR, Nepal, Philippines.
2. **To save the woman's life:** Bangladesh, Indonesia, Kiribati, Myanmar, Papua New Guinea, Sri Lanka.
3. **Physical health (includes reason of 1):** Pakistan, Republic of Korea (spousal authorisation required; abortion allowed in cases of rape, incest and foetal impairment), Thailand (abortion allowed in cases of rape), Vanuatu.
4. **Mental health (includes reasons of 1 & 2):** Malaysia, Nauru, New Zealand (abortion allowed in cases of incest and foetal impairment).
5. **Socio-economic grounds (includes reasons of 1, 2 & 3):** Australia (federal system in which laws differ according to state), Fiji, India (parental authorisation required; abortion allowed in cases of rape and foetal impairment), Japan (spousal authorisation required), Taiwan SAR (spousal authorisation required; parental authorisation required; abortion allowed in cases of incest and foetal impairment).
6. **Without restriction as to reason:** Cambodia (gestation limit of 14 weeks), China (parental authorisation required; law does not indicate gestation limit), North Korea (law does not indicate gestation limit), Singapore (gestation limit of 24 weeks), Vietnam (law does not indicate gestation limit).

■ **Data Source:** The Center for Reproductive Law and Policy. 1999. *The World's Abortion Laws 1999*. New York: CRLP. [wall chart]

the obstacles faced and the unequal gender power relations that prevail under patriarchy. There is a need to legalise abortion or at least permit it on broader grounds, and to ensure that the service is given by skilled and caring providers. Governments should, in accordance with the Beijing Platform for Action, recognise and deal with the health impact of unsafe abortion as a major public health concern⁷ and provide women easy access to the full range of contraceptive methods.

■ References:

- 1 The Center for Reproductive Law & Policy. 1999. "A round-up of abortion laws around the world". *Reproductive Freedom News*. Volume VIII, Number 3. March. p. 5.
- 2 Shameem Ahmed; Ariful Islam; Parveen A. Khanum; Barkat-e-Khuda. 1999. "Induced abortion: What's happening in rural Bangladesh". *Reproductive Health Matters*. Volume 7, Number 14. November. pp. 19-20.
- 3 World Health Organisation. 1999. "Abortion in the developing world". Press Release WHO/28. 17 May 1999. [Online] <<http://www.who.int/inf-pr-1999/en/pr99-28.htm>>.
- 4 Ibid.
- 5 Ibid.
- 6 Catholics For A Free Choice. 1997. *Catholics and Reproduction—A World View*. Washington, D.C.: Catholics For A Free Choice. p. 11.
- 7 United Nations. 1996. *Platform For Action and the Beijing Declaration*. New York: United Nations. p. 63.