

Prologue: Darkness and Light



BEING BORN FEMALE is dangerous to your health. This reality may not be true for many readers, but for most women living in poorer countries² around the globe, it is devastating.

The dangers start before birth. Sex-selective abortion is widespread, as parents decide for various reasons that they cannot bring another girl into the world.³ Hundreds of thousands of girls have “disappeared,” unbalancing sex ratios in countries like China, India, and Korea.⁴ Every person in poverty is at a disadvantage, but the gender differences are staggering. Ninety million girls worldwide, compared with twenty-five million boys, do not go to school.⁵ Some two million girls, most of them in Africa, are at risk of being genitally mutilated each year.⁶ HIV/AIDS is spreading fastest in one population: adolescent girls and young women.⁷ More than half a million women die each year from almost completely preventable childbirth-related injuries and illnesses.⁸ One fourth to one half of women worldwide suffer violence at the hands of an intimate partner.⁹ Three out of four fatalities of war are women and children.¹⁰ Most older women in poorer countries are illiterate and living with illness, challenges also faced by many men. But unlike their male counterparts, these women are more isolated (rarely remarrying after the death of a spouse) and often are saddled with arduous care-giving roles.

Women’s health is so much more than a medical issue; it is cultural, political, economic, and—above all—an issue of social justice. Improving women’s health and advancing the status of women is often seen as a powerful means to solve economic problems rather than as a route toward true justice. It is

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both, to be sure. However, I write this book to make the case that social justice has for too long been eclipsed by concerns for “development.” My experience indicates that the basic reality of women as “the other,” or persons of lesser power (in many senses, not just economic power), emerges as central. Health issues are one prism through which to view the human rights of all.

In this book I describe this outrage, the darkness of persistent poverty and the low status of women, and the scandalous injustices that ravage the health of poor women in many poorer countries. Yet there is another side to this story. Change is possible, brought on by the courage of women to shine a light in the darkness and take action. These efforts are represented here by the poetry of women and the work of women’s groups. They are also expressed through the images of the *koru* used throughout the book. *Koru*, in the Maori language of New Zealand, symbolizes not only the unfolding of the fern frond striving toward the light, but also a new beginning, renewal, and hope for the future. To fully grasp the depth of women’s courage requires understanding the outrage in all its heinous aspects, a fact that has led me to concentrate on describing the details of their plight.

On a trip to Kenya in 2002, I met Janet,¹¹ one of many women who have left lasting impressions on me and inspired me with hope. In the face of the systematic attack on the health and rights of women, some remain undaunted. Janet, a forty-year-old woman who lives in Butula, Western Kenya, is a community health worker, walking barefoot from village to village to tell others of the value of being tested for HIV/AIDS, and helping those who test positive to live fully and those who test negative to stay that way. She has four children under the age of twelve, has lost her husband to AIDS, and is HIV positive herself, having contracted the virus from her husband. She earns twenty dollars a month for her outreach work; not enough to feed, clothe, and educate her children. “I hope that they will be looked after when I die,” she says, “I worry about my children, but otherwise my life is good.” I asked Janet if it had been difficult to be open about her status in a country where people who are HIV positive or who have AIDS are stigmatized. She told me that being open about being HIV positive had made her feel free—to seek help, to live more joyfully, and to help others.

Janet is illiterate; she is an “ordinary” woman and may even be said to be “typical” of many women in poorer countries in the world today. Some 38%

of women in the developing world are illiterate (a figure that rises to 48% in Africa), compared with 24% of men.¹² The vast majority of these women are poor, live in rural areas, and suffer ill health. Great numbers of these “ordinary” women, however, are strong and resilient. Janet, like many women I have met around the world, brings light to the world’s darkness, and has found meaning and fulfillment in her capacity to go beyond herself to help others.

I am a fortunate person to have had the chance to meet people like Janet, to be inspired by them and to have learned from them. So, too, the students in my classes at Stanford: their enthusiasm and commitment to positive change have spurred me to move beyond the classes to describe in this book some of the outrageous situations of women contrasted with the compelling stories of women who are making change around the world. Hundreds of students eagerly learn about the situation of women worldwide and just as eagerly wonder “What can be done?” “What can I do?” I hope that by learning about the situation of women and of the efforts that women’s groups are making to ensure that life, truth, and light persist in the face of death, untruth, and darkness, we will join together to try to complete the work of positive social change.

Critical Issues Faced by Resource-Poor Women

To understand the situation of women’s health in poorer regions, particularly life-or-death health issues whose outcome depends on whether women can exercise their basic human rights—in other words, be empowered—one only need listen to women at the grassroots levels. At forums, in their writing, in proposals to donor agencies, and increasingly in interviews with journalists, they identify the critical issues affecting their lives and their health, which can be summarized thus:

- the demeaning and disempowerment of girls and women
- the persistence of poverty
- unequal access to education, food, health care, and money
- pervasive violence.

This book begins with a chapter on women, poverty, and human rights, for this reason: If we are interested in transforming our societies by promoting women’s health, it is important to make the concept of human rights and justice central, as the basic context for all of our programs to assist girls and women.

The promotion of women's health is not just a good economic or development decision; it is the right thing to do. All aspects of a woman's life are involved with her health, especially if we define "health" broadly, as does the World Health Organization (WHO), as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹³

Subsequent chapters are concerned with the enormity of the world's grief as it is expressed through women's lives—the issues of son preference, unequal access to education and food, the vulnerability of adolescent girls, the scandals of maternal injury and illness, the prevalence of violence in the home, and the reality of unequal access throughout life, into older age. A current force affecting women's health is the economic power of globalization, which is explored in Chapter 8, in the context of women's labor and need for access to the cash economy. The universal and under-studied problem of mental health is raised throughout the book. "We women worry too much!" as Avotri and Walters quote in their study of Ghanaian women's perceptions of their health.¹⁴ Yes, we do, and that can be both an unhealthy behavior and one that spurs us to action.

Examples of some of the thousands of community-based women's organizations addressing these health and human rights issues are inserted throughout the chapters to highlight the strength of women like Janet and to provide hope for change.¹⁵ To provide context for the descriptions of women's groups that serve as illustrations throughout the book, a final chapter describes women's activism and the international women's movement and offers some thoughts for the future.

Through stories and descriptions, poetry and statistics, I seek to augment the overview provided by this book. Many issues of women's health have long been invisible, and considered too "private" to discuss. Here we try, as Gandhi counsels, to "make injustice visible."

Who is Worth Studying?

Few books focus on the situation of women and their health globally, though some describe specific health topics and health status in general. All too often there is no mention or description of how many issues (violence, HIV/AIDS, and aging, for example) affect women and men differently. Some of this neglect is a carryover from earlier times in which women were not studied, and the situation of men, mostly white men, was seen to be the norm or

standard against which to measure others. Some of the neglect is simply a reflection of priorities: who and what is worth studying?¹⁶

In the book *Engendering Health Equity*, Gita Sen and her colleagues explain that although public health researchers have been concerned with health inequity (mostly based on determinants such as class or race) since the early nineteenth century to the present, there is still not significant study of gender-based inequities in health.¹⁷ Early in their book they suggest that it is important to pay attention to health differences between men and women for the simple reason that differences do exist. They write: “Despite these empirical differences and growing attention to health inequity generally, it has taken much longer for gender to be recognized as a contributing social factor than, say, socioeconomic class, race, or caste. In part this is because of the still common fallacy of conflating gender with biological difference.”¹⁸ They explain that when one refers to gender one looks beyond biological differences to understand the deeper social foundations of power and inequality. The authors write (and I have taken to heart in this book): “Understanding the way in which biological and social factors interact in different aspects of health becomes central to our understanding of how gender operates in health.”¹⁹

Many of the topics raised here have not been studied extensively and therefore appear to be “new,” even though they may represent “tradition” in some countries. To discuss such issues, I have drawn from a diversity of sources, including the publications of multinational agencies and grassroots women’s groups, journalists’ accounts, and academic studies, where they exist. Some studies on the situation of women were done in preparation for the Fourth United Nations Conference on Women held in Beijing, China, in 1995, but since that time relatively little money has been made available to enable formal research and analysis on the situation of women and their health worldwide and in individual countries. Journalists’ accounts, some UN statistical material, and applied studies by women’s groups offer some information and current perspectives.

Turning a Blind Eye to Key Issues

How is it that women’s health—the situation of about half of the world’s population—has failed to be a focus of study? Here are some thoughts about why there is limited financial support and very little research on certain topics.

- Female infants' and children's access to food and/or medical care has been neglected because researchers either view the household as a single entity with uniform internal distribution or treat newborns as a sex-neutral category.
- Beyond a focus on fertility/childbearing behavior, the health lives of adolescents have not been studied extensively, perhaps because of a preoccupation with population pressure and sexuality.
- The extent of sex trafficking has been little known, perhaps because this phenomenon is tied in intricate and hidden ways to international corporate and business interests.
- Until very recently, the special vulnerability of women in war and refugee situations has been seen to be a "natural" byproduct of war—"collateral damage."
- Almost no attention has been given to older women in poorer countries, perhaps because, in the scheme of things, older women have been considered unimportant and unproductive.
- The mental health of women and girls (and men and boys) in poorer countries has been virtually unstudied, probably because of the difficulties of definition and the overwhelming nature of the problems.

In short, until very recently, little was studied—and therefore learned about—women in poorer countries, beyond their roles as producers of children and as mothers. Even the issue of violence against women within the home and community—so central to women's health—was taboo until the past ten to fifteen years.²⁰

Much of the violence that has been done to women and girls has been invisible or taboo. Certainly it has not been accessible to outsiders in many societies, particularly those where women's place has not been public but always private, closed, behind doors. A man's home is his castle, in which live women and children—the "subjects" of the lord and master—whose lives are not to be seen. Private, secret things go on behind the walls. This separation of the "public" and "private" spheres has resulted in injuries inflicted on women and children in private not being viewed as human rights abuses and essentially remaining invisible. These have included such violations as unsafe childbirth practices, female genital mutilation, the buying and selling of young girls, honor killings, dowry deaths, and domestic violence.



When we look at women's lives and their health from infancy through old age we are stunned by the degree of injustice and outright harm that occurs. Governments struggle to provide for their people in the face of many conflicts and very difficult economic circumstances. Tough choices are made at the government, community, and family levels, choices that directly affect the health of individual men, women, and children. The situation is dire, and it is easy to be dragged down by the difficulties that face many societies and individual people these days. Reading the daily newspaper can be a "downer," as we learn of corruption and lying by governments and corporations, the slaughter and rape of innocent villagers in war-torn countries, the competition and greed that drives officials and so-called leaders, and the violence that characterizes our time.

Despite many indications, however, there is a lot of good news, much of it going unreported in a media structure bent on emphasizing despair. Women in Afghanistan gather together to cast their votes, risking public ridicule. A village woman, Mukhtaran Bibi, in Meerwala, Pakistan, chooses to take a gang of rapists to court rather than to commit suicide out of shame, and she receives the support of women's groups in her country and beyond. Local groups of women in Chennai, India, turn up at the home of a victim of domestic violence to silently but publicly shame her attacker. Grandmothers in Mali and Senegal add orphans to their already heavy load of responsibility; they meet to strengthen one another.

Seldom reported are the amazing accomplishments of individuals and groups at the grassroots level of societies. Women's groups, in particular, have proliferated in every country in the world. People are coming together with strength in villages and cities to address practices rooted in tradition (such as female genital mutilation and early marriage) and problems exacerbated by current forces (such as trafficking of women and girls and unhealthy labor practices). Examples of such initiatives appear throughout this book.

Around the world the rights of individuals are increasingly being recognized. With the promulgation of the Universal Declaration of Human Rights in 1948 and subsequent conventions and actions of the United Nations, individual people and governments are beginning to accept the possibility of change.²¹ Furthermore, as civil society grows in strength, in the form of

thousands of “third” sector (non-governmental, not-for-profit) organizations, and in particular women’s groups, movements for social justice are becoming stronger and marginalized people are demanding their rights.

The descriptions throughout this book provide hope that poor women working to create change—even against overwhelming odds—constitute a strong and inevitable force. To ensure their success, we need to learn from them, join them, and be there for them at home and globally. I take guidance from this quote from the Talmud: “Do not be daunted by the enormity of the world’s grief. Do justly, now. Love mercy, now. Walk humbly, now. You are not obligated to complete the work, but neither are you free to abandon it.” The way we do our work is key. By never failing to put justice at the center of our efforts, we can realize the hope that Ch’iu Chin offered a hundred years ago—that “one day, all will see beautiful free women.”

