Women and Health

—a report of the discussions before and during the Nari Mukti Sangharsh Sammelan

Any discussion among women's groups on what to inculde under Women and Health inevitably draws forth a wide spectrum of issues. These range from the need to create an awareness about our bodies, to a critique of the present health care system and the patriarchal biases inherent in it, the role of women as health care providers, new reproductive technologies, fertility control, hazardous drugs etc.

One of the challenges, and problems then, in discussing women and health, arises from the difficulty in perceiving how all these issues relate to each other. Such an excercise is essential if a common perspective is to evolve, and if the energies and experiences of a wide range of people is to be pooled and meaningfully shared.

For the sammelan, the Bombay group had taken the responsibility of planning out the sessions on this theme. They suggested that we broadly divide the issues into two parts: One being the relationship of a woman to her own body and health in her socio-economic and cultural context; the other part being her relationship to the health care system. In order to facilitate discussion on the first part, the Bombay group had made a visual aid, a series of cut-outs, showing a woman's body, and then the various systems of the body. Through these cut-outs women could think about how they perceived their own body, learn about its functioning, and discuss how each system gets affected by their socio-economic situation and secondary status in society.

Since all discussions in the sammelan were to take place in small groups, each having a moderator, a meeting was held for the moderators to discuss these ideas, and plan how to conduct the sessions. This meeting led to a lot of debate on whether a uniform approach could be adopted, or even be appropriate because both the moderators and participants represented very diverse experiences. Their concerns, focus of work, and approach to health issues also varied. For instance, some moderators were very excited with the cut-outs and the scope of discussion possible with their use, while others felt they were not appropriate for rural women. They felt that health problems related to the socio-economic situation were better discussed by starting with a discussion on food or water.

There was also a lot of debate on how to deal with the second part *i.e.* women's relationship to the health care system. Could all the issues that came under this section be covered in such a short time? Would everyone even be interested in all these aspects? How much session time should be spent on sharing information on hazardous contraceptives, drugs and new reproductive technologies, how much on sharing experiences (varied as these were likely to be) and how much on planning strategies for the future? Could strategies be planned without a commonly shared perspective on women and health?

Finally it was decided not to strive for any common approach-rather, each moderator could use whatever approach they felt comfortable with, and use their discretion in discussing topics of interest to the participants. This of course meant that a common perspective was not likely to emerge at this conference.

Out of approximately 700 participants, about 120 women opted for the sessions on women and health, so four small groups were formed. (the remaining attended the sessions on women and religion).

In one of the groups, a brief round of introductions revealed that the group comprised of women from 8 States, speaking 5 different languages! Very broadly they represented development groups, women's groups (rural and urban), political organizations and community health programmes. In addition, there were a few students and one woman working in a rural hospital.

The one common link was their interest in health issues.

In an attempt to provide a framework for the discussion, wide enough to include the work and experiences of all the participants, the reasons for women's health problems were summed up as follows:

As women we face health problems because of:

1. Our socio-economic situation *i.e.* the work we do, our living conditions, our levels of stress, our customs (which are sometimes healthy and sometimes not).
2. Our status in society and within the home which determines our nutritional levels, whether our health/illhealth is taken seriously or not, our power to decide methods of contraception, family size, etc.
3. Our access to health services, in terms of the distance, facilities available, loss of wages etc.
4. Our powerlessness in relation to health professionals because of a lack of knowledge about our bodies (according to the concepts of modern medicine), lack of knowledge about medical procedures, our fear of asking a doctor questions etc.
5. Biases in the medical system and in relation to women's health problems—modern medicine lays stress on treating the symptoms rather than the cause of ill-health: health personnel often disregard a person's inability to follow medical advice; women's health problems are often dismissed as psychosomatic.
6. Adverse effects caused by medication prescribed/harmful contraceptives.
7. Hazards of new reproductive technologies.

This framework helped participants to open up and share their experiences of actions/struggles they had undertaken in their own areas of work.

Some groups spoke about struggling for economic rights and the provision of civic amenities such as water. Often, struggles such as these, for better wages, employment or housing, are not perceived as struggles for health even though they definitely impact on our health status directly or indirectly. Poor nutrition, a high incidence of communicable diseases, rape, prostitution, and an increased vulnerability to the allurements of a coercive, incentive based family planning programme are just some examples that come to mind.

One group shared their experience of helping women to examine how their marital status (divorced/widowed/unmarried/deserted/married) determined their social status and affected their health. This had proved to be a very revealing and interesting exercise for the women (of a rural area) specially when they realized that as many as 40% of them did not fit the category of "married".

The participants showed great enthusiasm at the report of a group about teaching rural women to do vaginal self-examination using a speculum. To be able to actually look inside one's body, to feel, describe and understand its functioning, had been a very empowering experience. Several participants wanted to know more about how to conduct such an examination and also about natural family planning.

The visual aid (cut-outs) prepared by the Bombay group was also presented. The cut-outs could open a whole new area of discussion. For example, how does our clothing aid or hamper movement, how do perceive our own naked bodies, what kind of skin problems do we get because of our work or environment (scabies, burns, irritation due to chemicals, water), what do our internal organs look like and how do they function, what kind of health problems commonly affect the different systems of our body, what are these caused by—there was a vast scope for discussion.

Another group spoke about the ill-effects of increased tourism on the lives and health of women.

Information was also shared about campaigns conducted by groups against hazardous drugs like NET-EN (an injectable contraceptive), F-P drugs (a high dose combination of harmones widely misused as a pregnancy test), and the campaign against amniaentesis (a technique misused to detect the sex of a foetus. Very often, if the foetus is female, it is aborted). Such hazardous drugs or techniques potentially affect the lives of millions of women. To prevent the widespread use of such hazardous drugs/technopologies it was necessary to campaign for their total ban since women would be in a position to make informed choices without tremendous efforts at awareness raising. However, such technologies could cause a lot of damage in a short period of time.

Groups dealing with medico-legal cases such as dowry deaths, rape, physical violence against women, came up with an entirely different set of issues related

Contd. on page 17

Contd. from page 7

to women's health. The suppression of vital medical records, manipulated post-mortem reports, incomplete, delayed, or undone medical examination, drastically alter the chances of women struggling for justice and a right to their lives.

Though the discussions were wide-ranging and diverse, the experiences were shared with a great deal of interest. Some of the commonalities that emerged were:

1. There is a tremendous need to make women aware of their health needs and the causes of their ill-health. This is a pre-requisite for any struggle.
2. We have to find out for ourselves how the system works—be it the medical system or a department of the government. The people incharge are often not willing to share information and give appropriate guidance.
3. We have to break prevailing myths, such as, "rural people do not have knowledge", or "modern medicine is the best".
4. We have to widen our perception regarding issues dealing with women and health and see how our work links up with the work being done by other groups.