BARRIERS TO WOMEN'S DEVELOPMENT

Introduction
Tina Wallace

In this section, the issue of gender is approached from a different perspective: that of the specific experiences of women in different countries. We look at some of the barriers they face when trying to overcome discrimination and related poverty, or to change the relations between women and men. While the particular problems and opportunities facing women vary greatly according to the culture they live in and their individual circumstances (their class, race, economic situation and whether or not they are married), there are a number of themes that are common to many (poor) Third World women. The themes we focus on here are the lack of access to formal education, to adequate health care, to secure, reasonably paid employment; and the cultural, religious or state attitudes which inhibit change and keep women in socially inferior roles.

Heavy demands are placed on women to maintain the domestic economy and contribute to production; increasing numbers of women are now household heads and solely responsible for family maintenance. Yet at the same time they often cannot get access to key resources or support, and have to continue to try to meet their responsibilities under adverse conditions.

A number of the articles focus on women's poor health: their particular health problems and some of the causes of these, their lack of access to appropriate health care, and negative attitudes
Barriers to women's development

towards their health needs. This does not mean that issues such as
women's access to education, employment, land or animals, or law
are less important: each of these merits a book in their own right!
Rather, we are using health issues as an example to illustrate how
attitudes and behaviour towards women seriously limit their access
to the critical resources necessary to improve their daily lives, and
are thus development issues.

In the first article in this section, Julia Cleves Mosse clearly shows
how attitudes to women in India are rooted in the culture of that
society; the custom of paying a dowry profoundly affects the
position of women there. It means that girls are seen as a financial
liability to their families from birth; dowry can be a very heavy
burden, especially for poor families. Recently, this has led to an
increasing incidence of female foeticide (the aborting of babies if
they are found by tests to be female), which is now possible with
modern medical technology. The negative attitude to daughters
means that, if and when girls are born, they often receive less food,
health care, and education than their brothers. Early marriage, and
pregnancy while they are still young, compound the health
problems they experience — health problems which are usually left
untreated.

The discrimination discussed by Julia Cleves Mosse in India is
also seen in the summary by Hosne Ara Khan of the health
problems of women in Bangladesh. She stresses that the ill-health
experienced by poor women is caused by their low income, their
lack of education, and the bad environmental conditions they are
expected to endure because of their low status. Yet women's health
needs often remain unrecognised. While the specific cultural
practices vary, the outcome in many countries is the same: that
many of women's real health needs remain unrecognised and
untreated.

Claudia Garcia Moreno takes up this theme of active
discrimination against women within the health sector, focusing on
AIDS. Her article shows how negative attitudes towards women,
especially prostitutes, have until very recently meant that women in
the Third World have primarily been seen as transmitters of AIDS,
i.e. the cause of the problem, not as sufferers from AIDS. While
AIDS in the Third World is primarily spread through heterosexual
relationships, AIDS control programmes have totally failed to
consider women's needs as both sufferers from AIDS and as the
main carers for AIDS patients. She graphically describes the implications of this approach for women, both for prostitutes and the wives of male carriers of HIV. This prejudiced approach to the problems of women and AIDS is echoed in the interview with the prostitute in Brazil, where it is clear that women's lack of rights in the eyes of the Church and the State mean that prostitutes are open to abuse, including violence from individuals and the police. Yet most women are pushed into prostitution for economic reasons and come from the poverty-stricken areas of the country; lacking education, their only options for employment are extremely low paid jobs as servants, or prostitution. The majority of prostitutes suffer triple discrimination because of their class, race and gender. The issue of dowry appears again in the case of Brazil: because of the need for the payment of a dowry, families may push one daughter into prostitution to pay for the dowry of another daughter.

These issues of women's lack of status and rights in the field of reproduction and sexuality are vividly brought to life by a poem, written by a Somalian woman who writes of the triple sorrows of women — in this case, female circumcision which causes many women to suffer pain during intercourse and childbirth. The poem speaks powerfully of the subservient position of women in the society and the woman's need to obey and accept her suffering silently.

Women have few rights to education, employment, health care, land and productive resources in many societies. In addition, women have heavy workloads both within the home and in their productive activities. Very little new technology has been developed for use by women in domestic or agricultural work; and yet women's heavy workload undermines their health, and limits their ability to become involved in organising, meeting together, decision making and other aspects of social development. Even when technology is introduced, for example mills or water pumps, it is usually taken over by men, thus removing the processes from women's control (see Brian Mathew in Section Four on water technology). Women are seldom able to benefit in terms of increased time for rest or income earning activity.

Heavy workloads, their domestic responsibilities, their restriction to low paid and insecure seasonal work, their lack of land/animal rights combined with 'macho' attitudes upheld through education, religion and the mass media, are all major barriers to women
becoming involved in organisations or development programmes at the decision-making level. Their participation is confined all too often to providing the labour and support, and so they lack an effective voice in community organisations, unions and political parties; and as a result, their interests are ignored. Eugenia Piza Lopez describes the way these factors intertwine to undermine women's confidence and keep them marginalised. Suzanne Williams looks at the changing roles of women and women's organisations in the long struggle against apartheid in South Africa.

However, the situation of women is not static; attitudes, economic conditions, and social behaviour change over time. In many countries in the Third World, the economic and other crises discussed in Section One have accelerated all kinds of changes, some of which have profound implications for women. Doris Burgess (in Section Four) shows how war has brought about dramatic changes in gender roles and relations. As conditions change, and with painstaking education, it is possible to counteract women's lack of confidence and men's anxieties, and genuinely involve women in pioneering development work. Rhoda Ibrahim closes this section with another example, from Somalia, of how social and economic changes are affecting the roles and status of women. The traditions of Somali culture are that women are very subservient to men, with little or no economic or social independence. Changes brought about by the liberation struggle, urbanisation, increasing education, and the rise in the number of female headed households, are altering the lives of both men and women, especially in towns. She describes how many men are trying to resist these changes and keep women in their more traditional roles, finding it hard to accept the new position of women in urban Somalia. She argues that development agencies need to understand and relate to these changes and give support to both women and men in their new roles and relations.
THE RISKS OF BEING FEMALE

JULIA CLEVES MOSSE

'Better 500 now than 5 lakhs later'

'Pay 60 plus 60 and get a desired child'

So run the hoardings in Bombay, blatantly advertising the availability of amniocentesis and the selective termination of female foetuses who, if not quietly dealt with now, may cost Rs 500,000 in dowry payments later on. Amniocentesis is in the headlines in India at the moment. But so too are dowry and the ever increasing toll of dowry death (sati), the sex-ratio and the higher female mortality rate; if you read the right journals you can read about all sorts of practices that systematically discriminate against girls and women.

This article will chart some of the risks of being conceived — and born — female in India. There are inherent dangers in a white woman writing about discrimination in a country not her own, with the implication that somehow Indian citizens are more culpable, more sexist than people in the West. But by focusing on the blatant, institutionalised sexism experienced by women in India, as reflected in the mortality figures for example, the subtle but equally pervasive forms of sexism in the West come more clearly into focus. More specifically the stand of the Indian women’s movement against female foeticide, dowry, early marriage and other discriminatory practices raises significant questions about abortion, property relations in marriage and teenage sexuality in the West.

Amniocentesis and the subsequent abortion of female foetuses is a sufficiently established activity for the Government of Maharashtra to have put a recent ban on the practice. Bombay has frequently been cited as the leading centre of sex-determination tests, with the service being offered by most leading gynaecologists, maternity homes and abortion clinics. It is difficult to get hold of reliable statistics to indicate the extent of the problem, for obvious reasons. One article in The Times of India cites statistics from a 1985 seminar in Delhi in which it was claimed that of 8,000 abortions
following amniocentesis only one involved a male foetus. According to another survey 78,000 female foetuses were aborted between 1978 and 1982, while a survey carried out by the Government of Maharashtra put the annual number of tests carried out at 50,000 (Social Welfare, 1987). Following the ban in Maharashtra an interesting debate is developing in the press, exposing the limitations, and openness to abuse, of the concept of ‘abortion: a woman’s right to choose’.

The anti-sex-testing movement has articulate spokespersons; no one is deluding themselves as to the extent of the problem and how deeply this technology is rooted in the anti-female sentiments of Indian society. In an interview conducted by the journal Social Welfare, the director of a family welfare project described sex-testing as ‘like alcohol, it knows neither class or caste barriers. All sections of the population, irrespective of their social standing are hypnotized by this magic wand to eliminate the female’ (Social Welfare, 1987). The women’s movement recognises that the demand for dowry lies at the heart of the problem. Only when social reform takes place in all levels of society, and the grip of the dowry system is loosened, will the negative attitude towards daughters be lessened.

The women’s movement, however, confronts major opposition from those who see female foeticide as a logical solution to the problem of unwanted daughters. If 7,999 female foetuses are aborted for every male foetus, the argument goes, what would be their chance of survival through infancy and childhood, the pitfalls of adolescence and dowry marriage? The cynicism of this approach neatly twists feminist arguments as to the necessity of legal abortion for women to control their own bodies, back on itself. If a woman has a right to choose, why shouldn’t she choose whom she adds to her family? In an article in The Times of India, J.B.D’Souza offered his support for amniocentesis and abortion, taking the notion of individual freedom to an uncomfortable conclusion: ‘It is sad that in a matter so intimate, personal and private as the choice of an addition to your family you may lose the freedom to choose.’ (The Times of India, 1988). It will be interesting to see what effect, if any, government measures to prohibit sex-testing will have.

But surviving gestation is not the end of discrimination. In a survey carried out by three doctors in the Punjab, in which they studied the progress of 1,500 infants born in the 32 months
following August 1977, they came to some disturbing conclusions. Having already noted that 55.5 per cent of the children who died were ‘females of the underprivileged communities’ they wrote the following:

‘We have found that the only female who is high priority is the first born, so long as she is the only living child. However, a subsequent pregnancy or a delivery of a male diminishes her priority status... This is particularly true of the underprivileged whose response to nutrition and health education for the third and fourth female is often: Let her die... the accuracy of this subjective assessment has been confirmed by field workers and medical staff in homes of nearly 1,000 infants over a four year period, and team leaders and field workers are able to predict at birth and by continuous assessment which children will be neglected and are therefore high priority targets for extra efforts.’ (Future, 1982)

The low priority of girl children is borne out by infant mortality rates (India has one of the lowest sex ratios in the world with only 935 females to every 1,000 men, compared to 1,060 females per 1,000 men in the UK), nutritional surveys and hospital registers, which show that medical attention is sought much later for girls than boys. Education and literacy rates provide further evidence of the low priority parents give to furthering the life chances of their daughters. While in 1978, 61.73 per cent of boys were enrolled in primary schools, only 32.3 per cent of girls had the same advantage. And while by 1981 almost half of the adult male population of India were literate, less than a quarter of women could read and write. Girls are expected to participate in the domestic life of the household long before their brothers, and despite the hours they put into minding siblings, fetching water and firewood and helping with the cooking, they frequently get less to eat.

The move into adult status, marriage and childbirth represents a shift in the complex web of relationships in the extended family. Through the work of childbearing, women gain acceptance and status, but not without attendant physical risks. Of an estimated 4.5 million marriages in India each year nearly 2.5 million appear to be in the 15-19 age group; 55 per cent of girls under 19 are already married, with every other village girl and one in four urban girls having husbands. In some parts of India, especially in the north, the figures for marriage for girls under 19 are higher, rising to 65 per
cent. The 1981 census revealed that 6.59 per cent of girls aged 10-14 are already married.

The significance of early marriage and consequent early childbearing is not simply that it cuts short childhood, educational opportunities and raises the birth rate rapidly by diminishing the gap between the generations. In personal physical terms rapid childbearing, especially if it begins around the age of 15, brings with it considerable risks both to the mother and the baby. The onset of puberty may mean that a girl is fertile; it does not necessarily mean that she has reached sexual maturity and can cope easily with pregnancy and birth. Pregnancy puts a halt to growth, and so a girl who is pregnant at 15 is denied the advantage of the better growth and better body build that would have occurred if she had been able to put off pregnancy for another four years. The WHO standard for considering high risk pregnancy puts a cut-off point on 145cm in height and 38kg body weight. A study in Kerala showed that as many as two-thirds of 15 year olds were below this point, but only 19-23 per cent of 19 year olds fell into this category. Kerala, with a mean marrying age of 22 for women, has an accordingly low maternal and infant mortality rate.

Early childbearing results in high maternal mortality. While statistics from developed countries show maternal mortality rates of around 10-20 per 100,000 live births, in India rates vary from 418-592. (Other sources put the figure even higher.) One in four deaths in adult women stem from pregnancy and childbirth, and for every death there is a far greater toll of sickness and malaise.

Maternal mortality tends to be age specific. A recent study in Bangladesh suggested that a woman under 20 is twice as likely to die as a woman between 21 and 25. Girls becoming pregnant between the ages of 10 and 14 face appalling risks, with a maternal mortality rate of 5 girls in every 300. Girls who married under 18 have everything stacked against them. Given that they may have three or more pregnancies by the time they are 20, they risk giving birth while physically immature, they face the risks that increase after three births, and the risks that accrue when babies are born too close to each other. The risks are severe anaemia, bleeding, complicated labour, toxaemia and premature, low-birth-weight babies, and of course, death. In addition to this there is the tragic toll of infant mortality to women who bear children when they themselves are not fully grown. A hospital-based survey in Delhi
showed that mothers under 15 faced a perinatal rate of 166 per 1,000 babies while for mothers between 20 and 29 the rate dropped to 68. We have already noted that among deaths in the first year, it is the daughters who are more likely to die. (Future, 1987.)

What are we to make of these statistics? For behind each statistically ‘significant’ death lie the lives of thousands of women, their daughters and sons about whom we know nothing. On their own, statistics tell us nothing, except that statistically speaking the dice seem to be stacked against being a girl or a woman in India. They say nothing about the tug between economic forces and familial ties, the reasons why women may act against the interests of their daughters. And even while the statistics tell one story, most women will tell you another. There is a paradox at the heart of the attitude towards daughters in India. The anthropologist Margaret Egnor came to the conclusion that for South Indians at least, the most profound bond of all is that between mother and daughter, a ‘bond which is felt to be part of all growth, of all continuance and creation. The bringing to birth of one like oneself, who in turn will bear another, is an image engraved everywhere in Tamil culture.’ But Tamil Nadu is also the State where pockets of female infanticide can be found. That the relationship between mothers and daughters is fraught with conflict is clear from folk songs and stories. The daughter cries out to her mother to save her from the separation and pain marriage will certainly bring:

...O mother who bore me, O father,
I am an uncrushed body, mother.
They crush me and take me away.
In this town without you, they make me suffer harm.
I am red gram, mother;
O father who bore me, O mother,
I am gold with unbending body, mother.
They bend me and take me away.
In this town without you, they make me suffer pain.

(Another Harmony: New Essays on the Folklore of India, 1986)

But mothers inevitably let their daughters go and the circle repeats itself.
References


'Internal Iconicity in Paraiyar 'Crying Songs'' in *Another Harmony: New Essays on the Folklore of India*, edited by Stuart H. Blackburn and A. K. Ramanujan, (Delhi: Oxford University Press, 1986), pages 307, 330. The reference to 'gram' is to a type of Indian pulse, which is crushed to make flour.

*Julia Cleves Mosse is a freelance writer specialising in the area of women, health and development. Publications include (with Josephine Heaton) The Fertility and Contraception Book (Faber 1990). She is currently living and working in India.*
WOMEN'S HEALTH IN BANGLADESH

HOSNE ARA KHAN

Health is determined not only by physical make up but also by socio-economic status. Patriarchal society limits women in many ways including their diet, the division of labour and the way that they relate to their family. These all have a direct impact on women's health.

A breakdown of the life expectancy statistics show that women do not live as long as men. Is this because of women's physiology, or because of the nature of women's lives, their work and discrimination?

Low levels of income and education, and bad environmental conditions all have detrimental effects on health. Poor women suffer both from diseases caused by poverty, for example malnourishment which may lead to chronic diseases such as anaemia, as well as diseases caused by a lack of knowledge of basic hygiene. Despite this, ailments that are considered serious for men are often unrecognised in women. In Bangladeshi society it is an unwritten rule that a woman is forbidden to become sick. She is used as machinery for domestic and social work as long as her body will support her and any illness is always neglected. She only sees a doctor or receives medicine at the eleventh hour and very often only when she is bed-ridden.

Many customs discriminate against women. It is customary for female members of both rich and poor families to take food only after the males have finished eating. Women are, therefore, left with the inferior and unwanted foods and rarely eat the more nutritious ones such as eggs, milk and meat. Thus women, and especially poor women, fall victims to malnutrition.

The impact of women's labour and their long work days is often ignored since the work, although it includes diverse and heavy tasks, is usually invisible, without any economic or social recognition. No-one considers the health hazards of working in smoke-filled rooms when cooking yet while cooking women inhale up to 40 times the volume of suspended particles considered safe by
the World Health Organisation. When women venture outside the home in search of work, they are faced with a gender-biased division of labour created by their society's norms. Forms of employment open to women in Bangladesh are, for example, sewing in the garment industries, packaging in pharmaceutical industries and cleaning the waste from shrimps. These labour intensive jobs are often performed in poor conditions with low pay.

Little consideration is given to women's health needs outside those connected with their reproductive role. Existing mother and childcare centres are aimed primarily at the provision of birth control. Health workers tend to be male. Because of Bangladesh's Muslim culture this greatly restricts women's access to general health care; family planning workers are female. Since health policy is aimed at women as reproducers only, it effectively means that health 'care' is aimed at men.

Development of women's health is not possible in the present socio-economic climate of this patriarchal society. Discrimination is prevalent in the women's health sector as it is in other sectors. Discrimination cannot be eliminated until and unless structural changes take place in the society. Health is a gender issue.

Hosne Ara Khan is the executive director of Unity for Social and Human Action (USHA), an organisation working for gender equality in Bangladesh. She previously specialised in the area of health, working for Save the Children (USA) and Oxfam (UK), and as a consultant for other non-governmental agencies.
AIDS: WOMEN ARE NOT JUST TRANSMITTERS
CLAUDIA GARCIA-MORENO

Until recently, AIDS was perceived in the West as a problem affecting mainly homosexual men. The biggest impact of AIDS on women's lives there had been until recently as carers for people with HIV disease or AIDS. However, more women are now becoming infected and the number is likely to increase in the next few years — in New York AIDS is already the leading cause of death in women between 25 to 34.¹ In Africa and some parts of Latin America, mainly the Caribbean, HIV has always been transmitted predominantly through heterosexual sex, and in these areas AIDS has affected women and men equally.² Yet women have received, until recently, little attention in the AIDS literature and when they are referred to it is usually only in their role as transmitters of the infection. There has been little focus on women as sufferers from AIDS.

Prostitutes
Prostitutes especially have been singled out as a high risk group, and have even been portrayed as being responsible for the spread of the HIV and AIDS epidemic in some places. The word 'prostitute' means different things in different cultures. In some countries prostitutes are an easily identifiable group, whereas in others they are much less visible. Where prostitutes form a definable group they are accessible and easy to study and have become the focus of research in some cities of Africa.³ They have been found to have a higher rate of HIV infection than the rest of the population and have therefore been designated a high risk group.

A common assumption in much of the AIDS literature is that prostitutes are always female. In some countries this is not the case and male prostitutes may be common. Yet women, particularly prostitutes, are frequently referred to as AIDS transmitters. While they may constitute a pool of infection, the role of their clients in transmission is rarely mentioned. Gabriella Leite, a prostitute in Brazil, put it bluntly:
As for AIDS, official bodies, society, attempt to define it in terms of people: prostitutes, homosexuals, the promiscuous, drug users. The political question is, what about the people who frequent prostitutes? They are not regarded as a high risk group... Sure AIDS kills, but so do many other things. Prostitutes have always been at risk of diseases and the government and health services have never lifted a finger before.4

The concern with prostitutes is as transmitters of AIDS, not as sufferers. This is not new or limited to AIDS. An article from Brazil draws a comparison with what happened previously with syphilis and gonorrhoea.5 In the 1930s and 40s a poster aimed at soldiers in World War II portrayed a young woman and underneath the caption reads:

'SHE MAY LOOK CLEAN — BUT ... pick ups, "good time" girls, prostitutes ... Spread syphilis and gonorrhoea. You can't beat the Axis if you get VD.'

This in spite of the fact that female to male transmission of gonorrhoea is documented to be around 20-25 per cent after a single exposure, and from male to female 50-80 per cent. The same article points out that although 95 per cent of the AIDS cases in Brazil are male, the official information on prevention portrays the face of a woman with the message, 'You can't see AIDS when you see the face', i.e. she may look beautiful, but ...

The possibility that a prostitute may catch HIV from an infected customer is rarely considered. For example, a study in The Lancet on the effectiveness of condom promotion and health education among prostitutes in Kenya concluded:3

'We believe that this programme has prevented the transmission of a large number of HIV infections in men ... In view of the sexual activity of these women and their high prevalence of HIV, every day approximately 3,750 men are sexually exposed to HIV through contact with them.'

The phrasing makes one wonder whether the researchers were equally concerned about the health of the women. In the Philippines 'hospitality girls' have identified this risk for themselves and together demanded testing for the men from the army who are frequent clients.

Men infecting women is never highlighted. However, in fact, the
little information that is available on heterosexual transmission seems to suggest that male to female transmission is slightly higher than the other way around.\textsuperscript{6} Also, in many African countries, men who have acquired the infection in the cities then return to their wives in rural areas and possibly start a new cycle of infection. There are anecdotal reports from some countries where HIV is prevalent in urban areas that some men are now looking for younger women in rural areas for the exchange of sexual favours, thinking that such women are less likely to be infected with HIV.

'Sex tours' for Western businessmen are well-known, particularly in some Asian countries, yet this group is not usually mentioned as a high risk group. A study of prostitutes in London showed that they were more likely to use condoms with their clients than with their own partners, even though these partners often engaged in high risk behaviour such as intravenous drug use.\textsuperscript{7}

Harsh economic realities push women into prostitution, particularly in developing countries; for poor women on their own in urban areas there may be few choices other than becoming domestic servants or prostitutes. Often, they have been abandoned by a partner and have children to support. Women refugees also frequently end up resorting to prostitution, sometimes illegally, as their only survival strategy. With little education or access to other resources, their opportunities are non-existent, and it is unrealistic to blame prostitutes and single them out for education and other programmes without offering them some kind of economic alternative. While education may help them to protect themselves (though even as prostitutes women are not always in a position to enforce the use of condoms by their clients), for many of these women abandoning prostitution would mean destitution.

Projects which aim to support women in prostitution or women sex workers should not limit themselves to giving health education; condoms need to be made available at an affordable price. General health services, including access to birth control, are also important. It is also essential to explore alternative income generating activities with these women and to provide the relevant assistance, as well as to explore other social and economic needs they may have.

\textbf{Women and AIDS in Africa}

The number of women infected with HIV in some African countries is high, particularly in certain urban areas. The female to male ratio
is approximately one to one i.e. at least 50 per cent, or sometimes slightly more, of those infected are women.\textsuperscript{2} The peak incidence of infection for women in Africa is between 20 and 29 years while for men it is between 29 and 39, probably reflecting an earlier start of sexual activity for women. Yet few AIDS control programmes have considered women's particular needs; neither those of urban women nor of the wives of men returning to the rural areas bringing HIV with them.

AIDS cannot be separated from the extreme poverty, lack of resources and the heavy burden of work of women. For women the possibility of transmission to their babies is a cause for additional concern and when it occurs it adds to the guilt and worry.

Women traditionally have been the carers for children, the sick and the elderly and have already experienced the problem of caring for partners or others with AIDS. Who will take over this role for women when they themselves need to be cared for?

A research project in a capital city of an African country is following a sample of 1,500 women (selected from those attending antenatal care in the national hospital) for five years. The study, concerned with more than the research itself, has expanded to provide a valuable educational service, condoms and spermicides, and counselling for the women as well as offering counselling and testing for their partners. Discussions with the women have helped to identify areas where they would like to receive some help. Testing was carried out, with informed consent and appropriate counselling. Approximately 25 per cent of the women were found to be seropositive. Marital conflict arising after disclosure of a positive result and the role of counselling in helping to overcome this have been particularly relevant.

This study exemplifies many of the problems faced by women in relation to HIV infection and AIDS. Many of these women were single and had little in the way of social or economic support. It is a generalised assumption that in Africa the extended family provides support and care for the sick. However, among the group of HIV seropositive women interviewed, 60 per cent of them said they would not be able to rely on husband or family for support. Support from self-help groups, particularly with an income generation component, was very relevant to these women.

The same study identified the needs of women with AIDS. The provision of childcare, food and funeral services were major areas of
concern to them. For women who were seropositive but asymptomatic, housing and employment assistance were a higher priority, although another important consideration was concern about preparing for the future in the event of illness or death. It is important to identify priorities and needs with the women themselves and to support projects which allow them to have more control over their situation and improve their economic status whenever possible.

Many of the women experience feelings of terrible isolation after being told they are seropositive; stigmatisation is real and many have been abandoned by friends, relatives or lovers; nurses and health workers have been known to refuse care. Hopefully, this rejection will decrease with appropriate information and education. Meanwhile, in the words of 'Rosie' (a pseudonym), a sick woman in Zimbabwe:

'That's the worst part, the loneliness...I have it (AIDS). I can't change that, but if only I could talk about it openly, and stop hiding it. People think I've got cancer, because that's what I tell them, I can't admit I have AIDS, I would be stoned.'

**AIDS and children**

The majority of women with HIV or AIDS are of childbearing age. HIV can be transmitted from an infected mother to her child, either during pregnancy or at birth. There have been eight reported cases so far where transmission has been possibly related to breastmilk, all of them in special circumstances. (Present evidence is that the benefits of breast-feeding far exceed the potential risks and breast-feeding should continue to be encouraged.)

The risk of a baby being infected is still not known with certainty. Results from different studies vary from less than 10 per cent to 30 per cent, and the risk of transmission appears to be associated with the stage of the disease. The problem is bigger in those places in Africa and the Caribbean where a large number of women may be infected. In the West, women with HIV are advised to avoid pregnancy or to consider termination of pregnancy but for most women in developing countries these are not options. (And in some areas the risk of a baby dying of other diseases in the first year of life is probably higher than that of dying of AIDS.)

The debate on whether women should be offered testing for HIV
as part of antenatal care is an ongoing one. In a survey in one African country about half the women said that knowing their HIV status would not affect their decision to become pregnant. In a clinic in London when women were offered a confidential test, 99 per cent of them declined. In some developing countries women have been tested without their knowledge. In the USA some reports suggest that women, mainly from deprived or minority groups, accept testing because they fear they will be denied access to health care if they decline. It is imperative that confidentiality be maintained if one is to encourage those women most in need of counselling and support to come forward. Even though it is now well recognised that pre- and post-test counselling is an essential part of testing for HIV, in many places it is often lacking. Doctors often have not informed patients of their diagnosis because they lack counselling skills and feel unable to provide the necessary support.

Policy implications

The above discussion has relevance to health and health education policies. Women’s needs are different from men’s and policy makers have to take this into consideration.

Women should be offered appropriate information and education so that they can make informed choices. This should take into account their particular social and economic circumstances, as information is not enough if women are not in a position to have control over their own lives and bodies. The messages will be different depending on which women are being addressed. Sex workers, women in stable relationships or adolescent girls about to start sexual activities need to be approached with messages that are relevant to their particular situation. In the case of prostitutes it is important not to make them scapegoats. Health education should be aimed at their clients as well.

Education on prevention of HIV infection/AIDS and other sexually transmitted diseases (STDs) should ideally be in the context of education and information on sexuality. There is a need for sex education which empowers women and encourages them to feel more confident to express their own needs and to negotiate over condom usage with a partner. Education with men on these aspects is necessary as well. Participation of the male sexual partner in an education and testing programme in Rwanda positively affected change to lower risk sexual behaviour. Access to family planning
services offering appropriate choice and to early treatment of other STDs are also important.

The experiences of women who are beginning to organise themselves and to come up with their own solutions for support, sharing of childcare and income generating activities need to be taken into account. In relation to income generating activities, particularly for prostitutes, it is important to ensure that activities are genuinely productive. 'Traditional' income generating projects like jam-making, knitting, weaving, etc., do not usually generate much money and large group activities are not profitable in most cases. It is difficult to find successful income generating projects but access to credit through revolving credit schemes could be explored. Access to childcare remains an important issue on which self-help groups could, with some external support, organise their own schemes.

Whatever the activity, it is essential to listen to what women and men identify as their needs and work out appropriate solutions in each particular situation.

Concluding comment

AIDS has been used to legitimise prejudices that already exist in societies. It is important therefore to consider carefully our attitudes and even the language that we use when dealing with the subject. The social, political and economic aspects of AIDS are as important as the medical and biological ones in improving the understanding of the disease and in decreasing transmission. Amongst these, gender is an important aspect and all of those involved in this field need to be aware of the existing biases.

Update on women and AIDS

This article was written in February 1989. Rather than update it, I have left it as it was (with only minor editorial changes) because it captures the issues as they were then. Also, because it exemplifies how in moments of crisis the specific problems of women are the last to be considered and taken into account.

Since it was written, much more attention has been paid to women in the AIDS literature. Women have been — and continue to be — the focus of various publications in the last year.\textsuperscript{1,12,13} The fact that women are not just transmitters of AIDS or carers for people with AIDS, but also sufferers from HIV infection and AIDS has
received attention. In fact, the theme for World AIDS Day in 1990 will be Women and AIDS. Dr Nakajima, the Director-General of the World Health Organisation has said this ‘will reflect the increasing impact of AIDS on women, as well as the crucial role women play in preventing infection with the human immunodeficiency virus (HIV) and caring for HIV-infected people and people with AIDS.’

It is encouraging to note that the issue of AIDS and its impact on women is being recognised. However, the general situation of women still remains in most places that of second class citizens and many of the issues raised previously remain valid. Health policies in general and health education in particular still need to take gender issues more seriously.

**Discrimination**

Fear and stigma are still present, and people with AIDS continue to die in silence. 'Rosie' the Zimbabwean woman who talked for the first time to a newspaper about her situation, and whom I quoted in the article, has since died at the age of 38. She was supported throughout her illness by Island Hospice who gave her loving care, but it was only in the last two weeks that she finally told a friend or two that she was not dying of cancer but of AIDS.

Disturbing reports of discrimination in various forms (not just against women) continue. An example which particularly affects women is the case of women prostitutes in India. They are detained under the Prevention of Immorality Act, and continue to be held past the expiry of their sentence if they are known to be HIV-positive. In March 1990, Shyamala Nataraj, an Indian journalist who had been researching the case, filed a writ in the Madras High Court seeking their release. The case is still pending.

In Thailand, although cheap sex and heroin are easily available, there had been very few reported cases of AIDS until 1988. Since then, the rates of seropositivity have increased at an alarming rate: from just over 100 in 1988 to 2,901 and then 13,600 by the end of 1989. At the beginning of February 1990 the number of people with HIV reached 14,116. Among prostitutes the rates of seropositivity varied depending on whether they were 'low class' (72 per cent) or 'higher class' (16-30 per cent). For a long time the government refused to do anything on AIDS education as they were worried about the adverse effects it would have on tourism. It is only now that the government is starting its AIDS education programmes.
The blame continues to be laid on women, with little consideration of the economic and social realities faced by them. Health education continues to target the prostitutes rather than their clients, although presumably the latter are better educated, have more resources at their disposal and are more in control of the use of condoms.

Other disturbing occurrences have been reported. In Uganda 'some Kampala men have begun to search out schoolgirl lovers in the belief that they will be free of HIV; the government has had to enact a law against sugar daddies'. In West Africa some men believe that sex with a virgin will cure AIDS. In many countries women continue to be blamed for the transmission of AIDS even when it was their husband's behaviour that infected them in the first place. A married woman in Kenya wrote of her concern that in spite of being monogamous she could get AIDS through her husband's behaviour. In her words, married women remained 'faithful but fearful'.

**Women organising themselves**

On the positive side, there are various groups which are attempting to deal with the problems of women in a different way. Some of these are particularly concerned with helping women sex workers. Empower is one such group in Thailand. It is an association of bar workers set up to help women working in Patpong (a sex centre in Thailand where about 4,000 women work). They have staged shows on safer sex aimed not just at sex workers but at their clients and bar and brothel owners. They also have a drop-in centre which gives information on AIDS and other STDs, nutrition, safe drug use and family planning, and they provide education for the women. The main problems they face are discriminatory attitudes towards sex workers who often get beaten up when they insist on the use of condoms. Yet women are still blamed for transmission (the local Thai expression for STDs is 'woman's disease').

Another example of positive activities are those undertaken by Gabriela, a national coalition of Filipino women's groups. This group has been involved in demanding the dismantling of US military bases in the Philippines and the compensation by the US government for 'hospitality women' infected with HIV. They have drop-in centres and provide information and education for sex workers. They also have formed a Task Force on AIDS to do advocacy work and attempt to educate people in the media and
general public about the problems of AIDS in particular and the sexually prostituted in general.

In Zimbabwe a group of women have formed the Women's AIDS Support Network. The Network aims to make AIDS a concern for all organisations working with women in the country and to help women gain confidence to fight AIDS in a society where they have little control over the sexual behaviour of men.12

**AIDS in children**

As the number of women infected with HIV increases so will the number of children being born with HIV. While abortion may be an option for infected women in some developed countries, in many countries in the developing world having children is an important part of life for a woman. 'The HIV positive woman must balance the chance she might infect her baby against the possibility that her husband might leave her if she refuses to give him children.'23

**Orphans**

An added dimension to the problem is that of the social and economic consequences of AIDS which are now becoming evident in areas of high prevalence. One of them is the increase in the number of orphans. Precise figures are difficult to come by and there are problems of definition, but an increase in the number of orphaned children has been reported from parts of Uganda and Tanzania.23

Mission hospitals in the worst affected areas also report this and in some places the number of orphans is so large that it is difficult to envisage how to deal with the problem other than by creating welfare institutions.

One of the many issues related to orphans is that it usually falls on the extended family to care for these children. This burden of care has tended to fall on elderly grandmothers. It is difficult for elderly frail grandmothers to provide enough food and money for schooling. This is another issue in relation to women as carers and it is compounded by the loss of the main wage earners and its effects on family structures.

**Conclusions**

Some progress has been made on issues related to women and AIDS. Certainly, women's concerns have become an integral part of
the 'AIDS agenda'. In practice though, gender biases still permeate health policies in general and AIDS 'health messages' in particular. The links between AIDS and poverty are evident and poverty continues to affect women most severely. Prostitution continues to thrive, not usually from choice, but as a means of survival in an increasingly difficult economic situation.

At the same time women have organised themselves, and will continue to do so, in attempts to improve their (and their children's) situation. The solutions are not easy and daring thinking will be required of those involved in trying to find some. Let us hope we are up to the challenge.

References


5. Ramos S, 'Um Rostro de mulher', magazine article.


Claudia Garcia-Moreno is a Health Adviser for Oxfam, covering Latin America and Southern Africa. She has particular responsibility for AIDS work and policies and is interested in women's issues. She has experience of primary health care (PHC) in Mexico and Africa.
How do girls, here in Rio, become prostitutes?
Well, most are already prostitutes. As soon as the girl begins to
grow breasts she is put out by the family as an aid to family income.
There then comes a point when the young girl has had enough of
handing over her money to her father, and she leaves the family and
travels by hitching lifts, using prostitution as a means of paying her
way.

Most prostitutes start at 12 or 13. I started when I was 25, so my
reality was different. I'm white, urban and educated, but most
prostitutes are uneducated, they are from the north east or they are
black. Their options are prostitution, domestic service or unskilled
factory work. In areas of high unemployment the last two options
are only for a few.

If a family has got two daughters, one will be sacrificed to
prostitution and one will be saved for marriage. The earnings of the
one will pay the dowry of the other. The mother accepts this
because the man says so: this is the basis of family life, especially in
the north east. Attitudes have not changed much there, the father
controls the income which comes in. Prostitution cannot be seen in
isolation. For example, if there is no land reform, people have no
other option for survival.

There are also the street children to consider, born in the streets
and abandoned. The girls, when they reach adolescence, that is, 10
to 12, have no other option but to survive. They might well have
been thrust out of the house because they were pregnant. People say
now there are 10 million street children; in a few years, with this
economic situation, there might well be 25 million.

Could you explain what your organisation is trying to do?
The National Collective of Prostitutes is the likely name for our new
organisation. It will be independent of the church and have local
associations. There are three main questions we are looking at: first, how to work with young girls? You cannot say ‘don’t become a prostitute’ unless you have other options. Children of 10, 11 and 12 are prostitutes and they have not the least idea about sex or biology. Girls get pregnant and they don’t know how because they know nothing whatsoever about their bodies. When we go to the children’s organisations and work with street children and say one of the most important things is to stop these children becoming pregnant, they give no support because they think we are supporting prostitution. Such institutions as UNICEF work with the boys but they don’t know what to do about the girls. They ignore them. When the police pick up young girls they take them to Funabe, the state reform schools. To survive in there they become prostitutes of other girls, often without any conception of what sexuality is. When they are released most will return to prostitution and set up with another woman in a sexual relationship where the other woman is dominant. The most important thing is that these children need to have access to information. The most important thing is that they should learn to read and write. Then they are given information so they can control their lives more.

Second, what to do about old prostitutes? Prostitutes in the city can often work until they are about 50 because clients often feel that a more mature woman has more patience and experience and is less likely to pass on VD. After that their options are that either they manage to get a pimp and that the pimp won’t work them as a prostitute, or they become domestic servants in the houses of prostitutes. Their other option is begging. They are not recognised as citizens therefore they have no rights to old age pensions. Maybe we will be able to create our own but to do so we have to have at least 10,000 paying members to make the scheme viable. Or maybe it will be possible to campaign for changes in the pensions legislation.

Third, drugs. This affects the mental capacity of the user and quite often a person is out of her mind by the age of 50. There is no work being done through the health system.

**What is the legal status of your association?**
The law in Brazil is based on the thesis that prostitutes have to exist, to protect the virginity of the daughters of the country. It seems to embody ideas from Greek philosophy that prostitutes are the drains
of society that allow men to purge what is bad! However, to live off prostitution by pimping is a crime. The association could be seen as living off the earnings of prostitutes and so be against the law. So the association is working with the Association of Brazilian Lawyers to research case law. Until we have the case law to defend the legality of the association, local associations will call themselves 'the association of Maria da Fe'. This comes from a Bahia book called Viva Polvo (the life of the people) and is one of the characters.

Legal status is vital so local associations can have autonomy and seek funds, and, on the other hand, because there is nothing in the new constitution about prostitution. Having legal status will allow us to call for reforms in the law.

**How is prostitution organised in Rio?**

There are three classes of prostitutes. First, in the massage parlours; second, in night clubs and striptease joints; third, on the streets. Although pimpage is illegal, it exists. Some of the pimps are 'cafitineas', they are women, ex-prostitutes who have saved money to buy a patch. The relationship between them and their prostitutes is not bad. Indeed, many participate in the prostitutes' movement. They provide us with food and sandwiches at meetings.

The most difficult case is the massage parlours where we have no access. We can only wait for these people to come to us. The prostitutes there get more money, a lot more sometimes, but their professional life is very short and they are forced to take drugs. Drugs are used to make the woman more active, they are stimulants. They use cocaine and appetite suppressors. The whole network is controlled by a Mafia-like group who fund it through an illegal but very popular lottery. The only way for a girl in one of these places is down, to the streets. In Sao Paulo prostitution is like gold and it is controlled by a Federal Deputy.

Outside the zones ('Red Light' districts) controlled by female pimps there are women who work on the streets and there are men who control the area and who will have four or five women under their control. He provides some protection and care to all the women — indeed, it is an exact parallel of many middle-class marriages where the man controls the woman and has her as a consumer durable.
How much do prostitutes earn, on average?
The amount of money paid relates to the client and the type of service. But if the prostitute is lower class and has one client she will gain 600 cruzados or 18,000 cr a month. But they will have more than one client. Of course that is vastly more than the minimum salary of 8,700 cr a month. Remember, most domestic workers get less than the national minimum wage per month, and domestic servants are treated like dirt. In the interior of Minas Gerais a servant gets just 100 cr a month.

The average number of clients for most prostitutes is five a day but it can be ten a day if she works hard. She will usually charge 650 cr and 50 cr will go to the pimp. If there are no clients she does not have to pay the pimp anything. At the night club level the price is 3000 cr per client. But, she has to pay for the drinks the client has, to keep the club turnover up. They would then go to some hotel. Some let them stay free, some charge. Prostitution isn't necessarily a full-time job. It depends on the person and the shifts they are working and their financial obligations.

As for the clients, it is very rare for them to marry a prostitute. A client wants a prostitute for very clear reasons. The saint of a woman at home, who is the mother of his children, is one thing but the prostitute acts out all his desires and fantasies.

Do you have problems with the police?
They extort protection money and beat up and arrest prostitutes. The main violence is from the police. In a recent case someone in Bahia was picked up, tortured and killed. Prostitution itself is not illegal. It is the police attitude that creates a feeling among prostitutes who don't know the law or know their rights, that they are acting outside the law. They believe that they are criminals and the police take advantage of that and feed that fear. The police do not extort money from pimps, who really are acting illegally. The going price for payment to the police is 200 cruzados a week. If you don't pay you get picked up, but as you can't be charged with a crime, except maybe not having a proper ID, you get taken down to the station, you are forced to have sex and you are released when they have finished with you.

I was doing a TV interview in Sao Paulo when the police had just doubled the rate to 400 cr a week and I denounced it. The prostitutes were very angry with me because they said the police
would come down on them heavily, but I explained the payments were not necessary and now because of the publicity the police have stopped demanding this much.

**What is the attitude of the church to prostitutes?**

To the church a prostitute is a *minina*, a girl. The church does not see that the options for a poor woman are to be a domestic servant or a prostitute. It is much easier for the church to evade that utterly. The church has never complained against, for example, police violence against prostitutes. If the church accepted the rights of prostitutes it would be seen as promoting prostitution. Prostitutes, to the church, have no rights. They are victims, there to be helped.

**What are the main problems prostitutes have with their health?**

One is TB. Also, many take a type of penicillin as a preventative measure against VD. Regular use of this builds up a resistance to antibiotics and weakens resistance to disease — at least that's my theory built up from my experience. People are then more susceptible to TB caused by malnutrition, and lack of sanitation.

Prostitutes have no access to health services. You can only go to a private doctor if you have any money. Otherwise, if it's a grave case, you have to go to the public clinic which is awful. Public hospitals will treat anybody whether or not they've paid their health contributions but they are under-equipped and understaffed.

Now we have a health project but we get no support from the State. We said 'there's already a health post but it doesn't treat us, we've no stamps. The public clinics come only maybe twice a week and you have to queue all night to have a chance of seeing the doctor.' When we did research into the history of prostitution in our area, we found that records show that prostitutes are seen as a health risk, transmitters of the plague, TB, syphilis — and now AIDS. That's the official attitude — that we're a health hazard.

**What is the situation with regard to AIDS?**

Official bodies, society, attempt to define it in terms of groups of people; prostitutes, homosexuals, the promiscuous, drug users. The political question is, what about the people who frequent prostitutes? They are not regarded as a high risk group. AIDS strips bare the questions of the totally inadequate health services, the
blood banks which are run by a private Mafia, the government propaganda which spends millions on a national campaign and nothing on research. And it strips bare the hypocrisy and prejudice of society. Sure, AIDS kills, but so do many other things. Prostitutes have always been at risk of diseases and the government and health services have never lifted a finger before.

The number of clients has fallen off and women often insist on the use of condoms but the man often refuses to use one because it questions his masculinity. He says if he gets the disease it is the woman’s fault. He never regards it as him transmitting the disease. But of course, if a woman gets it, it’s from a man.

**What are your relations with the feminist movement?**

One of the main blocks which exists is between feminists and prostitutes. Feminists cannot accept prostitutes because they say prostitution exploits women and they won’t enter into a discussion of what it is. They regard prostitutes as downtrodden women with no rights, by their very occupation. To overcome this is a fundamental thing. An examination of attitudes to sex and the hypocrisy which governs the laws on sexuality must include feminists among the hypocrites.

When I left prostitution I realised that the middle class feminists found great difficulty accepting my way of life, behaviour and history. As Proust said, ‘I consider my enemy anyone who wants to control my liberty’.

**What are your hopes for the future?**

Now, as a prostitute, a woman has no human rights, they have no access to what health services exist and they are subject to arbitrary violence by the police. In an ideal world, unions of prostitutes would be accepted, but then we would be well on the way to the end of the reason for prostitution. In such an ideal world every worker could put his hand on his heart and say ‘I am a prostitute’ and every prostitute could say ‘I am a worker’.

Gabriella Leite, a prostitute in Rio de Janeiro, was the inspiration behind the founding of the National Collective of Prostitutes. She formerly worked with a church organisation which assisted prostitutes.

*John Magrath is the Senior Press Officer for Oxfam.*
FEMININE PAIN

DAHABO ALI MUSE (SOMALIA)

(extract adapted from an English translation)

And if I may speak of my wedding night:
I had expected caresses, sweet kisses, hugging and love.
No, never!
Awaiting me was pain, suffering and sadness.
I lay in my wedding bed groaning like a wounded animal, a victim of feminine pain.
At dawn ridicule awaited me.
My mother announced: Yes, she is a virgin.

When fear gets hold of me,
When anger seizes my body,
When hate becomes my companion,
Then I get feminine advice, because it is only feminine pain and I am told feminine pain perishes like all feminine things.

The journey continues or struggle continues as modern historians say.
As the good tie of marriage matures,
As I submit and sorrow subsides,
My belly becomes like a balloon.
A glimpse of happiness shows,
a hope, a new baby, a new life!

But a new life endangers my life,
A baby’s birth is death and destruction for me!
It is what my grandmother called the three feminine sorrows. She said the day of my circumcision, the wedding night, and the birth of a baby are the triple feminine sorrows. As the birth bursts, I cry for help, when the tattered flesh tears. No mercy, push! they say, It is only feminine pain!

And now I appeal. I appeal for love lost, for dreams broken, For the right to live as a whole human being. I appeal to all peace loving people to protect, to support and give a hand to innocent little girls who do no harm, Obedient to their parents and elders, all they know is only smiles. Initiate them to the world of love, Not to the world of feminine sorrow!
OVERCOMING THE BARRIERS: WOMEN AND PARTICIPATION IN PUBLIC LIFE

EUGENIA PIZA LOPEZ

In Costa Rica, women have played an important and sometimes decisive role in grassroots organisations; demanding services in the urban neighbourhoods, land in the rural areas and general improvement of their conditions at national level. However, their contributions and their right to lead struggles for change have not been recognised, nor has the need radically to transform the political agenda by giving women's issues their rightful place.

A participatory research project was set up to explore and raise awareness of women's marginalisation. Its objective was to strengthen the women's groups and organisations and enable them to identify the barriers they faced to full participation in the process of social change, and devise strategies for action.

At the time (1981-4), the quality of life in Costa Rica was deteriorating. The national debt was one of the largest per capita in the world. Economic packages negotiated between the government and the International Monetary Fund (IMF) resulted in radical cuts to state services. Politically, the climate was one of tightening control and restriction of the 'democratic space' available to organisations, especially labour unions and peasants' organisations. Barriers to women's participation had to be seen and addressed in that context, with the added dimension of the demobilisation and co-option on the part of the state of many grassroots organisations.

Methodology

The researchers/facilitators worked with women from three ethnic groups and from three sectors: urban poor, small farmers and landless peasants. The women all belonged to some form of organisation. These included small productive co-operative groups, community groups aimed at demanding community services, and trade unions affiliated to political parties. A few of the women participated fully in their groups but many had only a nominal degree of participation, with little or no access to information or decision making.
The women lived in very bad conditions, in one or two-roomed houses for an average family of six, with very poor provision of basic services. Two-thirds of them were married, and the remainder were heads of households. Alcoholism was common among the partners, who were in most cases under-employed with very low salaries, or unemployed.

The research project was a participatory one, over a three year period, which combined gathering data with consciousness building, and the women worked on and analysed the information themselves. The process was an integration of theory and practice, and enabled an understanding by women of the situation of women, starting from their everyday life and moving towards their wider environment of family, community, region and nation.

The first stage of the research consisted of intensive life-story interviews, where the women shared their personal experiences and reflected together on women’s condition. The most significant factors preventing women's participation were identified, and guidelines for discussion were drawn up. Then, focused group discussions were held with 250 women in 12 groups, and the research team introduced the use of popular education techniques. Every theme was addressed through activities such as drama, music, mime, drawing and role play, to encourage women’s creativity and allow a sharing of feelings, experiences and problems. The analysis was on two levels; feelings and emotions, and the interaction between women’s experiences and their wider environment (family, community, organisations). By discussing the obstacles to participation, and working together to produce leaflets, films, radio programmes, songs and comic strips, the issues became clearer and better understood by all involved. The women took the message back to their husbands and families, organisations and political parties. Finally, the whole experience was evaluated and strategies developed to introduce the issues to other communities and grassroots organisations.

**Domestic work and family responsibilities**

Women have three distinct roles in society. These can be described as reproductive (everything that is necessary for reproduction of the work force), productive (producing goods and services as part of the work force) and community management (the tasks necessary for maintenance of social relations). The work performed by women at home has social, economic and political relevance, and yet it was
hardly recognised as work, or seen as important, by women themselves, male relatives, or society as a whole. Women, whatever their class, assumed responsibility for tasks such as cleaning, cooking, shopping, and looking after their children, husbands, etc. They also played a key role in transmitting the culture, socialising children and caring for the ill and elderly. Domestic tasks were very varied and demanded constant attention. The total time spent doing domestic work was the same as, and sometimes more than, the time spent in income earning activities.

For poor women domestic work was particularly labour intensive and carried out under very difficult conditions i.e. no piped water, no electricity, no labour saving devices. Economic adjustment had worsened the situation; women had to increase the scope of their tasks and take on an even heavier work burden at home in order to fulfil needs which could no longer be met in other ways.

The double working day

Women had to carry all these domestic responsibilities whenever they participated in the public domain, be it in paid jobs, community organisations, or political parties. Women of the poorest groups did paid work as a result of economic pressures but found themselves discriminated against and facing opposition from their partners and other members of the household. Most were seriously overworked and tired — in practice, a woman’s average working day was 14 hours, sometimes up to 17 — and they had little time to take part in other activities and/or participate fully in community organisations.

Involving others — especially the men — in the domestic work of the household and/or demanding the creation of services at the national level, such as creches and communal kitchens, were not seen initially as options by the women. They did not see the possibility that the state might be obliged to assist in alleviating women’s burdens. Instead, they suggested that in order to participate more fully in community or political organisations they should organise themselves better, or cut down the hours spent on paid work, neither of which were really feasible. The research process enabled them to see the importance of demanding services directly related to their ‘reproductive’ role, especially creches and launderettes.
Women in paid jobs

There has been an increase in the number of women in paid work in Costa Rica in the last 30 years, but their jobs are mostly low paid, without social security and seasonal, and mostly in the informal sector of the economy. In the context of the economic crisis this situation worsened.

In the urban areas, women’s opportunities for employment were limited to domestic work for others, petty trading and, in some cases, factory work. Young women found employment in Free Trade Zones (FTZs) in unstable jobs with very exploitative working conditions. For the few women in income generating projects, cooperatives or self-managed enterprises, although their incomes were very unstable, working conditions were a little better. They had more flexible working hours so that it was easier to cope with their double working day. In some cases they could bring their small children to the workplace.

In the countryside women were agricultural workers involved in food production. They provided cheaper labour in harvesting cash crops. Skills traditionally related to domestic work, such as weaving and pottery, were used for small-scale production and petty trade.

The changing structure of land ownership had important effects on women’s employment. Large sections of the land had been taken from small land-owners as the expansion of latifundios (large estates) took place, and the peasant economy thus lost its subsistence base. The result was a process of proletarianisation of the peasant household, with rural-urban, rural-rural migration, mainly of males, to find paid work. Women were increasingly becoming heads of households. Women, too, joined the agricultural labour force, employed mainly as ‘agricultural worker helpers’, which in practice meant that they got one-third less salary for performing very much the same tasks as men. The problems for women were lack of adequate skills, low literacy and the need to find a job which fitted in with their responsibilities at home. The work they did was often temporary, and always low paid.

Machismo

The existence of sexist cultural patterns in the educational system, the mass media, religion and other social institutions, created cohesive ideological and cultural pressures which limited the effective participation of women. These pressures were present in
political parties (across the political spectrum) and people’s organisations.

*Machismo* exists across the whole structure of society and influences the law, social norms and attitudes, social and economic activities, cultural forms and personal relations. It affected the sexual, procreative, working and emotional life of women and determined the relationship they had with their partners, the relationship between the man and his family, and the expression of sexuality between the couple. Domestic violence was widely prevalent.

The unequal personal relationships between men and women reinforced women’s feelings of insecurity. They asked their husband’s permission to go out to work, meetings or other social events. They tried to avoid the public sphere to ‘avoid problems with the *companero* (partner) in front of the children’. They saw these problems as individual and not social.

**Women’s perception of themselves**

In the analysis of the obstacles to participation faced by women it was important to consider their self-image. The way in which women valued themselves was a reflection of their social and economic situation.

Even after recognising the differences in the way in which women perceived themselves, common patterns emerged which crossed geographical and ethnic divisions. The most important issue related to the problems and difficulties that women faced in fulfilling their roles as mothers and carers, at the same time as meeting their economic and community responsibilities. The concern about the well-being of their children permeated every aspect of their lives. It was present in their relationships with their partners, when they were working outside the household and particularly when they were involved in activities which did not bring an immediate income to the family. When they went out to work, in many cases they had to leave the children on their own or with the eldest daughter (sometimes as young as seven years old). They did not have enough time to spend with their children and they felt too tired to play and have fun with them. This made them feel guilty and prevented them from spending enough time in community organisations to take an active role in decision making.

Women expressed their frustration at not being able to realise
their full potential. Because they did not finish their primary education, but married and started to have children ‘too young’, they felt that their choice of work was very limited and that they did not have opportunities to realise themselves through other activities.

The psychological consequences of their workloads, especially the domestic work, should not be underestimated. Tiredness and frustration at not being able to ‘realise their dreams’, isolation, and their limited ability to participate and gain recognition in the public domain, produced frustration and demotivation.

The character of organisations in which women participated

The women involved in income generating schemes expressed the importance of this in enabling them to obtain some economic independence. However, because these schemes were very often set up without proper marketing research or strategies, and with no training in accounting and management, they tended to fail, leaving the women disappointed. Failure was often seen as personal, due to lack of skills and education, and not as structural. This had a negative effect on women’s involvement in the public domain. After economic failure came withdrawal from other forms of community and/or political organisations.

In community organisations, women took part in mobilisation and everyday activities but had no control over decision making and direction. However, collective experience provided a space for women to develop confidence and understand their rights within the organisation. They needed to develop leadership, public speaking, and organisational skills.

Although women from the cities and the Atlantic zone recognised the importance of unionisation, they questioned the effectiveness of the unions to meet women workers’ needs. This was due to a number of factors. Firstly, women were employed mostly as temporary or home-based workers or in FTZs, and to organise a union in those conditions was very difficult. Secondly, unions were strongest in sectors where women were not employed. In addition, unions saw their main role as negotiators for improvements in safety conditions and salaries; while women felt that their immediate needs were for creches in the workplace, flexitime, enforcement of maternity leave provisions, etc. Women had little
opportunity to assume leadership roles within unions, both because of their double working day and because they met overt opposition from male leaders and members.

Women who participated in left-wing political parties were more aware of national issues and were able to identify their social and economic problems and see possible solutions. However, their participation at local level and beyond was restricted, and their political work never focused on women’s rights or issues affecting women’s development. Women’s main roles were preparation and distribution of food in meetings, leafleting, and attendance at rallies.

**Conclusion**

Through the analysis of the women’s everyday life it was possible to identify the roles they played and their relationship to society as a whole. Their particular needs, their values and their self-image were identified. By looking at the realities of women’s lives — heavy domestic work, low paid employment, the double working day, *machismo* — it was possible to identify with them the barriers to participation they faced. It was only when these barriers were recognised that work could be started to overcome them. It was a long process which still goes on. The transformation of unequal structures which discriminate against women is a difficult task, sometimes painful, sometimes rewarding.

_Eugenia Piza Lopez is the Gender and Development Unit adviser for Asia and Latin America. Her previous experience includes research on images of the Third World in the UK, work on popular education with Central American women and participatory research in Costa Rica._
FROM 'MOTHERS OF THE NATION' TO WOMEN IN THEIR OWN RIGHT: SOUTH AFRICAN WOMEN IN THE TRANSITION TO DEMOCRACY

SUZANNE WILLIAMS

The transformation of South Africa into a non-racist, unitary and democratic state has been the rallying call and stated goal of the progressive movements in the country for many years. The fight against apartheid and racism has been a long and distinguished one, not over yet. Only very recently, due to the pressure of women's groups and some recognition of the importance of gender issues in the construction of a democracy, has the term 'non-sexist' been added to the list of aims of the struggle. But as groups and organisations, moving the emphasis from struggle to reconstruction and development, redraft their agendas, what place on them will be given to the realisation of a non-sexist society? The struggle for national liberation in South Africa has always been defined by race and class: gender inequalities have taken second place, and raising gender issues is often considered to be premature, and divisive. The place of woman has been to remain alongside her man, supporting him in the struggle, participating in the organisations, serving time in detention — but also almost exclusively responsible for the maintainance of the social fabric of home and children in the face of the terrible destructiveness of the apartheid system.

'The mothers of the nation', said Oliver Tambo, President of the African National Congress, the ANC, in 1987, 'the womenfolk as a whole, are the titans of our struggle... One of the greatest prizes of the democratic revolution must therefore be the unshackling of the women.' The ANC is committed to the emancipation of women in the new South Africa, and in August 1990 the ANC Women's League was relaunched in the country. But women are no longer content to be the mothers of the nation, the wives and daughters, defined by their relationships. Exiled ANC women said to Speak magazine on their return to South Africa: 'We must not assume that every woman is a wife or mother, or that she intends to be a wife or
mother. This is a weakness, arising from our tradition. We need to address attitudes...’ (Speak, no.30, 1990).

The legacy of women’s subordination in South Africa is, some activists argue, even more difficult to deal with than the legacy of apartheid. Women from the Rape Crisis group and shelter for battered women in Cape Town, interviewed for ‘Women Speak’, a documentary video on South African women made by the producers of Speak magazine, said: ‘It will take a lot longer to get rid of sexism than to get rid of racism, because there is a contradiction in the way people think. People of course reject assertions of black inferiority to whites — and yet will assert that women are biologically inferior to men.’ The subordination of women — exemplified in traditional practices such as the payment of lobola (bride price), and polygamy — preceded the apartheid system but was immeasurably exacerbated by it and is inseparable from it. Gender oppression cannot be detached from other forms of oppression, and women in South Africa today insist that it has to be tackled as part of the process of national liberation, and not left until ‘after the revolution’.

‘In South Africa we find very stark examples of how different kinds of oppression are related to one another. The apartheid system has operated to discriminate against people classified as non-whites, and in so doing has less obviously bolstered and legitimated discrimination against the poor and against women — particularly poor black women, who are at the very bottom of the pile. Brittan and Maynard... discuss how different forms of oppression are, in a sense, modelled on each other, using very similar mechanisms — “the oppressive practices which occur in one sphere are never entirely encapsulated or constrained within that sphere alone”. One kind of oppression serves as a model for other kinds.’(Segar and White, in Agenda, No.4, 1989).

This article gives an account of some of the achievements of women’s organisations in South Africa and their plans to overcome the enormous obstacles faced by women in their struggle to ensure that a non-racist, unitary and democratic South Africa will be non-sexist as well.

Much of the material for this paper is gathered from the popular educational women’s magazine Speak, which has a female and male readership of some 10,000. Shamim Meer, founder-member of Speak collective, was interviewed for her views on some of the issues.
I asked Shamim whether she thought democracy would bring equal rights for women in South Africa.

'We know that it won't be realised automatically, because democracy doesn't always include women's rights. But women's issues are not something you attach or leave out, they are an integral part of democracy or socialism. This idea is taking a long time to be accepted in South Africa. So women will have to continue the struggle for a long time still.'

The 'Titans of the Struggle'

Women have been central to resistance to apartheid from the beginning, although their own initiatives were not always given due recognition. In 1913 women launched a protest campaign in Bloemfontein in the Orange Free State against the pass laws, which controlled the movement of blacks in and out of 'white' areas, being applied to them. Their campaign led to the formation of the Bantu Women's League — the first national organisation of black women. Yet women were not allowed to become full members of the ANC, founded in 1912, until about 30 years later. Through these years women continued to mobilise against pass laws, and the local bread-and-butter issues that affected everyone's lives. Finally, in the forties in a climate of mass mobilisations, women were accorded full membership of the ANC and in 1948 the ANC Women's League was founded. Women from the League were instrumental in setting up the Federation of South African Women, FEDSAW.

In 1954 a conference bringing together women from all over South Africa, from trade unions, township and community organisations, Congress (ANC) organisations and any women's groups able to send a delegate, founded the Federation of South African Women, FEDSAW.

FEDSAW broke new ground as the first national women's organisation open to all races. The founding conference adopted a Charter of Women's Aims, which, while demanding equal rights with men in relation to marriage, children and property, full opportunities and equal pay at work, and the strengthening of women's participation in trade unions and people's organisations, nevertheless refers to women predominantly as wives and mothers. The Preamble reads: 'We, the women of South Africa, wives and mothers, working women and housewives, hereby declare our aim of striving for the removal of all laws, regulations, conventions and
customs that discriminate against us women...’ The third section, Women’s Lot, opens: ‘We women share with our menfolk the cares and anxieties imposed by poverty and its evils. As wives and mothers it falls upon us to make small wages stretch a long way. It is we who feel the cries of our children when they are hungry and sick. It is our lot to keep and care for the homes that are too small, broken and dirty to be kept clean...’

Challenging men on the issue of law and custom, the Charter points out that large numbers of women are the breadwinners and heads of their families, and yet are given the legal status of minors. ‘This intolerable condition would not be allowed to continue were it not for the refusal of a large section of our menfolk to concede to us women the rights and privileges which they demand for themselves. We shall teach the men that they cannot hope to liberate themselves from the evils of discrimination and prejudice as long as they fail to extend to women complete and unequaled equality in law and practice.’

Although the Charter as a whole was never adopted by the liberation movement, some of its demands and those of another FEDSAW document, the Women’s Demands for the Freedom Charter, were incorporated into the Freedom Charter. This document, drawn up by the Congress of the People, a meeting of nearly 3,000 delegates who gathered in Kliptown, near Johannesburg, in 1955, laid out the demands and aspirations of South Africans for peace and freedom in their country, and has inspired the liberation struggle for the last 35 years. The FEDSAW Women’s Charter too still stands today as an impassioned indictment of women’s position under apartheid and under customary law.

In August 9th 1956 FEDSAW organised a march of 20,000 women to the government buildings in Pretoria to present petitions signed by hundreds of thousands of women protesting at the extension of the pass laws to women. When the Prime Minister refused to see them, the women stood in silence for 30 minutes before singing the national anthem and a new song, whose refrain has become synonymous with the courage and resilience of South African women: ‘When you touch the women, you have struck a rock. You have dislodged a boulder, you will be crushed.’

This historic march, and the ensuing protest which spread all over the country, prevented the issuing of passes to women for
another seven years. The powerful emergence of women on this national scale was finally recognised as giving new strength to the resistance movement. In September 1959 when the ANC held a special conference, a bright red banner proclaimed *Makabongwe Amakosikazi* — we thank the women. (Bernstein 1975, p.49.) Then in the early sixties the state clamped down, banning the ANC, the Pan-Africanist Congress (PAC), the South African Communist Party (SACP), the Women’s League and other political organisations, and FEDSAW fell apart as its leadership was banned, jailed or exiled.

**The turbulent 1980s: women at the heart of the struggle**

Resistance went underground, erupting in the seventies in widespread strikes and the rise of the Black Consciousness movement, and in the 1976 Soweto uprising when a generation of black schoolchildren were catapulted into radical politics by the force and brutality of police reaction to their protests against discriminatory state education for blacks. This is often seen as the beginning of the South African revolution, which gathered momentum through the eighties in popular organisation and mass resistance. The State brought its full weight to bear on this new surge of opposition through successive States of Emergency, giving itself sweeping powers to carry out mass arrests and detentions, to control meetings and the media, and to maintain army troops in the townships. But although many organisations were again crippled, as in the sixties, by the removal of their leaders, the force for change was by now unstoppable.

In the late seventies and during the eighties women organised at every level, in local, regional and national groupings. Bearing the brunt of the turbulence of the decade, struggling to keep homes and families going in the face of the breakdown of schooling, violence on the streets, forced removals, and mass arrests and detention of children, they had to rely on support from other women. Women’s groups were crucial to the support of children being harassed and intimidated at school. Women were at the forefront of the rent boycotts, campaigns against high food prices, and issues around security in the townships. Women were, in every sense, at the very heart of the struggle.

The United Women’s Organisation (UWO), formed in 1981, played a key role in the formation and launch of the United Democratic Front (UDF), the major oppositional force of the decade
to which over 800 progressive organisations were affiliated. UWO broadened its base to become the United Women’s Congress (UWCO), and other regional organisations were set up: the Natal Women’s Congress (NOW), the Federation of Transvaal Women (FEDTRAW), while FEDSAW became re-established in the Cape.

Through the eighties women also became an increasingly active force in the trade union movement. Individual unions and the major trade union congress (COSATU) developed into formidable opponents of the apartheid regime. The strength of their political muscle was measured in May 1987 when an estimated 1.5 million workers responded to the call for a two-day strike in protest against the parliamentary election from which unenfranchised blacks were excluded.

The trade union movement is dominated by men, with few women in leadership positions. ‘Women have had to fight every inch of the way, and still fight every day for their space in the unions,’ says Shamim. But women have won some significant improvements in working conditions from within their unions and with the support of their male colleagues.

The campaign to press employers to provide PAP smears, tests to detect early signs of cervical cancer, for their female employees was started by the Chemical Worker’s Industrial Union, which has a female membership of only 6 per cent. The Commercial Catering and Allied Workers’ Union (CCAWUSA) has a predominantly female membership, and represents some 70,000 workers. It pioneered agreements on maternity rights, which have subsequently been won by other unions for their workers.

The South African Domestic Worker’s Union (SADWU) represents almost a million domestic workers, the vast majority of whom are women, highly exploited by low pay and arbitrarily defined working conditions. Hidden in white homes, and unprotected by labour legislation, they can be subjected to every kind of humiliation, violence and sexual abuse. SADWU demands an end to child labour, and formal contracts from employers for domestic workers. These should cover a minimum wage, set working hours and sickness, pension and unemployment benefits. SADWU has the almost impossible task of trying to persuade employers to agree to these demands. However, public campaigns for just working conditions have strengthened the hand of domestic workers, while SADWU continues to fight for their legal protection.
In September 1990 COSATU organised a day of action on which thousands of workers took their children into work with them. This launched the National Childcare Campaign, which demands parental leave for childcare, creches, and childcare allowances for unemployed workers, and which aims to get childcare demands included in the 'living wage' negotiations at plant and national level. 'I think that today's action will lead men to be more interested in our kids in the future,' said Templeton Namdo of the Transport and General Workers' Union. 'As men we don't know how to raise children. We have a lot to learn.' (Speak, no.32, 1990.)

Women have also begun to organise separately within their unions, setting up branches where women can gain confidence, leadership training, and discuss issues which it is difficult to get on the agendas of general meetings, such as maternity leave and PAP smears. 'We hope that women's branches will train women to talk more in general meetings of the union. At the moment they don't speak so they are not selected as shop stewards.' (Refileo Ndzuta in Speak, No.29, 1990)

Towards the end of the eighties international political pressure, sanctions, disinvestment, and the military defeat which led to the independence of Namibia, all contributed to the weakening of the South African State, forcing it to begin negotiating with the opposition for peace. In February 1990 the ANC, South African Communist Party, and other political organisations were 'unbanned', Nelson Mandela was released and the tide had irrevocably turned. While the basic pillars of apartheid are still in place, and the country is racked by violence generated by white and black reaction to the negotiations between the government and the ANC, progressive organisations throughout South Africa are planning for the construction of a new democratic order.

**Into the nineties: women's issues in a new South Africa**

What are the issues that women have to address as they come into the nineties, into a climate of hope and fear, into the social and political turmoil which is the legacy of apartheid? Shamim Meer, of Speak: 'Although general political harrassment and detentions continue and we don't have real freedom to act yet, there is more space and openness to organise and get together and plan our activities. In the homelands women's groups are able to operate more openly. We are
moving our focus from struggle to transformation and development, and women need to be prepared for this. They need information in order to be able to make judgements and decisions, about the new constitution, for example. And to understand the ANC’s policy statement on women and be able to contribute to the ANC Women’s League proposed charter of rights.’

With the relaunch of the ANC Women’s League some of the regional women’s organisations opted to dissolve in order to set up its local branches. Others, such as FEDSAW, may continue to exist under a planned broad alliance of women’s groups, which are to include church and union-based women’s groups and organisations outside the ANC like the Black Sash. Founded like the ANC Women’s League in the forties, the Black Sash was until 1963 a white women’s organisation, set up in protest against apartheid laws. The Black Sash now has a vast network of advice offices all over the country and performs an invaluable service to people struggling under complicated apartheid legislation and fighting forced removals. One of the ANC Women’s League’s first campaigns will be the canvassing of women’s views and demands all over the country as groundwork for drawing up a Women’s Rights Charter, to be part of the ANC’s constitutional proposals.

Other major issues for women to tackle in the nineties, according to Shamim, are illiteracy, the need for broader skills training, affirmative action to ensure women take up leadership roles in political organisations, the continued need for women to organise separately from men to understand their own oppression, and poverty, particularly amongst rural women. At the Malibongwe Conference in Amsterdam in January 1990, organised by the ANC Women’s Section, where women from within and outside South Africa met to discuss contemporary women’s issues, a resolution was passed to set up a trust fund to raise money for education and skills training for rural women.

**Rural women — at the bottom of the pile**

Almost 60 per cent of all women live in the rural homelands or bantustans, the areas designated by the South African government for the black population, and into which millions of black South Africans have been forcibly dumped, removed from their homes in land reserved for whites. At least 60 per cent of households are women-headed. Here the responsibility for shelter, food and
children is borne entirely by the women: men, migrant labourers in the towns, are only occasional visitors.

Conditions in the impoverished homelands are desperate: only the most rudimentary schooling and health services exist and there are almost no opportunities for women to earn money to supplement the uncertain remittances from husbands or fathers of their children. Sometimes the meagre pensions paid to old people are the only source of income to family groups, and even these payments are subject to corrupt or inefficient administration. Poverty-stricken women in the homelands form a reserve army of labourers, for homeland industries or seasonal and casual agricultural work. They are unprotected by labour legislation, and wages and working conditions are appalling, but the only other choice is to eke out a miserable living by brewing beer, selling vegetables or making brooms or baskets.

On white farms, women are the most vulnerable in the most exploited general category of South Africa's workers. Farmworkers, like domestic workers, are almost entirely unprotected by labour laws, some living in semi-feudal dependency on white farmers. A woman's right to remain on the farm usually depends on her husband, and her labour may be required as a domestic servant or seasonal worker, as a pre-condition of her husband's employment. This work is sometimes unpaid. On average women farmworkers work 60 to 70 hours a week. When they are paid, it is less than men for the same work, and their children are expected to work without pay. In addition to heavy farmwork, women work the usual 'double shift', fetching water and firewood and carrying out all the domestic duties of cooking, cleaning, and taking care of the children within their own homes. Child labour is common, and sexual exploitation of women and young girls widespread, at the hands of male workers as well as white employers. (Davies 1990, pp.24-29 and Vukani Women's Collective, 1985).

Training women for the future
The Grail, based in Johannesburg and staffed by Catholic lay-workers, is one of many organisations working with women in community level projects. The Women's Leadership Training courses were started in 1985. 'Competent, informed women are badly needed to help build a new South Africa, based on the values of care and concern for all citizens, meaningful work as an essential
part of a thriving economy and the promotion of equality and basic human rights for both men and women and care for the earth as the primary source and sustainer of life.' (The Grail, Work Proposal 1990). For the past two years the Grail has concentrated specifically on gender issues, through courses on health, literacy and basic economics. The group is one of the few working with teenage girls (60 per cent of the population in South Africa is below the age of 20) and runs agricultural and production co-ops for rural women, as well as Woz'Obona, an early childhood learning service group working with predominantly rural pre-schools in the Transvaal and the Transkei.

Another church organisation working with women in training, education and economic projects is the Christian Women's Movement (CWM). Mary Mkhwanazi, CWM General Secretary and for many years regional organiser for SADWU, outlined her perception of some of the issues facing women. 'We must have equal opportunities in work, and equal pay for equal work. Women must be able to own property in their own right, not through their husbands. There must be provision for women to decide about issues like abortion. Shebeens [backyard bars, usually run by women, selling home-brewed liquor] are open 24 hours a day and cause problems for families. The men spend all their money there. These should be legalised, with restricted hours. Violence is a terrible problem. It is now spilling over into local projects and the work can't progress. I say to the women in our groups, and churches: “Our children are being killed by our husbands. As Christian women, what can we do about it?”'

Women and township violence

The violent clashes between ANC/UDF supporters and members of the Inkatha movement of the Kwazulu leader Chief Buthelezi have cost thousands of lives over the past few years, and continue unabated, particularly in Natal and in the areas around Johannesburg. While political solutions are being sought to the problem, women have tried to organise meetings between Inkatha women and ANC women to work on reconciliation at community level. Women are particularly affected by the widespread destruction of homes. A member of the Natal Organisation of Women (NOW) interviewed on Women Speak said: ‘As is usually the case, women are the ones who are faced with the responsibility
of bringing about stability in the home, bringing about a situation where there is some kind of security, finding accommodation, feeding the children and things like that. This becomes increasingly difficult in situations of conflict because it means that the meagre resources that you had access to before the conflict situation have been dispersed or totally taken away.' The majority of the refugees fleeing from the conflict in the Pietermaritzburg area in 1988/89 were women and children.

Violence against women

Violence against women, rape, and sexual harassment are issues which have only recently been brought into the open, and women are struggling with them through women's groups, from within their trade unions and within the political organisations. Both white and black women are the victims of sexual violence, but black women are far more vulnerable. According to the Project for the Study of Violence, based at the University of the Witwatersrand in Johannesburg, white anger and fear after the release of Nelson Mandela led to an increase of attacks on domestic workers; black, female and at home they are easy targets for white aggression. The Project sees this as an extension of the extremely high level of intra-familial violence and killings in poor white households, where women are invariably the victims.

Rape Crisis in Cape Town, and People Against Woman Abuse (POWA) in Johannesburg both run shelters for victims of rape and battering. There are now Rape Crisis centres around the country. While violence against women is part of the violence which pervades all sectors of South African society, rape and sexual harrassment of women are sometimes masked by both cultural and political attitudes. A student interviewed by Speak on rape in marriage said: 'Immediately a man marries a woman, he has a right over her. Since lobola (bride price) still exists in our country, and a woman appears to be a commodity, then when a man has bought that commodity, he has a right to have sex with her. He should not be punished for this.' (Speak, no.26, 1989.)

'POWA believes that progressive organisations have a role to play in ending rape and violence against women. They say... these issues must be raised in our organisations. Most organisations state in their constitutions that they are against sexism, but issues affecting women are not taken seriously. The issue of violence and
abuse of women should be put high on the agenda... rape and woman-abuse should be fought as seriously as racism is fought. Only in this way can we hope to end rape.’ (Speak, no.29, 1990.)

**Sexism at the centre: the most difficult challenge**

The exploitation of women within progressive organisations is a highly sensitive issue. The most controversial resolutions to be put forward at the 1989 COSATU congress dealt with sexual harrassment within COSATU and ‘bed politics’, where senior males in the union exploited new female recruits in casual relationships. When these relationships collapsed, the women often left the union. The resolution, put forward by the TGWU, called for ‘tighter discipline and that such discipline be part of a proposed code of conduct’. (Agenda, no.5, 1989.) The resolution was not passed, as the issue was considered to be too delicate, but deferred for further discussion about a general code of conduct. The ANC has such a code of conduct, which mentions sexual harassment, and the National Executive Committee of the ANC has approved policy which condemns wife battering. (Speak, no.30, 1990.)

Almost equally controversial was the resolution which called for the promotion of women leadership within COSATU. After much heated discussion, this was passed, with the recognition that factors preventing women from greater involvement in union business should be tackled. These included women’s sole responsibility for childcare and housework and the problem of the danger of taking public transport late at night after night meetings. The issue of women’s participation in progressive organisations is being taken up by the ANC Women’s League, which proposes affirmative action to achieve at least 30 per cent female representation in delegations and in leadership structures within the ANC. Returnee ANC exiles interviewed by Speak affirmed: ‘We have stressed there should be no token representation. A woman has to work three times as hard as a man to be his equal, because of women’s triple oppression. The ANC must work to improve women’s lives, so that women will be in a position to get the training and the skills.’ (Speak, no.30, 1990.)

1991 will be a critical year for women, as it will be for South Africa’s future. Activist women are under no illusions about the difficulties they face in the battle to establish the legitimacy of their demands. No longer content to put up with women’s oppression in the name of the greater struggle against apartheid, women face
strong opposition from men — as they do in all countries. A strong national women's organisation is recognised to be essential to give women the muscle they will need. As Firoza Adam, a delegate from FEDTRAW to a national women's workshop in March 1990 whose aim was to discuss the setting up of a national women's organisation, said: 'It is important for us now to unite women from all walks of life committed to a non-racial, non-sexist, democratic South Africa. Otherwise we could find ourselves in the same position as many other women from other countries in the post-liberation era. After having struggled together with their men for liberation, women comrades still found themselves in a situation where the position of women had not changed. We need to assert our position as women more strongly now than before and we can only do that effectively as one unified loud voice.' (Speak, no.28, 1990.)

'Women of my country, we are at war
Young and old, black and white
We are at war
The winds are blowing against us
Laws are ruling against us
We are at war
But do not despair
We are the winning type
Let us fight on
Forward ever, backward never.'

Gcina Mhlope

References


ANC, Women March to Freedom, London.


Bernstein, H. (1975), For their Triumphs and for their Tears, Women in Apartheid South Africa, London: IDAF.

Davies, W. (1990), We cry for our Land, Farm Workers in South Africa, Oxford: Oxfam.

Speak Collective, Various issues of *Speak* magazine, and video ‘Women Speak’.


*Suzanne Williams was born in South Africa. She joined Oxfam in 1977 as Deputy Country Representative for Brazil. Subsequently she was one of the founders of the Gender and Development Unit and its first coordinator. She is currently working as a freelance development consultant.*
THE CHANGING LIVES OF SOMALIAN WOMEN

RHODA IBRAHIM

Somali women in the rural areas

Somalia is a country where the majority of the people live in the rural areas and nomads live in a harsh and demanding environment. About 46 per cent of the Somalis are nomads, another 29 per cent live in the rural areas and the remaining 25 per cent are urban based.

Somali women play a significant role in Somali society; the division of labour is clearly defined and heavily weighted towards women. Traditionally, the nomadic woman milks the animals, processes the milk, feeds the family, and cares for and watches the livestock. She also collects firewood, cooks, feeds the children, cleans the house and washes the clothes and the utensils. It is her responsibility to weave the mats and produce all the craftwork related to the Somali aqal (home) from the outside coverings to the smallest milk-pot. The nomads move from place to place in search of grass and water and women have the heavy responsibility of arranging the transport, dismantling the nomadic aqal, and loading it on the back of the camel. Before they start moving, women check and count all the animals and collect all the other artefacts and utensils so that nothing is left behind. When they reach their destination, it is again the woman’s duty to provide the family with something to eat and drink, to erect the aqal, to check the animals and release the livestock for grazing. The husband only has to decide where to move, arrange additional transport from other families if they are short of transport camels, and build the pen for the animals.

In agricultural societies, women undertake local trading and other activities not related to their private household chores. During the farming season they help in land preparation, plant, weed, harvest, scare away birds from the fields, pack grain in sacks and store it in safe places. They carry the products to the market and sell them. Rural men may marry more than three wives in
order to gain extra labour for their farms.

The women in rural areas are economically weak and dependent on their husbands. Livestock is owned individually by the nomadic people. But women's ownership is dispersed through inheritance, since men and women never share inherited property equally, and so female ownership is marginal.

In order to gain small amounts of money for themselves, rural women trade and sell small things. There is a traditional way that women save money called *hagbad*; at the beginning of each week or month, each woman in the group contributes a certain amount of money and all the money is given out to one woman on a rotating basis. This system gives the women a chance to start a small business without going into debt and gives them a certain amount of financial independence.

A girl is directly under her father's authority and is his responsibility. If he dies or is away the control passes to her brother or the closest male relatives. Marriage is negotiated between her father and the groom's relatives, and responsibility for her then passes to her husband. A Somali woman is brought up from childhood to be loyal and obedient to her father and then her husband. All the decisions concerning her life must meet her male relatives' approval.

Polygamy is commonly practised by men. Islamic law lays down strong rules about the extent of this practice: only four wives are permitted and they must be treated on an equal basis. However, polygamy almost always results in insecurity, jealousy and instability among the women as men tend to assist the later wives and ignore the first. In Islamic societies, divorce is the inalienable right of the male. He can release his wife whenever he chooses without any justification.

In traditional Somali society, the ideal Somali woman is the one who performs her household chores well and bears many children, especially male. In some parts of Somalia it is common to refer to the newly born daughter as *rarey* meaning load carrier. Since women are not seen as decision makers, they are considered to be intellectually weaker than men. One unscientific Somali proverb says 'Kal caano geleen kas ma galo' which means 'the breast that holds milk could not hold intelligence'.

Barriers to women's development

The forces of change and blocks to change

The role of Somali women is slowly changing. One of the first influences was the liberation movement of 1943-1960. Although women were not allowed to participate actively in meetings and decision-making processes they joined the movement, became recognised as nationalists and played a significant role.

Urbanisation has been another major force for social change. Opposition to urban migration became strong when single women started to migrate. Females migrating alone are seen as a problem by both urban and rural men. All female migrants are branded as bad and loose, and sometimes their male relatives punish and repudiate them, as they are seen as a blot on men’s reputation. Branding female migrants as bad has been a strong weapon repeatedly used to discourage female migration. Men regard towns as a male world, which they control.

The adaptation of the written Somali language and compulsory education of 1972 and 1975 have provided a remarkable educational expansion in which girls participated. During 1974-1984, female enrolment in primary education increased and enrolment in secondary schools for girls increased from 17 per cent to 34 per cent. However, numbers of female students still decrease at higher levels of education and, especially in rural areas, girls traditionally spend most of their time from an early age helping their mother in household chores and caring for young brothers and sisters. This prevents many from attending school. Anyway, parents prefer to send their sons; many people believe that boys should improve their social status through education while girls improve their status through early marriage.

In town, there is now a network of family-centre schools run by the Women’s Education Department under the Ministry of Education providing non-formal education for women. They provide courses in such subjects as food, nutrition, health, sanitation, textiles and handicrafts. Women are also taking literacy classes to learn to read and write. Since education is intimately related to employment opportunities, many women also want to attend adult education classes.

In the debate concerning the effects of female education upon social change, great indignation is expressed against women who believe education means emancipation and equality with men. Some men attempt to solve this problem by marrying women with
little or no education whom they hope to impress and control by virtue of their superior station in society.

The impact of urbanisation

Traditionally, rural women know the number of livestock and size of land owned by their family. Urbanisation has made it difficult to know the wealth of their husbands. They rarely know their husband’s income as the man deems it a weakness if he tells his wife, and they have practically no control over his financial resources.

Since everything in town costs money, survival in the urban areas depends upon some form of employment, and this economic necessity has led many women into different types of work outside their homes. Nowadays, a lot of women find themselves competing with men who regard them as a threat even in jobs requiring no great skills. The jobs most commonly undertaken by women are as teachers, nurses, clerks, street sweepers and office cleaners. Urban women are also involved in many kinds of self-employed work and 50 per cent of small-scale businesses are run by women e.g. trading cigarettes, fruit, vegetables, charcoal, cooking oil and home-made sweets.

Urban women increasingly choose their own husbands and then simply inform their parents of their choice. Others marry without telling anybody; the families regard this as a disgrace to their honour. The divorce rate in the urban sector is said to be high and I believe that this is due to men’s inability to accept the social changes arising from education, employment and an increase in women’s income which leads to their economic independence.

The rate of female-headed households is high in urban areas e.g. 66 per cent of the 60 women that we interviewed in Heegan village at Yaqshiid district were heads of households. Female heads of household include those who are widowed, divorced, first wives whom their husbands failed to support, etc.

Conclusion

I believe that urban women are freeing themselves, and migration and then decisions about their marriage are the first actions they undertake in this process. But there seems to be refusal on the part of men to accept the changes taking place in the society as a whole and a misinterpretation of the real purpose of these changes. Men
nowadays always claim that the women are becoming 'thick-headed': 'They are not hearing our words'.

Any agency which aims to help the disadvantaged and the poorest must have women as a priority. It is important to explore and identify changes taking place and to implement micro-projects for low-income women in both urban and rural areas, and to tackle and monitor the effects on women of other projects in Somalia. In all agency work it is essential to 'think women' i.e. consciously to talk to and plan with women as well as with men, and to support women in these times of change.

Rhoda Ibrahim had experience in primary school teaching before becoming a development worker. She has worked in Somalia for Oxfam, PSP and Overseas Education Fund International. She is currently studying African women at the Institute For African Alternatives (IFAA).