

Chapter 14

Epilogue: Looking Forward

Many lessons emerge from these recollections, and as the collector I cannot resist the opportunity to examine the messages they contain. This chapter is, thus, a very personal response to those which precede it and not all readers will agree with my views. One lesson learned from the pioneers is that they didn't always agree with each other, even though their goals were similar.

Each pioneer had a personal style of leadership. Each tackled problems in a particular way. Some chose to be out front, in the vanguard, other were "backseat" team leaders. Sensitive to the issues of ethnicity, class, medical professionalism or gender, they carefully chose the most effective approach to reach their goal.

A trait they all share is the commitment to prepare the younger generation to take over from them. Most were true mentors. They viewed planned parenthood as a broad social movement, which, to be effective, moves far beyond the medical sector. Involvement of the entire community, men, women, schools, maternal and child health services, the media and non-governmental organizations, is essential to the success of reproductive health programmes.

Voluntary organizations were a formidable force in shaping government policies. Volunteer groups pushed governments to undertake family planning programmes and set high standards for government services. In the case of Bangladesh, Tunisia and Ghana, government family planning programmes benefitted directly from volunteer efforts by subsequently hiring founder members of family planning associations to direct government initiatives.

Conferences and study tours were very effective tools in spreading the word about planned parenthood, contraceptive technologies and in encouraging individuals who needed intellectual and moral support for their work. Also, the visits of Margaret Sanger, Senator Kato and staff members of The Pathfinder Fund, the Population Council, or other such groups

were catalysts for local action. Those who were unable to travel abroad or have access to the latest information and technologies benefited greatly from these contacts, as did the visitors themselves.

It appears that the women pioneers reached out to a wide support group to pursue their goals. The men, all medical doctors, were more narrowly focused. It may be that when women are involved in the design and implementation of programmes, those programmes are broader and more sensitive to women's needs.

Nearly every individual interviewed for this volume voiced concern about the lack of sex education. They told of the difficulties of promoting sexual health and planned parenthood when few people had any notion of their anatomy or reproductive cycles. Several women stated that they had never been told about menstruation and were totally surprised, some frightened, when they first discovered their menstrual blood. Elsie Locke noted, with frustration, "Family planning came to be accepted long before sex education." The taboo surrounding sexuality had, and continues to have, frightening consequences.

But beyond the work documented here lie insights into the biases of the medical profession, into how negligent we have been in educating the young for full and healthy sexuality, and into the way society views and treats its women. This last observation is, in my view, the most significant for guiding future efforts. Certainly it is clear from the preceding chapters that family planning is an essential component of maternal and child health. Without access to safe contraceptives and quality counselling, women and girls easily fall victim to unplanned pregnancies, anaemia and fatigue, infection and unsafe abortions. Certainly it is clear also, that without access to the means to voluntary motherhood, women will live in constant fear of unwanted pregnancy. As a young wife, living in a country where contraceptives were illegal, I suffered that fear. It is all consuming. Every month I hoped, even prayed, that I would escape a pregnancy I did not want and which my husband, who took no precautions, did not want. Too young and ill-informed to make demands, I simply endured the fear. Thirty-five years later there are hundreds of millions of women who experience that same fear each month. What is often left unsaid is that abortions to please a husband are very common. And in cases where a husband forbids a wife's use of contraceptives, regardless of her health or wishes, unsafe abortion may be her only recourse.

In Senator Shidzue Kato's words, if women are not allowed the knowledge (and means) to control their bodies, they will never be free. This freedom to which she alludes may be why there is such opposition to reproductive freedom. Why else would we be witnessing attempts to curtail the basic human right of women to planned motherhood in this last decade of the 20th century? I truly believe that opposition to planned parenthood takes its origin in profound misogyny and fear of women. If women are able to decide if and when they will become mothers, they are far more self-confident. With self-confidence comes independent decision-making and participation in the life of society. As a disinherited group, women's claim to economic and political power threatens those who now hold it.

Women only learned how disinherited they are through the vast data gathering effort undertaken at the time of International Women's Year and the UN Decade for Women (1975-85) which followed. Until then, little was known of the lives of the unseen, unheard women of the world. Suddenly the double standard in rights, health, access to education, training and equal pay was clearly documented. Domestic violence, forced marriages, harmful traditional practices were exposed for the world to see. And women saw and heard each other. Concern for the abysmal status of women resulted in the *UN Convention on the Elimination of All Forms of Discrimination Against Women*. One hundred and seven nations have signed the convention since its adoption in 1979. But the backlash has been significant. When women began to demand their rights, they were blamed for an increase in divorce rates and contraceptives were seen as part of "the problem". There was a concerted campaign to trivialize women's demands and to discredit women's rights activists, feminists, pro-choice groups and women leaders.

The reality of women's lives reveals that in many societies girl children are denied, from infancy onward, full personhood by custom, status and lack of access to education and medical care. Married at an early age, they pass from one man's domination to another man's control. One might suppose, then, that women are well cared for. Not so. One third of all households in the world are headed by women due to migration, divorce or abandonment. Research shows that households headed by women are the poorest, their children the least advantaged. Violence against women is endemic in all societies. Hidden, barely discussed, but frequent, it is a cancer eating away at the will and dignity of women and at their ability to make

decisions for themselves. In Peru, 70 per cent of all crimes reported to the police involve women being beaten by their partners!¹ Parental preference for male children is widespread. It is estimated that neglect of and discrimination against female children leads to serious health consequences which account for between 500,000 and 1 million deaths per annum among female children.²

According to the Population Reference Bureau a total of 33 per cent of the world's population is currently under the age of 15. The large cities of the world are host to a nomadic population of "street children" numbering in the tens of millions from Calcutta to New York, from Sao Paulo to Nairobi. Boys and girls, forced to live by their wits, sleeping in squalor and insecurity, have little access to services or assistance. They have little choice but to turn to crime and prostitution to survive. Cast aside by society, they are the parents of tomorrow – and today. Adolescents give birth to one in every seven babies born in the Western Hemisphere. Between 80 and 90 births per thousand are born to adolescents in Latin America, compared to 51 in Canada.³ Nafis Sadik, the leader of the UN Population Fund, gives us good advice: "The challenge for those who believe that women's contribution is central to development – and that investment in women should take priority, even in societies under severe economic stress – is to make an *irresistible case for change*."⁴ To make that case the true status of women, of women's health *and the barriers they confront* must be central to planning and programme design and that will necessitate that governments rethink the value they give their womenfolk. Too often women's needs are dismissed as peripheral, and appear last on the list of funding priorities.

The women who are profiled in this book are examples of what happens when girls and women are supported by families and society, allowed to study and participate in the public domain. Their experience also demonstrates that women listen to women, are close to women's needs: a clear call for women's leadership in the social issues of our time.

The experts say that women's education is a crucial factor in decreasing family size. That may be true statistically, but it is also true that in most families it is men who approve the use of a contraceptive. Common sense has little to do with literacy; when a woman – educated or not – knows the family's resources are stretched to the limit, she knows she does not need another child to feed. But, they say, "My husband doesn't understand".⁵ Educating men and boys about

responsible fatherhood seems not only logical but a question of fundamental justice. By the same token, we might educate our male politicians about responsible leadership, which recognizes women's contributions to society and their claim to full partnership in that society.

A recent survey of the voting records of members of the House and Senate in the US Congress shows that "members of Congress who vote to keep abortion legal and available are the same members, by and large, who vote to create conditions that welcome childbearing and child-rearing. Conversely, those members who oppose legal abortion also tend to vote against a range of policies supporting human life, including those which assist women in securing the resources and services they need once they choose to have children".⁶ Given facts such as these, one must ask: Is this debate about abortion or about controlling women? The pioneers quoted here were vilified for proposing voluntary motherhood, planned families. They held fast. The right to planned parenthood is now enshrined in international law. Abortion is the last stand, the smoke-screen behind which conservative forces hide in their attempt to prevent women's full participation in society.

The pioneer advocates of planned parenthood were, years ago, horrified by the results of failed contraception or the lack of contraceptive services. Today, non-medical abortion remains one of the greatest plagues of our society. Hundreds of thousands of women and girls die each year as a result of their society's refusal to provide early safe, abortion. It is estimated that one woman dies in childbirth, or due to pregnancy-related causes each minute. Half of them die of non-medical abortions. Failure to address this health crisis is irresponsible, if not worse. "In Latin American and the Caribbean, childbearing and abortion are among the five principal causes of death for 15 to 19 year old females. In Argentina, Chile, Colombia, Guyana and Trinidad and Tobago, unsafe abortion is responsible for one quarter of maternal deaths and in Paraguay it is responsible for two-thirds of those deaths."⁷ Prohibition of abortion does not prevent it, but kills women. Good reproductive care requires a *combination* of safe contraceptives and medically-supervised abortion. Legalized abortion without access to contraceptives, such as Miyoshi Ohba encountered in post-war Japan, is foolish. In the case of failed contraception, early abortion is essential to comprehensive family planning. Indeed, as Jodi Jacobson demonstrates so clearly, "Without access to abortion, it is

impossible for a woman to have total control over her own fertility".⁸

Miyoshi Ohba pointed out that it takes two partners to produce a child or to avoid a pregnancy; her recognition of that simple fact led her to create the Mandarin Duck Club over 40 years ago. Reliable contraception and the partner's co-operation are the only means of avoiding an unwanted pregnancy. If either fail, the woman pays the price. She has two choices: either she gives birth to and cares for the unwanted child, or she takes the risk of terminating the pregnancy. The male partner, the religious or legal authorities, have no responsibility to feed, love, care for, support that undesired child. Who, then, should make the decision? And if the woman chooses to assure that all her children are wanted children, should she not have proper abortion facilities available to her? The respect of individual rights to privacy and self determination is one of the corner stones of democratic societies. The tradition of secular states has been to separate religious beliefs from the law. That tradition is currently undergoing a challenge from conservative religious groups which seek to impose their views. The anti-choice movement is exporting its propaganda worldwide.

The International Youth Pro-Life Federation has trained foreign students to build anti-choice movements in their nations when they return home. They describe family planners as "racists", "murderers", "anti-family", "promoters of promiscuity" – and even proposed that they are "anti-children", a supposition which made New Zealander Elsie Locke laugh aloud 40 years ago.

Faced with the controversy surrounding family planning and abortion, government leadership has often failed to uphold reproductive rights and services. Over the past 5–10 years we have seen political leaders become evasive, dodging the issue or, worse still, changing their votes to please the opposition to women's reproductive freedom. But in denying access to modern contraception or to abortion is a denial of human rights law. Indeed, it is an abrogation of the basic human right to have the information and the means to "decide freely and responsibly on the number and spacing of their children".

With the remarkable breakthrough drug, RU 486, abortion becomes far less invasive, more private and less dangerous. Yet again we have witnessed conservative groups damning its sale and use. When the Roussel-Uclaf drug company bowed to their pressure and announced it would suspend marketing of

the drug, the French Health Minister, Claude Evin, ordered it back on the market stating that RU 486 is "the moral property of women, not just the property of the drug company". This precedent of official enlightenment is a sign that there still are risk takers, new pioneers of reproductive freedoms. It also demonstrates, alas, that women's well-being is dependent upon that enlightenment.

Today's pioneers, like those before them, are willing to take risks, defy bureaucracies and laws to guarantee rights, broaden services and increase opportunities for women and their families. They have created women's health co-operatives, rape crisis centres and homes for battered women. They campaign against the multi-billion dollar sex-exploitation business and assist young women who manage to escape its grasp. They work to eradicate female genital mutilation and traditions like Devadasi dedication⁹. Others denounce double standards in education, health and legal status which women have endured for centuries. The new pioneers are breaking away from the medical monopoly on pregnancy and motherhood, helping women to retrieve their birthing process from doctor-centered care. They promote home birthing, the legal recognition of midwifery, the expansion of natural childbirth.

In a world where between 9 and 11 million are believed to be infected with HIV (WHO) and in which there are 10,000 new AIDS sufferers per month, new pioneers work in a range of AIDS prevention initiatives. They are working to expand health care training and services available to women. They believe that family planning and HIV prevention education should go hand in hand. Their work includes assisting prostitutes and street children. When Evangelina Rodriguez began her work with prostitutes, she was condemned for social misbehaviour. Today it is prostitutes who are educating their clients about HIV.

One cannot help but see the similarities between the experiences of early family planners and those spearheading AIDS prevention work. The subject of AIDS unsettles people just as the question of birth control did years ago for it touches upon human sexual relations. Political leaders tend to deny its danger, to dismiss it as something which does not affect all populations. As with any crisis which is denied at the outset, over-reaction later is the danger. Loss of civil liberties and discriminatory practices may well be the norm if the

AIDS pandemic is left to spread by passive denial. Leaving the fight against AIDS to the medical community would be foolish: just as in family planning, the involvement of the entire community, including schools and non-governmental institutions is an essential element in transmitting knowledge and changing behaviour.

Thailand's creative and well-known family planner, Mechai Viravaidya, has understood this connection and is currently designing an AIDS prevention effort focused on the sex trade. Tourism has become Thailand's major source of foreign exchange, earning nearly \$4 billion in 1989.¹⁰ But beyond this, studies reveal that four to six million Thai men visit a prostitute at least once a month.¹¹ In a country where an estimated 300,000 Thais are HIV positive, Thai women, married or unmarried, must learn to protect themselves to prevent HIV contamination. We can no longer separate family planning from sexuality, sexual health and sex education; we can no longer separate prevention of sexually transmitted diseases from family planning. With the HIV pandemic, we will have to be honest and compassionate about human sexuality if we are to protect each other from certain death.

New pioneers are involved in advocacy work, broadening legislation, monitoring changes in family law, contraceptive safety and lobbying government for enlightened reproductive health policies. The recent case of Planned Parenthood Federation of America *versus* the Government of the United States is another example of more active advocacy of reproductive freedoms. Recently, Dr Fred Sai, President of the International Planned Parenthood Federation, sought a dialogue with the Vatican. In a letter addressed to the Pope dated 11 July 1991, Dr Sai wrote, "I humbly suggest that a sensitive dialogue should be opened between the Church and those who believe as I do that voluntary family planning is the best protection against abortion, as well as a major contributor to saving women's lives and a human right." *The National Catholic Register* carried a story on Dr Sai's letter saying, "But a Vatican spokesman said bluntly that John Paul II will not respond to the letter, and that the whole matter was not something to be taken seriously by the Holy See."¹² The Pope resists attempts within the Church itself to relax restrictions on contraceptive use.

New pioneers are following the footsteps of Ottar Ottesen-Jensen to expand sex education, knowledge related to sexuality, reproductive health and family planning. In many societies

incest, child abuse, wife rape and violence against women are far more readily discussed than healthy, non-exploitative sexuality. Sexual "literacy" which eradicates taboos, misinformation and encourages sexual health is and will continue to be, a controversial subject. Yet its benefits are obvious: in countries like Holland which has the lowest incidence of teenage pregnancy and abortion in the world, sex education begins in early childhood. The tragic reality of adolescent pregnancies might be avoided if sex education began at an early age, if quality counselling and contraceptive services for adolescents were more readily available.

As before, pioneering initiatives come from individuals or from groups. Volunteer, non-governmental organizations are becoming a powerful force for influencing public policy. Yet there is a danger that success may turn them into just another bureaucracy. Julia Henderson, former Secretary General of IPPF, commented on the current volunteer situation in family planning associations, "In many countries the volunteers seem to have been there forever. This is why I feel that it's really time for a change of generations."¹³ Singapore's Constance Goh agrees and calls for a renewal of the volunteer spirit, "The family planning movement is top heavy now, a lot of bureaucracy and waste. There is room for a lot of improvement, more zeal, more commitment. My experience shows that women started the family planning movement at the ground level and then, when it became respectable, the men jumped in. We need more women at all levels and especially up the hierarchy."

As I travelled to collect the interviews of pioneers, I rarely found women in positions of decision-making in the family planning associations. In fact, in one country, when I attempted to question a woman fieldworker about her work, the male supervisor insisted on answering the questions. This incident reminds me of the past 20 years of development programmes where predominantly male planners, managers and experts considered the illiterate "target populations" of development projects to be so lacking in common sense that they didn't bother to consult them about their needs.

Taboos, customs and laws still have to be eradicated or changed before all women will have the right to choose if and when to be a mother. In my view the first step in that effort entails exposing the shameful double standards with which the world community, and its governments, treat its women.

The management of women's reproductive and productive

lives takes place in obscure, insidious ways. There where the state wants more workers or soldiers, it adopts a pro-natalist policy. When population expansion is too fast, suddenly disincentives to women's labour and education appear. Everywhere women's labour is exploited: as unpaid agricultural and domestic workers or as underpaid contributors to national economies. Powerful financial interests abuse women's bodies as "executive entertainment" and tourist bait. Indeed, the double standard is a profitable convenience. While extolling the virtues of Motherhood and "woman's destiny", leaders of nations, religions and institutions look the other way while millions of women's lives are dominated by violence, abandonment, lack of education, training, lack of child support and child care.

The new pioneers tell us there is a long way to go in the effort to assure full and healthy lives for women and girls, to guarantee the right to choose safe and healthy motherhood. The experience of the older pioneers demonstrates we can't wait for someone else to do it for us.