

Our Stories, One Journey

EMPOWERING RURAL WOMEN ON
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



NEPAL
APRIL 1-5

INDONESIA
FEB 19-MAR 3

PHILIPPINES
FEB 6-14

THAILAND
MAR 17-26

SRI LANKA
MAR 21-26

VIETNAM
APRIL 6-16

LAOS
MAR 20-APR 4

INDIA
MAR 5-JUN 1

BANGLADESH
JUN 22-30

AFRICA
MAY 14-SEPT 8

PAKISTAN
MAY 27-AUG 1

MONGOLIA
MAY 12-18

ASIAN RURAL WOMEN'S COALITION
ASIAN-PACIFIC RESOURCE AND RESEARCH CENTRE FOR WOMEN

Our Stories, One Journey: Empowering Rural Women on Sexual and Reproductive Health and Rights

Asian Rural Women's Coalition
Asian-Pacific Resource and Research Centre for Women
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2014

Asian Rural Women's Coalition
Asian-Pacific Resource and Research Centre for Women

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Foreword

This booklet documents 17 inspiring life-stories of rural women from 14 countries from the Global South who participated in the Women's Travelling Journal on Sexual and Reproductive Health and Rights (WTJ-SRHR). Following the success of the first women's travelling journal in 2013, this second WTJ is a joint initiative of the Asian Rural Women's Coalition (ARWC), the Asian-Pacific Resource and Research Centre for Women (ARROW), and our partner organisations in Asia and Africa.

The WTJ-SRHR comes at a time when SRHR issues need much attention especially as policymakers and global leaders chart the new post-2015 development agenda. However, as witnessed in many global processes, the voices of rural women are often silenced. Their concerns around their rights, their autonomy, and their bodily integrity - as indicated in the hard-won language on SRHR evident in the ICPD Programme of Action and the Beijing Platform for Action - have been watered-down and traded-off.

Today, rural women are more marginalised than ever - despite comprising the majority of the population in many countries in Asia and Africa. Rural women take care of the families and the communities they live in. They contribute significantly to production and reproduction as small food producers, workers, family members, and women. They feed the world; however, many of them carry out their daily roles amidst the onslaught of neoliberal policies, which have wreaked loss of livelihoods, destroyed ecosystems, increased hunger and malnutrition, and broadened social injustice. Rural women are battling these problems while burdened by sexual and reproductive ill-health and violations of their sexual and reproductive rights. Their SRHR issues include continuing limited access to quality health care services, especially sexual and reproductive health information, care and services. In employment, rural women face unequal opportunities and their SRHR goes unrecognised in the labour market. The use of pesticides among women food producers is affecting their overall health while gender-based violence and harmful practices such as child, early and forced marriage, and female genital mutilation among others, also threaten their health and well-being. As these stories will reveal, women are empowering themselves, are confronting these challenges with greater determination, and are taking action to protect their rights and hold duty-bearers to account.

We thank the women writers for their courage and we hope that their stories will not only inspire other marginalised women to organise themselves and to claim their rights, but also to move policymakers to make SRHR as a key priority for sustainable development. We enjoin you to share their stories as we pursue a development framework that will look at SRHR issues as they are fundamentally inter-linked with poverty, food insecurity, and social injustice.

Sivananthi Thanenthiran, ARROW
Sarojeni V. Regam, ARWC

The Journey



The full realisation of sexual and reproductive health and rights (SRHR) is the cornerstone for the equality and empowerment of women. Only if SRHR are fulfilled can women defend themselves, their children, and their communities from various forms of threats and oppression, and especially in these times of urgent and ever-escalating battles against poverty, social injustice, and climate disasters.

Almost 20 years after the landmark International Conference on Population and Development in Cairo, wherein 179 nations agreed to respect, recognise, and fulfill SRHR, progress towards SRHR indicators are lagging far behind. As social inequalities and inequities increase, so does gender inequality, gender-based violence, and women's lack of access to education, adequate health care, and political participation –all hindrances to the goal of SRHR for all.

The lack of SRHR is most acutely experienced by the most marginalised such as women living in rural and

remote communities in the Global South. Rural women are not a minority group, and in many countries comprise the majority of women. Rural women have always been the unsung heroes of food and agricultural production. Unseen by the world, forgotten by the public, and least prioritised by politicians, rural women toil night and day to feed their families, communities, and people from all around the world. They perform crucial roles as seed savers and land tillers, as community leaders, and family managers.



Yet, rural girls and women are still the ones who eat the last and the least, who are not sent by their parents to school, who are forced into early marriage, who die giving birth or who are weakened

by closely spaced births, who hide in their homes during menstruation, who are forced to have unsafe abortions, who have never seen a doctor or a nurse, who have had their genitals cut, and who everyday face stigma and violence, trapped in patriarchal power structures that pervade deep into unequal socio-economic structures.



This WTJ-SRHR is an extraordinary attempt to go beyond the statistics, and look at SRHR issues where they have the most impact: in communities and in the lives of women, specifically marginalised rural women. Who is the rural woman—as a farmer, as a mother and wife, as a sister or daughter, and as a member of the community? What SRHR issues does she and her community face?

What is she doing about it? And lastly, what does she want policymakers and the international community to do about it?

The WTJ-SRHR is a collaborative effort by the Asian Rural Women's Coalition (ARWC), the Asian-Pacific Resource & Research Centre for Women (ARROW), and their 15 partner organisations in Asia-Pacific and Africa. It is a collection of stories written by a chosen woman in a specific rural community. The journal—physically a big,





A South Asian leg of the journal started from Sri Lanka and made its way to Nepal, India, Pakistan, and Bangladesh. The journal also journeyed through three countries in Africa—Senegal, Mali, and Benin. Through sun and rain, past seas and mountains, it travelled for 8 months and passed through the hands of 17 women.

For many, it was the first time they have ever written in a journal. It was the first time they have ever told their story. Taken individually, these stories may be considered nothing more than personal diary entries. But as a

leather bound book with blank pages—travelled across 11 countries in Asia-Pacific and 3 countries in Africa. The woman, chosen by the partner organisation, kept the journal for 10 days. She wrote in it, and was free to put drawings, illustrations, or anything that would help her express her story. The journal was then passed on to the next woman, in another place and country, until the pages were filled and the journey completed.

The WTJ-SRHR was launched in January 2014 in Southeast Asia in the Philippines, and then went on to Indonesia, Thailand, Laos, Vietnam, and Mongolia.



collective initiative, these stories are indeed one-of-a-kind. SRHR issues—especially from the point-of-view of women—are often suppressed, ignored, or trivialised. Thus, when the women themselves speak on SRHR, their stories are eye-opening. They reveal, astound, and enrage; but they also touch, educate, and inspire.

These stories affirm our belief that SRHR for all will remain a distant dream unless decisive steps are taken to address the very specific, very real demands of women with regards to their sexual and reproductive health and rights. They also prove that SRHR is inextricably linked with food sovereignty as a right; and that rural poverty and gender-based inequality and violence will never be eradicated unless people and communities are able to decide on their own food, production, and development. For as long as they are tied to lands over which they have no rights, or work as cheap and dispensable labour in fields and factories,



they will never be treated with the dignity that they deserve.

Despite the multifold SRHR violations, it is uplifting to see women helping other women. The stories in this journal are not stories of defeat and hopelessness. On the contrary, they are stories of awakening and resistance, of resilience and change. All of the women and girls (as young as 13) who participated are organised, active, and already the most steadfast advocates of SRHR, paving the way forward one community at a time.

This journal is also an endeavour to gather stories on the important work that is already being done by rural women's grassroots organisations and NGOs to achieve SRHR. It is meant to be translated in local languages, so that the stories from all places that the journal travelled to may reach and be understood by the members of communities that are featured here. It is also meant to be read together with ARWC and ARROW's statement



and empowerment, of sustainable development, and of social justice.

This journal shows how rural girls and women are living—and dying—in many parts of the world. Let their stories show the human cost of not honouring commitments to respect, recognise, and fulfill SRHR. Let no one forget their sufferings and strengths. Instead, let us honor them through further action and resolve, as we fight to progress towards sexual and reproductive health and rights for all.

to the United Nations General Assembly Special Session, which lists down the urgent demands of rural women based on insights from the WTJ-SRHR.

With the voices of the multitudes of rural women in the Global South backing us, this should definitely be taken as an opportunity to assert that SRHR should be a priority in the post-2015 Development Agenda. All efforts to achieve encompassing human rights will not be complete without a focus on SRHR, which will enable women to be masters of their own bodies. It bears repeating, SRHR is the cornerstone of women's equality





Feature Stories

FEBRUARY

MARCH

APRIL

MAY

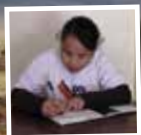
JUNE

JULY

AUGUST

SEPTEMBER

PHILIPPINES
INDONESIA



Feb 6-14



Feb 19-Mar 3

THAILAND
SRI LANKA
LAOS



Mar 17-28



Mar 21-28



Mar 20-April 4

NEPAL
VIETNAM



April 1-11



April 4-16

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MONGOLIA
SENEGAL
INDIA
PAKISTAN



May 5-10



May 12-19



May 14-June 14



May 15-31



May 27-July 3

INDIA
BANGLADESH
MALI



Jun 2-19



Jun 22-30



Jun 24-Aug 10

PAKISTAN



July 31-Aug 12

BENIN



Aug 25-Sept 8



WOMEN'S TRAVELLING JOURNAL

TIMELINE
2014

LILLIAN FALYAO:

FOR WOMEN'S WELLNESS

IN A MINING COMMUNITY

Lillian Falyao's life changed when she married a miner at the age of 17. She left her family's farm in Mountain Province, and went to live with her husband in a mining community in the town of Mankayan, Benguet province in Northern Philippines.

Now, at the age of 37, Lillian and her husband are raising four daughters in a community that is centered on one of the biggest and oldest gold and copper mining companies in the Philippines, the Lepanto Consolidated Mining Company (LCMCo). It is a task fraught with many challenges. "I have a hard time budgeting the meager income of my husband to be able to meet the daily needs of my family," Lillian wrote in the women's travelling journal.

Despite this, Lillian still considers herself lucky compared to the other women whom she works with, as an organizer amongst miners' wives. Most girls and women in the community live in crowded bunkhouses provided by the company. "One bunkhouse has 18 rooms that is occupied by 18 families where there are four common bathrooms and two common kitchens. In this condition, women and children are vulnerable to rape, wife swapping, and communicable diseases. There is no

privacy of families. In fact, there had been cases of rape in the past; but because of the culture of saving the image of the victims, these cases were neither reported nor documented," she narrated.

Lillian's work includes educating women and girls on their sexual and reproductive health and rights. She encourages them to speak out on the incidences of rape and wife swapping within the bunkhouses. She also works hard to change exploitative socio-economic conditions and a patriarchal culture that lead to the abuse of women.

Lillian educates women on the government's role in providing basic health care and assistance to victims of violence against

women. Lillian lamented that in the province, there is practically no free health care, much less reproductive health care that women especially need. "I have undergone miscarriages twice because of stress from



too much thinking about my family problems. Even now, I still experience bleeding everytime I am stressed,” she wrote. “The primary reason of stress and health problems of women includes hunger and the scarcity of cash to buy the basic needs of their families including educational requirements of their children,” Lillian added.



Aside from assisting miners’ wives and children, she is also active in defending women peasants against violence committed by military soldiers. In 2012, Lillian helped in the campaign to seek justice for “Isabel,” a 16-year-old high school student who was raped by a government soldier. They demanded for the soldiers to pull out of Mankayan in order to prevent further abuse of women and children.

In the journal, Lillian shared how she became involved in community and women’s issues. In 2003 and 2005,

LCMCo workers launched a strike because of lack of compensation and benefits. Lillian’s husband was among the union leaders who led the protest. “I was then breastfeeding my 8-month-old child but I managed to go to the picket line everyday to support the protest,” Lillian recalled.

The workers’ wives, including Lillian, formed their own organisation, Tignayan Dagiti Babbai Iti Minasan a Lepanto (TBML). During the strike, Lillian and other TBML members brought food to the workers on strike. Numerous workers and their supporters were beaten, arrested and put to jail.

Lillian said that the government soldiers—who allegedly acted as security for the mining company—would court minors and even married women “as a way to pacify their protest.” TBML helped educate women and defend them from sexual advances and abuse by military soldiers.

Today, Lillian is also organising among peasants,



rice and vegetable farmers, who are affected by LCMCo's decades-long mining operations. "The water for irrigation is polluted. There is loss of harvest because the ricefields are cemented due to siltation coming from the mining company. Fresh water fish found in the rivers, which serve as additional food sources, have slowly disappeared due to the pollution of rivers," she wrote. "We as women have important roles in defending the land, including agricultural production for our families and the whole community. We also have a key role in ensuring the health and wellness of women that is founded on a sound, sustainable, and healthy sources of food and livelihood," Lillian added.



half of the people barricading are peasant women and children. They are taking part in defending their source of living, and in ensuring the food security of future generations," Lillian wrote.

Because of the barricade, Lillian and other community leaders are facing criminal charges filed by the company as a form of harrassment. At first, the case made her reluctant to participate in the WTJ, as it may call attention to herself. But she realised the importance of making other rural women know about the situation in her community.

She is not cowed. Instead, she is emboldened by her own strength and the strength of the other women whom she has helped to become more aware and empowered. "In order to attain greater achievements, there is a need to continue educating ourselves and not to be easily dismayed by problems encountered along the way. If we are not going to act, who will act for us? Let us trust in our strength so that better results can be achieved. Long live the fighting women!" she wrote as a final entry.

In 2011, the community mounted a barricade to prevent the company's expansion in the province. "The people are currently barricading at the drilling site of LCMCo, which is found exactly at the center of the community. Almost



YOUNG LINA:

BREAKING THE CHAINS

OF CHILD MARRIAGE

Thirteen-year-old Lina lives in a place of abject poverty. The rural village of Desa Tegalampel, located at the provincial town of Bondowoso in East Java, Indonesia, is around 30 kilometers from the nearest city. Most of the villagers, including her father, are landless agricultural labourers.

"My father doesn't own his own plantation field. Instead, he works as a farm hand in another man's field, and with a pay of 15,000 rupiah (US\$1.33) per day, it is barely enough to provide for his wife and two children. My father works at the field to the bone under the heat of the sun for just a scrap of money," she wrote in her entry to the women's travelling journal on sexual and reproductive health and rights (SRHR).

Still, Lina did not let poverty get in the way of her determination to finish schooling: "Even though my family is poor, I still want to chase my dreams." She also wrote about her love for her parents. "I am very happy to have parents such as my mother and father in my life, and no days are as beautiful as the ones together with family," she expressed.

But one day, her childhood innocence was interrupted by her mother's question: "Do you want me to marry you off?"



Startled and fearing the end of her dreams, Lina ran away from home and stayed at a teacher's place. Eventually her parents brought her back home, but their decision remained the same. Her mother told her that she was to be married off to a distant relative who is from a financially stable family, and whom she has never met.

"I could not stop the tears as I heard this unbelievable thing. Why did this have to happen to me? Why won't my parents consider what I want for myself?" Lina recalled feeling.

In many poor rural villages, it was a tradition to marry off girls after they had their first menstruation. "It's poverty that makes people want to quickly marry off their children so they no longer need be responsible for them," Lina explained. Her own mother was married at the age of 11, and had Lina, her

first child, when she was just 12 years old and still a child herself.

Lina however felt the need to break the chains of tradition. "Although (child marriage) may have been a normal thing in her time, in these times, to do so would be coercion. In this day and age, a girl such as myself can have her own dreams. I would really love to finish my high school and continue on to college, and armed with that education as well as my own determination, I want to get a good, legitimate job so I can provide for my family and make myself useful to other people," she articulated in the journal.

Lina recounted the difficult times she went through in the days leading up to her arranged marriage. Her parents would scold her and beat her up whenever she refused to see the man she was betrothed to. "Stop dreaming around, because a woman's place is only in the kitchen!" they told her.

Still, she believed that she would eventually find a way out of her quandary. "I kept praying to God Almighty

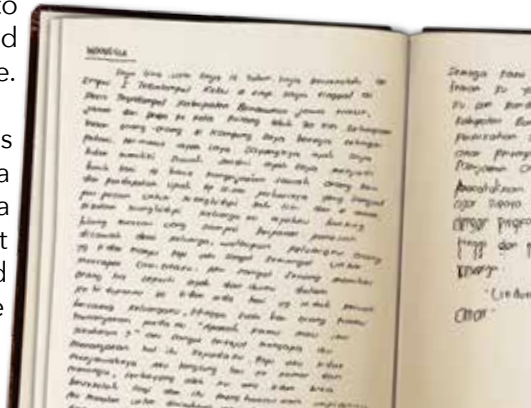


so that He may give me the best way. One thing I firmly believe is that no matter how hard the problems we face are, we need to have a strong spirit and resolution," she wrote.

Then Lina, as a school representative, attended a reproductive health education programme sponsored by the Bondowoso government and Yayasan Kesehatan Perempuan (YKP-Women's Health Foundation). "During the programme, I received lots of useful information, especially regarding reproduction and my rights as a

teenager. It was from this programme that I also learned that it was my right to decide when I would get married," she wrote.

Empowered by this knowledge, Lina participated in a media contest that was part of a campaign to end child or underage



marriages. "Together with my friends, I took part in the contest, telling the story about my mother and how she was married off while she was still just a girl—not yet ready for the burdens of child-raising. I am very satisfied with the video we made. Even though we didn't win, it was a precious experience for me," she wrote.

Educators at YKP eventually helped Lina get out of forced marriage. They put her parents in contact with a religious leader, who was able to convince them that the practice is wrong, and that it puts Lina's reproductive health at risk, since her body is not yet ready for pregnancy and childbirth. The marriage was called off; Lina's nightmare finally came to an end.

Inspired by the experience, Lina and her friends created a youth community campaign against child marriages and for SRHR awareness. "We call it langit biru which means 'blue sky,' because it symbolises hope. I hope that we can help other people who are or have been in my situation, and that we can help the Bondowoso government to stop underage marriages for

young girls. We also hope that the government can guarantee children's education at least until graduating high school, so that Bondowoso will not be infamous for a high rate of (child) marriage and poverty," she intelligently concluded.

Now fully aware of her sexual and reproductive health and rights, the young Lina is more prepared to fight against rural poverty in Indonesia, and to fight for her dreams.



diikuti kemudian teman-teman yang berhaluan sama dengan saya. Program pemerintah yang sudah cukup baik, namun masih banyak yang belum terlaksana. Oleh karena itu, kami akan terus berjuang untuk mewujudkan cita-cita kami. Dengan dukungan SPMA, Bondowoso tidak akan pernah menjadi yang corong pengungkapan dengan semangat.

120 111

MA EE:

GIVING BIRTH TO HOPE

FOR MIGRANT WORKERS

Mae Sot, a bordertown roughly 500 kilometers northwest of Bangkok, is a major hub for the garment industry in Thailand. In this town, Burmese migrant workers, who comprise 80% of Thailand's migrant population, flock to find jobs in garments factories, as well as in construction, agriculture, and domestic work. Most garment factory workers are women.

Thirty-year-old Ee Myat Thwe or Ma Ee is originally from Kho Chow village in Burma. For the past 14 years, she has made Mae Sot her home. But it is not a comfortable place for women. The hours are taxing; the work is dangerous; and the pay is well below the minimum wage. Migrant workers' jobsites can be far from city centers, segregating them from the general population. They may live in shacks made out of leftover building materials or other inhospitable living conditions. Many are undocumented and easily become the most vulnerable to exploitation.

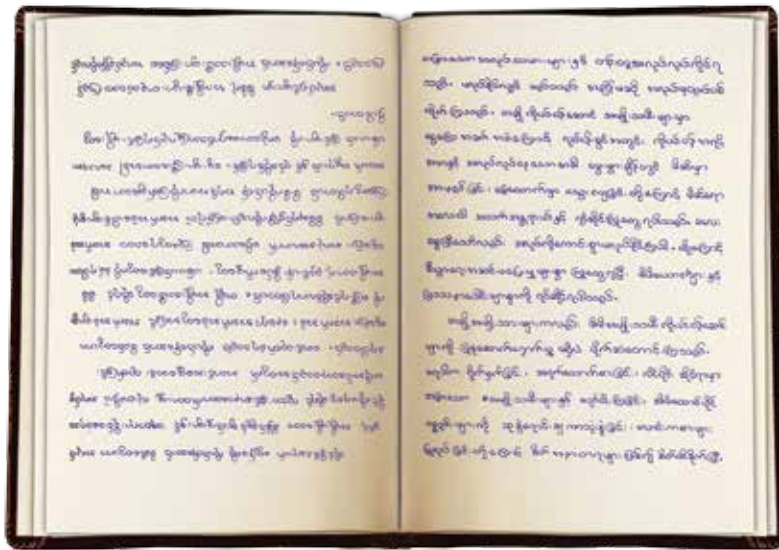
Ma Ee was working in a garment factory when she became pregnant in 2008. Her employer did not give her days off for medical check-ups during her pregnancy. She bravely insisted on her right to see a doctor despite her employer's threat to fire her. "You can fire me if you want, but I am going to see a doctor," she told her employer back then.



Since Ma Ee was a skilled worker, she was not fired. But that is not the case for many pregnant workers—the common practice is for employers to dismiss women once they start showing signs of pregnancy, treating them as disposable commodities. "Pregnant labourers do not get enough health care. However, they have to do the same work as normal workers. Some pregnant workers have to work until their third trimester," Ma Ee wrote in the women's travelling journal.

She herself endured physically taxing work that everyone else had to do, despite being pregnant. (This contravenes Thai labour law, which says special arrangements should be made for a pregnant worker).

She divulged that migrant women are also not given paid maternity leave, again in violation of Thai labour law. Many women who take leave to give birth find themselves replaced and suddenly without work or accommodations. "[Normally, accommodations are



the working and living conditions of Burmese migrant workers in Mae Sot. She has been working with YCOWA for five years now, overseeing the organisation's safe house, a refuge for workers who were wrongfully terminated or are in need of emergency assistance.

In particular, Ma Ee does her best to make sure that pregnant women workers get access to health care. "When third trimester pregnant mothers work due to income difficulties, it makes the mother weak, and also gives them swollen feet because of low blood pressure such that not only the mother is faced with a life-threatening situation, but also the unborn child. Women are faced with difficult financial decisions. It also causes many problems with their husbands," she wrote.

Ma Ee reveals that some women, when left with no other option, may seek out an unsafe abortion, or sometimes abandon the child after giving birth, due to the inability to properly care for the baby.

provided by the factory employer], but after I gave birth, I had to find my own accommodations. My husband and I could not cover the costs with our salaries. Moreover, they did not allow my husband to miss work to take care of me when I was giving birth, and so they fired him," Ma Ee further narrated.

Infuriated with this oppressive working environment, Ma Ee decided to leave her job and never went back. Eventually, she started working with the Young Chi Oo Worker's Association (YCOWA), which aims to improve



Many women are also victims of sexual abuse. Ma Ee helps them confront or negotiate with their spouses, or she helps them seek additional help from other women's organisations. She wrote emphatically about the situation of abused women: "Some husbands, when they cannot get any money from their wives, they hit them, consume alcohol, have sex with other women, sell family property, and later spend the money on gambling. Because of these experiences, women are mentally destroyed, which can cause severe illness."

Ma Ee organises workshops on safe pregnancy, domestic violence, as well as sexuality education. She observes that teenage girls commonly lack sexuality education, as well as access to contraceptives and contraceptive choices. Ma Ee has noticed that this results in many unwanted pregnancies and in the situation where the appropriate information and services are not available, the young women undergo a lot of pain, stress, and

suffering, which at times, results in severe negative impacts on their overall health and well-being.

Ma Ee considers herself lucky to be out of the unjust situation that she once found herself in. However, most women migrant workers continue to face these pronounced SRHR transgressions. That is the reason why she devotes herself wholly to serving others. Today, her son is six years old, and Ma Ee just gave birth to her second child shortly after finishing her entries in the WTJ—another hopeful reason to strive towards a better future.



Ma Ee's story is a contribution to the worldwide clamour for nations to recognise, respect, and fulfill sexual and reproductive health and rights (SRHR) for all. As the United Nations draws up its post-2015 development agenda, it is important to note that in Mae Sot, and in numerous other places in the Global South, the struggle for SRHR is far from over.

MANYSONE PHETDUANGSY:

SPEAKING OUT AGAINST 'VAGINAL BREAKTHROUGH'

Now in Grade 11, nineteen-year-old Manyson considers herself lucky to be able to go to school. Many girls and young women of her ethnic tribe, Akha, do not have easy access to schools, much less to information on sexual and reproductive health and rights (SRHR). At an early age, Manyson has made it her quest to battle unsafe sex and certain traditional sexual customs among her tribe in the village of Donyaeng.



Donyaeng is located at the Long District in the province of Luangnamtha, one of the poorest districts in Laos. It is one of the many mountainous villages that are underdeveloped and where people have little or no access to social services.

Most of the ethnic Akhas are small farmers. According to Manyone, in her village, there is a perpetual “lack of clean water and food.” The recent entry of Chinese investors growing agricultural products for export did not help to uplift their situation. Instead, many teenagers, because of poverty, work in these Chinese farms instead of going to school, especially girls. “They have to work in farms to grow fruits and vegetables, [such] that they are at risk of exposing themselves to chemical products [that is damaging to] their health,” Manyone wrote in the journal.

Furthermore, she said, there is no school in their village. “The schools are very far from home, and only young girls who live near the city of Long district can access secondary and

high schools.” Manyone believes that this lack of access to education only perpetuates social beliefs that limit the role of women. “They perceive that it was not important [for girls] to study in higher education because when they become teenagers, they have to marry, and as housewives, such knowledge will not be useful.”



Manyone speaks passionately against a traditional sexual custom called “vaginal breakthrough,” wherein girls aged 12 undergo a pre-pubertal rite of passage: she has her vagina “broken through” by an older, sexually experienced man. “This was against the willingness of the girls. But

it was seen as a necessary, if often a fearful and painful act, which enables adolescent girls’ bodies to mature into adulthood,” she explained. This practice later leads to unwanted pregnancies, sexually transmitted illnesses (STIs) such as HIV/AIDS, sexual violence, and mental illnesses, Manyone said.

In general, Akhas do not have access to health care, Manyone further narrated. Like schools, health centers are far from the village, and most cannot afford to travel or pay for services. The language barrier also becomes a problem. Most health care providers cannot speak the Akha's language, and the Akhas also do not speak the official Lao language very well, making the villagers uncomfortable and embarrassed to face health providers.

It is especially more difficult for girls and women facing SRHR problems. "They do not [have] access to good quality health care services with confidential and rational treatment. [Their] traditional belief is they have to perform a ritual ceremony by a spiritual healer first

when they get ill. The other issue is that [it is usually] the man making the decision [for the woman] in seeking health care," Manyone said. In general, men are considered to be more powerful in Akha society and family, she narrated.

Fortunately, the Faculty of Postgraduate Studies, University of Health Sciences and the Vientiane Youth Centre for Health and Development implemented an intervention project to promote SRHR information and services among young Akha girls in the Long District.



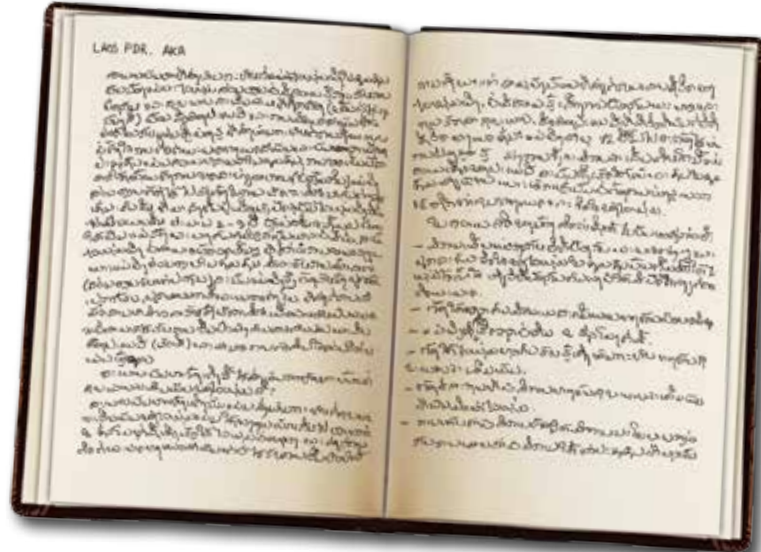
The project, focused on developing Comprehensive Sexuality Education and providing Youth Friendly Services among ethnic girls, named Manyone as one of its peer counselors.

Now, Manyone is able to contribute significantly to addressing SRHR issues in her community. She gives counselling to young people who face SRHR issues; she refers those with risky behaviour to health providers and even accompanies them to help them get over their shyness. She leads activities such as games, discussions, and book readings about SRHR with her friends and villagers.

Manyone believes that the fight for SRHR for all is far from over. She believes she can contribute in a strong rural women's voice in the post-2015 development agenda. Thus, at the end of her journal entry, Manyone said that she "would like to see that all young people



in the community have knowledge about SRHR—how to avoid STIs, how to decrease their risky [behaviours] and unwanted teenage pregnancy by using condoms and other contraceptives through training.” She would like health services to be accessible and free. She would like to make the public aware of the sexual custom of “vaginal breakthrough,” and help make it a thing of the past. And lastly, she would like to have gender equality. “All boys and girls are equal,” she wrote.



KE THI HACH:

SEARCH FOR SUITABLE CONTRACEPTION

"Do you know what is your most valuable thing? Without doubt it is Health, and I will show you through the following story. I hope we can share, think, and sympathise together."



Light of spirit, 30-year-old Ke Thi Hach's entries in the journal are complete with coloured sketches of her family, home, and community—portraits, hearts, and flowers adorn her handwriting. Yet her personal story is anything but light. In the journal, Ke Thi writes about how hard it is for rural women to have access to safe contraception, a sexual and reproductive health and right that is still denied to millions of women in the Global South.

Ke Thi lives in the Hong Quang Commune of A Luoi district, Thua Thien Hue province in Vietnam. Local women are usually paddy rice and corn farmers, or else are involved in livestock and weaving. But Ke Thi was also able to study "law and the women's movement," after finishing secondary school and services training. Thus, she currently holds the position of acting secretary in the Women's Union of her commune. As an officer of the Women's Union, Ke Thi organises and supports women at the village level. She manages credit and



savings facilities and handles issues related to gender equality, SRHR, and women's empowerment.

Life is hard in Hong Quang—it is one of A Luoi District's poorest communities, where people have an income of approximately USD 50 a month. Thus, women are expected not to further burden their husbands with sexual and reproductive health issues and child care. In general, women in the community face a myriad of health problems. These include a high rate of reproductive tract infections (RTIs), with 35 to 40% of women suffering from cervical inflammation.

Women lack knowledge and access to contraception methods—public health staff are inequipped to properly handle consultations on family planning. Women also lack adequate maternal and child care. In facing these SRHR issues, the role of men in supporting women in their community have been very limited as well.

Like many in her commune, Ke Thi married young, or while she was still studying high school. When her eldest



daughter was six months old, she started using an intrauterine device (IUD) as contraception method. "After 3 months, my period had no sign [of stopping], so I came to the Reproductive Health Department in the District Health Center for some advice. Doctor said I got menorrhagia and that's why I wasn't suitable [for] this kind of method. Therefore, he advised me to use another one to not affect

my body, and I wondered which one would be good choice for me," she wrote.

Ke Thi and her husband then decided to use condoms instead. But still, she felt unsafe with the method and once again tried IUD—thus encountering the same health problems. Upon the advice of a midwife and an officer of the commune's population work, Ke Thi took some medicine that caused her to gain unexpected weight. "I was so worried about my health because

not any methods of the three mentioned above was suitable with my health," she articulated. For the third time, Ke Thi used IUD, but became pregnant within a year. She chose abortion. "Again, my health was strongly affected," she wrote.

She continued to search for the most suitable contraception method, and finally settled on the matchstick method—this prevented pregnancy for three years, during which her health also "became normal." The matchstick method is a contraceptive procedure where a doctor implants small matchstick-sized devices under the skin in a woman's arm, which slowly release controlled amounts of hormone progesterin to stop unwanted pregnancies over several years. When Ke Thi's husband was about to be sent to Military Training School, they decided to have another child. But this pregnancy was not smooth sailing. "When I was expecting a baby, my health was not good. Around that time, I had to take care [of] my baby and my [paralytic] father-in-law without help, because my mother-in-law had passed away. I had a lot of difficulty both mentally and physically," she recounted.



Still, she bore her responsibilities, including her responsibility to the Women's Union. In one instance, she attended the Union's business training in the city of Hue; but she fell sick, nearly had a miscarriage, and had to be brought to the Maternal Health Care Center. "I was so scared because of being threatened [with] miscarriage and worried for my health," she said.

The last hurdle to her pregnancy was a month before her due date, when her baby almost got born premature. Thanks to doctors' intervention, this was prevented, and she was able to give birth to a normal baby boy despite weighing only 2.4 kg. "Up until now my son is still healthy," she said.

In the process of overcoming various sexual and reproductive health risks, Ke Thi saw a change in her husband, who is now more aware of his role. "I see that I [changed] his mind; and he [does not ask me anymore to try] contraceptive methods that makes me ill and tired," she wrote.



Despite being an advocate of SRHR, Ke Thi still faced a lot of obstacles in ensuring her own health and well-being. This indicates that a lot of work within her community, as well as larger reforms outside of it, still needs to be done. She believes that women's voices on SRHR must be heard in the decisions being done in charting a new development agenda post-2015. She hopes that her entry in the travelling journal will go a long way in helping other women. "Through my story, hope you [will] not hesitate to find and use a suitable contraception to have better health! Wish you success!" she ended on a positive note.

TSERENDOLGOR SHAGDAR: THE COST OF POOR HEALTH CARE

Tserendolgor Shagdar, a 48-year-old mother of five, lives in the rural town of Arvaikheer, Uvurkhangai province in Mongolia. Her mother was a doctor and her father was a transport driver, so she was able to go to college, graduate, and work as a cook.



But times were soon very hard. "Mongolia made a transition to democracy from socialism in the early 1990s, and during the transition, almost all families' lives dropped. Food was rationed, only salt was sold in the grocery stores, and life became vulnerable for the whole society," she wrote in the women's travelling journal. It was during these difficult times in 1988 that Tserendolgor gave birth to her first son.

Despite the economically hard times, she said that health services were better then. "Back then, the functioning of the hospitals and group of doctors and nurses were good. There were also no preferences in treatment based on personal relations and money," she said.

But then she became a personal witness on how public health care deteriorated throughout the years. Tserendolgor is a victim of hospital neglect. In the journal, she told of the painful story in her own words:



"In 1995, I gave birth to my 4th daughter, when the first serial (popular TV series) was broadcast on television. Everyone watched it. When my daughter was born, the people in the delivery room hit my daughter's head on the sink while they were washing her, because they were hurrying to watch the serial. Because of this, my daughter had a hemorrhage."

Today, 19 years later, her daughter has gone blind in one eye, while the other eye is not function well. Her daughter also suffers from brain damage—all because of the hemorrhage she had as a newborn child.

Tserendolgor observes that generally, there is a high level of child and maternal mortality and injury because of hospital neglect in her area. "There was one case of maternal mortality due to bad stitches," she wrote. She added that this year alone, there have been two to three cases of maternal mortality cases, but no person has been held accountable for the error or neglect.



There is also a dire lack of sexual and reproductive health information and services given to women. "Pregnant women have a lot of problems giving birth and getting

birth control. Waiting time to get a doctor's appointment is long, and all things are decided by money. Pregnant women who have no money can't get good service. And if a person can see a doctor, it's very difficult to be treated in a hospital, because there aren't enough beds," she explained.

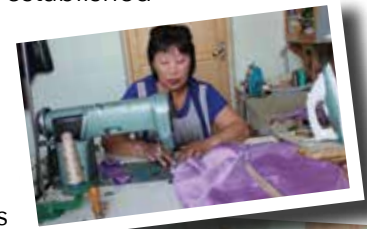
Taking care of her two youngest daughters, who both have disabilities, now takes up most of Tserendolgor's time. She wishes that there was a special school for children with disabilities—but in Arvaikheer, there is none.

Nonetheless, Tserendolgor keeps herself active in the community. For the last five years, she has been the head of a savings group in her area organised under the community-based development program of the Human Rights and Development Center.

Most of the savings group's members are unemployed single mothers aged above 40. "There were 3 groups with 25 members at the beginning. And now we have 19 groups and 212 members. Even though our members' lives are not going very well, we help and understand each other as one community. Our lives are improving due to being members of the group. Today, we can help each other and unite at anytime," she proudly related.

The savings group mainly uplifts the livelihood of women in the area, who are mostly poor, unemployed, and without government support. According to Tserendolgor, they are now able to do collective farming. They have also established several collectively-run businesses such as a bakery, a wheel repair shop, and a plastic and waste factory.

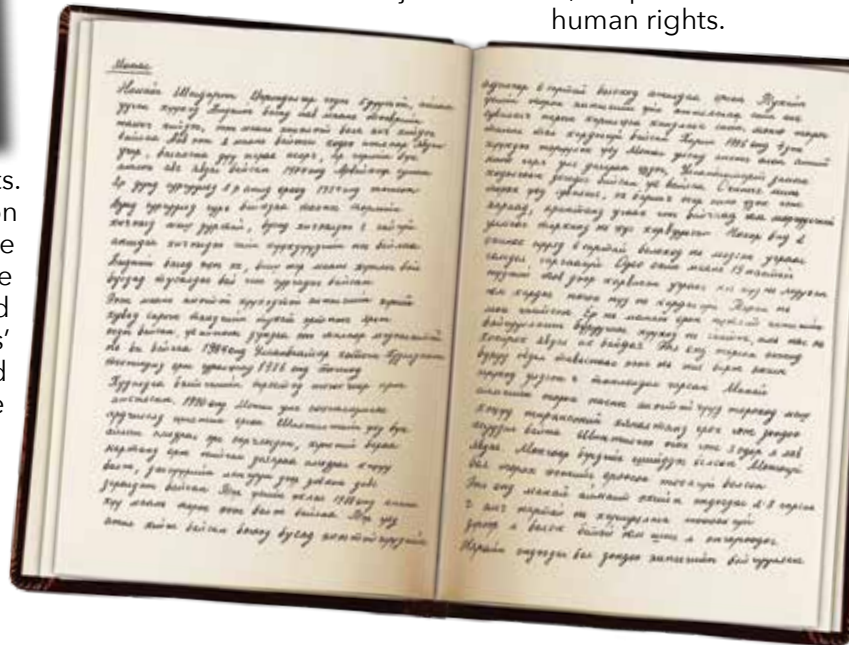
But while their savings group has created life-saving economic opportunities, women in Arvaikheer still largely remain neglected, especially in terms of their sexual and





She also called for the building creches, or infant schools where women can leave their children so that they can work easily.

As a working mother, she knows how important these demands are. As a woman, she also knows that these are not just demands, but part of her human rights.



reproductive health and rights. Tserendolgor said that due to lack of knowledge on family planning, unsafe and “secret” abortions are common. There are many cases of domestic violence as well. “It’s common for the husbands to distrust and beat their wives in my local area. One of our members’ daughter was killed by her husband. The daughter had three children, and her husband killed her while he was drunk,” she told.

Tserendolgor wants to push for a better health care system for women, and called on policymakers to “protect women’s rights.” She called on the government to build enough hospitals and hire more trained doctors and nurses, especially gynecologists.

KUMARI WAIBA:

'HIDDEN' AS A GIRL, NOW A LEADER

Kumari Waiba was born to the indigenous Tamang tribe of Nepal. Now 33 years old, she recalls when she was a young girl who just got her menstruation.



For the Tamang, it was a custom for girls to be kept hidden from the public during their menstruation period and beyond. "During our menstruation, we are kept hidden inside our home for 22 days. We were not allowed to meet our relatives and friends," Kumari wrote in the women's travelling journal on SRHR. As a result, many girls miss their classes and eventually drop out of school, thus beginning the cycle of poverty and disempowerment that continues until womanhood.

Kumari lived in Padampokhari, an underdeveloped agricultural village in the Makawanpur district of Nepal. There was no water or sanitation facilities in the community. "Women had to walk far away to fetch water, collect wood and leaves for animal beddings. I, as well as my neighborhood sisters have to tackle through these very problems everyday so we were always at risk of having some health-related problems," she wrote. The nearest health institution was one hour and a half away, Kumari said, "So most women did not bother to get check-ups."

Sexual and reproductive health problems begin at an early age. Many unschooled girls are bonded to child marriage. "It (child marriage) results in early pregnancy, affecting women's sexual and reproductive health. In extreme cases it results in death of women and girls as well," Kumari shared.



She wrote that married women are often victims of domestic violence: "There are cases where a pregnant woman is thrashed by her husband so brutally that she undergoes miscarriage."

Kumari shared that they often have to climb hills and cross rivers. "Pregnant women, recently child-bearing women, and menstruating women face a lot of physical difficulties. Women here make homemade ingredients for their kitchen. They have to carry loads of rice, maize, and millet up and down the hill. Due to extreme physical labor women face sexual and reproductive health problems," she wrote.

These difficult socio-economic conditions lead women to seek unsafe abortions in unregistered clinics, sometimes leading to maternal deaths. Despite the legalisation of abortion in Nepal, health services are inaccessible to many rural women.

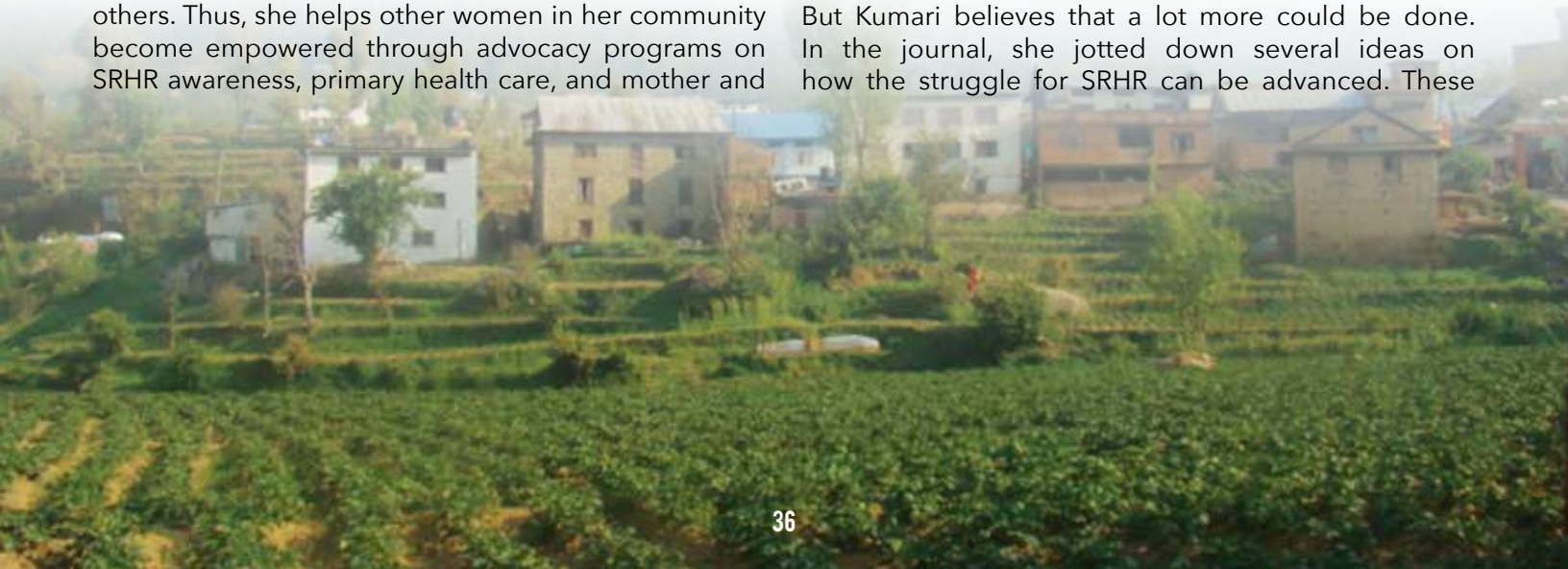


As a member of the Youth Welfare Society (YWS), an organisation working on child and women's rights at the community level, Kumari is more aware of SRHR than others. Thus, she helps other women in her community become empowered through advocacy programs on SRHR awareness, primary health care, and mother and

infant health care. In partnership with the Beyond Beijing Committee, the YWS conducts group discussions on safe motherhood, safe abortion, and other emerging SRHR issues in the community. They lobby for higher budget allocation for birthing centers

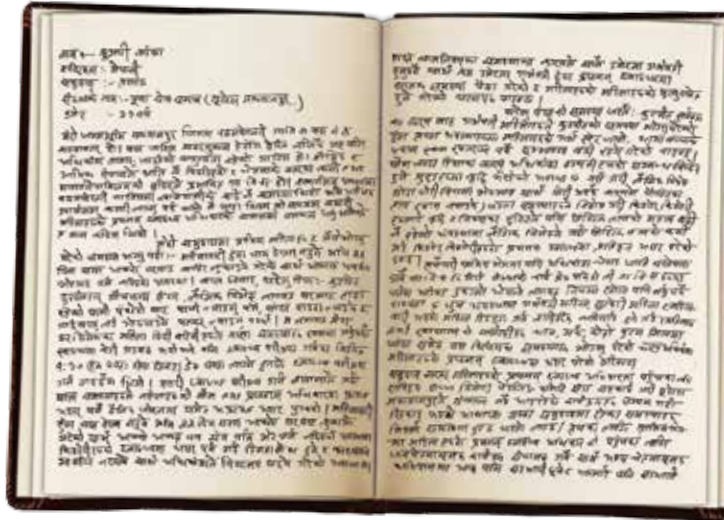
and mobilise women community health volunteers. They conduct regular health camps to support the Tamang women's access to health services.

But Kumari believes that a lot more could be done. In the journal, she jotted down several ideas on how the struggle for SRHR can be advanced. These



include lobbying lawmakers and national authorities to ensure SRHR, group discussions on SRHR among schoolchildren and out-of-school youth, and public dialogues led by public clubs, schools, cooperatives, and consumer committees that address pervasive problems of the community.

Kumari is a highly respected leader, with women consulting her on their problems. She emphasised her determination to continue working to improve the status of women in her community. "I will work trying to reduce maternal deaths associated with unsafe abortion, during pregnancy and childbirth. I would put my best efforts



to advocate state for proper monitoring of unsafe abortions taking place secretly inside unregistered clinics," she wrote.

But Kumari believes that significant change can only happen if SRHR is prioritised by policymakers as a key issue, and is included in the development agenda. "The issue has to be included in the manifesto of every political party and implemented accordingly. [There should be a focus on] sexual and reproductive health of rural women and accordingly planned campaigns should be directed," she elaborated.

Her keen thoughts seem to echo the sentiments of SRHR advocates around the world.

WOMEN AND MEDIA COLLECTIVE (WMC)
SRI LANKA

CHAMILA THUSHARI:

POET FOR WOMEN WORKERS



*The pay slip was not meant for me although it was mine
Ate two meals and scavenged for the third,
I wasn't able to care for my parents,
Trudged over to work before the hour passed
Achieved my target before the deadline*

*Days before I got paid,
The credit book at the grocery shop hounded me
Rent for accommodation, electricity, and telephone bills
Feels like demanding children I once gave birth to*

*Leisure, enjoyment, joy, and sorrow
To see only the meaningless
Are fighting each other on my front lawn to live life
Lord, is this what life is?
The haves, eats, drinks while the have-nots licks up the crumbs
They live the luxury life while stepping on the poor man
Our life is suffering and it's hell we experience
Shattered dreams are what we've got left in life.*

It was with this poem that Chamila Thushari, 42, began her entry to the WTJ-SRHR. It is fitting because for the past two decades, Chamila has been writing for Dabindu (Drops of Sweat), a newsletter for women workers in Katunayake Free Trade Zone (FTZ).

Katunayake is one of Sri Lanka's FTZ areas where many garments factories are found. The garments industry,

which expanded rapidly after the liberalisation of the Sri Lankan economy in 1977, now accounts for more than half of the country's exports, and around one-third of employment in manufacturing.



Most garment workers are women (recent studies indicate that 85% are women). Usually, they are young and unmarried, coming from remote and underdeveloped rural areas of the country. With limited education and skills, factory employers pay them low wages and subject them to long working hours. The women workers' difficulties increase once they get married—there are no affordable accommodations for families near the workplace, their spouses cannot find

work, and they have no job security. According to Oxfam Community Aid Abroad, approximately 70% of workers in garment factories last in their jobs for less than five years.

It is within this context that Chamila wrote her poem. With a degree in education, Chamila decided to devote her skills to Da Bindu Collective (DBC), an independent women's group concerned with the collection and dissemination of information among women workers in the Katunayake FTZ. Its main task is to come out with a newsletter, with women workers contributing regularly with news, articles, poems, and graphics. Through its networks, DBC has also been involved with other issues such as equal pay for equal work for women plantation workers and campaigns for the prevention of violence against women.

Chamila prepares and solicits articles from women workers for Dabindu. Every day, she listens to the news, and stays up until late at night to write or to

coordinate with colleagues. She balances this with the housework involved in sending two young children to school. "I had dinner with my family and checked on my children's school work. I also contacted two contributors to our organisation's magazine and spoke to them about their write-ups for a while on the phone and wrote up my own contribution and finally went to bed by 11:30 p.m.," she said.



In addition to highlighting the situation and concerns of women workers in the FTZ, Dabindu also raises awareness on sexual and reproductive health and rights. According to DBC, there is a notable incidence of early marriage and early pregnancies among women workers. Where pregnancies occur out of wedlock, there is

reluctance to seek immediate medical attention, with a minority resorting to illegal abortion. The organisation also addresses behaviour and critical factors that contribute to the spread of sexually transmitted illnesses such as HIV/AIDS.



In her work, Chamila often helps in solving all kinds of problems faced by women workers. "When we were assembling members by going to all boarding houses,

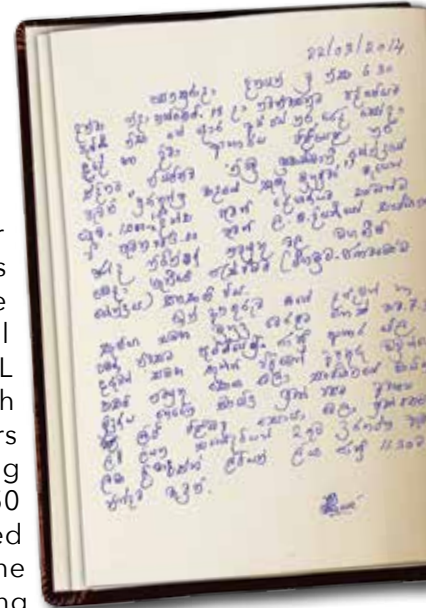
I came across a member with an Employees' Provident Fund issue, which I then proceeded to solve. It was critical that it was solved as her husband had left her and her only child who is 16 is lodging with her and is also employed," she wrote. That day, although it was Sunday, she still slept at 11:30 p.m. "Although Sunday is a day of rest for the majority, it isn't so for people like us, who have just Sundays to meet women workers from the FTZs, because that is their only free day," Chamila explained.

Chamila's usual flow of work was one day interrupted when members of the government's Criminal Investigation Department came to investigate about DBC, which was at the time "planning the International Women's day celebrations to be held in Mullaitivu." She wrote, "Our landlady informed me



about this over the phone. As she feared for our safety, she asked us to call off and cancel the programme. I informed and advised those close to me over the telephone. That was an unforgettable day for me."

Still, with twenty years of experience under her belt, Chamila was not about to be intimidated by the incident. She ended her journal by jotting down a news article she wrote for their newsletter. It was about the visit of the Secretary General of IndustriALL Global Union, which represents workers in the manufacturing industry in 150 countries. She quoted the union leader on the importance of empowering workers worldwide by informing them of their rights. For women workers in Katunayake—and elsewhere—these rights must necessarily include SRHR.

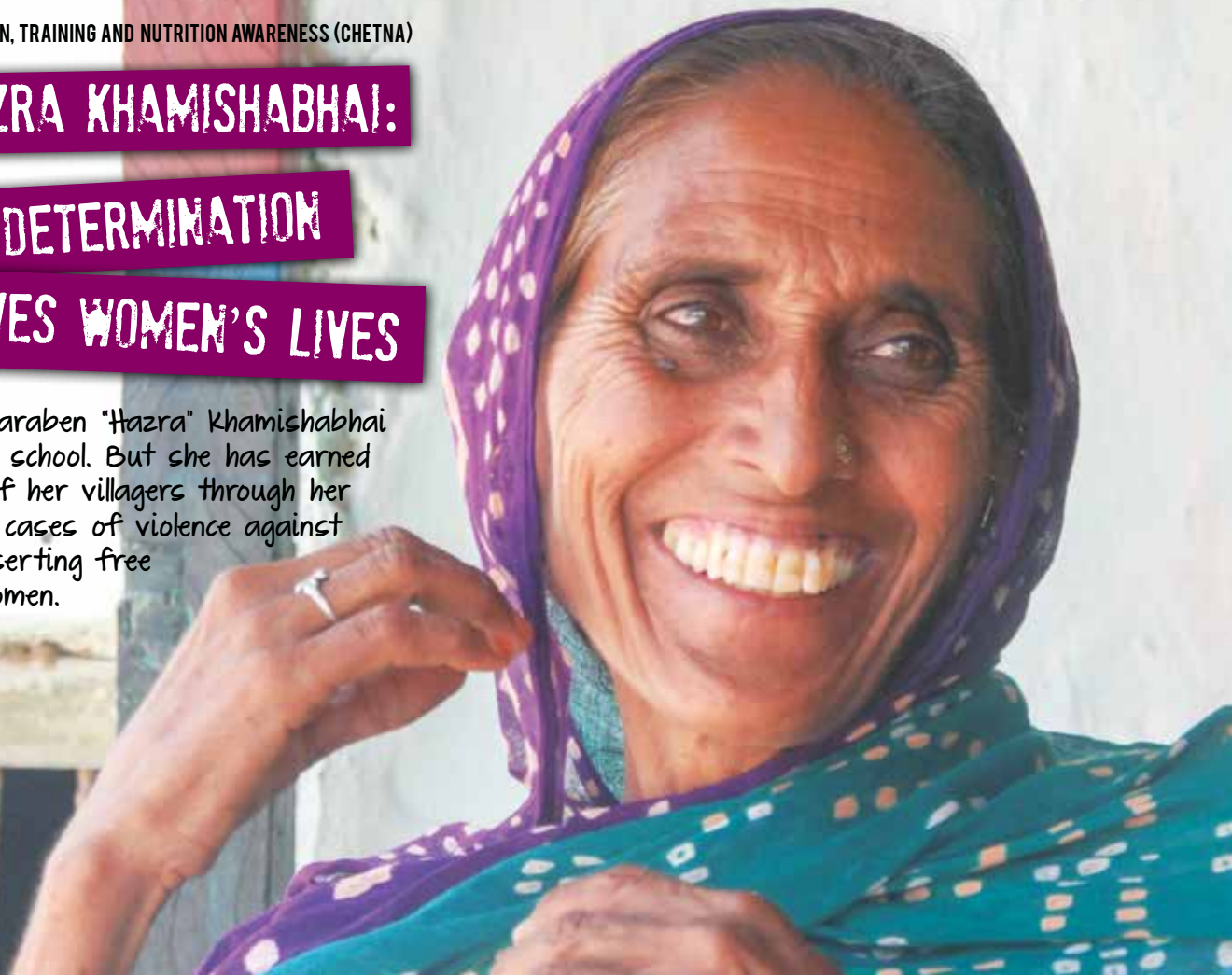


HAZRA KHAMISHABHAI:

FEARLESS DETERMINATION

SAVES WOMEN'S LIVES

Forty-year old Hajaraben "Hazra" Khamishabhai has never been to school. But she has earned the high respect of her villagers through her life-saving acts in cases of violence against women, and in asserting free health care for women.



Hazra lives in Taga, an interior village in the desert district of Kutch block of Gujarat State in India. It is an arid, desert region with scanty rainfall. The lack of irrigation worsens the state of livelihood in the area, which is mostly dependent on agriculture. Women in her village have to walk almost a kilometer to fetch water for drinking and everyday use.

Hazra started working on the farm when she was very young: "When I was young, girls were not sent to school. Girls had the responsibility to do housework and take care of siblings in the absence of parents when they go out to earn." This she narrated for someone to write on her behalf in the journal. But she was determined to become literate. "I told my father that I wanted to read and write. My father bought me slate and chalk stick. I used to learn with my uncle, keeping awake at night after finishing my labour and housework. I used to keep awake till ten o'clock at night and study under the light of a small lamp," she said.

This determination earned her functional reading and writing skills that she would be able to use in life. Today, she is married and has two daughters and three sons. She

still farms, and manages a small grocery shop. But she is better known in her community as a women's activist.

Hazra's journey began with the Ahmedabad Women's Action Group, a CHETNA partner, which deals with violence against women and health rights. "I promised the women in my village that I will help them if any one of them gets beaten," she said, and made good on this promise.



"Once I heard the screams of women. I ran with a stick in my hands. Two young women were being beaten by their husbands. I placed the stick on the men's throat (so they cannot move), and asked their wives to pack their bags. The men did not utter a word. They did not expect me to be strong and fearless," she said, and then added, "Till this date they have not been hurt or beaten."

Her fearlessness also led her to become an Accredited Social Health Activist (ASHA). ASHA is a national initiative of the Government of India's Ministry of Health and Family Welfare, where women are accredited as community health workers acting as linkages between community



and public health service providers. But Hazra had to fight even for this accreditation. "I complained to the health commissioner that the requirement to become ASHA

is minimum 8th standard school education, and women in our area hardly study up to that level. So, an order was issued and as a special case, 40 non-literate or semi-literate were accredited as ASHA, including myself," she told.

As a social health activist, Hazra participates in the trainings of Village Health Sanitation and Nutrition Committees. Through the Women's Health and Rights Advocacy Partnership, CHETNA has provided capacity building input and tools as a result of which she collects information from women and presents them to medical health officers.

The following are her observations on women's health: "Due to pregnancy and overwork, women have become weak. They feel tired and cannot take proper care of their children." She added, "It is a reality that most families do not have enough food. They buy food if they have money. If the family size is large then food is not enough for all. Nowadays, grains, pulses, vegetables have become costly. Therefore, it is difficult to eat nutritious and enough food."

In this situation, the availability of health services is crucial. However, women from her village shared that when they went to the primary health center (PHC), they had to make payments even if the services were supposed to be free. Women used to pawn their jewelry, cattle, or property just to make payments.

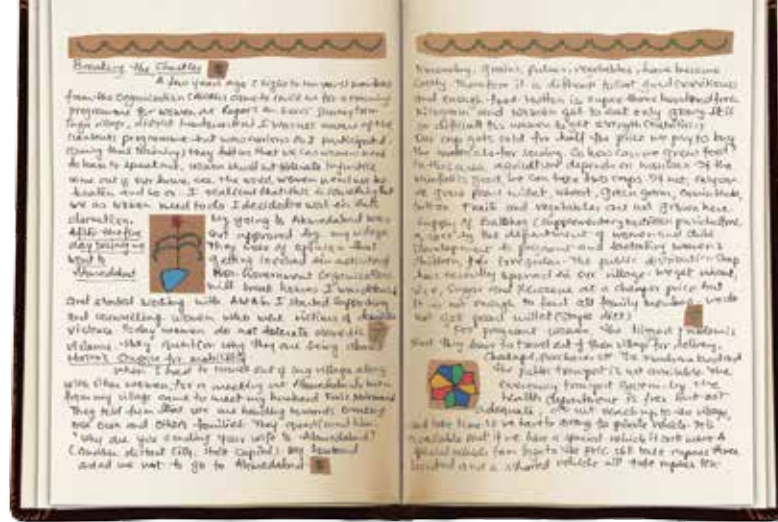


Hazra immediately sought to correct this, and accompanied one woman patient to the PHC. "I questioned their demand for payment and appealed that the family did not have food to eat. I told them firmly that the PHC has to provide free services," she said.

After her demands reached the chief medical officer, the 500 rupees paid by the woman was returned. “The staff realised that I knew how the health system functions and was aware of our rights,” Hazra said triumphantly.

Another success is when Hazra was able to present the women’s demands in a public meeting of 150 people, including medical health officers. “After our meeting, we noticed that women now get free drop back services from the PHC after their delivery. Instruments and incubators for the newborn have been purchased and are available at the PHC. Two nurses have been appointed. The PHC now provides services 24 hours, 7 days of the week,” she said.

Still, a lot more needs to be done to ensure women’s sexual and reproductive health and rights in Taga. For Hazra, a lot have to do with providing the villagers basic necessities and livelihood. She complains that their crops get sold for “half the price” they pay for the materials for sowing. “So how can we grow food?” she



said. And while she has started to grow organic crops in her farm, she had to stop because of lack of water. Thus, her primary demands are irrigation, good roads and public transport, free health services at the village level, and price controls.

In the end, she is able to articulate—and work for—the demands of women because of her willpower, a determination that she would like to see in every woman. “Women should come forward and they should be provided the opportunity to learn. Women should not be afraid to do good, do appropriate work and speak the truth,” she said.

A. BHAVANI:

IN PAST 30 YEARS, LITTLE HAS

CHANGED FOR GIRLS AND WOMEN

A. Bhavani, a 49-year-old Dalit woman, has been a community health worker for the past three decades. Still, she observed with sadness, little has changed in terms of the sexual and reproductive health and rights issues faced by girls and women in Tamil Nadu, India. "When comparing the health issues of young girls in 1983 to 1984 to girls today, there is only a slight difference," she wrote in the travelling journal.

Like most women living in the Kancheepuram district, Tamil Nadu, Bhavani only reached up to tenth grade. Bhavani is part of a socially and economically marginalised caste group, the dalits. Majority of the men and women in her dalit community are agricultural labours, or else work in garment and leather factories in Chennai, the nearby city.

Before becoming a community health worker, she confessed, "I had never thought about what it meant to be a woman or a mother, or the status of women in society. I was unaware of the physical and emotional changes women faced from conception to childbirth to [general] health care."

All these changed when she was inspired to join the non-governmental organisation, Rural Women's Social Education Centre (RUWSEC). She was motivated by the fact that not a single woman in her village was educated beyond tenth grade, and wanted to dig deeper.

As duty-bearers and policymakers are posturing a new development agenda post-2015, Bhavani wants to contribute her voice in demanding that SRHR issues and its linkages with various population and development issues in India be addressed. "When I first went to



villages as a community health worker, I found [out that] there was a lack of health care and medical facilities. I also noticed women were not using family planning methods. Women were having children every year and their health was deteriorating. In spite of these health problems, women were continuously carrying out their duties like a 'machine.' Women were unable to realise they were oppressed, suppressed, and discriminated on the basis of religion, caste, and cultural values," she wrote. Bhavani even emphasised, "Women were treated like slaves."

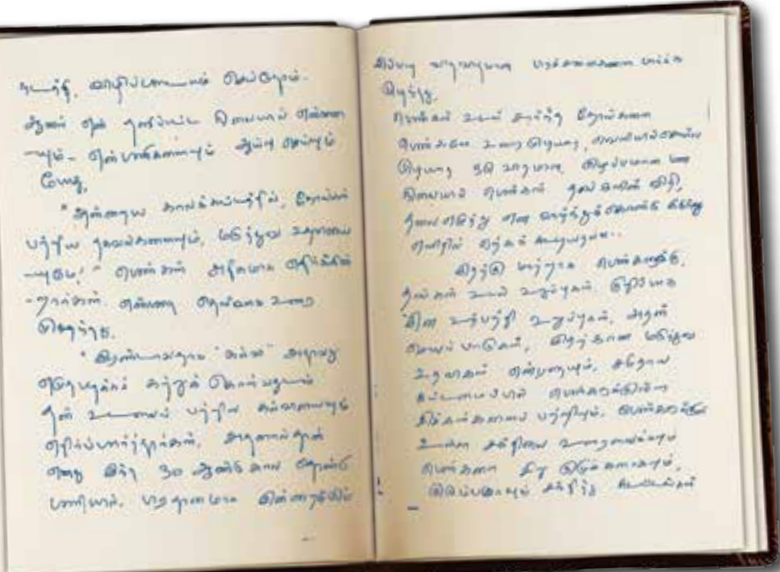
In going around the villages, Bhavani observed that women in Kancheepuram district commonly suffered from anaemia and uterine prolapse. There was a high rate of maternal mortality. Gender-based violence was also prevalent, as well as early marriage and unsafe abortions. Amid these problems was food scarcity and lack of health services.



“It was problematic that women were unable to sense these issues. Some women were unable to express how they felt or were confused about their bodies. Most women lived their lives ‘as such,’ without any understanding about their bodies and health. They



had a fatalistic attitude and stated, ‘it is all fate,’ ‘we have to live our life like this;’” Bhavani wrote.



Finding this unacceptable, Bhavani led small group discussions and community level workshops to create general health awareness. Intelligently, she said, “I wanted women to know about how their reproductive system functioned so that in case of any problems, they could obtain medical assistance. I also felt women should be aware of social structures, what problems women face, and how women can empower themselves.”

Today, she said that much has to be done, especially in disseminating up-to-date health information and providing continuous health care services to the district.

Bhavani works with another NGO called Social Education Development Trust (SEDT), which focuses on young girls. She observed that young girls today face the same problems as thirty years ago. These include lack of hygienic practices, which cause health problems during menstruation and pregnancy, unsafe abortions, and a general lack of awareness of sexual and reproductive health and rights.



She also believes that the empowerment and improvement of the well-being of women should take into consideration social, economic, religious, cultural and sexual aspects. "These aspects [make] me think critically. It [is] a great learning experience," she wrote of her life as a community health worker.

"I strongly feel as the world develops, women need continuous education about health care. Women need appropriate health care [services] for any kind of health issue [they might encounter]. Health information should be disseminated regularly to villages either directly or through some interactive educational media," she said.

It is this dedication that makes Bhavani continue to work for changes that still need to happen for women in her community, even if it may take decades more.

DEEPNANDANI:

MENSTRUAL HYGIENE AND LIBERATION

With the simple knowledge that menstruation is a natural biological process and does not make a woman "impure," the life of 16-year-old Deepnandani underwent a radical transformation.



Deepnandani lives in Devkhat, a remote village in Chandoli district in the state of Uttar Pradesh, India. Perched amidst forests and hills, most villagers earn their living from forestry. Some 80 kilometers away from the district headquarters, Devkhat is deprived of the basic facilities for education, health care, and even sanitation and clean drinking water.

Most women, such as Deepnandani's mother, are uneducated. Meanwhile, most men, like Deepnandani's father, are manual labourers with "irregular and meager earnings" that can hardly sustain a family. Still, she and her siblings are lucky enough to be enrolled in school.

Her life transformation started "one fine day", when a female volunteer from the local organisation, Gramya Sansthan visited their village. "With girls assembled around her, she began giving information regarding the SABLA Scheme, talking at length about women's health and rights. "I was highly convinced after listening to what she said," Deepnandani wrote in the journal.



The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or SABLA is a scheme to improve the nutritional and health status of adolescent girls 11-18 years and empower them by providing education in life-skills, health, and nutrition. It is being piloted by the Government of India in 200 districts across the country. Sahayog and its community-based partner organisation, Gramya Sansthan, are working in four districts of Uttar Pradesh and one district of Uttarakhand to strengthen the SABLA scheme. This programme is known as TARANG. When she learned about this, Deepnandani immediately volunteered to be a Sakhi, or an adolescent girls' group leader.

She revealed that in her village, menstruation was still viewed as an embarrassing act for which women were kept away and hushed. "We were directed not to apply nail



polish, touch a pickle, or even pray during menstruation. A woman is impure during days of her menstruation; that was indoctrinated to us since childhood. We also had no knowledge of sanitation and the use of the proper cloth for menstruation," Deepnandani said.

With new knowledge about the reproductive cycle and hygiene,

Deepnandani decided to test some of the myths that she grew up with. "During my menstruation, I touched a pickle, applied nail polish, and even went to the temple but did all this without being noticed. I realised that I suffered no harm doing all that we were forbidden to do. I shared my experiences in discussions held thereafter, which inspired another 30 girls to do the same," she wrote.

With the limited availability of cotton cloth, women in her village used old, discarded clothes during menstruation.

"There are some women who disposed of this cloth after use, while others reuse the same cloth after washing it over and over again. This cloth is stored at a place meant to harbor clothes that were old or filthy. With the unavailability of the right kind of cloth, women had to resort to using the same cloth for a span of twelve hours or until it could not be used any further," Deepnandani explained.

Women also do not know about menstrual cramps, and usually treat these as stomach aches, resulting in improper treatment. The absence of female physicians and gynecologists at primary health centers also aggravates problems from lack of menstrual hygiene management.

Furthermore, during menstruation, girls could not attend school. This is because most schools did not provide clean or usable toilets.

Deepnandani related that educating girls and women on sexual and reproductive health and rights has not been easy. But it was also highly rewarding. "Most



parents, after attending some of the discussions, forbade their daughters from attending these sessions, condemning them as obscene and misleading. Thereafter, I approached mothers of many girls and encouraged them to allow or accompany their daughters to the sessions. As a result, girls in large numbers started showing up," she wrote.

"My life has undergone a complete metamorphosis after working with TARANG intervention. Earlier, I felt no less than a caged bird that aspired to fly," she shared.

Deepnandani hopes for the following: female physicians at primary health centers, free sanitary napkins for girls, a hygienic system of toilets, and the inclusion of reproductive health in the school curriculum. She believes that these steps would be crucial for liberating girls and women from myths and misconceptions about menstruation. There is another practice that she wants eradicated: child marriage.



"Young girls (11 to 12 years old) in our area are married forcibly. This results in young age pregnancies, and these young mothers face health problems related to reproduction," she said. Deepnandani added that while they have started to raise their voices against child marriage, they are rebuked by elders in the village who say that they have no right

to speak about the issue. "Despite these rebukes, we are firm in our attempts and endeavours," she asserted.

For her efforts, Deepnandani has been honoured by Uttar Pradesh Chief Minister Akhilesh Singh Yadav in a ceremony held 3rd of August 2014 at Indira Gandhi Pratishthan, Lucknow. But for the young woman, the greatest honour or achievement is liberation from ignorance and backwardness, with which she now embraces all the possibilities for a better future for her and the entire community.



HOSNE ARA HASI:

WITNESS TO MATERNAL DEATHS

Hosne Ara Hasi, 49, was born in Shialia village, Sadar Upazila under Barguna district in the south-western coast of Bangladesh. Situated in a densely populated riverine district, most of her villagers are involved in agriculture and deep sea fishing. The village has poor infrastructure, and little education and health facilities.

At a young age, Hosne Ara became witness to the maternal death of her aunt. One day, Hosne Ara accompanied her aunt who went into labor in a private clinic. Her aunt gave birth to a healthy son; but a complication developed soon after delivery. Doctors told Hosne Ara that her aunt needed to be brought to a divisional hospital. Since no ambulance was available, they went by minibus. Her aunt died on the way, while waiting for a ferry that would get their bus across a river. "I was a helpless bystander," Hosne Ara wrote in the women's travelling journal on SRHR, describing her feelings then.

But that incident made its mark and motivated young Hosne Ara. Today, she is the Chief Executive of Jago Nari (Women Awake), a community-based organisation on women's health rights that she founded with 16 other women 16 years ago.

In the journal, Hosne Ara related how she started to organise among like-minded women. They first

started their organisation by leasing a piece of land and cultivating watermelons. "With the profit from the watermelon cultivation, we created a fund to run our organisation," she said.

Jago Nari was created to help women raise money for health treatment, which was always expensive. "The members of the organisation used to meet every Friday evening at my house as we did not have an office then. Every week, we each contributed 2 Takas and deposited the money in a bank account. Any member upon falling ill could borrow up to 300 Takas from this account to pay for treatment costs. The loan would be given for three months at 10% interest rate," she explained.



At present, Jago Nari is running 11 projects on reproductive health rights, care and nutrition of adolescent girls, care during pregnancy, and



breastfeeding. It is known for exemplary work in the areas of reproductive health rights of adolescent girls and women; combating child marriage, violence against

women and sexual harassment; and income generation and economic development of women.

Hosne Ara herself is a victim of child marriage. She married a 45-year-old man when she was just 14 years old. She got divorced in 1992, wanting to become "self-reliant."

Although Jago Nari remains very strong, still stronger are deficiencies in the health care system, which profoundly affects women's sexual and reproductive health and rights (SRHR) in her community.

"Problems regarding menstruation, lack of knowledge of adolescent girls of their reproductive health, lack of proper check-up and treatment of pregnant women are major SRHR problems of women of the community. Quality of government district hospital at Barguna is

not up to the mark due to scarcity of doctors, lack of accountability of service providers, etc.," Hosne Ara said.

Eclampsia, an acute and life-threatening complication of pregnancy, is common among women. They also have to deal with insufficient facilities and transportation for patients. "As a result, a number of women die every year due to pregnancy and pregnancy-related complications," said Hosne Ara.

Again, Hosne Ara became witness to maternal deaths, just like when her aunt died. "Many women rush to me for help to get treatment. I bring them to government hospitals. Deprivation of patients from getting proper treatment make me suffer a lot," she wrote.



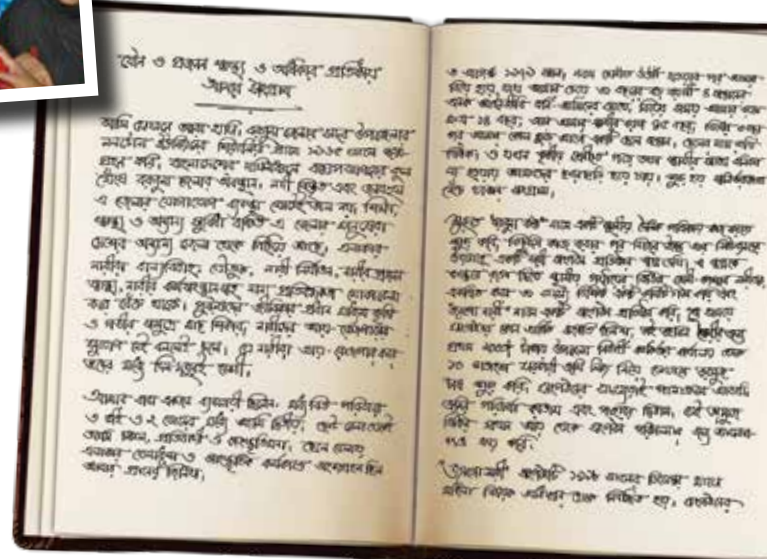
She added that about 80% of all infant deliveries in rural areas of Bangladesh are assisted by a Dai or traditional birth attendant.

Despite these challenges, Jago Nari persisted in helping women, even creating a hospital fund that comes from the donations of devotees on the two Eid festivals. Today, the organisation commands huge respect and many donors support its advocacies. Hosne Ara reflected, "Holding a vital post of the organisation, I am accountable to local administration, hospital authorities, journalists, and other local influential people. I realise that it is possible to work on women's rights, women's reproductive rights in particular, by solving problems faced by individual women regarding sexual and reproductive health."

She articulated her vision: "I want that every woman in our community will be aware about their health and rights; that they can express their demand for health care to their families and to society, and can get proper treatment accordingly."



Her specific demands include comprehensive sexuality education for adolescent girls; accountability of service providers in all government health facilities; and quality health care service for women, regardless of their economic condition and caste. "Finally, I want that no woman should die giving birth," she wrote, with personal significance.



TAHIRA NAZ:

HEALTH WORKER UNDER ATTACK

Tahira Naz, 28, made it a point to finish schooling—even if doing so was considered going against the tide. "People in the village opposed my education and my peers also said 'what use is education for girls?'" she wrote in the women's travelling journal on SRHR.



Tahira lives in Phul Khotey village, District Mardan, Khyber Pakhtunkhwa in Pakistan. It is a small agricultural village of 150 households where most are low-income farmers. Despite this, conservative cultural and religious beliefs make people frown upon the desire of young women like Tahira to finish school and earn—believing that such is a privilege only reserved for men.

Thankfully, Tahira's mother did not think the same way. Tahira's father died when she was very young, leaving her mother alone to fend for her and her siblings. Thus, her wish to finish school was also due to her desire to work and help her mother earn. The day that she became a health worker after finishing a private course, she was so happy. But soon thereafter, complaints started coming in.

"Following this, people in the area complained to my elder brother that women are supposed to stay at home; why does your sister not do so?...Then I talked to my brother myself and explained that women are the only ones who can put an end to other women's miseries, so what's wrong if I am able to help out other women?" she said. After three hours of talking with her brother, she was finally able to persuade him not to heed what others were saying.

Tahira enjoyed her salary, which covered their home expenses and her education as well. She described her feelings upon receiving her first pay check: "I cooked rice at that time in the name of Allah and prayed that my brother and the villagers would stop gossiping about me. I also bought myself a suit, shoes, and gave the rest of the pay check to my mother."



When her siblings all finished schooling, she was also able to finally save and spend some money for herself. But during all this time, she never received a reprieve from the backlash. "During my employment, the villagers talked ill about us, said that we have ruined the honour of the Pathans. The derogatory talk continued constantly for three years," she wrote.

Still, it was the women whom Tahira served that gave her strength and resolve. Her work involved going in women's homes and assessing their health needs. "Their behavior towards me was full of compassion and said that I should not pay any heed to what these men are saying. Now the women are coming to me for help. Yesterday, a woman came to my house at 2 a.m. for help, saying that the doctor has refused to come to her home. I injected her; relieving her of her pain," she happily related.



With the nearest basic health unit a kilometer away by foot, health workers do valuable work for the community. From only 10 women who availed of family planning services when Tahira first offered it, now 54 women do. Young girls have also started to discuss reproductive health problems with her more openly. "Now the women of the entire community go for check-ups during pregnancy and even men come to get medicines from me," she said.

Some religious beliefs still hamper the delivery of health services to women. However, she does her best to explain. "Some maulvis (religious cleric) oppose check-ups by pregnant women saying that it is sinful to look at Allah's creation on ultrasound. But I explained to the women that check-ups during pregnancy help in finding out the correct position, growth, and possible disability of the fetus. This information can help in allocating appropriate care for the child, as well as ensuring the health of the mother."

But Tahira's biggest worry nowadays is the constant threat of attack from religious fundamentalist (e.g Taliban) groups that frequent the area. Female health workers and polio vaccination workers are usually the target. She related, "One of



my friends was going to Charsada to provide people with polio drops and she was attacked during the journey, even though she was travelling with a police mobile. Fortunately, she escaped the attack. Around 14 days ago, I also went to provide measles vaccination and we were provided with security from the government, but even then, the threat of an attack persisted."

The attitude of people in other villages assigned to her is also highly discouraging. "They refuse to take the drops saying that they are made out of pig skins and this will prevent them from having children in the future. They also accuse us of working on a 'foreign country agenda.' We put our lives at stake for their benefit; some of them understand the benefits while some do not," she wrote.

As an effect, female health workers cannot wear their uniforms, openly carry their bags, or put a health centre board outside their house. "The effects of religious fundamentalism on our work are multifold: our lives

are under threat and there is a fear that our work will stop," Tahira told.

Still, she persists, in the hope that education will be the way forward for women. She recently took a course on human rights and women's health rights from Shirkat Gah. She was also able to convince six mothers in her village to send their daughters to school. One of her demands is to have a school in the village, because the nearest one is a 45-minute walk away.

"This is my message for all the girls who consider me their role model: they should be confident, have a desire to work and be able to differentiate between right and wrong because in my view women are not weak; rather they are superior and powerful to men if they are able to understand themselves," she wrote.



HALEEMA BHEEL:

TRAGEDY OF CLOSELY SPACED BIRTHS

Haleema Bheel is a mother of 10. But only seven of her children are alive. Closely spaced births, undernourishment, and exposure to pesticides all possibly contributed to her children's deaths.

Haleema lives in Wasiyo Bheel village, Tando Mohammad Khan District, Sindh, Pakistan. She is part of the country's Hindu minority. In her rural village, most are agricultural workers or sharecroppers working under feudal lords. Villagers also have limited access to government welfare funds and facilities for health and education thus, most are illiterate.

Relating her story verbally, Haleema said, "After two years of my marriage I had my first daughter. We named her Salemat. After another two years I had a son; he died at the age of 15. Thako used to work in the fields and did everything, from picking vegetables to spraying pesticides on cotton fields. His knees had started hurting; according to the doctors he had cancer and there was no treatment."

Two years after Thaku's death, she had another daughter named Zeenat. And two years after that, her third daughter Janat was born. "After this, the period between my children's birth decreased even further. After 12

months of Janat my second son was born: we named him Babu. After another 12 months of Babu I had twin girls, Momul and Jamna," she said.



Haleema's husband is a sharecropper with a feudal lord who owns 100 acres of land. He gets only one-fourth of the harvest. Thus, he barely takes home anything to his family to eat. "So many child births and the death of my son took its toll on my health. We also do not have very good food; whatever meager amount is available we survive on that," Haleema related.

One of the twin girls, Momul, was very weak from birth. "I was very weak myself as I was not getting adequate nourishment. I was also not able to breastfeed my girls completely," she said. In the end, Momul died of undernourishment.

Haleema described her daily diet as such: "I would only have tea with biscuits in the morning. In the afternoon,



if there was dal (lentils) then I would eat that with roti. Otherwise just make do with roti and milk. Even

well and played all day with other children. But then he started having fever and then convulsions. We started towards the hospital but he died on the way," she told.

After the death of his second son, Haleema had two more daughters, one with a 12-month gap and the other with a 15-month gap.

Today, seven years after her last child's death, Haleema is in a better position to assess her tragedies. "Due to the very little gap between the children, my health suffered and I had to bear the loss of my children. In my village, women including myself did not know about intervals between children. We were also afraid to go on our own to seek family planning help," she said.

She added, "Even if we tell our husbands not to (have intercourse) they do not listen. But if there is somebody to provide guidance and help, then we listen."

It was only when a women's rights organisation came to their village that she realised and learnt that one can stop having children. "The organisation helped me to access a government hospital in Hyderabad. I was able to permanently stop having children."

Haleema also started participating in various village level awareness programs. She realised that the practice

when I would be pregnant, I would eat only whatever was available. Meat was rarely available; only if I would fight with my husband asking him to get some meat for me would he get that, otherwise not."



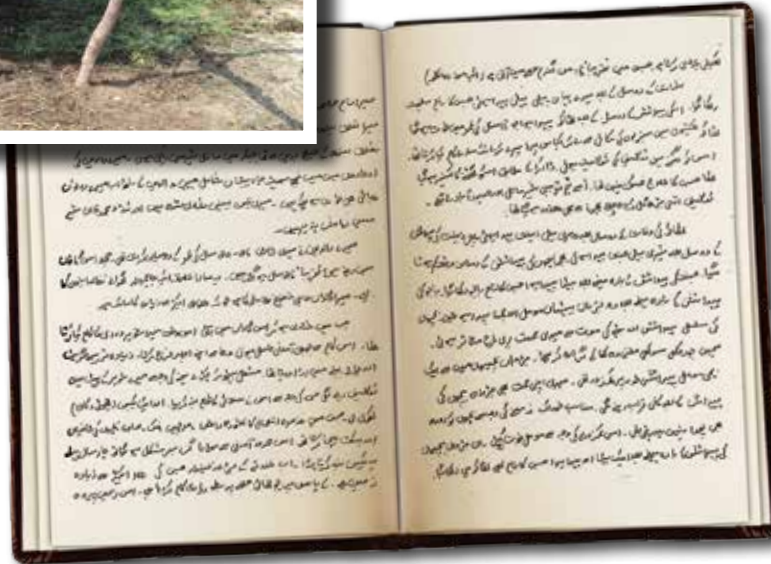
The tragedy did not end after Momul's death. Only 12 months after the twins, Haleema gave birth to another son, whom they also named Thaku (after the first son who had died). "When Thaku was three years old, we had gone to another village for a wedding. He was quite



inequality between sons and daughters, but also the inequality that is created between landlords and *haris* (sharecroppers). The hardship in our lives is because of poverty and meager wages. But the basic reason is that we do not have our own land. If we had our own land then we would have grown food according to our needs and fed our children well. No doubt, if we had had our own land our situation would have been much better," she told with conviction.

of favouring sons over daughters, which translates to feeding daughters less than sons, was wrong. She immediately stopped doing the practice.

Now, she feels not just more empowered personally, but politically as well. "I know what are our rights now. I know not only the



A survivor of immense personal loss, Haleema is now working with Roots For Equity, an organisation working on farmers' rights, women's economic rights and food sovereignty. She is organising other women, knowing that their lives could be made better. "It is only after being organised that our confidence in ourselves can increase," she said.

THERESE Mbaye:

SAFE FOOD FOR

WOMEN'S HEALTH

Therese Mbaye lives in Fandene, a rural town located about 7 kilometers east of Thies, a city in western Senegal. Fandene is an area of agriculture, livestock, and arboriculture. Among the town's products are millet, cowpeas, groundnuts, cassava, mangoes, coconut, lemons, jujubes, and garden crops such as tomato, eggplant, pepper, onion, lettuce, and parsley.

Fifty-four-year-old Therese only finished primary school. But she is an accomplished leader in her community. She is especially known for educating women on the effects of pesticides use, and for promoting natural means of plant protection and soil fertilisation. In Fandene, this is of huge importance, especially for women.

Therese described in her journal the women of Fandene. "Women are very active in market gardening, small-scale business and handicrafts using ronier (baskets, chairs). During the rainy season, they practice agriculture with their husband producing food crops," she wrote.

Women, of course, bear the brunt of the adverse effects of widespread pesticides use in the community. Therese wrote, "Miscarriage is very common to women producers who [pour] pesticides [for] crop treatment." She further

added that food crops treated with pesticides contain residues, and expressed concern that these pesticides residues could cause cancer. They may also be a factor in the high rate of miscarriages in the community, she said. "Indeed, the use of pesticides affects negatively [our] reproductive health," Therese wrote in the journal.



Farmers in Fandene face common livelihood problems—lack of access to quality seeds, dilapidated farm equipment, crop infections, and pesticides misuse. Poor socio-economic conditions, as well as lack of health services, increase a woman's burden. They face arduous working conditions. Infant mortality and malnutrition is high. There is also the problem of closely spaced pregnancies and the lack of reproductive health care.

Therese, a mother of seven children, is burdened with the same problems. "I am faced with the lack of resources to operate my practice plot of two hectares," she said. But rather than trying to solve problems on her own, she organises the community in looking for alternatives to chemical agriculture, and in fighting for SRHR.

Therese is an administrative secretary of the National Network of Rural Women in Senegal (RNFR), a network composing of 120 grassroots organisations around the country. She describes her work in the organisation with pride. "Together with fellow women of my community, we sensitise and train on the related dangers of pesticides. The women producers of Fandene are trained on compost manufacture and home bio-micro gardening, in order to have safe vegetables and a rich diet," she wrote.

She said that as a result, many farmers, even from far-flung areas, are now into bio-agriculture, and are more sensitive to the dangers of pesticides use.

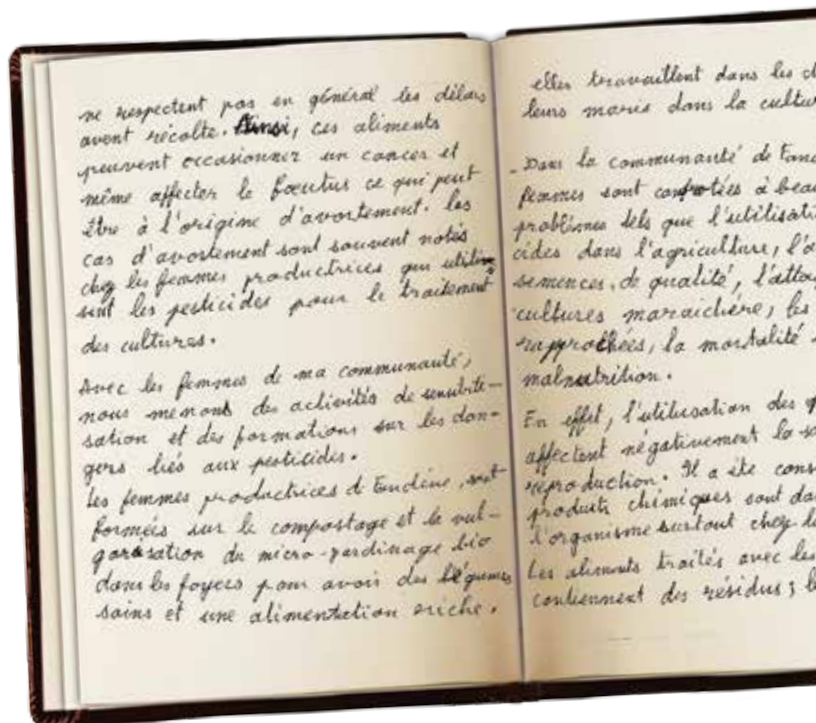




Therese expressed her wishes for more sensitisation on the dangers of pesticides, as well as focus on SRHR interventions, which includes family planning, monitoring of young children's health, and educating the youth on reproductive health.

"I wish that green agriculture be more developed in Fandene and allow women to better their living conditions while fighting poverty. I wish that the women of my community [will] gain access to health care in order

to participate actively to the development of Fandene. I wish [that] as a change, producers [will] produce safe food so as to preserve the health of the population," she wrote, showing her deep knowledge and appreciation of issues faced by rural women not just in Fandene, but everywhere.



ne respectent pas en général les délais avant récolte. Ainsi, ces aliments peuvent occasionner un cancer et même affecter la fertilité ce qui peut être à l'origine d'avortement. Les cas d'avortement sont souvent notés chez les femmes productrices qui utilisent les pesticides pour le traitement des cultures.

Avec les femmes de ma communauté, nous menons des activités de sensibilisation et des formations sur les dangers liés aux pesticides. Les femmes productrices de Fandene, sont formées sur le compostage et la vulgarisation du micro-jardinage. Ils ont des foyers pour avoir des légumes sains et une alimentation saine.

elles travaillent dans les champs leurs maris dans la culture. Dans la communauté de Fandene, les femmes sont confrontées à beaucoup de problèmes tels que l'utilisation des pesticides dans l'agriculture, l'utilisation de semences de qualité, l'absence de cultures maraichères, les maladies, la mortalité et malnutrition. En effet, l'utilisation des pesticides affectent négativement la santé et la reproduction. Il a été constaté que les produits chimiques sont dans l'organisme surtout chez les femmes. Les aliments traités avec les pesticides contiennent des résidus.

Mariane Kane Babo is a teacher by training, and holds a master's degree in Philosophy and Educational Sciences. But instead of pursuing a high-paying job in a university, she chose to serve girls and women in her community—especially those victimised by female genital mutilation (FGM).

MARIANE KANE BABO:

COMBATTING FEMALE

GENITAL MUTILATION



Kati is a rural town near the capital Bamako in Mali. Economic activities are gardening, raising poultry, and small trade of fruits and vegetables. "My town is a figure orchard in Mali because it produces a lot of vegetables and fruits such as potatoes, tomatoes, cabbage, lettuce, onions, mangoes, oranges, lemons, papayas, carrots, and guavas," she proudly wrote. However, like other towns in Bamako, there is a shortage of arable land and equipment. Infrastructure, including health centers and schools, are poorly developed.

Mariane is the president of the Association of Women Teachers Development Kati (AFEDK). Their association is made up of thirty female teachers in primary and secondary school. Their aim is to improve literacy of girls, spread awareness on HIV/AIDS, fight poverty through income-generating activities, protect the environment, and finally, fight a practice that has endangered girls and women for decades: female genital mutilation or FGM.



In the journal, Mariane wrote a great deal about female circumcision, which was very common in her community. "This practice involves partial or total removal of the external female genitalia for cultural or other non-therapeutic reasons. If traditionally, female circumcision was practiced on girls of 8 to 13 years, today it is practiced on girls as early as 5 years of age," she narrated.

In a report on female genital mutilation published by the United Nations Children's Fund in 2013, it was reported that 89% of women and girls in Mali have undergone circumcision. FGM is currently being practiced in 29 countries, mostly in Africa and the Middle East. It is estimated that over 125 million women have had their genitals cut.

In December 2012, the UN General Assembly adopted a resolution for "Intensifying global efforts for the elimination of female genital mutilations." While it is considered as a landmark step, much more effort is needed—from

the grassroots up to the international level—to eliminate or significantly reduce FGM.

In the words of Mariane, “[Female] circumcision has many adverse consequences that are often poorly understood in our community. These consequences are medical, social, psychological, and economic.” She said circumcising girls at a young age “takes away any possibility of girls to claim their right to bodily integrity.” Mariane added that adverse health effects of FGM include “bleeding, acute infections, urinary incontinence, infertility, vesicovaginal fistula, and rectovaginal fistula, painful periods, and pain during sex.” She also said that it leads to marital conflict, “often resulting in divorce.”

Female genital mutilation is considered as a social norm in countries where it is practiced. It is viewed



as a social obligation, where failure by parents to comply means social exclusion, criticism, ridicule, stigma or the inability to find their daughters suitable marriage partners. In 1993, the Vienna World Conference on Human Rights classified FGM as a human rights violation, or more particularly, a form of violence against women.

To combat FGM in the community, Mariane related that their association conducts information and awareness sessions for women. They also inform circumcisers on such dangers, and encourage them “to lay down their knives and engage in other income-generating activities.”

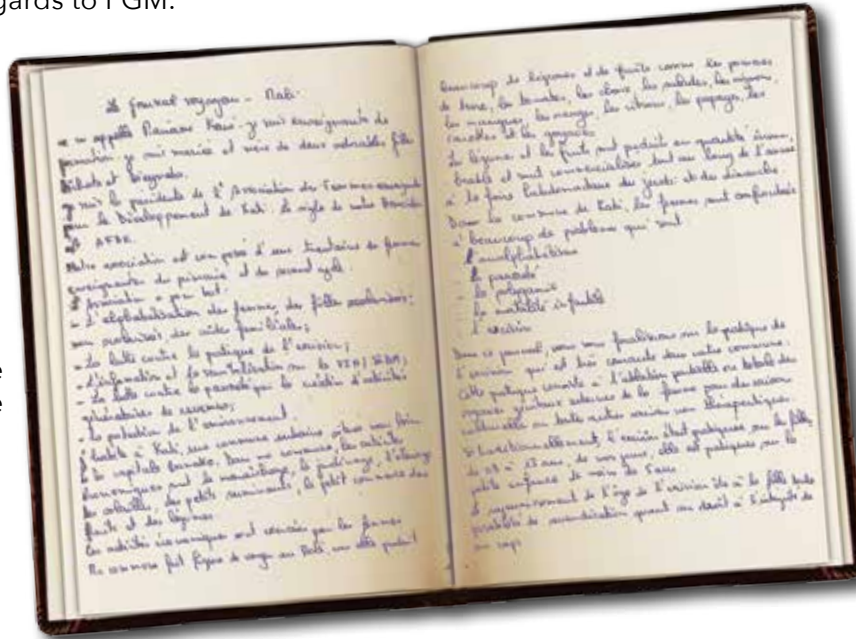
“We believe that through information and awareness, we



can touch many people in our community. Changes we want in our town is primarily a change in mentality. We want common women and men to know that FGM is not a good practice and endangers the lives of little girls," she wrote emphatically.

Mariane is also active in lobbying both local and national policymakers for a ban on female circumcision. Mali is one of the few countries who have not yet enacted any legislation with regards to FGM.

"The health of the woman is driving the development of our town and even our nation. We urge policymakers to make reproductive health a priority, and to get more involved in the



fight against this cultural practice that affects the health of women and their right to bodily integrity," she wrote.

Mariane finished her journal entry with a clear vision: "Our vision is that no woman



suffers this retrograde cultural practice that does more harm than good to the woman, and for her to actively participate in development, for the good of the community."

AMELIA SEGLA:

SPEAKING UP AGAINST

ABDUCTION OF GIRLS

Amelia Ségla is one of the many African women who are beginning to speak up loudly against the widespread abduction of girls for forced marriages and sex trafficking.



Amelia, born in 1967, lives in Klouékanmè Davihoué-Abome, an agricultural town in the district of Djotto, Mono-Couffo department in Benin. This is the place where she got married, had six children, and which she calls home.

The town of Klouékanmè has 61 villages and a population of 128,537 people, more than half of which are women. Most villagers rely on subsistence agriculture. According to the Benin Education Fund, the annual average income here is only at USD 1,400. Over-all, it is estimated that about one-third of the population in Benin live below the poverty line.

Poverty and lack of access to education, cultural traditions, and the media, according to Amelia, contributes to violence perpetrated against women. "Violence against women is due to illiteracy. Women are underinformed and carry many socio-cultural burdens," she wrote in the

women's travelling journal on sexual and reproductive health and rights (SRHR).

Amelia explained that in Benin, women are expected to "submit to the decisions of the man." As a result, they suffer many consequences related to SRHR, such as closely spaced pregnancies and prevalence of HIV/AIDS. Polygamy is also practiced in many households, she said.

In the Mono-Couffo department, the prevalence rate of HIV/AIDS is 3.4%, considered as the highest in the country.

Amelia added that "in socio-economic terms, women are obliged to assist and

complete the field work of their husband before starting theirs, resulting in an ultimately weak performance [in agriculture]." Traditionally, the harvest of the women is used for household consumption, while the men's harvest, which is prioritised, is reserved to be sold in the market.



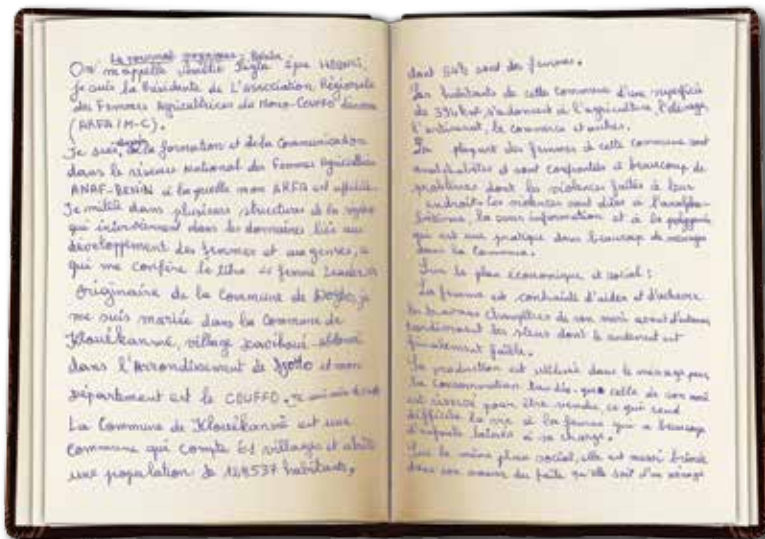
Most disturbing of all is the persistent problem of the abduction of girls for forced marriage and sex trafficking. "The abduction of young women or girls for the phenomenon of forced marriage is also common," Amelia wrote.

The kidnapping this year of almost 300 girls in Nigeria, which made it to global headlines, highlights the continuing phenomenon of abduction of girls in Africa.

Benin is listed as among the nine countries in Africa "where people are most likely to be enslaved and trafficked across international borders as property," according to the Australia-based anti-slavery group Walk Free.

For the past nine years, Amelia has been the president of the Regional Association of Mono and Couffo Agricultural Women (ARFA-MC), an organisation working on gender





with some success. In her town, she shared, the mayor has even involved himself in the campaign against the abduction of girls.

Local farmers associations in coordination with national and international NGOs, have also done a lot of work towards the attainment of women's SRHR, according to Amelia. "My association is involved in defending the rights of women farmers and in working for their empowerment, fighting against all forms of violence against women," she proudly wrote in the journal.

She called for an organised sensitization campaign that involves women, men, traditional leaders, and religious orders. For Amelia,

such a campaign is necessary in order to make the phenomenon of abduction of girls finally "disappear," and so that women "can find peace of heart and dignity."

and development among rural women. Part of her work is raising awareness among women on sexually transmitted diseases such as HIV/AIDS, educating them on family planning methods, and fighting violence against women.

Amelia has helped in promulgating the Code of Persons and the Family, and certain laws on the prevention of violence against women,



Collaborating Groups





ASIAN PACIFIC RESOURCE AND RESEARCH CENTER FOR WOMEN (ARROW)

ARROW is a regional non-profit women's NGO based in Kuala Lumpur, Malaysia. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and empowers women through information and knowledge, engagement, advocacy and mobilisation. ARROW's work spans information and communications, knowledge exchange and transfer, evidence generation for advocacy, consistent monitoring of progress towards relevant international commitments made vis-a-vis women's health, capacity building, partnership building for advocacy, engagement at international and regional fora, and enhancing the organisational strength of both ARROW and partners. ARROW has consistently monitored the implementation of sexual and reproductive health and rights (SRHR) commitments in Asia-Pacific. ARROW currently works with partners across 17 countries in Asia Pacific and with regional partners in 4 global south regions- Africa, Eastern Europe, Latin America and the Caribbean, and the Middle East and Northern Arica.

www.arrow.org.my



ARWC

The Asian Rural Women's Coalition (ARWC) is a growing movement of women peasants, agricultural women workers, indigenous women, Dalit women, nomads, fisherfolk, informal and formal workers, migrants and advocates calling for rural women's Rights, Empowerment and Liberation! It was established in March 2008 in Tamil Nadu, India with more than 700 women from grassroots organisations and support NGOs coming from 21 countries in Asia.

One of ARWC's core strategies is to consolidate rural women's organisations and movements to defend the economic, social and cultural rights of communities - from rights to food, land, water, territories, productive resources, traditional knowledge, health and nutrition, education, to decent income and jobs as well as civil and political rights including right to self-determination. It continues to build solidarity and unity through exchanges, leadership building, use of information tools, coordinated campaigns and policy advocacy work. It continues to consolidate rural women in Asia to resist imperialist globalisation towards ending exploitation, discrimination, oppression and violence in all forms.

ARWC is represented by a Steering Committee of national women's alliances and regional women's organisations in Asia: Society for Rural Education and Development (SRED) and Tamil Nadu Women's Forum (TNWF), India; Tenaganita, Malaysia; Human Development Organization (HDO), Sri Lanka; INNABUYOG and GABRIELA National Alliance of Women's Organization, Philippines; All Nepal Women's Alliance (ANWA), Nepal; Asia Pacific Forum on Women, Law and Development (APWLD); Asian-Pacific Resource and Research Centre for Women (ARROW); Coordination of Action Research on AIDS and Mobility (CARAM ASIA); International Movement Against All Forms of Discrimination and Racism (IMADR); and Pesticide Action Network Asia and the Pacific (PAN AP, and as Secretariat to the ARWC).

www.asianruralwomen.net

PARTNER ORGANISATIONS

PHILIPPINES

Innabuyog- Gabriela

Innabuyog is a Kalinga term referring to the traditional practice of helping each other through collective, cooperative work, and exchange labor without monetary compensation. Innabuyog is a regional alliance of women's indigenous organizations in the Cordillera region, Philippines. It was established in March 8, 1990 with 24 founding organizations of indigenous peasant women, workers, youth, and students. It has now grown with 130 member organizations all over the region and continues to evolve as a mass movement of indigenous and democratic groups of women in the Cordillera region.

Address: #16 Loro St., Dizon Subdivision, Baguio City 2600, Philippines

Tel: (063 74) 442 5347 Fax: (063 74) 444 3362

Email: innabuyog@gmail.com

INDONESIA

Yayasan Kesehatan Perempuan (YKP) or Women's Health Foundation

Women's Health Foundation (WHF) is a non-profit NGO based in Jakarta. It was established on June 19, 2001, by a few individuals who are committed to the realization of the SRHR in Indonesia. YKP seeks to ensure legal protection for women's SRHR. To address this challenge, YKP focuses their activities on advocacy work for legal protection of women's SRHR, awareness raising at the grassroots level and capacity building.

Address: Jl. KacaJendela II No. 9 RawaJati, Kalibata, Jakarta Selatan 12750

Tel: (06221)7902112 Fax: (06221)7902109

Website: yakesehatanperempuan.org/kontak

THAILAND

Migrant Assistance Program (MAP) Foundation

MAP Foundation is a grassroots Non-Governmental Organization (NGO) that seeks to empower migrant communities from Burma living and working in Thailand. In 1996, a group of local organizations joined together to try to respond to the needs of Burmese migrant workers in Chiang Mai, Thailand. It became apparent that migrants were having to work and live in unsafe and unsanitary conditions and that the needs were much greater than could be addressed by a network. In 2003, MAP registered as a foundation, and in August 2004 the organization won the first labour case for migrant workers in Thailand. Today MAP has four programs: Labor Rights for All, which has lawyers on staff to take on legal cases; Community Health and Empowerment, which largely focuses on HIV/AIDS awareness; Rights for All, which focuses on women and human rights education; and Multimedia, which operates two community radio stations, among other activities. MAP works toward a vision of the future where people from Burma will have the right to stay in their homeland and the right to migrate safely and where all migrants are treated with respect and have their human rights and freedoms observed.

Address: P.O. Box 7. Chiangmai University, Chiang Mai 50202. Thailand.

Tel/Fax: +66 53 811 202

E-mail: map@mapfoundationcm.org

Web link: <http://www.mapfoundationcm.org/eng/>

VIETNAM

Center for Creative Initiatives in Health and Population (CCIHP)

Established in 1999, a group of young doctors from Hanoi Medical University initially organized CCIHP as Consultation of Investment in Health Promotion (CIHP) as a self-financing organization to pursue their mission in community health and development. However, due to the specific social and political context at that moment, they had to register CIHP as private company though it has worked as a not-for-profit local NGO from the beginning. After almost ten years working in the fields of gender, community health, reproductive and sexual health, sexuality and development, CIHP has been recognized among leading NGOs in Vietnam with its strong commitment and capacity. CIHP has provided technical support to staff and programs of different local and international organizations in Vietnam and in the region. However, with legal status as private company, it is very challenging for CIHP to function effectively in the context of Vietnam. Thus, in late 2008, CIHP was re-established itself as a new organization, which became Center for Creative Initiatives in Health and Population (CCIHP). CCIHP is registered under the Vietnam Union of Science and Technology Association (VUSTA). CCIHP continues the CIHP vision, mission, and aim to develop them further as it is now in a better political position.

Address: No. 48, Lane 251/8 to 39 Khang Nguyen, Cau Giay, Hanoi, Vietnam

Tel: (84-4) 35770261 Fax: (84-4) 35770260

Email: ccihp@ccihp.org

Website: www.ccihp.org

MONGOLIA

MONFEMNET National Network

MONFEMNET National Network is a non-profit, non-partisan and non-governmental organization, with a mission to serve as a strong driving force for the development of a national, broad-based, democratic, sustainable and transformative movement for women's human rights, gender equality, substantive democracy and social justice. MONFEMNET's work is guided by its vision of a society, in which every person enjoys an equal right to live in dignity and freedom, without fear or oppression, develop his/her potential and determine his/her life-path in pursuit of happiness, regardless of gender, age, religion, partisan affiliation, ethnicity, geographic location, sexual orientation, social status, race and other categories. MONFEMNET's three-prong strategy focuses on promoting cultural transformation, policy, and institutional reform, and movement building. It uses a human rights/gender-equality based approach and strives to institutionalize a non-violent and non-hierarchical, inclusive and respectful, open and participatory, transparent and accountable process as a basis for creative, sustainable and fair solutions to societal challenges.

Address: Ulaanbaatar, Mongolia Chingeltei district, 4th subdistrict, 18-1, 'Zarmedeesonin' Building, Room #14-2

Postal address: Ulaanbaatar-14201, P.O.Box-418, Mongolia

Tel/Fax: (976)-7011-0355

Email: info@monfemnet.org

Website: www.monfemnet.org

INDIA

Centre For Health, Education, Training and Nutrition Awareness

CHETNA meaning "awareness" in several Indian languages and an acronym for Centre for Health Education, Training and Nutrition Awareness, is a non-government support organisation based in Ahmedabad, Gujarat. Established in 1980, CHETNA addresses issues of women's health and development in different stages of their lives from a "Rights" perspective. CHETNA is an activity of the Nehru Foundation for Development, which is a public charitable trust, registered under the Bombay Public Trust Act 1950.

Address: B-Block, 3rd Floor, SUPATH II, Opp. Vadaj Bus Terminus, Ashram Road, Vadaj, Ahmedabad - 380 013, Gujarat, India

Tel: No- 91- 079-27559976/77, Fax: 91- 079-27559978

Email: chetna456@vsnl.net / chetna456@gmail.com

Website: www.chetnaindia.org

SAHAYOG

SAHAYOG is a non-profit voluntary organisation working to promote gender equality and women's health from a human rights framework since 1992. Its key activities include advocacy and strengthening partnerships.

Address: Head office, Lucknow A-240 Indira Nagar, Lucknow 226016, Uttar Pradesh, India

Tel: 91-0522-2341319, 2310747, 2310860

Fax: 91-0522-2341319

Email: kritirc@sahayogindia.org

Website: www.sahayogindia.org

Rural Women's Social Education Centre - RUWSEC

Rural Women's Social Education Centre (RUWSEC) is a non-governmental women's organisation started in the year 1981

by a team of 13 women of whom 12 were dalit women from the local villages of Chengalpattu taluk near Madras (Chennai) in Tamil Nadu. Achieving women's well being through women's empowerment is main objective of RUWSEC.

Address: 61, Karumarapakkam Village, Veerapuram Post, Thirukazhukundram (via), Kancheepuram District, Tamilnadu, India. PIN 603109

Tel: +91-44-27491254

Mobile : 9842919110

Email: ruwsec.tn@gmail.com; ruwsec.clinic@gmail.com

Website: www.ruwsec.org

SRI LANKA

Women and Media Collective

The Women and Media Collective was formed in 1984 by a group of Sri Lankan feminists interested in exploring ideological and practical issues of concern to women in Sri Lanka. Since then, they have been actively engaged in bringing about change based on feminist principles in creating a just society that does not discriminate based on gender. Their work has contributed at different moments in time to social and political change, the inclusion of women and gender concerns in the peace process, increased state recognition of women's rights, the enactment of new legislation or legislative and policy reform promoting and protecting women's rights, and recognition for the need to increase women's representation in politics.

Address: No. 56/1, Sarasavi Lane, Castle Street, Colombo 08, Sri Lanka.

Tel: + 94-11-2690201 / 5632045 / 5635900

Fax: +94-11-2690192

Email: wmcsrilanka@gmail.com

Website: www.womenandmedia.org

BANGLADESH

Naripokkho

Naripokkho is a membership-based women's activist organization in Bangladesh working since 1983 for the advancement of women's rights and entitlements and building resistance against violence, discrimination, and injustice.

Address: GPO Box 723, Dhaka 1000, Bangladesh

Tel: (880 2) 8119917, 8153967 Fax: (880 2) 8116148

Email: naripokkho@gmail.com

Website: www.naripokkho.org.bd/nari-index.html

NEPAL

Beyond Beijing Committee

The Beyond Beijing Committee (BBC) was formed as a loose network soon after the UN Fourth World conference on Women at Beijing, September 1995, registered as the network NGO organization in 1998. The Committee was formed to create a platform and to mainstream rural and marginalized voice at the national and international levels. However, it soon grew into an independent organization and a national coalition of leading women's rights and gender-justice organizations working to advance the status of women in Nepal. Monitoring the Beijing Platform for Action (BPFA), this committee lobbies from the district level to the national and international level in consultation with members, affiliates, and other relevant organizations.

Address: House No.24, Swet Binayak Marga, Buddhanagar, Kathmandu (10), Nepal

P.O. Box No 4758, Tel: 977-1-4784580, 4784615.

Email: beyondbeijing@wlink.com.np

Web: www.beyondbeijing.org

PAKISTAN

Shirkat Gah - Women's Resource Centre

Initiated as a small voluntary women's collective in Pakistan in 1975, Shirkat Gah (SG) has evolved into a leading women's rights organization that operates out of offices in Karachi, Peshawar and Lahore, and six Women Friendly Spaces across all four provinces. Thinking globally while acting locally, SG brings local knowledge to global processes. The lessons of grounded work enrich interventions at national, regional and global levels. SG's strategic approach is to (i) strengthen women as rights' holders, (ii) reorient their immediate community actors to be more supportive and responsive, and (iii) promote a conducive policy framework. SG's key thematic areas of work are: 1. Bodily Rights 2. Voice 3. Environment. SG has contributed significantly to the overall policy and legal framework and works with elected representatives and government functionaries to bolster an environment conducive for women to claim rights and to facilitate accountability. SG also engages regularly with international development organizations and agencies both for setting norms and standards as well as ensuring accountability on Pakistan's international obligations.

Address: Lahore (Head Office)

P.O. Box No. 5192

Tel: (92-42) 35838815, 35832448 & 35886267-8

Fax: (92-42) 35860185

E-mail: sgah@sgah.org.pk

Website: www.shirkatgah.org

Roots for Equity

The organization was formed in August 1997 and was formally registered in March 2000. It was formed by a group of like-minded people including the current executive director

and Joint director. Others serve on the Managing Committee (board) of the organization. Roots for Equity is committed to highlighting the plight of the most vulnerable, marginalized communities which include religious minorities, women and children in the rural and urban sector, as well as providing interventions which could help increase their economic and political rights to demand a standard of living considered appropriate by the International Human Rights Charter. Roots for Equity has basically worked at three levels:

- (i) Action research on issues and impacts of globalization
 - (ii) Awareness raising at the local, national and international level using action research and publications, international networking and mobilizing communities on ground;
 - (iii) Providing direct strategic assistance to communities faced with harsh economic, political and social realities of their system.
- Address: A-1(first floor), Block-2, Gulshan-e-Iqbal, Karachi. Pakistan
Tel: 0092-21-4813320 Fax: 0092-21-4813321
Email: roots@super.net.pk

LAOS

University of Health Services (UHS)/Vientiane Youth Centre (VYC)

The Faculty of Postgraduate Studies is one of the seven Faculties of the University of Health Sciences, Lao PDR. The Faculty seeks to build the capacity of Health staff within country. It provides researches and evidence-based analyses to the policymakers on adolescent sexual reproductive health and maternal and child health. The Faculty works with the youth to carry out researches in adolescent sexuality and sexual health. The Vientiane Youth Centre for Health and Development is one of the programmes of the Lao Women's Union at the central level. It was founded to encourage and promote

reproductive health information for youth in Vientiane capital, build the capacity of young people to change risk behaviours through counselling, diagnosis and treatment of STI and basic reproductive health problems. It operates a clinic for young women and men for consultation and treatment of common reproductive health complaints. The Centre operates a referral system in accommodating clients. They offer youth-friendly services such as hotlines for counselling on contraceptive methods to adolescents and youth in Vientiane Capital City. The Centre also conducts training for young people on ARH and life skills, training of trainers, peer education and peer counselling, community outreach and parenthood education. It utilises media to disseminate information through TV and Radio spot production, ARH corner, and library and newsletter production.

Tel: +856(0)21240854 Fax: +856(0)21240854
Email: postgraduate_uhs@yahoo.com

AFRICA

Pesticide Action Network Africa (PAN-Afrique)

PAN Africa is an information and action network and a member of Pesticide Action Network International, a global coalition of voluntary groups, non-governmental organisations, civil societies, research institutes, scholars, and citizens working towards the adoption of sound ecological practices to replace the use of hazardous chemical pesticides.

Address: P.O. Box: 115938 Dakar-Fann
Tel: +221 33 825 49 14 Fax: +221 33 825 14 43
Email: panafrica@pan-afrique.org
Website: www.pan-afrique.org

Women's Travelling Journal

FEBRUARY-SEPTEMBER 2014

This booklet, *Our Stories, One Journey: Empowering Rural Women on Sexual and Reproductive Health and Rights* is a compilation of feature stories based on the written journals of 17 inspiring rural women from 14 countries in the Global South. The second-of-its-kind, this women's travelling journal was passed on from one woman to the next in the period of eight months capturing their daily activities, their life stories and struggles, and insights as a farmer, as a mother and wife, as a sister or daughter, and as a member of the community.



Taken individually, these stories may be considered nothing more than personal diary entries. But as a collective initiative, these stories are indeed one-of-a-kind. SRHR issues—especially from the point-of-view of women—are often suppressed, ignored, or trivialised. Thus, when the women themselves speak on SRHR, their stories are eye-opening. They reveal, astound, and enrage; but they also touch, educate, and inspire.

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