

Primary Source Packet

1. Table, Life Histories (Chile)

Women all over the world may undergo life-course transitions from daughterhood to motherhood, a great *similarity* that shapes their lives due to what is perhaps the biological difference that most distinguishes women from men: their childbearing capacity. The circumstances under which women experience transitions, however, vary greatly. Female life histories—and meanings of motherhood—are shaped by multiple factors. Access to education is one of these factors.

The following table presents an overview of case studies gathered in an effort to promote education among women. It introduces information in comparative perspective and sheds light on women's life cycles in poor sectors of 20th century Chilean society. Most of the life histories presented here introduce women who have not had a wide range of choices in their lives.

In reading this source, consider the major experiences and factors that have shaped women's decision-making patterns regarding their health and well-being. Similarly, one should reflect on the ability of women to make independent and informed decisions.

Source: Bosch, Anna E., "Popular Education, Work Training, and the Path to Women's Empowerment in Chile." Appendix in *Comparative Education Review*, 42/2 (May 1998): 163-182.

	From Daughterhood		First Work Experience	From Motherhood	
	Childhood	Education		First Pregnancy	Family and Work
Jacqueline	Born December 1966 in Santiago; 9 siblings; parents unmarried and illiterate.	Drops out after 5 years of schooling when she is forced to take up a full time job to help the family	Age 9: leaves home to live in with an elderly woman to pay for school. Age 11: helps out as a seamstress. Age 13: works in cafeteria.	Age 16: pregnant with first child. Moves into the house of the father of the child, who is separated from his first wife.	Stops working; second child is born sick. 1995: in need of money for medication, she enters work program and plans her <i>taller</i> . Works 6 hours in house, 8 hours in business per day; does not want more children but contraceptives have caused her medical problems.
Erika	Born December 1966 small rural town; 6 siblings; parents finished 6 years of basic education; in 1978 family moves to Santiago.	13 years in school; wants to study industrial design but parents are unable to afford it.	Age 19: works as a checkout lady in a clothing store.	Age 23: pregnant with first child; she stops working and marries the father.	Beaten by husband; she enters program despite her husband's opposition. 1994: separates and starts a <i>taller</i> in her home together with her sister; works 12 hours in business plus house-work.

Jeisi	Born February 1968 outside of Santiago; 9 brothers; raised by aunt. Mother illiterate and unmarried.	Drops out after 11 years of schooling because of pregnancy.	Starting at age 12 helps her mother in the family warehouse, mostly with bookkeeping.	Age 19: first child is born. She breaks off her education and marries the father.	Moves in with husband into a small house owned by his extended family. Second child born 1992; she wants to move. 1995: enters program to help her husband in the shoemaker business; works 5 hours in business and 5 hours at home.
Gladys	Born October 1958 in Santiago; 3 siblings; parents separated; mother's education unknown, father dropped out after 4 years. She moves in with an aunt.	Completes 8 years of education.	Age 13: starts working as a domestic servant on a part-time basis.	Age 17: first child is born; stops working and moves in with the father of the child.	1977: second child is born. She cannot have more children. Partner sees other women; she leaves and marries another man. He is unfaithful, beats her. 1989: she enters program, opens her own <i>taller</i> , and trains other women. She considers separation. She works 8 hours plus housework.
Maria Teresa	Born August 1953 in rural town; 16 siblings. Parents' education unknown. 1959: family moves to Santiago.	6 years of schooling; begins training to become hairdresser; drops out when she meets her husband-to-be and leaves home.	Does not hold any paid position prior to marriage; in 1974 enters a public employment program.	Age 19: shortly after her marriage she becomes pregnant with first child.	1978: leaves husband after severe beating. Becomes pregnant and moves in with father of the second child. Partner drinks and beats her; twins are born. 1988: enters program and opens a <i>taller</i> , relationship improves. At 42 pregnant with seventh child; works 5 hours in business.
Mariela	Born December 1979 in Santiago; 4 siblings. Parents separated. She lives with her child in her mother's house.	Completes 8 years of schooling.	Has never held a paid position.	Age 15: first child is born; she leaves it with her mother while looking for job opportunities.	Does not want to live with the father of her child. 1995: enters work training program in order to be able to earn money and move out of her mother's house.

2. Official Document, Women's Status (Latin America)

The right to life is a basic prerequisite to definitions of the right to live a *healthy* life. However, because of violence against women and various other stringent challenges to their daily lives, neither women's health nor their daily lives are fully secure.

This document offers insights into the work of the Organization of American States (OAS), an international agency which helps establish regional guidelines on human rights, health, and gender equity in the Western Hemisphere. While addressing health and health-care on this level, the organization has long made reports on the status of women a priority. The reports are significant as standard-bearers to measure the state of human rights and health. Although they are not legally binding for the nations which are part of the OAS, these guidelines allow us to measure the progress in the effort to secure basic women's rights as *human* rights.

The document encourages conclusions regarding the state of women's health reflected both in the text of the document and "between the lines." Consider what achievements have been made and what areas in women's health still need to be addressed. All of these issues, including but not limited to issues of implementation of health standards, are tied to the politics of globalization, the status of nation-states, and the place of Latin American countries in this context.

Source: Organization of American States (OAS). *Report of the Inter-American Commission on Human Rights on the Status of Women in the Americas*, Washington DC, 1998.

1. Right to life (Article 1, American Declaration; Article 4, American Convention; Articles 1, 3 and 4, Convention of Belém do Pará)

The responses from the States demonstrate that there are no laws whose purpose is to formally discriminate against women from a legal standpoint in the protection of these important rights. With respect to the protection of the woman's life, however, the Inter-American Commission has been able to confirm that there are no accurate statistics in any of the countries showing the causes of feminine mortality.

In accordance with the information submitted, the Commission has been able to establish that a high proportion of maternal mortality is attributable to abortion, with levels of 29.1% in **Argentina** and 26% in **Chile**. It has also been able to confirm that a high proportion is also due to pregnancy and child birth. For **Bolivia**, child birth accounts for 58% in urban areas and 63.5% in rural areas, and pregnancy 26.8% in urban areas and 20.4% in rural areas; for **Chile**, the figure is 39.7%. For **Peru**, maternal mortality averages 261 deaths per 100,000 births. **Peru** is third behind **Bolivia** and **Haiti**. In rural areas, the maternal mortality rate is double the rate in urban areas. In the **Dominican Republic** the maternal mortality rate is 185 per 100,000 live births. In the **United States** the maternal mortality rate is 12 per 100,000 live births.

2. Right to personal integrity and protection from violence against women (Article 1, American Declaration; Article 5, American Convention; Articles 3 and 7, Convention of Belém do Pará)

In the different countries in the region, legislation has been adopted and steps have been taken to afford protection from violence against women. In **Argentina**, law 24,417 was passed for Protection against Family Violence in 1994, and the Convention of Belém do Pará was ratified in 1996. In **Belize**, special legislation on domestic violence was passed in 1992 (Domestic Violence Act), and the Convention of Belém do Pará was ratified in 1996. In **Bolivia**, Law 1,674 on Domestic or Family Violence was adopted in 1995, and the Convention of Belém do Pará was ratified in 1994. In **Brazil**, the Federative Constitution of 1988 incorporated an explicit commitment by the State to create mechanisms to address and repudiate violence in the family, and the Convention of Belém do Pará was ratified in 1995. In **Canada**, the elimination of systemic violence against women has been a government priority, as a principal objective of the Federal Plan for Gender Equality. In 1993, the Canadian Panel on Violence Against Women reported the results of its extensive study on the dimensions and impact of violence against women. Federal action has included the Family Violence Initiative which provides economic resources to nearly 3000 projects and the establishment of emergency shelters and housing for battered women and their families. In **Chile**, the Intrafamilial Violence Act was passed in 1994, protecting all members of the family group that may have suffered aggression or mistreatment by any other family member, and the Convention of Belém do Pará was ratified in 1996. In **Colombia**, there is special legislation that punishes violence against women within the family, law 294 having been adopted in 1996 to prevent, remedy, and punish intrafamily violence, and the Convention of Belém do Pará having been ratified that same year. In **Costa Rica**, Law 7,586 on domestic violence at the national level was passed in 1996, and the Convention of Belém do Pará was ratified in 1995. In **Ecuador**, women's precincts were created in 1994. The law on Violence against Women and the Family was passed in 1995, and the Convention of Belém do Pará was ratified in 1995. In **Guatemala**, the Law for the Prevention, Punishment, and Eradication of Intrafamily Violence was passed in October 1996 and the Convention of Belém do Pará was ratified in 1995. In **Guyana**, violence against women is classified as a crime punishable under the Domestic Violence Act of 1996. Also, the Convention of Belém do Pará was ratified in 1996. In **Honduras**, the Convention of Belém do Pará was ratified in 1995, and at the completion of the questionnaire by the Commission, a law on domestic or intrafamily violence was in the process of being adopted. In **Jamaica**, cases of physical violence are punishable under the Offenses against the Person Act; some of its provisions relate specifically to crimes against women. In **Mexico**, an Intrafamily Violence Protection and Assistance Act was enacted in 1996. In **Panama**, the Convention of Belém do Pará was ratified in 1995, and intrafamilial violence and mistreatment of minors were classified as crimes by Law 27 of 1995. In **Paraguay**, the Convention of Belém do Pará was ratified in 1995. In **Uruguay**, violence against women is regulated by Law 16,107 or the Citizen Safety Act, and the Convention of Belém do Pará was ratified in 1996. In **Peru**, the Convention of Belém do Pará was ratified in 1996, and Law 26,260/93 was passed, regulating family violence. In **El Salvador**, Decree 902 of the Intrafamily Violence Act was issued in 1996. In the

United States, the Violence Against Women Office was established in 1994. It leads the comprehensive national effort to implement the Violence Against Women Act, which is part of the Violent Crime Control and Law Enforcement Act of 1994. The Pam Lyncher Sexual Offender Tracking and Registration Act, signed into law in 1996, requires the Attorney General to set up a national registry of sex offenders within the FBI. The Interstate Stalking Punishment and Prevention Act, signed into law in 1996, makes it a crime for anyone to cross state lines intending to injure or harass another person. In addition, the Advisory Council on Violence Against Women, consisting of 47 experts representing law enforcement, media, business, sports, health and social services, and victim advocacy groups, works together to prevent violence against women. **Venezuela** ratified the Convention of Belém do Pará in 1995.

From a legislative or regulatory standpoint, regulations and services have also been established in different countries in the region to make it possible and/or easier to file complaints in cases of violence. Since the mid-1980s, **Brazil** has developed and implemented assistance services through offices and precincts set up to provide protection for women across the country. Starting in the 1990's, other countries have adopted similar mechanisms. In **Argentina**, a Specialized Police Unit was set up within the Federal Police to assist judges and victims of family violence. In **Chile**, Caribinero (police) personnel receive training in how to assist and protect victims. In **Colombia**, the women's precincts and legal offices for the family and other bodies take complaints of intrafamily violence. In **Costa Rica**, police officials are required to intervene *de oficio* at the request of the victim or third parties, including entering the victim's home, to apprehend the aggressor, and many even testify as witnesses during the trial. Also, the Delegación de la Mujer of the Ministry of Justice may file complaints and offer legal assistance. **Ecuador** set up women's precincts in 1994. In **Mexico**, Therapy Centers to care for the victims of intrafamily violence, that report to the Attorney General (Procuraduría General) of the Federal District, were set up commencing in 1996. Also in **Mexico**, the Technical Judicial Police established a center to provide care to victims of violence and a Department to take Complaints of Sexual Abuse. In the **United States**, in 1996, the National Domestic Violence Hotline was established to provide crisis assistance and local shelter referrals to victims of domestic violence throughout the country. The Department S*T*O*P* (Services, Training, Officers, Prosecutors) Violence Against Women Formula Grant program provides direct services to victims of domestic violence, stalking and sexual assaults. It also assists law enforcement officers and prosecutors in developing the criminal justice system's response to violence against women.

As well, the Commission received information on legislation that makes it possible for judges to grant protection, including prohibiting the aggressor from entering the victim's home and approaching the victim's place of work as well as temporary decisions on payments for food and maintenance for children. In varying degrees this is the situation in **Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, Guyana, and Jamaica**.

Notwithstanding the merits of these developments, the responses to the IACHR questionnaire shows that serious problems of a general nature exist, that are exacerbated by a lack of resources, poverty, and the marginalization of broad sectors of the population in the region. In this respect, the following points need to be stressed:

- a. There continues to be an absence of appropriate personnel or a failure to train personnel properly to process complaints of violence. For instance, in its response, **Ecuador** reports that for this very reason it is difficult to follow up on investigations of domestic violence and to conclude judicial proceedings. In other countries, there is no information on subsequent status of cases after complaints have been filed (i.e. **Chile, Guatemala, Honduras, Mexico, Paraguay, Peru** and **Venezuela**), or there is no suitable training for police officials, judicial authorities, and professional health workers in treating women who are the victims of violence (i.e. **Honduras, Guatemala**).
- b. The existence of legal limitations that restrict women from exercising their rights. In some countries, for instance, domestic violence is seen as a crime which must be brought as a private action, or limited and understood as pertaining to the private sphere as is the case for instance in **Brazil** and **Ecuador**. In other countries, domestic violence is not considered a crime but a health problem (**Guatemala**).

With respect to crimes that are of special interest to women, such as rape, statutory rape, abduction, and sexual abuse, the responses show that specific criminal classifications exist in **Argentina** (crimes against decency), **Bolivia** and **Peru** (crimes against sexual freedom), **Brazil** (crimes against good morals), **Chile** (crimes against family order and public morality), **Colombia** (crimes against freedom and sexual decency), **Costa Rica, Ecuador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Paraguay, El Salvador, Uruguay** and **Venezuela** that similarly classify this conduct, protecting juridical interests related to public decency and morality.

One widespread problem concerning these crimes is that the right being protected in the legislation of several of these countries continues to be “honor”, which means that only “decent women” may be victims, for example, of rape. Rape by one’s spouse is not classified as a crime uniformly across the region, and the laws governing persecution or sexual harassment are minimal. Based on the information provided, legislation exists only in **Argentina** in the public sector, in **Costa Rica** under a national law, in **Mexico** under a labor law and in the public sector, and in **Peru** under labor legislation.

One other matter of importance that adversely affects the rights referred to in this section has to do with inspections and body searches conducted of women who are detained in jail, or visiting prisoners. This procedure practiced as security measure on entry into a penitentiary in some countries in the region is only regulated in exceptional instances to ensure respect for mental and physical integrity and require the presence of specialized medical personnel (see Law 65 of 1993, **Colombia**, and its implementing regulations, 1995). In responding to the questionnaire, some countries did not supply information on existing legal safeguards for this procedure (**Argentina**), or indicated that it is practiced

without specifying whether or not it is regulated with respect to the requirements mentioned earlier (**Brazil, Uruguay, Peru, Venezuela**).

3. Right to health and reproductive health (Article 11, American Declaration; Articles 5 and 26, American Convention; Articles 4 and 5, Convention of Belém do Pará)

Based on the information forwarded by the States, it can be seen that in general integral health care for women depends primarily on the organization and structure of adequate services, which are implemented as a result of regulations and programs set up for this purpose. Second, the right to health also depends on whether women are familiar with the laws which protect this right and regulate medical health service. The reproductive health of women should occupy a place of importance with respect to legislative initiatives and national and provincial health programs.

Some countries have reported on the regulation of family planning services granting individuals or couples the option of using and selecting methods. This is the case, for instance, of the 1984 Resolution issued by the Ministry of Health in **Colombia**. Also, Colombia's Law 100 of 1993 provides for free, mandatory, and universal family planning in basic health services. In **Argentina**, the Ministry of Health and Social Action offers a program on responsible procreation and its aim is to provide information on this right in order to make a responsible decision on having children and to provide advice to the public and families on this subject although there are not yet any regulations governing the use of methods and the provision of these services.

In the responses forwarded by some States, the serious difficulties facing women's health care in the public sector were described. These problems are attributable to the lack of resources, the absence of norms with respect to reproductive health, the precariousness of service delivery, and a lack of professional personnel and essential supplies.

3. Committee Hearing, Sterilization (Peru)

Eugenics, defined as controlled human reproduction based on notions of desirable and undesirable populations or genotypes, have gained attention predominantly in the context of European fascist regimes that aimed at eliminating or controlling populations. Hitler's campaign to eliminate Jews is perhaps the best known case in recent history. The concept of eugenics, however, has (re-)appeared in many different settings.

These published transcripts of Congressional Hearings on Human Rights document the voices of women who have experienced attacks on their health and human rights as a result of sterilization campaigns. These women's personal experiences with sterilization programs in Peru provide insight into healthcare programs that have discriminated against particular groups in Latin America. These Congressional Testimonies reveal a

number of assumptions about the characteristics of the population targeted in the sterilization programs, and suggest that there is evidence of human rights violations in the women's stories.

Source: U.S. Congress. House. Peruvian Population Control Program, *Hearing before the Subcommittee on the International Operations and Human Rights of the Committee on International Relations*, 105th Cong., 2nd sess., Feb. 25, 1998, 52-55.

Sra. Victoria Esperanza Vigo Espinoza
Congressional Hearing Testimony

Wife and mother
February 25, 1998
House Committee on International Relations
Subcommittee on International Operations and Human Rights

It is very important to say that before the tubal ligation, it was very difficult for me to conceive children because of hormonal problems. I took pills to regulate my menstrual cycle and for fertility, and so became pregnant

On the 23rd of April, 1996, I went to a private clinic. I had been having spotting, but did not think it very important because there was very little blood. I was at 32-33 weeks of pregnancy. Then, since I was on Social Security, I preferred to go to the hospital, and the doctor transferred me there. I did not have any family members with me, but went with a friend. An obstetric nurse in training admitted me. She told me to wait for the intern, who would be coming down. I told the intern my situation, that I had a great deal of pain. During that time, I was in great pain. The nurse asked "How many children do you have?" I responded "This is the third" and she said, "Are you going to be sterilized?" I didn't answer, because I wasn't interested, and was feeling great pain

So they prepared to operate on me. The intern asked, "Do you have any family here?" "No," I responded, and I signed without reading, because of the pain. They did a Caesarean on me. On the afternoon of the next day, when I wanted to see my child, they told me he was dead. The intern came with my doctor. I said, "I want to go home now." The intern said, "She is very sad because her child died." My doctor then said, "You will have another child" to help calm me down. But I heard the intern whisper. "No, she is ligated."

In the afternoon, the obstetric nurse on all came in to take my blood pressure. I said, "Please, they say that I have been sterilized?" She went to find the intern, and he said, "Yes, they performed a ligation on the lady." Later, the intern came and said "Forgive me for what has happened. I feel guilty."

I left on the third day. I felt completely defeated, depressed about never having more children, and went to see a psychiatrist to overcome the depression. And I still have faith that I may one day have more children.

It's rare for a case like mine to come to light, even though I know my rights. But if it was so difficult for me, living in the city, where there is help available, and

education, to make a formal complaint, it is seven times harder for the poor people in the countryside to lodge complaints, because they do not know their rights.

Avelina Sanchez Nolberto
Congressional Hearing Testimony

Occupation: Unemployed
25 February 1998
House Committee on International Relations
Subcommittee on International Operations and Human Rights

As a poor mother of five under age children and separated from my husband who also lives in the city of Andahuaylas, I wash clothes to support myself and the children. During my work activities I got to know an obstetrician who works in the Social Security hospital of Ayacucho. I confided in her about the problems I had run into with my husband. Then she spoke to me about tubal ligation and of course, I was against it, but after so many demands she convinced me, adding that my husband could come back at any moment and would once again fill me with children.

So on the 16th of October 1996 a worker, the sister of the obstetrician, arrived at my house telling me that it was free and I should take advantage of the opportunity since specialists from the Social Security hospital in Lima had arrived. I resisted saying that I had to go to the market to cook lunch for my small children who were studying in school. I went to the market and stayed a long time. Upon my return I found her outside my house and she intercepted me saying that I was already scheduled for a ligation and that they would take me by taxi. That is how I arrived at the hospital practically against my will without any of my girls going in with me. This lady took charge of all the business in the hospital. This was the way I had the surgical intervention of a tubal ligation.

After the operation I was not able to recover. My stomach swelled and I had the sensation that all my intestines were burning. I could not expel intestinal gas. It was three in the afternoon on October 17th 1996. Then I began to worry because I entered the hospital totally healthy. When I went to the obstetrician to complain about my state of affairs, she became very insolent and said that she had nothing to do with this, and she had the audacity to tell me, "Don't be bothering me, as if I had dragged you in." After that, my children came searching for me desperately when they did not find me home. They found me in the hospital and that is how I left still very sick.

In the night of October 17th 1996 I had terribly strong colic and my entire stomach swelled with a terrible burning sensation that I could not stand. So when I woke up my oldest daughter took me back to the Social Security hospital where they operated on me again on October 18th 1996. When my family started to inquire about my health status, what was the problem I really had?, no one could tell them anything concrete. When I was supposed to be asleep I heard the nurses whispering among themselves that when they operated to do the ligation they had cut my intestines. I was not able to recuperate so they tried again on November 10th 1996, but my condition kept

deteriorating so they decided to send me on November 15th 1996 to the Social Security hospital of Lima at my daughter's insistence. There they did a complete cleaning of my intestines because a greenish liquid had formed and the doctor told me that I had septicemia. I left there on December 12th 1996 returning to my city without medicines to continue my treatment. The doctors treating me refused to give me medicines when I asked because I have no insurance.

From that time I have not been able to recover, and given my precarious financial situation, I had to return to my husband so that he could look after the children. I still cannot go back to work like before. Relapsing again, I went to the hospital Maria Auxiliadora de San Juan de Miraflores in Lima on November 4th 1997. I stayed there to be treated for what the doctor said was a perforated intestine. This was very expensive and I owe the hospital but do not have the ability to pay them back or to continue my treatment because of the expensive medicines needed. I am desperate from this situation. I cannot work to support my younger children. My oldest daughter, 20 years old, is studying and doing domestic work and is supporting me as much as she can. Now I am staying in the house where she works and the lady here has very kindly agreed to receive me with my young girls of 7 and 11 years old, and I have been given a great deal of help to recuperate.

4. Newspaper, Domestic Violence (Brazil)

Domestic violence is hardly a new topic in the global history of gender relations. Scholars and counselors have long been familiar with responses to domestic violence, ranging from emergency hot lines and family counseling to restraining orders placed on abusive spouses or partners. However, the manner in which domestic violence is addressed must reflect the fact that it exists in different forms and cultural contexts across national boundaries.

This provocative newspaper article reflects both Canadian and Brazilian culture simultaneously, introducing terms and categories used by the Canadian press to report on Brazilian news. Referring to *machismo* in the context of abused husbands, the article evokes stereotypes of Latin American masculinity that add a misleading tone to the report.

This article provides a perspective on the relations between domestic partners and it suggests that domestic violence, as an exercise of power, has changed over time. Does the nature of domestic violence, now publicly accompanied by violence against men who dare to seek help, indicate a transformation of gender-relations?

Source: "Brazilian machismo gives way to husband beating: Soaring numbers of men seek help at abuse shelters in Rio." National Post (Canada), July 28, 2003.

RIO DE JANEIRO - When security officials here embarked on an ambitious project to set up special services for the thousands of women abused by their husbands and boyfriends several years ago, they never imagined that a substantial portion of those seeking their services one day would actually be men.

But machismo, it seems, may be dying a slow and painful death in this society traditionally dominated by men. In the past two years, there has been a sharp increase in the number of men seeking help at shelters and special police stations, usually reserved for battered women. At one shelter in the working-class Rio suburb of Sao Goncalo, cases of men seeking help over abuse has more than doubled from 108 to 259 cases in the last year, social workers say.

And it is not just men from poor families, where a great deal of domestic abuse still happens. More than 10% of the male clientele at the Sao Goncalo shelter are from middle-class households.

Statistics also show that although women are still the biggest sufferers of domestic violence throughout Brazil (in a recent survey in this beach-front city more than 51% of men admitted to using some form of abuse against their partners), the women themselves are more likely to lash out and hit their partners if they are in abusive situations. In many cases, social workers recount that while it is usually the woman who denounces her husband for domestic violence, when police go to arrest the aggressor, they find out that he is just as much a victim as his wife or girlfriend.

"Often, when we start prosecuting the husbands in abuse cases we find out that they are just as abused, if not more so, than their wives," says Catarina Noble, who heads up a police station that specializes in domestic abuse in downtown Rio. According to Ms. Noble and others, cited in a study by media giant O Globo, in many cases men usually engage in verbal abuse, and women respond with physical violence.

It's a surprising trend in a country where some judges have been known to uphold the so-called "defence of honour," an anachronistic piece of jurisprudence that allows men to murder their wives if they are caught in an affair. But for many analysts, the recent violence against men symbolizes a loss of their dominance.

As Brazil, a country of 175 million people, faces difficult economic times, with increased joblessness and rising prices, domestic abuse is going up exponentially, experts say. At the same time, there are increased opportunities for impoverished women—traditionally the biggest victims of domestic abuse—with more government-sponsored training and educational programs targeted at them.

"Women are getting stronger in Brazil," says analyst Alice Bittencourt. "They have to deal with tougher situations. Many times, the husband is unemployed."

"When he gets home drunk, for example, she has an attack and hits him. That's typical."

In one case, Fatima, 32, was abused by her boyfriend and decided to fight back. She is an expert in Thai martial arts, and inflicted some serious damage on her boyfriend, social workers say.

"He arrived home drunk and he attacked me," said Fatima, who would not reveal her last name. "I fought back, and hurt him a lot, and I told him it was the first and last time he would ever hurt me. After that we separated." She said she did not seek out the police because her boyfriend was a police officer.

Abused men are very similar to abused women, experts say. They arrive at shelters or special police stations here with low self-esteem and are afraid their wives or girlfriends will discover that they have sought help. At one shelter, a social worker recounted the story of a prominent union leader who was being physically abused by his wife.

At the women's shelter in Sao Goncala, officials reported the experience of a 50-year-old businessman they call "X." He came to see social workers complaining his wife was verbally abusing him, and throwing things at him. "He was completely in love with his wife, who was having an extramarital affair," said the co-ordinator of shelter, Mariza Gaspary. The curious thing was that after they separated, the wife hooked up with a new boyfriend who started to abuse her physically."

5. Law, Maternity Leave (Cuba)

Motherhood and the many requirements that come with it provide a good starting point for analysis of women's need for protection on the one hand, and the limits on women's decision-making imposed in protective legislation on the other. When women entered the labor market, it became necessary to address their needs and concerns as both women *and* workers. As a result, women's movements worldwide have focused on legal rights that seek to acknowledge women's roles as both mothers and professionals, such as maternity leave.

This legal document, the "Working Women's Maternity Law," demonstrates how Cuban legislature, under the only *revolutionary* government in the Americas, has addressed the topic of motherhood and women workers' rights. Given that the Cuban leadership prides itself in promoting equality among *all* Cubans as part of the goals of the Cuban Revolution, this document deserves particular attention.

Consider whether the Cuban Law indeed reflects gender equity, addressing men and women as citizens with equal rights and obligations. To what extent do traditional understandings of women's roles in society shape this revolutionary legislation? Reflect on how and why are the roles of working mothers and fathers different, and the ways that biological difference influences the understanding of equal rights in a legal context.

*Source: "Working Woman Maternity Law," Law No. 1263 of January 14, 1974, published in the Official Gazette of January 16, 1974, available in English form the Ministry of Justice. Published in Randall, Margaret, Appendix III in *Women in Cuba: Twenty Years Later*, Smyrna Press, 1981.*

APPENDIX III: THE WORKING WOMAN MATERNITY LAW

FOREWORD

Protection of maternity and childhood by the state was a principle formally proclaimed in Cuba by the more progressive bourgeois law. However, the scarce and irregular social and economic development of our country, plus the vices that characterized the period of the pseudorepublic, not only limited but also largely sidetracked that much-touted protection.

Maternity Leave was established in Cuba in 1934, supposedly to benefit all working mothers-to-be. However, it never met the needs of the great majority of these women, since its benefits were not extended to either farm women or to the vast army of maids and other women who did odd jobs, so typical of that society.

The Revolution always proclaimed the intention, in keeping with its principles, of putting into effect the protection and care of the working people masses. Along with other measures following the triumph of the Revolution in January 1959, Cuba began to develop the material foundations for providing preventive medical care and hospitalization to women and children and to the people in general. One of the outstanding achievements in this direction was the rapid extension of these services to the most remote areas of the country.

Law 1100 of March 27, 1963, generalized Social Security in our country and included the following concerning maternity leave:

- a) extended the benefits to all working mothers-to-be in both state and private sectors;*
- b) guaranteed a 12-week pre- and post-natal paid leave of absence;*
- c) granted every working mother one hour a day, within her regular working hours, for breast-feeding and caring for her baby;*
- d) provided whatever services and material kinds the mother-to-be and her baby might need during her pregnancy and until mother and child are sent home from the maternity hospital; and*
- e) granted a subsidy in cash to working mothers who gave birth without making use of state hospitals.*

Moreover, the broad and accelerated general development of the country attained by the Revolution, especially in the field of public health, made it possible that on January 16, 1974, law 1263, on working women's maternity, be enacted.

The draft was drawn up by a special commission composed of representatives of the Ministry of Labor, the Ministry of Public Health, the Central Organization of Cuban Trade Unions, the Federation of Cuban Women, the Children's Daycare Centers, the Children's Institute and the Ministry of Education. A number of changes were made and

the draft enriched by the suggestions made by working women when it was discussed and analyzed by the people.

Among other things, Law 1263:

- a) increases the benefits of maternity leave, in recognition of women's contributions to the construction of socialist society;*
- b) guarantees medical care during pregnancy, at birth and during the post-natal period;*
- c) guarantees medical care for the mother and the new-born child;*
- d) extends the period of paid maternity leave to 18 weeks, 12 of them after birth. In case of multiple pregnancy or errors in predicting the date of birth, this period is extended another two weeks; and*
- e) guarantees an additional non-paid leave of absence for those mothers who cannot go to work because they have to stay at home to take care of their children.*

This Law is an example of the level of development reached by our country in the field of public health and affirms how the rights proclaimed in this field have been put into effect.

This booklet includes the full text of Law 1263 and its regulations.

EXECUTIVE BRANCH COUNCIL OF MINISTERS

I, OSVALDO DORTICOS TORRADO, President of the Republic of Cuba,
HEREBY PROCLAIM: That the Council of Ministers has approved and I have signed the following:

WHEREAS: Studies made on problems pertaining to working women, especially those relating to maternity, counsel the enactment of new legislation in order to grant the maximum guarantee to all maternity rights which, although recognized and provided for by Social Security Law No. 1100 of March 27, 1963, should be reconsidered on the basis of present-day medical and scientific principles.

WHEREAS: It is a primary interest of the Revolutionary Government to give special attention to the working mother since, in addition to her valuable contribution to society in the procreation and education of children, she also fulfills her social duty by working.

WHEREAS: A successful pregnancy as well as the delivery and the future health of the child require the adoption of adequate measures on the part of the pregnant woman, as an ineluctable duty toward her child and society.

WHEREAS: To secure the above-mentioned measures, it is necessary to ensure medical attention and rest to the working woman during her pregnancy, the breastfeeding of the newborn during the first months of life which will protect him from disease and favor the development of strong emotional bonds between mother and child, and the systematic medical examination of the child by a pediatrician during his first year of life.

WHEREAS: In our country all medical and hospital services, including pharmaceutical and hospital dietary services related to maternity are guaranteed free of charge to all the population. This makes it necessary to establish additional legislation on the enjoyment of said rights by the working woman or the wife or the companion of a worker.

THEREFORE: By virtue of the authority vested on them, the Council of Ministers resolves to dictate the following:

LAW No. 1263

WORKING WOMAN MATERNITY LAW

CHAPTER I

Scope and Protection

Article 1. The present Law comprises the working woman and protects her maternity, guaranteeing and facilitating, in a special manner, her medical attention during pregnancy, her rest before and after delivery, the breastfeeding and care of the children as well as a financial aid in those cases specified in these provisions.

CHAPTER II

Paid Leave

Article 2. Every pregnant working woman, regardless of type of work will be obliged to stop working on the 34th week of pregnancy, and will have the right to a leave of absence of 18 weeks, which will include 6 weeks before delivery and 12 weeks after delivery. This leave will be paid as determined by this Law, provided that the working woman meets the requirements stated in Article 11.

The Ministry of Labour, at the proposal of the Central Organization of Cuban Trade Unions, will regulate exceptional situations in those places of work whose special characteristics, according to medical and scientific criteria, make it necessary that working women take prenatal leave for longer periods than those established by this Law.

Article 3. In cases of multiple pregnancy, the working woman will be obliged to stop working on the 32nd week of pregnancy, extending to eight weeks the period of her paid leave before delivery.

Article 4. If delivery does not take place during the period established for the prenatal leave, this leave will be extended to the date on which delivery takes place and the extended time period will be paid for up to two weeks.

Article 5. If delivery takes place before the expiry of the prenatal leave, this leave will cease and the working woman will begin her postnatal leave.

Article 6. If delivery takes place before the 34th week of pregnancy, or before the 32nd week in the case of multiple pregnancy, the leave will include only the postnatal period.

Article 7. The working woman will be guaranteed a post-natal leave of six weeks necessary for her recovery even when because of adverse circumstances of accident or acquired or congenital diseases, the child dies at birth or during the first four weeks after birth.

Article 8. If the working woman, because of complications during delivery, requires a longer period of recovery beyond the postnatal leave, she will have the right to receive the subsidy for illness as established in the Social Security Law.

CHAPTER III

Accidents of Pregnancy

Article 9. Accidents of pregnancy are those complications relative to pregnancy or diseases acquired during pregnancy which require absolute bed rest by doctor's order, with or without hospitalization. Accidents of pregnancy which occur before the 34th week will give the working woman the right to subsidy for illness as established in the Social Security Law.

CHAPTER IV

Financial Aid

Article 10. The financial aid that the working woman will receive during her maternity leave will be equal to the weekly average of salaries and subsidies she has received during the twelve months immediately prior to the leave. This aid will never be under ten pesos a week.

Article 11. In order to have the right to receive the paid maternity leave established by this Law, it will be indispensable that the working woman has an expedient in due form, exception made in the case of administrative negligence, and worked not less than 75 days in the twelve months immediately prior to the leave. However, even when the working woman does not fulfill these requirements, she will have the right to receive the complementary leaves established in the following chapter.

CHAPTER V

Complementary Maternity Leave

Article 12. During pregnancy and up to the 34th week, the working woman will have the right to six days or twelve halfdays of paid leave for her medical and dental care prior to delivery.

Article 13. In order to guarantee the care and development of the child during his first year of life, the working women will have the right every month to one day off, with pay, to take her child for a pediatric check-up.

CHAPTER VI

Unpaid Leave

Article 14. The working mother will have the right to an unpaid leave for the purpose of taking care of her children, under the terms and conditions established by this Law.

...

THEREFORE: I command that this Law be fulfilled and enforced in all its parts.
SIGNED, at the Palace of the Revolution, in Havana, on January 14th, 1974.

OSVALDO DORTICOS TORRADO

Fidel Castro Ruz
Prime Minister

Oscar Fernandez
Padilla Minister of Labour

6. Interview, Abortion Rights (Chile)

As a topic of discussion in the United States, abortion has long raised red flags. Not surprisingly, it is hardly a neutral subject in other national settings. Yet, apart from questions about the origin of life and legal questions about abortion rights, there are other dimensions to the history of abortion that relate to the lives of individual people on the local level.

The following source is an interview with a Chilean woman who violated her country's abortion laws, and is part of a larger study based on the oral history accounts of 159 women from poor sectors of Chilean society. The study gives insights into the methods by which women who had abortions are reported to the police and describes the criminal process that abortion providers and their "accomplices" undergo. In Chile, abortion is illegal under all circumstances, not even to save the life of the mother. Women who have abortions frequently go to prison. Legal questions, once again, are only one part of the story, and too easily overshadow the individual experiences and challenges of women. Thus, in the larger context of the issues surrounding unwanted pregnancies one must consider the role of the individual, the family, and the state.

Source: "Foreword: Interview with Carmen." June 5, 1996. In *Women Behind Bars: Chile's Abortion Laws, A Human Rights Analysis*. Center for Reproductive Law and Policy, The Open Forum on Reproductive Health and Rights. New York, 1998.

Interview with Carmen
June 5, 1996

Carmen was born in a small town in the southern region of the country, the fifth of six children in a peasant family. At 12 she began to work as a maid in a private home. Carmen worked in various homes in Santiago and in other cities as well.

I stayed four to six months in each house. I didn't last too long even when I had good bosses, and if they were bad, I didn't last longer than two weeks.

At 16 she had a boyfriend, the neighbor of her older sister.

We didn't see each other much, because I was always going from one place to the next ... and then ... I got pregnant ... by accident. I was 17, going on 18. It was a good relationship. When I knew I was pregnant, we had broken up already, but he came back when he found out I was pregnant. But after five months of pregnancy we broke up for good. He was just a kid....

At first, Carmen's boyfriend denied he was the baby's father. Later on he accepted it, although he never legally recognized the child as his. After the child's birth, Carmen went back to Santiago, where she worked shifts in a factory.

After that, Carmen had two other boyfriends. She got pregnant again.

I don't even know how it happened. We had been going out for a year. But we went out just for fun, not for the future, just for fun.... We liked each other.

Although at various times she had used contraceptives, such as oral contraceptives and injections she got in the pharmacy without any orientation or information, this time she didn't apply what she knew about contraception.

I knew I could get pregnant but I took the risk. Sometimes you don't think of the consequences.... I didn't know what to do. I didn't want anybody to find out. I knew I was pregnant and right away I told myself I can't do this, because with the child it was already too difficult. I was helping my sister, I was helping her pay the rent. We lived alone, but after my first child was born we both had to worry about him, and unfortunately they told me the child was epileptic. I closed up.

Carmen thought of having an abortion.

I went over to the woman and I told her I knew she did these things. And that I was pregnant and needed her help. And she told me everything I had to bring and where to buy it. I bought the things and took them to her: a surgeon's probe, cotton, alcohol.... When I went back to her, she put the probe in and told me to take something for the infection. But the probe came out in the afternoon...

Carmen had a difficult afternoon and night.

In the morning when I got up I felt sick, I had a strong contraction, and I went to the bathroom, and everything came out really quickly. I had so many feelings inside, I didn't know what to do. I didn't tell anybody. The only thing I remember is I started to work and I felt well physically, I didn't have a fever or anything.

The toilet was clogged and she called the plumber, who showed up after two days.

The plumber came, unclogged the toilet, and everything was there. He even called me and I didn't say anything and kept on as if nothing had happened. Then the boss came and I told her what the plumber had found, but I didn't say who had done it. She thought of her daughter's friends, also of a girl I had brought over, but never thought of me.

Carmen's boss immediately called the police, after interrogating all the women in the house except for Carmen: "I don't know if she had a feeling it had been me or if she trusted me." She also called her brother, who was a lawyer and a politician, and he came over quickly.

The police came and also a very rude woman. I told the police I hadn't done anything, because I had thrown away the probe and everything. They told me to say I hadn't noticed anything. I said I had been pregnant but that I hadn't done it to myself. I denied it until ... I talked with Don Sergio.... When the boss's brother came, he told them to leave us alone, and he talked with me, and I told him what had happened.

She was taken to the Police Station, where she told them the facts. She didn't know the exact address of the place where she had had the probe inserted, but she knew how to get there. They took her there and they told her to knock on the door with the pretext of paying what she owed for the procedure. She did so and the woman who had performed the abortion was also arrested, causing a great commotion in the neighborhood. "They came out from everywhere, insulting me and supporting her." Carmen was later taken to the Emergency Room, and from there she was sent to Salvador Hospital. She was hospitalized there and the lining of her uterus was scraped even though there were no signs of infection. She was in custody all the time. Carmen felt the auxiliary personnel at the hospital tried to extend her stay there, to keep her from having to spend too long in jail.

The policeman was there day and night. Yes, day and night, standing there by the door all day and all night.

Carmen was in jail for three months. When she was taken to court with other prisoners, she was separated from them, because there was concern about retaliation from the woman who had performed the abortion, who was also in the same prison.

When they called me at first, I got in the car and the other women all jumped on me so the guards took me out and put me in the back, because the other one said she knew people inside, so they took me and put me in the back.

A lawyer from the Legal Aid Corporation was in charge of her case.

..., because in the beginning it was Don Sergio, but since he is against abortion and is a public figure, how could he defend me?... So at the end it was someone from the corporation, but I think he didn't do anything. Don Sergio did more making phone calls.

The lawyer — I don't think he did anything, because he never called me to say, Hey, listen, this is going like this. Really he never said anything, because what I knew was what my boss would have someone tell me, but he never said; Your case is going this way. I knew everything through my boss.

One day she got a message from her boss, telling her she would be out of jail the next Monday. Her boss was waiting for her in court, after paying the bail.

When I got out of there, I thought it was all a lie, like I was still locked in. For the next three days I was still feeling locked in.

She decided to travel to her mother's house.

After I got there they didn't ask me anything. I don't know if it was for better or worse. No one said anything. Not my mother or my brother. No one ever said anything. I really don't know if I would have wanted them to ask me or not.

Carmen's experience changed her relationship with her boss.

Suddenly she'll start in on it, she'll ask about it, then she'll do the same thing.... And when I ask permission to go out for the weekend, she gives me permission and says remember not to get pregnant or not to go to bed with somebody. So sometimes we clash and I wish I could leave.... I'm grateful, and I will always be grateful, but I'm not going to thank her every day for what she did for me. Always when people do something for you they want you to stay with them. So she wants me to stay with her forever and never to say anything that bothers her, because of what she did.

(Excerpted from an interview conducted by Gloria Salazar)

7. Personal Account, Prostitution (Mexico)

As a popular saying and historical reality suggest, prostitution is the world's oldest profession. On one level, the topic of prostitution is connected to a set of moral-ethical considerations. On a different level, however, it is necessary to address prostitution from a health- and human rights- perspective. Female prostitutes in Latin America and other parts of the world often rely on prostitution as a means, and often as the last resort, to provide for one's personal and family needs. Women are forced to work under unhealthy and dangerous conditions, are frequently subjected to violence, and almost always cope with a blatant absence of women's rights and rights other professions may count on.

In this source, Claudia Colimoro, a feminist prostitute who was on the Revolutionary Workers' Party (PRT) slate during the 1991 Mexican parliamentary and municipal elections, addresses the topic of prostitution based on her own personal experience with

the profession, revealing her knowledge of occupational challenges and health risks. She was part of the *Convención Nacional de Mujeres por la Democracia* (National Women's Convention For Democracy), which was the first organization in Mexico since the 1930s women's suffrage campaign to create a women's ticket in an election.

As part of her political campaign, made central the fight against AIDS and the need for legal protection of prostitutes. She thereby connected to themes long addressed in public health and political discourse: the recognition of prostitutes' rights and the legalization of the profession. While Colimoro was never elected to public office, her campaign stirred up debates about the rights of women to make decisions about their own lives, including their sexuality.

Source: Colimoro, Claudia. "A prostitute's election campaign." In *Compañeras: Voices from the Latin American Women's Movement*. Edited by Gaby Keippers. Latin America Bureau; London, 1992.

I am 35 years old and have three children. I began working as a prostitute when I was a secretary in the social welfare office. At that time I was in financial straits because one of my children was ill. I worked over twelve hours a day in the office and also had to satisfy my boss's sexual desires just to keep my job. I soon realised that I could earn considerably more money as a prostitute.

Four and a half years ago I got involved in the fight against AIDS. We needed to teach the other girls about the causes and consequences of this dreadful illness. It was very difficult work and we had no money and no support from official institutions. We founded the citizens' alliance, CUILOTZIN, which fights for healthcare and civil rights for prostitutes of both sexes and street children. CUILOTZIN organises educational meetings about AIDS and protection against it. We work with the National Anti-AIDS Association (CONASIDA) which also gives us condoms for free distribution among the prostitutes. Now the girls refuse to go with a client who won't use a condom. We've had very good results and as vice-president of CUILOTZIN, I was even visited by representatives of the World Health Organisation (WHO). Thanks to our efforts there is now a clinic which deals with the health problems of prostitutes and regularly examines them—not only to detect the AIDS virus as early as possible, but also Hepatitis B and other sexual diseases. The clinic carries out free gynecological and pregnancy examinations for prostitutes and free operations for them and their children. CUILOTZIN also cares for domestic servants who have been sexually molested or beaten by their employers.

We are fighting to gain recognition of prostitutes' rights and the legalisation of their trade. The situation which forces them to break the law over and over again reflects society's bigotry and double standards. It simply means the girls can be unscrupulously exploited and oppressed by officials. In Mexico prostitution is 'regulated' by laws passed 56 years ago which are now completely out of date. Prostitution is illegal and pushed underground which means that prostitutes have no rights whatsoever. They would be in a much better position if their profession were legally recognised. Their individual earnings would appreciate by paying taxes because they would not have to surrender money

unconditionally to corrupt officials and police. The legalisation of prostitution would also make it possible to control AIDS more effectively. Current AIDS legislation is really nothing more than the syphilis law passed in 1934 in which that word has simply been replaced with 'AIDS'. After the charges we brought, a law has now been passed whereby people who slander prostitutes and exploit them can be fined, fired or even sentenced to jail.

Brutal Attacks by the Right

We've also managed to organise creches for prostitutes who work during the day. In November 1990, after a discussion between the prostitutes' representatives and officials from the Ministry of Health, the *Provida* movement (right-wing upholders of morality) destroyed two creches for prostitutes. They still exist in spite of these attacks, but in places which are only known to the prostitutes.

At the moment we're working on a project for street children. They have to survive by selling or trading little odds and ends and are particularly susceptible to prostitution and drugs. We don't want them to end up in those barbarous children's homes. We hope to set up canteens, an overnight shelter and free training for them so that they'll find it easier to get normal jobs.

We have a similar project for prostitutes. We want to teach them sewing, mending clothes and other skills to help them find well-paid work when they give up their current trade through age or fatigue. Women in Mexico work for starvation wages. In the border areas, for example, women in the *maquiladoras* (foreign-owned assembly plants) work 15 hours a day and still don't earn enough to cover the cost of living. They have to work as prostitutes at the weekend. That's true of about half of them. So long as they're paid such low wages, without any proper social services or creches, women will continue to turn to prostitution in order to feed themselves and their children. Ninety-five per cent of prostitutes are mothers.

Mud Slinging

As I'm also a feminist, I took part in the National Assembly of Women for Democracy. This united forty organisations, movements and women's associations. The assembly proposed me as a candidate for the elections and began to look for a political party which would take me onto their slate. We suffered many setbacks but the PRT and the Socialist Election Front (FES) accepted immediately. It cost them votes and provoked violent attacks from the right, especially the ultra-conservative Party of National Action (PAN) and the *Provida* movement. They reacted against my demands for the liberalisation of anti-abortion laws, quite apart from my calls for the legalisation of prostitution, a systematic campaign against AIDS and universal sex education. *Provida* churned out photos of a completely mangled, eight-month foetus and described me as an 'abortionist' along with other feminist candidates of the PRT, like Rosario Ibanra.

Working with the PRT was very important to me because, even though I'm not a member, I do agree with many points in their manifesto: self-determination as regards sexuality, the right to organise, the campaign against violence against women, democratic rights, legalisation of abortion and the return of the disappeared.

My election campaign was very difficult. At first the journalists treated me amicably and compared me affectionately to 'La Cicciolina'. Later on they realised I was running a serious campaign and was quite determined to make myself heard, to commit myself to the legalisation of prostitution and break the power of the corrupt authorities. After that I was bitterly attacked because I said loud and clear that every woman on this planet could end up being a prostitute and that wealth and snow-white clothing only serve to veil the fact that a woman belongs to a man sexually.

During the election campaign I got a good overview of the situation and the needs of prostitutes throughout the country. Recently, for example, I protested against two police raids in Queretaro in which lots of girls and transvestites were arrested, undressed and smeared with paint. We make a stand against these repeated attacks by the authorities in red light districts. Prostitutes are citizens just like anyone else. In Mexicali prostitutes are taken to a health centre every fortnight where they get a massive dose of some kind of penicillin, even when they don't have any infectious, sexually-transmitted diseases. That weakens their bodies' resistance. In the federal state of Sonora, the health authority insisted that for AIDS tests people had to give their name, address and date of birth, even though AIDS tests are supposed to be anonymous, secret and free. Only after a considerable struggle did we manage to stop this practice recently. When I went to a meeting in Baja California, in northwest Mexico, a conservative newspaper in Tijuana wrote that the PRT filled their ranks with prostitutes and AIDS-infested homosexuals. This was the first time a prostitute had stood as a candidate in an election in Mexico and it's obvious that I received a lot of votes from women. The election rigging by the ruling PRI, however, was so extreme that we failed to win any seats at all. At the polling station where my son and I cast our votes in front of some journalists, the PRT didn't receive a single vote at the count... I wanted to win to put an end to the horror stories and the double standards in the media and to make ourselves heard. I am a voice for those who have none.

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8. Interview, Reproductive Rights (Brazil)

In the 1950s, when the first contraceptive pills were tested in Puerto Rico, politicians, health administrators, and Church officials worldwide began to discuss human reproduction in new ways. The understanding that pregnancy could be prevented by "scientific" means stimulated debates on the regulation and control of human reproduction. After World War II, Neo-Malthusian views and the fear of overpopulation entered the popular imagination and shaped policy making. Population bombs were expected to explode, especially in the developing regions of the world. "Excess populations," along the lines of this view, would potentially cause social unrest and revolutions, in which tidal waves of poor people would rise against authorities and threaten political and economic stability. Population control was clearly on the mind of policy makers and health care officials alike. Issues of gender equity and women's bodily integrity played only secondary roles in most approaches to fertility regulation and family planning.

In this source, an interview with human rights activist Maria Amélia Teles, the interviewee criticizes approaches to population control that exclude women's rights and hopes to see reproductive rights take center stage. Teles is part of Brazil's new women's movement, which emerged between 1964 and 1985, during the period of military rule. She addresses some of the crucial obstacles that have prevented Brazilian women from living healthy and peaceful lives. Government policies, she asserts, have failed to protect women from becoming victims of violence and human rights abuses.

Source: Teles, Maria A. "A feminist perspective on power and population control." In *Compañeras: Voices from the Latin American Women's Movement*. Edited by Gaby Keippers. Latin America Bureau; London, 1992.

At the Fifth Latin American and Caribbean Feminist Meeting in November 1990 in Argentina the Brazilians formed the largest group, with 700 participants. What kind of conclusions did you take home with you from this meeting?

First of all we realised at the meeting how little cohesion there is among us all. The best example of that was perhaps the opening ceremony in which each country's delegation did a joint presentation—except the Brazilians. The individual social movements and the women's movement have very little contact with each other in Brazil. Can you imagine? It was only when I saw all the indigenous women meeting in Argentina that it occurred to me that we have indigenous roots in Brazil too. But we only ever think of the European and black elements.

Is this lack of cohesion you speak of a reflection of problems or conflicts in the feminist movement or do you manage to work alongside each other quite happily?

No, we have a lot of problems. Just look at the situation in São Paulo. Ten years ago we founded the Women's Alliance. There were all kinds of women's groups in it; political parties, trade unions, independent groups etc. In 1990 we started having arguments over autonomy and our relationship to various institutions and the Alliance broke up over it. I think we should come together again and discuss this issue further. I'm optimistic that will happen.

Some of us really wanted to keep a space open for debate, so we created a Feminist Forum for Reproductive Rights. This Forum will take part in the big environmental conference. We have contact with other very similar groups in other places like Pernambuco, Rio, Minas Gerais etc. But of course the Forum isn't supposed to replace the Women's Alliance which was much broader in scope.

The other project we're trying to collaborate on is a magazine which first came out in 1991 and which is supported by six women's groups: *União de Mulheres*, *Colectivo Feminista de Sexualidade e Saude*, the women's centres in three districts of the city and the *Centro de Informação da Mulher*. The magazine is called *Enfoque Feminista* (Feminist Outlook). I'm telling you all this to show you just how difficult it is to work together. But, in my opinion, it's necessary.

You yourself work in the women's movement as a feminist but you also work outside it, in a project run by São Paulo's municipal government. How do you reconcile these two different political activities?

I've always been active in lots of different areas so I don't have any problems with it. I work for my living and my work has very little to do with the fact I'm a feminist. I've been working in the municipal government of São Paulo for eleven years. Of course these days I'm not just any old employee in the municipal bureaucracy because after the victory of the PT candidate, Luisa Erundina, in the city council elections, I became her political assistant. I see her victory as a very, very big victory for women in São Paulo. In the election campaign women created a women's committee to support her candidature. At that time no one wanted to back her. Even the leaders of the PT didn't want to support her. Her support came from women, especially grassroots women. The preferred party candidate was a man, but the PT grassroots spoke out against him.

After her candidature was confirmed the party withdrew completely and didn't canvass for her at all. Instead we women took to the streets and organised an election campaign for her. And why did we want her? Because she's a woman, a woman who has always struggled. She doesn't remotely resemble the cliché of a Brazilian woman who must always be young and beautiful, and a mother as well—a superwoman, in fact. Luisa is no superwoman. She's not a mother, she's never married and doesn't intend to. She's 56 years old and she's not beautiful in the traditional sense. But she's incredibly nice. She's simply exceptional. She comes from the northeast, the Brazilian poorhouse. There are many prejudices here against people from the northeast. In other words, she was the anti-candidate. Everything was against her. But we women supported her unconditionally. For me it was the first time I'd completely identified with an election campaign and enjoyed it. My decision to work directly with Luisa Erundina was the result of all that.

After her election, I was asked if I wanted to work on a newly created women's commission which was to set up a women's programme. The work was completely different from what I'd imagined. Factional politics made some of the women gang up on the women from the autonomous women's movement. That was unacceptable to me, so I spoke out against the commission, even though I'd thought at first I could contribute in the way Luisa Erundina would have done. But most things were run on the basis of party in-fighting without any participation from the grassroots. Maybe I made a mistake and should've fought for the inclusion of the women from the autonomous women's movement. But I decided to withdraw and hoped I might be able to help Luisa Erundina in another way.

What kind of work did you do then?

First I worked with so-called minority groups, with the handicapped, with blacks. Then when a secret mass grave with more than 1,000 bodies was found in Perus (a suburb of São Paulo), the municipal government decided to investigate every detail of the case, to exhume the murdered political prisoners, identify them and prosecute the murderers. Then, of course, the bodies had to be taken back to their families so that they could be properly buried again. I did this work on behalf of a commission of inquiry into the Perus case and other mass graves.

We live in a country where impunity for murderers in state and quasi-state institutions still exists. For the first time in the history of the Brazilian government, one of its members—Luisa Erudina—spoke out against this impunity. That was a political expression of our identity. I value Luisa Erudina's action very highly. Perhaps she moves me because she's a woman, a woman from the northeast, discriminated against, and not supported by the PT. And it wasn't an easy job she took on because it meant accusing the military. That's a risky business and takes a lot of courage. I'm not sure whether a man would've done that.

What does it mean for the women of São Paulo to have a woman at the head of the municipal government?

Well, the current government has a woman's face. In some ways that's a big deal but it's still regarded as a kind of oddity as far as the press is concerned, and the population expects a lot from it. You see, the municipal government doesn't really support women, even though thousands of women live in this city and there's a feminist movement here.

How could that be achieved?

I think there were at least two basic problems which prevented that from happening. Firstly, there was a lack of political will, not from Luisa Erudina herself, but in the municipal government as a whole and also from the other women in it. Secondly the PT, consciously or un-consciously, demobilised the popular movement. The vast majority of women belong to the popular movement and after the PT entered the government these women invested more in the party than in the movement. The municipal government isn't offering any easy solutions to São Paulo's problems now. It wouldn't even have the necessary financial or political means. What they should've done is mobilise the people around existing problems to exert pressure. That was my great hope. The people who can be mobilised at the drop of a hat in São Paulo are the women; the men tag on behind. But this didn't happen and in my opinion that's a big failure.

I'd like to move onto another subject. In June, 1992, the big UN Conference for the Environment and Development (UNCED) will take place in Brazil. Will you take part in any way?

No, this conference is an official affair from start to finish. Neither the social movements nor the population as a whole are invited to participate in any way. We're organising a parallel conference with other social movements and as women we have two specific interests in it: one concerns urbanisation, the other population control. We're rejecting the official version and initiative as regards population control policies for reasons which I'll explain: allegedly the earth and her natural resources can't support a population increase. Women are tired of having babies so the rise in population must be controlled. We don't agree with this argument. Firstly, the world is wracked by an extremely unjust distribution of resources. We believe that in future everyone should

share resources. Secondly, women should be able to decide for themselves whether they want to have children.

Over the last few years there's been such a massive sterilisation programme in Brazil that many women don't have this option anymore at all. Officially 25 million women have been sterilised, many of them between 15 and 19 years old. That represents a kind of preventative genocide. It really bothers us Brazilian women because it seems to us that there are many feminists in the so-called First World who support the view I've just described. They start from the principle that the earth has no more natural resources, that women don't want to have children anymore and that institutionalised birth control is the solution. But it's women who've borne the brunt of this birth control without any regard for their right to self-determination. What's more, Brazilian women have just been guinea pigs for laboratories and pharmaceutical companies developing programmes in the First World. So we know from our own experience what's behind these population control policies. It's so drastic here that in fifteen years time it's been calculated there'll be two old people for every young person. I'm sure you're aware of the official image of Brazil as a country of young, laughing people. That image just doesn't wash anymore. Until the mid-eighties half the Brazilian population was under 18. But now, in the space of a few years, the age pyramid has gone into reverse.

I also think it's crazy to carry on demanding population control policies because they've been around for a long time. In the last few years they've even had a feminist gloss with lots of PR stuff about providing integrated healthcare for women. All lies! In reality massive sterilisation has been carried out in clinics financed by the First World where there's no regard for the wishes of the women concerned, despite their claims. They also carried out experiments with hormones and dangerous drugs such as Norplant. None of this reduced poverty which was the main selling-point of the population control policies, nor did it improve the quality of life or make public services more accessible or create better working conditions. In other words: birth control hasn't solved Brazil's problems. That's what we want to discuss at the parallel conference.

There are a lot of right-wing ideas around in the ecology movement. Women are held directly responsible for the ecological imbalance because they have children. This argument ignores the facts. It's not the poor who cause environmental pollution. I can see with my own eyes in my country who is polluting the environment; it's the multinationals. They destroy Amazonia, they destroy Minas Gerais. Whole mountains are excavated to mine ore.

The other issue we want to discuss at the parallel conference is urbanisation. The multinationals in Brazil today are treated like gods. For us they signify danger on the streets, fear, air pollution, and a lack of transport and infrastructure as a whole. It's always the women who have to pay first. They don't just have a double burden, they have a triple or quadruple burden to bear.

Another aspect of this is land reform which doesn't exist and poses a very serious problem for Brazil. Any solution to the problem has to begin with redistribution of the land. People are moving to the big cities because they're driven from the land. Their traditional culture is being exposed to very big changes and people find themselves in a situation once again where violence is an everyday occurrence. The number of rapes is on the increase.

So we women want to go to the conference to discuss two main issues, urbanisation and population control policies. We've already had preparatory meetings to draw up our own agenda for publication. It's clear to us that we represent a minority among the participating groups and that the feminist perspective isn't even on the agenda for most people.

Is the position of the official conference as regards population control policies something qualitatively new, in your opinion, or do you see historical continuity?

Yes, I do see historical continuity. The Brazil you see today ultimately came about because white men conquered the area and assaulted the indigenous women. So the first Brazilian women were the product of rape, that's well known. Then the Portuguese brought in black slaves for cheap labour. The white men didn't behave any differently towards the black women than they had done towards the Indian women. The conquerors' policy was to populate the territory. The Portuguese wanted to rule by populating the land. And what did populating mean for them? First of all they murdered the people who were already living in the country. But the new *mestizas* were not the population they wanted. There are letters written by sailors at the time who said that if it went on like this, Brazil would gradually become Africanised. So white women were brought over, irrespective of social background. In other words, a policy of population control was practised on all women, whether Indian, black or white, a policy of population control which served the colonisers, the elite, the imperialists right from the start, from 1500 right up to the present day. And they're as racist today as they were in those days. During the dictatorship a study came out which warned of the 'danger' of a black governor rising to office in 1990.

Birth control in Brazil can be legitimised by 'dangers' like these. Women's sexuality was always a function of men and the Catholic church plays an extremely negative role in this. There was never any sexual freedom for women, never any right to desire, never any right to decide freely whether they wanted to have children or not. So the right to choose is our motto and a great dream of ours.

9. Interview, Violence Against Women (Uruguay)

Violence against women may take place within families as well as in settings outside of the domestic environment. Policy makers, academics, and activists have long sought to identify root causes of violence. These efforts have included strategies to help the victims of violence, and to terminate violent behavior. Police stations staffed by women have been innovative testing grounds in some Latin American countries, thereby allowing women to report violent acts to female members of the force. While it seems plausible that female victims of violence might find it easier to talk to *women* about their experiences, this approach isolates the issues from main-stream police work and does not do enough to prompt long-term solutions.

In the following interview, an experienced self-help activist from Uruguay offers interpretations that might inspire the search for additional strategies. As the director of *SOS Mujer*, a sanctuary for women affected by violence, Lady Elizabeth Repetto gained

first-hand insights into the horrors of everyday violence against women in Montevideo and she draws conclusions about the causes of such violence.

Source: Repetto, Lady Elizabeth. "Women against violence against women." In *Compañeras: Voices from the Latin American Women's Movement*. Edited by Gaby Keippers. Latin America Bureau; London, 1992.

When I read the name of your centre, SOS Mujer, over the entrance, I was reminded of women's refuges and emergency numbers with the same name in Europe, that work with battered women like you do. Is SOS Mujer founded in cooperation with feminists abroad?

No, not at all. Quite the opposite, in fact, because the name comes directly from the Spanish language and from our experiences here. *SOS Mujer* is a pun: on the one hand it means the well-known emergency S.O.S.; on the other hand, 'sos' comes from the verb 'ser.' ('to be') which in Uruguayan Spanish means 'you are'. So *SOS Mujer* also means 'you are a woman, be self-aware!' It's very important for battered women with little self-respect to grasp this. Our key task here at the centre is to try and instill self-awareness in the women. When a woman comes here and explains her problems, she's obviously suffering from the beatings but she also feels guilty and worried about her children and even her husband; should she report him or get a divorce? Then he'd be alone without domestic support. What would become of him and his work? She always sees herself as the very last person to worry about. Women don't dare think about themselves at all. We tell them: 'You know, there are solutions and ways out. Above all, you yourself have a right to be happy. No one has the right to beat you or to hurt you.' But this unsettles the women. They stress that they're really not complaining and they're doing all right, that it's a question of protecting the happiness of the children. They don't recognise that it's important they should be happy in themselves. So I ask: 'When did you last look in the mirror? When did you last wear make-up?' and I sense confusion in the women: what kind of a question is that? A woman doesn't have a right to that sort of thing. Even when she is sick, her husband comes and drags her out of bed to make him a meal.

How do women pluck up the courage to come to SOS Mujer?

Well, word's got around that this centre exists. But clearly to come here is a giant step. Few women manage this step on their own, maybe none completely on their own. The more avenues of help, the better. In general they're sent by a doctor, or by a neighbour, a social worker in a hospital, or they've heard about *SOS Mujer* on the radio. We don't make any visits ourselves because when we did go into hospitals or visit women at home, we realised that after that the women didn't dare take the step of coming to us. The fact that a woman actually comes into the centre shows that she at least wants to get out of her current situation.

I'd like to say something else to you about the term, 'battered woman'. In our opinion 'battered' isn't only related to physical blows. Battered women may have suffered all possible kinds of violence: mental, sexual and, strange as it may sound, economic

violence. As the economic situation is very difficult in this country, men's violence against women is often expressed through money. A woman with five children, for example, is in no position to work outside the home because she's got nowhere to take the children. This woman is regarded as unemployed. Housework, washing, cooking, ironing, looking after the children, taking them to school, aren't considered as 'work'. So the only one who 'works' in the family is the husband. As a result he thinks he's the only one who has rights and gives her 1,000 pesos to look after the children when she really needs at least 10,000 pesos. That's violence, because the woman has to buy things on credit, borrow money elsewhere, or even skip meals. And as she doesn't earn any money herself, she can't buy herself any shoes or clothes, she can't go to the hairdresser's. She's the maid in her own home, so to speak, without any rights of her own. That's very very common. There are women who don't know how much their husbands earn. They haven't the slightest idea because they've never caught sight of one of his pay slips. If that's not violence...

When was SOS Mujer founded?

We've been working since 1987 and were making plans and inquiries a year before that. We started off working with prostitutes who'd noticed how much their everyday life was affected by violence. The violence which came on the one hand from the men who sought their services and demanded God knows what from them, and on the other, from the pimps who stripped the money from their pockets. And then on top of that there was the violence they had to endure from the police. In our group we had a clear understanding of the violence prostitutes are exposed to, but we also began to realise that basically every woman can be exposed to this form of violence. We had a lot of discussions, made inquiries, visited hospitals. It quickly became clear that the problem was far more serious than we'd previously thought. And what was equally serious was that there wasn't a single institution in the whole country that worked with battered women or was concerned with the issue of violence against women. As a result of this, those directly affected organised themselves and founded the *Asociación de Meretrices Públicas Uruguayas* (Uruguayan Prostitute's Association), a sort of union. And we also started a working group focused on the issue of violence against women in general. We then got the chance to attend a series of lectures, given by people from the university of Buenos Aires which were sponsored by the Ministry of Public Culture and Education. We made contact with them and went to Buenos Aires and Mar del Plata to attend a meeting of forty women's refuges. In Argentina they've had more experience of working in this area. Since Argentina and Uruguay are very similar when it comes to violence, we were able to adopt the same structure as they have, with individual advice for women, self-help groups, work with the children of battered wives, for our own work here.

So that's how *SOS Mujer* was founded. When we first set it up we had no idea what we'd taken on. Some days we advise as many as six or seven women. And we know very well they're only the tip of the iceberg. In November 1989, a woman who'd come to us for advice and help was murdered on the corner here. The attacker was her husband. The woman, Flor, lived here in this house. I must add, of course, that our centre here isn't a women's refuge.

...

What normally happens when a woman comes to you?

First we have preliminary interviews where we try to shed some light on her specific problems from as many viewpoints as possible. Some aspects are common to almost all cases. For example, in 95 per cent of cases the wife beater is the son of a wife beater, in other words, these men have already internalised beating as a form of expression. There's, actually a typical profile of a wife beater. From the outside he's a thoroughly nice man; he's a good neighbour, a good work colleague, an excellent friend, a friendly, lovable person with charming manners. But he's barely in the door before he starts harassing his wife. The only person he beats is his wife. We try to find out more details, such as whether there's any alcoholism involved. There are lots of assumptions made about this. Many people believe a man beats his wife because he's an alcoholic. That's not true. A man beats his wife because he's a violent person. Alcohol can be a trigger. But just look at how many alcoholics aren't wife beaters and how many wife beaters aren't alcoholics. We hear of many wife beaters who are thought of as nice chaps. Neighbours say he was always on his best behaviour, always ready to help at any given moment. Even the solicitors describe their clients like that.

Recently we hired a female solicitor for a woman who came to our centre. This solicitor was completely stunned. She had absolutely no idea what we were talking about. She neither knew that our institution existed nor that violence against women existed. 'What worries me,' she said, 'is that the husband is such an exceptional person, so sweet-tempered, so gentle, so friendly...' We showed her the documents we'd compiled against him. This was a man who was a wife beater and he came from a family in which there are other wife beaters. He was extremely aggressive. The solicitor's eyes grew rounder and rounder. She couldn't believe that the man who'd visited her and convinced her of his harmlessness and his exceptionally big heart was the same man we were discussing. This type of man can surprise even the likes of us, in spite of our experience.

...

What happens after the preliminary interview?

It doesn't stop at one interview. The *SOS* worker who held the initial conversation continues to see the woman once a week or once a fortnight. Parallel to that she encourages the woman to join in a self-help group. That's our most important service because through the groups the women discover that they're not alone and that other women have similar experiences. Through conversations and advice the women begin to help each other. Some want to take courses in handicrafts to make ends meet. We can also offer legal advice through a solicitor who works with us. If women want to instigate proceedings against their husbands with her help, then it's almost free. This solicitor is an exception. In their training here solicitors aren't usually prepared for the issue of 'violence against women' at all. At the university of Buenos Aires there's an additional training course for law students on violence in the family. For the coming academic year we've made arrangements with the people from Buenos Aires for the introduction of a two-year course here at the university of Montevideo.

Very few people in Uruguay who meet battered wives in the course of their professional work—solicitors, doctors, psychiatrists, psychologists, sociologists—have any real grasp of the problem. They look down on the women. So we've come to the conclusion that the preliminary interviews with women who've come to us shouldn't be conducted by these experts, as we initially thought. It turned out to be much better when a woman from our own group offered her services instead. The very first thing the women need is an atmosphere of sympathy and warmth. First of all, everything that's oppressed the woman has to come out in the open without some analytical brain immediately sifting and ordering it all. They simply need someone to listen, believe them and give them sympathy. The experts haven't been prepared for that in their training. From our past experiences we realised there were a lot of women who got stuck along the way and who didn't come here anymore because they weren't able to build up a relationship with the person who'd first advised them.

...

Do you think official figures for abuse accurately reflect reality?

No, we reckon they only represent ten per cent of actual cases. Women don't usually file a report and if they end up in hospital they don't say exactly how they got hurt. They tend to go straight back to their old environment. And it seems that the police stations don't keep records on the number of reports. They are only registered at the one station staffed by women which is in Montevideo.

Isn't it a major step forward to have a police station staffed by women?

No, we're really not very happy about it. Firstly, there's only the one station which is right in the city centre and so it's only used by a very small number of women. Most incidents occur in the outlying districts and late at night or at the weekend when the station is closed. It was set up about three years ago. I don't know much about its background but the decision to have it was certainly not a particularly democratic one. CONAMU (National Women's Council), the women's group of the right-wing *Colorado* Party, which was the ruling party until the last elections, managed to persuade the minister for the interior to support their initiative. Those of us who've been involved with the issue of violence against women for four or five years now don't believe a station like that is much use. ... the women police officers at the station haven't been trained at all for their special task. They're just policewomen who work there and during the dictatorship some of them tortured and body-searched women whose husbands had been arrested.

Do you have any suggestions as to how this police station might be changed or what alternatives there might be?

In our experience there have to be people at every police station who've been specially trained to deal with abused women in the appropriate manner. If it's policewomen, all the better, but I wouldn't rule out men.

What's Uruguayan legislation like in this regard?

The legislation has a lot of shortcomings. For example, violence against women is not a legal concept. In other words, it's not a crime to hit a woman. So you always have to get round it by using related punishable offences. Family judges, some of whom are now women, have recently become more sensitive to the issue, but they still leave a great deal to be desired. One thing we've learnt is that there's no solidarity among women. We women don't simply feel solidarity towards each other just like that. A female judge doesn't feel sympathetic *per se* towards a battered wife. It's just the same with a female solicitor. She may even defend a wife beater at the expense of his wife. We're simply victims of an upbringing which prevents solidarity. I don't know if that's the case in all countries. Groups like ours which work with women are still a relatively new concept here. We've realised we often have problems when we try to work together that men don't have. It's clear that group work is better with men than with women. I think it's got something to do with upbringing. The little boy goes outside to play ball with his friends and lets others have a go too; when a little girl wants to go outside with her doll, her mother gives her strict instructions not to let it out of her hands and not to let anyone take it away from her. So we women are certainly more self-centred. In the Spanish-speaking world we're always called 'queen', 'queen of the home', 'queen of the kitchen, of washing, ironing', whatever's relevant. When we turn to less conventional tasks, we lack the ability for solidarity, tolerance and understanding. We still have a lot to learn in this respect. Incidentally, we aren't the only ones to have these problems. You'll find it's the same for all women's groups. That's why they're just as unstable as us. We women still have to learn to socialise with one another and develop a sense of solidarity between us.

...

What effect has the economic crisis of the past few years had on violence against women?

We thought you'd somehow got more of a grip on the problem in the industrialised countries. But when for example, we talk to visitors from Sweden we realise the problem there is exactly the same and that the only difference is that there's a better infrastructure in Sweden for women to use. So the crisis has exacerbated the lack of amenities rather than increased the actual number of acts of violence. Medical and psychological care is completely inadequate. Time and time again we're asked; what actually happens to the offenders? There's certainly not a single institution here which treats these men either psychologically or in any other way. In other countries, in Argentina, for example, there's experience in this kind of work and a good track record in things like self-help groups. We've heard that in Sweden men are given a prison sentence with psychiatric care, but when they come out of prison they go on beating their wives just as before. We know the cycle of violence is difficult to break; from mounting aggression, verbal attacks and finally physical blows, to promises never to hit her again, followed by renewed aggression. The only solution is separation. Naturally we don't directly advise the women to separate from their husbands, they have to come to this decision on their own. But often the women think they should stay with their husbands because of the children, whereas they're damaging the children by staying. They're

presenting them with a behavioural model which will encourage their sons to become wife beaters themselves in the future and their daughters battered wives.

...

Does SOS Mujer see itself as part of the feminist movement?

No, for quite valid reasons we don't describe ourselves as feminists because the feminist movement still gets attacked in Uruguay. It's quite common for movements to start off on a very radical footing with no attempt to water down their message. I'm not criticising that at all, just accepting it as a sociological fact. The other thing about the feminist movements is that they've been imported. A lot of people were in exile and when they returned from Switzerland, Sweden, Germany or from Mexico they wanted to bring their experience of these different countries back with them, to a country whose society is predominantly influenced by *machismo* and by our sexist upbringing and a *macho* control over the nature of relationships between men and women. In this environment feminist ideas are bound to be rejected.

We're concerned here with violence against women. We work with battered wives, with women who've become the victims of their husbands or male members of the family. But we haven't met all our objectives just by being a safe haven after the acts of violence have occurred. Instead, we want to change public awareness of this problem and assist in the process of enlightenment. There shouldn't be any more battered women in this society. Our work is directed at society as a whole. It's no use just changing the women, the other half of society has to be changed as well. So it's important that our work is also directed at men. It's precisely for this reason that we don't define our group as feminist. On the other hand, any member of the group can obviously describe herself as a feminist if she wants to.

Violence is a very serious problem here. That's why we have to proceed very cautiously. We have to be careful we don't expose ourselves to attack through carelessness. So when we speak to the press or give lectures, we always make it clear that we're not against men, we're for society as a whole, for both sexes. We always have to play this up a bit and be flexible in our approach to the sensitive issue of men's violence. We establish one thing right at the start of every radio broadcast and every event: Dear people, it's not a question of feminism or *machismo* but a question of violence. That usually manages to break the ice.

10. Personal Account, Education (Honduras)

Access to education and the willingness to learn are crucial ingredients to improve the health of women throughout the world. Good health depends on an understanding of the human body, but also requires the knowledge to maintain a healthy lifestyle. However, access to that knowledge is often dictated by social and economic standing within a society. As a result, poor or rural women need to rely on different strategies than, for example, middle class women in urban centers.

This source, the voice of a nurse and self-appointed educator in rural Honduras, makes clear that knowledge means survival. Her insights depict the lack of education, the limited motivation, and the lack of confidence among poor rural women. Ramirez's story offers insights into the divergent and myriad needs of both rural and urban women in Latin America as they confront challenges to their health.

Consider the ways that class, geography, and urban and rural lifestyles affect how women learn about health. What additional circumstances in women's lives should policy makers address when trying to improve women's health?

Source: Ramirez, Francisca. "It all depends on the teacher." In *Latin American Women: The Meek Speak Out*. Edited by June H. Turner. International Educational Development, Inc., 1980.

IT ALL DEPENDS ON THE TEACHER

By Francisca Ramirez

I am a nurse. I have chosen to work with rural communities at this lowest level, especially the women, because this is where approximately seventy-three percent of our population is located. My goal is to help as many as possible to improve their lives, to take at least one step up. I am able to relate to these poor rural women because I have spent the majority of my years with them; I am one of them. I have found it to be a great advantage in my work with rural health clinics because there are no communication barriers between us. We speak the same language; they are comfortable with me and I with them.

The truth is that I have not always been equally as comfortable with professional people as I now am able to be, because my family was very poor. As a child, I wanted to be a nurse and was always pretending to treat my dolls, giving them injections, taking their temperature. As I grew older, I knew I had to do something constructive with my life. I am sure that this feeling was probably because my parents worked for missionaries who became my ideals. I was only able to become a nurse because they gave me a helping hand at the right time.

Motivating the rural woman—making her aware that she is not making as much of her life or helping her children as much as she is capable of—is one of the important things which must be accomplished before any real progress can be made toward moving our country from the past into the future. Motivating the woman to do something about her situation, to use her potential, is impossible if those who might help her cannot communicate with this shy, withdrawn person who lacks education and fears all figures of authority. Gaining her confidence and trust is imperative; she has to know you are her true friend. And you must never betray that confidence.

Any successes I may have had in my work are directly due to the time I have spent and the close relationships I have developed with these poor rural families, building their

confidence and trust in me, not as their nurse, but as their friend. The successful running of a rural health clinic is a very personal affair. It is imperative to convince the people who come to you that children should be loved, cared for, fed, given medicine when they are sick, and educated. You are privy to intimate family problems and expected to give advice on everything.

It is difficult to work with poor rural women with no education and very little knowledge of their own bodies. Building their confidence and trust is essential, but an approach that requires time and great patience. Little by little, their confidence in me must be reinforced by experience. When they can see that they have a healthier baby because they have more milk, and that they have more milk because they changed their eating habits at my suggestion—then they are willing to trust me to make other recommendations. It takes time to change their ways, to convince them to incorporate new ideas into their daily lives, especially when you consider that by doing so, they risk the criticism and ridicule of their families, friends and neighbors. Sometimes, the old ways are so imbedded in their customs, that it takes years to prove a point.

Motivation plus confidence and trust has been the only successful approach to ridding "*campesinas*" of old wives' tales and superstitions passed down to them from their parents and grandparents. Some of these ignorant beliefs are completely irrational and cause grave problems in their relationships with their children and other people, not to mention their eating habits, attitudes toward illnesses and family planning.

The poor "*campesina*" woman in Honduras is, without doubt, the longest-suffering element of our society. From earliest childhood, she has been forced to work. She has never had the chance to play with other children or to develop the ability to relate to other people through the kind of social contact that comes from school affairs and playground games. Almost since she was able to walk, she has been regarded by her parents as another pair of hands and feet. Because she is female, they also know she will not be able to bring in any money; therefore, she mainly represents another mouth to feed—something they don't really need. As a result, they have no hesitancy in requiring her to carry out the most menial and degrading chores, which in turn, places her in the lowest esteem of any family member. From the viewpoint of the family, she is something to be used, but not worth much in the way of attention or upkeep. She almost never gets to go to school, and even when this is possible, she seldom passes beyond the second or third grade.

The female of the very poor rural family generally passes her childhood doing small chores and insignificant work. She has not had an affectionate or close relationship with her parents because they have had to work during the day, and at night everyone goes to bed early because they are very tired and because there is no light. By the time she is an adolescent, she has retreated into herself.

Fear plays an important role in her life. She trembles in the presence of authority, which up to now has been represented by her father and other men such as the village priest. Given the degree of fear she has developed for her parents and others in authority, she

has never dared to ask many questions. When she is approached, at adolescence, by a young man who suggests an intimate relationship, she doesn't know what to do. She doesn't know whether she should or shouldn't let him touch her; and whether it's good or bad. She is afraid to ask her parents and, more often than not, succumbs to his advances because she has been starved for the warmth of a human relationship.

The reaction of the parents to the maturing of the girl and her attraction for the village boys is interesting. Although they have never paid any attention to her before, the parents now start asking who she is going to marry and when. One can suspect that an underlying motive could be getting rid of that extra mouth to feed. In any event, there are very few girls who do not marry—the younger, the better—since she will be considered a family embarrassment if she remains single for long. Once she announces her intention to marry, her parents begin to recognize her as a person; their reputation in the community is saved, their dignity maintained.

Sometimes when no more than thirteen or fourteen years old, this young, timid woman transfers her fear of authority to her husband. His voice alone represents power and command over her life; she must not do anything to arouse his anger. She knows she is supposed to take care of the house, the cooking and the washing; she knows she will bear the children, as did her mother before her. Beyond this, she knows little else.

Her belly becomes filled with children year after year because of fear and ignorance. She is afraid to refuse her husband his pleasure, and she does not know that she has alternatives. If she is made aware that it is possible to plan her pregnancies, fear and ignorance again work against her. She may be confronted by a husband who is unwilling to use contraceptives and refuses to allow her to use them, or a priest who tells her she is committing a mortal sin. If she crosses the husband, she is afraid he will leave her or beat her; if she crosses the priest, she will be condemned to Hell. When women come to me with this dilemma, they want to change their situation but they are afraid.

My role is that of a moderator, and if I am a good communicator, a change agent, as well. I tell her, "It really isn't necessary to go against your husband—why don't you bring him to a meeting some time? I'd like to meet him."

If we are patient, she can usually persuade him to accompany her, and I listen to his objections, which may be rooted in superstitions such as, "I don't believe in planning because the number of children you have is predestined." Political propaganda can be blamed for other objections like, "We have to increase the population if we want our country to be powerful," and, "Family planning is a capitalist ploy to keep the poor countries weak by reducing manpower." Others are based on simple economics: "I need children to support me in my old age." And then there is the simple reluctance to do anything which he construes as challenging his masculinity, such as "If she uses these things, what is to keep her from being unfaithful?" "If my children die I must be able to replace them," or, "If I don't have many children, my friends and relatives will think I am not a man." I also suspect that men subconsciously feel their authority is being challenged

by programs that are directed at women, and family planning programs almost always are.

Initially, the objections of the men are reflected by the women in their attitudes and their reluctance to discuss the problem. I usually point out that the more children they have, the more they will see die. I show them how fewer children are easier to care for and that when the family is small, life for everyone improves. With patience, most objections can be overcome.

The women I am talking about are those at the very lowest level, socially, economically, and educationally. They are completely out of the mainstream. They make no contribution to society except the dubious one of producing children who, like themselves, probably will barely exist, but not much more. We must help this kind of woman to become a useful person, not just a thing to be used like an animal. We must enable her to be productive by doing something to improve the quality of life for herself, her family and her community; not by producing one child after another to appease her husband's ego.

Although the need to motivate the "*campesina*" to do something constructive with her life is a special problem in Honduras, it is not unique to her alone. It is a problem shared by all our women. True, the degree to which we are prepared to do something useful is affected by our access to education, but education alone does not seem to be the answer. Those who are fortunate enough to receive an education, but who are not motivated to use it may be as unproductive as the woman who has no education at all. Both represent a great waste of our human resources. Both are also a great potential force.

How difficult it is to motivate people! If only the women who give parties and get their pictures in the papers for supporting the various orphanages, old folk's homes and other charities, would put their education to better use! In their way, they, too, are trying to accelerate the progress of their communities and our country, but they do only what tradition allows. They have not broken out of the past. Not that there's anything wrong with this: it's just that with their education they could do so many things that would have more lasting value such as helping people to help themselves. Unfortunately, the interests of most women revolve around their comfort in their own social world and at their own social level.

We usually base everything we do or believe on something we've already experienced, what our parents or our church taught us, or on what we perceive to be true in accord with our environment and the people around us. If Juan beats his wife, isn't it mostly because his father beat his mother and the children, and as a little boy, Juan perceived that this was the way men were supposed to behave? Similarly, city women who have an education spend their time with clubs and associations where they can use their social graces and give parties because they perceive this is the lady-like thing to do. Their mothers, grandmothers and other women they admire did these things. Our society is less productive than it should be because we are handicapped by our cultural traditions that no

longer serve us. Education is the best tool for changing ideas about superstitions and outworn status symbols, but much depends on the teacher.

Education can be an important element for social change in Honduras. Education, or lack of it, divides our nation. It is necessary to remember that all human beings can learn, and that social development is a process in which even the rich can participate. The woman who has an education and who lives in the city may not understand very much about the "*campesina*" or the effects of superstitions, poverty and fear on the life of the rural woman. She may find it hard to see any relationship between the plight of the ignorant "*campesina*" and her own situation, or believe that the poor rural woman has any potential for changing the economy, but the urban intellectual can learn, too. She need not waste her education. With her advantages, she can be of great value in helping the rural woman. Because of her friends and her education, a motivated urban woman who dedicates her efforts to changing conditions for her poor country "sister," can influence many people, including the government. She can open the eyes and ears of the powerful to our country's needs, where the problems are, and why. And she can become an educator.

The educator has the opportunity to become an agent of change. Because Honduras' population is predominantly rural, anyone who plays the role of teacher can either reinforce traditional attitudes, or open up new ways of looking at life. It can be a great challenge. A good teacher learns from her students at the same time she is teaching; it is a reciprocal process that involves two-way communication. The basic elements are:

- 1) The communicator (the educator);
- 2) The message (the content of what the communicator is trying to get across);
- 3) The means of communication (instrument or method);
- 4) The receiver (the person or audience to whom the communicator directs the message); and
- 5) The effect of the message on the receiver.

The educator need not be a teacher in the formal education system. She might be a "*promotora*," an agricultural advisor, a crafts instructor, a nun, a volunteer worker of any kind, or a health nurse such as myself. The important thing is that she must communicate her message successfully, and the measure of that success is whether the message has the desired effect on the receiver. In order to achieve the desired effect, the communicator must really know and understand her audience, as well as her own field of technical expertise. Communication will revolve around technical knowledge because that is the basis of the message, but the essence of its success lies with the ability of the communicator to be tactful in adapting her technical knowledge and her sensitivity to the intangible human elements. Tactfulness and sensitivity are perhaps the most neglected

areas with the majority of people who try to establish relations to "teach" "*campesino*" women.

A message makes an impact on the "*campesina*" only when there is some possibility that it relates to her needs and she can respond to it. It must be a message that moves her to discuss the information it contains; therefore, it is most effective when it is transmitted with emotion, empathy, feeling—with human warmth and understanding. This requires that the communicator be well-acquainted with the social structure of the specific rural area, the social customs, traditions, problems and interests. The most successful teacher is the one who learns from her students, her audience. She hears what they say, feels what they feel, understands what they suffer and senses the meaning of their silences. She adapts her learning to the technical knowledge she is attempting to get across, and in the process many new ideas occur. When she shares her learning with her students, they become motivated, and the process feeds on the stimulation that occurs. Each fuels the other.

In a rural society such as ours, we desperately need all our resources. We cannot afford to waste anything, least of all our women. The woman who is educated can share her learning; the woman who has special skills can teach them to others. The others can acquire the learning and special skills, and teach them to their daughters and neighbors. The key is a kind of social maturity: the willingness and ability to communicate and collaborate. But it all depends on the teacher.