

UNFPA

PAN-AFRICAN SEMINAR

REPRODUCTIVE HEALTH, REPRODUCTIVE RIGHTS
AND THE
ECONOMIC AND POLITICAL EMPOWERMENT OF WOMEN

Beijing, 12 September 1995

Ruth Bamela Engo-Tjega

SCENE I. PROLOGUE

MODERATOR

Good Morning and welcome to our hypothetical world. We are going to spend the next three hours in an hypothetical country, with an hypothetical government. Together we shall explore and discuss important population and development issues which impact on the lives of individuals and families and on the socio-economic progress of this hypothetical nation. But at the end of the discussion we hope that we shall be able to reach conclusions which might be used by real countries and real governments.

So let me introduce you to the hypothetical nation of Mbog.

Mbog is a beautiful country situated south of the Sahara and north of the Kalahari deserts, between the Atlantic and the Indian Oceans. Lovely mountains that stand high in the sky contrast with low lands where one can admire a race of antelopes at morning break, colorful birds gathered to quench their thirst at noon, and a lion half asleep late in the afternoon.

Through the struggle of both women and men, Mbog gained its independence from colonial rule in 1960. In the 1960's and 70's things seemed to be going well for Mbog. The world price of cocoa, coffee, cotton - its major commodity exports - was moving up. This made Mbog's government the country's largest employer as it engaged in massive public investment programmes. The government established a local university where all students were on scholarship. The government guaranteed permanent employment for all university graduates who were employed mostly in the civil service. It instituted a development bank and a marketing board. An expensive local elite flourished.

By the mid-1980's this exuberance came to a halt. The world price of Mbog's chief export crops began to drop. Many nationalized companies, mostly in agro-business, were experiencing major difficulties. Farmers could no longer make ends meet and many of their children suddenly dropped out of school. Civil servants saw their wages dissipated through high inflation. The



government slowly started to disengage from a number of its previous responsibilities.

During the same period, stringent economic reforms under the Structural Adjustment Programmes, with all their social and economic costs for the majority of the population, were put in place. "Lean government" was advocated. As a result, huge numbers of workers, especially civil servants, were dismissed. Fees started to be charged for education, primary health care and other basic services at a time when people had little resources. Due to high inflation, the costs of basic commodities rose significantly. Mbog restructured its education budget and cut back on student scholarships -- as a result the university students went on strike.

For more than ten years now Mbog has been struggling with a difficult development environment. Working conditions have deteriorated for teachers, health workers and civil servants. Salaries have decreased by 70 per cent and are distributed infrequently - sometimes only twice a year. Infrastructure is barely maintained. Annual per capita income is about \$ 300. The annual population growth rate continues to be high at 3.4 per cent per year. The literacy rate, particularly of women, is low.

Health services are hard to reach and are usually of poor quality. There is one doctor and five nurses for every 18,000 persons. Infant and child mortality is high. About 600 out of 100,000 women die every year while giving birth.

Another major problem is the fact that more young people, especially men, are leaving the villages and moving to the one major city in the country -- the villages are mostly populated by very young children or older persons who have a hard time producing enough food for themselves and the children. In the city, slums are fast appearing on the outskirts. The private sector is still small and there are not enough jobs for the urban residents and new migrants.

Growing dissatisfaction with the quality of life fueled an opposition movement which culminated in a change of government administration. The change was largely due to the enormous political participation of women in the electoral process.

The new government, headed by a woman and representing various political and ethnic groups, is now in power. The new government has promised to establish a dialogue among development actors - including the government, the civil society, the private sector, men, women and the youth.

Today in Masoda, the capital city of Mbog, the new cabinet is meeting to address important population and development issues with a particular focus on the health status and the empowerment of women.

PLEASE NOTE THAT:

***** MBOG is not only a geographical place. Mbog is an holistic perception of life. It encompasses the people, the animals, the flora, the rivers and trees, the beliefs and the culture - in other words it is the link between the human, the environment and their soul.

***** MASODA signifies "blessings." and that is what we aspire for the people -- that they live in harmony with their environment and their highest cultural values.

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SCENE II. CABINET MEETING

PRESIDENT OF THE REPUBLIC OF MBOG

[TO THE PUBLIC]

Ladies and Gentlemen, please allow me to introduce myself. I am the President of the Republic of MBOG. And I am the first woman ever to be elected President in my country.

I was elected through the participation of all segments of our society - and I received 60 per cent of the votes cast. My political platform is to improve the quality of life of all of the people of Mbog. As part of my platform, I promised the women among other things to improve the reproductive health services, act on reproductive rights issues, and undertake measures to empower women in the social, economic and political areas.

Mbog has an official National Population Policy which includes reproductive health and empowerment of women. I have convened a meeting of my cabinet today to discuss how to translate the Population Policy into practical action.

At this fifth cabinet meeting of my administration, all Ministers are present due to the multidisciplinary nature of the topics to be addressed and the need for all Ministries to cooperate in achieving these goals. All Ministries will be held accountable for doing their part to improve the lives of women.

-PAUSE-

I will now ask each Member of my Cabinet to identify herself or himself and her or his Ministry.

[CABINET MEMBERS IDENTIFY THEMSELVES - stand when identifying themselves.]

PRESIDENT

[TO CABINET]

I am pleased that we could all meet today to address the important issues of reproductive health, reproductive rights and the economic and political empowerment of women.

You all remember that the presidential campaign took place just before the International conference on Population and Development in Cairo in September 1994.



You also recall that many Women's associations presented a detailed agenda on reproductive health and empowerment issues to all candidates. We secured 80 per cent of women's votes because we promised to address these issues immediately after we took office in January 1995.

It is now time for us to spell out a clear strategy on what our administration plans to do in these important sectors.

I should like to remind you that our discussions should be short and to the point as we have to prepare for the visit to one of our villages tomorrow.

-PAUSE-

[REPRODUCTIVE HEALTH]

With respect to the health sector, during our last Cabinet meeting we discussed measures to improve the general health services for all of the population. We decided that at this meeting we would concentrate on reproductive health issues.

The women's associations have stated that improvement in the health of women is one of their top priorities. They point out that women cannot develop their potential as full members of society if they are unhealthy. They state that the major illnesses among women in our country are related to pregnancy and childbirth complications, botched abortions and sexually transmitted diseases, including AIDS. The women are demanding good health care and the power to take decisions about their reproductive health, including the ability to plan the number and spacing of their children. What does that mean for us here in Mbog and how do we go about translating these demands into practical action?

----- MINISTER OF HEALTH

Yes, Madame President, unfortunately, in Mbog, the women do have major health problems. The life expectancy is only 51 years. Government health services reach only 45 per cent of the people, and mostly in urban areas. Furthermore, only half of the government clinics offer reproductive health information and services. That means that only 22 per cent of the people have access to reproductive health services. Maternal mortality is extremely high - only 10 per cent of birth are attended by trained persons. The size of families is still large -- with an average of seven children per woman. While 63 per cent of married women know about contraceptive methods, the use of contraceptives is only about 11 per cent. Women are disproportionately affected by STDs/AIDS -- of deaths related to AIDS, 40 per cent are of women.

Definitely, Madame President, there is a health problem for women. I have requested the Director of Reproductive Health and Family Planning to attend this meeting to highlight some actions that might be taken to address this serious issue.

----- DIRECTOR OF RH/FP

[answer should include renovating and building more clinics, training more medical staff in RH/FP, improving the logistics system including the management of information systems. Emphasis is on the medical staff providing good counselling and information so that women can have more decisions in the type of contraceptive she will be using.]

PRESIDENT:

Let us now hear the perspective of the Minister of Local Government. How do we ensure that basic reproductive health services are readily available to the majority of women who live in rural areas? Do we need different methods to address the two situations? The Government resources are limited -- is there any role for NGOs or the private sector?

----- MINISTER OF LOCAL GOVERNMENT

[answer should include: The distribution of Government resources should take into account the fact that the majority of women live in rural areas -- thus the government should strengthen its health services in the rural areas. In addition, Government should strengthen its cooperation with NGOs which are better able to reach out to the people at the grassroots level. Such NGOs can provide information and counselling to men and women and with appropriate supervision even deliver contraceptives and condoms. As Government human resources are limited, traditional Birth Attendants should also be trained in good basic reproductive health practices.]

PRESIDENT:

Reproductive health is not just a woman's issue -- it is a man's issue too. How can we reach out to educate and provide services to men? The Ministry of Labour has the highest percentage of male workers in the modern economy. So perhaps the Minister of Labour would like to address this issue?

-----Minister of Labour-----

(answer to include: Madame President, I'm pleased to inform you that my Ministry has already launched a campaign in all the modern sector industries to utilize the enterprise medical facilities to educate male workers on safe reproductive health practices for themselves and their families. I would like to state

that we are initiating actions to improve the working conditions for women. For example, extended maternity leaves and child day care services will be instituted in all of our facilities. Also, women will not be discriminated against in their career advancement because of their reproductive roles.

PRESIDENT:

On the one hand I am pleased to learn of the actions being launched by the Ministry of Labour. On the other hand, I am very concerned about the reproductive health of our youth - both girls and boys. We do not seem to be doing well in this particular area. We are informed that of death related to pregnancy, 60 per cent are of teenage girls. Furthermore, young girls are increasingly becoming victims of AIDS and other sexually transmitted diseases. What is the appropriate role of Government in safeguarding our youth? Should we undertake information and counseling and other services for them and if so how? At what age should we start a dialogue with them -- in high school or at lower grades? What about youth who have dropped out of school -- how do we reach them? How can we help parents to give appropriate guidance to their children. In short how should we be handling teenage sexuality?

I would like to request the Minister of Youth to give us his ideas on this issue in global terms. Then I would like to ask the Minister of Education to tell us of measures taken in the formal education system to reach the youth.

----- Ministers of Youth and Education -----
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PRESIDENT:

I understand that a recent survey has shown that while on average our women bear 7 children they would prefer to have only four children. Our local belief is that children are the gift of God. Also the status of a woman in her marriage and her community as well as her old age security still depends on her having many children. Furthermore, men - maybe with pressure from family - continue to decide how many children their wives should have. Would we betray our traditional values by ensuing that women are part of the decision-making process regarding the number of children they bear.

Could the Minister of the Family and the Ministre de la Promotion Feminine speak on these issues.

----- Minister of the Family and Promotion Feminine -----

[answer should include: Our traditional values give emphasis to motherhood and to taking excellent care of our children. By bearing so many children, a woman does harm to her physical health and to the health of the children which she bears. But women feel



compelled to have many children because few children survive because of the high infant and child infant mortality rates. The Ministry of the Family in collaboration with the Ministry of Health is attacking this problem through key actions which will have a multiplier effect - including systematic immunization of children and education in oral dehydration techniques and a campaign on clean water.]

----- **Ministre de la Promotion Feminine** -----

[answer should include: Experience has shown that in households where the man is the sole financial provider, he is also the only decision maker on important issues, including the size of the family. Whereas in households where women also bear some of the burden of the family economic life, the decision making is shared and the relationship is on the partnership mode. Therefore, promoting the economic empowerment of women is directly linked to the reproductive empowerment of women.]

PRESIDENT:

That is a very good point. And I would like to come back to the issue of women's economic empowerment in just a few minutes.

At this point, shall we discuss the vital issue of money. Can our national budget cover the costs required to strengthen and improve reproductive health education and services? I would appreciate the comments of the Minister of Finance and Planning.

----- **Minister of Planning** -----

[answer to include: Madame President, I would like to applaud your methodology to insist that all Ministries should be responsible and accountable for improving reproductive health education and services. The budget of one Ministry alone could not accommodate the resources required for this major task. But working together and ensuring that each Ministry allocates sufficient resources for its programme under its respective mandate, the national budget can cover a significant portion of the total cost.]

PRESIDENT:

I am glad to learn that a respectable portion could be covered by our local resources. For the remaining balance, we certainly would need some international assistance. Could the Minister of Foreign Affairs enlighten us on the possibility of external cooperation.

----- **Minister of Foreign Affairs** -----

[answer to include: we have to face the fact that global donor funds are shrinking. But still, there is a possibility that

we can obtain international resources from the United Nations System, bilateral donors and international financial institutions provided that:

- we demonstrate - as we are doing - our own real commitment and evident need;
- and that project proposals are well designed.]

PRESIDENT:

I am relieved to learn that there is a good possibility that the resources required for the reproductive health sector can be covered.

Now I would like to bring up the issue raised previously on the importance of the economic empowerment of women.

We have learned that decision making patterns could change if women are economically empowered. I would like to call on the Minister of Social Affairs to brief us on activities undertaken by women and encouraged by her Ministry which empower women. Please focus on activities in the informal sector; women's access to credit; and the skills needed for the advancement of women in business activities.

----- Minister of Social Affairs -----

[answer to include: Women's access to credit has been severely limited because traditionally the mainstream banks in Mbog have not been willing to provide small unsecured loans. Because women are generally not property owners, they have not been able to secure loans. In some countries, alternate schemes have been developed which favour small loans for women. I recommend that our Government contact these alternative institutions (like the Grameen Bank) which are located in other developing countries. Our country should look into the possibility of small credit loans provided by other international financial institutions.]

PRESIDENT:

This administration wants to promote the economic empowerment of women. But some of our old laws are still restrictive. for example, women cannot own property in their own name. They cannot inherit property. They cannot obtain credit without the signature of their husbands or fathers. Could the Minister of Justice start addressing these issues.

----- Minister of Justice -----

[answer should respond to this issue. The answer should conclude by stating that while the Administration may recommend certain revisions in the laws, these revisions may not be enacted because the legislature is still composed of 90 per cent men. Furthermore, revised laws still need to be interpreted by judges,

practically all of whom are men.]

PRESIDENT

How can this situation be changed? What measures should be taken so that more persons -- men or women -- who are sensitive to women's concerns are elected to the legislature? And how can more women be brought into the legislature and the local government and be encouraged to become judges? We would like to hear the thinking of the Minister of Civic Affairs.

----- Minister of Civic Affairs -----

[answer should include: the Ministry of Civic Affairs is drafting electoral reform code so that every elected body will have an appropriate number of seats for elected women representatives. This is to ensure that the women's perspective is taken into account in all governmental decisions at all levels.]

PRESIDENT:

This meeting has been extremely useful in identifying the issues which should be on top of our agenda for action. As we agreed at our last meeting we would visit a village tomorrow morning in order to listen to the people and get their perspective on the issues we have been discussing. We would like to thank the Minister of Local Government for arranging this visit.

PRESIDENT

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[TO AUDIENCE]

It is now the next day and the Cabinet and I are about to visit one of our villages.

[PRESIDENT LOOKS AT MINISTER OF LOCAL GOVERNMENT WHO STANDS UP AND APPROACHES THE VILLAGE CHIEF]

SCENE III. TRIP TO VILLAGE

MINISTER OF LOCAL GOVERNMENT

Madame President, allow me to introduce to you the Chief of this village, Chief Musinguzi. The villagers have been briefed about our Cabinet discussion and are anxious to present to us their concerns.

PRESIDENT:

Chief Musinguzi, I and my Cabinet members are most delighted to visit your village today. We are now considering various measures to improve the reproductive health of men, women and youth. Furthermore, we want to enhance and empower women



politically and economically.

Therefore, we came here today to listen to you and to the people of your village about your concerns and priorities.

We would especially like to know how government and the villagers can work together. We would also like to learn of the initiatives which the villagers have taken themselves.

CHIEF:

[The Chief welcomes the President and the Cabinet to the village. He introduces the "Oldest Woman" of the village who informs the President and the Cabinet about the major changes which she has seen in the village in her lifetime.]

OLDEST WOMAN:

In my lifetime there have been major changes in this village. But three are the most disturbing:

- Adolescent girls are having babies at a younger age.
- AIDS and other sexually transmitted diseases are more prevalent.
- More men are going from the village to the city -- they are leaving the women and children behind.

Madame President, life is more difficult these days. The Government and the village should work together to save the situation.

CHIEF:

[The Chief calls on other villagers to present their issues to the President and the Cabinet.]

[Issues:

REPRODUCTIVE HEALTH ISSUES;

- **ACCESS TO REPRODUCTIVE HEALTH SERVICES**
Is there a medical clinic (government or NGO) in the village?
Is it open every day? Are RH/FP services available every day?
- **QUALITY OF REPRODUCTIVE HEALTH SERVICES**
What kind of services are provided?
- **DO MEN AND WOMEN USE SERVICES?**
- **IS THERE HIGH ADOLESCENT PREGNANCY?**
If so, why?

Who is responsible? What is the role of adult males? Are adult civil servants or school masters or other adult males responsible for the high adolescent pregnancy rates? If so, what actions are taken to curb such behaviour? Are the pregnant teenagers required to leave school -- and if so can they return after the delivery of the child?

What are role of parents, the village community? Are RH/FP counselling and services available for the youth?

- HAVE ANY WOMEN DIED OF CHILDBIRTH COMPLICATIONS?
What can be done - by the community? the NGOs the government? the private sector?
- What is the incidence of AIDS?
What information and counselling is available?

REPRODUCTIVE RIGHTS:

CHIEF:

[ISSUE should include the following: while the laws have been changed to permit the provision of contraceptives by qualified health personnel to persons who request them, we are concerned that the actual practice may be different. For example, do medical personnel require the consent of the husband? Do medical staff require that the woman have one child before they provide contraceptives to her? What are the other reproductive rights issues in the village?]

ECONOMIC EMPOWERMENT OF WOMEN

CHIEF

[ISSUE: Are the women of the village trying to start income-generating activities? What are the activities? How successful are they? What are the obstacles - access to credit, etc.

Can women own property under the customary law? If so, in practice what really happens? For example, if their husbands die, can they claim possession of the property? If so, are they ousted from the property by relatives? Can they inherit the property or possessions of their late husband? What legal recourse do the people of the village have -- and what institutions are available - customary, statutory, legal services/clinics? What programmes should be strengthened or be put in place?]

What percentage of boys and girls go to school? For girls, how can parents be encouraged to keep their girls in school? Should the school fees for girls be paid by the government?

POLITICAL EMPOWERMENT

CHIEF:

[ISSUE: Are the women of the village active politically? If so, how? If not, how can their political participation be enhanced (e.g., via NGOs to impart information, network, etc.)?]

[END OF VISIT TO VILLAGE]

PRESIDENT:

[TO VILLAGE CHIEF AND THE MINISTER OF LOCAL GOVERNMENT]

My cabinet members and I would like to thank you for the courtesy and hospitality which you have extended to us. We have learned a great deal and will seriously take into consideration your advice and recommendations.

Through the Ministry of Local government you and your villagers will be informed of the actions which are taken on your suggestions.

SCENE IV. RENDEZ-VOUS WITH CABINET AFTER TRIP TO VILLAGE
CONCLUSIONS

PRESIDENT:

[TO CABINET MEMBERS]

I would like to thank the Minister of Local Government for arranging this most enlightening visit to the village.

I think we all need time to reflect on the discussions and recommendations which have been made during the past two days.

Nevertheless we are challenged to help the entire nation understand that good reproductive health services and practices and the economic and political empowerment of women are in the best interest of every individual as well as the country as a whole.

Our next meeting of the full Cabinet will take place on Friday, 16 September 1995, when we shall decide on appropriate coordinated strategies to be adopted by this Administration.

I thank you very much for the creativity brought into these deliberations.

