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Quarterly Journal of South Asian Women

OUR REPRODUCTIVE RIGHTS



diva

A Quarterly Journal of South Asian Women

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Thank you for the last minute proof reading, Sunita!

Greetings from DIVA !

We are happy to present our first issue of Volume 4 focused on Reproductive Rights. Hope you have a good time with it. The response to Volume 3 has been very encouraging. We need your support for Volume 4. We have planned the remainder of Volume 4 as follows:

Special Issue Sept. 1993

Proceedings of the Conference on Sexual Violence

Dateline for contributions and advertisements is July 30/93

Issue 2 Aug./Oct. 1993

Publishing and Art by Women of Colour : Our Creative Expressions in the Herstories of the Women's Movement

Dateline for contributions and advertisements is June 30/93

Issue 3 Nov./Jan. 1994 Sex, Sexuality and Desire

Crossing the Boundaries, Identities, Repressions, Fighting Back Together

Dateline for contributions and advertisement is Sept. 30/93

Issue 4 Feb./April 1994 Dynamics of Colonization: Realities Today

Internalized Colonization, Tracing Our Histories New Ways of Relating, Sharing our Struggles

Dateline for contributions and advertisements is Dec. 30/93

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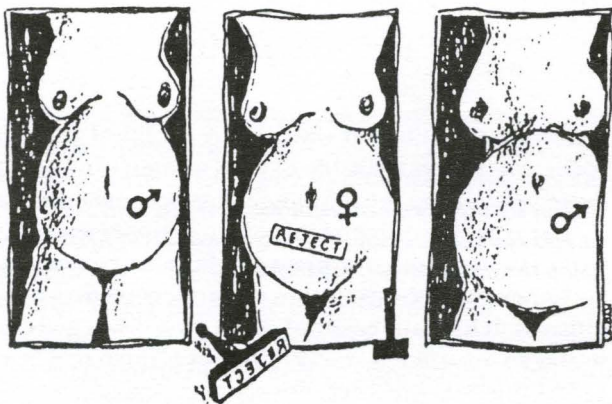
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Towards a Race and Class Conscious Reproductive Rights Movement

Sharmini Peries and Ann Phillips for the guest editorial collective

Feminists of colour working and organizing around reproductive rights and new reproductive technologies from a progressive, socialist politic are only beginning to grasp the enormous complexities that surround this issue. This is largely due to two factors: first, the rapid increase in the use of reproductive technologies has made it difficult to analyze the benefits and the problems with each of the technologies as well as their differential impact on women of colour. Second, until recently, and with a few exceptions, the reproductive rights movement in Canada and the U.S. are being dominated by white, middle-class feminists who operate on the assumption that their expertise and framework is applicable and relevant to 'all' women.

While to a large extent, this assumption may be true, the scope of the movement has not included an understanding of the barriers confronting women based on race, ethnicity, sexuality, culture, class and sectoral power. This has resulted in a segmentation that has barred equal access to various services and methods as well as to equal participation within the movement.

The reproductive rights movement in essence, has never addressed the particular concerns of women of colour. It has denied the historical nature of racism and its effects on women's reproductive freedom and rights. Many women of colour thereby feel that an autonomous space

is needed to build our own theory, political positions and to develop strategies around the collective choices available to us as women who want to transform the movement. Therefore, a movement within the movement has become essential.

The active participation of women of colour as agents of our own transformation has taken many years, two decades to be precise. Political organizing by a large segment of the reproductive rights movement with the exclusion of our perspectives as women of colour has only resulted in many setbacks. It has only ensured rights for a privileged few. It only established that feminist political strategies are often not very different from that of our male counterparts.

Within the last two decades of our organizing, women of colour have made major gains around our reproductive rights:

This includes confronting sterilization abuse of Aboriginal, Chicana, Puerto Rican, Black women, women of South Asian origin, Chinese women and Immigrant women who continue to be disproportionately sterilized. Together with other 'racialized' women, we have called attention to such abuse, through organizing and calling for studies that substantiate our positions. In the U.S. for example, a study conducted by the 'Committee to End Sterilization' revealed that forty-three percent of the women sterilized through federally subsidized programs were Black and that twenty percent of all Black, married women have been permanently sterilized. Such revelations have forced the reproductive rights movements to take a critical look at sterilization as a means of birth control and how it impacts on women of colour in different ways as well as the way in which sterilization is used to control so-called 'undesired' populations globally.

This includes the recent struggles of women of South Asian origin in Vancouver who organized against Dr. John Stephens and prevented him from opening a gender selection (read male selection) clinic there. These women also stopped his advertisements from appearing in South Asian newspapers in Vancouver. Women of South Asian origin in Toronto have organized against the mainstream media that chooses to further marginalize South Asian communities by exemplifying and overgeneralizing the preference for male children in our communities. At the same time, women are taking active steps to speak out and educate the conservative elements of our own communities on this issue.

This also includes the struggles to establish an abortion clinic that particularly addresses the needs of Immigrant women, women of colour and Black women by *Women's Health in Women's Hands* here in Toronto. This will be the first such clinic in Canada.

This includes the struggles to promote reproductive health in the context of basic health and well-being of individuals and their communities collectively.

And, this includes exposing the exploitative nature of surrogate motherhood and exposing new reproductive technologies and their adverse and differential impact on women of colour.

It is, has been and will continue to be important for women of colour to have our own spaces to consider reproductive rights and reproductive choices from the specificity of our own experiences. There are many of us who feel that a thorough understanding of the issues surrounding reproductive rights and the implications of new reproductive technologies cannot be reached without an understanding of the experiences of the most marginalized women. We, as women of colour, as well as analyzing our own positions, are also actively involved in networking and building coalitions in the area of reproductive rights and new reproductive technologies, locally and globally as we struggle to address the issue of a woman's right to self-control over our reproductive capacities from a global perspective.

We have only mentioned a few of the reproductive rights struggles that women of colour are participating in actively. There are many more, especially from the South, and we haven't the space to cover it all but enough has been said to begin a discussion on the possibilities for coalition building and political mobility, especially across people of colour communities.

In an attempt to encourage dialogue and debate on the issue of reproductive rights and new reproductive technologies, DIVA organized three forums with women of colour. The first such forum was a very successful event out of which this particular issue's guest editorial collective was formed. Subsequently, in the following two forums there were working groups whose debates and discussions led to many of the articles published in this issue.

During the course of dialogue it became apparent to the guest collective that a shared collective political position on this issue at present does exist because of the various complex aspects of this debate. Thus, what we hope to achieve in this issue on the topic is to open up more dialogue.

This is probably the first time in Canada that reproductive rights and technologies are being dealt with by feminists of colour with a wide representation of the perspectives of women of South Asian origin. What we have included in this issue is a collection of articles that speak to a range of women's experiences in the debates surrounding **Our Reproductive Rights**.

Women Oh Women!



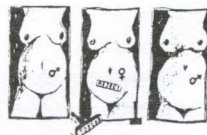
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Great food! Sheila James



Chandana Mathur, Ayesha, a very young South Asian man, Shayamli Pal, Sudha Coomarasamy



TESTIMONY 1

Double Standards Ate Away at me

by A woman who exercised her reproductive rights

All I ever wanted was to grow up, get married and have children. You see, I was taught this from a very early age. I played with baby dolls and heard fairy tales of princesses meeting their princes and living happily ever after.

Growing up in a very strict West Indian family, I was also taught that I had to be a virgin when I got married or else no handsome prince would want me. My dear husband, however, would not be required to be a virgin himself. In fact, it was preferred if he wasn't.

This double standard just ate away at me. Why did I have to save myself for some creep who would be fucking around all of his life? Oh, I heard all the lame excuses like, "It's better for the man to be experienced so he can satisfy you.", or "What good would it be if both of you didn't know what to do?", and my personal favourite "Men are men; they can't control their sexual urges. It's up to us women to be the strong ones." Bullshit. If all these men are having sex, then, who are they having sex with? Women, in most cases! Well, who are these women if we are all supposed to be virgins? Prostitutes and loose white women. More bullshit. Little did I know then (or have the ability to admit), that it was their helpless young daughters, sisters and cousins that they were sexually abusing in order to get their "experience".

I didn't want to be one of those women who waited until marriage to have sex, with nothing to compare their experience to. They were going to end up resenting the man they were with for having the power and freedom to do anything *HE* wanted. I also wanted no part of arranged marriages. How could parents willingly hand over their innocent daughter to a complete stranger, I felt, to be raped? It was outrageous.

I knew that kind of life was definitely not for me. I wanted to know everything there was to know about sex, and the best way to find out was through first hand experience. I made the decision to lose my virginity once and for all, at the age of eighteen.

I was quite naive about pregnancy and birth control, having lived such a sheltered life. (I had forgotten how many times I thought I was pregnant starting when I was eight years old and being

sexually abused.) I had intercourse for months without using any contraceptive. When I finally did start, I used spermicidal foam, on its own, without a condom. Now, when I look back, I count my blessings for not getting pregnant during those months I went unprotected.

Shortly after, I moved to Toronto and started going to "The House" which is a division of Planned Parenthood. I felt very comfortable there because they are a birth control centre (and doctors' office), specifically for teenagers who didn't want to go to their family doctors and run the risk of their parents finding out. The staff were great and the atmosphere was open and honest and there was no judgement.

I learned a great deal about birth control and sex and I decided to go on the pill. I remember thinking how awful it must have been for women before the pill was invented. I had images of unwed, pregnant women being shunned and looked down upon. I also thought about the horror stories I heard about "coat hanger" abortions and the women that died because of them. I felt sorry for the Catholic women who didn't have the right to take birth control because their religion was against it. Then I thought, what am I talking about? I'm not even supposed to be having sex, according to my Indian culture!

I started smoking and everytime I would go in for a check-up I would hear, what I perceived to be a lecture, about the risks involved in taking the pill and smoking at the same time. I never gave it much thought and brushed it off as, "they're only doing their job."

After four years, it finally sank in and I decided that I simply couldn't give up smoking, so I quit taking the pill. I had also heard that taking the pill for too long could affect your fertility, and I wanted to have kids at some point! So this also influenced my decision to stop. At that time, aids was not a big issue and the use of condoms was not very popular with the men I had sex with. I told myself that I wasn't going to get pregnant; that it only happens to other women. I had been lucky so far and I didn't need to use contraceptives.

Just before my twenty-fourth birthday, my luck ran out. I became pregnant. I knew I was pregnant because my whole body felt different. I couldn't touch alcohol or cigarettes; they would make me sick. I suffered from nausea all the time and found it very difficult to travel to work on the subway and to stay awake all day. I took naps on both my breaks and my lunch hour. I also became ultra-sensitive and cried at the drop of a hat about anything. Every baby I looked at, I saw as my own and despite the discomfort, I became quite content as I settled into my future role as a mother.

Then reality hit me like a Mac truck. I went to the doctor and found out I was further along than I thought. I was not pregnant for my present boyfriend, but for anyone of two men I was seeing before that. I wavered in and out of reality as my "maternal" instincts kicked in. I decided to keep the baby anyway because this was MY baby and I wanted it.

I confided in my sister who seemed to me, at the time, to be a crazy woman. She talked about my financial instability, the overwhelming responsibility of being a single parent, a life of poverty on social assistance and other horrible things. My reaction was, "So what?". All I wanted was to have my baby. Couldn't she understand that? At one point I felt like my sister and my friends were all out to get me and kill my baby. I had visions of them dragging me to get an abortion. My perceptions and rationale were way out of balance.

But, one day I did wake up from my fantasy. I faced the reality of not knowing who the father

was and admitting that I didn't have the stability or finances to raise a child by myself. Also, I had been drinking alcohol and smoking cigarettes and marijuana when I became pregnant, and this made me fear that the baby could be deformed. All my dreams were shattered.

The hardest part of it all, was the guilt I felt. I felt guilty for getting pregnant in the first place. I felt guilty for not knowing who the father was. I felt guilty for not having any money. I felt guilty about my substance abuse. I felt guilty because I had to put an end to the life that was growing inside of me. I couldn't ignore it; I could feel its presence all the time. I cried constantly for days and days and asked this spirit for forgiveness. Now everytime I saw a baby, I felt as if someone were tearing my heart out.

I had done a lot of reading about abortion. I had even done an oral presentation about it in high school. I knew all the arguments for and against it and I always believed in Choice. I was seven weeks pregnant so I knew it wasn't fully formed yet, but none of this helped to make me feel any better. So to ease the pain, I had frequent conversations with my baby's spirit. I said that I couldn't be the mother that I had hoped and dreamed to be. That I didn't want to risk it being deformed or growing to hate me when I couldn't pay the bills or buy food. And when it asked for its father, what would I say?

My wonderful girlfriend and roommate at the time, went to the hospital with me and made me laugh and laugh and laugh to take my mind off what was about to happen. I was terrified; marching down to the operating rooms in a line with six other women, in our hospital gowns. I felt degraded and part of an assembly, or rather, de-assembly line. We were put on beds, one beside the other, and given general anaesthetic.

When I woke up, I felt a big sense of relief. I knew I had done the right thing and I began to feel physically normal again. I was happy and energetic and even did some painting that afternoon. By nightfall, I began to feel a lot of cramping and pain. I knew I had probably overdone it by painting all afternoon. I had been bleeding continuously throughout the day, but when I went to the bathroom after the cramping started, a huge clot of blood came out and fell into the toilet. I was horrified! All I could think of was that it was my baby. This sent me off on another episode of crying and feeling like an evil person for what I had done. I felt like I was being punished. I vowed never to go through this again, I would just have to kill myself instead.

When the due date for my baby came along, I mourned for its loss. This mourning never stopped. I always carried with me the guilt and shame of having an abortion. Every so often I would still sit and have a good cry about what could have been. I would try to imagine what my baby would have looked like. I thought about how different my life would have been if I had kept it, and I would picture myself with a baby and imagine the things we would be doing together. In other words, I kept torturing myself.

So you can just imagine how I felt when two and a half years later, I had another positive pregnancy test. I was mortified. I was nauseous. I was an absolute mess. I couldn't go through with another abortion; emotionally, it would kill me. I had promised myself that I would never have another one - one was enough! Why was this happening to me *AGAIN*? I didn't deserve this pain.

I had an ultrasound and I saw the 7mm bouncing heartbeat in my uterus. I knew a congratulatory was *NOT* in order. I was still in the same predicament I had been with my first

pregnancy. I was reliving my worst nightmare. I felt all my previous symptoms of pregnancy: nausea, sleepiness and mega cramps. I felt emotionally unstable and this manifested into not knowing who I was, what I liked or what I wanted. Once again I felt maternal and protective towards the multiplying cells inside of me. But, with the much needed help of a sensitive and understanding woman friend, I faced up to reality very quickly this time. I knew I had to have an abortion and I just wanted to hibernate until I did.

I was very, *VERY* depressed. The constant tugging in my tummy wasn't helping. I wished I could have relished every second of that sweet feeling, but instead I had to ignore it because it was going to be gone, without a trace, in a very short time. Another baby that could have been.

Because this was the second time I was pregnant, under virtually the identical circumstances, I reflected on, "What lesson was I trying so hard to learn?" I didn't want to be alone and pregnant. I wanted to have someone to share it with, someone to help me and to participate. I wanted a husband and a house with a white (or red) picket fence, two cars and a swimming pool *BEFORE* I had the kids. So why was I so eager to settle for so much less than what I wanted? I didn't want a life of poverty and disgrace for myself or my children. I wanted the best of everything for my kids. And if I couldn't provide it all, then I just wouldn't have any children. No child of mine was going to have to want for anything; not the love of a father or material possessions.

Finally I admitted to myself that I wasn't ready to have a child. I was just beginning to get to know who I really was, through healing myself of my childhood traumas. I had only recently begun to actually enjoy my independence rather than feel the burden of it. And from there I wanted to first, build a solid relationship with a man, and then have children. I started believing that maybe it was possible to have the happy, loving, prosperous family that I always dreamed of.

My thinking started to change. I realized that having an abortion was really choosing to take control of my life, my destiny. I began to see it as taking back my power. It was hard at first to accept that it was my power. You see, growing up with an alcoholic father that was physically abusive towards my mother and sister, and mentally and emotionally abusive toward us all, taught me that women had no rights. I saw how my power had been trapped inside me for so long and couldn't get out because of my self-destructive life style. I still struggled with my guilt, but I consoled myself by knowing that with time and more healing, I could offer so much more to a child. Everytime I thought of something nasty about myself, I would keep on thinking that, *YES*, I made the right choice for me.

My abortion was performed at the Morgantaler clinic. The Bay Centre for Birth Control recommended the clinics over the hospitals because the clinics could offer appointments sooner than the hospitals could and the clinics were more personal. I learned that the clinics used only local anaesthetic for the procedure and that I would be awake for it. The hospitals gave general anaesthetic which was far more than what was needed for a less than ten minute operation.

I was very happy that I opted for the clinic. The women there were sensitive, understanding and made me feel comfortable and safe. It was quite a difference from my cold, hospital experience. When I left the clinic they gave me some literature to take home. Among this was a letter asking for a donation to the Morgantaler Defence Fund. The money was needed in order to fight legal battles in court, to keep clinics open in other parts of Canada so those women could also have access to safe, legal abortions (and still keep their dignity in the process.) Well, I didn't

have to think twice about making that donation. I took for granted how easy it was for me to make an appointment, go to a clinic and have a safe, legal abortion, covered by OHIP. I felt that all women, everywhere in the world, should have that right.

I got pregnant for the *THIRD* time in February of this year, when I was RAPED. Yes, I was raped. I'm still trying to get over the shock of it. I am living proof, however, that out of every negative comes a positive because being raped was a catalyst for me to come out of denial and admit that I am a survivor of incest.

Pregnant again. This time I had absolutely no qualms about getting an abortion. I just thanked God that I live in a country where I can get help, get an abortion and get better. I was raped by my cousin's boyfriend, in Trinidad, while I was on vacation. I just wanted to run back home where I knew where to go to ask for help. This has been my third abortion and my third time looking in bookstores for even just *ONE* book, that assists in the emotional recovery of women after an abortion. All I could find were numerous books on the politics and legal history of abortion. Not one book to help the women like me who were suffering emotional pain and trauma from having an abortion. But, for the first time, I have seen a support group advertised for women, but the cost is \$300 because it is run by two women with private practices. I know I cannot afford this and I'm sure I'm not the only one who can't. It is too bad that this service is not provided free of charge like other support groups.

I'm no longer pregnant but I still feel very nauseous and it's because of reading an article in the current issue of "Ms." called, "Bosnia: Will the World Remember? Can the Women Forget?" The article is about the mass rapes of women and young girls as part of military tactics, in a war, in that part of the world. These women and girls are becoming pregnant and being kept in detention camps, or RAPE camps until it is too late for them to legally have an abortion. Some of these women are being forced to have these babies because adoptions can and are being arranged. My heart bleeds for these women and again I am reminded of how lucky I am.

I thank all the women that came before me and paved the way so that I and all other women in Toronto can have safe, legal, "free" abortions. Thank you sisters for fighting for our collective rights. I know it must not have been easy. Thank you for thinking of us, today, way back then. I am grateful for the support, love and encouragement I have received from the women I know and love. (Maybe one day I will have the courage to show this testimony to my Mother.) I pray for all my sisters on this planet to have the rights we do have here in Toronto and then some.





Testimony 2

.....

Dilemmas Around Abortion

A Personal View

Salma Yasmin

I still remember. It was when we were living in Pakistan. One of my mother's colleagues phoned her at home in panic. It was 10 at night and my mother had to leave immediately. My older sister and I were not told why my mother had to go to an urgent meeting at and her office at night. Later on we found out that one of mother's nursing students had delivered a baby in her room at the residence and then she had tried to kill the "illegitimate" baby by cutting its throat with a razor blade. No one even knew that she was pregnant.

Although I was in my early teens at that time, I could sense, even understand, the desperation that led the woman to do what she did. Especially given the context of the society that we were living in.

I emigrated to Canada almost thirteen years ago and five years later I attended my first rally for International Women's Day. Angela Davis spoke and I felt that my eyes had been opened to another view. I was seeing things differently for the first time.

Later that year, I attended a Pro-Choice rally where Dr. Henry Morgentaler spoke. Both were the only times I felt excited and alive since coming to Canada. Or maybe I was now exposed to things outside my family and its over protectiveness of me and outside the Muslim communities that I used as my safety net. I was in both for good reason; I didn't feel I was welcome outside the two. As I look back, I realize that my consciousness was awakening. The young woman who heard the story of the desperate new mother understood something. Now she was learning why.

In 1989, I started working at one of the abortion clinics in Toronto and in my three years I had a chance to meet, under unique circumstances, with lots of women. Lots of women, in general, but also many women originally from Pakistan, from India and from Islamic backgrounds. Some

of the women were very clear about their reasons for choosing an abortion but others were facing a dilemma or, rather, layers of dilemma about being at the clinic.

'P', for instance, was sexually assaulted in her apartment building. She wasn't going to charge the man because she didn't want to go through the alienating legal process and didn't want anyone in the community to know that it happened to her. She knew very well that it could be seen as her fault and that she might not get any marriage proposals because of her "loss" of virginity. Mixed with this clear-headed thinking were feelings of guilt and shame that would take a long time to go. Her case was one of hundreds of stories that I heard, stories from every country, region, race, religion, and class.

South Asian women felt ashamed and embarrassed to talk to a stranger about their sex lives, especially when not in the context of marriage. They also felt nervous and scared that I, being a South Asian woman, might tell others in the community. On the other hand and at the same time, they felt relieved that they could talk to someone in their own language!

Most of the Muslim women I had a chance to talk to, felt guilty because they thought they were committing a sin by going against their religious teachings. Some of the same women disclosed that they were psychologically, physically and sexually abused by their husbands. These same men in some cases might have even accompanied them to the clinic and would sit in the reception area waiting to take them home. Or I would hear about their boyfriends, who deserted them as soon as they found out that they were pregnant.

Most women did not have anyone they could talk to who would understand some of the complexities of their emotions and the situation they were in and be their support. In most cases they were economically dependent on men in their lives and also afraid of being cut off from the community.

The religious question was not one that carried a lot of weight with me. I felt that a woman's right to choose was a principle greater than the ideas coming from a book written 1350 years ago. It is ironic that my readings in feminism and anti-racism has brought me to new teachings about Islam. Nawal El Sadaawi, in *The Hidden Face of Eve* points out that:

Some religious authorities in Islam consider that abortion is not prohibited by religion within the first 120 days of pregnancy as mentioned in the writing of the Hanafi School, quoted by L. Kamal Ibnell'Haman. The religious authorities who consider that abortion can be performed before the end of the fourth month based their reasoning on the contention that the embryo up to that time does not enfold a human life. The prophet is said to have made it clear that El Rouh (life) does not awaken within the embryo before the 120th day.

I was honored to be part of providing a vital service to women, but everyday I was reminded of how little real choice most women had. The layers of dilemma showed up in economic dependency, lack of affordable child care, racial inequalities, harassment, constant threat of assault or violence, regional disparity of laws and access, and pathetically inadequate prosecution of rape and sexual violence offenses.

The image of the young nursing student still haunts me. ❦

Ankur

"A New Beginning"

*A Literary & Cultural Magazine of the South Asian Community
Vancouver Sath Literary & Cultural Society*

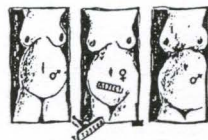
CALL FOR SUBMISSIONS

ANKUR invites contributions from South Asians in the form of Poetry, Short Stories, Plays, Articles, Essays, Research/Academic Papers dealing with contemporary issues facing our community.

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SPEAKING OUT

For

SEXUAL & REPRODUCTIVE HEALTH

By Anahita Sia Nowrojee

As a South Asian woman, born and raised in Kenya and now living in the United States, I have always been aware of the spoken and unspoken rules and definitions that are imposed upon my sexuality. These rules are often mitigated by sexism, racism, classism and heterosexism, and while often contradictory, have the single common goal of controlling women's sexuality.

The control of women's sexuality has a direct impact on our sexual and reproductive health. If we are unable to control our own sexuality, we are unable to understand and enjoy our bodies, control what happens to them, and protect ourselves from the consequences of unwanted and unprotected sex. Sexual awareness and control therefore becomes a prerequisite to ensure women's reproductive health and rights.

Ironically, many reproductive health policies and programs fail to address sexuality and the gender relations that dictate the sexual encounters between men and women. The programs that do address sexuality often have Western biases and do not incorporate a South Asian perspective. South Asian women living in an increasingly diverse and growing diaspora find themselves with little information, support or power to take control of their sexuality and reproductive health.

South Asian Women's Sexuality: Silence and Stereotypes

As the South Asian diaspora grows in size and diversity, it is clear that as South Asian women we will have to struggle with our own communities; the larger communities we exist in; and the interactions between the two, in order to break the silences, destroy the stereotypes, and control our own sexuality and health. In our communities, we have to grapple with silence and control, and beyond, we have to struggle with racism and stereotypes in personal relationships, social services and other institutions that we encounter.

The Silence

South Asian cultures do not encourage conversations about sexuality. We are not encouraged to talk to each other, to our families or to our partners about sex. The female body is often considered unclean

and girls and women are considered immodest if we try to explore and understand our bodies. Another dimension of the silence is an assumption of heterosexuality. "Because most teenagers are assumed to be heterosexual, it is common to feel that your sexuality just 'happened' without any sense of active participation in sexual choice and behavior¹." The silence and lack of information we have about our bodies and our sexual development only serve to increase the control that others have over us.

Within South Asian immigrant communities, control is an important aspect of life as we hold on to tenuous and often threatened identities. Community insecurity and racism feed into the control of female sexuality. The uproar of some members of the British Gujarati community, in response to Mira Nair's film "Mississippi Masala," in which a Ugandan Asian woman falls in love with an African American man, is testimony to this². Growing up in an immigrant community in Kenya, my reproductive thus sexual loyalty to the community was assumed. At the same time, I was not expected or encouraged to explore or understand the development of my sexuality. To do so would have rendered me a threat to community "integrity".

Another aspect of the control is how South Asian women are often told that sex is something that men have to do, something we must suffer through in order to bear children. The implication is that men cannot control themselves and we have no say about what happens to our bodies. The result is that men do not have to control themselves, but can control women and our sexuality, which is sometimes viewed as a threatening force.

Broader Stereotypes

In addition to the parameters defined within our communities, South Asian women also have to face the stereotypes of the broader communities we now live in. As a woman of color in the United States, I have found myself perceived as both sexual and exotic (and therefore, wildly sexual). The history of Asian immigration in the United States has an impact on the ways in which all Asians are perceived. For example, in the 1800s, Chinese immigrants to the United States found their sexual interactions both within and beyond their community tightly controlled through immigration and segregation laws. Chinese women were not allowed to migrate to the United States, and Chinese men in the States were not allowed to have sexual relations with American women³. One of the results of this history is a stereotype of Asian sexuality that still persists.

At the same time, Asian women have been perceived and used as sexual objects by the American military complex since the Korean War. This global sex industry is based on 'difference,' and therefore unrestricted sexual activity flourishes. All taboos are gone and in the process, so has all humanity. American servicemen have worn tee shirts that describe Asian women as "Little Brown Fucking Machines." The American media supports stereotypes of Asian women who are 'exotically beautiful' and submissive; ready and willing. American pornography misuses images of the Kama Sutra and Devadasi, further distorting the ways in which South Asian sexuality is viewed.

These are just some of the imposed definitions of sexuality that South Asian women have to challenge from within and beyond our communities in order to take control of our sexuality and health.

Health Consequences of Controlling Women's Sexuality

These instruments of control over South Asian women's sexuality have a great impact on the ways in which we perceive and experience our sexual and reproductive health. Especially since the reality is, that in spite of all the controls, many of us are sexually active. As an Indian woman from Barbados stated emphatically at a recent women's health conference, "No one is talking about it, but everybody is doing it."⁴

Furthermore, because of the lack of control over men's sexual behavior, we are increasingly at risk of unwanted or unprotected sex. Thus, rather than curbing uncontrolled sexuality, these instruments of control tend to make sexuality negative and dangerous for South Asian women, by preventing a flow of information and power.

By assuming that South Asian women are asexual and that the consequences of our sexual activity are controlled, our own communities and the broader communities we exist in fail to provide us with the information, tools and services we need to protect ourselves from the consequences of unwanted and unprotected sex. What follows is a discussion of just some of the health consequences arising from the ways sexuality and gender relations are managed in our communities.

Reproductive Health

As a result of the imposed silence and controls on sexuality, South Asian communities rely on fear and shame to discourage girls and women from engaging in sexual behavior that is not controlled. A positive vision of sexuality that includes sexual pleasure for us is rarely presented, because there is a fear of women experiencing their sexuality outside of the controlled reproductive realm.

A positive view of sexuality has been found to be an important factor in helping people take control over their own sexuality and health. A Canadian study found that teenage girls and boys who had negative feelings about sexuality were less likely to practise pregnancy or STD/HIV prevention than their peers who had positive feelings about sexuality.⁵ It is logical that if you feel good about what you are doing and are an active participant in what happens to your body, then you are more likely and better able to protect yourself and your partner from negative consequences. It is not surprising then that even if we are sexually active, we may not always be sexually healthy.

In addition to not being encouraged to enjoy our sexuality, as South Asian women, we are not encouraged to understand and explore our bodies. Consequently, we do not always understand what is happening to them. Women's bodies are constantly changing and going through cycles, and need on going monitoring. Many South Asian women are able to distinguish normal vaginal discharge from infection or can self-examine their breasts. At the same time, many of us do not go for basic gynaecological care and screening.

South Asian women are often valued by the number of children we have, especially boy children. It's difficult for many of us to exercise reproductive choice, in terms of numbers of children, spacing between children, or deciding when childbearing is completed. Many of these decisions are made by husbands and families, and are often dependent on the sex of the children we bear. The practice of sex-selected abortion and female infanticide is practiced in South Asia as in other parts of the world, and also exists in the diaspora, where some hospitals now refuse to reveal the sex of the fetus to the parents.

The assumption that women's sexuality is only related to reproduction logically translates into a lack of information about sexually transmitted diseases (STDs). Young unmarried women are not encouraged to talk about STDs, because they are evidence of premarital sexual activity. An Indian female doctor in Kenya stated that married Asian women have no where to turn if their husbands infect them with STDs contracted from extra-marital relationships. Often, husbands will get cured confidentially by a male doctor, and not inform their wives that they contracted an infection.⁶ Without regular screening and information on STDs, women are often unaware of STDs until it is too late. Most STDs are asymptomatic in women and are not detected until the infection worsens and causes debilitating pain. The result is often infertility and even death. Stigmatization prevents what could be life-saving conversations about STDs. Once women find themselves infected, there are often few services or support systems that they can access. The denial of South Asian communities around the issue of AIDS is only exacerbating the isolation that women with STDs feel.⁷

Male Behavior and Violence

Ironically, while South Asian girls and women are not expected to control our own sexuality, we are expected to control male sexual behavior. We become normatively responsible for the interactions between ourselves and boys and men. This is well illustrated by boys in a focus group discussion in Bombay, who identified "good" girls as those who ignored boys when they whistled at them, and "bad" girls as those who "turned and smiled."⁸ However, because of the imbalance in power between the genders, we are not able to control male behavior. Thus, male behavior is an increasingly hazardous health risk for women all over the world. This is especially true in terms of infection, because the only tool women really have to protect themselves from STDs, including HIV, is one that men control - the male condom.

A study on the sexual behavior of urban, educated, Indian men showed that within the silent context of sexuality, men were using their power to the full by engaging in high risk sexual behaviors.⁹ Out of over 1000 respondents to a survey in the study, 36.6% of the men (both married and unmarried) reported a homosexual relationship. Out of these, only a fifth reported having used a condom. Similarly, between 15-20% of the men responding to the survey reported having anal sex with a woman, including their wives. While about 50% of the men identified condoms as their chosen contraceptive method, it is not clear how often they used condoms during anal sex with women, or whether they viewed condoms as a form of protection against infection. It is noteworthy that the incidence of STDs among unmarried respondents was far lower than that of their married counterparts, at 5.6% compared to 9%. These male behaviors inevitably become reflected in the health of women who are unable to protect themselves or are not in the position to insist that men use condoms and protect them.

Another aspect of male behavior that places women's reproductive health and choice at risk is gender-based (often sexual) violence. Violence against women, in the form of rape, sexual abuse and physical assault affects our ability to protect ourselves from unwanted pregnancy and infection, including AIDS. Even when violence is not actually used, the specter of violence against women can create an atmosphere of fear and acquiescence to male decision-making with regard to sexual and reproductive behavior. Family planning service providers "note that these interpersonal barriers to women's reproductive autonomy can be as significant as government policies, if not more so."¹⁰

A recent government survey in India found that an Indian woman is molested every 26 minutes, raped every 54 minutes, and abducted every 43 minutes. Every one hour and 42 minutes, a newly married woman is burned to death because she did not give enough dowry to her husband.¹¹ This logically occurs in a culture with a film industry that glorifies rape and violence against women.¹² The culture of violence and fear exists in the diaspora, as reflected by the large number of South Asian women's advocacy groups in North America and Europe that addresses the issue of violence against women.¹³ In addition to having a direct effect on the physical and emotional health of women, this intimidation prevents us from taking control over our sexuality and health.

Another form of patriarchal violence manifests itself in the form of genital mutilation, which is practiced in a few South Asian communities. For example, the Daudi Bohra community, an Ismaili Shia sect, which exists primarily in India, Pakistan and East Africa practices 'sunna' or female circumcision, in which the tip of the clitoris is removed. In a group discussion of 50 Daudi Bohra women in Bombay, the main reasons for 'sunna' included: was the parents' obligation to do it; it is a traditional community custom; and to control a girl's sexuality. Female genital mutilation is rapidly gaining more attention worldwide as a public health and human rights issue. Women's health advocates, human rights organizations and others are calling attention to the injustice of sexual control, the violence and the health consequences, both immediate and ongoing, of female genital mutilation.

The denial of sexuality outside of controlled reproduction, translates logically into a denial of homosexuality in South Asian communities. The growing voices of South Asian lesbians and gays have

challenged the need to maintain the heterosexual status quo, family structures and current sexual privileges and behavior patterns in our communities.¹⁵ However, we still have to grapple with the gay and lesbian bashing that goes on in our communities, the forced marriages which so often end in suicide, and the denial that prevents gays and lesbians from receiving the kind of recognition, services and support they need to ensure their reproductive and sexual health.

Conclusion

While this article does not attempt to be comprehensive, it has tried to illustrate the relationship between sexuality, reproductive health and choice. There are both health consequences and possibilities related to sexuality, and for too long, South Asian women have suffered the health consequences. Silences and stereotypes, a negative view of female sexuality, and the lack of resources and support that accompany our sexual development have prevented women from protecting ourselves against the real health dangers associated with our sexualities.

It is time that we explore the possibilities and the pleasures. We are being deprived of a powerful and empowering aspect of our lives, and the possibility that "the erotic offers a well of replenishing and provocative force to the woman who does not fear its revelation."¹⁶ The controls that our various communities insist upon are testimony to the power of our sexuality, once it is in our control. We have to make it our own, and ultimately engage our communities in our liberation.

Identifying and challenging the external controls on our sexuality is an important step towards controlling and enjoying our sexuality. In so doing, we are in a better position to ensure our reproductive and sexual health. As South Asian women all over the world, our task is huge. We face the sexism, racism, and homophobia in our communities, and in a broader world that harbors its own violence and prejudice against us.

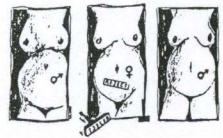
We need to shatter the silence and stereotypes, create the support and services we need, and share our experiences. We need to speak out and celebrate our sexuality!

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A Woman of Colour's Perspective

on the Human Genome Project:

Control by Another Name Smells No Sweeter.

by Ann Phillips

The Human Genome Project represents yet another in a long line of scientific endeavours and technological fixes from which the perspectives and concerns of women of colour have been excluded. The Human Genome Project, particularly when associated with genetic engineering and reproductive technology, has the potential for sanctioning more refined methods of discrimination against and greater control over our lives, the lives of our children and of our communities. We, as women of colour, have been excluded from the practise of Western Science and have not been involved in any meaningful way, or at any significant level, in the determination of the priorities or the direction of scientific research. However, science and the scientific model have become the dominant paradigm of the 20th century and remain hegemonic as we head into the 21st century, we must therefore ensure that we are no longer shut out of the debate.

Our voices must be raised loudly and clearly articulating our concerns about the ways in which the directions and priorities chosen by the dominantly white male scientific establish-

ment have impacted, are impacting and will impact upon our lives. This article is my fledgling attempt to articulate my critique as a black woman, and ex-molecular geneticist, of the Human Genome Project and the genetic and reproductive technologies to which it is/can be allied, from the perspective of race and class, and how they affect our reproductive rights and options and human rights as women of colour.

What exactly is the Human Genome Project?

It is, in the words of the National Centre for Human Genome Research (1990)

"an international research initiative to produce detailed biological maps of each of the 24 different human chromosomes, and if improved technology permits, to determine the order of the 3 billion nucleotide subunits that make up the human genome....Scientists refer to all the DNA--the hereditary molecule--in the cells of an organism as its genome."

In other words, it is a very expensive scientific undertaking, an estimated fifteen year project costing in the range of three billion US dollar, to analyze and characterize the hereditary 'blueprint' of the human race. There are two levels of information which the Human Genome Project proposes to determine: the first is a series of evenly spaced markers or signposts along the length of the 24 chromosomes into which our genome is packaged, the second is the order or sequence of the 3 billion units that make up the genome.

According to the National Centre for Human Genome Research

"(t)he information that will be obtained from the Human Gemone Project .. will increase manyfold our understanding of the genetic aspects of human health and disease. That understanding will eventually provide insights into the prevention and treatment of many human diseases - not only the 3,000 known inherited disorders, but also those that result from interactions among genes, environments, and behaviour."

These words seem benign and innocuous at worst and potentially a great bonus to mankind at best, so why do they scare me as a black woman and ex-molecular geneticist?

These words to me are the facade upon which the Human Genome Project has been built and is being sold to us - as benevolent scientists doing a service for all mankind, in fact providing us with reproductive choices and options as 'prevention of genetic diseases' is often presented. But is this really true? Are scientists really participating in this billion dollar high-tech project in order to provide us with reproductive choices?

The Human Genome Project has become the "Holy Grail of modern genetics" according to Suzuki and Knudtson (1988). It claims to

provide a better understanding of human genetics especially regarding genetic disease and greater knowledge about human evolution. It will also provide improved technical skills, more sophisticated technology (and the economic benefits for some that goes along with this) and more importantly, scientific prestige (i.e. potential Nobel prizes).

IVF, Genetics & Eugenics



There are very interesting parallels between Human Genome Research and In Vitro Fertilization research. As Patricia Spallone (1989) notes many IVF researchers state that their research will allow a better understanding of human embryology and human development (at the expense of women's bodies and our reproductive rights). The scientific prestige, improved technical skills, more sophisticated technology and the accompanying economic benefits which are also a part of the package are only a coincidental byproduct. Like much sci-

entific research, both human genome and IVF research are about power, money and who has the right to knowledge and to define what is knowledge. These are goals and priorities which we as feminists of colour must expose and question.

Even taking those innocuous words at face value still instills a certain level of doubt in my mind because my belief in the neutrality of the genetics community is clouded by my knowledge of its history. Genetics has the same ancestral roots as eugenics which does not have a positive history in relations to people of colour. Eugenics is defined in the dictionary as the science of improving the physical and mental qualities of human beings through the control of the factors influencing heredity. It has also been described as the science of selective breeding. Although there is widespread knowledge of the 'abuses'/extremes of eugenics connected with the racial purification programmes in Nazi Germany, the eugenics measures commonplace in Canada, the U.S., England and Europe at the same time and continuing in some cases into the 1950's and 1960's, are less well known.

Eugenics, which is based theoretically on fundamentally discriminatory principles and in practise fundamentally racist principles, also incorporates the idea that some women should (and are morally obliged to) be mothers and others should not. Again, dividing categorizing and pitting women against one another introducing the age old good woman/bad woman dichotomy in the form of good mother/bad mother. The good mothers are generally upper middle class, white, by definition heterosexual, able bodied and in stable preferably married relationships (after all who gets to define what the 'superior' physical and mental characteristics are but the white male scientific establishment, who history has shown, defines

perfection in their image and likeness). By contrast, woman who are black, poor, disable, lesbian or single are considered unsuitable mothers. It is our right to reproduce, as women of colour and poor women, that are taken away while at the same time 'able gened' white women have their rights to not reproduce restricted or as in Nazi Germany, eliminated. Eugenics severely limits our reproductive choices and options as women be we women of colour or not.

The ties between modern genetics and eugenics are still strong as the history of genetic screening for people carrying the gene for sickle cell anaemia points out. Sickle cell anaemia and haemophilia are both hereditary blood disorders with very similar severity for the affected individuals ranging from mild to severely debilitating. However, sickle cell anaemia occurs most frequently in the black and Mediterranean population while haemophilia occurs in the British Royal family, and in peoples of European descent, but at a similar frequency as sickle cell in blacks.

The history of screening for carriers of sickle cell disease in the US is the history of racism. Once it became possible to do testing for carriers of sickle cell anaemia in the early 1970's, being a sickle cell carrier, rather than providing the people with reproductive choices (whether or not to have children, or whether to have prenatal screening of all pregnancies which is the reason geneticists give for identifying carriers) Being a carrier became sufficient reason for insurance companies to disqualify individuals (both males and females) from holding policies. This was done as a matter of routine practise. Some states made screening compulsory and employers and health insurance also used the results as grounds for discriminating against potential candidates. The same discrimination was never seen for haemophilia carriers (Birke *et al*, 1988). Haemophilia, be-

cause it is a sex-linked disease is carried exclusively by women, but mainly by white women. Even today, while much money is poured into research for haemophilia, funding for sickle cell anaemia research, screening and treatment is minimal

Question of "Mis-Using" Genetic Information

Of course, many geneticists will claim that they are in no way responsible for the ways in which genetic information is misused. In fact, this excuse is still being used while discrimination based on genetic constitution continues. In the United States there are reports that women have been threatened with the cancellation of their medical insurance policies if they do not 'terminate' pregnancies diagnosed to be affected with a genetic disease, and insurance companies which refuse to insure infants diagnosed to carry a genetic disease which will only affect the child in adulthood. Is this providing women, much less women of colour, with reproductive choices?

The Human Genome Project is likely to provide material for increasing rather than decreasing genetic discrimination. The latest trend has been to determine genes that confer 'susceptibility' to diseases such as heart disease, hypertension and cancer, which have both a genetic and an environmental component. This permits, even sanctions, the 'blaming of the victim' by putting the responsibility on the individual to be aware of the diseases they are susceptible to and avoid the environments which may be conducive to the development of those diseases.

How soon will it be before susceptibility to drug abuse, alcoholism, suicide, the things that young people in our communities are at risk for, become 'geneticized' and can be screened for and eliminated before birth. This becomes

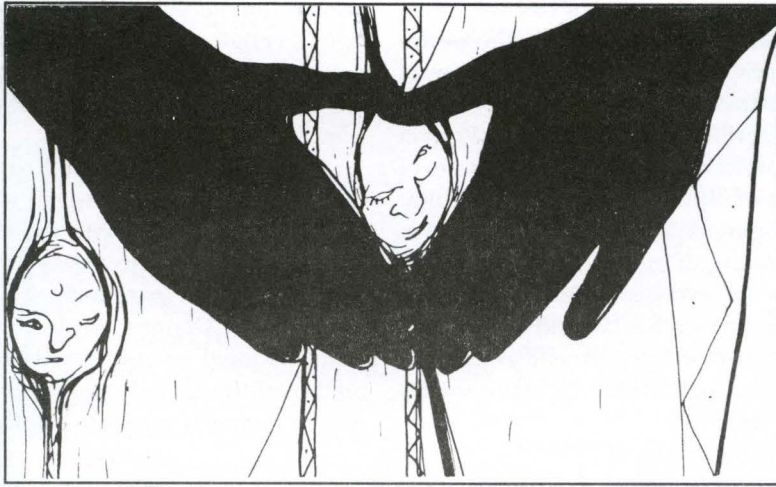
yet another means to bypass the need to address the social and environmental causes of high levels of drug abuse in poor black communities, suicide in native communities and alcoholism in many communities of colour.

At the same time, rather than change the working environments to make them safer for all individuals, companies can continue to operate with unsafe conditions but screen out the individuals with 'unsuitable' genetic makeups. As all individuals carry genes for susceptibility to something, some questions need to be asked about who will decide which susceptibilities will be screened for. Will rich white men with a susceptibility for 'megalomania' be barred from taking positions as CEOs of multinational co-operations, or will poor black women be forced out of their jobs in chemical companies that are unwilling to implement workplace health and safety policies, because they carry a gene for susceptibility to breast cancer?

Who defines what is ill-health and what is normal?

While it has been argued that there is a genetic basis for poverty and this has been the grounds on which population control programmes have been implemented upon women of colour, there have been no criticisms or even discussion of the possible genetic tendencies towards excessive accumulation of wealth. If wealth accumulation was defined as a genetic disease, genetic screening programmes, or even population control policies aimed towards such 'wealth accumulators' would go a long way towards ensuring redistribution of wealth.

The Human Genome Project, no less than the example of 'wealth accumulators', tends towards the geneticization, biologization,



scientization of life. The notion of a biologically determined race and biologically determined gender roles have been highly criticized. However, the credence and importance given to the Human Genome Project lends support for the 'biology is destiny' arguments which have been used as the foundation of discrimination against women and people of colour.

The technologies developed as a result of the Human Genome Project will make all forms of genetic screening "easier, faster and cheaper". This will make it easier, faster and cheaper to provide the information about the sex of an unborn child that many commercial laboratories are trying to market to South Asian communities on the pretext that it is 'culturally acceptable' for them to selectively abort female fetuses. It will push the screening imperative even further, more and more health care resources will be spent on screening a larger and larger number of people for more and more diseases/disorders, while funds for providing basic health care such as safe and effective contraceptives and for screening for prevent-

able diseases such as chlamydia will not be considered a priority and will decrease.

About Scientific Reproductionism

According to the 'logic of technology' what can be done will be done- the more genetic disorders that can be screened for the more that will be screened for. Doctors will be considered irresponsible if they do not offer women the repertoire of all possible screenable diseases. So while basic health care will deteriorate for many women due to decreasing funding, those women who have access to genetic screening will be faced with ever increasing choices about which wanted pregnancies to terminate.

The Human Genome Project is fundamentally about scientific reductionism, about dividing us, as human beings, up into ever smaller bits, finally into the sequences of our genomes, and assuming that from that sequence it would be possible to understand us. This type of scientific reductionism is fundamentally against the principles of interconnection and wholeness which have been so much a part of our commu-

nities and our lives for generations. We are not the sum of the collection of genes we carry. Our genes do not ultimately determine who we are and what our capabilities are in the absence of social and environmental factors. We need to be very critical of the Human Genome Project as it reduces us as human beings to the sum of the sequence of our DNA and it pretends that an understanding of that sequence will lead to an understanding of ourselves as human beings. This is a very erroneous path upon which to travel, and can only lead to and support the ideology of control which permeates this white male-dominated, patriarchal, capitalist society in which we live.

Underlying the notion of determining the sequence of the human genome and this leading to an increased ability to 'understand' the human biology/genetics and identify and prevent or correct genetic disease, is the notion of power through control. Deeply embedded in the ideology of the Human Genome Project is the beatification of the notion of domination, the ideal of control of nature and of life.

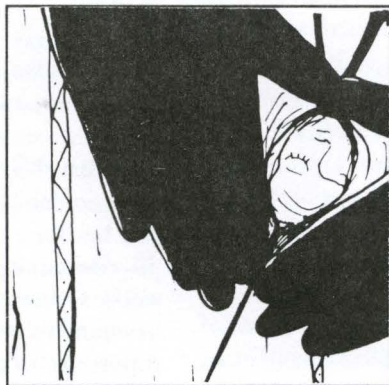
The Human Genome Project pretends to predict the unpredictable, seeks through our genes to determine who we are or will be. It lays the responsibility for everything on our individual genetic constitution, not on social conditions.

Whereas it is partly possible to go in the other direction, by who we are to determine our genes, it is not and never will be possible to determine who we are or what we will be by analyzing the sequence of bases that make up our genetic code. This would be to negate the importance, the impact of the interaction between the basic

elements within that sequence and as well the interaction between and connection to the internal cellular environment and the external social and physical environments. These are all elements that no amount of DNA sequencing can determine.

Vast sums of money are being poured into the Human Genome Project which could be better spent dealing with social and environmental problems, providing education, food and housing for marginalized peoples. While the Human Genome Project is in theory an 'international' co-operative effort, the benefits of this effort will really only be felt in the North where money is available to afford these technologies.

The Human Genome Project brings an added dimension to the quality control we have seen in the name of population control for the poor women of colour of the South and the infertility 'treatment' in the form of new reproductive technologies for the more affluent, mainly white women of the North. The combination of IVF and 'genome' screening of embryos fertilized in vitro, in the



post-Human Genome Project world, will make the task of eugenicists infinitely simpler.

If funds were being allocated at the global level based on the proportions of deaths that could be prevented, the funds being spent on the Human Genome Project should be spent on identifying the signposts for and exposing the blueprints of the military industrial complex which has been responsible for more deaths any, probably all, genetic diseases.

The increasing tendency to medicalize, biologize and geneticize problems, many of

which have significant social and environmental factors, is resulting in an increasing misdirection of global resources towards factors which will ultimately limit our reproductive choices and not expand them. We must be ever vigilant and shout very loudly lest the scientific industrial complex, piloted by the white patriarchal capitalist ideology, ambush us as we sleep. All peoples of colour still suffer the after effects of the 500 years of contact with the patriarchal European culture. However as a black women, because of our involvement in the institution of slavery, I have a very clear understanding of the effect of colonialism on our reproductive rights. Let us not become slaves once more, this time in a Brave New World, in the name of scientific and genetic reductionism as the latest forms of colonialism and industrialization.

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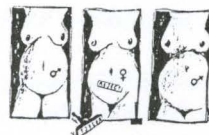
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Raising Some Concerns About the Business of Contraception

by Dhooleka Sarhadi

*The goal of a business corporation is to make a profit,.. **the only goal** of a business corporation is to make a profit,..**more fully**,the only goal of a business corporation is to make **the maximum possible profit** ...Completely, the only goal of a business corporation is to make the maximum possible profit **over a long period** (emphasis in original Cook 1966:93).*

Profit maximization is the only goal of pharmaceutical companies. Increasing profits through the exploration of new markets despite health complications, is the goal of those in the business of contraceptives. In order to achieve this, drug companies often dump on Third world markets. Dumping is the process of unloading products onto the Third world, "the practice involves exporting goods which have either been (1) banned or (2) not approved for sale in the United States" (Simon and Eitzen 1982:136).

Examples of the blatant disregard for women's health by multinationals who dump are: the sale of expired oral contraceptives; the sale of the Dalkon Shield and other IUDs. "After the Dalkon Shield intrauterine device killed at least 17 women in the United States, the manufacturer withdrew it from the domestic market. It was sold overseas after the American recall and is still in common use in some countries." (Simon and Eitzen 1982:156).

The sale of Depo-Provera and Norigest, injectable contraceptives that are not approved for use in the USA

"Depo-Provera, an injectable contraceptive banned for such use in the United States because it caused malignant tumours in beagles and monkeys, is sold by the Upjohn Co. in 70 other countries, where it is widely used in U.S. sponsored population control programs." (Simon and Eitzen 1982:156).

The negligence of women's health by the contraceptive industry moves corporate dumping beyond the business realm and into international politics and politics.

In this frame, the goal of profit maximization is not the only issue involved in corporate dumping. The dynamic is intertwined with a plethora of issues evoking the global 'fight' to maintain control over women's bodies.

There is an extreme emphasis placed on birth control by many governments and assistance/developmental agencies. From a peripheral (Peripheral in the Wallersteinian sense, see Wallerstein, 1974.) government perspective, control of population size is essential to economic development. The assumed logic is that the periphery cannot change its relative status if birth rates continue to increase. Thus the belief that economic development will result if fertility is controlled. Fertility is unsurprisingly controlled through women. Hence, any efforts to decrease population size (even the most harmful) are assumed to be conducive to national development goals. Resulting health problems for women are veiled in the name of family planning and economic development. Thus, restricting access to safer contraception on the basis of health effects on women becomes counter-productive to national strategy and development. Women's health, becomes secondary to the reproductive issue.

Assistance agencies also emphasize the need of population control in many of their programs. The distribution of contraceptives by international population agencies is widespread. It is found, for example in: International Planned Parenthood Federation; Population Council; Population Services International; United Nations Fund for Population; Ford and Rockefeller Foundations; United States Agency of International Development (USAID); and aid programs of other countries such as the Swedish International Development Authority (SIDA) (Marieskind 1980:268).

Informing this assistance policy rhetoric, is the assumption that controlling birth rates through any contraceptive means will create 'development'. "[A]nticonception propaganda," this is a translation of the phrase "un propagande anticonceptionelle" (from Cour de Cassation, Chambre Criminelle, Crim. Dec. 10, 1925. D.P. 1926.1.97.France.) in the name of population control is the 'raison d'être' of international development agencies. The policies of the AID agencies is to open markets for the corporations.

There have been incidents where corporate dumping was aided by government policy [of the industrialized world] . . . the population office of the Agency for International Development (AID[USA]) purchased for distribution in the Third World hundreds of . . . cartons of unsterilized Dalkon Shields. The birth control device, which causes uterine infections, blood poisoning, spontaneous abortion in pregnant women and perforation of the uterus was sold to AID at 48% discount because of its unsterile condition (Ehrenreich 1979:28).

It is clear that developmental agencies, counter to their stated objectives, perpetuate the

exploitation of Third World, directly harming the health of women. Surely this is no news. What is most interesting, however, is the role that corporations play in this economic and political drama.

The assumed economic benefits of a decreased birth rate have enticed the Third World market to continue the exploitation of women through contraceptives. The primacy of controlling births is founded in capitalist development history. In the West, for example, decreasing birth rates accompanied the rise in the gross national product of many countries. However, the fact that perhaps birth rates historically fell during industrialization because of (and not as a condition to) an increased standard of living, is somehow secondary. Decreased birth rate is interpreted as a cause, not as an indication of development. As a cause, it becomes a goal in itself. As a goal, the harmful effects for women are tied to national development.

Harmful contraceptives are allowed for another reason also:

In developing countries, where maternal mortality may exceed 1,000 deaths per 100,000 live births, the hazard to life for young women may be hundreds of times greater from unwanted pregnancy than from use of oral contraceptives—(Ravenholt, Piotrow, and Spiedel 1970:945).

The health risks involved in oral contraceptive consumption are not denied, but constructed as less fatal than “the number of deaths and health hazards resulting from unwanted pregnancy” (Stepan and Kellogg 1974: 20). This attitude results in a balancing of the “cons” where the respect for a woman’s life and health are ignored. In other instances, the health risks are seen as a minor side effect as compared to the benefits of “the pill”. This philosophy is not restricted to the Third World

It would be irrational to emphasize rare, serious complications and possible, but largely unproven, dangers to which only a few [women] might be exposed, and to neglect the enormous and socio-economic benefit which oral contraceptives have conferred upon millions of people (Canadian Food and Drug Directorate— 1970:1).

To whom is this socio-economic benefit referring? Which people? The men? The corporate companies? The shareholders?

The above quotation shows that the side effects are a marginal consideration in the first world. This attitude is exported to the Third World. The benefits are exported with deleterious effects communicated through foreign language packaging. Many countries do not even require medical check-ups nor prescriptions to obtain “the pill”. (See, for example, *Marieskind 1980; Stepan and Kellogg 1974; Yanoshik and Novisigan 1989*). It is precisely the persistent denial of the harm of birth control devices and the emphasis on its supposed necessity to ‘development’ that has led to the acceptance of many forms of birth control despite their often known deleterious health effects, to be dumped on the Third World women.

Pharmaceutical companies realize that this generated need for contraception exists in the

Third World and are ready to supply these countries (either directly or indirectly through agencies) with contraception. As this demand for contraception exists, so too does the potentiality to increase profit.

Manufacturers of oral contraceptives have . . . turned to the Third World as their growth market. Most Third World countries continue to provide little or no information on possible side effects . . . Clearly, the goals of population control supersede the health concerns of Third World women (Yanoshik and Norisigan 1989:76).

The multinationals also deal directly with international assistance agencies in order to gain global control. The side effects of contraceptive devices are often unknown or down played by corporations and Third World governments.

In Latin American countries . . . [oral contraceptives marketed by Searle, Johnson and Johnson, Warner-Lambert and American Home Products] are openly recommended for contraception and also for the control of premenstrual tension, menstrual pain, problems of menopause . . . [Moreover] the risk of thromboembolic changes [blood clot risk] is ignored (Subcommittee on Monopoly 1976:15363-4).

Product knowledge and awareness that is essential to proper administration of contraceptives, is withheld and profits are furthered by the application of birth control upon women for various purposes.

The compounded health problems of Third World women are the direct result of corporate dumping. The marketplace is created by both the 'advancement efforts' of Third World governments and international 'developmental' agencies. The development agencies create a contraception market into which assistance/development monies are concentrated. The lucrative gains that are generated by through a criminal neglect of women's bodies by both Third World governments and developmental agencies are indeed very promising for big business.

Dhooleka Sarhadi is a graduate student in Social Anthropology at York University. She studies issues affecting South Asian Youth in Toronto. Now that her courses are over, she is looking forward to more involvement with Diva.

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GENOCIDE

by Sheila Ramdass

egos swollen with illusions
peacocks under delusions
they stride the world
and particular nations

false gods by self appointment
misogynistic men with murderous intent
motivated by ignorance, they force judgement
on mothers with fetus pregnant

a male child should they detect
survival is the unanimous verdict.
should nature decide it's a female fetus
a gender misfortune, such is her status

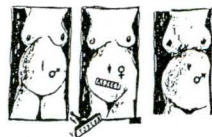
alas! without heavenly intervention
mother is bombarded with intimidation
developing girl is condemned to extinction
the final action, a shredding by suction

impaired vision looking at future
humans tinker with mother nature
misguided persons alias female killers
collude with nurturers turned destroyers.

blind subservience to chauvinistic husbands
they accept verdict of the fathers
then brainwashed women, manipulated mothers
abort their innocent daughters

but justice will manifest in the future
as genocide - of race and culture.
the tragic destruction of little daughters
will create scarcity of culture perpetrators

males will be restricted in breeding
with shortage of females for matings
heritage compromise will take place
the other the victim will be race.



Your Body is a Battleground:

Women's Health Care Reform

for the 90's

by Gitanjali Maharaj

While the last year was filled with politicians' promises to change the American political landscape, for American women seeking safe, legal reproductive health care, the government and the justice systems were committed to turning back the clock. 1992 looked uncannily like 1952. On the twentieth anniversary of *Roe v. Wade*, stating that abortion was a private matter between a woman and her doctor and guaranteed women legal access to abortion, the Supreme Court balked at upholding *Roe* as a federally enforceable precedent and ruled instead that individual states could set their own guidelines for access to abortion.

Without criminalizing abortion, the Supreme Court gave individual states the legal authority to make it as difficult as possible for women and minors (although these two categories are often conflated by some municipalities) to seek reproductive health care. The structures placed on women range from obligatory parental consent for minors, the husband's consent for married women, and/or a mandatory 24 hour waiting period after counselling.

These restrictive guidelines have been especially devastating for low-income women liv-

ing in rural areas who often must travel great distances to seek reproductive health care. Far more damaging to inner-city women was Title X, the "gag-rule" passed by President Bush, which allowed *only* medical doctors to discuss abortion with women. The bulk of women's health care providers, registered nurses, midwives, and trained counsellors, were under this order, prohibited from discussing abortion in federally funded clinics.

Within days of his inauguration, however, President Clinton, signed six amendments which not only overturned the "gag-rule", but also freed fetal tissue research and decriminalized the importation of RU 486 by individuals. Pro-choice activists certainly can feel heartened that they have an ally in the White House, but the war around the issue of reproductive health care is far from won. While our energies should continue to be directed towards gaining legislative support for a woman's right to reproductive self-determination, as activists and health care workers, it is crucial for us to consider the struggles for adequate and affordable health care as part of other struggles being constructed simultaneously

around the issues of race, class, gender, and sexuality.

When he appeared on the "Larry King Show" prior to the 1992 election, Dan Quayle was asked what his response would be to his teenage daughter if she were pregnant. Surprisingly, for both Quayle's supporters and opponents, he stated that he would support her choice. While it is amusing to think of Quayle as a pro-choice advocate, his ostensibly contradictory answer represents, rather, the Reagan/Bush administration's inequitable understanding of who, which class and which race, should have access to necessary health care. Financially unencumbered in seeking reproductive health care from a private physician, Quayle's daughter, in such a hypothetical scenario, would indeed have a choice.

The policies of the Bush/Reagan administration,¹ however, were intended to impact primarily low-income, women of colour, who do not have the option of going to a private physician for medical services, but must rely on federally subsidized clinics and hospitals.

Women's Health Care Then and Now

If we are to address effectively the health care needs of women we must ask for more research and greater access to reproductive health care, along with the demand that health care be administered on an equitable level, with attention to the class, race, and gender biases which have constituted the gynecologist-patient relationship for over a century.

As an emergent discipline in the late 1800s, gynecology was the contested terrain between "science's new and uneasy men," her physicians, and the "irregulars," who had historically served women's needs, mostly folk-practitioners and midwives, but also charlatans and quacks.² The newly formed American Medical Association with the help of the Ro-

man Catholic Church and many Protestant clergy, conducted a successful lobbying campaign to make abortion illegal for the first time in the United States. This move not only worked to boost their low professional status and public reputation but also to stop the declining birth-rate among middle-class women in the late 1800s.

*They desperately needed some reassurance that their claims to be men of science were legitimate. Some sought through the development of virtuoso surgical skills to raise the status of gynecology as a surgical specialty. Others turned to politics . . . to set public opinion, sway votes in state legislatures, determine legislative policies and ultimately, to be invested by law with the power to control their patients' life-and-death decisions.*³

Around this time, the pioneer of gynecological surgery, M. Sims, bought black female slaves to be guinea pigs for his surgical ambitions. Their "endurance, passivity, and utter helplessness" made them better subjects than white women "who were more in a position to express their will in the relationship with Sims."⁴ Although anesthesia had been invented in the 1840s, Sims was unaware of it and continued his experiments without such aids. When he expanded his backyard hospital into the Women's Hospital in New York, he gained access to larger supply of surgical material and the means to augment his national renown: poor, destitute, Irish immigrant women.⁵ Once his techniques had been perfected he "could convincingly offer care to the wives of the wealthy who were Sims' original backers for the hospital."⁶

More recently, from the post-war era until

today, conservative white, male politicians have used the hysteria-producing image of the hyper-reproductive black woman and welfare abuse, as the cause of most social and economic ills. The infamous Moynihan Report in 1978 blamed black, single mothers, not government policies, for the devastation and economic deprivation of the inner cities. And in 1992, as reproductive health became one of the decisive issues for voters in the presidential election, New Jersey Republicans attempted to introduce a bill in the State senate which would mandate women on public assistance with three children to receive Norplant, the five-year birth control implant.

While the racist and classist practices of Sims and his fellow men of science may seem relegated to the annals of history, women's health care today is permeated with the residues of their legacy. Low-income, primarily minority women are the targeted recipients of Norplant despite controversies about its safety and effectiveness. Both federally-funded and private for-profit clinics tend to encourage women to opt either for the implant or tubal ligation to reduce unwanted pregnancies, with considerably less attention given to the use of condoms with a spermicide. Effective, emergency contraception (e.g. "the morning after pill"), however, is less accessible for low-income women, as federally-funded clinics are prohibited from dispensing it, and private gynecologists charge upwards of \$120.00, the cost of an office visit.

Care Giving and the Health Care Industry:

Mutually Exclusive?

If our interventions are to be meaningful, we must recognize the contested history of women's reproductive health care and the fact that those who work in women's health care are not, de facto, pro-choice or feminists.

For women seeking reproductive health care this means that even once they have made it past the throng of rosary-clutching, Hail-Mary reciting anti-choice demonstrators at the clinic entrance, they do not necessarily enter a "safe space" where their bodies are treated with integrity or their decisions with respect. Indeed, the pressures they encounter once inside are part of a social continuum which says that not only are women to be blamed for having an unwanted pregnancy, but also for being sexual beings at all. As a counsellor at an abortion clinic in New York, I have heard nurses remark that "noisy" patients in the recovery room are told "You weren't screaming like that when you were being fucked." (What about sexual abuse, rape and incest?) Or an anesthesiologist chastising a woman who had to undergo a painful procedure under only local anesthesia, "Maybe in the future you will be more responsible." These types of responses are commonplace attitudes in women's health care facilities, at all levels of authority.

Health care in the United States is a multi-billion dollar industry, governed by the same principles of profits and losses as other corporate businesses. Unlike other industries, however, health care as a profession has provided historically disenfranchised segments of the population the opportunity to earn a competitive salary and embark on a career. Women, minorities, and immigrants are thus performing the bulk of care-giving tasks in sub-professional positions as nursing assistants, orderlies, and housekeepers in hospitals, clinics, and nursing homes.

It is the accessibility of work in health care that makes it an attractive career choice, not necessarily the prospect of being a care-giver. Much of the basic health care women receive in both private and federally-funded clinics is provided by such "sub-professionals" who have

very little status within medicine's hierarchy and are overworked and usually unsupported by their administrative authorities.

The task before health-care reformers must include an assessment of the position of "sub-professionals" in the care-giving continuum and the demands placed on them by a largely white, male administrative body. In other words, while they are asked to do all of the dirty work, subprofessionals receive few of the rewards, which results in an embittered and exhausted core of health care providers.

While many within health care may balk at the suggestion, we must ask that higher standards of training be established for "sub-professionals", especially nurses and nursing aides whose diverse duties require them to cope with a higher volume of cases than doctors. This includes not only monitoring the prerequisites which allow one to begin training in the field, but also providing sustained support to those in the profession through paid sabbaticals, rotations between low and high intensity units, inter-unit discussion groups, incentives for upgrade training, and negotiators to meet with administration on behalf of care-givers. The alleviation of structural inequalities between "sub-professionals", administrative bodies, and medical doctors can impact positively on the quality of care being given in clinics and hospitals.

For medical doctors, the reasons for working in gynecology range from not needing to cope as often with the specter of death and impending mortality to the financial possibilities of generous compensation they receive through insurance companies, government agencies, and the sheer number of patients they treat. For these reasons, despite its lack of prestige within the medical community, gynecology continues to attract specialists looking for a "soft spot" in medicine. Ironically, although we have been

battling for greater and more equitable access to abortion, in many instances, abortion serves as a substitute for the poor primary gynecological care many inner-city women receive. For example, doctors will often present their patients with instructions to take the pill, but no explanation about how it works; and often they fail to inform women that common drugs like penicillin and non-prescription antihistamines counter-act the pill's contraceptive effects. Contrary to common perceptions, therefore, many women are faced with unwanted pregnancies due to contraceptive failure or incorrect use of their method of contraception.

Practicing Safer Sex in Hostile Conditions

Within the women's health care industry, there is a great deal of ambivalence and often anger, at women who have unwanted pregnancies. This ambivalence even appears in the counselling sessions where one is required simultaneously to reassure the patient that abortion is safe and that she has the right to make decisions about her own reproductive health, as well as the advice that she should investigate effective means of birth control to avoid unwanted pregnancies.

In the context of social, familial, economic, and personal pressures placed on inner-city women daily, having an abortion is often the least difficult decision to make, and far easier than insisting on using a condom. We must remember that in an environment where her government, her teachers, her church, her family, and her personal relations tell her that she is a failure, an inner city woman might end up pursuing sex as an easily accessible recreational experience. While I do not want to suggest that one's sexual identity or sexuality are somehow removed from the inequities and constructions of society, many women may view

the deployment of their sexuality as something over which they have a relative amount of control. They can choose to have sex and sometimes, or none of the time, with the use of protection. This type of behaviour is potentially destructive in terms of sexually transmitted diseases and HIV infection.

What we must grapple with as pro-choice advocates and counsellors is, women's sexual subjectivities and the pressures which force us to choose between safer sex and unprotected sex. To suggest that a woman must just say *no* to unprotected sex is a refusal to admit the extent to which we are implicated in a cultural and social system which valorizes male sexuality and rarely accepts female sexuality except in submissive and subordinated terms.

The paradigm which shapes much of the counselling done in clinics, suggests that women, to paraphrase a favorite phrase of the Reagan/Bush administration, must just say *no* to sex if they are at risk of an unwanted pregnancy. If a woman becomes pregnant because she has wilfully engaged in unprotected intercourse, the counselling system positions her as a passive subject who is unable to articulate her desires, i.e. the desire to avoid unwanted pregnancy. Such an assumption refuses to acknowledge that women are and will continue to be sexual agents, albeit in a social system which refuses to acknowledge them as such. In other words, a woman may compromise her sexuality as a means to an end, or deploy it as an end in itself, the possible results being pregnancy and/or the transmission of HIV/STDs. Inner-city women who must negotiate a path through the various obstacles of poverty, crime, inadequate educational resources, and a lack of job opportunities, often find themselves in such a "compromised" position when it comes to their own sexual and reproductive health. But, rather than viewing themselves as passive sexual sub-

jects who are being acted upon, many women express that seeking a termination of an unwanted pregnancy is one way of taking control of a situation.

As women's health care providers we can no longer maintain that "repeat offenders" are operating under a false consciousness which prevents them from seeing the extent to which they have internalized oppressive structures. Women's self-images are part of the problem we must address, but such analysis by itself cannot effectively speak to the women we counsel who battle the emotional, economic, and social pressures of the inner city. Our approach as counsellors and health care providers must integrate an understanding of the psychic and physical needs through programs to develop women's self-esteem and to increase sex education awareness.

Strategies and Interventions

Perhaps at the heart of any attempt to improve the quality and effectivity of women's health care is the need to reform the industry itself as it often presents women with contradictory and destructive messages. Women who show no "remorse" for having an unwanted pregnancy are perceived of as bad and are treated with hostility. This is where the industry is at odds with itself about their mandate to provide accurate and effective counselling about contraception. Most doctors have a vested interest in encouraging "repeat offenders" who seek services at profit-making abortion clinics. As we ask for the equitable distribution of health care information and services, then, we must continue to insist that the women's health care industry and gynecologists remain accountable to their patients about the quality of care they are providing.

If interventions and educational programs about contraception and safer-sex are to be

successful, then we must reassess our current clinic-based approaches which are transmitting information in relative isolation. One way to break down the hierarchy of knowledge and power would be to adopt more community-based, outreach programs. Projects underway in the Indian sub-continent, rural Africa, Latin America, and the Middle East have attempted to deal with similar limitations of access to services and information that inner-city American women face. These projects have adopted a holistic approach to women's needs rather than focusing only on women's reproductive role. They gain community support by linking family planning with other programs for women such as maternal and child health care, skills and literacy training, microenterprise, and environmental improvement. While these projects are predominantly women-managed and women-oriented, men have been enlisted to broaden the impact of the program by discussing birth control and safer sex with other men; female field workers counsel women in their homes or at their job sites and provide them with spermicides and oral contraceptives while male field workers dispense condoms and provide clinical information and support.⁷ With such an integrated approach to sexual and reproductive education, American programs will have a better chance of transmitting effective sex-positive and safer-sex messages, which in the long-run will reduce the number of unwanted pregnancies faced by inner-city women.

Gitanjali Maharaj works as a counsellor in a New York City Women's Health Clinic..

Endnotes

1. In 1985, under the Reagan/Bush administration, U.S. support of global family planning groups like the United Nations Population Fund, International Planned Parenthood, and the Agency for International Development which discuss abortion as an option was banned.

2. Smith-Rosenburg, Carol. *Disorderly Conduct* New York: Alfred A. Knopf, 1985. "The Abortion Movement and the AMA," 223f.

3. *ibid*, 234.

4. Barker-Benfield. G.J. *The Horrors of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth Century America*. New York: Harper & Row, 1976. Chapter Ten, "The Architect of the Vagina," 101.

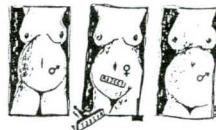
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6. *ibid*, 103.

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Artwork: Gitanjali



New Reproductive Technologies: Their Impact on Women of Color

by Sharmini Peries

New Reproductive Technologies (NRT's) greatly impact on women of colour living in the West and in our own countries because of the increasing practices of gender selection, population control and forced sterilization. Yet, women of colour are being silenced on these issues in the mainstream women's movement in the West. The historical reasons for this are important to raise. In general terms, we, women of colour, simply do not fit into the agenda of the Reproductive Rights or the NRT movement. Our concerns and interests in most cases, have been different and sometimes in conflict, with the dominant interests in these movements.

Let me give you two examples. Women in the Third World are not free to raise the demand to assert their reproductive rights because this is usually taken to mean the importation of western technologies and 'modern' Western contraceptives, the control of which is not in the hands of women, but multinational pharmaceutical corporations. It is clear that these corporations exploit Third World countries. Additionally, population control agencies follow policies that go against the struggle of achieving economic self-sufficiency for women in our countries.

The second example is the exploitation of Third World women in experimental clinical trials of contraceptives like *Norplant*, *Depo-Provera* and *Net-en*. For example, there is no legal battle in India over the availability of *RU486*. The reason for this is not that the Indian government is attuned to a feminist agenda, rather, Indian women, along with other women throughout the Third world, serve as guinea pigs for many Western drugs tested by multinational drug companies. Thus these new inventions are met with suspicion by women in the Third world.

I do not wish to dwell on the agendas of feminist groups here, instead I wish to take this opportunity to suggest areas of common concern, where Western feminists can incorporate our struggles. To do this, I wish to concentrate on the following areas.

The first part of this article will make links: between the eugenics movement of the late nineteenth and early twentieth centuries; the reemergence of these ideas in recent work in the social sciences; and the ways in which these ideas have been put into practise by the cattle industry,

by Dr. John Stevens, a California doctor who offers gender selection by ultrasound technology as early as seven weeks, by Dr Etienne Baulieu the french scientist that invented RU486 and Dr. Amjad Alvi the most recent controversy in Canada - where he has opened a sperm separation clinic in Toronto.

Keeping these examples in view, I would like to explore some of the implications of NRTs for women of colour in the West by making historical connections between science and technology and the current social and political environments surrounding NRTs. I would then examine the issue of gender-selection.

First, multinational interests which are motivated by profits in NRTs and the eugenics movement.

The Canadian federal minister of fisheries, the Hon. John Crosbie, was kind enough to bring together my two themes when he commented on the recent constitutional debates complaining that next 'coloureds' and 'cripples' would be demanding a right to speak in the governing process. The same 'coloureds' and 'cripples' are brought together in the discussion of eugenics.

The study of human genetics which tries to develop methods to improve the inherited characteristics of a race, is a nineteenth century invention made quite possible by 21st century NRTs. The key words here are of course, race and inherited characteristics. In many important ways the root of the Anti-Racist and Disability Rights movements are in resistance to the ideology of eugenics. The father of eugenics, the Englishman Sir Francis Galton, was thoroughly immersed in 19th century theories of race, so is a modern practitioner of the pseudo-science, our own Philip Rushton.

Such a complex subject as eugenics can not be discussed here in its complexity but we do need to link it with points directly concerning NRTs. First, it is no coincidence that Galton, writing from England at the height of British Imperial power, was motivated by the firm belief that his race was the highest point of civilization. Supported by a large infrastructure of economic and political power, Galton propagated not only the encouragement of 'superior' traits but also attempted aggressively to eliminate 'inferior' ones. In any case, the eugenics movement enjoyed great popularity throughout Europe and North America in the late nineteenth and early twentieth centuries. The consequences of such theories as they were put into action in Nazi Germany, is a night mare that still haunts us.

The second point is the reemergence of the legitimation of eugenics in contemporary human sciences. In Canada today, Philip Rushton, a psychology professor at the University of Western Ontario, is permitted to argue that there is a scale of natural superiority according to racial characteristics. And, guess what the good doctor has found: that Blacks are 'naturally' inclined to sexual activity, more so than whites and Asians; that Asians are smarter and so on. By giving such stereotypes scientific legitimacy, Rushton has received and continues to receive funding from right wing think tanks in the U.S. and despite public protests, he continues to hold his job in a state-funded university in Canada. His most recent work, just this past summer, has been to study the size of the human brain. Instead of racial difference, this time his emphasis was on gender and guess what!?! Women's brains are smaller than men's and this may account for the 'natural' superiority of men in math and sciences.

One could go on, but it is important to note that Rushton and his followers never extend their

analysis to the point of social engineering based upon their racist and sexist stereotypes. Dr. Bob Church, a medical bio-chemist from the University of Calgary comes chillingly close to doing so. Church's science is of course funded by the cattle industry. Eugenics have been practised heavily in Canada in the field of livestock breeding. The consequences of this tampering with the genetic code and the elimination of a certain species have not been contemplated. It is precisely the technology practised in the barn yard that is being practised on women today through NRT's.

If we link the three points: the 19th century theories of racial superiority and the construction of a superior race; the reemergence of these stereotypes as legitimate science in contemporary socialsciences; and the development of reproductive technology in the barn yard, we can become more aware of some of the dangers facing us in the brave new world of NRTs controlled by the multinational corporations. The combination of the eugenics ideology of perfectibility is only fuelled by the ideologies of profit by the multinationals. I would go a little further and connect the concerns of anti-racist and disability rights advocates regarding NRTs.

Sterilization, an old reproductive technology, was first marketed by multi-national pharmaceutical companies in the 1960's as a New Reproductive Technology. A new found 'freedom' for women. New found here means newly developed methods to control undesired population growth, to limit, for instance, the passing on of disabilities from one generation to another. As Ann Finger has argued, forced sterilization of some women is a common practice until recently. I would argue that it continues today, only the focus of pressure forcing women into sterilization have changed.

Groups of women who are most affected by these pressures, is informative in locating the social, ideological and institutional pressures determining the use of sterilization. Women over a certain age who are considered to have passed their child-bearing years are expected to have hysterectomies. Women with disabilities are coerced into sterilization, poor women are led to believe that sterilization is the best method of birth control. Native women on and off reserves, are pressured to use sterilization as a method of birth control. Sterilization is used extensively in post colonial countries to control the growth of 'undesired' populations. Immigrant women in the West with language barriers, undergo sterilization without knowledge of what they are consenting to. Women with HIV and AIDS are told by physicians that sterilization is their preferred option (yet the percentage of transmission to unborn fetuses is only 30%). Most recently in the U.S., underprivileged women with HIV and AIDS, who might not have access to proper medical care, are being offered experimental drugs. Women might view this as their only means of survival, and so they agree to become sterilized, giving up their right to sue if things go wrong and that is how pharmaceutical companies avoid law suits.

Clearly there is a pattern here, a pattern involving the use of the old reproductive technologies that should inform any discussion of New Reproductive Technologies. I am convinced that as women of colour our current positions on various NRTs must be critically based in many historical, social and economic contexts of reproductive rights. Until very recently, NRTs were targeted at three groups: women with disabilities, women of post-colonial countries, and cattle. The response of two of these groups is informative and inspiring. The struggles to treat NRTs critically have been led in Canada and the United States by the Disabled Communities, by such groups as DAWN, who, justifiably, see NRTs as an assault on their existence.

Indian feminists have made some inroads to stop the use of this technology for the purposes of perpetuating our cultural biases against females. The Forum Against the Oppression of Women has made headway in abolishing this practice in some states of India: in Maharashtra, gender selection for the purposes of aborting females is illegal. Despite these efforts, it is clear that gender selection is becoming more evident in Indian society. It is also clear that the Indian women's movement, as women's movements around the globe, has a way to go. The practice of gender selection is evidence that the struggle against the oppression of women needs to take on new challenges to emancipate women.

About three years ago a Californian physician, Dr. John Stephens, forced the South Asian communities to look at an unpleasant reality existing among us. Stephens advertised the services of his clinic across the border in Blaine, Washington in several South Asian newspapers in the Vancouver area, including *The Link*. The particular service he was advertising was not available in Canada, and when Stephens attempted to expand to Canada, South Asian women in British Columbia organized resistance and forced the government to prevent him from crossing the border. In September 1991, Stephens targeted the Toronto South Asian community as a potential site for his lucrative practice. Again, South Asian women organized and resisted his being allowed to offer this particular 'service' in Ontario.

The 'services' Stephens offers women, include prenatal ultrasound scans that identify the gender of the fetus as early as seven weeks of pregnancy. Although he claims that his service is related to the identification and not the elimination of female fetuses, evidence shows otherwise. In January 1991, the CBC Journal televised interviews with Canadian South Asian women who admitted that they had been to his clinic specifically to identify the gender of their fetus, aborting it if it turned out to be female. Many deny this is happening, saying it is a thing of the past; many see it as a harmless desire to want male children. As for Dr. Stephens, he asks innocently: who am I to change 48,000 households of recently immigrated East Indians who have brought their culture from India to Canada in one fall swoop (quoted from the *Globe and Mail*, 3 Dec. 1990)

The practice of gender selection, or more specifically, the preference for male children, forces the South Asian communities to confront the historical undervaluing of women in our societies. It demands an unlearning of age-old practices further woven into the racism of this Euro-American culture. In India, as in most patriarchal societies, the practice of gender selection using amnio-synthesis is used, as the ultrasound process of Dr. Stephens, where the identification of gender enables patriarchy to eliminate female fetuses.

According to the Women's Studies and Development Centre at the University of Delhi, this practice is in Bombay and Delhi. Because of the expense, the service is mainly available to the middle class and upper class. However, the pressure on all women to produce male children is so great, reports a Bombay women's centre, that often poor women use their life savings to ensure they do not deliver female babies. The private clinics that offer the service are reporting considerable case loads of clients seeking the service.

In the context of medical science, the services offered by Stephens and the Bombay clinics are part of the expanding technology involving women's bodies. Particularly the effects NRT research and development has had on women of our communities, both in Canada and abroad. For example, the abortion pill RU-486, developed for a French pharmaceutical company by Dr.



Etienne Baulieu, is currently being publicized as an agent of women's liberation. Yet, if we examine the high cost of properly administering the drug, it is clear that RU-486 will not be available to poor people in the West, nor to those women in the Third World who served as guinea pigs for the development of the drug. The context of feminist debates in Canada, the profits of multinational corporations and the interests of Western medical communities are complex, and may seem far removed from the concerns of the South Asian communities in Canada. Despite the earlier controversies, South Asian newspapers in Toronto carry Stephen's advertisements for his clinic in Washington state. The latest (31 July, 1992) issue of *Hamdard Weekly* has a bilingual advertisement for Koala Labs: Fetal Health Check and Fetal Sex Determination by Sonogram (Ultrasound).

This service is not about fetal health checks, it is about reinforcing and perpetuating control over women's fertility in our communities. This advertisement is also a reminder that in most cultures including our own, there still remains a strong preference for male children.

It is a matter of intense debate among feminists as to the effects that NRTs have on women: do they help women who could not otherwise conceive children? Do they help us to exercise choice and control over an important aspect of our lives? Or do they reduce the women to child bearing machines?

I have mixed feelings on various issues concerning NRTs, but two things are certain, and should be kept in mind whenever this issue is discussed: The people benefiting most from NRTs at present are the multinational pharmaceutical corporations and the medical professionals who stand to also make tremendous profits. The sinister history of eugenics must also not be forgotten. And finally we must challenge those pseudo-scientists that claim to be expanding the notions of 'choice' for women while reaping the benefit of profits at the cost of our bodies and our rights.

Artwork: Arun Thathy Sabanathan

Freedom

by Silpi Gupta

I want to be free

My soul is bleeding
My mind is seething with pain.
I gave up my freedom Why!
To gain status
as a 'couple'.

To protect my kith and kin from getting attacked
by my stigma of living alone.

I have taken care of everybody's needs
They are fed, they are clothed.

They have everything. What do I have!
Years of mental deprivation, loneliness,
intellectual stagnation, and loss of identity.

I excelled in music and dance once

My river of creativity has stopped flowing now
My mind has stopped thinking and my body does not feel anything anymore.

Who made me like this!

THE CAGE OF MARRIAGE

I want to be out of this cage and be that person
who I always saw in the mirror but got further and
further away within the cage.

What is this life after all!

An oppression free surrounding, a place to
breathe in.

I am still working
to achieve that equilibrium.

Sunila Abeysekara

Interview by Bamathy Ravi and Leela Acharya



Sunila Abeysekara is one of the remarkable women fighting for women's rights in South Asia, Sri Lanka. DIVA did a tape-recorded interview with Sunila when she was visiting Toronto for a Conference in November 1992. The interview appears with minor changes that are necessary when a taped conversation is transcribed for publishing.

Sunila, would you tell us about your work in Sri Lanka?

S: My primary focus in the last three years has been on human rights. Trying to see in what

ways we can use the human rights mechanisms available to obtain justice for the disappeared. The report on the U.N. working group on disappearances, presented at the Human Rights Commission Meeting in February 1992, acknowledges that the number of disappearances in the South of Sri Lanka from 1987 to 1990, is close to 40,000. This is an alarming figure for a country with a total population of 60 million. This is not counting the disappearances from the North and the East of Sri Lanka which is where disappearances first began. In 1992 the largest number of disappearances were from the East-

ern province while the numbers from the South had actually gone down.

How do you link disappearances with different human rights violations?

S: Disappearances indeed are a particular category of human rights violation because what happens is that people literally disappear; there are abductions by people travelling in vehicles that have no license plates or any identification whatsoever. They intimidate members of a family, take someone away, and that's usually the last time a person is ever seen. When family members go to the police station or the closest army camp to report the disappearance, they face a blank denial.... No we don't know, we had nothing to do with it... or nobody by such a name was taken by any of our people..." I think it's one of the most insidious crimes because most family members, particularly women, never give up waiting and hoping. There is a difference when you actually see a dead body. One can then accept that it's over and try to deal with the loss. But with disappearances, even four or five years later, there is still hope. We meet many women who are hoping for their male family members to return. In most cases, we know very well that these men have been killed and will never return. But how do you look a woman in the face and tell her that?? Also, because I didn't see the dead body, I only know this because of putting together other information. It's really very difficult to try and tell women, "just forget about it, he's never going to come back..." It's really a terrible thing. That's the reason why for so many years, my involvement in working with women has been more like bridging, or linking human rights with what's happening to women at the receiving end of these violations. Otherwise, human rights work in Sri Lanka is more legalistic, where you deal with a particular "case" and not with a person.

Right now in Sri Lanka it's impossible to deal with a "case" because the cases are really tens of thousands of women who are literally destitute. They have lost their bread-earners, some of them have left their homes, they are having a lot of difficulties living alone. There are homeless women who are forced to go and live with an older brother, a sister, or an in-law. These women get harassed, abused and humiliated by almost everybody in the family circle. Women who are widows come and tell us "when I stepped out of my house this morning, a person walking on the road looked at me, looked aside and then spat." I mean what does this do to you as a person, when someone sees you and spits? In South Asia it means you are worse than spit to me... and women have to face this everyday of their lives. So women are crushed as persons, continuously being de-humanized. There are economic problems, legal problems in trying to get justice, documents on access to entitlements and so forth, and of course there are the cultural and social problems to do with widowhood and all the stigmas... and also to do with the assumption that if you are a widow, you're just ready for another man, and so many of the women often complain to us, that men solicit them, and refuse to take NO for an answer, and so there are several cases where women have been raped by men who pretend to befriend them and help them to get their papers in order and so forth. This is the most intangible thing that Sri Lanka as a country is unable to deal with: this whole thing of psychological and emotional trauma that women and children are going through. In Sri Lanka we have only one qualified child psychiatrist for the whole island. And even in the area of counselling, all we've ever had are marriage counsellors who are trying to patch up families that are falling apart. The whole area of counselling victims of war or torture is a very special thing

and we don't have any expertise in it. In the last two years we've been trying to link with a group called the Child Resource Centre in the Philippines. We're trying to see what are the ways in which we can help mothers and children come out of this trauma. I've spent a large amount of my time in the past few years to just be there for women. Supporting them through the realization that it's alright to feel lonely, that it's alright to want to get involved in another relationship, that you are not a 'bad' woman if you are interested in another man and a lot of things like this. This is the primary kind of service that we've been doing. We were totally unequipped for this kind of work. It's a specialized kind of work and yet I've never been trained as a counsellor and at a certain point, I began to feel so tired. Many of us don't have the skills or training to



distance ourselves, so its very draining. Then there was a woman who actually told me there was something called a listening skill, and if one wants to work as a counsellor you need to develop this skill so that you can at some point distance yourself from all the pain and anger that's coming. Otherwise you just get sucked into it, it's very short-term and what we really need is long-term, ongoing conselling. Because it's actually not part of our work, so we're trying to get another group of women called the Family Rehabilitation Centre, which is working more with torture victims, to set up a separate unit to deal with women and children. They can then train counsellors and there will be a place where we can refer women.

How has the state used the ethnic problem to forward its own interests and agenda?

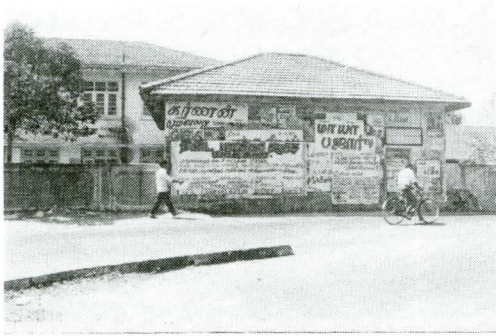
S: In 1989-90 the state wanted to project an image of a "heroic mother." At a time when the state wanted to recruit more men into the army, and the same approach goes for the LTTE (Liberation Tamil Tigers of Ealam), where they have this "Veerathai" (Brave mother) image. Even the film 'Suicide Image' and the character of Miller's mother, and how she was talking, how proud she was that her son died. On both

sides of the battle-front, the "brave mother" who willingly and happily sends off her son to die for the "motherland", is a key image. It is pushing women to be brave and to allow their sons to go in the name of the "motherland" and this is the true realization

of your "motherhood." Giving your son for the soil.

Tell us about your work with the Mothers Front.

S: There are two organizations working with the disappeared, one is the Mothers Front and one is called Organization of the Families of the Disappeared. The Mother's Front was initiated by members of Parliament of the Sri Lanka Freedom Party. The main opposition party. The Organization of the Families of the Disappeared was initiated by a group called the NSSP (Nava Sama Samaj Party), which is one of the more radical left political parties. The women's groups that have tried to work with the families of the disappeared are in a constant dilemma



because of the political linkages. Because the political parties use the women, women from the families of the disappeared, for purposes of mobilization, because it's very effective. Women come when they are asked, they come in thousands, they really come with a lot of commitment and conviction, they are not afraid to confront the police, or to shout anti-government slogans. They are really out there in the forefront. When women come to participate in such a mobilization, they are very highly charged, and it's easy for male politicians to make a speech, even two or three sentences, and start women off crying. Then you have this mass of two to three thousand women all weeping and wailing at the same time. It carries a big impact and this is what the international media picks up—weeping mothers. Many of the women including myself, have a real problem with this. Because on the one hand, the politicians make the women cry, but at the end of the mobilization, the women go back home, each to their own problems and needs and of course none of the political parties have focused on trying to do anything for the women. Even just to help them manage their day-to-day lives better. So the women go from mobilization, to mobilization and in between they are totally sucked in to their personal lives or crises without any support. Only recently have we been able to see whether we can start some kind of economic programs

for women. Growing herbs for the market for example, where women are at least getting together, not feeling alone and sharing their experiences. This group of women has been meeting for about a year. So from this experience we are trying to get other groups of women together to work toward improving our lives together. In these cases, women are learning accounts and other skills so they can manage their own resources. In August, a busload of women and children came from the villages to Colombo. This was the first time women left their villages since their men disappeared. Most of the children had never seen the sea before and they went to the zoo and the planetarium. They had a tremendous time. For the women also, it was the first time they realized they could also do things. Individual women with two or three kids would never think of getting on a bus and coming to Colombo. But as a group, they really did it. Together as a group of women with similar experiences is the only thing that can bring us out of this mess. As workers we can only support women through this process. No women's group can bail women out in the long-term. We can only try and indicate a path towards a sense of the need to stay together and a sense of working out some way to survive. Here, I'm literally talking about tens of thousands of women.

Tell us about Shilpini, the women's media



collective.

S: Shilpini is a skills-training centre. At the moment, what we have as an ongoing program, is a letter-set printing program. We teach women hand composing, which is probably the oldest of printing techniques. It's a useful skill to learn. A woman can start off as an apprentice at Rs. 65 a day and you can go up to Rs. 125, which in Sri Lankan standards is a living wage for eight hours of work. We're now into our sixth batch. Shilpini also has a good reputation with all the printing presses in Colombo and they even say "the women are very careful in their work, they're very neat, they don't take smoking breaks, and tea breaks, or all the wrong reasons (laughter), or typical reasons for hiring women. But, what it does mean is that women trained at Shilpini have a good chance of getting a job at a press. Each time we finish a training program we have requests from various printing presses. Shilpini would not be in skills training unless we were sure that women can be employed because it's a very specific skill. Before starting training, we tell women "this is really shit work and you better be very sure that you want to do it before you get training." We say things like "if you want to do your fingernails, forget it, because you'll get all the lead in your nails, it's a mucky job, it's standing for a good part of the day which is very hard work, it's well-paid, but it's hard work." And, in a lot of printing presses it's in an entirely male environment.

So how many women go through this program?

S: A very small number. We take in four women over a six month period. So it's two batches in a year. Because we have a small place, and we need a lot of letters and typesets, and so forth, we can only have four women. The reason why we began this program is because in 1987/88 when things were politically very dif-

ficult in Colombo, we had such tremendous problems getting anything printed. No press in Colombo would undertake to print a leaflet that was supportive of the human rights situation but was criticizing the government for its human rights violations and things like that. Because at that time, both the state and the JVP (Janatha Viruthi Perumana) were intimidating people, and so nobody wanted to do anything. And at that time, we decided that we want to have some way in which we can print a leaflet, if we want, and so that's what we have now. We decided we would have everything from the letters to the press where it's printed and that's really important for us. We also have a small off-set machine, so we also train women to prepare pages for the off-set machine. A lot of work for women's groups, like pamphlets and leaflets and even big journals are produced with the off-set. We also tell women's groups that if they want some printing done, they should also send a couple of women along, so those women can learn the process. So that the next time around, those women can come and do it. I mean the off-set machine is like a glorified photocopier. It's really a very simple technology. We also do silk-screen poster training. Those are usually five or six days with ten to fifteen women. And those we usually do for groups. Groups request we do workshops for women and we've done it for mixed groups as well. Especially community development groups of both women and men. We've also done them for the women in the camps. It's a lot of fun because in a group of fifteen, maybe one or two will have a sense of design or colour but the other women just come in and muck around. They have such a good time and learn not to be afraid to use colours, or to try something out, or to draw even if you can't draw properly, you write, even if you think your handwriting is ugly. I mean people have so many hang-ups, you know, but we say "no, no,

no, do it", it doesn't matter, it's not for exhibition, you just have fun! A couple of times women ended up doing everything in sight, their skirts, blouses and towels! We do a lot of posters for human rights days or for other human rights groups. Over the last years we've done a series of anti-war posters. These are street posters, where we do about 5 to 6 hundred and go out and put them on the street. So we don't just do indoor postering.

What about Suriya?

S: Suriya is a group called 'Suriya Women's Development Centre' that focuses specifically on working with displaced women. It is also composed of displaced women from the Eastern provinces. At the moment they work in six camps in Colombo and they do mostly "welfare work." You know, medical clinics with a focus on women and children, literacy programs for Muslim women, sewing classes, typing. The thing is, if anyone told us five years ago that as feminists we would be running sewing classes, or typing classes, or milk-feeding programs, we of course would have laughed and said 'no way'. But when we ask women "is there anything you would like to do or learn?," almost all of them say, we want to learn to sew... So what to do? I mean really, we feminists, we have our feminist perceptions... (laughter) But for the women, they are very practical, and say at least we sew our kids clothes, or our own saree blouse. I mean

(laughter) we had such a difficult time getting money to buy two sewing machines from CIDA (Canadian International Development Agency), and we had such a time persuading them that this was a worthwhile thing to do because, they gave us the feminist argument! You know, you're fixing women into stereotypical roles (laughter). It was so funny to hear a funder telling us this!! (laughter) I mean as if we didn't know that already! (laughter)

Are you doing any work around women's rights?

S: Okay we asked women what they want to learn and they said sewing and typing and our first reaction was, no way. Then, the thing was, we really wanted to get women out of the camps for at least two hours a day. You see, people living in the camps are doubly controlled. Sewing and typing provides us a legitimate way to get women out of the camps. After all, sewing and typing is not seen as threatening. We have even been able to mix women from different camps together so they get to meet one another and make links. Otherwise, women are only within their own camp community. Of course when women get together they talk and so it has been a process of sewing and talking or typing and talking, and this year since March, we have started a kind of awareness-raising program where we speak about what it means to be women, the kind of problems we go through in



the camp and why. There's a lot of sexual harassment and wife beating. The personal/family problems are tremendous while the living conditions aggravate the situation. It's so difficult working in the camps because people are stuck there. No matter what you do, you have to work within the framework of that camp. And so if there is a man in the camp harassing women, and if you confront it, what happens? It's not like being harassed on the street by a man you don't know. No, this man is there, among the 1,999 other people who know him, and so if you confront him, you have to push it to the point where he actually leaves the camp, but you can't ask him to leave the camp, because there is no other legitimate place for him to go, so then you don't confront him. And that's the awful thing, that we can't talk about these kinds of issues simply because if you raise it, you have to confront it and there really is no way to confront it. Alcoholism is also a big problem in the camps. The women really have a hard time.

The facilities for women in the camps are also quite bad.

S: Yes, five toilets for a thousand people. And people also think they have to live in the camps for the rest of their lives and it sure makes you mad... They don't have a way out and they fight with one another. When you walk into the camps you automatically think, if I lived here for even six weeks I'd go out of my head. While people have been living there now for two years. The camps are always in open places, temples or community halls, so its open space with six or seven hundred people sharing that open space, no privacy, no partitions, no nothing. And each family gets a space that's twelve by six maximum, like a prison cell. People mark out their space with cardboard boxes or little bricks, people stake out their own territory and when you step over the threshold, it's so lovely because, they

immediately fish out a little bit of cardboard, put two glasses on it, get a bottle of fizzy water and somehow, try to preserve the feeling that this is home. Some sense of yourself and your place, forgetting the entire sea of humanity that is out there. To have the possibility of doing this after two years of sub-human living conditions, and still being able to think we have a visitor and we have to give them something to drink, and you have to have a tray. It's the women who do that. Even in an impossible situation, they create a space of their own. There's such courage in women which makes them survive. I mean what are we? It's amazing. This is the thing which also makes it possible for me to keep on working. When you see each one of these women, there's no way, I think to myself, that I would have survived. And somehow they just keep on going, managing with the bare minimum.

How is Suriya dealing with the issue of violence against women?

S: They have been, again out of necessity, not that woman abuse had been part of the program. When women come they come with either a history of violence in their lives, or there are women who have been raped but don't want to talk about it, because of the politics of it. Many women are beaten wives. One thing we have very much tried to do is to make a link, and try to get the women to see the connections between being beaten, as an individual woman, and the violence that's going on out there in society. Any struggle against violence against women also has to be a political struggle. It can't be isolated as just wife assault or something like that. In the Sri Lankan circumstance it is possible to make the connections because they are so obvious. But in a society like this (Canada) the connections don't seem so obvious and it's more difficult for people to make the links.

You spoke at the CRIAW conference about how difficult it is for women to organize and about the international capital entering the country.

S: Since 1970, the Sri Lankan government has followed a policy of economic liberalization which basically means linking on to the world market and becoming very dependent on private foreign capital investment. Then as part of the deal to attract foreign investors in, the government makes certain concessions and so they offer tax free holidays, interest free loans, infrastructure plus a work force that will not be governed by the normal labour regulations. On top of all that the government has something called the Essential Services Act, and once something becomes an Essential Service, there is no agitation, no strike, nothing is permitted. So even for the sectors where there is no foreign capital involved, the Essential Services Act is always there. In 1980 there was a general strike and the government crushed it in a very authoritarian manner. This was a major blow to trade unions and the trade union movement in Sri Lanka. Then by the time the trade unions were able to start getting organized again, the political violence of the late 1980s began and became one of the reasons why the trade union movement in Sri Lanka has been weakened so. Since the 1930s, Sri Lanka has always had a very strong trade union movement, so this is the first time in our history that the unions have been so weak. In the last two years, because of the demands made by structural adjustment policies of the IMF, there has been a big push to privatize things that are in the state sector. And I think it's the same in Pakistan and India now, so transport, telecommunications, electricity a lot of areas, are being what the government calls "Peopled" not privatized. It's very interesting to see how the government is propagating the exact opposite of what's really going on.

This again has weakened the trade union movement. Some unions which face extinction are getting pushed to make deals with the government for their own survival and are becoming traitors to what they originally stood for. Workers in this case are just stuck out on a limb because the leadership is in a very shaky position. Some leaders are making deals with the government, others are completely marginalized. Within the Free Trade Zone, 90 percent of the workforce is women. It's a very particular strata of women who are from villages and are young, educated and are doing their very first paid job. So that's a whole lot of things, because when you say young and educated from a village, they are not usually from the families at the bottom of the village community but they are lower-middleclass. They've gone up to grade ten in school. If you are very, very poor, you do not reach 10th grade. Therefore, they come to this work with some aspirations of upward social mobility. They want to earn money and spend a lot to dress. You know shoes, umbrellas, hand-bags, it's like a fixation. One of the reasons they work is they want to dress well and they have a certain idea of what it means to dress well. Because it's their first job and they are coming from villages, they have no idea about their rights as workers and they have no idea about organizing. So in fact they are very ready victims. It's very difficult to even make them begin to see what exploitation or oppression is about and so forth. Many of them are also having a great time, because for the first time, they are out of their villages, free, economically independent, nobody is telling them where are you going, who are you seeing and so forth. They have some independence.... (laughter) It's a very strange situation. Because we can tell them to fight for their rights but again it's to do with a very particular strata, young, educated, from villages, first job. These four factors

mean that for at least two years they are not listening to us! They are having a good time. These women live in abominable living conditions, there are innumerable instances of sexual harassment, heavy work load due to the quotas imposed, 2000 collars, or 2000 pockets, and many women work 10 to 12 hours a day with no paid overtime. There is also a rapid turnover, as women get burned out and tired. There are two or three women's groups trying to get women together to speak out about rape and so forth. The trade unions have also completely neglected the problems faced by women in free trade zones. Because of the large turnover in



women workers the unions feel it is not worth their time. Trade unions also don't have a clue about how to deal with this particular group of young women. If women get pregnant they run the risk of losing their job. And they are told this before joining the workforce. What has happened in Sri Lanka, which we feel more intensely than in say India or Pakistan, is that out of all the countries in South Asia, Sri Lanka is a country where women have had comparative freedom and mobility. This is particularly so in contrast to Northern India and the situation in Pakistan. This is my personal impression. I

think that the whole experience of thousands of women getting employment in the factories or free trade zones and thousands of women going abroad to the Middle East for employment and tens of thousands of women being widowed or left alone because of political violence, there is a social phenomena that profoundly challenges a lot of traditional assumptions about women. So while the women may have a very hard time, as individual women, the collective experience has made it possible for a lot of other women to challenge assumptions about what is possible for a woman to do. I mean now it's possible for a young rural, lower

class woman to come to Colombo, live outside her traditional environment and work. Ten years ago this was a very rare occurrence. Now, it is increasingly common. Now it is possible for a woman who does not know how to read and write to come to Colombo, get a passport and go off to Aman, Abu-Dabhi, Lebanon or Kuwait. And women are doing these things. Each time I travel, I am amazed at women, who without speaking a word of English, without knowing what it means to travel abroad, just get on a plane and go. I mean I would think twice. This courage and absolute will to survive and keep their kids

fed is amazing. Many go and have bad experiences but that's not stopping other women from going, because with each bad story there is also a good story. But, when they go, I think taking that step, creates a change and it also changes a whole lot of assumptions about women. Women can get a passport and travel, they can fly, can have their own bank accounts, their own money, then perceiving the future: I have my own money, I want to build a house, I want it to be like this, I want my kids to go to school, I want them to go to school this way, and it is at this point that they start having fights with

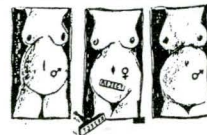
their husbands. Because part of challenging assumptions is that you really start challenging a man's right to make decisions, especially if you're making more money than he is. In that sense, in Sri Lanka if you really observe what's going on, and think over the last ten years, some things have changed forever. Rural women, urban women from the slums, the situation has changed. And we can never go backwards, we can only go forward from here: that women have a right to work, women have a right to have their own money, women have a right to decide what happens to that money. In spite of a lot of divorces, a lot of unhappiness and a lot of personal tragedies or crises, in each one of these situations, in the long-term, in terms of what it means in society and how society perceives women, women have made a way for other women to move forward. And even with the mothers of the disappeared, through their courage, it's been the first time in Sri Lanka that such large numbers of women have been politically mobilized... And really poor, rural women, who never look a so-called official in the face and talked to him before, are now shouting and screaming and challenging, "tell us where our sons are, just tell us, and we are not going to go until you give us an answer..." And this sight, the visual impact of women fighting back really changes how society sees women

Is there a forceful women's movement in Sri Lanka?

S: No. There are a lot of women's groups working, for example there are three or four groups that work with women in the free trade zone, and in the urban industrial areas around Colombo. There are several groups of women that are more region based at different provincial town levels. There are two or three groups working with women in the plantation sector. And then there are groups in Colombo. In the

early 1980s there was a formation called the Women's Action Committee that consisted of the more politicized and feminist-oriented women with a critique of patriarchy and capitalism and those kinds of things. 1987 was a period of political confusion. That year, I think a lot of groups got so divided on what was "our" position around the Tamil struggle? Did you support the Indo-Lanka peace accord? Did you support Provincial Councils? Didn't you? Did you support the EPRLF (Eelam People's Revolutionary Liberation Front) or the LTTE (Liberation Tamil Tigers of Eelam)? All kinds of divisions. Even the political parties were in such a state of confusion. The political confusion coupled with this huge wave of repression and political violence pushed the WAC in 1990, to become the Mothers and Daughters of Lanka. A very broad formation. It's not a dynamic organization. Some groups are more activist, some more feminist. During 1990 and 1991 all women's groups came together for March 8 and December 10, Human Rights Day. In between, all the groups are going about their own work. And I think we have to go through this. Because of the political polarization between the different groups there's a lot of hostility and suspicion. All kinds of things going on and it will take a couple years until this sorts itself out.





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REACHING FOR HALF THE SKY

Issues and Conflicts Regarding the Question of Choice in India

by Leela Acharya

[The following is based on notes taken during a workshop called 'Health Perspectives in the Women's Movement' at the IV National Conference of Women's Movements in India, held in Calicut, Kerala in December of 1990. The conference was attended by more than 2000 women from across India, with a large representation from working class rural women. The workshop brought out issues important to the movement for reproductive rights.]

The workshop began by outlining some of the concerns women have with regards to health issues and how they impact on women:

- Health is more than body illness
- Health cannot be isolated from women's status in society
- What is the relation between health activists and the state particularly related to the unavailability of health services?
- How to network - between health groups and between women's groups doing non-health work What is our concept of health especially in relation to women?
- Can health issues alone be used as a pivot for social change?
- Can the women's movement come up with an alternative health system?
- What is the alternative to external funding? How to become self-reliant?
- Is "control over one's body" a crucial feminist issue or only a peripheral issue?
- Can men be excluded from the struggle for women's liberation?
- What is our philosophy of life and where does health fit into that?
- What will be our strategies for change?
- What are the specific issues related to disabled women?
- What should be men's responsibility toward family planning?
- How to deal with occupational health hazards (general) and those specific to women?

Presentations and Discussions were specifically focused on:

The campaign against sex-determination tests, supreme court case against the injectable contraceptive Net-ten, and abortion and the issue of choice.

There had been a campaign of both men and women against sex determination testing and propaganda. Activists were concerned to make sure this campaign did not become an anti-abortion campaign. Creating awareness with a view to completely ban such tests was the main focus.

Sex preselection for genetic abnormalities is still intact in the government hospitals, but privately based sex-determination tests have been banned, at least in the state of Maharashtra. There were fears that this ban would not be fully implemented, forcing the tests to go underground, benefitting already expensive private practice in the hidden market.

Another conflict was in the demand for state control over the ban to ensure its implementation. What is the role of the state then? Situation of the law at present: state has appropriated its authority through a civil code to punish anyone for using these tests. The question arises: should women be punished for fulfilling expectations that a male-dominated society is demanding of them? If a woman is aware that giving birth to a male child is sometimes the only way for saving her marriage, why would she not use the means offered to her to do so? It becomes a question of re-victimizing the victim for broader societal problems. If not that, what else do we do? Do we criminalize family members, in-laws, husband or the doctors doing these tests? There are various government bodies involved from local vigilance committees, state vigilance committees, to the state's authoritative

body. Some kind of legislation to centralize this effort remains necessary. Since the conference, a law had been instituted which proclaims a one-year sentence for offenders of this ban. This may be implemented in India with the year of the girl child



(1) Sex Determination and Sex Pre-Selection Test Campaign

Sex Pre-Selection tests are clearly perceived by the women's movement as only one part of women's oppression that is rooted in societal attitudes. Technology seems to further perpetuate and extend discrimination against women. The campaign against the test is inevitably linked to state control if the ban on these tests is to be enforced. This further complicates and restricts broader societal change. Women's groups, in this case, are often dependent upon the state. The state in turn has power and authority without any meaningful inclusion or representation from the women's movement.

The campaign, after grappling with such issues, is confronting the state and women are asking for more control over technologies that can discriminate against them. Surely stopping such tests are essential for women yet individual social realities may necessitate a woman's need for a boy child just to guarantee her own survival.

Contradictorily, this campaign restricts the rights and choices of women. On the one hand a woman must have the right to decide whether she wants a child or not, as well as the right to choose to abort. But no one has the right to choose the gender of the fetus and to then abort, if it happens to be female. This is the major conflict that women are faced with in this campaign. And then the question arises: should this campaign be for the benefit of individual women at this time, or should it be geared towards a long-term goal of change at a broader, societal level?

(2) Choice in relation to the Net-ten Campaign: Court Case Filed Against Injectable Contraceptives

Net-ten is a long acting injectable contraceptive with known dangerous side effects. In the name of more choices for women, Net-ten has been pushed into family planning programs in India for the ostensible purpose of birth spacing. Some of the health hazards of Net-ten include, menstrual disturbances, nausea and long-term risks of permanent sterility.

Most women, not having the right to information, have used it and risked their health and well-being. Furthermore, India's national family planning policy is "target oriented," with population control as its aim, completely overlooking the hazards to women's health.

There has been a move to fight for a stay order on all trials of Net-ten in India. Meanwhile, the trials themselves and the contraceptives used are presented as a woman's "private, secret choice, without involving her husband's voice." Can we assume that this perception allows a woman control over her fertility? The experience of women questions it. The secrecy and the situation of non-discussion over the whole area of contraception leaves women open to abuse. Second, what are the costs of infertility where it is culturally unacceptable?

The effects upon the lives of individual women need serious consideration. A stop on all trials has been demanded, but how can women be compensated for their victimized situation? Choice means having several options, deciding upon the pros and cons and then taking an informed decision. But do all women have this choice given the variable situations they are in? Further dilemmas, and given the lack of any viable attempt to provide information, what is the least acceptable level of risk for women in this context? There are risks associated, failures too, nothing is fullproof, so how can we thereby specify our demands, and how can we link up and represent voices of women who are suffering from such contraceptives?

(3) Abortion and the Conflicts Of Choice

In India there has been no history of campaigning around abortion. Indian women have the right to medically terminate pregnancies. Why have medically terminated pregnancies become legal? And why have harmful and dangerous abortions been eradicated for safer conditions? Traditional abortions were medicalised and have therefore come under allopathy. This is one of the classic ways in which the government is exercising control over population. The rubric of "family welfare" is the name for it. What choices does a woman have under the circumstances?

There are three arguments surrounding a woman's right to abortion:

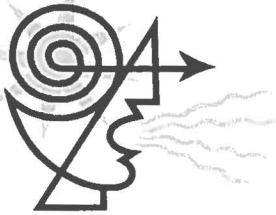
1. If women have the right to choose, men will become irresponsible. Men have historically remained irresponsible towards women and children. Women remain unable to foster a sense of responsibility in men. So does this argument victimize women or help women?

2. If abortion is available to women it shall only be used as a method of family planning. Here, the fetus' right to live is given as a major reason against a woman's right to abort. This position renders women 'secondary' to an un-born fetus and so, is considered by many as an anti-woman position.

3. The right to abortion might lead to women's promiscuity. This position confuses, moralizes and equates a woman's right to abortion and her right to have control over her sexuality. Being pro-abortion is also considered as being anti-sex-determination and anti-sex-pre-selection.

Although this appears to be a basic contradiction, it is not. Aborting a female fetus is a selective abortion. Indian women are against selective abortion while the right to abortion must stay with women. Regarding contraceptive and reproductive technologies, particularly regarding women with little economic privilege, the Indian women's movement is considering whether women's choices have increased or decreased. If taken in isolation from each other, these technologies could, and are posing dangers to women's health and societal well-being.





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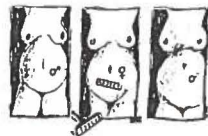
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Shabana

By Mariam Khan Durrani

I know I love you, and I should be with you all the time. I consider you perfect, and I know I can do anything with you, I want to do everything with you. But you think that I am just a passing relationship, you don't even see me as part of your future. -These are the exact words of my lover

I do see you in my future, but I always say no relationship will always be filled with happy times, I always think relationships end, sooner or later, like the seasons of nature. But I love you. You make me feel carefree and happy. -My own ex...is spoken to my lover.

Looking back at the conversation we had... this is the time two people in love are gradually blinding each other. He blinded me, and I blinded myself. He told himself he loved me, he fooled himself. And I always thought I loved him, but I was a fool too.

Time passes by, I don't want to repeat or even mention the word love again, we had worn it out. We had abused it.

Oh well, you learn from the results of your, let's say misjudgments... That's where this particular story begins. I may have amused you with the first few paragraphs, but I tend to get serious soon.



I wasn't taking that 'do it yourself kit test', I went to my physician and ordered her to give me instructions, I wasn't going to do this by myself, and so secretly.

She told me I am pregnant. - No immediate shock sprung inside me, but it sure was a surprise -but no shock.

Well so much for those protective latex condoms! 'Nothing's gettin' through this sucker!' My homegirl was tellin' me. Yeah, Bullshit! I giggled. I really felt like laughing. I hadn't noticed but that shocking feeling suddenly stabbed me, all over me.

Holyshit - my parents! She told me I am pregnant. This is something my parents will definitely notice. This sure won't be easy to hide-I mean month by month, it'll be visible enough, for me to get enough beats from my parents! I don't like this. Panic raced inside me.

My now cold, tense face and stiff body turned to my physician.

'Thanks for your help.'

'No problem, Good luck'

'Goodbye' I spoke with no expression, no feeling. I couldn't help it, somehow the capacity of feeling wasn't allowed to me anymore.

I walked from Middlefield on towards my house. It wasn't walking distance, but I walked, without even deciding whether to take the TTC or not.

I am seventeen - almost. But I am not like most seventeen year old's, I am maturer - I'll grant myself that - for my confidence.

But this is not fair. Seventeen is young. I don't feel like having a baby right now!

Hot tears rolling down my cheeks now, while I'm walking down the crowded path.

It's alright Shabana, I told myself, you can cry, it's allowed as long as you don't allow crying to interfere with or decrease your strength. Cry a lot if you feel to, think of it as a sensation, these tears will dry, they won't control you, because you'll still be strong. Think of crying as a luxury.

My parents - what about my beautiful parents. What will they think, what did they expect - not this. I don't want to face them. It's like I'll have to set up a presentation for them. Impress them by expressing how mature I would be about this. I would have to respond to all of their concerns and keep proving whatever I say over and over again.

Just don't make them one of your problems, take them as strength if they will allow you. That's all I could tell myself.

My mind was stuck to those thoughts, and the picture of my Ama and Abu had been engraved in my mind by now. I thought of how I could get strength from them, but I couldn't, it seemed too much for my mind to think about right now.

Well, no homegirl could help me now. I needed higher guidance, strength, calm.

I was finally across the street from my house on Coxwell Ave., but was not ready to go in yet. I sat down on the bench in the park down the street. The weather is nice, I thought to myself. I saw the white mass of snow all around me, and vaguely heard a few birds chirping. I guess when you first think of winter, you get depressed. It is like a monster that limits your life. You can't go out too much, it's so cold, and it gets dark too soon, it's just so gloomy. But when you sit and take a moment to look at the snow, it is sensationally beautiful—Baby's are beautiful too... they are kind.

I felt weird as some type of a pleasant feeling filled my body and mind. It really was weird, but this happy feeling took over my thoughts, just like that feeling of shock did.

Baby's are beautiful. They are possessive of you, and you can be possessive of your baby too and love them to the extreme, and you wouldn't get hurt. They give you love, specially when your all by yourself. I told myself all this to calm me.

I would soon have a big tummy, I saw myself wearing one of those big shalwar kurtas, with the gorgeous karahi, like my Ama has. I would get all kinds of different coloured kurtas, and buttons with mirrors on them. I was finding things to feel happy about. I was accepting this baby - my own baby, it will give me strength by it's love - I hope so ...

This feeling of somewhat joy felt like it would last. So, I got up off the bench, walked to my house. No one was home now, they would probably be home in no less than an hour.

I took off my jacket and the phone rang. It is Kurts, my boyfriend.

"Yo, Shabana what's up?"

"Hi Kurts. How're you feelin'?"

I drifted off into another thought in my mind, that started to cause panic in my head. Kurts - wow, he has something to do with this baby too! He's what people will say the father of my baby! Wow - that's right, but I need strength, I can't risk my time to see if he can give me strength, if not even commitment! I mean it's like that is too much to ask! But I know he can't do it, he doesn't have that much strength, and I don't wanna risk anything to see if he has strength to offer me, specially when I know it'll take a lot of energy to ask him if he has support, useful support for me. I need all the strength I can get.

"Shabana, sorry I didn't call for so long but I -"

"Kurts, I got to talk to you. Day after tomorrow meet me outside my house in the evening, and don't cancel or we won't ever talk again." I hung up.

That was pretty cold Shabana, I said to myself.



My parents got home. Oh, it is hard to tell them something so personal. I don't know how to start. If only I won't have to look at their faces when I start with "I'm pregnant", I haven't got that much guts! But this sentence has been bouncing with excitement all over inside me. It is dying to get out. I'm even afraid to open my mouth, it might just jump out and arrive to the ears of my Ama and Abu.

I think I've lost my appetite!

"I don't feel like eating Ama."

"Jano, you sure?" "I just got a funny feeling in my stomach." "Well that's o.k. Call Abu, and tell him it's time to eat." I went upstairs and

brought him down with me. God, I can't look at my father, he always looks like he knows exactly what I am thinking, or if I am lying, or hiding something.

Calm down Shabana, remember your parents are probably the only people who extremely care about you, and can give you the most support. In the end they will make sure you survive.

Yeah in the end...No man, it's too hard.



Artwork: Dhanmatie D. Singh

I've been waiting for Kurts, it's been just a few minutes now. "Shabana, What's up!" "I'm Cool." "So what've you been up to." "Thinkin' about something we'd been up to."

Kurts and me walked on to the path from my house up to Danforth.

"Look, straight out. I'm pregnant. I'm not expectin' nothin' from you, so don't feel like you have to do me any favours." That's great I just put him down. I just simply told him I thought he wouldn't give any support or show any concern, that I don't even think he would ever be any help.

"Oh shit." Kurts slowly replied.

"I don't know what kind of feelings you have about this, but I really wanna know whether you have the strength to play a role in this situation. I wanna know what kind of a role your going to play."

"Have you told your parents?"

"Not yet. I needed to know your reaction to begin with."

"Man, I ain't ready for this."

"You're not ready for-"

"But, I know I should be a part of this, and I don't wanna be a problem."

Hm, the guy's got brains! More sense then I expected, atleast he thinks he may become a problem for me, I mean I really think he could give me stress instead of strength.

"I'll help you in which ever way you need."

That's right, I will help you, which ever way you need. What?! He doesn't know what needs I have? I shouldn't expect anything from him, he's going to weaken me! He doesn't know nothin' man! But it isn't right to put him down, it's too sad he doesn't know.

"Do you know how you're going to help?"

"I'll give you my love, and support."

How? I almost screamed out. Forget it, it isn't worth askin' him how. He can't conceive the idea of him helping, he just doesn't know how.

"Well that's kind of you. I'll catch you later. We can talk about this another time if you want." I replied in my nice and polite style, which I use just when I know I am about to explode with anger.

"Alright, later."

One down, parents to go. I thought to myself amusingly. While I was walking back home, a car went by and I heard music from inside the car. It was Bob Marley. Positive Vibration - the word positive - Bob Marley uses it a lot. I think being positive leads you to being peaceful. But what is peace? The atmosphere of course - the view, scenery... sanctuary! But that's like askin' for heaven while you're on earth. So what does peace really mean? Joy, joyous thoughts and feelings... Which is achieved by positivity, positive thinking... I'll never make it through with this baby for too long unless I'm happy with myself, if I'm depressed my baby is sure to be depressed too, I have to keep my baby happy. So... happy is positive and positive is the lane to peace. Peace between my parents and me, my baby and me, and everything else. It does sound like a good plan.

I felt like I could talk to my parents now. But not quite now ... tomorrow, when I'm rested and feeling fresh.

When I got home and everybody was in the basement watching some program on T.V., so I went upstairs and put on some music. I put on Tracey Chapman. Man, this woman is too much, everything she sings about is so heavy and realistic. 'All that you have is your soul' and 'Be careful

of my heart,' I love those lines in her songs. She says you got to leave some love for yourself, at least enough to survive through whatever comes your way. Yeah, like this baby! As I laugh inside, I question why I've been thinking about this baby like it was some event I definitely wouldn't be looking forward to. I shouldn't think like that, this baby's done nothing, it isn't to blame. Mistakes and misjudgments come into play on my part and on Kurts' part. We didn't know such a thing as responsibility! Plainly... it was carelessness. So why is it all dumped on me. Why? When a man is to blame just as much as the woman. If anybody tries to tell me else way, I'll know it is pure bullshit, I swear I'll kick their ass till they understand it clearly.

I'm gettin' really upset now, not a lot of anger had taken me over yet, but it finally has. Oh well, I guess anger was going to come into the picture sooner or later.



Oh, I can't believe it has only been 20 days since I found out I am pregnant, yet I can't believe I still haven't told my parents! But I want to, it is really burdening me, that there is something so important that I have not yet discussed with them. I have practically lost my appetite, I have big black bags under my tired eyes, just because I cannot keep a secret. Not one like this.

My mother suddenly walked past me to sit at the desk and work on the computer, while I stared at her from across the room. 'Ama', I said, Ama, I said. Ama, I whispered, I mumbled. Oh but my voice really did not come out. Blood raced fumingly in my body. Inside I cried as loud as I could "Ama, oh, Ama, why can't you feel that I am at the edge of confusion now? Can't you feel that I am about to fall off? Why don't you save me? Why is it so hard? Why? I am becoming so naive and weak, I wish that you would just comfort me."

Alas, my voice came churning out! "Ama!"

"Je, Jano?" I am close to her now, and I sit beside her, almost shivering.

"Ama, I need to talk to you, it is something that I cannot keep inside. Can we talk?"

"Sure, baba,"

"After I finish talking, and before you want to say something, please think about being sensible, sensitive and keep in mind that your support is essential. It isn't a joke. You know that I have had a relationship for 6 months now, with Kurts. You allowed me to go out with him-or anyone-because you trust my judgement, and you trust me to be sensible. Therefore whatever I do, I will be responsible for it, and excuses will not help. I will suffer my own consequences. I know what I have done, I know what I have to do. I am pregnant. I am going to take more responsibility for this then even my partner-but I wouldn't mind some support..." I looked straight at her face, she seemed as if she wasn't looking at me, but through me, straight through the present and into the future! After about 5 minutes of silently slurping the tea she had by her side, she spoke, "What do you think of abortion?"

Wow!! I didn't even think of abortion! Abortion .. Oh, what a relief. God did send someone to the rescue. What a relief, I can live my own life as freely as I want. Nothing will get in my way if I have an abortion, and I deserve it. This wasn't planned, I don't even know if I would be able to get through this or not. You have to have a baby when you are ready and have time for it. You have to be capable of seriously bringing up the baby well. I'm not old enough. And it's a joke that I

thought I would actually be able to get through this!

"I didn't think of abortion..." I was completely stunned and didn't even hear myself speak. "Well what did you think about? About raising the baby, while your so young, at the age when this much pressure, stress can break you? Because you can't have anyone else do this for you! It is not fair for you. It would feel like I'd been buried alive if I saw you lose the ambition you have, the freshness, and talent, the energy. I am afraid of seeing you wither away, and loose your youth, this is the time you can afford freedom - believe it or not. It is too much for you to carry, I don't want you to fall over..."

I heard silence. I felt silence.

I thought about my baby the whole week. I skipped about all my classes doing it. Finally, I went over to Kurts' and let him comment on what I had to say.

"What do you think of abortion?" I asked innocently, although I knew he would make me feel anything but that.

"What? Your going to have an abortion? That's killing a baby!!"

"Yeah? Well tell me this Kurts! What are you going to do for me, and my baby? How are you going to take responsibility? Are you even going to take any responsibility?!" I blurted these words out through all my goals and inspirations, all my loves of life with a feeling of distastefulness.

"I don't know! I mean, I'm not sure, I don't know what to do. How could I help you? I got plans to go to -"

"So what the fuck gave you the right to tell me I'd be murdering a baby? Tell Me?! Your just an ignorant bastard-you can't be pregnant for me! You won't have to carry the kind of stress I would! Tell me?! How can you accuse me of murdering? Why don't I count? WHY DON'T I COUNT???" Don't you think a baby would take away a lot from me too? You have no fuckin' idea how much I need to give up here." I want to scream so loud so that I would break the surface of the earth, and shatter every single soul's dreams.

"I -"

"So don't give me any bullshit, no guilt." I cut him off, and sternly walked away. I'm done with Kurts, no hope for him - no hope for me and him.



THE ENDING

I'm in labour ... feels o.k., it's goin' smoother then I ever imagined, it's - Holy Shit!!! SCREAM, SCREAM SHABANA! Scream for your life!! I thought I was supposed to get some drugs for this pain! Who the fuck does this doctor think he is?! Not giving me any drugs! I want something to kill this pain - Holy shit! Ama says it's like eating fresh strawberries and green chillies. Why the hell can't I just eat the strawberries, God dammit, we have to eat the green chillies too!! BREATHE IN AND OUT. Strawberries and chillies. Strawberries and chillies, that's what your feeling Shabana, stay cool. No! I want a pain killer-Now! Where is my mother?? I want someone, someone who cares for me, someone who will care for me forever, and I want them now. I need someone now! I don't taste any strawberries anymore, they're all chillies feel burning inside me now!! I wanna know what the fuck is the joy of labour, I wanna know what's the joy of natural birth! These

are the 90's, and I want my pain killers!!!

My face all flushed, red, as they put the baby in my lap. Just the sight of this baby is breathtaking. Feet like rose petals, eyes like sunlight, hands seeking love. I held my breath - tears once again entered onto my face, they didn't ask for permission or anything, they just barged in... I still held my breath and as I was forced to breathe in again, I began to cry loudly. My tears were so hot I felt like they burnt my face. All my fear and strength came out in waves of cries, all now rushing out of my mouth, saying ... I can relax - it's worth it.

Now I have got somebody who will care for me, forever.

BY MARIAM KHAN DURRANI WITH PLEASURE.

Rungh

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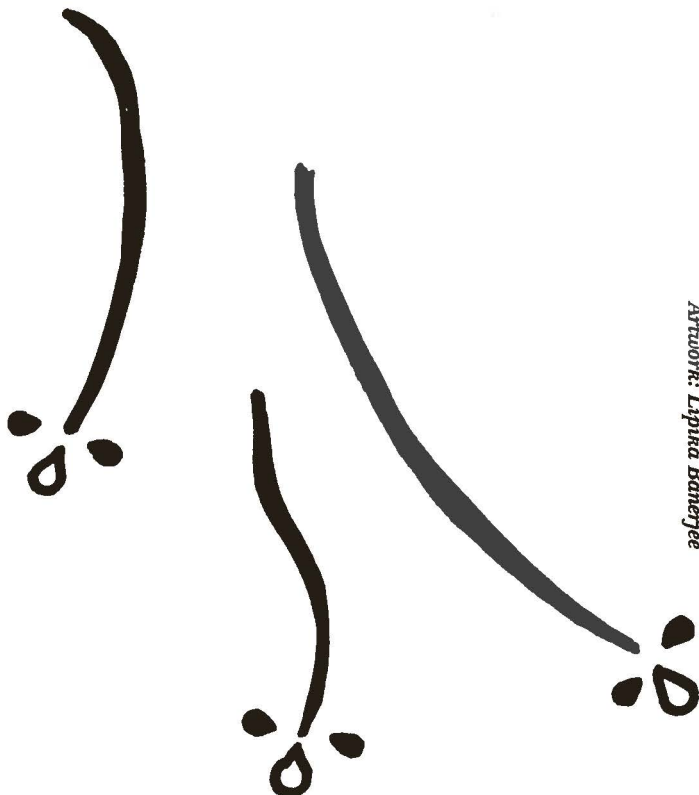
STRINGS OF LIFE

(Based on the custom of tying a black thread with silver bells around a male infant's waist)

by Nilambri Singh

"Black thread with silver bells
tied around the baby boy's waist
marks changes in his size!"
his parents said, glowing
in pride, watching his growth, while
untying and retying the thread.
"He grows well!" they thought
in singular devotion
to the male psyche.
Silver bells could be heard each time
he kicked his soft, bare feet
and turned to grasp another toy,
one of many, and yet all too few
for his doting parents.
For him the joy of learning
new skills everyday.
The world an open window
waiting for him to reach out
and make his.

His little sister,
too soon grown old,
clasps his toys
only to return them to him.
His that once were hers.
She watches the sheer joy emanating from him



Artwork: Lipika Banerjee

and tries to wrest some of it for herself.
"You shall get to tie the thread
of a sister's affection - the * Rakhi - on him.
He'll protect you and give you gifts every year,
even after you're married!" everyone said at once,
aware of her discomfiture.
She wondered how that would be possible
from one who barely knew
how to feed himself, and who could not
change his clothes, nor have a bath,
nor do his hair, as she could.
"Oh, he'll grow!" they cried together,
and clapped their hands.

"Wait and see! He'll be bigger and
stronger than you'll ever be!"

"That's meant to give me pleasure,"
she thought, and could not explain
why tears gathered behind her eyes
and refused to fall.

"I would not like my brother
to become stronger than I am,"
She said out loud, almost scared
of what that might mean for her.

"My little daughter," her father said,
placing her beside him on his chair,
"Such is the great big, wide world.
But remember, be good, pray well,
maintain the honour of your family...
Then, in your next life, perhaps,
you'll be born to us again,
a little boy...
very much like him!"

** Rakhi is a piece of thread tied by sisters on their brothers' wrists. It symbolizes a sister's affection, and calls upon the brother to provide lifelong protection.*

Aurat Durbar

Aurat Durbar is a regular feature of Diva to serve as a networking resource among South Asian women. Any information for this slot will be received with eagerness and warmth.

Can Family Planning Solve Population Problem?

Malini Karkal

This short booklet from India historically traces 'population control policies' that began with European colonizers to present-day policies of the U.S.A. It also illustrates how many 'post-colonial' governments are convinced of the 'over-population thesis.' In the process, the booklet identifies how 'anti-natalist' and 'pro-natalist' policies in various Third World countries are closely tied with the financial interests of international capitalism and its theories of economic growth and development. The booklet tries to show how a reduction in fertility as propagated by 'family planning programs' is not accompanied by improvements in the overall health and well-being of women and children, especially in the Third World. According to this booklet, a closer look at population policies will show that they are anti-women. Government sponsored 'family planning programs' aimed at 'population control' without enhancing self-determination and well-being of women tend to be oppressive, exploitative and self-defeating. A useful resource for those unaware of the history behind 'population control.'

Stree Urvach Publication, March 1989

For copies contact 4, Dhake Colony, Bombay, 400 058.



Women's Global Network for Reproductive Rights Newsletter

The Women's Global Network for Reproductive Rights is an autonomous network of groups and individuals in every continent who are working for and support reproductive rights for women. According to the Network, reproductive rights means women's right to decide whether, when and how to have children, regardless of nationality, class, ethnicity, race, age, religion, disability, sexuality or marital status, in the social, economic and political conditions that make such decisions possible. Women do not have reproductive rights anywhere in the world, although the conditions in which we are denied those rights may differ. With a small office in Amsterdam, the Network welcomes contact and links with everyone who

supports reproductive rights for women. They produce a newsletter four times a year containing a lot of information on campaigns, activities, research and reports from all over the world that can keep everyone informed of major developments in reproductive health issues internationally. The Network has also put out a call for participation in the 1994 International Conference on Population and Development. For more information and their newsletter they can be contacted at NZ Voorburgwal 32, 1012 RZ Amsterdam, The Netherlands.

RU 486: the "abortion pill"

Introduction
RU 486 is a new drug that can be used to abort a pregnancy. It is a synthetic progesterone antagonist. It is used to abort a pregnancy by blocking the action of progesterone, which is essential for the development of the embryo. RU 486 is used to abort a pregnancy up to 49 days after the last menstrual period.

How RU 486 works?
RU 486 works by blocking the action of progesterone, which is essential for the development of the embryo. It is used to abort a pregnancy by blocking the action of progesterone, which is essential for the development of the embryo. RU 486 is used to abort a pregnancy up to 49 days after the last menstrual period.

How RU 486 is used?
RU 486 is used to abort a pregnancy by blocking the action of progesterone, which is essential for the development of the embryo. It is used to abort a pregnancy by blocking the action of progesterone, which is essential for the development of the embryo. RU 486 is used to abort a pregnancy up to 49 days after the last menstrual period.



RU 486: THE "A BORTION PILL"

This pamphlet is published by Childbirth by Choice Trust in Toronto and contains quite a bit of information about what is being considered as a "breakthrough in birth control technology." RU 486 can be administered to a woman as soon as she knows that she is pregnant and wants to have an abortion. By contrast, a woman must wait until the 6th-8th week before she is able to have a surgical abortion. RU 486 is being used by over 100,000 women in Europe alone. DIVA is wondering which "women" in Europe are using RU 486? Pressure from the anti-choice movement has succeeded in keeping RU 486 out of the U.S. It is not as yet available in Canada and this pamphlet includes an address to send letters to encourage the pharmaceutical company

Hoechst-Roussel Canada to allow Canadian trials of RU 486 as a significant alternative to surgical abortion. Again, DIVA wonders which "women" will they perform Canadian trials upon and whether there will be any accountability to these women in the process.

International Women's Health Coalition

This coalition is a private North American organization working in alliance with women's health advocates, women's organizations, health professionals and government officials in Southern countries, and Northern institutions. Together, they promote women's reproductive health.

Calgary Status of Women Action Committee

Women, Health and Healing

As part of the ongoing quest for good health and well-being, the Calgary Status of Women Action Committee has been hosting a series of gatherings for women since January 1993 till April 1993 to talk about issues of women and health. They want to increase women's knowledge and awareness of the effects of ableism, ageism, classism, heterosexism, racism, and sexism on our health and well-being. The committee is working towards a radically new kind of system, one that respects the integrity and self-healing capacity of the body, one that acknowledges women's right to make our own choices, one that see health as a complex fabric of social, economic, political and environmental influences rather than a purely "medical" concern. They aim at nothing less than a health system transformed from an instrument of human oppression into a vehicle for human liberation!! Topics of discussion in this series are Women's Health: Ideas and Images - A Day of Films and Videos.

The Politics of Women's Health

Reproductive Rights and Freedoms

Health In Our Hands

This information is going out a bit late, but you can contact the Committee at 403-262-1873.

Women Creating Reproductive Freedom

Challenges and Dilemmas
A Critique of Population Control



Illustration by: Photographers' Studio of a Workshop Organized by
Women's Health Interaction and WII in Paris 5.
(March - April 8 1991)

Women Creating Reproductive Freedom

Challenges and Dilemmas: A Critique of Population Control

Published by Women's Health Interaction in Ottawa, this booklet contains findings from a workshop on women's health. It also carries some information about women and reproductive rights from around the world. It even ends with an agenda for action!

Women's Health Interaction can be contacted at 58 Arthur Street, Ottawa, Ontario, K1R 7B9.

Sistren

Women, Sexuality and Health

Sistren magazine covers a variety of issues of concern to Caribbean women and this one touches on women's health issues and reproductive rights. Copies of Sistren magazine are available through Sistren Theatre Collective, 20 Kensington Cres., Kingston 5, Jamaica.





Something Like a War
By Deepa Dhanraj, this film examines the history, implementation and failures of India's Family Planning Program, which was launched in 1952, with western population control experts.



Canadian Campus Safety Conference 1993: The Power of Action

The first of its kind in North America, this conference will be held from **October 7th to 10th, 1993** and is hosted by McGill University Sexual Assault Centre. It will be a four day service oriented conference in which various student organizations from across Canada will facilitate discussion on campus safety issues. These include such issues as: racism, sexual assault and sexual harassment, drug and alcohol use, safer sex, homophobia, and patrol and walk home services. For more information and a conference registration package please contact Anurima Bannerji, Publicity Coordinator at 514-844-6728 or on Thursdays between 12:30 and 1:30 at 514-398-2700.

Sami Yoni

A Journal for Lesbians of South Asian Descent

DIVA warmly congratulates Neesha Dosanj in producing the first ever lesbian of South Asian origin publication in Canada. Sami Yoni was launched during Desh Pradesh in Toronto with the support of diverse lesbians of colour in attendance. The first issue contains a lot of poetry, a few other creative works and beautiful artwork on the cover. We can't wait for the second issue of Sami Yoni



Out Of The Woodwork

Newsletter of Lesbian Youth Peer Support, a political, social and spiritual support group for multiracial lesbian and bisexual women under the age of 26.

DIVA congratulates LYPS on producing its premiere issue of Out of the Woodwork. This newsletter is to inform LYPS members and supporters of current and past events as well as to entertain and educate. The newsletter is a forum for young women to express themselves in less conventional methods. This premiere issue contains poetry, cartoons, photographs, artwork, plus community information. Way to go women!!!

For copies contact Lesbian Youth Peer Support, c/o 519 Church Street, Toronto, Ontario, M4Y 2C9



Our Movements

Artwork: Mariam Khan Durrani

WOMEN'S GROUP PROTESTS

We, the board of directors and staff of the South Asian Women's Centre, Toronto, wish to express our anger and condemnation over the publication of the advertisement in the January 8, 1993 issue for fetal sex determination services by Koala Labs of San Jose, California.

The Centre takes the position that the provision of such services can be viewed as no less than annihilation of the female gender.

The advertising of these services in a publication with a wide audience of persons of South Asian origin, is quite simply the exploitation of gender prejudices which are unfortunately still held in the South Asian community. We find it reprehensible that leaders of the South Asian community, unwilling to allow morality, ethics and human dignity to stand in the face of the "almighty advertising buck", would allow such an advertisement to appear in its paper.

Will it only be a matter of time before we are being provided with information via your newspaper of abortion services for those not satisfied with the sex of an unborn child?

Nirmala Nathan, Sharmini Fernando, Gladys Hoole, Subodhini Nehru, Valerie Adatia, Sartaj Kaur, Mickey Bhatia, Kikee Malik, Louella Mathias, Sunita Albuquerque, Vali Ramalingam, Jasmeet Gill, Vilipu Gandhi, Shemin Merali, Saida Chouhan, Kaneez Mian, Saundravathy S. and Nuzat Alam

South Asian Women's Centre
1022 Bloor St. W.
Toronto, Canada
M6H 1M2
(416) 537-2276

Critiquing the Proposed Bill on Pre-natal Diagnostic Tests, Techniques and Procedures

[Saheli, Voluntary Health Association of India, People's Union for Democratic Rights, Joint Women's Programme, Action India, Medico Friends Circle, and Dr. Inrana Quadeer]

[For circulation among the members of Parliament regarding the proposed bill on pre-natal diagnostic tests, techniques, procedures]

Extent of the Problem

1. In 1974, amniocentesis was being clinically tested in India as a technique for detecting genetic abnormalities, for example, birth defects in Government-run hospitals. The survey outcome of 11,000 couples who had volunteered for this test at All India Medical Institute, Delhi, revealed that the basic motivation for this enthusiastic response had been the possibility of getting to know the sex of the child during pregnancy. Following protest by women's groups, these techniques were banned by the Janata government in 1978 for sex determination in government-run hospitals.

2. In 1979 tests such as amniocentesis became available through private clinics/hospitals for sex determination. By 1980 these clinics began to blatantly advertise these techniques for specific use of sex determination. It is roughly estimated that between 1978 and 1982, 78,000 female foetuses were aborted after sex determination in our country (Times of India, June 1982).

3. The data collected by the government of Maharashtra in 1986-87 showed that from less than ten clinics in 1982 in Bombay city, the number of clinics had gone up to 248 in 1986. These 248 centres where amniotic fluid (fluid from the birth sac) is collected, were linked to sixteen genetic laboratories where the amniotic fluid was tested to determine the sex of the foetus.

These sixteen laboratories were known to receive samples of amniotic fluid from clinics located in towns as far away as 500 km from Bombay.

According to an estimate made by a group of doctors, between 30,000 to 50,000 female foetuses were aborted in a year.

4. A study done by Dr. Sanjeev Kulkarni in Bombay at the initiative of the Maharashtra government in 1986 revealed that 84% of the gynaecologists interviewed were performing amniocentesis for sex determination. These doctors performed, on an average, 270 sex determination tests per month. While most of them had been using amniocentesis for sex determination since the last five years, some had been performing these tests for the last ten to twelve years.

5. According to a report prepared by Garbh Parikshan Virodhi Manch, 2400 tests were conducted in Baroda City alone in 1987. A well known genetic laboratory in Baroda had tested 20,000 samples of amniotic fluid in the last ten years.

6. A Delhi University researcher found that more than 13,000 tests were performed in only one year in seven of the several sex determination clinics in Delhi.

7. Clinics for sex determination are not restricted to urban areas. Places like Bijnor district in U.P., Dhule, Satara and Sangli districts in Maharashtra, or Saurashtra in Gujarat which do not have potable water and electricity, have flourishing clinics for doing amniocentesis.

8. Rural health centres in Gujarat and Maharashtra, where facilities do not exist to examine sputum for tuberculosis or to maintain the cold chain for oral polio vaccine, are sending samples of amniotic fluid in ice packs through courier services to laboratories in Rajkot, Bhavnagar, Anand, Ahmedabad, Baroda, and Bombay for sex determination.

9. In the ten to twelve years since amniocentesis was commercially introduced in India, sex-determination tests have spread to the small towns of Punjab, Haryana, Himachal Pradesh, Delhi, U.P., Bihar, Rajasthan, Gujarat, Maharashtra, and Goa. Sex determination clinics are also reported to exist in Hyderabad (A.P.), Mangalore and Bangalore (Karnataka), Madras (Tamilnadu), Calcutta (West Bengal), M.P. and Orissa.

10. Dr. Pai, President, Health Promotion Society who runs the Pearl Centre at Dadar, Bombay, claims "In our country amniocentesis is essentially done, I can say up to 90%, purely for sex determination of the foetus." "I have yet to come across a person who has come here for the test purely for detection of genetic diseases." (The Lawyers, March 1986, p.5)

11. In the study conducted by Garbh Parikshan Virodhi Manch in Gujarat, out of thirty doctors interviewed, only three were against sex determination tests. The rest said they did not favour the test at a personal level but did it because of the demand for it. They claimed they would stop doing it if the government banned the test. Till then they would continue as their income would suffer if they stopped while others still did it.

12. Advertisements for sex determination appear in almost every newspaper, in trains, buses, through wall writing, hoardings, pamphlets, and letters to doctors.

Recently doctors have started advertising training programs on fetal sexing assuring other doctors that they can recover costs of the training in no time.

13. An Ayurvedic drug "SELECT" is in the market which promises the birth of a male child.

14. Several books have also appeared on the market promoting procedures for sex selection such as diet control, timing of insemination by coitus creating a favourable climate in the vaginal tract by douching, etc.

15. Several new medical technologies are being developed which are capable of determining the sex of the foetus. Among them are:

Testing of fetal cells in maternal blood; Detecting levels of testosterone in amniotic fluid or maternal blood; Determining the sex of test-tube embryos.

16. The most common and routinely (mis)used technique for sex determination purposes today is ultrasonography. Due to the wider applications of this technique in general gynaecological and obstetrical practice, i.e. for detection of growth deviation and establishing placental implantation, it becomes much easier to (mis)use it for sex determination under the guise of antenatal care. The regulation and control of such tests/techniques/procedures as ultrasonography thus becomes imperative under the proposed central legislation.

17. Several techniques are also being developed for sex pre-selection, i.e. techniques for separating X and Y chromosome bearing sperms in-vitro (outside the body). The methods being tried include sedimentation or centrifugation, Ericsson's methods, Electrophoresis, ion exchange through resins, floatations, etc.

18. Demand for legislation has been raised in Himachal Pradesh, Punjab, Orissa, Haryana, Tamilnadu, Gujarat, Goa and Maharashtra. In addition, there has been continuous demand for central legislation.

19. The state of Maharashtra has enacted legislation in 1988 while Gujarat and Goa have introduced legislation in the state assembly.

Race, Class and Reproductive Freedom

Women Must Have Real Choices!

by Linda Gardner

Over 250,000 women, most of them women of colour, die every year from illegal abortions, and millions of others suffer serious complications.

Prior to 1969 in Canada, illegal abortion was the most common cause of maternal death, and in 1991 when criminal restrictions were being debated in parliament, a young woman, Yvonne Jurewitz, died of a self-induced abortion. Abortion is restricted and under attack by governments and right wing forces around the world who have targeted it as a symbol of women's emancipation.

Our experiences in the reproductive rights movement demonstrated the critical importance of an anti-racist, class analysis. We both worked for a number of years in the Ontario Coalition for Abortion Clinics (OCAC). We tried to build a political practice which learned from the struggles of the past, took up the concerns and challenges of working class women and women of colour. This differentiate OCAC from other abortion rights campaigns.

Historically, many organizations working for abortion rights and family planning accepted the ideology of the eugenics movement. They wanted to limit population growth as a solution

to world problems particularly targeting the working class, the poor and people of colour. In the 1970s, 35% of all women in Puerto Rico had been sterilized. Between 1973 and 1976, 3,406 women were sterilized at one Indian Health Services Hospital in Oklahoma...representing one quarter of the aboriginal women admitted to the hospital. These groups promoted a racist and class biased view which has resonated today among population control organizations.

Other pro-choice organizations, which may not have taken up an eugenics position, adopted an equally problematic perspective. They isolated abortion as a single issue, solely lobbying for the legal right to abortion but not addressing broader implications as they affect working class women and women of colour.

OCAC was formed in 1982 when women health care workers from the Immigrant Women's Health Centre, Hassle Free Clinic and Birth Control & VD Information Centre in Toronto felt they must challenge a system which was denying access to abortion to the women they were seeing. In 1969, abortion was legalized in Canada if it was performed in an accredited hospital with the approval of a therapeutic abortion committee.

The legal right to abortion, as important as it is, is meaningless unless all women have access to services which can make that right a reality. For example, low income women no longer had the right to make the decision to have an abortion. The first fatality was Rosie Jimenez, a Chicana woman from Texas, who was forced to go to a backstreet abortionist because she couldn't afford the cost of a legal abortion. In the U.S. in 1969, 75% of the women who died from illegal abortions were women of colour. In spite of this lack of access, the mainstream pro-choice movement in the United States, does not call for free abortion, but concentrates on legal rights.

We fought for an anti-racist class perspective and began the process of building an organization that took seriously the fact that we live in a world where inadequate wages make women the largest percentage of the poor, where racism is systemic, where women are subject to rape and violence, sexual and racial harassment and still bear the major responsibility for domestic work and childcare. It is in this context that OCAC raises the demand for abortion rights.

Today, in Ontario, abortion is fully covered in hospitals and the four free-standing clinics due to the struggle in this province. In other provinces such as Nova Scotia, Newfoundland and Alberta the provincial governments are refusing to pay the full costs of clinic abortions and there are not enough services available in the hospitals to meet the need. In many areas of the country, there is no access or very little access to abortion and the fight must continue until every woman has reproductive freedom guaranteed. Abortion is entirely unavailable in Prince Edward Island. In Northwestern Ontario, aboriginal women must make three trips off the reserve to obtain the procedure which is a totally unnecessary burden and destroys

any confidentiality. Reanna Erasmus, an aboriginal woman who has been active in the struggle for abortion rights tells how on some reserves band chiefs have learned the names of women having abortions and tried to convince them to change their minds.

In 1992, the government of Saskatchewan was considering de-funding hospital abortions, giving into anti-choice pressure through cut-backs to health care. This was fought by pro-choice groups in the province as well as outside organizations such as OCAC. In the U.S., the government denies low income women abortion rights but it still pays 90% of the cost of sterilization. Angela Davis, a black anti-racist activist, has said that when abortion is denied and sterilization is available that this constitutes coerced sterilization. Prior to the overturning of the federal abortion law, the therapeutic abortion committees became a primary mechanism for coerced sterilization. In a number of instances, doctors denied women abortions unless they agreed to be sterilized. The Immigrant Women's Health Centre and the Birth Control and VD Information Centre documented reports from women who were subject to this coercion.

OCAC has differentiated itself from most pro-choice groupings in North America by continually trying to address the needs of working class women and women of colour in its struggle for reproductive rights.

OCAC's immediate goal is to work to repeal a racist, sexist, and class-based abortion law and fight for expanded services which would provide free abortion to those who were being denied.

If you are interested in getting involved with OCAC, please call Linda Gardner at 531-0867.

(Excerpts from an article written for DIVA)

STOP THE INTRODUCTION OF NORPLANT (R)

[Action India, All India Democratic Women's Association, Ankur, AIDS Bhed Bhav Virodhi Andolan, Jagori, Karmika, Kali, I.S.S.T., Centre for Women's Development Studies, Saheli, Y.W.C.A., National Federation of Indian Women, People's Union for Democratic Rights, Purogami Mahila Sangath Sangathan, Sabla Sangh, Mahila Dakshata Samiti, Shakti Shalini, Joint Women's Program.]

We object to the introduction of NORPLANT (R) in the Family Planning Programme, under pressure from the U.S. Government because it has not been adequately tested. While on the one hand our government has cut down expenditure on the National Programme for eradication of Malaria and Tuberculosis, pleading paucity of funds by Rs. 25.5 crores, it is proposing to undertake an aid to the tune of Rs. 800 crores just for the state of Uttar Pradesh for a population project involving the use of NORPLANT (R). This lopsided allocation of scarce resources is a clear indication of the overriding importance of the family planning programme in the eyes of our government. It is now prepared to sacrifice the health of the citizens of this country to promote family planning. This government is not even interested in finding



Artwork: Kyo Maclear

out the hazards of NORPLANT (R) before embarking on a mega plan involving its use.

NORPLANT (R) consists of a set of six match stick size tubes which are filled with a chemical. When implanted in the arm of a woman, the chemical leaks into the blood and provides contraceptive protection for five years.

Insertion as well as removal of NORPLANT (R) requires surgery. Not only this, women have to undergo exhaustive medical examination to rule out contraindications. While the implant is in place a woman can suffer from many severe adverse reactions. These include depression, heart disease, thromboembolism, blood pressure, ovarian cysts, etc. Hence any responsible program advocating NORPLANT (R) can only be carried out by a sophisticated health service. It is

clear that the health services in our country are nowhere near the mark. Are our rulers unaware of this? We believe that the government is deliberately choosing to ignore this reality.

NORPLANT (R) is only one of many long-acting contraceptives. Many such contraceptives are being developed, these include injectables, vaccines, nasal sprays, vaginal rings, etc. All of these have some similarities, one being the complete loss of user control. Unlike a pill or Copper T which a woman can easily discard in case of complications, removal of NORPLANT (R) can only be done by specially trained doctors. Even doctors are unable to reverse the effects of injections or vaccines. In fact, user acceptance is not even necessary in case of injectables and vaccines. All these contraceptives are potentially hazardous and can impair fertility permanently.

The problems of hazardous contraceptives are now being compounded by methods of distribution. All along the government has been maintaining that one of the major objectives of the Family Planning Program is an improvement in the health status of women. We fail to understand how this will be achieved by "social marketing" of contraceptives which require medical supervision. Social marketing will help reach contraceptives to places where our health services have failed to reach. This is yet another indication that our government has no intention of improving the status of health services. Under these circumstances introduction of NORPLANT (R) would amount to spreading a new epidemic among healthy young women. In doing all this, our government has the ideological support of first world intellectuals. These intellectuals deal with our population as a mere statistic which can be as much controlled by elimination as by arresting its growth. As a result, they are openly advocating the withdrawal of child survival programs as a means of dealing with the population problem. They also go to the

extent of suggesting that hazardous and polluting industry be located in the Third World because the lives of our people are cheap.

We are opposed to this anti-people attitude. While it is true that women desire contraceptives and it is the job of our government to provide safe contraceptives freely, this can by no means be achieved by social marketing or by the use of NORPLANT (R).

In view of the above, we demand that:

1. All plans for introduction of NORPLANT (R) in the Family Planning Program be dropped immediately.

2. The introduction of any other long-acting invasive contraceptive such as NET-EN, vaginal ring, nasal spray, anti-fertility vaccine, etc. be banned, both on the grounds of inadequacy of the health services and loss of user control.

3. Information on safety aspects of NORPLANT (R) and the basis on which the Drugs Controller has granted his approval be made public. It is imperative that the data on procedural complications, adverse effects, return of fertility and research design be made public. This information should also include the current health status of all women who have ever been recruited for the trials with any version of NORPLANT (R).

4. Each and every one of the hundreds of women who still have the ineffective implant within their bodies should be located and her implant be removed most expeditiously.

5. All hormonal contraceptive preparations be banned in the social marketing program as their use involves extensive monitoring. This should also hold for any new contraceptives which require medical supervision.

Women's Voices '94

In September 1992, women's health advocates representing women's networks in Asia, Africa, Latin America, the Caribbean, the U.S. and Western Europe, met to discuss how women's voices might best be heard during preparations for the 1994 Conference on Population and Development and in the conference itself. The group drafted a "Women's Declaration on Population Policies," which was reviewed, modified and finalized by over 100 women's organizations across the globe.

PREAMBLE

Just, humane and effective development policies based on principles of social justice promote the well-being of all people. Population policies, designed and implemented under this objective, need to address a wide range of conditions that affect the reproductive health and rights of women and men. These include unequal distribution of material and social resources among individuals and groups, based on gender, age, race, religion, social class, rural-urban residence, nationality and other social criteria; changing patterns of sexual and family relationships; political and economic policies that restrict girls' and women's access to health services and methods of fertility regulation; and ideologies, laws and practices that deny women's basic human rights.

To assure the well-being of all people, and especially of women, population policies and programs must be framed within and implemented as a part of broader development strategies that will redress the unequal distribution of resources and power between and within countries, between racial and ethnic groups, and between women and men.

Population policies and programs of most countries and international agencies have been driven by demographic goals than by quality of life goals. Population size and growth have often been blamed inappropri-

ately as the exclusive or primary causes of problems such as global environmental degradation and poverty. Fertility control programs have prevailed as solutions when poverty and inequity are root causes that need to be addressed. Population policies and programs have typically targeted low income countries and groups, often reflecting racial and class biases.

Women's fertility has been the primary object of both pro-natalist and anti-natalist population policies. Women's behavior, rather than men's has been the focus of attention. Women have been expected to carry most of the responsibility and risks of birth control, but have been largely excluded from decision-making in personal relationships as well as in public policy. Sexuality and gender-based power inequalities have been largely ignored, and sometimes even strengthened, by population and family planning programs.

FUNDAMENTAL ETHICAL PRINCIPLES

1. Women can and do make responsible decisions for themselves, their families, their communities, and, increasingly, for the state of the world. Women must be subjects, not objects, of any development policy, and especially of population policies.

2. Women have the right to determine when, whether, why, with whom, and how to express their sexuality. Population policies must be based on the principle of respect for the sexual and bodily integrity of girls and women.

3. Women have the individual right and the social responsibility to decide whether, how, and when to have children and how many to have; no woman can be compelled to bear a child or be prevented from doing so against her will. All women, regardless of age, marital status, or other social conditions have a right to information and services necessary to exercise their reproductive rights and responsibilities.

4. Men also have a personal and social responsibility

for their own sexual behavior and fertility and for the effects of that behavior on their partners' and their children's health and well-being.

5. Sexual and social relationships between women and men must be governed by principles of equity, non-coercion, and mutual respect and responsibility. Violence against girls and women, their subjugation or exploitation, and other harmful practices such as genital mutilation or unnecessary medical procedures, violate basic human rights. Such practices also impede effective, health - and rights-oriented population programs.

6. The fundamental sexual and reproductive rights of women cannot be subordinated, against a woman's will, to the interests of partners, family members, ethnic groups, religious institutions, health providers, researchers, policy makers, the state or any other actors.

7. Women committed to promoting women's reproductive health and rights, and linked to the women to be served, must be included as policy makers and program implementors in all aspects of decision-making including definition of ethical standards, technology development and distribution, services, and information sharing.

To assure the centrality of women's well-being, population policies and programs need to honor these principles at national and international levels.

MINIMUM PROGRAM REQUIREMENTS

In the design and implementation of population policies and programs, policy makers in international and national agencies should:

1. Seek to reduce and eliminate pervasive inequalities in all aspects of sexual, social and economic life by:

2. Support women's organizations that are committed to women's reproductive health and rights and linked to the women to be served, especially women disadvantaged by class, race, ethnicity or other factors, to:

3. Assure personally and locally appropriate, affordable good quality, comprehensive reproductive and sexual health services for women of all ages, provided on a voluntary basis without incentives or disincentives, including but not limited to:

4. Develop and provide the widest possible range of appropriate contraceptives to meet women's multiple needs throughout their lives:

5. Ensure sufficient financial resources to meet the goals outlined above. Expand public funding for health, clean water and sanitation, and maternity care, as well as birth control. Establish better collaboration and coordination among UN, donors, governments, and

other agencies in order to use resources most effectively for women's health.

6. Design and promote policies for wider social, political and economic transformation that will allow women to negotiate and manage their own sexuality and health, make their own life choices, and participate fully in all levels of government and society.

NECESSARY CONDITIONS

In order for women to control their sexuality and reproductive health, and to exercise their reproductive rights, the following actions are priorities:

1. Women Decision Makers - Using participatory processes, fill at least 50 percent of decision-making positions in all relevant agencies with women who agree with the principles described here, who have a demonstrated commitment to advancing women's rights, and who are linked to the women to be served, taking into account income, ethnicity and race.

2. Financial Resources - As present expenditure levels are totally inadequate, multiply at least four-fold the money available to implement the program requirements listed in this Declaration.

3. Women's Health Movement - Allocate a minimum of 20 percent of available resources for women's health and reproductive rights organizations to strengthen their activities and work toward the goals specified in this declaration.

4. Accountability Mechanisms - Support women's rights and health advocacy groups, and other nongovernmental mechanisms, mandated by and accountable to women, at national and international levels, to:

Meeting these priority conditions will ensure women's reproductive health and their fundamental right to decide whether, when and how many children to have. Such commitment will also ensure just, humane and effective development and population policies that will attract a broad base of political support.

If you are a woman, a women's organization, in a bureau or an agency working on behalf of women, a family planning clinic, abortion clinic or a population or development organization, please contact Carmen Diaz-Olivo of the International Women's Health Coalition, 24 East 21st Street, 5th Floor, New York, NY 10010, Fax: (212) 979-9009 to receive a form to send your signature or endorsement.

Fact Sheet on Reproductive Rights

Reproductive rights is an important civil rights battle being fought by disabled feminists, both individually and collectively. This includes the right to have a baby, the right to adopt children, the right not to have children and to have access to abortion clinics, the right not to be sterilized without informed consent, the right to know about birth control and its side effects, and the right to access the health care system.

✦ *Because of the shortage of housing in the community for persons with all types of disabilities, many women are forced to make an institution their home. Sexuality in institutions is most often denied and repressed.*

Sterilization is the preferred form of birth control practised by institutional staff over teaching women how to use other forms of birth control. In the past they have been sterilized without their consent to spare the institution the embarrassment of pregnancy or the mess of cleaning up menstrual blood.

Women with disabilities in institutions are not encouraged or assisted in getting pap smears

✦ *In recent years, institutional staff and members of the medical profession have administered Depo Provera, (a form of birth control given by needle) women with both mental and physical disabilities, without informing them of the side-effects of this medication. Up until this year Depo Provera had not been approved for use as a contraceptive in Canada because of the concerns around the possible link between this drug and cancer as*

well as other dangerous long-term side effects.

Through a loophole in our legislation, however, Depo Provera has been given to women with disabilities for many years in Canada.

A study conducted by Donald Zarfes of the University of Western Ontario indicates that the death rate among disabled women who have taken Depo Provera is significantly higher than normal.

In an Ontario study done on 533 women with intellectual impairments who were injected with Depo, 21 women died. There was also a noted increase in the frequency and severity of epileptic seizures. Fifty-nine of the women experienced visual impairments with an additional 31 totally losing their sight. Other disabling effects associated with the use of this drug included depression, loss of hair, limb pain and diabetes. (Jani Sarra, "The Case Against Depo-Provera", Healthsharing (1982)

✦ *Basic sex education and information is not provided to disabled women and girls. Birth control counselling centres are often physically inaccessible and the material in these centres are not produced in a useable form for women with visual disabilities. Technical Devices for the Deaf (T.D.D's) to allow deaf and hard of hearing women to communicate with these centres are not provided. As of yet, generic services have not met the information needs of women with disabilities.*

DAWN Toronto - 122 Gault Ave., Toronto, Ontario, M4M 2Z3.

KIRANJIT AHLUWALIA IN BRITAIN WINS FREEDOM!!

Kiranjit Ahluwalia, jailed for life for killing her violent husband by setting fire to him, was freed at the Old Bailey on 25 September, 1992 after her plea of guilty to manslaughter on grounds of diminished responsibility was accepted. Kiranjit was granted a re-trial by the Court of Appeal in July.

Closer to home

A Call for Support to Bibi

Nazseer:

On August 21, 1992, Bibi was charged with second de-



gree murder in the stabbing death of her husband. Bibi, who is now out on bail, is a mother of three children, ages 12, 9 and 1. She is originally from Guyana, and she now lives in the Markham area, where there is limited support services available for a woman of color.

Bibi's preliminary hearing begins May 3, 1993, in the Newmarket Courthouse. She needs a strong show of support by people who understand the issues of violence against women.

Anyone interested in supporting Bibi, please contact us at DIVA or Please contact Shirley Gladstone at 691-7536

Way to go, Sunera! 👍

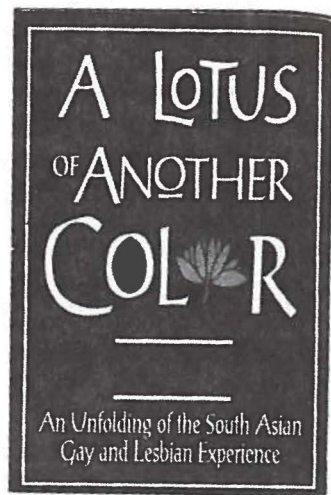


Sunera Thobani becomes the first woman of Colour to represent NAC at the national political scene. We, at Diva, feel proud, joyful, and appreciative. We feel proud that a South Asian woman has fought, and won, a battle against racism within NAC making this largest lobby organization of women in Canada, to show some commitment to anti-racism by choosing a non-white leader for the first time in it's history. It is a moment of joy that the chosen one is not only a woman of Colour but someone who also has a strong voice on issues of racism, sexism, and classism. Sunera's grassroots organizing around anti-racism, New Reproductive Technologies and equity rights in Vancouver, within and without NAC, has gained her this confidence where we feel we might be better off, as women of Colour, with Sunera at NAC.

We are appreciative. For many reasons. Most pressing: heading a predominately white women's organization in a predominately white socio-political system is a tough job. Almost a set-up. Our apprehensions, rang true the very next day of Sunera's appointment when a Tory MP came out with the biggest infliction of white people i.e. confusing the words "Canadian" and "white" (a "Canadian" is a white person, an immigrant is a coloured person). This ingrained assumption was hurled at Sunera attempting to disqualify her from holding the office and to discredit NAC as a democratic body. This brought issues of gender and race together for women of this country more clearly than every before. What a beginning...

The First Ever Anthology of Lesbians, Gays and Bisexuals of South Asian Origin.

Rakesh Ratti, editor
Alison Publications, Boston, 1993



"The hardest struggle for me has been, in general, to be a sexual being as a woman, and particularly so growing up in India, where women (at least those from the middle-class) are not supposed to be sexual at all. In India, homosexuality is closeted for sure, but hell, even heterosexual sex before marriage is a big deal. For me to say that I have sexual relationships is an achievement. . . ."

The scent of roses.

"In December of 1987, policewomen Lila Namdeo and Urmila Srivastava of the Twenty-Third Battalion, stationed in the outskirts of Bhopal, India, capped their year-long close friendship by marrying each other. The wedding consisted of a simple ritual of exchanging garlands, a gandharva vivah, conducted by a Brahman in a Hindu temple at Sagar. Their parents, who had consented to the wedding, were also present at the ceremony. However, the news was not received well at the barracks. The women were discharged without a show of cause or notice and dumped at the Bhopal railway station in the dead of the night. According to Lila and Urmila, they had been kept in isolation and not given food for forty-eight hours. They were also coerced into signing papers they had not read. The news caused an uproar in the media, but much of the debate around their marriage skirted the issue of sexuality in general and homosexuality in particular. . . . the unusual marriage, served to bring the taboo of sexuality out of the closet . . ."

Inverting tradition: The marriage of Lila and Urmila.

"The Kinsey report (a watershed report on sexuality published in the United States in 1948) concluded that 'nothing in American society has more influence upon present-day patterns of sexual behavior than the religious backgrounds of that culture . . . ancient religious codes are still the prime source of the attitudes, the ideas, the ideals and the rationalization by which most individuals pattern their sexual lives.' If this is so, then the incidence of exclusive homosexual behavior and of bisexuality in India is bound to be far more than the figures documented for the United States. In fact, we do not need an Alfred Kinsey to discover the rich possibilities of same-sex eroticism and to appropriate these in the form of modern gay sexuality. It's all there in our art, culture, religion, philosophy, and sculpture . . ."

Homosexuality in India: Culture and Heritage.

"Being a feminist man also means acknowledging that I can be supportive of women's struggles but cannot paint myself as some sort of savior; that would be presumptuous and a perpetuation of the male-in-power thinking . . . "As a feminist, gay man, I can serve only an auxiliary purpose, and I must be satisfied with that role . . . "

Feminism and men.

"Arka and Lakshmi both come from the Indian state of Bengal. They are both bisexual, are happily married, and have been together for many years . . . here they chart their experiences . . ."

Extended Family.

"Dupitara Chowdhury and Nandini Datta are two lesbians living and loving together in Bombay. . ."

Breaking Silence.

40 Plympton St.
Boston, Massachusetts
02118

Celebrating

The 2nd National Gathering of Women of South Asian Origin Against Sexual Violence & Abuse



Beginning a process... Sudha Coomarasamy

Over 200 South Asian women came together from across Canada and United States in this three-day gathering to discuss issues of sexual violence and abuse of women. The Gathering, focused on service providers and community activists, was organized to create safe spaces for women to discuss: various forms of sexual violence and abuse of women; accessibility of predominantly white structured organizations with reference to cultural, linguistic barriers due to racism, sexism and homophobia; accessibility of South Asian services with reference to sexism, class/casteism, communalism and homophobia; new models of service delivery; effective outreach strategies; and the need for integrated action.

The materials produced by the Gathering are in the process of being compiled. The forthcoming [Sept. 1993] Special Issue of *Divya* will document all papers presented at the Gathering; parts of discussion and recommendations.

Building a national network of women of South Asian origin was the most important recommendation passed by the Gathering. Shree Mulay, one of the organizers of the first national conference of South Asian women organized by South Asian Women's Community Centre [against family violence], was committed to see that something concrete takes shape as a result of this Gathering.

Basis to Work Together

Commit to the self-empowerment of women of South Asian origin through fighting against sexism, racism, homophobia, bi-phobia, classism, casteism, ageism, and other forms of oppression.

Objectives

1. Network among members of South Asian origin through newsletter.
2. Information sharing with equity seeking organizations in South Asian and other communities.
3. Lobbying according to the mandate as outlined in the Mission Statement.

Membership

Full members: South Asian women's organizations and Individual South Asian women

Affiliate Membership: South Asian community organizations, individual women, and women of Colour organizations.

Organizing Committee Members

The Toronto-based group so far is; Tamil Women's Organization, South Asian Family Support Services, South Asian Women's Centre, Villipu, Cross-Cultural Communications Centre, Diva, and Bamathy Ravi.



*In Conclusion...
Chandra Budhu*



Building Coalitions Among People of Colour

by *Nada El-Yassir*

Yesterday, when I was thinking of what to say to you, I thought of the things we had in common and several things come easily to mind:

- ◆ A colonial history in our countries of origin
- ◆ A post-colonial secular tradition which is being slowly eroded by religious fundamentalism in India and the Arab world, with repercussions here in the West
- ◆ The racism which we face here (during the Gulf War, it was curious how those American and European patriots could not distinguish between Arab and South Asian in their attacks)
- ◆ That many of us have a history of multiple migrations and exiles

But I keep going back to one thing again and again in my mind after hearing Edward Said's lectures on culture and imperialism and Arabs in the West. I keep going back to the reason why we are here.

It has always amazed me to hear the figure that by 1914, Europe held 85% of the entire earth's surface as colonies and areas of dominion. The U.S. took over from Europe shortly afterwards and today, make no mistake, we are still living in the shadow of imperialism; as the economic gulf between North and South attests to. We are witnessing new forms of economic imperialism, through world monetary and financial institutions dominated by the North that dictate structural adjustment programs and inflict free trade policies globally. De-colonization and this new face of imperialism have produced destructive forces of nationalism and religious fundamentalism, fueled world wide by anger and despair at having so little control over resources and destinies. They have also produced huge population displacements. Many of us can trace our presence here to just such a process of imperialism and decolonization.

Together with those of other Asian, First Nations, African and Latin American origin living in the West, we share a cultural displacement and that unique position of bridging at least two cultures, understanding both and constantly struggling with both.

I think that because of our constant drifting in-between cultures, we are also producing new "hybrids." Some of the most creative and exciting art forms (in music, Bhangara and Rai music are just two examples), are produced by people like us and Desh Pradesh is living testimony to that.

Of course, apart from our national and cultural identities, we struggle on many different levels against oppression based on race, class, gender, sexual orientation and ability . . . We have a multitude of identities. Ironically, this, in my opinion, is what is hampering us from building effective coalitions. We are getting lost in identity politics. I do not deny the importance of identity. As a Palestinian woman, I can not be so hypocritical. What I am advocating, however, is a mediation process that can help us work through, and not around, our multiple identities, joining us around our common struggle against oppression of all kinds. A process that can only work through constant dialogue and education, where we would learn not only about our own identities, but that of others and what we have in common. That is, steering away from comparing the diameters of our wounds, a phenomenon which is wide spread in our movements right now and which leads us to nothing but frustration.

With the backlash against us as women, people of colour, working class people, lesbians and gays, we tend to forget the potential force of our collective disenfranchisement. We are the force of instability here in the West. As we change the demography in this society, we play by no means a secondary role in the so-called First World.

Desh Pradesh

141 Bathurst St.
Toronto, Ontario
M5V 2R2
(416) 601-9972

Desh Pradesh
invites you to
attend a community
meeting,

"Rap On".

(Post-Desh analysis)
At their office, June
6th, 6 p.m.

All Welcome!

INTERNATIONAL WOMEN'S DAY 1993





Falsely Accused of Blasphemy
Akhtar Hamid Khan in Pakistan,
by a member of fundamentalist extreme right party
risks *DEATH PENALTY* or life imprisonment
29TH APRIL (NON-BAILABLE WARRANT RE-ISSUED)

Dear friends,

We urgently request from you to support A.H. Khan.

All Pakistani women's organisations and NGO support the case but need important international support NOW.

You already know the case of Akhtar Hamid Khan through our two Alerts (November 1992 and 12 & 18 March 93). You know that "blasphemy" is defined by the Pakistan Penal code as defiling the name of the Prophet not only in words or in writing but also by "any imputation, innuendo or insinuation, directly or indirectly" and that it is punished by "death or imprisonment for life".

News from Pakistan.

The complaint is a Jamaat-e-Islami amir (from the extreme right fundamentalist party) and also a lawyer, who produced as sole evidence a supposed tape recording of A.H. Khan which he categorically denies and which is inaudible. If, in spite of all official stands of both secular, political and religious leaders in support of A.H. Khan, the case is still pursued, it clearly shows that the Jamaat-e-Islamic network has been activated to campaign against A.H. Khan.

SEND TELEGRAMS TO SAVE HIS LIFE

It shows the growing threatening power of fundamentalists.

*to: The Chief Minister of Punjab
The Chief Minister's House
7 Club Road, G.O.R. I
Lahore, Pakistan*

*The Prime Minister
Prime Minister's Secretariat
Islamabad
Pakistan*

...And also, if you can, to:

1. Ch. Shujaat Hussain, Ministry of Interior, Islamabad, Pakistan. Fax No: 51 811 472
2. Gauhar Ayub, Speaker, National Assembly, Islamabad, Pakistan.
3. Minister of Law and Parliamentary Affairs, Islamabad, Pakistan. Fax NO.: 51 811 472

Women Living Under Muslim Laws
International Solidarity Network
Postal Code: 23-34790
Grabels, France

THE NATION BETRAYED

Today our nation is in crisis. Our democracy is in peril. The destruction of the Babri Masjid was not a simple act of vandalism. It was a brutal attack on the very foundation of our nation - systematically planned, publicly announced and openly supervised by the largest opposition party which had sworn to uphold the rule of law. The BJP (Bharata Janata Party) has betrayed the Indian people by breaking its repeated promises to abide by the constitution and the directives of the Supreme Court.

The BJP's presence of being nationalist and democratic has been exposed as a fraud. Its claim to represent all Hindus is false. Even the one-fifth of the vote it got, was not for the demolition of the mosque. Democracy cannot mean silencing the minorities, whether ethnic, religious or political.

The destruction of the Masjid is meant to terrorize and humiliate all those who do not agree with Sangh Parivar's fascist politics. It was these very forces who killed Gandhi for combating hatred - and he died with the name of Ram on his lips. Today in the name of Ram a blood bath is being conducted. Can we remain mute witnesses to this carnage? To the fear and helplessness amongst Muslims in India today? The sense of despair and betrayal they feel is a stain on each one of us who remained silent so far.

The Central Government is guilty for not honouring its commitment to protect the Babri Masjid. To atone, it must restore the sanctity of the Indian constitution by immediate and exemplary action.

If not, an additional consequence will be the strengthening of communal and secessionist forces throughout the country.

The violent reactions in neighbouring countries are equally reprehensible but the Sangh Parivar was fully aware of the international consequences of their ac-

tions. The killings that have followed the destruction of Babri Masjid are a direct consequence of their politics of Hindutva.

Many Indians who are sickened by the events at Ayodhya and its aftermath are still silent. It is now time for all of us to act. Let us show the BJP and its allies that India is not for burning.

Let Us Ensure:

● *That the communal violence is immediately curbed, and the riot affected are provided protection and compensation.*

That the Masjid is rebuilt at the same site.

● *That exemplary and deterrent punishment is meted to those guilty of destruction of the Masjid and subsequent violence.*

● *That the members of parliament and state legislatures who violated their oath are impeached.*

● *That the Election Commission strictly monitor and enforce the people's representation act so that communal propaganda during elections is heavily penalised.*

● *That all secular & democratic political parties and forces unite to isolate and combat the BJP.*

Violence Against Women During Times of Political Strife

by Samina Sami

A DVA workshop on "violence against women during times of political strife" became the spawning ground for a fervent and persistent group from Canada and the United States to come together and strategize around ways of addressing the political violence that is being meted out against women in South Asia. Many of the women in the group were actively engaged in initiatives to mobilize action against political and religious violence in South Asia, but this was the first opportunity they had to link with one another.

As we gathered together after the workshop, we were anchored by our mutual concern for violence against women but we also brought together concerns for our respective countries of origin. Some of the women expressed a need to address the lack of attention given to the ongoing rape and torture of Sri Lankan women by communal and military forces. Others debated how to combat the rise of religious extremism in India and the resulting fall out for minorities. In addition, the treatment of women and minorities in Bangladesh and Pakistan was seen as warranting equal concern.

Regardless of regional issues, there was consensus that communalism and religious extremism thrive on targeting women for political agendas. There was also agreement that violence against women must be recognized as a human rights violation under the Geneva Convention and that refugee women from South Asia need better support and settlement services here in Canada. Thus, we understood that as South Asian women living in the diaspora these issues are our issues irrespective of the country of origin. The challenge for the group then became how to collectively raise our voices in unison, yet also adequately address the unique geo-political forces that propagate violence in the various regions of South Asia.

The group met independently through out the course of the conference to work on this challenge. However, with increasingly little time on our hands and complex issues that continued to spiral, we realized that we as a group needed to meet, talk, and network long after the conference.

There exist many individuals, groups, and networks in Toronto, Ottawa, Montreal, Vancouver, and New York who are working on issues of political and communal violence in South Asia. We encourage others to get involved.

The following statement was written in response to the violence that was carried out against Muslims after the destruction of the Babari Mosque (Adodhya, India). It was read out at the DVA conference. There was a

suggestion made that the statement should include all South Asian women. A group of women representing various regions of South Asia attempted to re-work the statement but were unable to develop a final draft by the end of the conference. The statement is presented in its original form.

We look to support from other women who wish to develop another statement that included violence against women in all of South Asia and would like to work on these issues.

statement

"The violence that swept India in the aftermath of the Babari Mosque destruction was accompanied by the organized and brutal rape of Muslim women.

New reports from India tell of mass gang rapes and murders of Muslim women. As family members were torched to death, the women were isolated, raped in public, and often murdered. These stories are accompanied by the alarming report that some of the rapes and murders were intentionally video taped by the aggressors. The absence of police protection through out this violent episode was widely reported by journalists and the human rights organization Asia Watch.

The events in India serve as a compelling reminder of the connection between our struggles at this conference and those of our counterparts in South Asia. We are aware that women will continue to be vulnerable to violence for the sake of religious or political agendas. We are reminded that police and other agents of protection have always reluctantly extended their arm to women. And perhaps most disturbing is that history and personal experience tells us with painful certainty that few if any of those violated in India will have their stories addressed by the justice system nor will their violators be punished. We must care. We must act. The *DIVA* collective and supporters of *DIVA* can act by issuing a strong statement of condemnation at the conference; take a moment of silence to acknowledge those who have been killed and raped, support the efforts of anti-communal forces both here in Canada and abroad; and put pressure on the Canadian and Indian government to address issues of human rights violations against women and minorities."

Samina co-coordinates the Peel Host Program for new immigrants, and does anti-racist, social justice work.

What are we to believe about *Communal Relations in India?*

...We have seen that it is mostly the political parties who are responsible for the communal situation in India. The Congress (I) turned to playing the communal card in Punjab and other places when it ran out of more "secular" slogans such as Garibi Hato. The BJP, and the groups associated with it, have always played the communal card for their own ends. But why did they push things as far as they have recently? Was it because they are now in competition with the Congress (I), and the only way they could unite different Hindu groups who differ among themselves on many points—whether or not to reform caste, whether or not to have reservations for scheduled and backward castes—is to focus on some other group outside of themselves? So they point fingers at other people and say the state is favouring the minorities. But when you think of how few benefits the Muslims, or for that matter the majority of Indians—enjoy, do you not wonder whether or not they say this because they too have no real program for creating employment or for satisfying the needs of all?

But it is not only the parties that we must hold responsible but also ourselves: not just those who agree with the spreading of hatred but also those who remain silent and allow this to continue. They allow these political parties to succeed in their plans.

We must also remember that we do have something important to defend. There has been a tradition of tolerance that has been practised for centuries in the subcontinent by people of all faiths. From Gautam Buddha, Kabir and Akbar, to Gandhi, independent India's martyr in the cause of inter-religious harmony, this has been a long-standing and revered tradition. It is an outrage that the murderers of Mahatma Gandhi should make monopolistic claims about our culture and tradition, while we stand by and watch them destroy deep-rooted values...

For more information, write to:

Concerned South Asians

c/o EKTA - New York

P.O. Box 263

New York, NY 10034

(718) 388-0621 (212) 865-4934

(718) 859-9391 (212) 749-5719

REVERIES OF A RIOT

by Veena Gokhale

The riot has been raging outside Mira's window for more than two days now. The window large and square, lacey, white curtains frame it on the inside. A second set of curtains, rough-textured *khadi* with maroon and yellow stripes, protect the lace from the searing heat of the sun. They keep out the glare on reclining Sunday afternoons when Mira reads, dozes, embroiders or listens to Hindustani classical music until the lazy softness of a stretching cat steals over her.

The window has remained shut now for two days. So has their front door. They haven't stirred out while the curfew flickers on and off, like a light bulb gone crazy. Mira is nearly out of fresh milk and running low on vegetables.

During this time of enforced rest, Mira returns to the window again and again. She sits at some distance from it, curled up on the overstuffed sofa or straight up in the old, rocking chair. Or down on the carpet, knees drawn to her chin, contemplating the window. The window has become not something to look out of, but something to look at.

On the first day of the riot, Mira and her husband Mihir were getting ready to go to work when they heard shouts, the sound of running feet, breaking glass and then a gunshot. They rushed to the window, Mihir putting out a restraining hand to prevent Mira from sticking her head too far out.

All they saw at first were three men running away. And broken glass on the pavement opposite their apartment building. Either the tailoring shop or the bakery, or both, must have been vandalised.

Mira felt Mihir draw in his breath sharply. It was then that she saw the body, sprawled face-down on the pavement, at the edge of the street.

Mira's first thought was: this is like the movies. She expected to see a thin trickle of blood run out from under the man's feet into the open drain, turning the brown sewage water to a brighter hue.

But there was no blood that day, or the next, just distant shouts and screams. The next morning, the contents of the tailoring shop and the bakery - shelves and counters, trays and sewing machines, chairs and curtains, knick knacks - dented or broken, and thrown on the pavement. Some of the things had spilled onto the street.

The attack must have occurred at dawn, or very early in the morning before they had woken up and taken positions beside the window. They had missed the action. They had heard more than

they had seen. Their view confined to the narrow strip of road, pavement and housefronts framed by their window, while their ears flapped like antennas, picking up distorted air waves from all around.

On the first day, they had felt compelled to spend long hours at the window, to monitor the riot on the radio and the television (which weren't giving much away). And the telephone. It was a day punctuated by quick visits from the neighbours - speculative conversations, forced little jokes, lamentations on the state of the government, politics, the country and the world, hastily exchanged reassurances.

They had said, over and over, among themselves, that things could not go on like this. Tempers had to cool. People would come back to their senses.

The anger and hate would be snuffed out by death, the smell of death filling the streets and the houses, spreading over the city like an oil spill contaminating the sea. The anger and hate would be diluted by the wailing of frightened children, the ritualised mourning of widows, the public grief of relatives - loud, harsh, unrelenting.

There was the police force, and the army. The army would know how to handle a situation like this, even if the police failed. Community groups too would play a role, surely, going door to door, counselling, consoling, pleading, haranguing.

Peace would come. It might take some time, but it would descend, eventually, like a soothing late-monsoon shower, gentle and fragrant.

Meanwhile it was best to stay indoors. Stay calm. In control. Do the ordinary, every day things - cooking, eating, sleeping - that would blanket the insanity which had taken over the streets. And keep thoughts from scattering in unseemly directions.

On that near-normal, first day of the riot, Mira walked around their spacious living room, overfurnished at the edges, examining the many things with a solemn interest - inherited, gifted, bought, picked up, and others that seemed to have turned up on their own.

She spent quite a while at the bookshelves, specially the one that held all the old, mouldy books that smelt so good. Here were the world classics, *Wuthering Heights* nestling next to *War and Peace*. The *Trial* check-and-jowl with *Old Man and the Sea*. Books by Agatha Christie and PG Wodehouse.

And the books on Hindu spirituality - the *Upanishads*, the *Bhagavad Geeta*, the writings of Ramkrishna Paramhans, Vivekanand, Shri Aurobindo and the Mother. These books had belonged to Mira's father-in-law, whom she had never met. He had passed away when Mihir was just 10 years old.

A newer and smaller bookshelf was devoted to Graham Greene, Gabriel Garcia Marquez, Italo Calvino, Toni Morrison, Salman Rushdie, Bapsi Sidhwa, Amitav Ghosh, and others.

The two remaining bookshelves could have been labelled 'his' and 'hers.' One held Mihir's books on engineering, management and cricket, plus a smattering of poetry, in English and Gujarati. Mira's bookshelf contained volumes on sociology. She had started the collection when she had embarked on her Master of Social Work degree at the Tata Institute of Social Sciences, and had meticulously added to it through the 6 subsequent years of her professional life in academia.

Here you could also find cookery books - the regional cuisine from the many Indian states -

and pattern books on embroidery, craft books, books on feminism, and old magazines - Eve's Weekly, in its more radical avatar, Manushi, Filmfare, and the Economic and Political Weekly. Half a dozen Hindi novels and a few volumes of *Abhilasha*, a Hindi literary quarterly.

There was so much that they had brought with them when they married and so much more they had acquired through the five years of their marriage - coffee tables, and coffee table books, wooden screens, flower vases, painted pottery, terracotta ashtrays, handicrafts, clocks, sketches and posters, photographs, records and cassettes, letters . . .

Mira had enjoyed yelling through the bedroom door at Mihir: do-you-remember-such-and-such thing-event-please?

Mihir had come into the drawing room for a while and they had laughingly recalled the histories and biographies of the various objects till Mihir, tiring of the game, had retired to the bedroom with the latest issue of *Business India* and Mira had fallen once again into a silent contemplation of the window.

On the second day of the riot, there were no visits from the neighbours or phone calls from friends as though the event had gone from being a collective tragedy to a personal failure which had to be dealt with in harrowing aloneness, sealed indoors, exiled into the self.

On the second day, Mihir stayed in the bedroom, Mira in the living room. The violent fight they had had the night before drove them to carve out their separate spheres and stay within their isolated but still-connected, spaces.

There hadn't been very much else to do but look at the window. It's perfect symmetry. The white encasement, slightly scratched and chipped in places. The curtains half drawn back. The play of light against delicate lace.

The panes, dusty but secure. Whole, when there were so many shattered windows on their street, in their city. So much glittering, crunchy glass everywhere.

Whole. What a wonderful word. Treacherous though. Watch out for that one. Take away the 'w' and a gaping wound opens. An external wound you think at first. Superficial. Easily healed. But a second look reveals that the knife has cut through the layers of skin to reach the vital organs, now a bloody, implacable mess, threatening to break through to the surface to reveal the hopelessness of the affliction.

What a wonderful, whole window. Watching it was both a delight and a torment. Wanting it to stay intact. Wanting it to shatter. Who were the lucky ones? Who had got it right? Those whose windows had been broken? Or those who had found refuge behind their unblemished windows?

It was on the eve of Holy, when Mira had been entranced by a bonfire, once, a long time ago. The night when Holika, the demoness - Pralhad's tormentor - is consigned to the flames.

The colony boys had built a huge bonfire in the field, in front of Mira's house. Mira had watched them building it all evening, knowing that something significant was to come, but without a clue to what it might be.

The bonfire had been set alight after it got dark, by the light of lanterns, the exciting, shadowy things in themselves. A roaring fire took birth with everyone milling around it, singing, dancing and eating sweets.

Mira did not join the festivities. She sat on the grass - a chubby girl with glasses - watching the flames rise and lick the sky, turning her world into a blaze while the piercing heat turned her

insides rosy warm and liquid. Later, her mother had half-dragged, half carried her home.

Still Mira watched the flames from her bedroom window, her mind blank, the fire consuming her from inside out, making her whole. She had fallen asleep at her vigil, by the window and woken up early as the first light of the day had crept into her eyes through shuttered eyelids.

As soon as her eyes opened Mira looked out of the window expecting to see the fire. It was gone. Mira's heart started to beat hard. She rushed out of the house in her rubber slippers and pajamas, knowing her mother would scold her if she found out, and ran, panting, half-falling, feeling a little sick, to the spot where the bonfire had been.

A perfect circle of ash, charred twigs and burnt grass stood in the field. As Mira walked into it, the acrid, ashy smell, filled her to choking. Crumbling ashes, powdery soft and still warm, tickled the edges of her feet.

Looking up, Mira saw the arching blue sky go from pink to gold. It was immense, whole, like the fire had been. Bending down she grabbed fistfuls of ash. She had preserved that ash in a toffee tin for many years after that.

The fascination with the window was less innocent. But there was no option: the entrancement had to run its course.

Blood. It would have been nice to have seen some. Snarling red, viscous. Bubbling as if in anger. Simmering as if full of spite. What use a riot or a fight without the redness, the richness of real blood?

It would have been good to see a stone, stones, strike the window panes. Enter the living room and fall with a reverberating thud that shook the somnolent apartment.

It would have been good to see the glass crack, the pane turn into an intricate spiders web. While the other shattered and fell to the floor, tinkling.

Shards of glass everywhere. Glass, pure and beautiful. What use a riot or a fight without broken glass, without the hardness, sharpness, the clarity, of glass?

But there had been no blood.

There had never, it seemed, been any real blood in Mira's life unless one counted tame menstrual blood, stale and sour-smelling, as real blood. More real to her than her own blood was the tomato-ketchup blood of the countless Hindi movies that Mira had grown up on.

At first the blood spilled on screen appeared to have a good reason to be there. It was spilled in the name of righteousness, honour, justice, love, filial devotion. But as the years rolled on, the bloodbaths got more and more senseless, random and gory. The films were holding up mirrors to the reality around them.

Mira and her friends started seeing these movies less and less as time passed. Because they seemed to have nothing to do with *their* ideas, *their* motivations, *their* lives. The movies had created their own universe and occupied an orbit that did not overlap with the space that defined Mira's life.

But as the first day of the riot had started to fade into night, Mira had felt her blood coursing through her veins once again, after a long time indeed. She had experienced it as a warm, lively thing, intent on action.

She couldn't figure out what had triggered off this unfreezing of her blood, and her spirit, which had brought on the desperate urge to let her innards spill out through her mouth, her sole weapon.

Words had spewed out of Mira with a damning ferocity that night, when everything had seemed

under control. All that time she had believed that the violence outside was an external event, unreal and transient. It had nothing to do with her, with Mihir - *their ideas, their motivations, their lives.*

They would move, Mihir had said. They had been searching for a flat now for over six months. They had been too picky. That's why they hadn't found anything. They had to be realistic. They had to compromise. They would settle for a half-way decent place in a nice locality. They would leave here as soon as they could.

"And what about us? Do you think that we will solve any of that by moving?"

"Don't start on that now, Mira. Not tonight of all nights. Please."

Flames licked at the corners of Mira's mind. Flames and fire, so central to Indian life, and death. The ancient fascination that endures. Sacred fire, ultimate purifier, made profane by sati and bride-burning. The rites and wrongs of fire still endure.

The body is consumed by fire to be made whole. Fire unlocks the spirit which merges with the whole. Fire is not so much death, as it is purification and after-life. So self immolation still endures - suicide and self expression, an end and a new beginning, rolled eerily into one.

The rioters had overturned three buses and set them ablaze, on the main road not far from where Mira lived. That must have been some bonfire!

Flames licked at the corners of Mira's mind, and she blazed with words.

Afterwards, after her eruption into angry utterances and Mihir's wordy counter attack, Mira felt empty and slack, demuscled, limpid. It was as if a great wind had blown through their flat, whirled all the objects around, shaken them up and set them back in their place, cleansed.

She felt she did not need to talk to Mihir ever again. This had been her first real conversation with him. And it had explained their life together with the geometric precision of the circle of ash left behind by the Great Bonfire.

As a child Mira had seen practically no anger or violence in her home. Her parents seemed always calm, though her father seemed a little sad at times and her mother would get somewhat testy. There appeared to be no quarrels or disagreements between them. They had chosen consciously to turn away from overt expression.

Things did not change very much in her adult life, which seemed, more or less like a seamless continuation of her tranquil childhood.

Before Mira and Mihir had found this flat, they had lived for a couple of months in a friends' apartment, where they had had to suffer a violent neighbour.

Shouts and screams, the sounds of banging doors and falling things, wimpers and sobs, emanated at odd hours from the neighbouring apartment. Perhaps they hadn't been all that loud, but in the hushed silence of her temporary home, which had echoed the hollow quiet of her parent's house, the sounds had the impact of gunshots fired at a distance. Mira remembered thinking that some day, perhaps, the bullets would pierce the walls of her own home.

Standing at their window Mira would see the man storm out of the apartment building after a virulent sounding quarrel, get into the car and drive away noisily, leaving behind a swirl of dust.

Sometimes, though less often, the woman would walk out of the house, a little unsteady, her pallu wrapped tightly around her head, dragging a sobbing child, to hail a rickshaw as it rounded a corner and disappear in a cloud of dust.

Through all this Mihir assured Mira, again and again, that they would move soon. They were spending all their after-work hours looking for a house; they were bound to find something. He appeared to get used to the situation but Mira couldn't stop herself from listening and looking out for their neighbours all the time.

She started leading a double life, lurking, in her mind, through the rooms of her neighbours house, a ghost haunted by an intense and unnatural curiosity, even as she sat down to dinner with Mihir or brought out her embroidery books in the drawing room or watched Mihir wrestle with the Rubic's cube.

That was the feeling she experienced once again as the riot raged outside their window. As she sat in her cosy little home, leafing through glossy magazines, she was a ghost slipping through the restless streets.

Now she was part of the crowd that jeered and cheered, hurled stones and abuse and set things alight. (What delight in seeing the flames rise high and lick the sky!) The crowd that had become a single moving, tensing, preying beast, intent on action . . . Now she was in a dingy, way-side tea stall, listening to the rabble-rouser at the upturned table, his speech and spittle darting back and forth between him and his audience, people listening, forgetting their companions, the tea turning tepid in their cups, Someone whistled. Someone clapped. "Kya hero aadmi hai" Then she was moving down a street where everything was burning, the houses, the shops, the cars, the people, and she was dodging falling rafters and flying sparks, walking around the blazing bodies rolling on the ground, trying to quell the flames, hanging to life in the throes of death, she was shrinking from burning limbs that were thrust at her from writhing heaps. And everywhere the stench of burning flesh . . .

She was on a street nowhere there were no people and no fires, only glass, everywhere, crushed glass covering the sidewalk and road and the walls of buildings, the whole world so crystalline and beautiful, blinding her with its brilliance...

Then she was on her own street which had been all cleaned up. There were people going about their business, unsmiling, silent. Mira walked along quickly and uneasily down the street and towards her house, knowing that if someone made one small, false move the facade of normalcy would crumble and there would be glass on the street and the sound of running feet and shouts and gunshots.

They all had to be very, very careful. She knew that with an absolute certainty that made her break out in sweat. What if it was she who did something wrong?

She felt a scream forming at the base of her throat and rising slowly, and then she was at the entrance of her building, herself control deserting her as soon as she was inside the door, making her run up the hollow-sounding wooden stairs till she collided into a man who was going down the stairs.

As she brushed against him Mira got a whiff of his sweat mingled with that other body smell, unmistakable despite her fear and the total darkness that enveloped the staircase. This man was her first lover, who had been at one time as big as the bonfire, in Mira's life, blotting out everything else.

He seemed to recognise her and paused, though he had been in a great hurry a second ago. For a moment they withdrew into themselves, preparing for the encounter. Then they embraced.

Tongues of fire licked at Mira's skin. Her body felt translucent, cool, like fine glass.

He kissed her roughly on her mouth. He had a week-old beard that scratched her face. He hadn't had the time to shave or hadn't bothered to. He seemed agitated, his body too-warm, trembly. Mira clung closer to him and pushed her tongue into his feverish mouth. He had been there, out on the streets, rioting. His clothes and skin were street-stained. Nothing else could explain his disturbed state.

Perhaps, at first, he had just been a passerby on a mindless errand walking hurriedly down a street. Perhaps he had left his quiet side-street and walked onto a main street, into the eye of an inferno, surrounded suddenly by a throng of angry, shouting, crazed people throwing stones and hitting out at whatever they could find. Being of an excitable nature, the impressionistic young man that he was, perhaps he had been drawn in by the crowd, a participant rather than spectator in the random violence that created its purpose as it went along. As Mira slipped her hand into his she felt the grainy texture of mud on them. The images of the streets outside coalesced into a single flame and burned in Mira's mind. She felt he shared the flame. That, in fact, he was fuelling and brightening it as his body heat seeped into her. As they kissed breathing chaotically, Mira pushed hard against him, wanting the street-sweat, mud-violence, the feverish hunger-anger of his tongue to infuse her being as well.

He led Mira by hand to the top of the building, to the little recess, musty, cobwebbed, stacked with discarded junk that led to the locked terrace.

Half undressing, they clung, clawed, bit, thrust, tugged, stroked each other in a frenzy of love and despair. As he took her standing up, Mira felt his calloused hands (what had he been doing with his butter-smooth hands, soft and gentle in her memory?) grasp her hair, gather it in his fist, and pull her head back, hard. Pain, black and deep, washed over her as she came and came.

Now she was no longer apart, but a part of the riot, and would always be that way. With a part of the riot inside her forever.

He left her outside her flat. A brush of lips against her earlobe, a hand momentarily tightening around hers and he faded away. She couldn't smell him any longer. Though she could feel him still. Mira stood in the dark for a while, running her fingers over her swollen lips. Then she let herself into the apartment.

They had picked the body off the pavement that very day, the first day of the riot. Late in the afternoon an ambulance had driven up, a siren rending the air. Two policemen had gotten out of the van and hauled the corpse into the car. There was no blood on the man's clothes. It was not anyone they could recognise, no one they had seen before in the neighbourhood.

There were no marks on the pavement. At least nothing they could see at that distance.

Mira could picture the body lying on the cold bunk inside the ambulance, which must smell depressingly of disinfectant. Perhaps they would cover him with a sheet. What a strange corpse!

Dead bodies were covered from neck to toe in a white sheet, bedecked in garlands of flowers, their exposed faces set in repose. They lay on *charpoyis* held aloft by 4-5 men, dressed in white, freshly bathed, led down the street by a procession of white-clad mourners chanting "*Ram naam satya hai.*"

The man had been felled by a single bullet. They had heard just one shot. Who knows who the bullet had been meant for? Who knows how many sightless, meandering bullets had been forced to find a kill - someone who happened to be at a window, someone going about on a mundane

errand, someone who had tried to duck into a doorway, some idiot with his back to the wall.

It's getting dark outside so Mira goes into the kitchen to cook some *dal-chawaal*. She decides to use the two remaining onions for the *dal*. Pulling out the knife, she goes chop-chop-chop with it. The blade slices rhythmically through the skin to reach the heart and goes on to the other side. Soon there is a heap of finely chopped onion on the board.

Tears run down Mira's face. She wipes them inadequately with a dishcloth.

"*Allah ho Akbar*," Mira watches Mihir through the kitchen door as he starts up on hearing the familiar prayer call. They haven't heard it for two days. Mihir's eyes meet Mira's and turn hastily away.

There's a knock on the door. The neighbours start coming in quick succession. There has been no curfew today, the third day of the riot. And if the mosque has been opened again, than everything must be all right.

I can go to work tomorrow, thank god, says one neighbour, I have to finish this important report for these clients who're coming in next week. They're Japanese, you know. Mira brews cups of tea and hands them out through the kitchen door to Mihir, leaving him to deal with the visitors. She hates him for expressing different views to different neighbours, depending on their religion.

Tomorrow she would walk down the street, going around the area where the dead man had lain, superstitious and queasy about stepping into that space, but unable to shake off a horrible curiosity that would lead her to closely examine the ground as she went by.

The bakery and the tailorshop would be repaired. The week after she would go into the bakery to buy savoury *naan* bread to go with the *keema-muttar* that she makes so well.

Later, she would go into the tailor shop with her magenta-silk blouse piece to have a blouse stitched in the latest style, the tailor's wife, her burqua thrown back over her broad impassive face, would hand her dog-eared pattern books from under the counter.

Wearing the new blouse, her gorgeous Kanjivaram sari rippling and crackling around her, she would go a week later to her cousin's wedding where they would not discuss the riot. The talk would centre around the decorations, the excess or simplicity of the jewellery on the women guests, the groom's income, the bride's beauty and the quality of the ice-cream served at the reception.

How would she conduct herself with the baker and the tailor, her neighbours, after all, if only by chance? Would she smile effusively at them, while they, addressing her as '*behenji*', ask after Mihir *miya's* health?

Or would their transactions be concluded in an aura of bewildering guilt and shame, with an absence of eye-contact and a minimum of conversation?

Suddenly Mira decides that she has to get out of the apartment, go for a walk. Opening her closet, she finds a *duppatta* and drapes it around her head. She takes off her *bindi* and sticks it on the mirror of the dressing table.

Telling Mihir that she is going out for a while, she sweeps past him and out of the door before he has time to react.

Mira goes unhurridly down the stairs and into the semi-deserted streets. They are somewhat cleaner than she had expected though there is more than the usual load of garbage piled up at street corners. The streets are surprisingly devoid of policemen. Here and there are burnt out shells of things that were formerly whole.

Almost all the shops are closed, and there's a plethora of them - small, individualistic shops selling fabric, clothes, shoes, toys, school goods, *attar* and incense, jewellery, buttons and lace, kitchenware, hardware, food, dairy products. There are shops that repair watches, leather goods, bicycles. A couple of the groceries have their doors half open.

The neighbourhood is old, the majority of the buildings dilapidated badly in need of a coat of paint. They contrast sharply with the occasional, smart, new apartment building which is architecturally stark and angular. The older buildings have graceful, curved balconies with a wrought-iron railings and their windows and doors, composed of softly rotting wood, are framed by patterned arches, the designs either floral or geometric or a combination, looking as if they have half-melted into the ancient facades.

Mira gets off the bigger and wider road and goes down a familiar *galli*, twisted and aromatic, past children playing hopscotch and skipping rope. A little girl in heavy pigtails catches her eye and smiles shyly. She pauses as she finds herself approaching the mosque. The door to the mosque is ajar. Prayers spill out of the courtyard, into the dusky air. The minarets are outlined as inspiring silhouettes against the clear, blue sky. Mira goes up to the door and peeps in. Inside there are a dozen men in white *kurta-pajamas*, and knitted skull caps, kneeling, bent over so that their heads almost touch the floor, praying. They are all grouped at the far corner of the courtyard. The openness of the courtyard comes as a shock, almost, after the circumscribed space of the apartment. Mira feels exhilarated looking at the courtyard. As she watches, the space seems to hum, extend outwards and upwards.

In the centre of the courtyard is a group of pigeons hopping and fluttering on the floor. The soft, grey bodies cut a pleasing pattern against the beautiful, marble floor. The pigeons take off and within seconds they are afloat, high in the sky, flying in formation. Mira watches them till they disappear, mingling smokily in the blue-grey sky. Suddenly she is melancholy. How limiting it was to be outside the mosque. Excluded also from the flight of the pigeons. With only the option of a linear escape - the shutting of windows and the slamming of doors?

Mira slowly makes her way back home.

Notes for the foreign reader:

"The man's a hero." This remark may often be made in a derisive tone. The story is set in Bombay, India. Mira and Mihir are Hindu names.

The *naan* bread referred to here is made and sold predominantly by Muslims in the bakeries they own. Traditionally, tailoring has been taken up as an occupation by a section of the Indian Muection of the Indian Muslim community.

Kheema (minced meat), is a common food item for Indian Muslims.

Miya means husband, in Urdu.

The *bindi* (conventionally the red dot on the forehead of married women, now as much a mark of fashion as custom, which comes in a sticker form as well) is worn traditionally by Hindu but not Muslim Indian women.

Traditionally, a Muslim woman, if she were not wearing a *burqua*, would drape a *duppatta* around her head, that cover her head as a mark of modesty.

Raam naam satya hai : (literally) the name of God is the truth

attar : perfume

galli : a narrow alley

Classified

ACTIVIST seeks employment which will offer power, prestige, useful networking connections, lots of money, lots of time off, 10 am to 3 pm hours, paid vacations and benefits within a government funded community based organization.

WANTED access to the young brown lesbian grapevine.

Offering permission to the privileged to continue to be oppressive in language, behaviour and thought. Once permission is granted, all forms of guilt are guaranteed to be eradicated.

Cost of Permission:

-A new 1993 black jeep convertible

-Yearly round-trip tickets for 2 to India

-Coverage of all living expenses

-A new downtown condominium at the location of my choice.

A Dogma that is guaranteed to override your Karma.


The young, light-skinned, able-bodied **BENGALI** lesbian-identified bisexual woman of Brahman decent who was seeking a sensitive, non-ageist, non-classiest, non-biphobic, big-boobed, butchy/femmy female for sex, is getting desperate!!!

IDEAL Man Wanted...

One year old dog named **Sona**; cute, brown and friendly.

WARNING: even if taken to the next city and dropped off, he will return.

BETTER JOBS FOR BROWN BOYS

We demand better jobs for **Brown Boys**.  They have been provided with enough job opportunities in the houses of **Brown Boys**.
NO (in 1993)

16 year old woman and her man are looking for a big studio with two big windows at the corner of Gerrard and Coxwell. Mint condition, double waterbed, washer & dryer, sauna required. Will pay \$150/month

Mrs. Recna Shiva is tired of being a wife she is now looking for one of her own.

Herb Dealer NEEDED who supplies good Soota and considers recession. Willing to discuss prices.

ARTICLES FOR SALE an abundance of contemporary drawings of a four year old artist. These rare pieces are constructed from common objects such as coffee cups and crayons. These masterpieces will someday be priceless. **FREE DELIVERY**

WANTED an Woman with strong African Pride who enjoys quiet times, is very affectionate and has an over active sexual imagination.

WANTED a South Asian woman; with a gorgeous womanly body, has to love animals and is willing to sexually experience **THE UNKNOWN**.

Wanted a **WOMAN** with the speedy tongue of a snake that can bring me to multiple orgasms within a period of five minutes.

WANTED sticky, honey, tasting, cinnamon smelling, silky feeling, screaming, back-arching, **PUSSY...CAT!**

SEX TOYS NEEDED (please make them clean)

The Black Box

Anne Ranasinghe

The old lady woke up with a vague feeling of unease. She did not immediately open her eyes, and in that half waking, half sleeping state she tried to relive her dream, to piece the fragments together. Suddenly, with a jolt, she sat up, blinking against the late afternoon sun. How could she have forgotten that today was Christmas eve? It was the dream that had caused her to forget. And to remember, because it wasn't really a dream at all...

"I must get up," she thought, "or I'll never be ready in time." But she made no move. She was holding on to the dream that had taken her back so far - nearly seventy years. Seventy years. A moment of fear stabbed her. "Am I really as old as that?"

Strange, how sharply defined those early years were. They were cut with the clarity of crystal in the web of her memory. Of crystal, or snow. Snow. Why, she had forgotten there was such a thing as snow. In this country where she had lived for the past fifty years there were no seasons, no spring, summer autumn or winter. Winter, with its ice and dark mornings, frost flowers on window-panes, and snow. Snow at Christmas, and bells pealing over the dark cathedral city, and lights shining through curtained windows - heavily curtained against the cold of winter. And running home through the empty streets peering into strange rooms to see Christmas trees loaded with gifts and decorations, and candles flickering on the branches of evergreen. And bells pealing, heavy and solemn, through the winter night - ding . . . dong . . . ding . . . dong . . . - and light voices, so clear in the frosty air, singing "Silent Night, Holy Night." Running home over the snow, the high-laced boots crunching on it, sliding over the iced patches on the pavement, with the woolen scarf flying and the pom-pom on the knitted cap bobbing up and down. How old would she have been - six? or seven? And that odd, solemn feeling, almost of foreboding, with the heavy cathedral bells pealing - yet knowing there was security at the end of her running.

Running up the path, and pushing open the door, and dropping the shopping on the crochet table-cloth. How did women have time those days to crochet such elaborate designs, great golden butterflies hovering over exotic silk flowers? And mother had come bustling out to hug her, smelling richly of pastry and lemon essence; and taking off the layers of clothes in front of the fire with the flames roaring up the chimney. And all the time the bells pealing.

And then going to bed wondering whether the box would be under the Christmas tree in the morning. Even after these many years she could feel the longing she had felt as a small girl for this particular present. The wanting had been with her day and night. It was a game of letters, the letters cut out of thick cardboard

and all tumbled in the box. On the lid of the black box there was a ridge in white, and one placed the letters on the ridge to make words. Although now, in retrospect, she could not at all imagine what had been so special about it, or indeed whether there was anything special at all, she did remember the acute pain of wanting.

The custom at home had been to place all gifts under the Christmas tree, and early in the morning father and mother would watch while she opened her surprises. But this time it had not been possible for her to wait until morning. She had slipped into her parents' room at night, and stood by the side of her father's bed; till a shaft of moonlight fallen on his face had woken him. When he saw her standing there he understood at once. He had wrapped her in a blanket and the two of them had tip-toed to the dining room. And there, under the tree, among the books and toys and things to wear, there was the box. Her happiness had overflowed, she had hugged her father tightly . . . her father . . .

The old lady sat up. From her bed she could see the garden below. Outside it was still, a faint golden haze hung over the shrubs and tropical blossoms that were so tangled it was impossible to see the pathway. She found it difficult to work out there now, and a gardener was out of question. She could just about afford old Podinona to cook. She grinned wryly: not nearly as old as I am, she thought.

And suddenly the dream dropped away from her. Why, today they would all come to see her - how could she have forgotten? Her sons and daughters, their husbands and wives and all the grandchildren . . . the house would be full of laughter and noise, just for tonight, as it had been. With knotted feet she groped for her slippers, and supporting herself on the high bed she slowly stood up. For a moment she swayed a little, then went to dress. How could I forget, she thought again, that today is Christmas Eve? In her cracked old ladies voice she hummed a little tune while fishing around her trinket box. Among the few remaining pieces she found what she was looking for: a small pearl chain yellowed with age, which she put around her neck. She had distributed her jewellery long ago - there comes a time when one doesn't need it anymore, and she didn't want her daughters to fight over it once she was gone . . .

She gave her hair a final pat, then opened the door to go downstairs. There was no sound except the ticking of the big old clock. Through the stair window the sunlight made a path in which the dust was dancing. Holding on to the balustrade she climbed down to the kitchen.

In the kitchen all the containers were filled with food, all the family favourites. They could eat, this family of hers, but now it were the grandchildren who cleared the dishes. How she had grumbled those days, long ago, at the quantities of food her own children had consumed. Lovingly grumbled. Her husband - God rest his soul in peace - he always said: Feed them well! It's never money wasted to feed them.

She sat down to drink a cup of tea. And thought: it would be nice if just one or two of them would come to stay occasionally . . . after all, there is plenty of room. But they are all so busy - one mustn't be selfish. But sometimes - well, sometimes it's lonely, no doubt about it, with the house so empty about me, and each room so full of memories.

When the family first grew up, in her younger days, she had tried her hand at writing. Maybe there had been a foreshadowing of this - this lonely time. She smiled a little and her parchment skin creased into a thousand wrinkles. What nonsense she had written - something about the luxury of solitude. What an idiot I was. Solitude is no luxury, it's a curse. The curse of old age, and when we're young we don't know what we are talking about. We pose. How little we really understand about life, even our own feelings. We lie to ourselves, maybe we can't face the truth. And we don't realize how quickly time passes, that it's all like . . . like a dream. Like a road, which at the beginning seems to wind on for ever, till suddenly you reach a

point where you can see the end. And then the last bit of the journey becomes sad because you remember that it was so lonely, and you fret because at the time you didn't know how lovely it was. We should live more fully in the present and less in an imagined future . . .

Walking from room to room she opened the windows. Some of them had been shut for weeks and they were stuck and there was a slightly musty smell. She knew there was dust, and cobwebs on the ceiling, but she was too excited to worry. She arranged the food on the long dressers in the drawing room; with her gnarled old hands she pulled out the fine old silver, her crystal and china, and filled the dishes to overflowing with cakes and savouries.

And already she could hear the first guests arriving - her son Anil, a big man in his fifties, but strong. He had always looked after his health. He bent over his mother, waiting for her to kiss him. It had been a ritual ever since his early teens, when he suddenly became too shy to kiss her. How they had teased him when he first took out a girl . . . "However are you going to manage? You'll always have to wait for her to kiss you . . ."

Well, he managed. He came with his wife and three children. Why, how grown up they were, two boys and a girl, Anula. And Anula brought a young man along . . . surely, not already - it seemed only yesterday that she was born! Anula brought the young man up to her grandmother and said: "This is my grandmother. Everything in this family depends on her opinion," and she kissed her affectionately. The young man solemnly shook her hand.

And now there was Ruha and her husband, and the sound of cars parking and doors opening and shutting, of voices and excitement. Ruha came to sit by her mother. "What a lovely spread you have prepared, Mother," she said. "But really, you shouldn't. At your age . . ."

And she started the same old story. "Why do you stay in this monster of a house, Mother. Get a small flat and you'll be much more happy." - Now what did Ruha know about her happiness? This house held all her happiness, and some sadness too. But the house was her life and to leave it would be to die a little. So many ghosts lingered here. After all, she thought, I haven't that much longer, even if I'm lucky, so they needn't grudge me this one luxury.

"Nobody is grudging you, Mother," said Ruha. "It is for your own good."

But the old lady wasn't really listening. Looking at her daughter she realized she must be well over forty. Time passes for us but stands still for the rest. "The house is much too big for you," said Ruha, "And you know it!"

Tania, Ruha's teenage daughter, smiled. "Come and stay with us, Granny. We'll look after you. And - only when you feel like it - you can bake some of your lovely old-fashioned cakes." Young Ranjith, Tania's brother, snuggled up to her. "Yes. Come and share my room, Granny. That way I'll never be lonely at night . . ."

She met her daughter's eye. They understood each other. "I'd love to, children," she said. But it's better for grannies to stay on their own. When one gets old - one gets easily tired."

And now the party was in full swing. They lit the candles on the Christmas tree which was decorated with coloured balls and stars and tinsel that had survived the years. They brought out their presents and she gave them hers, and sat, surrounded by a pile of parcels wrapped in gay paper and stiff satin bows. There was a great deal of talking and laughing, and then they all sang 'Silent Night, Holy Night,' as they had done for so many years - different faces, changing faces and voices - and the food was being passed backwards and forwards. More and more people came - how many of them, she tried to count while the

talk and excitement eddied about her. Nimal. And Gamini and his wife, and Sriya and her husband, Anil and Ruha. And all the children, why, fifteen grandchildren, and then Sriya's daughter's baby - a great grandchild! And several boy friends and girl friends . . . it was impossible to keep count of them all. The house was echoing with the noise, there was such a running upstairs and downstairs; and the younger ones were playing in the garden - she heard them counting eight, nine, ten, . . . coming . . .

How many games of hide and seek had the old garden seen?

Anil was pouring the drinks. He had always taken control. "Have a sherry, Mother. We must drink to your health."

There was a hush. They all stood, crowding round her, and in the dancing light of the candles she could see their faces, the young ones and the older ones, and she thought: how lucky, how very lucky I have been. I must remember this moment, must store it up. She would have loved them to stay on an . . . but they were beginning to leave, and there was no way to hold them back. One by one they kissed her, and wished her well, and even as she sat there she heard them driving off. Till only Nimal was left. He shut the windows for her, and then she took him down to the gate. And she watched him drive off, down the moonlit road.

When she turned back to the house a great silence had fallen over it. She turned off the lights, then, heavily, climbed up to her room. For a moment she stood by the window - it was so quiet, only the crickets chirring and the occasional cry of a night-bird.

She went to bed. As she lay back on her pillows she heard the bells pealing; and the past and the present became confused in the sound of those bells till she wasn't sure any more whether the evening had been real - or part of her dream. She sighed deeply, and lulled by the bells, closed her eyes. She smiled, because the image that danced before them was a black box of happiness standing under a Christmas tree many years ago.

And the smile was carved deep around her lips when they found her in the morning.

Here is some of the feedback

About the Gathering...



.1.

It was good to see so many women from diverse South Asian backgrounds come together to discuss how to deal with these destructive forces. I felt encouraged that we were meeting women who work to end violence., sharing information on coping skills, and offering support to each other. That the conference was for women of South Asian origin only was important to me, as there is a cultural framework we live in and with which we are familiar.

As a dyke, however, there were moments when I felt uncomfortable. It is difficult to feel solidarity with people who are lesbophobic and see my sexuality as a "Western poison" or "unnatural." I do not want to continually educate others or dispel the myths about our lives, or worse, have to hear them. I feel frustrated that our needs as lesbians and bisexual women are considered to be of marginal importance, if at all. When heterosexual women finally did talk about our specific issues, an interesting phenomena occurred. Well-meaning types tried to illustrate their experience of not being accepted in the South Asian community and family for various reasons (i.e. inter-racial marriages), trying to use that as a paralell for the oppression we face as lesbians. While it is a good sign that people can make the connections about the same patriarchal system of domination excludes us at various levels, unfortunately the focus was directed away from specifically what lesbians experience. Our differences cannot be bridged merely by the fact that we are women. It must be acknowledged that as lesbians our realities are different than those of straight women, who must face the fact that they can be oppressive and are responsible for changing their attitudes and behaviour.

It was very difficult to expose ourselves as lesbians and bisexual women since we are still regarded as anomalies in the South Asian community, as everywhere else. It was hard to stand up and speak about our issues in front of a priarily straight group. It was only possible to do this with the knowledge that other lesbians were sending their strength.

The most overwhelming positive feature of the conference for me was the chance to talk to other lesbians and bisexual women of colour in a relatively safe, supportive environment. I felt that we could finally discuss racism (without whites looking on) and lesbophobia

(without fear of censorship). As well, it was emotionally wrenching as we spoke about violence by women against women. It was crucial that we had the opportunity to affirm our experiences and receive support. It felt less isolated, coming from a place where there is no active dyke of colour community. It was encouraging to see strategies being put in place that would allow for dealing with lesbian abuse. I felt stronger because of the generosity and support of lesbians and bisexual women there.

A. Banerji
Montreal

.2.

It was really amazing to get together with so many interesting South Asian women. Being able to meet everyone and "network" was really fun and very valuable. We (especially people from smaller places) don't often get the opportunity to talk with other like-minded women of South Asian origin. It would be great if we could begin to communicate with one another across this country to learn from each other's mistakes and successes and to possibly share resources. I was glad that the recommendation to form a network of women of South Asian origin came to the floor. I'll be raising the issue at the next SAWWT (South Asian Women Working Together, Ottawa) meeting.

The food was great!!

It was nice to have our accommodations and transportation covered. I appreciated that. I thought it was really nice that we began the conference by listening to Fauzia Rafiq speak about her own experiences. Thank-you for your courage. It probably made the conference a safer place for lots of women.

It was a bit hard to come up with recommendations in the work groups. I'm not sure that this is a bad thing. I think women were at very different levels of understanding on the issues and had very different views. I think that whatever discussion and information sharing we had was useful. We may have more to learn from each other before we can come up with recommendations. Also, sometimes it is hard to come up with recommenda-

tions unless there is a specific issue at hand, such as the need for a network of women of South Asian origin.

The lesbian and bisexual women's gathering was good to have. It was really important for me to meet with other women and make some connections with them. Sometimes I feel like I live in a wasteland here in Ottawa, and this was really the first time I was able to be a part of this kind of gathering. I'm glad the space was created.

Sometimes the discussions became



Marion Boyd, Sudha Coomarasamy, Fauzia Rafiq

very general, and the focus was taken away from the issue of sexual violence. I wonder if this happened because many of the topics were interrelated or if the subject was difficult for women to discuss?

I'm not sure what I would change about the gathering. All of the topic areas were needed and the use of the many facilitators was a good idea. Perhaps it would be good to have more physical space to lessen the amount of noise in any one room.

Besides that, I had a great time. I also had a chance to think more about some of the issues that have been coming to my mind lately: our cultures get attacked as the problem for violence, rather than patriarchal thinking; the need for women of South Asian origin to create and control our own services; the need to widen our analyses beyond race and gender, to incorporate the many isms that oppress us and others in our communities; how do we outreach to women who are really isolated; and other issues.

I was really glad to be part of the gathering.

In strength,

Farzana Doctor
Ottawa

.3.

It was a wonderful opportunity to meet with other women from diverse backgrounds and from women's groups unified in their common view of opposing violence against women. It was informal, friendly, and at the same time had a focus and a purpose.

It was ambitious in its effort to have a large pool of resources (women of South Asian origin) to brainstorm in a unique, gathering of minds.

It exposed all the participants to the pressing need to link the different types of violence against women and consolidate our thinking on violence against women in our own communities.

The problems faced by lesbians in our communities, their feelings, and our own exclusionary attitudes toward them all surfaced.

I think the conference gave participants a great feeling of buoyancy to know that there is such a large pool of talent in our own communities in terms of organizing skills, knowledge and other resources.

Some areas of discomfort:

Some facilitators were not able to monitor the time in the workshops nor guide the presenters to maintain focus. Some were also unable to incorporate discussion that arose in the larger gathering and subsequently the recommendations did not reflect the depth of the issue.

Some presenters did not reflect the focus of the gather-



Tania Das Gupta

ing, i.e. *South Asian Perspectives*.

Perhaps there were too many workshops with too many presenters that took away from the subject and the entire discussion. Anyway, I must tell you, I enjoyed being there!

Smita Vir Tyagi
Toronto

.4.

I am writing to say thank-you for inviting me to your conference. I had a really good time, met some very interesting women, had some interesting discussions and learned a lot. It was great to see women my mother's generation, dressed just like my mother, talking radical politics! It broke some stereotypes in me too.

It was really great when on the second day we all really connected well during the discussions. That really made the whole thing worthwhile. It really takes a day or so to break barriers before women really start to talk.

You really have a sense of community there which is really important. There are so many talented South Asian women artists. It definitely gave me motivation with my own work. And it was great to meet sister video-makers.

Well, keep up the good work with DIVA, its most definitely needed. Thanks again for having me.

Love ...

Bali Dhenjan
New York, U.S.A.



Windsor: Fully represented

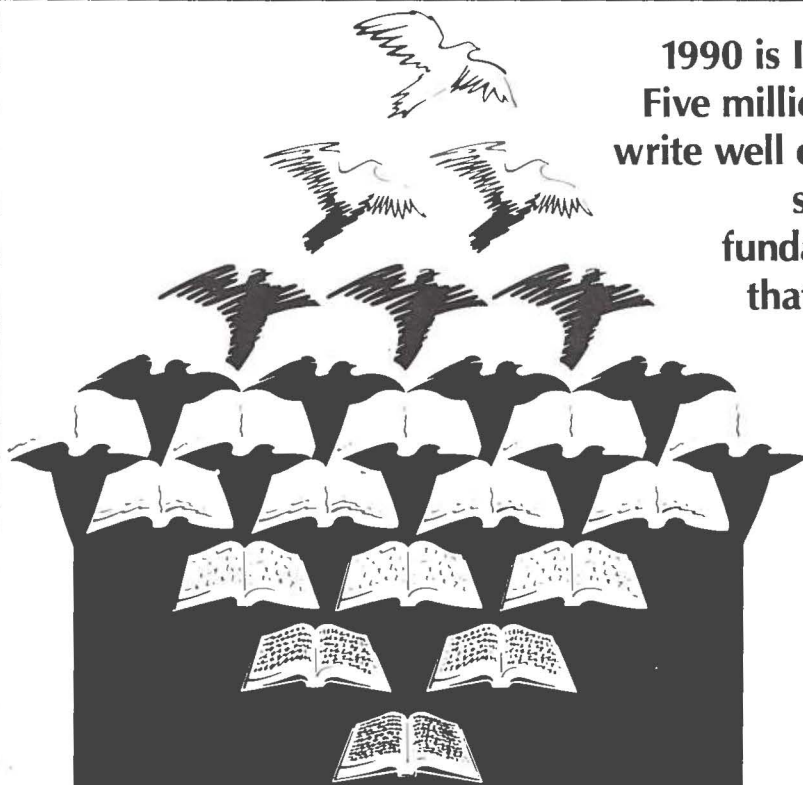


.5.

The conference was great due to many women's efforts. It was amazing that so many South Asian women got together to share their common concerns. If you or other women of DIVA have any pictures from the conference, could you please send me one or two for myself?

Lots of love...

Surjeet Kalsey
Vancouver, B.C.



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Women Oh Women!



Anurima, Shahnaz, Leela, Nupur, and Judy.



Most of the above and Lezlie, Connie, Koshala and Fauzia

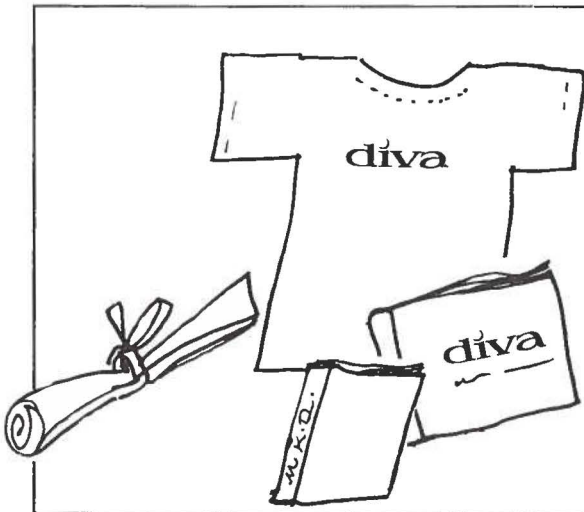


Some of the above and Sudha, Pamela, Bamathy



I hope the nice black one gets it!
Artwork: Mariam Khan Durrani

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The Truth About Santa

by Sheila James

*Twas the night before Christmas
When all through the flat
People were yelling 'bout this and 'bout that
No presents, no snow and
No Christmas meal...
I said "Humbug" to Christmas
"So what's the big deal?"*

*I went to bed early
With nothing to eat
Woke up in a sweat
A wet spot on my sheet
And so in a dream state
I went to the can
And to my surprise
I saw an old man*

*He was turning the handle
On our bathroom door
He was anxious and nervous
I wondered "what for?"
I tapped him quite gently
So he'd turn around
And to my delight I saw
Santa was brown!*



*Beady black eyes on an ebony face
Purplish lips with high cheekbones in place
I was quite elated at what I did see
Santa Claus looked a little like me.
He told me he really needed to go
So would I mind, "don't let anyone know"
I said "be my guest" and so he went in
While I peeked through the keyhole although it's a sin
Santa took off his red body suit
I pictured a penis quite chubby and cute
But what I did see was right out of this world
A pair of big tits – Santa Claus was a girl!*

*I let out a sound that gave me away
And Santa Claus opened the door and did say
"Girl, you are naughty – no manners have you.
People need privacy when having a poo."
I said I was sorry, I was being bad
She said "It's okay," and we started to chat*



*She worked in a factory from morning 'til night
But money was scarce so she had to moonlight
She belonged to the union and fought with the boss
Cause management exploited even poor Santa Claus
I asked was she married, she answered "I tried,
But a licence to marry same sex was denied"
Yes she had a lover who was a female
An interesting twist to an old Christmas tale
Her mother is Muslim and her father's a Jew
But he prays to Krishna because he's blue*



I asked "Would you visit some of my friends
She said she would like to, but it depends
"I'm not very young, I don't do chimneys too well,
I go where it's wheelchair accessibell!" ☹

I told her they were and would she explain
About the strange getup
And what's with the name
She told me that she was the Jolly Saint Nick

I asked her what was her nationality
She said that "Those things don't matter to me
The world is my home and the world must be free
But until then this Santa must pay G.S.T."

She went on her way and I started to cry
Because I loved Santa and I was too shy
To thank her, for she finally made me believe
That Christmas could actually happen to me

I wished for a present, I pleaded and begged
When a stream of red blood flowed down my leg
Santa had left a peculiar gift!
My passage to womanhood – so this was it!

I realized life would not be a breeze
As I wiped off the blood that now reached my knees
Even for Santa, times were real tough
But we all can survive it with courage and love!

Have a Merry Christmas,
Love Sheila



diya

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