

NEW WOMAN STRUGGLE

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Sheila Stuart
• Editor

The United Nations Children's Fund (UNICEF) has dedicated the Decade of the Nineties to the development of the Girl Child. This first issue of New Woman Struggle for 1991 focusses on **THE GIRL CHILD** and highlights the status of the female child in our societies, with a special focus on their reproductive and social conditions. The **CARIBBEAN FEATURE** in this issue looks at Adolescent Family Planning Needs.

SEX ROLE STEREOTYPING

Very early in life, girls and boys develop narrow ideas of what they can or cannot, should or should not do. They are socialised to accept stereotyped images of themselves and of each other. These images are reinforced through the games and toys with which they play and the tasks which they perform at home and at school. These childhood activities prepare them for the "traditional roles" which they will play in later life.

Girls are urged by parents and teachers to be feminine, are often discouraged from participating in activities like climbing and "rough play" and are labelled as "tomboy" if they indulge in these pastimes. At the same time, they are made to feel inferior to boys and told that they should "look pretty" at all times, should behave in a "lady like" fashion and not to speak loudly. Thus the idea and belief that women should be seen and not heard is inculcated early.

On the other hand, boys are encouraged both by parents and teachers to be manly, to engage in lively, boisterous activity, to be rough and hard, to be a man! Boys are often ridiculed if they indulge in "girls games", play with dolls, show emotion or feelings. They are made to believe that they are superior simply because they are boys and these beliefs and attitudes go with them into manhood.

by Patricia Ellis

• From: *Teachers and Sex Role Stereotyping*,
March, 1982.

UNICEF'S MANDATE ON THE GIRL CHILD

The UNICEF Executive Board in April 1990 endorsed the priority focus given to the **girl child** and recommended that all UNICEF programmes and strategies in the 1990s explicitly address the status

THE GIRL CHILD

of the **girl child** and her needs, particularly in nutrition, health and education, with a view to eliminating gender disparities.

UNICEF was also requested in collaboration with WHO, UNFPA, UNESCO and all other pertinent UN agencies to ensure the effective implementation of gender-sensitive monitoring and evaluation mechanisms to assess progress made in reducing disparities between girls and boys in health care, nutrition and primary education programmes.

The UNICEF Executive Board also requested the Executive Director to highlight the **girl child** in the report on

Inside:

- ♀ *The Lesser Child*
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- ♀ *Abortions After Sex Detection*
- ♀ *Sexism in South Asia*

women in development and to submit a full report on progress made on the situation of the **girl child** to the 1992 session of the Executive Board and every second year thereafter.

In the field, UNICEF is increasing its advocacy and technical support to countries, particularly in Asia, the Middle East and North Africa, that have already declared the **girl child** a priority in child survival and development in the 1990s.

• From: *The Girl Child: An Investment in the Future* - A UNICEF Publication.

FEMALE GENITAL MUTILATION IN SOUTHERN NIGERIA

Female genital operations remain common in Southern Nigeria, yet the age at which the operations are performed, as well as the extent of and reasons for the surgery differ widely among neighboring groups. An analysis of questionnaire survey data from 342 adults (158 females and 184 males) in homogeneous, rural communities reveals differing perceptions of the procedure between males and females among Bini, Esan, Etsakb, Ijaw, Ukwuani, and Urhobo ethnic groups. Varied knowledge of and attitudes toward the practice focus particularly on health, sexuality, and reproduction. Understanding these beliefs may be useful in designing programmes to

reduce or eliminate female genital operations...

This paper describes knowledge and attitudes pertaining to female genital surgery alone. A survey of surgical practices was conducted with the goal of fully elucidating the role of genital operations in these cultures, so that an effective education programme about the hazards of surgery and its consequences might be instituted. Underlying this effort is the assumption that the practice of female genital surgery can be abolished...

• From: A paper by Robert A. Myers, PH.D
in *Women's International Network News*,
Vol. 13, No. 1, Winter-1987.

An Ontario judge said there was no lasting trauma for the victim when a father raped his teenage daughter four times. Incest survivors' groups have been fighting the attitudes that lets such crimes go on, unpunished.



In British Columbia, a judge claimed that a three year old girl sexually assaulted by a drunk, grown man, was "sexually aggressive". The man was given a suspended sentence.

• From: *The Womanist*, page 24, Fall 1990.

WOMEN AND CHILDREN'S VIGIL FOR HILARY MORGAN

Hilary Morgan's mother, Elizabeth, spent two years in a US prison on contempt of court charges, because she sent Hilary into hiding with her grandparents to protect Hilary from her father, Eric Foretich, whom Hilary says has sexually abused her.

The US court had ordered that Hilary go on unsupervised access visits with her father, despite her allegations of abuse. Recently, Hilary was found living in New Zealand. Eric Foretich is now trying to get her returned to the US.

The case is now with the New Zealand family courts, who will decide

whether she will remain in New Zealand or be returned to the US to have her case heard there. At the US hearing, the judge refused to hear crucial evidence. This included allegations by Hilary's half-sister that her father had sexually abused her.

A vigil in support of Hilary was held outside the New Zealand High Commission in London, by the Feminist Coalition Against Child Sexual Abuse. Women from the Coalition met the Deputy High Commissioner, and handed him a letter urging the New Zealand authorities to allow all the evidence to be heard in

THE LESSER CHILD

Girl babies are still poisoned or choked to death at birth.

A UNICEF report prepared for the Government of India has found that 25% of the 12 million girls born in this country die by age 15. Although girls are born biologically stronger, 300,000 more of them die than boys each year. Many are victims of neglect, discrimination and sometimes infanticide because of their gender. In some cases female fetuses are aborted after gender - detection tests.

"The Lesser Child: The Girl in India" prepared to mark South Asia's Year of the Girl Child - 1990 states, the ratio of women to men in India is the lowest in the world "not because fewer females are born but because many more are allowed to die." In 1901 there were 972 women to 1,000 men. By 1981 the ratio was 933 to 1,000. In most countries the ratio favours women or is close to equal. An exception is the southern Indian state of Kerala where the ratio is 1,032 women to 1,000 men. Interestingly, in Kerala women are better educated, healthier and have fewer children. UNICEF estimates that 75% of Indian women are illiterate.

• From: *The New York Times International*,
October 5, 1990

the New Zealand courts, and to ensure that Hilary's wishes are respected in any decisions made about her future.

In many countries, including Britain, children are forced by the courts to go on access visits with fathers against whom they have alleged sexual abuse. Mothers who refuse to comply with court orders are threatened with contempt of court charges. The outcome of Hilary's case is vitally important, not only to her family, but to the international struggle against the sexual abuse of children.

Feminist Coalition Against Child Abuse
• From: *SPARERIB*, June 1990.

THE NEED FOR ADOLESCENT PROGRAMMES

by Hetty Sarjeant

Adolescents are a special group of people with special needs. They are developing rapidly - physically, mentally, emotionally - and, more often than not, their parents and teachers are unable or unwilling to help them understand their developing sexuality. This leads to much confusion and misperception among teens. Normal functions such as menstruation, masturbation, and sexual urges may cause anxiety and fears. Often young people engage in sexual intercourse without a realistic idea of the consequences.

Of course, unplanned pregnancy is not the only consequence of early sexual activity. Many adolescents suffer a sense of guilt, conflict and loss of self-esteem if they feel that their actions are not in keeping with what is considered "right" or "acceptable" behavior.

An IPPF/UNFPA-funded study of Trinidad adolescents, conducted by Dr. Tirbani Jagdeo in 1985, revealed that 41% of 15 years olds interviewed claimed that they did not discuss personal matters with parents. Dr. Jagdeo concluded that "parents were hesitant to discuss personal matters with their youngest adolescents - those under 18 - precisely the group that is least equipped to deal with their sexuality and therefore most in need of advice and guidance."

A similar study conducted in Tobago by Pauline Russell-Brown in 1986, found that "sexual activity begins very early and by 18 years of age, almost 60% of youth have had sexual intercourse."

Both studies indicated that teenage awareness of contraceptives was shallow and insufficient.

When we look at these three factors - insufficient knowledge of their sexuality, early sexual activity and superficial knowledge of contraceptives - surely we have a blue-print for confusion and mistakes.

What then is the answer? Clearly it is the provision of sex education, counselling and family planning services. However, there may be several constraints to provision of these services:

Negative attitude of service providers and educators - many still feel that teens have no business seeking sex education or family planning services and many consciously or unconsciously discourage them from using the services even though they are available.

Limited financial support for family planning programmes - government or private organization may feel the need to give priority to programmes for adults in cases where finances are limited.

Cultural and religious factors:

Even in the face of proven early sexual activity, provision of family planning services may be viewed as condoning "permissiveness".

Adolescents themselves often have ambivalent feelings about contraception and, though they may have every intention of continuing to be sexually active, they may make no attempt to utilize family planning services that are freely available.

Family planning associations are in a unique position to initiate or continue to provide the necessary education and clinic services.

Counselling services should be geared to:

Helping teens who do not wish to be sexually active to understand that it is okay to say NO.

Making the use of contraceptives more acceptable to young people who are sexually active.

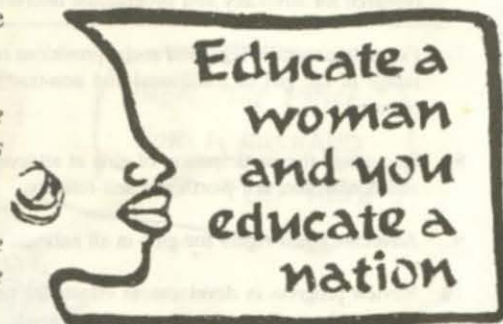
Encouraging teens to postpone pregnancy until they are physiologically and emotionally mature.

Sex education should not be limited to young people but be extended to parents and teachers, who in our Caribbean setting, are still important points of reference for their children. It is unrealistic for FPAs to be expected to provide sex education directly to our thousands of young people. Training should be offered to parents, teachers and guidance officers who spend the most time with young people. Secondly, the power of the mass media should not be ignored.

There is always much talk about morals whenever the issues of sex education and family planning services for adolescents are discussed. However, in the face of factors earlier outlined - insufficient knowledge of their sexuality, early sexual activity and only superficial knowledge of contraceptives among teens, it would be immoral for governments and FPAs not to address the problems squarely.

The momentum must be maintained, in fact accelerated, by continued efforts to provide these services and to conduct the necessary research that would ensure that educational and clinical programmes relevant to one's own society are designed.

Hetty Sarjeant is the Executive Director of the Family Planning Association of Trinidad and Tobago.



On Being a Girl Child...

*"Even though gender is not destiny/ right now being born
a girl is to be born threatened."*

JEWISH LAW STILL STUBBORNLY PATERNALISTIC

Greenberg credits feminism for making Jewish women think seriously about the female entry into adulthood and for increasing the number of girls celebrating Bar Mitzvah. This event was singularly the domain of boys having a Bar Mitzvah in the past.

"We also never used to think about celebrating the birth of a female child," Greenberg says. "The *bris* takes place eight days after a boy's birth, and is a covenantal ceremony, not surgery, and we celebrate the enlarging of the community by one. Yet we never celebrated female entry into the covenantal community even though women are, of course, members of the covenant. Seven years ago, I attended my first celebration of a girl's birth and it was a strange and awkward celebration. Today, it's becoming more and more commonplace under the challenge of feminism."

Blu Greenberg in *Herizons*, Jan/Feb, 1987

UNICEF'S TEN RECOMMENDATIONS FOR THE RIGHTS OF THE GIRL CHILD

1. Adopt political, legislative and development policies that eliminate gender disparity and discrimination in childhood. At present, there is inadequate appreciation of the problems and the special needs of the girl child by all involved in the development process.
2. Formulate time-bound targets and concrete actions to improve the basic human condition of the girl child.
3. Implement monitoring arrangements to ensure that policies and programmes for the girl child are successfully carried out.
4. Launch effective information and communication programmes to create an awareness of the greater vulnerability of the girl child and her special development needs.
5. Mobilize political, religious, cultural, administrative and community resources to create an ethos of care for the girl child. Such an ethos should promote the elimination of gender disparities and discrimination among children.
6. Undertake specialised research and investigation into the status of the girl child; create data bases on her, through the collection of data disaggregated by gender and demonstrating the anthropological, religious, legislative and socio-economic evidence of her unequal status and living conditions. Disseminate widely the findings of such research for advocacy and programme interventions.
7. Formulate specific legal and social provisions to counteract the unacceptable negative image of the girl in traditional and non-traditional media, education, religion and culture.
8. Encourage the participation of girls at all levels of human activity to enhance their self-confidence, self-worth and self-reliance.
9. Advocate equal rights for girls in all national and international fora.
10. Review progress in development efforts for the girl child in the 1990s on a regular basis at the national and international levels.

• From: *The Girl Child - An Investment in the Future* by UNICEF

Shame

We are told that shame
is self-hatred
and that we must not feel it.
We are told that shame
belongs only
to other religions.
We are told that shame means weakness
and we can be blackmailed.

We are told that shame
leads to madness,
which we cannot afford.

But I'm ashamed of the men
of my people
and their brutal minds.

I'm ashamed that I didn't try then
to see
what I'm seeing now.
I'm ashamed that my son
is the same
as the others around him.

And I'm ashamed of the fear
for ourselves
that makes us not care.

Nancy Nachum
• From: *Women in Action* 3/88

Even though gender is not destiny/
right now being born a girl is to be
born threatened; i want being born
a girl to be a cause for celebration/
cause for protection &
nourishment of our birthright/
to live freely with passion/ knowing no
fear that our species was somehow
incorrect & we are now plagued
with rapists & clitorectomies. we
pay for being born girls/ but we
owe no one anything/ not our labia,
not our clitoris, not our lives, we
are born girls to live to be women
who live our own lives/ to live our
lives. to have/ our lives/ to live. we
are born girls/ to live to be
women...

Ntozake Shange,
in *HERESIES*, 23, 1988.

CLITORAL EXCISION STILL ACCEPTED

Clitoral excision, a traditional operation designed to reduce women's sexual desire is a widespread practice in a number of African countries. Over 90 million women of all ages now living experienced this operation in childhood.

In the first place, part of, or all the clitoris is removed. Often this procedure is followed by a second operation in which the labia (outer lips of female genitals) are partly cut and sewn together. Once a girl has healed, her vagina is sealed except for a tiny opening to allow urine to pass. The operation is commonly performed without anesthesia or precaution against infection. Extreme consequences include haemorrhage, tetanus, and death. More common results are: painful urination, backup of menstrual blood and severe pain during sexual intercourse. (In Port Sudan a honeymoon hotel is located near a hospital.)

In 1979 the World Health Organization unanimously condemned clitoridectomies as mutilations disastrous to women's health. Nevertheless, the practice is believed to be spreading. A study entitled "Prisoners of Ritual" by cultural relativist Henny Lightfoot - Klein (Haworth Press, Binghamton, N.Y. 1990) is based on 400 interviews conducted on behalf of the "collective voice of girl children subjected to the operation". She reports that women themselves perform the operations justifying the practice for a number of reasons including: reducing female sexuality, cleanliness, prevention of rape and ritual symbolism. Neither Islamic belief nor Avalo culture require these operations, but even where illegal they are tolerated where they exist.

• From: *New York Times Book Review*

TEEN MOMS AND CHILD ABUSE WORRYING AGENCIES

Caribbean children having babies and child abuse are becoming worrying social ills for regional and international agencies.

Studies have established a link between a number of these child abuse cases and lack of parenting skills among West Indian mothers.

The Barbados-based Caribbean Area Office of the United Nations Children Fund (UNICEF), feels that "a considerable number" of these teenage mothers are below 15 years of age.

In urging Caribbean people to make 1990 "a year of better parenting", UNICEF's regional office also points to the insecurity children feel at home because of the abuse and neglect they suffer.

Sad Note

The UNICEF's regional office, which is responsible for the countries of the Caribbean Community as well as Suriname and the Turks and Caicos islands, is distributing as part of its educational work, a 1990 calendar as a reminder of the need for better parenting.

Below the bright, smiling faces of two young West Indian schoolgirls reads the sad note: "Each day there are children in the Caribbean who suffer abuse and neglect in the place where they should feel safest and secure - their home."

In speaking of the problem of teenage mothers, UNICEF's Caribbean Area representative, Jane Haile, notes that "the incidence of births to mothers below 18 years of age in most Caribbean countries is generally regarded as being unacceptably high."

Writing in the latest issue of *Children in Focus*, a quarterly publication of UNICEF, Haile said in some Caribbean countries as much as 26 per cent of recorded births are to women in the 15 - 19 age group.

She said that there was also clear evidence to suggest that there is a considerable number of births to women under 15 years of age.

Serious Consequences

Emphasising UNICEF's own commitment to improvement in the quality of life for children around the world, Haile said that this high incidence of teenage motherhood carries with it "a number of serious consequences on both individual and societal levels."

Adolescent parenting, for one thing, as pointed out by the UNICEF official, has other than health risks.

"Failure to complete education can condemn a young woman to total financial dependence, typically resulting in her involvement in a series of conjugal unions and repeated pregnancies," she observe.

In making the connection between a lack of parenting skills with child abuse and neglect, Haile said: "A number of studies have suggested that many cases of child sexual abuse are related to the unstable unions contracted by the mother, who perceives her ability to develop relationships with men as her only source of income."

by Ricky Singh,

• From: *Sunday Sun*, February 4, 1990



Women in Action 1/88

WHY EMPHASISE FEMALE NUTRITION?

During childhood girls and boys, with the same weight, need the same amount of food and nutrients. However, because of son preference, daughters' nutritional needs are often neglected.

- In a study in villages in Bangladesh, 14% of female children were severely malnourished compared with 5% of male children.
- A study in Tlaxcala, Mexico, found that girls received less than the boys of all nutrients monitored.

Malnutrition before pregnancy and in childhood and adolescence may affect a woman's physical development and thus the safety of delivery for both the mother and the child.

- Short mothers delivering normal-weight babies in the Gambia were twice as likely to need a forceps delivery or a caesarian section. Girls who have been poorly-nourished are often stunted and short when they become mothers themselves.
- In northern Nigeria, women with a small pelvis were more likely to require a caesarian section. Lack of calcium and vitamin D can affect pelvic size and increase the chances of obstructed labour. Women in *purdah* are particularly vulnerable because lack of exposure to sunlight can adversely affect the development of bones.
- Two-thirds of pregnant women in the developing world outside of China suffer from anaemia. Lack of an adequate supply of iron in the diet means that women who become pregnant become more anaemic and if they suffer a haemorrhage during childbirth they are more likely to die as a consequence.
- One in six babies (16.7 million) is born weighing less than 2,500 grams. Poor nutrition in girls, women and mothers-to-be, combined with the heavy manual work expected of them, results in low birth-weight babies.

• From: *Safe Motherhood*, Issue #4, November 1990 - February 1991.

EARLY SEX DETECTION LEADING TO ABORTION OF GIRLS

TORONTO - A doctor under attack in Vancouver for using a procedure critics claim encourages abortion of female fetuses says he is thinking of expanding his business to serve residents of Toronto.

Dr. John Stephens, of California has patented an ultrasound technique that he says can determine the sex of a foetus at 12 to 14 weeks.

In recent months he has heavily promoted his service among Vancouver's largest East Indian community where, there is still a belief that male babies are more desirable.

"We know that if the sex (of the foetus) is not the one they wish, they will go off and have an abortion," he said in a telephone interview.

Dr. Stephens who operates three clinics in California and another just across the Canadian border, said he would have preferred to have a clinic right in Vancouver, but was unable to obtain a licence needed to practice in Canada.

"I was told there were a lot of East Indians up there (Vancouver)".

Establishment of the clinic and Dr. Stephens' marketing of it have caused a furor in Vancouver.

"He is trying to make money in a way that is despicable and unethical," said Raminder Dosanjh, a director with the India Mahila Association.

"He's doing his best to cash in on some of the values that unfortunately still exist in our society. It's a total abuse of technology."

Local East Indian newspapers have stopped running advertisements promoting Dr. Stephens' technique in response to community complaints and threats of consumer boycott.

But Dr. Stephens said he has no intention of closing his operation.

Diane Marshall, a therapist with the Institute of Family Living in Toronto, said the current Royal Commission on New Reproductive Technologies should call for a ban on practices such as Dr. Stephens'.

"He has a marketing campaign aimed directly at groups in society which value a male child more than a female child," she said.

"And he administers a technology which can lead to abortion of a female foetus. I think that's disgusting. People's morality should be based on more than what sells in the marketplace."

Dr. Stephens said he doesn't condone the attitude that a family must have a male child, but "if I don't make money, I don't survive. As a businessman, I need a competitive edge."

"Who am I to change 48,000 households of recently immigrated East Indians who have brought their culture from India to Canada in one fell swoop?"

Dr. Stephens charges \$1,150 for a complete pre-natal diagnosis, and about half of that just for a foetal sex determination.

Dr. Bernd Wittman, an ultrasound specialist in Vancouver familiar with Dr. Stephens' work, said he is totally opposed to early gender determination.

"It is an unethical and totally immoral approach."

Dr. Wittman said he and most ultrasound practitioners refuse to disclose the sex of a foetus until it is at least 20 weeks old and past the point where a routine abortion can be performed.

Mrs. Dosanjh said Vancouver's East Indian community has been bombarded by flyers and direct mailings in Punjabi and English promoting Dr. Stephens' technique.

"It's nothing but a racist stereotyping of our culture," she charged. "There are people in any culture who will make use of this technique and abort female fetuses."

"Sadly, we still do have a problem and we have to do more education in the community. It's hard and it's sad."

ABORTION SURVEY IN BRITAIN: TEENAGE ABORTIONS INCREASE

"A record number of abortions was performed last year, according to Government figures published December 1989. Much of the 5.5 percent increase - from 174,276 in 1987 to 183,798 last year - was due to a steep rise in teenage abortions. They increased by more than 2,500 last year to exceed 41,000."

"A total of 40,637 girls aged 15 to 19 had pregnancies terminated in 1988 compared with 38,025 in 1987 and 36,789 in 1986. A further 859 girls under 15 had abortions last year, compared with 907 in 1987 and 924 in 1986. The Office of Population Censuses and Surveys said the total abortions of all residents in England and Wales went up by nearly eight percent to 168,298."

• From: *Women's International Network News*,
Vol. 16, No.2-Spring, 1990.

NEEDED: CONTRACEPTIVES FOR YOUNG WOMEN

Recently, Billie Miller, a former Education and Health Minister in Barbados, called for safer contraceptive methods, easy for young women to administer. She claimed that "abortion does violence to the minds and bodies of girls and women," and there must be a more humane way to postpone pregnancy.

Ms. Miller said that girls without a safe means of birth control at their disposal were "a neglected majority among the young." She declared that women should pressure the pharmaceutical industry, the medical profession and governments on the issue, and urged the regional media to provide relevant education on the matter.

• From: *The Daily Nation*, October 27, 1989

GENDER BIAS IN THE CURRICULUM

Outdated, and indeed harmful, ideas about male and female roles continue to be taught and learned in schools and to influence behaviour. Teachers frequently have different expectations of boys compared to girls. They often set boys to do one sort of task and girls another. (Boys, you carry the chairs; girls, you carry the books). Sloppy dress is often tolerated more in boys than in girls and so on. In addition, the textbooks we use in our schools continue to perpetuate sexist beliefs and attitudes.

Kathleen Drayton
Lecturer in Education,
University of the West Indies,
Cave Hill, Barbados.

SOUTH ASIA'S GIRL CHILDREN STILL FACE DISCRIMINATION

As the year of the Girl Child draws to a close, South Asia's little girls stand little chance of breaking out from centuries of sexism. Girls continue to be heavily disadvantaged at home, school, farm and work place.

The countries of the South Asia Association for Regional Co-operation named 1990 the "Year of the Girl Child."

The unique emphasis was intended to isolate the problems of girls from the larger issue of the backward status of women in South Asia.

Social scientists have recognized that the South Asian "girl child" - as opposed to the "boy child" - faces discrimination from the moment she is born.

Surveys show that girls get less to eat, have less access to schooling, are sick more often, get less medical attention, and do more housework than boys.

Whereas 52 per cent of all children were enrolled in primary school in Pakistan in 1987, only 35 per cent of girls were, according to the World Bank. Only one girl in ten made it to secondary school in Bhutan. Female enrollment figures, highest in Nepal - where 88 per cent of women are illiterate.

"There is quite clearly discrimination in feeding," said Shanti Ghosh, a South Asian expert on health issues. "During meal times sons had better access to milk, eggs and butter than daughters."

Ghosh said surveys showed boys were more readily taken to a doctor. Many parents willingly sink into debt in order to treat sons, but often will not do so if a daughter is sick.

In most South Asian countries, the most dangerous periods for the survival of girl children are between the ages of one month and four years and the peak

child-bearing ages, 15 - 35 years. South Asian girls are at greater risk than boys of dying before reaching the age of five except in India and Sri Lanka.

With modern technology, discrimination against girls can begin even before they are born. A study in Bombay found sex determination tests had been abused: all but one of 8,000 abortions involved female foetuses.

In rural South Asia, girls are married early to maintain their "purity" and avoid social stigmas against daughters who are not or cannot be married soon after puberty. This results in a cycle of early and frequent pregnancies. Drained by poor nutrition and heavy work load, most South Asian women in turn give birth to weak children. About one in three South Asians is born with low birth weight.

by Rajiv Tiwari

• From: *Population UNFPA Newsletter*,
Vol 16, No. 12, December, 1990

In a country where women are insulted and are unhappy tell me, oh tell me truly, can that country be called FREE?

Kamla Bhasin, Pacific and Asian Women Forum

