

**DISCUSSION OF HALF THE SKY:  
TURNING OPPRESSION INTO  
OPPORTUNITY FOR WOMEN  
WORLDWIDE**

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# WANT TO BRIEFLY TELL YOU WHY I AM HERE TALKING WITH YOU

- Most recent research 2009-2010 was on Rural Women's Reproductive Health in Indonesia. I came there to understand why so many women were dying in childbirth.
- I worked at an Indonesian Hospital and looked at reproductive health delivery from many angles. But this was not my first time there





# Original & Current Research in Sulawesi



# Originally began research for Ph.D. in CULTURAL ANTHROPOLOGY

- LAUNCHED MY CAREER WITH A FULBRIGHT GRANT FOR PH.D. RESEARCH IN INDONESIA 1984-1986.
- Learned the
- National language
- And an unwritten
- Local one.



# ONCE LEARNED LAUJE MOVED TO MOUNTAINS TO LIVE LIKE THEY DID—2 YEARS



# Found out that the whole culture believes there are birth spirits that must be nurtured

- For local Lauje people, if these spirits were not nurtured through offerings to the placenta and the umbilical cord, then these spirits would call the soul of the child to join it again in heaven. This could happen to the mother as well. It was incumbent upon the father and other relatives to make offerings so the children and the women would live.



# Elaborate system of offerings surrounded their beliefs about health and life.

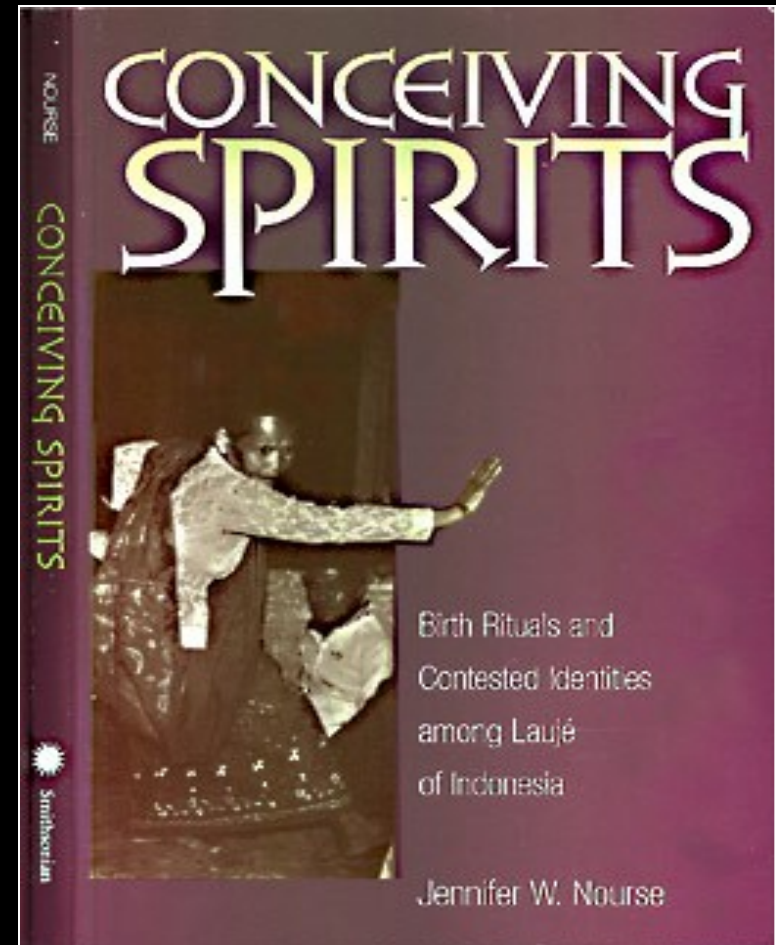
- I worked  
With midwives  
and shaman to  
learn how to  
give these  
offerings to the  
placental  
spirits of the  
universe





# This work resulted in my Ph.D. and a book called **Conceiving Spirits:**

- Birth Rituals and Contested Identities among Lauje of Indonesia (Smithsonian Institution Press).



# Over the years I kept going back

- My goal was to see my friends
- And to start a new project on midwifery.
- The Indonesian state was bringing in trained nurse midwives from more urban areas of Indonesia.
- I wanted to see how people responded to this.



# They were thrilled..

- They wanted the “government medicine” so women wouldn’t die in childbirth



# Every summer after I got tenure I returned to visit my friends

- But many of my friends were dying in childbirth.
- Every summer I would return and find more of my friends, or their sisters, or cousins were dead. It was heartbreaking. It was then I decided to channel my grief into interviewing doctors and midwives at the health clinics



# Traditional Birth Attendants and Lauje Worldview

- Despite the high death rates, highland women refused to seek medical help.
- Instead they relied on “traditional birth attendants.” (TBAs), elder women in the community, often a relative, who had a great deal of experience in birth, though this does not make them able to deal with high risk births.
- These TBAs assisted birth using ethnic and religious knowledge tied to the Lauje worldview about placental spirits and how to placate them so mothers and infants would live through the birth process.



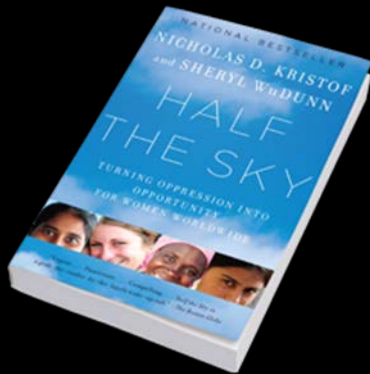
# Risking their lives for Dignity

- Returning to work with the Lauje every summer I could in the 1990s, I was emotionally distraught to hear the names of the many Lauje friends who had died in childbirth or from complications.
- “We will never return [to the public health clinic]...” “They treated us like animals.”
- .” “I would rather die that suffer that humiliation” said a few people. Others told me “the clinicians made me pay for service.”: “It was supposed to be free.”  
“I have no income. I cannot return.”



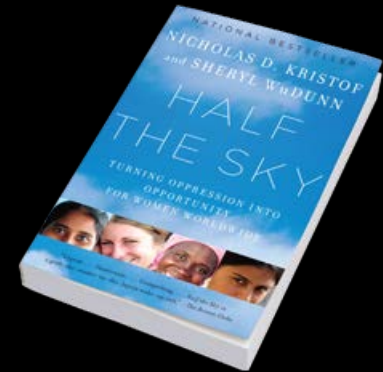
## So I decided to research local health care and maternal mortality rates.

- Before finishing my discussion of my work, let's discuss Half the Sky.
- Thoughts/ Impressions??????
- Did you like it?

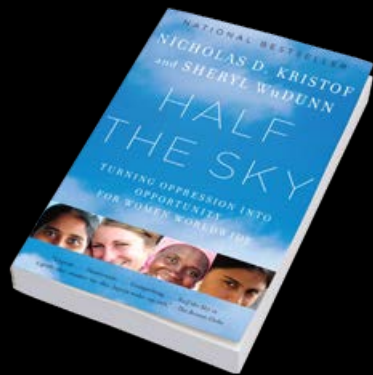


# I was Prepared to be skeptical

- Overall I like the book
- Human factor helps, but often such books don't see particular context as relevant
- Also, such books tend to be about great “white” European/American savior
- This connected the reader to individuals
- But there are some issues—some of it has to do with the organization.





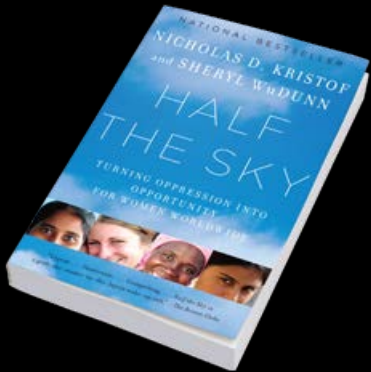


# INTRO—The Girl Effect

- Pp. xi-3—Story of Srey Rath
  - Cambodian girl sold into sex slavery
  - runs away from brothel but returned
  - Stays due to children
  - Children finally saved



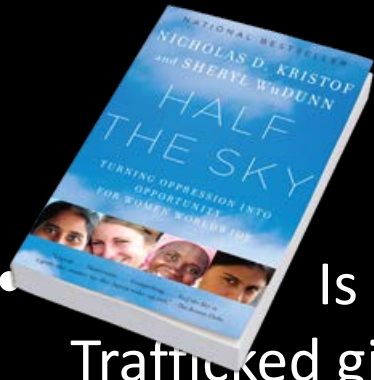
# Chapter One –Emacipating 21<sup>st</sup> century slaves



- Pp. 3-22 ration of girls to boys
  - In India 108 boys to 100 girls
  - In China 107 boys to 100 girls
  - Learn that women are key to ending hunger
  - Progress achieved through women
  - Seattle school helps to fight slavery through education for girls

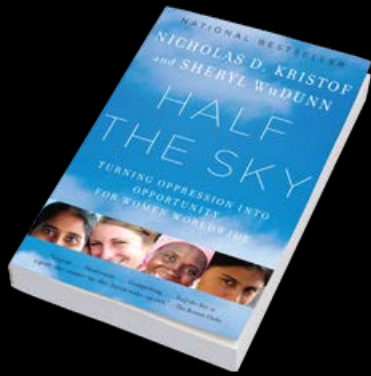


# Chapter 2-Prohibition & Prostitution



- Is it better to give Trafficked girls condoms and healthcare or
- Arrest traffickers, especially those who sell virgins
- Case of the Netherlands vs. Sweden
- Rescuing girls is the easy part—2 cases
- P. 45 read quote

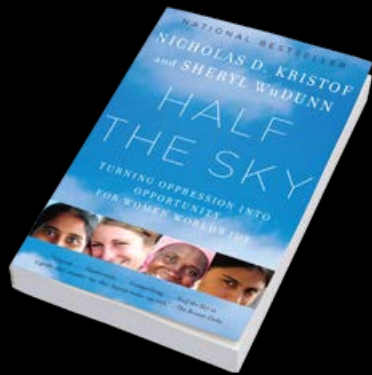




# Chap. 3 Learning to Speak Up

- P. 47-60 Girls have stoic docility—what's this?
- P., 55
- Progress depends on political and cultural remedies
- Charisma important
- Story of Sunitha

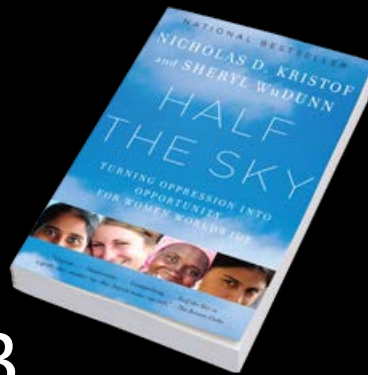




# Chapt. 4 Rule by rape

- Pp. 61-81 Rapex, what is this?
- Lots of examples from Africa.
- Rape and violence not where we have been focusing on gender inequities—
- Rape also has to do with ....?
- In the end, religion, governance come into the mix when there are fewer rapes / suicides



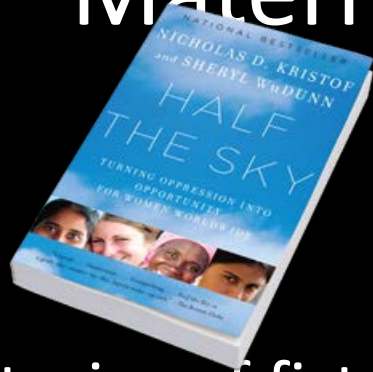


# Chapter 5 The shame of honor

- Pp. 81-93
- Dina and honor killing
- Flood of rapes from Africa
- Rape and honor killings get conflated here
- Talks about Harper McConnell in Africa—doing wonderful work



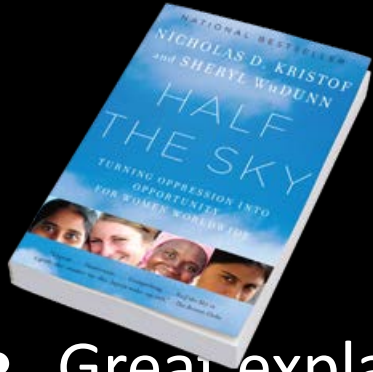
# Maternal Mortality—one woman a minute



- Stories of fistulas and rape—the hyena story
- P. 97 attributes this to women being pariahs.
- P. 103 most effective approaches aren't medical at all—e.g. subsidize school uniforms
- Work to avert maternal death and disability AMDD



# Chapter 7 why do women die in childbirth?



- Great explanations—4 reasons
- Biology
- Lack of schooling
- Lack of rural health systems
- Disregard for women
- What could be another reason?—poverty, inequities in government, ethnicity, neoliberal economy. Let's look at my Indonesia research for a few minutes





**When Compared to Neighboring Countries and others-- Indonesia Performs Below Expectations**

COUNTRY	MMR FOR 2011
Italy	4
Canada	7
United Kingdom	8
Singapore	16
United States	17
Chile	21
Malaysia	31
Venezuela	48
Philippines	98
Bolivia	180
<b>INDONESIA</b>	228
Afghanistan	1,575

# The Question is Why?



Kementerian Kesehatan Republik Indonesia  
Ministry of Health Republic of Indonesia

- Answers should be
  - complex and context based
- Recent health policies in Indonesia
  - Assumed one “answer” is cause—geography & demography answers prevailed
    - Example—High MMR in Indonesia due to poor access—unique geography
  - Money thrown at the one “answer” but didn’t always reach locals
  - Inadequate results

# In the last 30 years Indonesia's population has doubled

- Land becoming less available
- Crowding more common
- Water more polluted in crowded areas
- Disease more likely
- Also more landslides and difficulty travelling
- Especially during corrupt Suharto Regime



**The reasons or excuses used by planners in National Dept of Health (what I call the geography and demography theories) cannot explain the inequities between rural peripheries and urban centers**

URBAN PROVINCES IN INDONESIA		RURAL PROVINCES IN INDONESIA	
Province or City	MMR	Province, City, or District	MMR
Surabaya City (E. Java)	24	Central Sulawesi Province (Sulteng)	274
Province of E. Java	30	Palu, City (Sulteng)	200
Province of South Sulawesi	79	Donggala District (Sulteng)	277
		Parimo District (Sulteng)	229

# Many Authorities regard the poor maternal health outcomes of Central Sulawesi as due to:

- Lack of Access
- Few Skilled Attendants
- Inadequate Funding to bring skilled attendants to remote areas
- Too many patients for too few trained healthworkers



# Depends on which District one is in

- Corrupt health officials skim off money meant for healthcare
- Or intensive use of land creates problems with clean water.
- One leader campaigned to stop the corruption.
- Where I worked in Central Sulawesi, they elected a wonderful leader who built roads and brought in pipes for clean water.



# ACCORDING TO THE LAUJE WITH WHOM I HAVE BEEN WORKING SINCE THE 1980S, DECENTRALIZATION IS GOOD.

- *“Life here is better, there is clean water and better roads. The doctors can reach us better. We want a doctor here, and that will come later. When we talk to the Bupati (the head of the regency), he listens to us. We have much better healthcare than when you lived here before [during the Suharto era].” “It is expensive but we can get care and they don’t treat us like animals.” We go to the nurse midwives in Lombok.*
- LAUJE MTNS. 1984
- LAUJE MTNS. 2010



**Dysentery prompted Drs. And Regent Longki to ask locals what they thought would improve healthcare. Clean water they said.**





REDUCTIONS IN MMR & IMR (MATERNAL & INFANT MORTALITY RATES) HAVE SLOWLY CHANGED. THEY ARE KEY INDICATORS USED BY THE WORLD HEALTH ORGANIZATION TO MEASURE HEALTH IMPROVEMENTS.

YEAR	REGION'S IMR	COUNTY'S IMR	REGION'S MMR	COUNTY'S MMR
2004	100	102	299	646
2005	254	363	301	135
2006	167	167	271	294
2007	131	192	189	320
2008	127	131	207	329
2009	?	68	229	136

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**But it is also attitude and bigger issues—lack of health in general poverty—lack of trust in the government.**

- Outsiders who come into an area cannot help locals. They have to live in an area to gain trust.
- Now nurses live in the area and know the people.
- Grandchildren of former midwives are now trained as nurses. This is one of the biggest changes.



**NEIGHBORING COMMUNITIES ATTEND THE CLINICS and THEY NOW RECEIVE FREE MEDICAL CARE ON PARTICULAR DAYS. Fewer babies are dying.**



# HAUGHTY HEALTH STAFF AND DOCTORS DO NOT KEEP PEOPLE FROM ACCESSING HEALTHCARE AS THEY ONCE DID IN THE SUHARTO ERA

- EVEN IN AREAS WHERE THE
- MAYOR MAY BE CYNICAL,
- THERE ARE NURSE
- MIDWIVES EMBEDDED
- IN THE COMMUNITIES
  
- WOMEN AND CHILDREN
- TEND TO GO TO THESE
- MIDWIVES FOR ALL OF
- THEIR HEALTHCARE—
- NOT JUST REPRODUCTIVE
- HEALTH.
  
- RURAL MEN VISIT THESE
- NURSE-MIDWIVES AS WELL
  
- DOCTORS TEND TO PROVIDE
- SERVICES FOR MIDDLE CLASS
- MEN AND RURAL WOMEN
- AND CHILDREN IN COMMUNITIES
- WITHOUT MIDWIVES.
- 



# ACTIVE, COMMITTED AND ENGAGED LEADERS ARE INDEED FOCUSING ON THE POOR

- SUCCESS DUE NOT ONLY TO
- COMMITTED (AND UTOPIAN)
- LEADERS
  
- BUT ALSO TO DECENTRALIZED
- HEALTH'S FUNDING STRUCTURE
  
- NATIONAL PROGRAMS ARE TELLING PEOPLE THAT HEALTH IS A HUMAN RIGHT. THEY ARE SEEING THIS AND WANTING EQUALITY.
  
- BUT THIS VARIES DEPENDING UPON REGION.
- SOME ARE GOOD, AND OTHERS ARE JUST AS CORRUPT AS BEFORE.
  
- AND COMMITTED LEADERS MAKE SURE
- THE MONEY IS SPENT AS IT SHOULD BE
- SPENT—FOR THE PEOPLE.

