

CONFERENCE REPORT

REPORT ON THE FINRRAGE-UBINIG REGIONAL MEETING, held at BARD, Comilla, May 8–11, 1990

The FINRRAGE-UBINIG International Conference 1989, held in Comilla Bangladesh, was an important event in the struggles of women against the invasion by the reproductive technologies and genetic engineering. Women coming from different countries and regions of the world found a common ground to be united against the dehumanising technologies and jointly brought out “The Declaration of Comilla” — a historical document explaining and creating a basis for resisting the system and technologies developed under such world economic and political system, which has been found to be sexist, racist, and eugenic in nature, and therefore harmful and coercive for the women, people of colour, and poor people in general.

After the international conference, the participants attending the meeting organised various meetings within their own countries, published the Declaration of Comilla in their own languages, and discuss the various critical issues emerging from the conference. It was extremely important for the participants to work in their own countries and introduce the discussion on the reproductive technologies and women’s health extensively. In Bangladesh, a national network was formed and has already taken up various programmes on the question of critically evaluating the contraceptives imposed on the Bangladeshi women under the population control programme. However, as the organiser of the international conference, UBINIG had corresponded with the participants and received information about their activities. During such correspondences, it appeared quite clearly that a follow-up meeting would be necessary for the participants from the Asia and Pacific region, so that issues specific to the region can be discussed intensively and more concrete action programmes can be taken up to resist abuses and misapplications of contraceptive technologies and genetic engineering affecting the people.

During the week of May 8–11, 1990, the FINRRAGE-UBINIG regional meeting was held in the beautiful atmosphere of Bangladesh Academy of Rural Development in Comilla. The participants who attended

the international conference found themselves at home because the venue was familiar to them. It was not a conference in nature. It was only a meeting where the participants who attended the international meeting had to share the issues raised at the international conference with those who did not attend the last conference. The later group shared the situations of reproductive technologies in their own countries and their positions and actions with regard to the technologies.

The inauguration was simple but interesting. La Rainne Abad-Sarmiento from the Philippines conducted the inaugural session energising everybody in a Filipino way of clapping and weaving solidarity among the participants. Then Mina Kumari Sharestha and Rima Devi Sharesta inaugurated the meeting by lighting candles and consequently showering flowers on the audience. A folk song was played which depicted the struggle of rural working women in Nepal. The inauguration by the Nepalese women was significant because of the recent democratic changes in the country. It was an expression of the solidarity to all the struggling people of the world at the same time. Maneka asked the audience to pray for all the martyrs and the struggling people of the world to emancipate themselves from all forms of oppressions and exploitations. Farida Akhter welcomed the participants on behalf of the organisers FINRRAGE-UBINIG and stressed the point that although it is important to locate the regional issues more intensively, yet the implications are immediately global. On behalf of the Bangladesh national FINRRAGE network, Meherunnesa Islam welcomed the participants. Eighty participants from 11 countries participated in the meeting. The countries represented are Bangladesh, India, Pakistan, Malaysia, Philippines, Hong Kong, Indonesia, Nepal, Japan, Mauritius, and Fiji. The significant aspect of this regional meeting was that it was attended by a large number of women from different organisations in Bangladesh who could get acquainted with the information on the reproductive technologies and their affects on the women’s health under various socioeconomical and cultural context of the countries in Asia and the Pacific. It is important to mention that there were many Bangladeshi participants who did not hear any critical view on the contraceptives before attending the regional meeting. Moreover, the meeting was attended by many male and female journalists of Bangladesh, who found it very interesting to have a different view on the question of population control and its implication on women’s health.

The meeting took place in the context of “The Declaration of Comilla.” Mira Shiva of India recaptured

Report based on the FINRRAGE-UBINIG regional meeting *Khabar* (two issues) published during the week of the meeting. The participants responsible for bringing out the *Khabars* were Mary Cardosa (Malaysia), Narinder Kaur (Malaysia), and Nimita Bhatt (India).

the spirit of the international conference, giving a summary of issues raised. These included the concern for continuing high maternal mortality rates, especially in the Third World countries; the problem of infertility and the social stigma of the infertile woman; the use and abuse of reproductive technologies, including modern contraceptives, amniocentesis, IVF, and genetic engineering; and types of population control policies. Mira read out bits and pieces from the Declaration of Comilla and explained with relevant examples of the discussions held during the international conference.

Representatives from various countries, especially those who did not attend the international conference, gave their comments on the Declaration. Participants appreciated the extensive coverage of issues in the Declaration and also mentioned some specific areas of concern for their countries, as well as areas not covered by the Declaration.

What was done to disseminate the Declaration and carry out works based on the recommendations spelled out? This question was asked by a participant from the Philippines. The question was very genuine and important. In response to this question, a participant from Bangladesh gave an account of the various steps taken, leading to the formation of a network called Protirodh network (resistance network) comprising of women's groups in Bangladesh concerned with the issues of reproductive technologies and genetic engineering. This network is working as the FINRRAGE, Bangladesh network. A participant from Fiji stated about the problem of bringing up issues to her government because of the political situation and the fact that family planning policies and drug supply is linked to foreign aid and intergovernmental friendship. Participants from other countries also referred to the kind of work they have done in this respect. It may be noted here that the Declaration of Comilla was published in various newspapers and journals in countries such as the Philippines, Japan, Korea, etc.

Discussions on reproductive technologies were very lively. It was found that there were variations in the perspectives among the participants on these issues. The main issues raised were the following:

1. Because of the patriarchal values and attitudes of the policy makers as well as of the workers, women's health is not a priority.
2. Government intervention, however well-meaning, lacks women-orientedness and hence becomes coercive.
3. The family planning workers are the only source of information about the contraceptives. But they generally have incomplete information, which is further distorted by the fact that they have to get more and more acceptors of contraceptives.
4. In regard to the need of modern technologies, such as IVF, it was opined that they keep offering solutions to the problem of infertility that are harmful for women's health and invading upon the women's body without finding the causes of infertility. There are chances that even the use of IUDs and sterilisation are the causes of infertility.
5. The governments do advocate the traditional birth attendants to conduct deliveries. In a way this is in consonance with the value that we must strengthen the community's skills to take care of health problems. But a serious doubt was raised regarding their skills. This becomes more important given the fact that the average age at first delivery is between 18 and 19 years and the women's body is not prepared enough at this stage and there are going to be many complications. No wonder the maternal mortality in many developing countries is very high.
6. There has to be noncoercive approach for dissemination of information for offering solutions to the health problems, and for the implementation from a woman-oriented health care delivery system.
7. All issues fall back upon the major issue of the status of women. The continuous manipulation by the policy makers and the relevant organisations and agencies makes us think that the issue of women's health is no longer an isolated health matter only. There has to be multisectoral approach to achieve ideal state of health for women.

Interesting, debates were held around the question of natural family planning methods. Sister Emalda Gomez from Bangladesh led a workshop on the natural family planning and educated the participants with various forms of natural methods emphasising especially the ovulation method. In the plenary following the workshops, the debate on the question of natural family planning started when one participant claimed that it is "nonsense" and is almost "like playing with women's lives." She said, "We as women's organisations must be sure and convinced about anything we advocate, beyond the ideological biases and political vested interests." Other participants did not fully agree with this viewpoint. One participant said that so far the scientific basis of the natural method is concerned it concretely sounds like any science based on empirical observation and understanding of the biology of women. The only valid point can be raised in this regard is to what extent women can learn and be aware of their own bodies, which leads to the larger struggle to learn our own bodies and the question of educating ourselves.

A field worker working with the village women in Bangladesh asked why the question of playing with women's bodies is raised only with regard to the use of natural methods and not in the use of hormonal contraceptives?

Different levels of understandings and perspectives were also observed among the participants from various countries on the issues of population control policies, use of contraceptives, new reproductive technologies, etc. While some countries find the use of religious community in the family planning programmes a form of coercion, others find that it is useful for them to get rid of the coercive cultural values. Use of contraceptives are varied in the countries within the region. The use of some new reproductive technologies, such as amniocentesis and IVF, have been limited to a very few countries, therefore, those who did not experience the harmful effects found it difficult to grasp the essence of the explanations. However, in the workshops and the plenary sessions, open discussions as well as debates led to a common agreement that

“We all need more and more information sharing and collection and documentation of scientific and technical materials and disseminate among the women’s organizations and groups within the countries of the Asia and the Pacific region.”

There was an unanimous agreement on this question of sharing more information. Finally, on the last day’s session, participants proposed that a Regional Network of Women and Health for Asia and the Pacific be established with the broad objectives of empowerment of women through undertaking control of their own selves and their lives, particularly with regard to reproductive technologies. The women’s organisations, individuals, or groups belonging to different countries within the region can be the participants of such a network. UBINIG (Bangladesh) will act as the secretariat to coordinate the activities of the network.

One of the main work processes of the network would be task forces on specific areas of work based on

the expressed needs of the network members. The network will be an autonomous body.

Some strategies defined for the network are the following:

- A. Documentation: It is proposed that a documentation centre be set up that will: (i) identify resource people and institutions within the network; (ii) prepare an annotated bibliography on published materials and sources of their availability; (iii) document positive and negative campaigns related to women’s health.
- B. Dissemination of Information: (i) to produce a package on issues related to women’s health; (ii) to produce a newsletter, if resources permit; (iii) to facilitate correspondence with each other among the members; (iv) to facilitate bilateral visits among the member countries with specific purposes of sharing of information and action; (v) to produce educational materials for pressure groups, to influence policy makers, medical profession, donors, multinationals; (vi) to conduct campaigns on selected themes to lobby and pressurise policy makers.
- C. Issues of Immediate Action: (i) to have a regional campaign against Norplant, Depo-Provera, Net-en, and antifertility vaccines; (ii) women and Pharmaceuticals — to have a list of essential drugs for women and information on other hazardous drugs; (iii) to have a clearing house on women and health information; (iv) to develop and document information on alternatives available within the indigenous health systems.

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