

Headline **Women in crisis**
Date **14 Oct 2010**
MediaTitle **The Star**
Section **StarTwo**
Journalist **N/A**
Frequency **Daily**
Circ / Read **304,904 / 1,026,812**

Language **English**
Page No **T8**
Article Size **607 cm²**
Color **Full Color**
ADValue **22,715**
PRValue **68,146**



Women in crisis

Sexual and reproductive health issues are a harsh reality of crisis-struck societies.

By **SHARMILLA GANESAN**
sharmilla@thestar.com.my

A NATIONAL crisis like the flash floods in Pakistan last month will naturally thrust a country into the international spotlight. As nations around the world start fundraising campaigns and humanitarian aid agencies move in to help mitigate the disastrous consequences, hopefully the problems can be alleviated with minimum impact on the people.

Hidden away from the glare of the public eye, however, is an issue that afflicts thousands of people in post-disaster situations: sexual and reproductive health (SRH). Women in these areas often lack the most basic necessities that the rest of us take for granted.

From not having sanitary napkins or adequate birthing facilities, to rape and sexual exploitation, and getting pregnant when they don't want to or contracting sexually-transmitted infections, the challenges for women in post-disaster situations are constant.

While such concerns may not seem pressing, particularly in regions already suffering from starvation and displacement, SRH-related issues are a harsh reality of crisis-struck societies. Yet, it is an area that still does not receive the attention it deserves from aid agencies or donors.

Local activist Nabila Nasir, 25, first had her eyes opened to the issues surrounding SRH in post-disaster situations when she volunteered in Aceh after the tsunami in 2004, and again, in Jogjakarta after the earthquake in 2006. She found that women kept talking to her

about SRH issues. She realised that while these were very real problems, the women didn't feel like they could speak openly about them.

The issues encompass four main areas, namely, family planning, maternal and child health, sexually-transmitted infections and gender-based violence, including sexual violence. Among these concerns, international organisations have identified three main priority interventions: preventing sexual violence and providing medical care afterwards; care for pregnant women, especially emergency obstetric care; and prevention of HIV infections.

Hence, when the Pakistan floods occurred, Nabila's immediate reaction was to provide aid that focused on SRH. With that in mind, she formed Championing SARA (SARA stands for Sexual And Reproductive health Awareness), a fundraising platform that also advocates the integration of SRH awareness into healthcare, medical and aid items sent to post-disaster and conflict situations.

"I wanted to show that you don't have to work in the United Nations or have a degree in public policy to do something about a situation like this," explains Nabila. "And since not a lot of people wanted to talk about (SRH), I thought I would."

Besides writing to Malaysian response agencies and creating public awareness, Championing SARA is currently fundraising for money, drugs and supplies to assemble 10,000 clean delivery kits, 5,000 female hygiene kits and 5,000 male hygiene kits. Other items needed include soap, sanitary pads, hand towels, toothbrushes and toothpaste.

Nabila is hoping multinational companies and manufacturers will step forward to donate the necessary items; so far, Durex has contributed 20,000 condoms, while Cranberry Malaysia provided 10,000 medical latex gloves.

She realised, however, that highlighting these issues was fraught with challenges, especially since many people don't understand the importance of dealing with SRH concerns.

"I've received backlash from people who ask me why I'm sending the flood victims sanitary napkins and condoms when they lack food and medical care. What people need to understand is that SRH issues encompass much more than that. It's also about empowering women to take charge of their own bodies, and about teaching them how to protect themselves," Nabila explains.

The lack of support and understanding stems from the fact that people generally do not witness the problems associated with SRH. International Planned Parenthood Federation's (East, South-East Asia and Oceania Region) sexual and reproductive health in emergencies adviser Sarah Chynoweth, 33, explains that many of the issues are "behind the scenes".

"The reason for the lack of support and action is that you don't see it. Unlike starvation, injuries and homelessness, concerns like childbirth, rape and HIV infections are not out

Headline **Women in crisis**
 Date **14 Oct 2010**
 MediaTitle **The Star**
 Section **StarTwo**
 Journalist **N/A**
 Frequency **Daily**
 Circ / Read **304,904 / 1,026,812**

Language **English**
 Page No **T8**
 Article Size **607 cm²**
 Color **Full Color**
 ADValue **22,715**
 PRValue **68,146**

in the open. Plus, it's such a sensitive issue; most women won't come out and say, 'I was raped,' or 'I don't want to be pregnant',” she says.

She explains, however, that SRH-related problems increase during crises, while access to solutions becomes more difficult. And, SRH issues are the leading cause of death for women around the world.

“Any time there is a disruption in the social fabric (such as during a natural disaster),

sexual violence increases. Women get pregnant when they don't want to and can't afford to be. They may be forced to sell their bodies for food or supplies because they've lost everything.

“The total vulnerability of people in a situation like this is hard to understand,” Chynoweth says.

She adds that cultural taboos make the topic a difficult one to broach, both to the affected community and potential donors.

“Condoms, for example, can be controversial, even though women may not want to get pregnant in the middle of the crisis, and need to protect themselves from sexually-transmitted infections. You will even hear people say, 'We can't deal with rape right now.' But then, when should it be dealt with?” asserts Chynoweth, who has been working with reproductive health in emergencies for seven years.

She explains that SRH is often not part of emergency response teams' training, and is usually seen as “women's issue”.

“What we're trying to show is that SRH is not separate; it should be part of the basic healthcare intervention. If you are a healthcare provider, you need to provide these services,” she says.

Nabila and Chynoweth both point out that people from every sector of emergency response need to be involved in dealing with SRH issues – even simple elements can make a big difference in women's protection.

Separate shower stalls for men and women, for example, can help prevent sexual molestation; yet, many camps for disaster victims don't have separate shower facilities. Proper lighting in all areas, which is lacking in many camps, is another simple step to provide protection for women.

Chynoweth points out that aid agencies should also think about potential exploitation when it comes to distributing food.

“Agencies often give food in really big bags, which women can't carry. So men take it instead, which gives (them) the power to exploit women in return for the food,” she says. “Registration cards for rations are also usually given to the head of the family, who is usually a man.

This, too, is open to abuse.”

Having women distributing aid would be one way to stem the problem. She also suggests that every adult be given a ration card. Another danger is when food rations don't include fuel for cooking. Women are forced to then forage for brush or wood away from their living areas, which puts them at risk of rape.

Cultural norms also need to be considered when it comes to providing solutions. In Pakistan, for example, the majority of women only go to female healthcare workers for treatment. Therefore, even if there was a qualified male gynaecologist present, the women wouldn't seek treatment from him.

“SRH is a human rights issue that needs to be incorporated across the board into all standards of emergency response. It's not just a women's issue, it's a community issue,” says Chynoweth.

She also lauds Nabila's efforts with Championing SARA, calling it a woman-to-woman approach.

“It's essential to talk to the women to know the best ways to access and engage them. If not, it is likely that the efforts will fail. That is what is so great about Championing SARA: it is about the average Malaysian woman helping the average Pakistani woman,” she concludes.

■ *Championing SARA is raising funds till the end of the month. For details, e-mail ingsara@gmail.com, nabila.csara@gmail.com or visit championingsara.wordpress.com.*



Championing SARA is currently fundraising to help victims of the flash floods in Pakistan.



Nabila Nasir

Headline **Women in crisis**
Date **14 Oct 2010**
MediaTitle **The Star**
Section **StarTwo**
Journalist **N/A**
Frequency **Daily**
Circ / Read **304,904 / 1,026,812**

Language **English**
Page No **T8**
Article Size **607 cm²**
Color **Full Color**
ADValue **22,715**
PRValue **68,146**



Sarah Chynoweth