

On Women's Health and Rights
Lectures, Speeches and Statements
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Giving Girls a Chance

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I am a health professional. Social and health issues, to people with my background, are about people, about individuals who have names, and about human faces with expressions of joy, sorrow or pain, which continue to live in one's memory.

When the issue of giving girls a chance comes up, the face of one of my patients jumps up from the back of my memory. Let me briefly talk about her.

I had three professional encounters with her over a long period of years. When I first saw her, she was in the company of her mother and elder brother. She was about 13 or 14 years old. She did not go school. She was not gainfully employed. She was recently married. I remember she wore a beautiful village dress with many bright colours. Her husband has already left, shortly after marriage, to one of the Gulf States, where he was earning a living as a manual labourer. The reason why they came to see me was that she missed her last two periods. I proceeded to examine her. She had the usual genital cutting. They were all happy when I confirmed to them that she was pregnant. To me, her happiness looked as the happiness of a child given a new toy. She was a child, and maybe she was happy to be seen as now joining the ranks of adult women. I did not see her for some time after that. But I was keen to inquire from relatives in her village about the outcome of her pregnancy. I was somewhat worried because I knew that her bony pelvis was not yet fully mature and may cause difficulty in labour. But I was told she had a safe delivery at home.

The next time I saw her was many years later. I did not recognize her at first. There was nothing left of the cheerful joyous playful child. I now saw a maternally depleted woman with an anxious worried face. She already had six deliveries. Two of her children, both boys, died in their first year. She had three living girls and one boy. Her husband was still working abroad, visiting for two months every year or two. Each time he visited, she got pregnant. But the last two visits went by without her getting pregnant. She never used any contraception. After examination, I told her she better takes care of her health, and that another pregnancy will be risky. She said, and I still remember the words: "it is not me who wants". Her husband wanted more children, especially boys. He now has money and can afford to marry again if she did not get pregnant. She insisted on going through an infertility investigation and treatment. Since she was now in the high risk category we obstetricians call grand multiparity, I advised her that any subsequent delivery should not be at home by her traditional birth attendant. She should be delivered in hospital

The third time I saw her was two years later, and in hospital. I was making the ward round with the residents, and they pointed out to me an emergency case admitted the night before. There she was. I still remember her pale face, her shriveled hair, and the look on her face, a look difficult to describe, difficult to forget. She had obstructed labour after a long suffering at home. She was delayed in going to hospital. She needed the approval and help of her in-laws. When she ultimately arrived to hospital, her uterus had already ruptured and she had severe intra-abdominal haemorrhage. It was a near miss, but her life was saved by blood transfusion and emergency surgery to remove her uterus. I assured her that she is now OK. But I asked her, maybe I shouldn't: did I not tell you to deliver in hospital. Her weak voice still rings in my ears, as she said "it is not me who decides". It was not she who wanted or decided. To this day, when I hear the nice expression: "fertility by choice", I say: "yes, but whose choice". Pregnancy should be a dignified informed choice by the woman who is empowered to make decisions.

That was my story with "Sayyeda". Her name is an irony. It is the feminine equivalent for the masculine name "Sayyed", which literally means "master". But she was no master of her life or fate. When I recall the story of this poor girl, three questions race through my mind: How different it would have been if she was given a chance? ; why was she not given a chance? ; and how could she have been given a chance?

I have no doubt that it would have been different if Sayyeda was given a chance to have some education, if she had the capacity to earn some living by herself if needed, and if she had the power to make some real choices in her life.

But why was she not given a chance? There are many like her in this world and the situation may vary in different countries. In her case, we are a poor country, but the government has been trying to improve things, through laws and services. Female genital cutting is punishable by law. School primary education is, theoretically at least, compulsory and free for boys and girls. Marriage of minors below the age of eighteen is banned by law. Family planning services are supposed to be free for those who cannot afford. District hospitals are reasonably accessible. There were many exits for Sayyeda along her sad road journey. But she was denied exit in the community in which she lived. The lesson to me is that it takes more than building a health centre or changing the law to bring about social change. Governments, generally speaking, are not credible preachers.

This brings me to the third question: how could Sayyeda have been given a real chance. My answer: It is civil society working in and working with the communities that can bring change from within. This is the noble mission which IPPF and its Member Associations in countries are capable of doing, and as Gil, our Director General, outlines are already working on it.

But there is a limiting factor to what the Planned Parenthood movement can do. This limit is the "R" word: resources: national resources and resources from global social solidarity.

I have always made a plea for solidarity in the international women's movement. As I moved in the international field, I saw that women in different countries, east and west, north and south, have more in common than what meets the eye. What differences you get are largely a matter of time. What women in many countries are still struggling with, are issues which their sisters in other countries also had to struggle with in the past. The story of our Sayyeda would be unheard of in the UK today. But it may not have been an unusual story in a not very distant past. Even an issue as girl education did not go without resistance in Western societies. According to my readings, in the nineteenth century, female higher education was a controversial innovation, and reputable writers in the West argued that studying could have the very undesirable effect on girls of drawing energy from the uterus to the brain, something which good women should not need. To support their view, they cited the observation that educated women have relatively fewer children.

But let me end on an optimistic note. Things are changing, thanks to IPPF and similar civil society organizations. Women are making progress. Twenty years ago, I served as dean of the medical school in Assiut, in less developed and conservative Upper Egypt, for eight years. I remember at the time several of my girl students told me that they were the first girls who dared to leave their villages, to be educated in the city away from home. Now, girl students are a norm in our provincial university, and generally they do better than boys. When I look at their happy faces, I hope that the daughters of poor Sayyeda are among them and that they were given the chance that their mother was denied.