BANKS DO DISCRIMINATE AGAINST WOMEN

By Raijieli Nicole

Responding to the public's increasing dissatisfaction over the services and the fees charged by financial institutions, the Minister of Finance, Mr. Jim Ah Koy called for an inquiry into the banking services in September this year. The Fiji Women's Rights Movement made both, a verbal and a written submission to this Bank Inquiry committee on Friday, 14th October.

Our submission, which was fully endorsed by the national YWCA, was the only submission giving the women's perspective - the responsibility to deliver an argument convincing enough to have it 'recognised' cannot be over emphasised given women's position in our economic fabric today.

Relative to their fair share of the population, women in Fiji are substantially under-represented in the formal sector accounting for about 36 percent of the total work force. Hence, the substantial majority of women (64 percent) work either as 'homemakers" or as informal sector workers in the area of agriculture, fishing, manufacturing or as both - homemakers and informal sector worker.

In the post-coup era, examples of emerging trends indicative of the deterioration of women's economic status and their dependency on wage employment are:

* the creation of tax-free zones which resulted in the influx of women into the labour market (especially in the garment industry). These women are concentrated in the low paid jobs, with poor working conditions and most of these female dominated industries are non-unionized.
* the establishment of the Garment Tribunal and the subsequent creation of the Garment Wages Council where today, garment workers are paid $1.10 per hour which in comparison to the other 8 wages councils, is the lowest wage. However, in terms of their contribution to export and foreign exchange earnings, the garment industry is the most lucrative industry;
* structural adjustment policies like VAT, health expenditure cuts and wage/labour deregulation.

Against this backdrop and with the move towards globalisation, the economic status of women is further impaired with the rigid policies and structures implemented by financial institutions today.

The submission demonstrated that commercial banks discriminated against women not only through the accessing of credit for business ventures - but more importantly in the basic service of personal banking. Selected areas of our submission are outlined below.

Personal banking

Opening an Account

The Access or Savings facility offered in the market today is particularly discriminatory against women and in particular the working class and poor, rural women. It does not address or cater for the savings needs of women and disadvantaged people in the lower income bracket.

From a telephone survey conducted with a few commercial banks, to open a new savings account consumers have to make an opening deposit of $200 at an interest rate ranging between 1 to 1.2 percent, and then, a minimum balance of $200 is be maintained or penalties will be levied.

Of the 28,500 women in the total workforce, 12,000 are in the garment industry, and these women are paid a minimum wage of $1.10 per hour, an average of about $45.00 per week. How many of these women will be able to survive on this amount let alone open an account with the minimum deposit of $200 and then save as well? Alternatively, women can opt for another facility that requires an opening deposit of $100 but is non-interest earning and has no 'minimum balance' requirement.

Given these options, a garment worker or a woman on a similar level of income really has no choice but to keep her money at home or in her bag.

FWRM recommended that an alternate savings facility be developed for women, disadvantaged groups, people in the informal sector and for consumers in the lower income bracket.

Fees Structure

The fee structure of the savings facility favours the group of people whose living standards are already better off - the middle and elite classes of our society. Women and poor rural people who really need to save and to improve their standard of living cannot qualify for the savings facility and if they did their position could be worse off because of the fees structure.

For example, consumers will have to maintain an operating balance of $200.00. So their situation is a lose-lose situation. That is, if they keep their money at home it is not safe from being spent or stolen and if it is put in the bank it is not safe from the bank's discriminatory fees structure. Whether women utilise this savings facility or not, this fees structure perpetuates their continued economic dependency.

Another blatant discriminatory practice is the withdrawal fees charged which penalises those who already do not have money. For example, a bank offers 6 'free' withdrawals in a month, but 2 free withdrawals for over-the-counter and 4 with ATM cards. So, those with ATM cards (usually those with a better disposable income) have two extra chances to withdraw cash. Then, the penalty for withdrawing over-the-counter is $1.00 for every extra transaction but a mere $0:20 for extra ATM card use.

FWRM strongly recommended that the bank fees be reviewed and that a new fee structure be implemented which will encourage positive savings habits. We also recommended that consumers earning a wage of $5000 (tax threshhold) and below should be exempted from paying fees.

Accessing Credit

Women have difficulty accessing formal or micro-credit as financial institutions are insensitive to women's credit needs.

One of the five commitments made by the Fiji Government at the 4th World Conference for Women held in Beijing, China in 1995 was to allocate additional resources to develop women's micro-enterprise and to encourage financial institutions to review their lending policies to disadvantaged women and young women who lack traditional sources of collateral. The micro credit enterprise has been identified as increasing women's involvement in economic enterprises, bringing about economic empowerment of women. It will also provide employment and help absorb the 15000 school leavers each year.

Problems faced today by women seeking small business loans include:

* There are lending schemes intended for disadvantaged women but in practice their main beneficiaries are middle-class people as they have the ability to provide the 20 percent contribution and the guarantee to repay the loan.
* Young women (wanting to start a business) are further discriminated against as they do not have the collateral or the experience to run a project or business.
* While none of the formal banking institutions impose different requirements for men & women or different restrictions on applications for loans by women, women are disadvantaged in indirect ways, which creates special difficulties in their securing credit. In general women have limited collateral, have less control over savings or assets when compared to men.
* Also, women (small business) are generally unable to present themselves in a convincing manner to banks, they are often unfamiliar with bank procedures and they are unable to provide the information the bank needs to evaluate the project.
* Women face considerable difficulties in accessing loans if they are the principal borrowers. For example, recently my husband & I transferred our housing loan to another bank, despite the fact that I was the main contributor, the bank would not recognise me as the principal borrower. Similarly, a brother and sister wanted to purchase a home for their family but the sister was not encouraged to do so (by the bank) because she had to save her money (FNPF) for her home with her married partner.
* In cases where women have received micro-credit financing, the success of their projects is impaired by the lack of crucial follow-up services - for example agriculture department

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visits, business training and the reality that these services are available to their male counter parts first.

Our recommendations for gender-friendly credit facilities included the following:

* FWRM recommended that national financial institutions, in consultation with commercial banks, to develop practical guidelines to encourage women to apply for credit facilities and to promote opportunities for their self-employment and participation in small-scale enterprises.
* FWRM recommended that banks be encouraged to collaborate with appropriate semi-formal finance institutions in order to expand facilities for credit, particularly micro finance, by extending special lines of credit to supplement these organisation's financial resources and work through them to manage funds, train members, assess business proposals and follow loan repayments.
* We also recommended that women be provided with better information (in vernacular) about the services available to them

The FWRM has thus called on the Committee of Inquiry into Financial Services to address these unfair practices inherent in financial institutions and to recommend positive areas of action to redress the economic status of women and their access to personal banking and credit & savings schemes.

FWRM Women's Employment and Economic Rights (WEER) Project.

WOMEN AND MICRO-CREDIT: A REALITY AND A CHALLENGE

One of the five commitments made by the Fiji Government to the Fourth World Conference for Women held in Beijing, China in 1995, was to allocate additional resources to develop women's micro-enterprises and encourage financial institutions to review their lending policies to disadvantaged women and young women who lack traditional sources of collateral.

At the launch of National Women's Plan of Action in October 1998, the Fiji Government followed up on this commitment by proposing ways in which existing facilities could be strengthened, describing the policies and institutional changes necessary to accomplish this, and setting out guidelines for micro-credit facilities to operate in ways that are sustainable and promote small enterprise development.

These proposals rest on several widely-accepted understandings as to the economic and social value of increasing women's involvement in economic enterprises and their access to the necessary credit facilities, in particular the need for economic empowerment of women, their particular involvement in small-scale enterprises, and their special requirements for micro-credit.

Micro-credit is not something new to women's organisations. The main objectives are: to increase women's income, particularly in the rural areas; to provide financial assistance to women entrepreneurs not eligible for loans from commercial banks; to provide training in business management; and to enhance women's leadership.

What aspects of micro-credit need particular attention to ensure success? There are many aspects that are relevant but information from organisations currently carrying out such programmes points to the following:

* Involve participants in the designing of the programme;
* Set up effective and efficient monitoring systems and periodic evaluations;
* Establish clear credit policies and procedures;
* Set up clear and measurable objectives;
* Ensure that repayment will be made in the time agreed;
* Provide training in financial management, productivity and marketing.

To date most of the micro-credit schemes run by and for women that have combined credit and savings have been quite successful. Experience has shown that women are disciplined borrowers and savers and that they are able to take the initiative to venture into innovative businesses and to learn how to manage their own enterprises. But it is not about and should not be about money only! While recognising that micro-credit is unveiling what in the past appeared to many women as complex economic, financial and banking spheres, it is also necessary to highlight all the other areas of

backgrounds to women of Asia and the Pacific. Some of these lessons are:

* Women often prefer examinations by a women doctor with whom they are familiar. This is because it is expected that women doctors will promote more respect, reassurance and privacy in the screening process.
* The concept of prevention of disease is not part of all cultures and thus needs more explanation.
* Utilising social community networks as communication channels are effective when addressing cultural barriers.
* Media promotion is critical - broadcast and print - but hard-to-reach groups of women (e.g. rural women and older women) should be asked what media they more commonly use.
* For industrialising countries, the role of the general practitioner (GP) is critical. Women usually listen when the doctor advises them to have a pap smear or mammogram. The GP needs to encourage screening, teach breast self-examination, and promote pamphlets and posters to support these messages.
* The efficacy of traditional methods of healing breast cancer and cervical cancer needs to be studied and the results widely disseminated.

Besides screening programmes, an equally important issue is the adequacy of women's access to treatment services for reproductive cancers. Very little information is available on this in Asia and Pacific. Generally, it appears that radiotherapy as one basic treatment option is available only in capital cities and thus women must travel

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WOMEN WORLDWIDE ARE CONFRONTING AN ECONOMIC CRISIS THAT SEEMS OVERWHELMING

Our Countries are in crisis.
We, the women, know the intimate details of this crisis because we confront it every day;
This crisis has made all the forms of oppression that confront us more severe;
This crisis has made the violence and aggression that are committed against us more unbearable;
We are housewives who are hardly able to pay the cost of living our lives because of inflation and the weakness of our currency;
We are perpetual consumers, victimised by speculators and false information;
We are mothers who are tortured by the thought of our children's futures, by our inability to educate and clothe them;
We are mothers who must see, daily, how our children are afflicted by hunger and sickness;
We are rural women without land, women who have no access to basic social services, women who have no voice in the decisions that affect our lives and who put in a double day working in the fields and at home;
We are women from poor neighbourhoods that live in the most extreme poverty and who are the most affected by massive evictions from our communities;
We, who have been the largest segment of the silent majority, will be silent no longer;
We, who have been called the weaker sex, will be weak no longer;
We, who have cared for and nurtured those at home, can remain at home no longer;
We, united with other women, will raise our voices in public protest so that the hardships we suffer can be ignored no longer.

Adapted from:
Mujeres, Santo Domingo, Dominican Republic, Dec 1987, No. 12

In many countries, the economic crisis is seen as a result of what has become known as the "debt crisis". More than US$1,000,000,000 is said to be owed by Third World countries to Western governments, banks and international financial institutions, such as the World Bank and the International Monetary Fund (IMF).

What many people are beginning to ask is: why were these loans made in the first place? who benefited? who is paying for them now?

REPRODUCTIVE CANCERS: WOMEN'S ACCESS TO SCREENING SERVICES

The development and implementation of National Reproductive Cancer Screening policies and programmes is an urgent priority in the area of reproductive health in Asia and the Pacific. Most women in both industrialised countries and poorer countries of the region have never had a pap smear test for cervical cancer or any education on how to do a breast self-examination to detect breast cancer. Without access to early detection methods, women are reported to be seeking treatment for cervical and breast cancer too late, when the disease is already at an advanced stage. Why is this happening and what are the solutions?

Globally, breast cancer is the most common cancer for women with a current total of 910,000 new cases per year, more than half of these cases occurring in industrialised countries. Incidence of breast cancer is increasing, particularly in countries which are in the process of industrialising. In Australia, for example, one in 13 women will suffer from breast cancer and in India, one in 50 can expect to get the disease. The Singapore incidence rate has increased from 27 per 100,000 people in 1980 to 39.3 per 100,000 people in 1990. In Fiji, for the period from 1985 to 1996, 63 percent of all women suffered from some form of reproductive cancer.

Cervical cancer cases and deaths, however, have declined remarkably in many industrialised countries due to implementation of extensive screening programmes. Eighty per cent of women with cervical cancer are in developing countries where effective screening programmes are yet to be implemented. In Asia and the Pacific, more women now die from breast and cervical cancer than from pregnancy and childbirth. In Singapore, for example, WHO figures show the maternal mortality rate is 4.1 (1995) while the breast cancer mortality rate is much higher at 15.1, and cervical cancer mortality rate is 6.7 (1994).

Although it is obvious from mortality and morbidity figures that reproductive cancer screening and treatment are a critical component of reproductive health services, little or no evaluation of the extent of screening programme coverage has been done, which in turn is related to the absence of a national screening policy or programme to evaluate, and a lack of respect for women's total health needs.

Why do women not have access to screening? For poor countries in Asia and the Pacific, it is very likely that such services do not exist as even basic childbirth services and clinic infrastructures are not yet available for most women. Services do exist in better-off South East Asian countries and East Asia but how often do women use them?

If screening services exist but there is low use, what are the barriers? Some of the barriers reported are cultural insensitivity; inadequate information and education efforts to tailor communication/ messages to the women who are most in need; insufficient consultation with women on what they want and need; the unsuitability of the gender of service providers; discomfort of the pap smear process; lack of understanding of preventive health care and the consequences of not being screened; and unfamiliarity and fear of medical procedures, particularly for women who have given birth at home within the comfort of a traditional health care setting. To what extent have policy makers and health service providers really tried to overcome some of these barriers? If the infrastructures of clinics, equipment and cytology labs plus trained personnel are not available for pap smear screening, then resources for reproductive health must be increased. Pap smear screening should be seen as a basic reproductive health service for women to which they have the right to access.

The Beijing Platform for Action recommends that governments "establish and/or strengthen programmes and services, including media campaigns, that address the prevention, early detection and treatment of breast, cervical and other cancers of the reproductive system" (Para. 107 (m)).

Government Ministries of Health and other service providers, which have screening services, that are poorly utilised, need to carry out studies to find out why. Lessons can be learnt from other countries, particularly Australia, which has a sizeable number of non-English speaking migrants with similar cultural

women's lives on which micro-credit has had an impact.

What are these areas? When women are asked why micro-credit has been important for them they always refer to three dimensions: personal, family and community. There have been changes at those three levels and these dimensions are closely interconnected. One of the achievements mentioned is the creation of employment opportunities for women entrepreneurs and potential entrepreneurs. Through micro-credit they could go ahead with plans to initiate, consolidate and/ or expand their micro-business - without it they would have been waiting for years. In addition micro-credit is a way of improving the earning capacity of women. The generation of basic income is also mentioned as one of the achievements, as is the possibility of becoming landowners.

Micro-credit has allowed women to rediscover their potential as individuals, to discover their capacity to be outspoken, to strengthen their assertiveness and self-esteem and to be able to decide for themselves. The important capacity to be outspoken means women have learnt to express themselves, they have learnt to speak out and to "have something to say" or, as they have expressed it, "to have a voice" in their business, family and community life. Women see this not only as a personal process but also in many cases as a result of their meeting other women and men, their participation in training, and their work as entrepreneurs.

But how is micro-credit-affecting households? Are micro-credit experiences contributing to equalising gender relationships between women and men? Are women (due to their ability to earn income) the ones who are carrying on their shoulders the whole responsibility for family survival? How do we ensure that micro-credit experiences are not contributing to the burden of family obligations carried by women? These are some of the questions that we should raise when working with micro-credit projects or programmes. Some case studies in Latin America and Asia show that although micro-credit has helped women to become more economically independent, self-sufficient and assertive, there has been little change in areas that need the participation of both men and women. Two of these important areas are the distribution of responsibilities among women and men in the household for the provision of income and domestic work. Women continue to be the ones that ensure the survival of the family and/or the ones who ensure that the basic needs of the family are met. And, although most of the women who participate in micro-credit experiences are successful entrepreneurs, they continue to do all the domestic work at home.

One of the questions we must therefore ask ourselves is: how are micro-credit experiences contributing to equalising gender relationships? What else can we do to ensure that micro-credit helps to construct equal relationships? What type of training do we need to include in our micro-credit experiences in addition to the financial and management aspects? How can we improve our micro-credit projects so that they go beyond the financial aspect?

Micro-credit should not be viewed as a welfare oriented-programme: it should be run on sound business criteria leading to financial self-sustainability. But at the same time it should focus on women's needs and interests and take into account the gender dimension as a category to help us clarify where we want to go through micro-credit and how we can make it a tool for transcendental changes in women's lives.

(Adapted and edited from Common Concern, quarterly magazine of the World YWCA).

FWRM wishes to offer its condolences to the following people on the loss of their loved ones:
Dr Sainath & family;
Kamikamica family;
Jyoti Maharaj & family;
Ema Tagicakibau & family;
Jane & family.

I HAVE A FRIEND WITH AIDS

I am everything I am because of my God
I am caring because He cares for me
I am loving because He loves me
I am at fault because He knows that I am Human
I show concern because he has the greatest concern for me
For all this that he has given me
I have been able to have close friends
I have a friend who has AIDS

I believe in a God so powerful
That in a touch of his garment
It healed a woman's bleeding
That by the power of his words
A crippled man picked up his bed and walked
That he awards a man's faith
and heals the man's servant

I want my God now
More that ever before
To be close
So that my friend can touch his robe
To tell his friend to get up and walk away healed
To reward my faith and heal my friend
I have a friend with AIDS

I want my God to restore my friends health
I want my God to let my friend achieve the many aspirations My friend has
I want my God to answer my prayers
And this is short of a Demand
And as a child of God
This is my right
I have a friend with AIDS

My God knows my brave face
And the hurt under the brave face
And how crushing the Hurt is
I have a Friend with AIDS

Anonymous

BBQ'S, FERRIS WHEELS, PAGEANT - WHAT IS THE APPEAL?

By Gaylene Osborne

It was with trepidation that I went along to the second public judging of Miss Hibiscus 1998 at the Suva Civic Centre. With my partner and a friend we entered early to gorge on the Rum Punch and Cheese (yummy!) after which we rolled ourselves upstairs to the flashing Diwali lights and snarky MC. To the applause and the pulsating sounds of Celine Dion, contestant number 1 glided down the aisle. As I sat and watched the 17 young women with nervous smile, take deep breaths and walk onto the stage, I wondered what motivated one to take up the challenge to be a beauty queen for one week in a year. So with my nose to the ground I decided to put my research skills to some use and find out.

I was only able to speak to 3 participants, who indicated that they joined because:

"It was part of a dare. I pushed a relative into the pageant last year so now it is my turn".

"I was asked by my sponsor if I was interested. After talking about it and discussing with family and friends, I said I would....I have enjoyed this week so far".

"I took the opportunity to develop my self confidence. I wanted to see what was all the fuss.... I have no regrets".

And here I was thinking it was for a charitable cause. In this day and age aren't such pageants redundant? I guess not in Fiji's case. So what makes Hibiscus so special? I spoke randomly to six respondents (3 females and males) and asked them what was so special about Hibiscus. Responses ranged from:

"Something to do during the school holiday...be with my friends". (Young adolescent female)

"Make some money to help pay for my kid's education". (Middle aged stall holder)

"Something to do in the evening...you know getting out of the house and doing something different". (Woman in early thirties eating ice-cream)

"A time for having fun. Eating and watching dances we normally do not see. Umm...yeah having fun". (Male in early twenties)

From the combined responses, it seems that Hibiscus is one week in the year that provides people with a carnival feeling. A time to escape from the drudgery of everyday life. A time to have FUN. Interesting to note, of my limited sample, not one respondent mentioned the 17 young women - shock and horror!

Festivals like Hibiscus have become part of Fiji's cultural existence. It allows Joy and Jo Bloggs to unwind and escape into denial mode (even if it is for a week). It provides an opportunity for some to make a little money on the side (depending on the weather) and for others a time to critique the

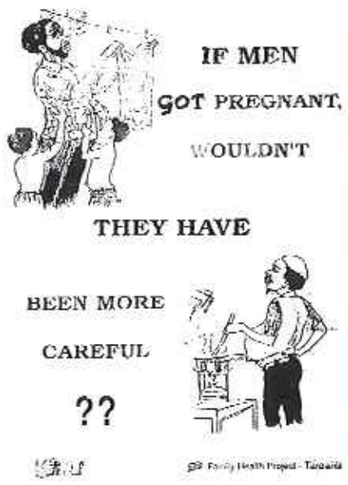
medicine and medical technology (as an effect of globalised economies) albeit into poorly regulated environments, results in problems for self-medication through antibiotics and the growth of drug resistance, which affects both women and men. For instance, the liberalisation of drug import made it possible for Quinacrine (an anti-malarial drug that has been developed as a form of chemical sterilisation for women) to be imported and tested by private doctors in India even though it had not passed the required toxicology tests and was the subject of significant controversy world-wide.

The negative impact of a neo-liberal policy agenda (of globalisation) on health, has had three dimensions: (1) reduction in public health expenditures and services and growing privatisation as a consequence of fiscal stabilisation policies; (2) cost recovery through user charges and fees for services applied without adequate safeguards; and (3) the removal of controls on drug prices and supplies without sufficient assurance that prices do not escalate sharply.

Notwithstanding state policy adjustments (involving common sector wide policies and strategies, prioritised public expenditure approach and management framework), the focus of financial viability remains unaffected, as the World Bank has now replaced WHO as the major agency in the health field. Given the technocratic dominance of the World Bank, the reduced flexibility available to governments and donors to experiment with other approaches, is a discomforting profitability. It means that those less wedded than the World Bank to cost-effectiveness as the principal criterion for health interventions might have fewer policy or programme avenues open to them. It is particularly important, in this regard, that the division of responsibilities between the Bank and WHO not assign an inter-governmental role to the latter, while reserving an in-country policy and agenda to the former (Jamison, et.al.1998).

Given our experiences with policy agendas that blindly support globalisation, only an approach that balances the following objectives within a framework of health as a human right, can hope to tackle the challenges of women's health in the region: (1) a good balance of promotive, preventive and curative services and between primary, secondary and tertiary care; (2) equitable access to a well-functioning health care system; (3) efficiency in providing service at reasonable costs; and (4) financial viability in generating revenues through a mix of different approaches.

(Adapted and edited from Asian-Pacific Resource & Research Centre for Women (ARROW) newsletter, Arrows for Change).



Breast Cancer Facts

1 in 8 women get Breast Cancer;
9 of 10 lumps are benign;
7 of 10 women with Breast Cancer survive;
10% of Breast Cancers are not detected by Mammography alone. Hence ultrasound, needle aspiration, or tissue biopsy are needed;
There is no reliable prevention method so emphasis is on early detection;
Screening Mammography reduces death in Women:
by 30% in 50 - 69 yrs old
by 24% in 40 - 50 yrs old
For women 40 years and over, a yearly Mammogram is recommended;
70% of cancers are found in women over 50 years;
It is rare for women under 35 years to get breast cancer but 5 times more common at 65 years of age;

THE IMPACT OF GLOBALISATION ON WOMEN'S HEALTH

The 1980s and 1990s have witnessed rapid and complex global changes - economic, political, cultural and technological - that have greatly influenced almost every aspect of human life including gender relations. The most significant of these globalisation trends include:
(1) the rise of a global economic order that opens up financial markets to free flows of commodities and capital, exacerbated by the rising supreme command of transnational corporations;
(2) the declining role of nation states in ensuring the well being of their peoples and their resignation to the seeming inevitability of neo-liberal policy agendas;
(3) the marginalisation of the poor, particularly women, who are expected to shoulder the burdens of both austerity and altruism in the home, workplace and community at large.

The gender differentiated effects of globalisation on women's health need to be well-researched and understood, given what we know about gender inequalities over resources, work burdens and access to health care and services.

The precariousness of women's livelihoods have been worse in South Asia as compared to South-East or East Asia during the last three decades of growing economic liberalisation. South Asian women constitute disproportionate numbers of the most impoverished of economic refugees, further oppressed by poverty, insecure livelihoods, ill-health due to poor nutrition, inadequate shelter, unhealthy living, appalling working conditions and tragically bear the additional risks and burdens of their gender.

In South-East and East Asia countries, by contrast, social investments in human development, including health, have contributed to more favourable health indicators. The Human Development Index (HDI) for South Asia (0.459) is much lower than for East Asia (0.652) of South East Asia and the Pacific (0.672). The Gender Development Index (GDI) for South Asia (0.412), is also lower than for East Asia (0.626) or South East Asia and the Pacific (0.641).

Maternal mortality rates (MMR) are highest in South Asia (554 per 100,000 live births) although they are also high in countries such as Indonesia (650) and Papua New Guinea (930). In comparison, the Malaysian rate is only 80 and the MMR in Vietnam is relatively low at 160. Stronger government policies towards human development and poverty reduction, as well as higher rates of (female labour-intensive) economic growth in East and South East Asia in the past three decades have been responsible for these differences. However, this history of better health indicators among South East and East Asian women is challenged by the current economic crisis, which calls on women to make even greater sacrifices. The gender differentiated impact of government cut-backs on service provision, unemployment, increase of work burdens on women, women's potential relegation to poverty and into the sex trades, and the severity of health care costs are likely to be significant.

A growing body of qualitative data suggests that morbidity and mortality among women and children have increased in recent years in many countries, including India, the Philippines and South Korea, with the resurgence of communicable diseases such as malaria, tuberculosis and cholera. New occupational health burdens and risks are also evident among women working in export-oriented industries (for example, failing eyesight due to muscular disorders, physical stress and reproductive disorders); service and entertainment industries (violence, sexually transmitted diseases, trafficking and sexual slavery of women and children); and vulnerable, trapped within conditions of extreme economic dependency.

The freer movement of

young women who, year-in and year-out, dare to put themselves up for criticism.

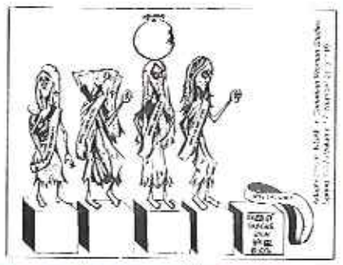
Whatever the reasons for liking/disliking these festivals, one cannot deny their appeal. One thing is for certain, festivals of this nature provide a forum for social intercourse, be it discussing its appeal or debating the finer points of the exploitation of women in this country.

Meanwhile, back at the Civic Centre, the 17 young women are now doing their creative dances/skits to the warm appreciation of the crowd. The air is thick with anticipation. Carelessly thrown whispers of "Who do you think is going to win?", are branded about. I was surprised at the amount of time and thought that went into such performances. One young woman in particular got 10 points from me, only because she spoke articulately on 'women, their rights and role in society' and mentioned FWRM.

For me, the night was a revelation. I came away a little mellow on the subject, my sarcasm washed away like a gentle shower, I could see the amount of hard work that these young women and their families put into their performances. The night wasn't like the Miss World or Universe pageants of the 80's (yes, I admit I watched for light relief and to practice my sarcasm skills), it was a mixture of creative talent, sweat and sheer bravery.

One thing that glaringly stood out was that these 17 young women CHOSE to enter, so no one can judge them for that. They wanted to get up out of woodwork and do something that I personally find trivial. Yes, it was competitive but aren't we living in a competitive society that encourages competition not only across genders but also within? As for not being a Pacific/Fijian thing to do - well this is debatable. Society has changed so much. For some present-day young women, they perceive these festivals as a charitable fun-raising event. A time to raise a little money, be somebody different for a week and if they happen to win, an overseas trip is the prize. And besides didn't they have competitions back in the days of Ma'afu and Cakobau when young women would compete against each other to see who was the best *basket weaver, salusalu maker and masi maker*? The winner was then rewarded with the knowledge that she was the pride and joy of her family and village. Sounds familiar.

Time hasn't changed things that much: the rewards and reasons may have changed, but the fundamentals of human behaviour have not. After all, some people are motivated by the need to affiliate with others and feel a sense of belonging and appreciation, whilst others are motivated by the need to achieve, to gain a sense of authority, a sense of power. Whatever the arguments for or against these festivals, one thing that is for sure: girls can do anything!



Reproductive Cancers...
(continued from Pg 7)

very far and incur heavy financial costs. Waiting lists for initiating treatment in government hospitals are several months long. It is imperative that more resources, effort and concern be invested urgently by governments for screening and treatment programmes for women's reproductive cancers. The neglect of this area of women's health is contributing to the unnecessary early mortality of women and the suffering of their families, especially the poor.

(Adapted and edited form Arrows for Change, December 1997 Vol 3 No 3)

HURIDOC'S Training...
(continued from Pg 15)

collect the violations that we see at our office. While we collect and record the information, it is timely that we review how we can use the information to compile useful statistics for action and advocacy.

- make inputs into the need to reflect gender specific information women's human rights violations

- renew our links with APWLD and discuss regional training initiatives.

Overall the training was beneficial in understanding the importance of documenting women's human rights violations. Furthermore the opportunity to share ideas and experience with women who are working in similar fields was a bonus.

WORKSHOP REPORT:

PROMOTION OF THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW) THROUGH INFORMATION, COMMUNICATION AND EDUCATION (IEC) MATERIALS.

By Wati Seeto

The Fiji Women's Rights Movement (FWRM) co-ordinated the above workshop from the 14 - 16th September at the FTU hall in Suva. The 3 day workshop accommodated 31 participants from different women's NGO's in the country.

To discuss IEC mediums, through which CEDAW can be promoted, it was imperative that CEDAW and its implications were first examined and explained to the participants. For most of the participants this was their first formal encounter with CEDAW whilst others had previously heard of the convention but had little understanding of the practicalities and applications of it and how it could be related to their daily lives.

The opening of the workshop commenced with a brief introduction by FWRM's Co-ordinator, Ms Gina Houng Lee, on the need to make CEDAW more visible, alive and meaningful in the lives of women in Fiji.
Acknowledgements were made to the various organisations who identified the need to get CEDAW ratified, such as the Fiji Women's Crisis Centre (FWCC), Young Women's Christian Association (YWCA), Women's Action for Change (WAC) and the Fiji Trade Union Congress Women's Wing.

Gina stressed that much work was needed to make the convention visible by raising awareness through available information technologies. The messages portrayed must be sharp and attract attention. Thus the rapid development of information technologies and the rapid spread of information can assist in the process of promotion. She concluded by saying that the convention has allowed women's human rights violations to become more visible.

Gina thanked UNESCAP for funding the workshop and the participants for attending, and introduced the guest speaker, Ms Sereima Lomaloma, Director of Ministry of Women and Culture.

The Fiji Government's position in relation to CEDAW was outlined by the Director who stated that since Fiji became a party to CEDAW, there has been and would continue to be a difference in women's situation in Fiji. She affirmed that the convention required one to look beyond the law and to examine policies, programmes and practices. Furthermore, she stated that CEDAW is a framework through which a country can measure its performance in relation to the advancement of women.

She made references regarding Fiji's commitment to human rights treaties such as the:
* Convention on Political Rights (1954);
* Convention on the Nationality of Married Women (1958);
* Slavery Convention (1926);
* International Convention for the suppression of the Trafficking in Women and Children (1921);
* Convention on the Rights of the Child (1994);
* Convention on the Elimination of Discrimination in all forms Against Women (1995).

She stated that since 1996 the Ministry of Women has been examining the best way to align all its commitments so that a workable plan of action for implementation can be put into place. She outlined some of the government's commitments with

Participants at the IEC workshop in Suva.

LETTER TO THE EDITOR

26 October 1998

The Letters Editor
Fiji Times Ltd
Suva.

Dear Sir

The Fiji Women's Rights Movement would like to respond to the article on Page 3 of the Fiji Times 26 October titled "Gardener Rapes Tourist" and your editorial.

We commend the swiftness of the trial of the accused that raped a tourist over the weekend. Magistrate Rudranathan in his statement lashed out at the inhuman act and called for the eradication of such crimes which could threaten Fiji's image and tourism industry. It is sad to note that the learned Magistrate concentrated on tourism and the damage to the industry than the act itself as a crime of violence against the victim/complainant. Does the victim have to be a tourist for us to see the swiftness of the legal system? What happens when the victims are our local sisters, mothers and children? We have seen cases not been fully investigated, inadequate sentencing given by Magistrates and Judges and cases been frequently adjourned.

Fiji Women's Rights Movement along with other women's organisations has submitted a Draft Sexual Offences Legislation to the Fiji Law Reform Commission. This draft legislation has provisions calling for all rape trials to be held in the High Court plus a mandatory minimum of five years for convicted rapists. The review of the legislation covering rape will be released in December 1998. We strongly urge that the Commissioner accept our recommendations.

We agree with your editorial and call on the community to speak out against this crime. We hope that the legal system will dish out justice to all victims of these crimes regardless of who they are!

Yours sincerely

Gina Houng Lee
Prem Narayan
For Fiji Women's Rights Movement Collective.

FWRM wishes to congratulate the following members on the latest addition to their family:
1) Karen Chamberlain - son, Jack William
2) Reijeli Naruma - son, Suliasi Naruma;
3) Sala Radaniva - daughter, Sisilia Dikere Saunitoga
4) Amanda Ralph-Waqa - daughter, Jessica;
5) Isabel Calvert - son, Samuel Charles De Bono Calvert.

I AM A WOMAN

Although I am disabled
I am not an incomplete woman-
I can feel what every woman feels
I felt the stirrings of my babies as I carried them
for nine months
I felt the joy of giving birth
Watching them grow and protecting them from
dangers they faced as they grew

Although I am disabled
My disability does not mean I must be tied to
My stove or sink because people assume that is
all I can do
I value my freedom as a woman
Tho I am sitting in a wheelchair
I am free to choose what I wish to do
Tho barriers block my path
Those barriers will be removed
I refuse to be held back
because I am disabled

Although I am disabled
I am not segregated from beauty
I wonder at the beauty of a rose
Tho I do not consider myself a presentation of
glamour
I am not unhappy with my countenance
I do not dress in fashionable array
Some clothes do not fit my needs

Although I am disabled
I am not immune to the stirrings within
I live like every woman
I cry
I laugh
I bore children
I am free
I am a woman, you see.

C. Hibbard

Editorial Comment:

Welcome to our September-October issue of *Balance*. We apologise for the delay in bringing this issue to you. However, as you are aware we are working on a health project looking at teh feasibility of setting up of a health information centre. With this mind, we thought we'd share with you some critical issues on women's health. How many of us have regularly examined our breasts for lumps or abnormal dischanges, have had our annual pap smears, have we asked our friends, mother and sisters if they have had their regular check ups? Key critical issues concerning women's health are covered in this issue of the *Balance*.

Our rates for cervical cancer in Fiji is shocking! However, the fight against reproductive cancer is early detection! We need to change the health seeking behaviour of women to be preventative so that we can lead full and healthy lives.

Included in this issue is a leaflet on Breast Self Examination and a card from UNDP on the 50th anniversary of the Universal Declaration of Human Rights.

I hope you enjoy reading this issue and I welcome your comments and feedback. If you haven't had a pap smear or breast examination recenlty, go and get one - it's free at our health centres!

Cheers

Approximately, 80% of these cervical cancer cases are not diagnosed until they are at an advanced stage. 3 Incidence and mortality rates for cervical cancer can be decreased significantly with early screening for all women at the onset of their sexual activity. Cervical cancer is reported to be the leading cause of death among the Pacific Island women, with Fiji at 150 cases in 1996.
The latest figures from Fiji Ministry of Health, states that cervical cancer accounted for 39% of all reproductive cancers in women with an age standardised (where age is considered having a powerful influence on the risk of cancer) incidence rate of 114.6 per 100,000 women, a rate approximately four times that in Thailand and more than five times that in the Philippines. 4

A pocket research conducted by the Fiji Women's Rights Movement revealed 78% of the women interviewed had not been tested for breast or cervical cancer. Some of the women interviewed did not even have any idea about breast or cervical cancer although, Fiji had established a cancer registration scheme as early as 1965 from which the CWM hospital based registry developed in 1979.

Ovarian and uterine cancer are also common cancers of the reproductive system. Unfortunately, there is a lack of statistical data in this region, as most countries do not have a national cancer registry. However it has been reported that the incidence of ovarian cancer is on an increase but not as alarming a rate as breast or cervical cancer.

In light of the growing increase of reproductive cancers in women, there is a great need for valid and accurate estimates of the incidence and mortality rates for the cancers. It is imperative therefore, that national policies and programmes, are put in place for such estimates to be obtained. Furthermore, in the absence of screening programmes in poorer countries, primary prevention should take place through health education. By informing women on the early warning signs of reproductive cancers and encouraging them to seek medical examinations and treatment, women would not have to die needlessly.

* References:
1. Fiji Medical Journal, Vol 1 No. 1, 1996, Fiji Cancer Registry.
2. Ministry of Women's Affairs. 1991. Breast Cancer Screening: Policy Discussion Paper. Wellington: Ministry of Women's Affairs and Cancer Society of New Zealand.
3. Arrows for Change, December 1997 Vol 3 No 3.
4. Fiji Ministry of Health. (1996). National Cancer Prevention and Control Programme Internal Report.

VOICE VERSUS CHOICE

regards to recent developments:
* In the review of Family Law, the Fiji Law Reform Commission has had to align itself with the 1997 Constitution, the Convention on the Rights of the Child (CRC), CEDAW, the views of the people and the latest development in the area.
* In reviewing labour legislation, the Ministry for Labour has had to consider the relevant ILO Conventions that Fiji had ratified CEDAW, submissions from interested parties and the latest developments in the area.
* In the selection of the country's representatives to Fiji's High Commissions, government will need to remind itself about Article 8 and the 1997 Constitution so that women and men are given equal opportunities;
* In the provision of health and education services, women and men, girls and boys should have equal access to services provided and to opportunities offered.

In conclusion, the Director confirmed that an NGO-GO Task Force will be set up to look into the implementation of CEDAW.

The three day workshop addressed the issues of Women's Human Rights and status in Fiji; CEDAW: a convention/protocol and in relation to international and national law; the domestic implications of CEDAW and practical workings of it. It also looked at CEDAW: in relation to the Fiji Constitution; Women in Employment; Violence Against Women; CEDAW and family law in Fiji. And finally, the areas of effective communication and promotion of CEDAW issues and the preparation of IEC materials.

HUMAN RIGHTS DOCUMENTATION TRAINING ON VIOLENCE AGAINST WOMEN.

By Gina Houng Lee

Fiji Women's Rights Movement through its partnership with Asia Pacific Forum on Women Law and Development (APWLD) was invited to attend a training on Human Rights Documentation Training on Violence Against Women in Manila from 25-29th August 1998. The training was organised by the Coalition Against Trafficking of Women - Asia Pacific (CATW-AP).

The main objectives of the workshop were :
- to develop a systematised and standard method of data recording that captures forms, extent, prevalence and trends of violence against women, including prostitution and trafficking for women's organisation
- to integrate a clear gender perspective into such documentation; and
- to strengthen co-operation among women's ngos in the region towards more effective and sustained advocacy and lobby efforts, for example, through co-ordinated regional campaigns.

The first two days of the workshop covered the theoretical framework of women's human rights, defining the many forms of Violence Against Women, methods of obtaining information including the ethical considerations and an overview of the feminist approach to counselling. The last three days of the workshop introduced participants to the HURIDOCS EVSYS System.

HURIDOCS is a universal network of organisation, institutes, activists who are concerned with information on human rights and aim to improve access to and dissemination of public information on human rights through more effective, appropriate and compatible methods of information handling. The EVSYS system is computer package database which allows the user to enter relevant human rights violations. It is able to effectively tabulate statistics by violation, area, perpetrator, victim to name but a few.

The training was a mix of training covering issues of violence against women and the more technical side of computerised database systems. At the end of the workshop we were given the EVSYS Program to install in our systems.

The training had 27 participants from Cambodia, India, Indonesia, Korea, Malaysia, Nepal, Sri Lanka, Thailand, Vietnam, Japan and the Philippines. FWRM was the only representative from the Pacific.

The meeting was useful as it allowed us the opportunity to:

- network with women's Ngos from the Asian Region

- gain skills in the area of documentation of women's rights violations. At FWRM we currently use paper formats to

(continued on Pg 13)

.....WHAT'S HAPPENING AT FWRM.....

Fundraising again

In September, the USP Theater Arts Society produced the play - *for colored girls who have considered suicide when the rainbow is enuf* by Ntozake Shange. The play, while set in the United States was centered around the 'lives' of seven Afro-American or colored women, it explored the universal issues facing women today. Issues ranged from sexuality, rape, abortion, physical & verbal abuse, domestic violence, the pain of losing a loved one and women coming together, understanding each other, and 'fighting' together. Raijieli Nicole of FWRM office was a member of the cast (Lady in Orange).

Befittingly, the opening night was a benefit performance for Fiji Women's Rights Movement (FWRM) and once again acknowledges the assistance of the following persons:

Sunflower Airlines (Wine donation)
Pacific Sails & Awnings (Marquee)
Peni Drodrolagi (cash donation)
Ian Gaskel (for the opportunity to raise funds)

Thank you:

- Enosi Colavanua (NLTB);
- Maibole Digitaki (Shell Fiji);
- Frazine Dutta (Reserve Bank);
- John Kamea (Forum Sec);
- Vimal Narayan (Shell Fiji);
- Katalaini Duaibe;
- Saraifina Saro;
- Shelly Emalin Rao;
- Miles Young, Marie Chan, Prem Narayan & Tomasi Tuitoga (Young Lawyers) for their generous help with our numerous and never ending office requirements!

Staff Movements

Gina Houng Lee:
- 8-9/10/98: National Implementation of Plan of Action, Lami;
- 23-24/10/98: PIPPA Task force Advisory Board Meeting, Suva;
- 18-21/11/98: UNFPA Reproductive Health Seminar, Nadi;
- 25/11/98: Sexual Health Task Force, Suva;
- 2/12/98: Traditional Medicine & Reproductive Health workshop, Suva.

Raijieli Nicole:
- 9 & 10/9/98: LOME Convention, Suva;
- 1/10/98: Sexual Harassment workshop, Air Pacific, Nadi;
- 7-10/10/98: NGO Coalition Trip, West;
- 14/10/98: Human Resources Strategic Planning, Suva;
- 21 & 27/10/98: Pacific Theological College, Suva;
- 10/12/98: FTUC, Women's Rights in Employment;
- 11/12/98: Ministry of Health, Women Workers Rights & Proposed Legislation Changes.

Ema Tagicakibau:
- 24/9/98: Child Abuse workshop, Air Pacific, Nadi;
- 13-16/10/98: Megalife Youth Camp, RRRT, Suva;
- 2-6/11/98: Tailevu/Nakelo Family Law workshop;
- 16-20/11/98: Megalife Youth Camp, Deuba;
- 30/11-3/12/98: Tailevu South Legal Literacy workshop;
- 8-10/12/98: HART Family Law/Legal Literacy workshop;
- 10/12/98: Human Rights Tribunal, HART Nasinu.

Zarina Begum:
- 9-13/11/98: Advisory Counsellors on Legal Literacy, Nadi;
- 30/11-3/12/98: Tailevu South Legal Literacy workshop;
- 8-10/12/98: HART Family Law/Legal Literacy workshop.

Visitors to the office

- Sgt Yogendra Ram, Police HQ;
- Dora Tagi, YWCA Area Co-ordinator, Bua;
- Lesley Jackson, Australia;
- Carol Davies, Director of EEO in Public Employment, Sydney;
- Audrey Dropsy, PSC, Suva;
- Melia Bugeja, Melbourne;
- Hazel Nais, Suva;
- Marion Quinn & Kevin Clarke, NZODA, Wellington;
- Helen Rosenbaum, IWDA, Melbourne;
- Cathy Emery, Overseas Services Bureau;
- Catherine Adams, BBC, London;
- Judith Pringle, Auckland;
- Margaret Ludlow & Sivia Tora. Ministry of Women & Culture, Suva.

Diwali luncheon at FWRM office.

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Balance

FWRM
Newsletter of the Fiji Women's Rights Movement
"Balancing the Scales" September-October 1998

BREAST CANCER - A CONCERN FOR WOMEN

Breast cancer is probably the most deeply feared disease amongst women today. It is their most prevalent form of cancer, and after cervical cancer, the most lethal! Equally distressing for many is the prospect of the traditional "cure" - losing a breast!

These fears are not baseless, but with early detection most women who have this disease will not die from it. And women today have more options for treatment than previous generations of women - including the option of saving most of the breast. Thus, in the last decade the meaning of having cancer, for many women, has changed from facing an immediate risk of death and disfigurement to enduring some combination of surgery, chemotherapy, or radiation, and being able to live life to the fullest!

A woman's chances of developing breast cancer varies with her age, ethnic group, menstrual history, and family history of breast cancer. The greatest risk factor is having a mother or sister with breast cancer, particularly if that relative developed the cancer before menopause or in both breasts.

Cancer in the breast itself does not kill anybody, because the breasts are not vital organs. But when the breast cancer cells start to grow in other organs essential for survival and begin to disrupt the normal function of those organs, breast cancer becomes a life-threatening disease.

Statistics in Fiji show that from 1985 - 1996, 65.7% of women suffered from some form of cancer. Of this, 62.8% of the cases were female reproductive cancer - Cervix 39.7%; Breast 29.8%; Uterus 14.6%; Ovary 9.2%; Corpus Cervis 4.4%; and other 2.3%. 1 Globally, women are increasingly reported to be dying from reproductive cancers. Breast cancer is noted to be the most frequent reproductive cancer in women. New Zealand, for example, in 1993 had a high mortality rate of 33.3 from breast cancer with a reported increase of 21 percent in the last 30 years among both European and Maori women. 2

Cervical cancer accounts for 3 to 5% of all deaths among women globally.

(continued on Page 2)

What's in this issue:

**Breast Cancer* I am a Woman* The Impact of Globalisation on Women's Health* Reproductive Cancers* Women Worldwide are confronting an Economic crisis that seems Overwhelming* Banks do Discriminate against Women* I have a friend with AIDS* Women & Micro-credit*BBQ, Ferris Wheels and Pageant *Promotion of CEDAW through IEC materials*HuriDocs Training* What's happening at FWRM **