

***THE INTERNATIONAL WOMEN AND HEALTH MEETINGS:  
CATALYST AND END PRODUCT OF THE  
GLOBAL FEMINIST HEALTH MOVEMENT***

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## ABSTRACT

The International Women's Health Meeting (IWHM) has become one of the largest meetings of women's health advocates, academics, funding institutions and other women's networks involved in women's health and reproductive rights. The first meeting was held in 1977 in Rome and the latest, the 10<sup>th</sup>, in 2005 in New Delhi. This represents a 28 year process that has shaped and been shaped by the global feminist health movement. Interestingly, the IWHM is a non-institutionalized process. The author explores elements (such as the negotiations of national and regional identities) that have contributed to its success and influence as well as the problems. The IWHM is also analyzed in terms of the insights that can be gained that are pertinent to discussions on solidarity, internationalism and transnationalism. A brief description of the 10 meetings and some historical context is also included.

I will begin with a confession. In early 2005, a few professors and I were discussing transnationalism after just having come from a lecture about it.

As most of us were teaching women's studies, our discussions revolved around the power dynamics of race, class and gender as well as disparities between First and Third World academes. One point of discussion was whether transnationalism was any more useful to resolving the power dynamics and inequities that occur whenever academics peer into the lives of the marginalized.

As one Marxist colleague put it, "another handle on us, is it? Another method to maintain their legitimacy by bridging back to our struggles?"

The suspicions posed by colleagues about power relations within academia and between academia and the world's poor and oppressed are a question I wish to note before entering into discussions about the feminist movement and transnationalism. I agree with Nayereh Tohidi (UCLA, [international.ucla.edu/cms/files/060518\\_transnational\\_feminism.pdf](http://international.ucla.edu/cms/files/060518_transnational_feminism.pdf) April 15, 2006)

that international feminist solidarity has been around for sometime now; that this international solidarity has been challenged by and responded to the processes of globalization and thus the nature of these networks has changed. But she makes clear that:

..the academic and theoretical dimension of these networks is what we call transnational feminism and the debate around it has taken place especially within postcolonial feminist studies (Ibid, 5).

To be consistent with the theoretical insights that are foundational to transnationalism, we cannot fail to understand the academes own interpellation in the power dynamics we seek to analyze. In the light of the attempt to talk about building solidarities using this new academic lens, I find it necessary to at least note that question first before I delve into the IWHM process.

As I shall be using the lever of positionality and identity for the rest of the paper, I also thought it methodologically necessary to state my own context.

The invitation to this conference came last September 2005, after I had just returned from the 10<sup>th</sup> International Women and Health Meeting (IWHM) held in New Delhi, India. Indeed, it was the proximity of the two events that to a large extent caused my decision to propose to do a paper on the IWHM.

The IWHM is a 29 year old, process that I got involved in when I helped organize the 6<sup>th</sup> IWHM in Manila in 1990. Since then, I have attended each meeting except one, and have served on the international advisory group (IAC) of several of the meetings including the last one.

Self-reflexivity was dictated by the topic of the paper. One of the most interesting things about the IWHM is that it is a non-institutionalized process that that began in 1977 (Third International Women and Health Committee Meeting Organizing Committee 1981). So at the very beginning of the paper, I was trapped in one of those questions transnationalism also seeks to answer: for whom do I speak? What right do I have to speak of the IWHM history and its processes? What right do I have to make an assessment of a process I have played only a small part of?

My attempt at “gaining permission” was to send a message to the International Advisory Board of the 10<sup>th</sup> IWHM, asking what they thought of the idea of my writing a paper. An underwhelming number of the women sent encouragement while the others remained silent.

I have no idea what the silence means except that perhaps, because there are no hierarchies or governing bodies, no one really is in a position to give permission.

There is yet another problem. Because of the fact that the IWHM is non-institutionalized and therefore never kept official records in any one place, it has been extremely difficult to find documents. They are scattered in various countries. So here we come back to my second layer of positionality, my view is very cursory and remains unvalidated by the majority of those who have participated in the political project it describes. I have consulted many others (see acknowledgements below) and have sent this paper around also for corrections and suggestions. At the risk of being tiresome, I must state that I remain solely accountable for the paper.

Perhaps before I proceed further, I should describe the IWHM. The IWHM is a meeting the purpose of which is:

to exchange knowledge experience and ideas among women working in self - help health. (3<sup>rd</sup> IWHM Organizing Committee 1981, 3).

It is a venue for women’s health activists from around the world to gather..in order to take stock of the gains and setbacks in the area of women’s health and reproductive rights (Canadian Organizing Committee 9<sup>th</sup> IWHM 2002).

It has its roots in the global women's movement and includes a wide range of organizations, networks, and grassroots women's groups. In a world order where the default settings are always 'male', the feminist movement [even if it has developed differently in the different regions and with varying levels of political awareness] has contributed a great deal in creating spaces for women's perspectives to be heard and incorporated into knowledge building, policy formulation and in programme implementation. The debates and agenda setting around issues of development, environment, population, women's reproductive rights and empowerment generated during the decade of the 1990s around the Earth Summit (Rio de Janeiro), ICPD (Cairo), and Women's Conference in Beijing are major milestones of the movement. Conceptually a lot of ground has been covered with the positioning of women's health beyond maternal roles and procreation. (Indian Organizing Committee of the 10<sup>th</sup> IWHM 2005a, 1).

As we can see from the changing descriptions, it is a meeting of activist women's groups, some of which are working on health. The first meeting was held in Rome in 1977, and the most recent one was last held in September 2005 in New Delhi. Very little else can be said about it in general. It has no group of leaders to make sure that the process continues, it has not had a permanent office nor is there a repository of finances or documents.

And yet, a list of themes of the meetings is an extremely effective way to track the discourse that has shaped and been shaped by feminists around the broad issues of health, sexuality and reproduction in the last 28 years. (See Appendix A.) Unfortunately, I would have to write another paper in order to look into the numerous issues, debates, nuances, frameworks that emerged from the conferences. Yet another paper might want to relate these content issues to the broader political situations at the time when these were being discussed. It would also be interesting to know how the IWHMs have shaped and been shaped by the international women's health movement and its discourses.

Since 5<sup>th</sup> IWHM in Costa Rica until the 9<sup>th</sup> in Canada, a host country was decided upon at the end of the conference based on voluntary bids by participants from the countries who wanted to host it. Once the "country" had been decided that country (actually, of course, the individuals who volunteered) were fully responsible for pushing the process forward.<sup>1</sup>

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<sup>1</sup> Manisha Gupte states that there is a variation for the 10<sup>th</sup> IWHM where the next host country was NOT chosen at the closing plenary. This was based on the recommendation of the International Advisory Committee (IAC). The Indian Organizing Committee and its IAC are managing the process of selecting the host through networking with possible host organizations. This is not the first time this has been done. According to Martha de la Fuente, the 4<sup>th</sup> IWHM Organizing Committee was the forum which decided and negotiated with the Costa Rican women to host the 5<sup>th</sup> IWHM and started the process of negotiating "country hosts." Citing the documentation of the 4<sup>th</sup> IWHM, Martha notes that the 3<sup>rd</sup> IWHM ended with a resolution to hold a fourth meeting but no host was decided. Lyda Canson confirms that she bid for the Philippines to host the 6<sup>th</sup> IWHM at the final plenary session in Costa Rica. Junice Demeterio Melgar who attended the 7<sup>th</sup> IWHM confirms that the decision for Brazil to host, was done in the final plenary as well. I was present when the decision for hosting of the 7<sup>th</sup> and 9<sup>th</sup> IWHM were decided. This was also done at the closing plenaries of the previous conferences.

Feminists looking at global social movements stress the feminist and transnational nature of this type of organizing.

For example, Cynthia Cockburn (2005, 6), looking at women's organized responses to militarism notes:

..women are quite clear that they organize as women in order to be *in control of process*. They say they have developed distinctive methodologies of organization and action with which they can be comfortable--practices they cannot rely on finding in the wider anti-war coalitions, particularly where these are dominated by Trotskyist and other "hard left" elements with a preference for dogma, hierarchy and centralism."

As well Maylei Blackwell states:

..first there was kind of a more celebratory tone of the possibilities and challenges of so-called global civil society, in which myself and several other scholars who work in social movement organizing saw how these spaces were actually fraught with unequal power relationships and exclusions along some lengths that have been already talked about -- class, sexuality, race, gender. And how when we talk about who can participate in NGOs, who has access to the international arena, that we have to remember that as much as those are spaces or possibilities of liberation, they're also spaces where power operates. So that what's in a layer of analysis that people had.

But then on the other hand I think that we're tempering more pessimistic views that we saw, maybe about five years ago, that all social movement sectors are just dominated by NGOs and it's completely institutionalized and that's the end of transnational feminism. (UCLA , [international.ucla.edu/cms/files/060518\\_transnational\\_feminism.pdf](http://international.ucla.edu/cms/files/060518_transnational_feminism.pdf) April 15, 2006, 11)

So, we have this practice of a non-institutionalized solidarity process that finds its relevance in transnationalism as an ideological or political project (Kearney, 1995) even as it predates this by a decade or two.

I understand that globalization has weakened the state apparatus and has also called the grand narratives of nationalism and national identity into question (Appadurai 1999). However, one should note that the IWHM has survived because of its ability to reinscribe national and regional identities. Having participated in making the choice for the next "national" feminist movement to host the IWHM over the years, I am aware that we indeed negotiate a national identity for a particular group of women who will do the organizing work.

Belief in this identity is so strong that the country organizing committee has unilateral control over process, programme, fund raising, allocation of financial subsidies, venue. For the 6<sup>th</sup> IWHM, Filipina activists started a new process that internationalized the decision-making

process somewhat, by creating an International Advisory Committee (Philippine Organizing Committee 1992). At that time, it was composed of the representatives of several women and health networks. These were: The Argentine Commission of the 5<sup>th</sup> Feminist Encuentro of Latin America and the Caribbean, Catholics for a Free Choice, Feminist International Network for Resistance Against Reproductive and Genetic Engineering (FINNRAGE), International Women's Health Coalition (IWHC), ISIS-International-Latin America and the Caribbean Women's Health Network, Women's Global Network for Reproductive Rights, First African Regional Meeting on Women and Health Organizing Committee. The formation of IACs to advise the country organizing committees has continued as a practice for subsequent IWHMs. But the composition has changed over time.

At the time of the 6<sup>th</sup> IWHM, we, the Filipina organizers, were already deeply aware of the growing ideological divisions that were occurring in the women's health movement. The attempt to bridge the divisions was part of the reason for the theme of the 6<sup>th</sup> IWHM: "In Search Of Balanced Perspectives and Global Solidarity for Women's Health and Reproductive Rights." Those divisions were to grow stronger in the run up to the ICPD conference in 1994 and strain relationships between the several international and regional health networks.

Indeed, the 7<sup>th</sup> IWHM in Uganda in 1993 and the 8<sup>th</sup> IWHM in Brazil in 1997, were marked by the tensions brought about by the engagement of the women's health movement in the ICPD and the subsequent debates after the Programme of Action was adopted in Cairo.

But what is of interest here is that the reconceptualization of the membership of the international advisory committee (IAC) away from network representatives towards regional representations, consistent with the assertion of national/regional geopolitical identities. The 7<sup>th</sup> IWHM in Uganda in 1993 was the last time that representatives of the major networks comprised the IAC<sup>2</sup>.

The negotiated identities serve some of the political goals of the international women and health movement. The erosion of the role of the state in health care has taken a different trajectory from the erosion of the role of the state under neo-liberal economic globalization.

Whereas the WTO seems the primary enemy for large sectors of the poor under the regime of globalization, the significant actor over the decades and up to the present in the health sector has been the IMF and the World Bank. Structural adjustment programmes, austerity programmes, health sector reforms, users' fees and budget cuts for social services have been the most disastrous of policies for the health of the world's majority. These programmes have been under the control of the IMF-WB and remain so. Much of this work is still being done bilaterally between the government and the international agency concerned. It is still being accomplished through the surrender (forcible or otherwise) of the sovereignty of the nations and given legitimacy by the fact that the policies are accepted by elected governments.

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<sup>2</sup> Personal communication from Ana Maria R. Nemenzo who attended the 7<sup>th</sup> IWHM and served on the IAC of the 8<sup>th</sup> IWHM.

Furthermore, because health is a social service, the state remains the main political target when there is absence or neglect.

This is not to say that the forces of globalization and institutions such as the WTO are not having an effect on health care systems. Even if this is so, it is not true that the challenges of globalization have so peripheralized the state that it is no longer a relevant political target for anti-globalization struggles. We have seen in the anti-globalization movement, how state fascism is used repeatedly to protect the interests of transnational corporations and to legitimize neo-liberalism.

State fascism is also manifested in areas that are the purview of reproductive and sexual rights and freedoms. Repressive laws on sexual orientation, marriage and family relations, contraception, etc. are promulgated and enforced by national governments.

I am certain that national identity is consciously negotiated in IWHMs because through the years in plenaries and personal conversations, theoretical discussions and practical actions, I have seen proof that organizers and participants understand the arbitrariness of national identity and the situations when nationalism is used against women. Various IWHMs have taken cognizance of the violence perpetrated against women in the name of nationalism. We understand as well, how religious fundamentalism can conflate its interests with national patriarchies to the detriment of women's sexual and reproductive rights. In the 6<sup>th</sup> IWHM we put up banners stating which countries participated in the main plenary hall. However, the countries were based on women's identifications rather than on the prevailing geo-political ones. One woman for example, asked to have her banner show the country Eritrea, much to the dismay of someone from Ethiopia who complained to me that she was a government official and would run into difficulties back home. Similarly several indigenous women's homeland names were out in the banners along with the names of countries which claimed these homelands as part of their national territory.

Indeed, the IWHM would never have survived if it did not understand that women are differentially positioned in interlocking systems of oppression. Women's bodies are the quintessential focus of the international women's health movement. As Francisco writes:

As feminist movements we are conscious of the fact that our bodies are replete with cultural and social meanings. Equally important is our understanding and experience that women's bodies are key arenas upon which many moral and political battles are being fought. It is through women's bodies that the community, state, family, fundamentalist forces (state and non-state), religion, the market and male identity seek to define themselves. Through a plethora of patriarchal controls these forces and institutions transform women's bodies into expressions of power relations. Women's bodies are in this way, at the center of authoritarian or democratic projects (2005, 1).

The recognition that interlocking systems of oppression construct our bodies and identities is central to the conviction of many women and health activists that the struggle for reproductive and sexual rights and freedoms is fundamental to resisting neo-liberal capitalist

hegemony. It is also a tenet that prefigures current political theories, including certain trends of transnationalism that ground themselves in the body, sexuality and desire (Grewal and Kaplan 1994).

While we were organizing the 6<sup>th</sup> IWHM, we idolized the Costa Rican women because the 5<sup>th</sup> IWHM was, the first IWHM to be held in the Third World. The 6<sup>th</sup> IWHM's call for balanced perspectives also reflected the need to bring the perspectives of Third World women into the feminist health movement. Being an organizer of the 6<sup>th</sup> conference, I remember how we established quotas to ensure that our subsidies went to women in Africa and Asia as well as women from poor communities in the First World. There was even an attempt to ensure that only a fourth of the participants would come from Europe and North America. This was attempted not by limiting the number of women who would come from these countries, but by ensuring a proportionate number of subsidies for women in other regions.

I must also add that those of us who organized the 6<sup>th</sup> IWHM had agreed that lesbian women and organizations had to be given more space and recognition within the heterosexist feminist movement. One of my clearest memories as an organizer was our effort to ensure that there be lesbian speaker<sup>3</sup> for the plenary on sexuality and workshop spaces for lesbian caucuses, in a situation where rooms and time were in short supply. The Philippine Organizing Committee made sure that I and another member, attended the initial lesbian caucus as a sign of support.<sup>4</sup>

The 8<sup>th</sup> IWHM in held in Rio de Janeiro in 1977 emphasized women's differing positionalities as well. The Brazilian Organizing Committee ensured that the theme, "Women's Health, Poverty and Quality of Life", was discussed in the light of gender, race and class approaches.

Similarly, the Indian Organizing Committee for the 10<sup>th</sup> IWHM (2005a, 1) reiterated and added to the categories of race, class and gender:

It is now widely accepted that health is dependent on age, class, race, caste, ethnicity, culture, location, disability, marital status and sexual orientation; and that it is also intrinsically linked to the production and reproduction roles that women play.

Networks that actively participate in the IWHM processes, inscribe yet other identities. Beginning with the 5<sup>th</sup> IWHM, a number of networks began to have simultaneous or "back to back" network meetings at the IWHMs (Indian Organizing Committee 2005). The most striking

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<sup>3</sup> Our ignorance on this matter was amazing because until the last minute, those of us working on programme matters, myself included, did not know whom to ask. This led to a lot of awkward situations until Rina Nissim finally saved us from disaster by agreeing to talk on short notice.

<sup>4</sup> Our support was unnecessary however, as the room was packed to capacity, mostly by Filipinas. I credit the 6<sup>th</sup> IWHM and those lesbian caucuses with providing great impetus to the Filipina lesbian feminist movement at a time when it was just beginning. The effect of the solidarity exhibited by the lesbian women from other countries who patiently answered questions and revealed their personal struggles cannot be overstated.



example is that of Women's Global Network for Reproductive Rights which has had a very close relationship to the early IWHM processes and continues to hold its general members meeting within IWHMs. Many speakers for plenaries and workshops are also chosen on the basis of network representation. Thus, speakers chosen because they are from other international networks like, Women Living Under Muslim Laws or Catholics for a Free Choice, highlight women's religious identities. Speakers from the International Lesbian Information Service (ILIS) or the International Gay and Lesbian Association (ILGA), also speak to identities based on sexual orientation.

For the 10<sup>th</sup> IWHM in India, there was a conscious effort as well to consider the pedagogy of the conference by encouraging more alternative sharing/communication strategies and more creative approaches. For example, there was an impressive film fest that ran throughout the length of the meeting. There were a number of art exhibits, booths, performances, etc. The rationale for this was to try to move away from the usual speeches, papers and workshops that privilege women with formal educational backgrounds. This consideration of pedagogical issues did not start at the 10<sup>th</sup> IWHM. I remember this same call being made in one of the plenary sessions of the 6<sup>th</sup> IWHM in the Philippines when one of our plenary speakers suggested that we belly dance.

At the 9<sup>th</sup> IWHM, I was requested to assist the Canadian Organizing Committee in running a conference-long workshop that would eventually come up with recommendations for the next IWHM. One of the recommendations of that workshop was to expand the IAC to accommodate more regional representatives as well as to include "sectoral" representatives. Whereas the Canadian IAC had only one representative for Europe for example, it was suggested that the Indian IAC should add a second representative for Eastern Europe. Similarly, Latin America and the Caribbean should be treated as two separate regions instead of one. In this way, a total of 16 world regions were identified. To these 16 regional representatives would be added sectoral representatives for women with disabilities, young women, indigenous women, lesbian women, elderly women. There were also suggestions that the major networks be involved (again) in the process<sup>5</sup>

I bring up this particular experience to illustrate as well the tensions and pitfalls that arise from identity politics. It was repeatedly pointed out during the workshop, that the size of such an IAC would be impractical. However, no solution could be found to this generally acknowledged problem. Indeed this large "list of identities" achieved easy consensus precisely because it tried to be all inclusive. But it really was not very practical.

The Indian Organizing Committee, being cognizant of these recommendations however, did have to find a way to solve the problem. I think this was achieved rather brilliantly when they took advantage of the fact that individual women do have access to various identity positions. The Indian IAC was a large group of 17 women who somehow managed to come from various world regions and sectors.

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<sup>5</sup> I am reciting these facts from memory. Having tasked to write up and report the recommendations at the final plenary of the 9<sup>th</sup> IWHM, I am confident of the general outlines of those recommendations but I may have some of the details wrong.

Here again, we find that the successful negotiation of identities for specific political ends. In this sense, the list of regions and sectors also illustrates the members of the “imagined community” (Andersen 1991) of the IWHM. The attempt to concretize that imagined community is interesting because it makes clear many unstated assumptions about that community.

As a member of several IACs I have learned the power that comes with the symbolisms necessary to evoke our shared imaginations. I always suggest to organizers that plenary sessions must be planned to include as wide a range of regional, country and sectoral representatives as speakers. The most successful opening ceremonies also are those that manage to signal that the IWHM will result in the equitable sharing of symbolic space.

That this is indeed an imagined community is illustrated further by the fact that it actually has a foundational myth. The Organizing Committee of the 3<sup>rd</sup> IWHM (1981, 1) writes that over 500 women from 36 countries participated and that for the first time funds were “especially secured to bring women from Asia, Africa and Latin America to enable a truly international exchange.”

A participant at the 3<sup>rd</sup> IWHM notes the beginnings of IWHMs internationalization both in terms of its participants and the raising of issues with regards to race and imperialism:

.. it was international in a small way at least. I lobbied and got funding from Dutch Ministry of Developmental Cooperation to bring my international classmates in Women and Development Studies at ISS. So at least one South African, a Sri Lankan, a Bangladeshi, a Thai and an Indian woman got travel grants. Moreover it is quite likely that some refugees from South America have participated in this meeting. In any case I remember that the very presence of non-European women raised questions about structural racism and imperialism in population control interventions, (under the then 'innocent' guise of family planning). Also in the Geneva conclusions you might find back a reference to the need to call for women to testify about their experiences with population control...the 'seed' for the 1984 tribunal!<sup>6</sup>

Indeed, another participant recalls that Geneva was in fact a meeting still very much dominated by participants from Europe. The real work of networking in order to internationalize the IWHM began for the fourth meeting:

In February 1982 in an ICASC coordination meeting there is a proposal to organize the next one. At the meeting on May 1982 there is a decision to try to work with groups outside Europe, to break the precedent of the first three meetings being in Europe. In August they

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<sup>6</sup> Personal communication, Loes Keyzers. The 4th IWHM was conducted as a tribunal against population control policies. Loes also provided the information that this meeting was sponsored by ICASC and Platform Population Politic in The Netherlands. ICASC is the forerunner of Women’s Global Network on Reproductive Rights; WGNRR was ‘born’ at this 4th IWHM.

contact groups in NY, Vancouver, Bombay, Boston and Mexico City. March 1983 Cidhal and other groups in Mexico are willing to have the Tribunal. September 1983 more women are registering but there is still no money. November 1983 CIDHAL has sent a letter saying they aren't able to have the Tribunal in Mexico City after all. The women of CEFEMINA in Costa Rica are willing to hold it, even if there is only half a year left and no money. However, the USA invades Granada and promises Nicaragua will be the next. A discussion and long phone conversations with Cefemina in the week after the invasion took place, after that was decided to have the meeting in London or Amsterdam.<sup>7</sup>

Having read this, I wondered whether the first two IWHMs had any significant participation from women outside Europe. Indeed, as I was to discover, the 1<sup>st</sup> IWHM in Rome in 1977 was a meeting of European groups and was merely labelled "the first IWHM" in retrospect (Indian Organizing Committee 2005b).

If questions of identity or positionality mark the beginnings of the shift from internationalism to transnationalism in the IWHMs, then the process may<sup>8</sup> have started at the 6<sup>th</sup> IWHM and is fully recognized by the 10<sup>th</sup> IWHM.

Estrada-Claudio, speaking in behalf of the Philippine Organizing Committee (Philippine Organizing Committee 1992) states in the keynote of the 6<sup>th</sup> IWHM:

There is a need for us to realize how heterosexual women have participated in the prejudice against lesbian women; how white women have participated in the prejudice against colored women; how women of the First World and members of the local ruling elites and have participated in the economic exploitation of Third World women; how women from dominant cultures tend to universalize their experiences and thereby deny the reality of others; how the intellectuals among us can fall into the trap of allowing decontextualized discourse to divide us over interpretations of a reality that cannot be decontextualized; how the non-academics among us stand in the way of necessary theorizing by insisting always on the primacy of praxis.

On the other hand the organizers of the 10<sup>th</sup> IWHM (Indian Organizing Committee 2005a, 5) show a far more sophisticated grasp of the politics of identity:

Identity politics has given the scope for the articulation of concerns of 'invisibility', 'marginalization', 'representation', etc. At this point, how do we explore the possibilities of common agenda for advocacy, struggles and campaigns?

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<sup>7</sup> Personal communication, Martha dela Fuente. Martha is citing from the documentation of the 4<sup>th</sup> IWHM.

<sup>8</sup> I emphasize the words, "may have started" I studied the proceedings or website pages of the 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> IWHMs. I have very little data on the other meetings.

Women from many parts of the world questioned language that homogenized experiences and universalized 'sisterhood'. Can we now explore the possibility of evolving global feminist concerns that accommodate and respect difference and diversity?

These questions posed at the 10<sup>th</sup> IWHM are indication that even as we are able to negotiate identities successfully, we are not unaware of the problems that arise from these symbolic exchanges.

As I reported the long list of suggested IAC representations in the closing plenary of the Canadian IWHM for example, there was laughter as well, followed by yet more suggestions for added categories. It was also obvious to everyone that no matter how all inclusive the listing of categories by regions, country, sectors, classes and castes, age groups, ethnicity, sexual orientation, disability, and so on, each individual participant or group of participants would still be tasked with being the voice of millions of others.

Additionally, despite the commitment to the grassroots, the poor and the marginalized, they remain underrepresented as participants in IWHMs. I have tried for years to overcome this problem by attempting to bring more grassroots women to the meetings. But my efforts are often stymied by lack of funding or, when funding is available, the lack of personal documents for passports, bank certificates for visa applications, etc. The more sweeping statements about an increasingly connected world and global community do not take into consideration the systematic bias against the free migration of the poor.

I am not saying that the class, race, heterosexist and other biases of the IWHM process come from external factors alone. All the IWHMs have been marked by tensions along these lines. The tensions become especially intense if the discrimination is attributed to the organizers or to their inability to ensure systems that prevent it from occurring. Without side-stepping the need for accountability, I must note that I have not worked with an IOC that did not have these problems to a smaller or larger extent.

What I am trying to say here is that our attempts at constructing identities succeed for many purposes but there are instances when they do not. Thus, while the capacity to conflate identities "young woman from Vietnam" for example, may be helpful in forming reasonably small IACs, the conflation of "woman from the Third World" with "poor women" must be criticized because it stands in the way of increasing grassroots participation. Similarly despite the a priori assumption that we can build solidarities around the identity, "woman" the IWHMs have not escaped from the sort of scathing debates and divisions, which many feminists decry in patriarchal politics.

A participant of the 10<sup>th</sup> IWHM (and a member of its IAC) notes as well that even the concept of "woman", seemingly the most stable of identities underlying the process has also been interrogated:

Alongside this, is the question of 'Woman', which in the early days of the IWHM was a very untroubled notion. We all 'knew' who women were. But with

intersectionality playing a stronger role in our practice and with the very powerful attack on the natural, biological basis of womanhood, attacks that emerged with notions of cultural construction of gender and that have become more complicated with the rise in postmodern thinking, the question about the position of transgender and transsexual people within the space is opened up in a different way. It was addressed in India in a sideways fashion by the presence of the performing group from Malaysia. A small number of conference participants walked out, refused to watch as they weren't 'women' performing, but the majority were only too happy to sit and watch and cheer. This would not, could not have happened with feminism as it was ten years ago. But today, links are being made, not only in the complications of what 'women' are, but also in respect of the alliances being made in relation to sexuality and reproductive justice/rights.<sup>9</sup>

Indeed, I have added my voice to those of other women involved, who say that IWHMs must begin to tackle issues regarding movement politics. A 28 year process deserves to be self-reflective. Our success at living out the rhetoric of solidarity and finding strength in diversity is the basis for pushing feminist politics further still. It remains important that we theorize this in the light of the resurgence of the international social movements and the continuing marginalization of feminist politics and analysis in this resurgence.

One of the difficulties presented by any attempt at engaging other social movements is that taking simple political positions run contrary to the complexity of this emergent feminist politics.<sup>10</sup> This has a long history in feminism because, for many activists, coming to feminism meant the rejection of the master narrative of class analysis as a basis for political engagement. But the development of even more complex analyses based on several positionalities makes this an even more difficult process. Nonetheless it is crucial that feminists engage. Certain strains in the environmentalist movement for example, have accepted demographic arguments that bolster population control arguments. Religious fundamentalist arguments can become conflated with nationalism to the detriment of women's rights particularly reproductive and sexual rights. In many local as well as transnational settings, the labour movement/s are deeply patriarchal. Nationalist discourses can also mean wars that have devastating effects on women and their children especially because women's bodies can become cultural markers for "the enemy".

I believe that this means that feminists must sharpen their capacity to work on negotiated identities for particular political ends---as long as the scope, time limitation and space limitation of those identities is clearly negotiated. For example Cockburn (2005) talks about how feminist networks against war and militarism like Women in Black reject nationalist identities in order to contest the nationalist projects that frame wars.

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<sup>9</sup> Personal communication, Janet Price.

<sup>10</sup> I am grateful to Janet Price for this insight.

To push feminist politics further, it is high time that we assess our struggles and successes in the feminist health movements. I believe our successes happen when we refuse to flatten differences or make binaries or subsume forms and struggles into hierarchical priorities or create singular unities. Feminist politics is at its best when it is enriched by the insights that come from exploring the world of reproduction and sexuality. It is a politics that allows us to be cognizant of the tenuous nature of subjectivity even as we agree to come together as women of differing abilities, ethnicities, classes, castes, ages, nationalities, sexual orientations, marital positions and religions for particular political goals. It is a politics that is grounded on the materiality of our existence, the evanescence of our desires, the multiplicity of our passions and the bedrock of our capacity to make commitments and act.

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She is author of the book, *Rape, Love and Sexuality: The Construction of Women in Discourse*. Quezon City, UP Press: 2002.

## Appendix A: Some Notes on the History of the IWHM

(Revised by the author from the original document provided by the Indian Organizing Committee of the 10<sup>th</sup> IWHM entitled, "IWHM-History". Significant inputs from Loes Keyzers and Martha de la Fuente.)

### **1st IWHM - 1977**

Rome

In 1977 women from Europe involved in the abortion campaign and broader issues of women's health came together in Rome, which in retrospect was called the 1<sup>st</sup> IWHM.

### **2<sup>nd</sup> IWHM - 1980**

Hanover

### **3<sup>rd</sup> IWHM - June 6-8, 1981**

Geneva

500 women from 35 countries

**Host Organizations:** ISIS and the Dispensaire des Femmes

**Organizing Committee:** Helene Bregani, Jane Cottingham, Rosangela Gramoni, Dina Leveille, Rina Nissim, Patricia Schulz.

### **Workshop Topics:**

1. Health Poverty and Racism
2. The Role of Paramedics
3. Abortion
4. Imperialism and Population Control
5. Sexuality
6. Contraception
7. Pregnancy and Childbirth
8. Breastfeeding and Nutrition
9. Women and Madness
10. Women's Research into Natural Medicine
11. Menopause, Lesbian Health, Dental Self-Help
12. "Women from the Third World",
13. International Information, Documentation and Networks
14. Yoga as a Method of Contraception and Abortion
15. Women and Violence,

### **4<sup>th</sup> IWHM - 1984**

Holland, Amsterdam



Almost 499 women from 65 countries.

**Theme: 'No to Population Control, Women Decide'**

This meeting was organized in the form of a tribunal. Many issues were discussed and positions taken on:

1. Contraception, abortion and sterilization: the slogan was: "our bodies, our lives, our right to decide"
2. Drugs, a multinational issue.
3. Sexual politics, from different groups, Muslim, lesbian, women with children.
4. Population control or women's control, from different countries.
5. Women and disability
6. Racism

**Host Organization:** ICASC and Platform Population Politic in The Netherlands.

ICASC is the FORERUNNER OF Women's Global Network on Reproductive Rights; WGNRR was 'born' at this 4th IWHM.

**5<sup>th</sup> IWHM -23<sup>rd</sup> - 28<sup>th</sup> May 1987**

Costa Rica

**Host Organization:** CEFEMINA.

This was attended by about 800 women. Only 350 at the meeting came from 70-80 countries while the rest were from Costa Rica.

This was the 1<sup>st</sup> international meeting where a number of networks present also had separate meetings, both before and after the main meeting e.g. Infant baby Food Action Network and others.

**6<sup>th</sup> IWHM - Nov 3-9,1990**

Quezon City - Philippines

**Theme: *In Search Of Balanced Perspectives And Global Solidarity For Women's Health And Reproductive Rights***

This theme was decided because need to promote the perspectives of 3<sup>rd</sup> world women in the international women's health movement.

**Host Organizations:**

1. Center for Women's Resources (CWR)
2. GABRIELA
3. Katipunan ng Bagong Pilipina (KABAPA)

4. PILIPINA
5. Samahang ng Malayang Kababaihang Nagkakaisa (SAMAKANA)
6. WOMANHEALTH, Philippines
7. Women's Resource and Women's Resource and Research Center (WRRC)

**Organizing Committee:** La-Rainne Abad Sarmiento, Leovigilda N Agustin, Dolores De Quiros Castillo, Trinidad Domingo, Sylvia Estrada-Claudio, Mercy Fabros, Josefa S. Francisco, Reena Marcelo, Ana Maria R. Nemenzo, Rosario T. Padilla, Nora Protacio, Perla B. Sanchez.

**Main plenary themes:** Women's Health and Development, Women's Health and Reproductive Rights, Violence (Militarism, Religious, Institutional) Against Women, Sexuality

**7<sup>th</sup> IWHM - September 12-18, 1993**  
Kampala Uganda

**Theme:** *United we stand to solve the Global Problem of Women's Health and Reproductive rights*

**Host Organization:** Safe Motherhood Board of the Uganda National Council of Women

**Sub Themes:**

1. Addressing culture and religious obstacles to improve health practices
2. Generating broader political support and understanding for women's causes
3. Integrating women's perspective and priorities more fully into government and donor funded health population
4. Encouraging and supporting women on efforts to improve their health and well being
5. Ensuring adequate attention to often neglected health issues such as sexually transmitted diseases, cancer, violence against women's health after menopause
6. Broadening the linkages b/w child survival and family planning programmes
7. Increasing women's input into the development and dissemination of reproductive and health terminologies
8. protect women against AIDS
9. Coping with causes and consequences of unwanted pregnancies.

**8<sup>th</sup> IWHM- March 16<sup>th</sup> - 20<sup>th</sup> 1997**  
Rio De Janeiro, Brazil

**Theme:** *'Women's Health, Poverty and Quality of Life'*

The theme was ensured discussed in light of gender, race and social class approaches.

**Host Organizations:**

1. National Feminist Network for Health and Reproductive Rights

2. Coletivo Feminista Sexualidade e Saude
3. Geledes - Instituto da Mulher Negra
4. SOF - Sempre Viva Organizacao Feminista
5. UBM - Uniao Brasileira de Mulheres
6. Casa da Mulher do Grajau
7. Casa da Mulher Lilith
8. CIM Centro de Informacao Mulher
9. Nucleo de Estudos e Pesquisa sobre a Saude da Mulher/ Universidade Federal de Sao Paulo
10. Nucleo de Estudos e Pesquisa - AIDS - Universidade de Sao Paulo

**9<sup>th</sup> IWHM - August 12-16, 2002**

Toronto, Canada

**Host Organizations:** Canadian Research Institute for the Advancement of Women and the Riverdale Immigrant Women's Center.

**Themes:**

1. Women's Reproductive Rights,
2. The Impact of Violence (State and family) on Women's Health
3. The impact of the environment (natural and built) on Women's Health

**10<sup>th</sup> IWHM:** September 21-25, 2005

**New Delhi, India**

**Theme: Health Rights, Women's Lives:  
Challenges and Strategies for Movement Building**

**Organizing Committee:** Manisha Gupte, Padmini Swaminathan, Sarojini N.B., Sabala, Renu Khanna, Philomena Vincent, Lakshmi Lingam, Amar Jesani, Monisha Behal.

**Focal Themes:**

1. Public Health, Health Sector Reforms and
2. Reproductive and Sexual Health
3. The Politics and Resurgence of Population Policies
4. Women's Rights and Medical Technologies
5. Violence (of state, militarism, family and "development") and Women's Health