Feminist Anti-Racist Participatory Action
Research for Social Change Around Women's

by M. Ann Phillips

L'auteure raconte ses expériences en tant que participante à un projet de recherche féministe anti-raciste dans le domaine de la reproduction.

This feminist anti-racist participatory action research process serves as a way of putting into practice aspects of the Platform for Action documents from Cairo and Beijing, as well as making bridges between community and academia.

The recent UN conference on women in Beijing was the latest in a series of global conferences where reproduction, reproductive rights, and women's health were an important part of the agenda. Previous women's conferences—Mexico, 1975; Copenhagen, 1980; and Nairobi, 1985—and population, environment, and development conferences—Stockholm, 1982; Mexico, 1984; Amsterdam, 1989—have addressed these issues, though not always to the satisfaction of women's movements around the world. Since the 1990's through the persistence and stamina of grassroots organizations and global women's movements, lobbying activities at and prior to these global conferences have pushed for a more feminist perspective and "better language" in UN documents, that is, language that incorporates women's concerns including gender equity, human rights, population, environment, development, and women's health. This organizing has brought women's issues into the spotlight among national government and international agencies as never before.

At the 1992 UN Conference on Environment and Development in Brazil, women's movements were central in proposing an NGO treaty on population, environment, and development which demanded access to women-focused and controlled reproductive health care, safe, legal, and free access to contraceptives and abortion, as well as sex education, contraceptive, and STD information for youth, both female and male, as well as where possible, for men (Mauleon). In 1994 the Cairo Conference raised awareness around women's health and reproductive rights at the global level and managed to negotiate progressive language around reproductive health which prioritized women's health over population control programs (Roland; Araujo). However, the overwhelming focus on abortion and family planning was a disappointment for women's movements as was the almost non-existent focus on issues of race and ethnicity. At Beijing, women's health was one of the critical areas for concern and reproductive rights and health were defined from a more progressive, holistic, women-focused perspective. Despite these achievements, the experience from previous conferences has suggested that even when progressive language has been negotiated, there is a long distance between rhetoric and the implementation of policies and programs impacting on women's lives. This "gap between rhetoric and reality is ... endemic to all UN conferences" (Hartmann 51) and has contributed to the debate within the more radical elements of global women's movements about the role of UN conferences in furthering women's rights, empowerment, and gender equity. Some feminists see the incorporation of "women's concerns" into UN documents as a way of placating women's movements while allowing the mainstream agenda to proceed with minor modifications. Others identify issues such as globalization and structural adjustment as barriers to the effective translation of UN rhetoric into programs suitable for and responsive to women's needs. Yet other feminists argue that stronger mechanisms for implementation of the recommendations outlined in the UN documents need to be put in place.

Documents such as *Cairo, Beijing, and Beyond: A Handbook on Advocacy for Women Leaders* (1995), funded by the UN Fund for Population Activity (FPA), outline strategies to encourage women leaders to advocate for the implementation of the policies from these conferences and for women's empowerment and gender equality. These documents place the responsibility in the hands of women to ensure the translation of UN rhetoric into reality. Rather than fulfilling that role simply by being the watchdogs, with limited or non-existent resources, hounding governments for the implementation of the platforms of action, women's movements also need to continue drawing on our own energies, creative forces, and strengths to define for ourselves what women's empowerment means and how we can move towards health, peace, equity, and development.

In this article I describe a locally-based community process in which research into reproduction and reproductive health was used a tool for empowerment and for the promotion of gender equity, as well as a mechanism for breaking down barriers and forging alliances between grassroots community women and academia. This feminist anti-racist participatory action research process serves both as a way of putting into practice aspects of the Platform for Action documents from Cairo and Beijing, as well as making bridges between community and academia

Research
Health in Brazil

in a co-creative process of generating embodied knowledge and actions around women's health, reproduction, and reproductive rights.

My interest in researching women's health in Brazil grew out of my experience as a reproductive health educator and community activist working with a Sao Paulo-based black women's NGO. I was introduced to the activities of the NGO's health program at a conference in 1991. I became interested in working with them as I increasingly saw globalization, structural adjustment, population control policies, racism, and sexism connecting the struggles of black women in Brazil to those of black and immigrant women in Toronto.

The majority of the Brazilian population is poor. Brazil has one of the highest income disparities in the world. One per cent of the richest in the country own 40 per cent of the country's resources while 50 per cent of the population who are the poorest only own 12 per cent (Lula da Silva). This social inequity, poverty, and income disparity has increased during the last decade following the military dictatorship, a period in which development, modernization, and industrialization were said to have been the focus. While Brazil's economy grew to the eighth largest in the world, wealth and power has become concentrated in the hands of an ever smaller elite. Women, who make up 50.4 per cent of the brazilian population (Araujo and Diniz), have borne the brunt. Recently, in order to "stabilize" its economy Brazil has bowed to the demands of the International Monetary Fund (IMF). Among the many after effects have been massive cuts to social programs, especially in the areas of housing, education, and health, as well as the privatization of government institutions also related to health and education. This has been particularly prejudicial to low-income and other marginalized women such as black and indigenous women, specifically in the areas of access to health care services and information and means of fertility control (Giffin).

Brazil espouses a progressive federal program, *Programa Nacional de Assestencia Integral a Saude da Mulher* (National Program for Comprehensive Attention to Women's Health, or PAISM), for comprehensive health care for women which includes age-specific health care, reproductive health programs including fertility and infertility control, gynaecological attendance, and cancer prevention as well as education and consciousness-raising. This program is the result of the struggles of the women's movement in Brazil and has been in place since 1983. However, like many UN documents, the gap between rhetoric and reality is very large. Even after considerable struggle over a decade from women's movements and grassroots organizations, implementation has been minimal and there has been little improvement in women's health services in Brazil (Avila; Correa; Araujo and Diniz)

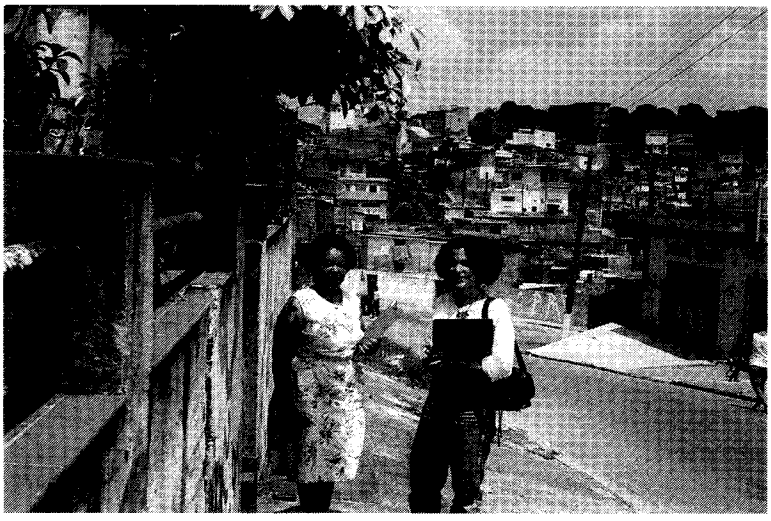
In 1992, I received a CIDA Professional Award to work for six months with the health program of Geledes, Instituto da Mulher Negra (Geledes, Black Women's Institute), to develop reproductive health workshops for women in low-income communities in Sao Paulo. A reproductive health team made up two of the Geledes staff and myself met with low-income women who directed the creation of the workshops. During this period, it became clear to my colleagues and myself that the women we worked with were extremely interested in learning as much as possible to facilitate their attempts to improve their reproductive health and control their reproduction. Their efforts were hampered not only by their lack of education but also lack of access to medical facilities, the relationships the women were in, and their precarious economic situations and living conditions. The intricacies of race and racism in Brazil added an extra dimension of difficulties for black women.

I was amazed at the women's interest, persistence, enthusiasm, and their gratitude for the opportunity to come together and share their experiences around these issues. They were eager to learn from us but mostly from each other, sharing strategies, common problems, experiences, and solutions. The women's readiness to learn collectively and to grapple with reproductive health issues were the motivation behind the question: "How do women in Sao Paulo, Brazil, examine and challenge the factors that constrain and limit their self-determination in relation to their reproductive health and reproduction?

The women we worked with were interested in learning to facilitate their attempts to improve their reproductive health and control their reproduction. Their efforts were hampered not only by their lack of education but also lack of access to medical facilities.

I saw this question as opening a way for me to work with low-income women so that they could identify for themselves the types of barriers and constraints to their reproductive health addressed in UN documents,

conferences, and by global feminist movements, my goal was that through this project women could determine what sorts of actions might be appropriate in their lives and communities for dealing with these factors. I wanted the research to be grounded in the experiences of the local women and in my lived experience as a reproductive health educator and activist. A participatory action research (PAR) approach was essential as it allows women—through research they direct themselves—to grapple with their reproductive health issues.



Going door to door interviewing women about health issues.

PAR involves not only academic research, but also education and sociopolitical action (Fals-Borda). It is based on Freirian principles of consciousness-raising and social justice. It combines analyses from a lived, experiential, popular perspective with that of a more "rational," theoretical perspective. Participatory action research is inclusive, action-oriented, interactive, and empowering; geared not only towards observation, it aims at changing the location both of the researcher and the participants.

A successful PAR process requires an equal contribution from the academic or outside researcher and the community participants or inside researchers. This process involves creating knowledge through collective evaluation of the current situation while also determining the types of sociopolitical action or changes possible to move towards a more desirable future defined by the co-researchers.

As well as PAR, I felt that a feminist and an anti-racist perspective were needed. Thus I defined a variation of PAR, Feminist Anti-Racist Participatory Action Research or FARPAR, which starts from the understanding that both gender and race are "basic organizing principles which profoundly shape [and] predict the concrete conditions of our lives" (Lather 71) and are thus central to the research process.

FARPAR researchers must recognize the importance of race and gender in shaping each individual's consciousness and abilities, the existent social structures and institutions, as well as the current distribution of privilege and power (Lather), acknowledging that a consideration of these factors is key to all forms of inquiry. While PAR researchers understand that research can be a tool for social change, addressing imbalances of power, mostly around issues of economic marginalization, FARPAR researchers can use the research process to address power differences related to race, class, and gender. In this case FARPAR can be used as a means of consciousness-raising and empowerment for community organizing and development, as well as a tool for women to analyze reproduction, reproductive rights, and women's health in the context of their own lives.

I returned to Sao Paulo, Brazil as a FARPAR researcher in 1995 intent on grappling with the interphase between reproductive rights discourse and the reality of women's lives. An important aspect of participatory research is working with communities that share the research interest with the outside researcher. This may happen in one of two ways, either the motivation for the investigation may come from the community itself, or as in my case, where the researcher wants to focus on a specific topic, it is essential to find an equally interested community. Thus, during my first month I visited various communities, discussing the project with the women.

One of the communities I visited was Jd Sao Saverio, a low-income community on the southeast outskirts of Sao Paulo. A social worker at the municipal health unit there, knowing that the community was highly organized around health issues but not around women's health, suggested I approach the women. I presented the research proposal first to the medical staff and unit director who were enthusiastic about engaging the local women around reproductive health as they felt this might also benefit the health unit. There were family planning groups and groups for pregnant and nursing women, however, despite the existence of PAISM, there was no coordinated women's health program.

I was given a tour of the community and taken to the home of a woman in her mid-50s, a member of the local health council and activist in the municipal health movement. She was enthusiastic about the proposed research. She located the issue of reproduction and reproductive health in the broad context of "women's health." She explained that an earlier attempt to focus on women's health in the community had not had enough momentum to keep going. She saw this project as filling that gap, giving women a space for themselves. She, like many other of the female health activists pointed out that "we do so many things for others, but we never have time to think about ourselves."

I was invited to the next local health council meeting. This council includes members of the community and representatives of each of the local state and municipal health units. It deals with all matters related to health and the health system as they

affect the community. I later presented the research proposal to a group of about 15 men and women at the monthly meeting. While most of the women were interested, and some openly enthusiastic, about the proposal, many of the men seemed somewhat threatened by it. A few men thought it might be useful to the women in the community while others were mostly quiet and non-committal. The health council approved

Members of one of the older women's groups in front of the residents' union building where we met. Photo: Ann Phillips

my request to proceed with the project and five women volunteered to be the "research team" who, together with myself, would organize and direct the inquiry.

The research team members ranged in ages from early 20s to late 60s. The younger women had paid jobs, while the older ones worked at home. All had children and some grandchildren, whom they cared for as well as caring for the home, sick husbands, and relatives. They were active in the church and the community's housing council, school council, daycare council, and the health council. This was yet another project they were taking on, on top of their already busy schedules. We agreed to meet once a week (though we often met more frequently, especially towards the end) and did so for a period of nine months.

In the initial meetings we discussed the reproductive health issues considered most important amongst the local women and how the project might be organized so women could examine their relationship to reproduction, reproductive health, and women's health. These meetings resulted in a long list of topics and suggested activities which the team felt were priorities.

Some of the topics identified as relevant to local women were sexuality and sexual pleasure, contraception, the lack of information about controlling fertility, menopause, AIDS and sexually transmitted diseases, birthing, teenage pregnancies, men and their role in reproduction and women's health, courtship, pollution and unsanitary conditions and their effects on women's and their children's health, the increasing incidence of cancer, reproductive health problems specific to black women, mental health, abortion, lack of space, the medical system, the attitude of doctors—especially male doctors towards low-income women, the lack of adequate health care facilities, the long wait for appointments, and the embarrassment many women feel about going to the doctor. This was the first time that many of these women, even women who were activists in the health movement, had the opportunity to specifically focus on women's health and reproduction as it affected them and their communities. They were defining the issues for themselves, beginning a process of self-education.

The key activities or goals outlined by the community women for the project were using the inquiry process a) to inform and educate women about their bodies and their reproductive health; b) to create a space for women to discuss and learn about aspects of health that they normally do not have time to do; c) to identify the needs of the women in relation to reproductive health in order to demand services that are more appropriate to those needs; d) to inform the men about women's reproductive health; e) to inform the adolescents about reproductive health; f) to inform the doctors and medical staff at the health units about women's needs in relation to these topics; and g) to start a long-term process of focusing on women's health in the community. These priorities and activities which emerged from the lives and experiences of the women in this community were surprisingly similar to those which hundreds of people from around the world worked on to produce the 1992 NGO population, environment, and development treaty.

By the end of the third meeting the research team was anxious to start doing something instead of only discussing the problems and defining the proposed activities. The members had been drawn to the action-oriented focus of the research. Their principal objective for this inquiry was education through communication. Identifying that lack of "openness" in relation to women's health, reproduction, and sexuality, as well as the absence of both the time and space for women to talk about and get to know the essential aspects of reproduction and reproductive health which were societal and local problems, the research team saw this project as a starting point—through discussion—to initiate change in women's lives.

Given the women's busy schedules, starting another activity seemed out of the question so the research team suggested incorporating the project into pre-existing group meetings. There was no "women's group" in the community, but there were two older people's groups which had only female participants who, in fact, were not all older women. We presented the proposal to both groups and the women willingly turned over one meeting a month to discussions

about "reproduction and women's health" as they affected them. All meetings were based on allowing the women to speak from their own experience in a participatory manner. The specific questions and issues discussed were defined by the research team and often by the women themselves. These meetings expanded into other more informal gatherings as various women, often the younger women, volunteered their homes for meetings with their friends and neighbours to discuss their relation to reproduction, reproductive health, and women's health. As more women heard about the meetings they became interested in the process of education and of deciding what actions and activities might be important for the community and for them as individuals.

The research team and many local women had concerns about the adolescents in the community specifically around the high rate of teenage pregnancies, the prevalence of STDs, and the apparent lack of information about health, reproduction, and contraception. It was considered a priority to include the adolescents in the project. The first meeting involved a group of mixed gender youth and later we met with young women only. The adolescents seemed very interested. Close to 50 youth, slightly more women than men, attended the first meeting. The focus was on healthy sexuality and on relationships between men and women. The meetings were designed to allow the young women and men to identify the issues most relevant to them and to facilitate discussion between the two genders. Many of the issues raised by the older women with respect to relationships between men and women were also identified as relevant by the young women. When the young women met by themselves, the focus of the discussion was mainly on contraception. The meetings were successful and popular with the young people, some of whom requested a meeting between parents and youth, pointing to parents' unwillingness or inability to discuss these issues or to accept them as aspects of their children's lives. Unfortunately, we were unable to organize this meeting before my departure.

The research team felt it essential to involve men in this project. Their theory was that men were as involved as women in the issue of reproduction. They further rationalized that projects such as this which might stimulate changes in women's behaviour can only be sustained if men also change. Thus, with the help of one of the male health activists, we organized several men's meetings. Some of the issues the men discussed were male-female relationships, sharing responsibility in the home, sexuality, unfaithfulness, homosexuality, the use of condoms, and AIDS. At the last of these meeting, shortly before I left, the men made known their intention to continue meeting after my departure. Several who were sceptical at the outset had come to see the importance of talking openly with other men about these issues, and some were even interested in meeting as couples.

At one of the later meetings women's cancer was identified as a problem for local women. Several women with cancer were being looked after by fellow church members. A survey was suggested to determine the incidence of cancer among the local women and to identify the needs of these women and their families. The research team felt this information would be useful for the local health council, the church, and the local health unit. The director of the Centre for Epidemiology, Research, and Information at the district health unit and the epidemiologist at the health unit worked with myself and the research team to design a three-page broad spectrum questionnaire about the conditions of women's health in the community and women's perceptions of health as well as life conditions and access to health care. A small pilot survey was done before going door-to-door with the aim of surveying ten per cent of the houses in the community. The survey was still being conducted by the research team with the assistance of the local health unit staff when I left Brazil.

This questionnaire, contrary to a more traditional research process where a survey of women's health conditions would mainly have drawn on the background and energies of the outside researcher, myself, and on those of the health professionals, came out of the women's discussions and identification of issues relating to women's health in the community. The research team also saw the survey as an opportunity to familiarize local women who were not active in local groups and movements, with the discussion groups, this project, and the work of the local health council, as well as a means of inviting more women to participate. The questions drew on the experience, knowledge, and priorities of the women in the community and were geared to what they considered important and what they felt women responding to the questionnaire should reflect on. The survey in itself became another educational tool, another activity to get women to contemplate their health.

Prior to my leaving some of the effects of the project were already evident. At a final meeting and evaluation organized by the community research team the impact of the project on the community and the prospects for continuity were discussed. Men and women who had participated were present. A representative from the older women's groups noted that several women who had never gone or not gone regularly for pap tests were now going as a result of our discussions. An older woman divulged, with some gratitude, that she would have died without having discussed these issues with anyone were it not for the meetings. The men's group planned to continue meeting and the community research team intended to continue the survey in conjunction with the local health unit and also with the discussion groups.

This type of process and the methodology I have described are in fact very different from traditional research. FARPAR is grounded in the context, the energies, and the experi-

ences of the local women who were my co-researchers. This type of research is neither "objective" nor is it "reproducible." However, it is a collaborative research process where the participants learn to become co-researchers. In Jd Sao Saverio both the women and myself could grapple with the issue of reproduction and women's health in ways that are mutually beneficial using a shared process of thinking, learning, collective education, and action. This type of inquiry process is more than just research but a process which, because it was locally defined and based within the community, provided the opportunity for women to identify for and by themselves some of the health issues that the women's movements have struggled to get incorporated into the various UN documents. This process also allowed women to begin taking action around those issues, in their individual lives, within the local health movement, and by lobbying the local health units for more appropriate services. I believe this type of a conscious methodology is one way that feminist researchers can through the inquiry process diminish the gap between UN rhetoric and the reality of women's lives, contribute to the process of women's empowerment and gender equity, and start to make true and lasting bridges between academia and community.

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PATIENCE WHEATLEY

Uncle Potto and the Stars

Our mother dropped an egg on the kitchen floor and started to cry I was frightened and found our father *mummy's crying in the kitchen* I said our father came running and later our mother sat down in her big easy chair with her feet up on the red leather fire guard drinking from a round glass with a rooster on its side and cheered up at least for a while and our father was nice to her but a few days later he put on his black leather flying helmet with ear flaps and tubes hanging down and said he was going for his flying lesson our mother had that look on her face that said the devil you know is better than the devil you don't know christine and I went over the back fence into the copse looking for blackberries we saw a spider hanging from a web its huge bloated body reminded me of our brother with no clothes on though he was only one year old I pointed it out to christine and she dipped her finger in a tin can full of stagnant water and marked her forehead with a cross she'd just been sent to the convent because someone thought we should be separated but which one of us was a bad influence on the other we never found out perhaps christine had been talking about uncle potto and the stars I knew somehow I should keep my mouth shut about both potto and the stars and did until just now

This poem is taken from a longer poem, "The Astrologer's Daughter." Patience Wheatley has had two books of poetry published by Goose Lane Editions: A Hinge of Spring *(1986) and* Good-bye to the Sugar Refinery *(1989). She has appeared in a number of anthologies including* The Voice of War *(Michael Joseph, 1995), and* Vintage 94 *(Quarry Press, 1995).*