

*Population and Reproductive Health  
Oral History Project*

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**Sandra Kabir**

Interviewed by  
Deborah McFarlane

March 13–14, 2004  
London, England

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## **Narrator**

Sandra Kabir (b. 1949), executive director of Bangladesh Rural Advancement Committee, is the founder and former director of the Bangladesh Women's Health Organization. She was active in the women's coalition at the 1994 Cairo conference, and worked for the International Council on the Management of Population Programmes. Kabir holds dual citizenship in Bangladesh and United Kingdom. She lives in London, where she is a Labour Party councillor for the Borough of Brent.

## **Interviewer**

Deborah R. McFarlane is professor of political science at the University of New Mexico. She is the author, with K.J. Meier, of *The Politics of Fertility Control: Family Planning and Abortion Politics in the American States* (Congressional Quarterly Press, 2001). McFarlane worked as an administrator and a consultant in reproductive health in the U.S. and internationally for more than three decades.

## **Restrictions**

None

## **Format**

Five 60-minute audiocassettes.

## **Transcript**

Transcribed, audited and edited at Baylor University; editing completed at Smith College. Transcript has been reviewed and approved by Sandra Kabir.

## **Bibliography and Footnote Citation Forms**

### *Audio Recording*

**Bibliography:** Kabir, Sandra. Interview by Deborah McFarlane. Audio recording, March 13–14, 2004. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Sandra Kabir interview by Deborah McFarlane, audio recording, March 13, 2004, Population and Reproductive Health Oral History Project, Sophia Smith Collection, tape 2.

### *Transcript*

**Bibliography:** Kabir, Sandra. Interview by Deborah McFarlane. Transcript of audio recording, March 13–14, 2004. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Sandra Kabir, interview by Deborah McFarlane, transcript of audio recording, March 13–14, 2004, Population and Reproductive Health Oral History Project, Sophia Smith Collection, p. 23.

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**McFarlane** This is March 13th, 2004, in London, England, and this is Deborah McFarlane. I'm about to interview Sandra Kabir. Good morning. Maybe you could start by telling me the time and place of your birth.

**Kabir** I was born in the afternoon of the second of November, 1949, in London, UK.

**McFarlane** And tell me a little bit about your family.

**Kabir** Okay, my family. My father is Bangladeshi. My mother was English and I was born, along with my younger brother and sister, here in London. We left London in 1963 when I was thirteen because my father decided to return to what was then East Pakistan that he had left twenty-two years previously. And in that twenty-two years he'd never returned back to East Pakistan. He decided to go back. He was forty-five, forty-six years old and he decided he needed to go back and return to his country what he had benefited from, in terms of his education.

He was an outstanding student and had come first-class first in university at the University of Dhaka, and had received a scholarship to study chartered accountancy in London. And that's how he came to London. He came just after the Second World War, when things were

completely—everything was rationed—clothing, foods, fuel, in terms of coal. Everything was rationed. So he had an extremely rough time here as a student. One was the rationing. Two, when he came, it was extremely cold in the winter and he wasn't used to the cold. And there wasn't enough fuel or warm clothing. And secondly, at that time there were very few Asians in the UK. So he completed his chartered accountancy and then joined the Pakistan High Commission in their accounts department.

It was in the Pakistan High Commission where he met my mother. My mother was a secretary there. And they fell in love and they got married. And when they got married in 1948 it was quite unusual for an Asian to marry an English person. My mother's family wasn't particularly happy about it, but she decided to go ahead. And my father didn't have much contact with his family because his parents had died. And he had three brothers and a sister and they were all busy with their lives in what was still then India. So, he went ahead and got married.

I'm the eldest child. I was born, as I said, November 1949. And then I have a younger brother five years younger than me and a sister who is ten years younger than me. All of us were born here in London.

So, we went off to what was then East Pakistan in 1963. I was thirteen, my brother was eight, and my sister was three. Many people have asked me, How did you manage in East Pakistan? In East Pakistan in 1963, life was so different from life in London. However, I think because our family was so close I didn't really—I don't remember really suffering at all or anything like that. The only thing I missed, I must say, was sports, because I was a sports

fan. And in East Pakistan girls did not do sports. There was no such thing as sports for girls, and so I really missed that. And I remember when we went there in '63, there at the national stadium there was an open swimming pool. And I decided to go and swim there. And I was the first ever woman to swim in the swimming pool in East Pakistan—in 1964, it was. And I used to go bicycling, go on a bicycle around town. And I was the first girl to do that.

And I remember my relatives came to my father and complained and said, Your daughter's letting down the family and everyone's talking about your daughter—this that and the other. So my father just called me, he says, “Yeah, I don't mind you doing all this, just be a little careful. Be a little discreet about it.” (laughs) And then he taught me to drive when I was fourteen and a half, so I used to drive around, although it was illegal. I still used to drive around with my dad's car.

So I've come in that kind of background. And I think because I was the eldest, my father probably had a lot of aspirations for me. He taught me everything. He taught me chess when I was seven. He taught me to gamble when I was eight. Cards—he used to take me horse racing. He used to take me dog racing.

**McFarlane** So the sports came from him?

**Kabir** Yeah, yeah—not just the gambling part of sports, but actually doing sports. Because I used to love swimming, I used to love net ball. I used to love playing cricket also, actually, as a child.

So, that's our family background. My brother really never liked East Pakistan. When he was twenty-one years old he came back to England and

never went back again. He really didn't like it very much. My sister still lives in what is now Bangladesh. Bangladesh came into being in 1971. So, she lives there. She's a journalist, an investigative journalist—runs her own magazine. My brother is in Australia now, in Brisbane. And I'm here in London.

I returned to London in 1995 and the reason I returned to London is my husband and I decided that the education of our youngest child was going to pot because at that time in Bangladesh there was a lot of political unrest and there were strikes two or three times a day. And during a strike, everything is closed. Schools are closed, offices are closed. There's no transportation. So, we felt that since we had the option to come to England—because we all had dual nationality, both British and Bangladeshi—we decided to come back here.

**McFarlane** Your husband as well?

**Kabir** Yeah, he's Bangladeshi, British also. He died six years ago, six and a half years ago. So, we decided to come back in '95 and stayed. Our original plan was that once our daughter finishes high school and goes into university, my husband and I would go back to Bangladesh and live in our village home. And I would do consultancy work and write and my husband would do his business and he would develop the area around the village. However, since my husband has died six and a half years ago, I've decided not to return to Bangladesh because living in Bangladesh as a single woman is not at all comfortable.

**McFarlane** So—

**Kabir** Because my children are here.

**McFarlane** He died shortly after you came.

**Kabir** Yeah, yeah. He died on the sixteenth of October in 1997. He became sick just after we got here, actually.

**McFarlane** That's tragic.

**Kabir** Yeah, it is. But at least he got decent treatment, though. He didn't survive his illness, but at least he got the best treatment possible. If we had been in Bangladesh he probably would have died a lot earlier because he wouldn't have had that sophisticated treatment. He had sclerosis of the liver.

**McFarlane** So you met him in Bangladesh?

**Kabir** I met him in Bangladesh, yeah. It was his second marriage, my second marriage. I suppose I should tell you about my background because it impinges on why I entered into sexual and reproductive health work. As I said, I went to Bangladesh when I was thirteen. I fell madly in love when I was fourteen and a half. And I eloped and got married before I was eighteen, which was actually illegal, but when I got married I said I was eighteen and there was nothing to disprove it. So, I got married before I was eighteen. And then on my twentieth birthday my eldest child was born—second of November, 1969. And then a year and a half after that my daughter was born.

Then in 1976, I went through a divorce, returned to my father's home for four years and then met my second husband. We got married. In the mean time, my father died. So, my first marriage was an absolute terrible marriage. The reason I eloped and got married is because my parents knew

this guy and his family and they said, Don't rush into marriage. You're going to go into college now. Finish your college, you'll meet other boys. Then you can make a judgment, and then get married, but of course at the age of seventeen, seventeen and a half, you think you know everything. And I think because my parents said no that sent me off in the opposite direction. If they said yes, probably I wouldn't have done that, but never mind. It was my decision. Got off, got married and it was a totally unsuitable marriage. I'd married into a very conservative Muslim family living in a district town.

**McFarlane** What does that mean?

**Kabir** A district town means—this is the capital, right? Dhaka is the capital of Bangladesh. I was living in a district town, a provincial town, and living in a provincial town, people are even more conservative.

**McFarlane** And you were kind of out there for a girl anyway, right?

**Kabir** Yeah, right.

**McFarlane** If you were riding your bicycle around.

**Kabir** Yeah, exactly, so I got married into a situation like that. My in-laws expected me to behave in the way that everybody else behaved in the family, to wear a sari twenty-four hours a day—literally twenty-four hours, because one sleeps in the sari also. To cover my head, et cetera, et cetera. In the beginning, the first couple of days after my marriage, I did cover my head and then my father-in-law very sweetly said, “Don't bother because it's obviously not you, so don't bother to cover your head.” But I had to wear a sari. And then the food was different. They ate very traditionally Bangladeshi food. The toilets were different. The way of life—the toilets were right at the end of the

garden, the bathroom was at the end of the garden. They had domestic help in the house. They used to treat them in a very—what I thought was an inhuman way, et cetera, et cetera—a totally different way of life.

And then it was very, very apparent that women were very inferior to men and had their designated duties, which was to do cooking and the cleaning and sew the clothes and keep the house tidy and clean, et cetera, et cetera. I went to college but became pregnant with my son and didn't finish my high school even, so I actually have not been to university. So, that had an impact on how I see the importance of education for women—and because the marriage was bad, in terms of not just a different social environment for me but also it was a very violent marriage. My husband was extremely violent—physically violent, psychologically, emotionally, everything.

So, I've had that experience and that impinged so much on me understanding the dynamics of being educated, of being able to make a reproductive health choice—although that was not a problem for me because my husband didn't want us to have a lot of children, so he was very supportive in family planning, in terms of me being able to access the oral pill, which was a high dose at that time of course. I got married in '67. He used to use a condom, et cetera, et cetera. So in that way it was okay, but the decision wasn't really mine. The decision was because he didn't want to have a lot of children, therefore he supported family planning. But I'm sure if he wanted a lot of children he wouldn't have supported it.

So from that life experience it became so apparent to me how important

it was for women to be able to make choices in their life, whether it's reproductive health choices, whether it's choices about being educated or education of children or even mobility—being able to, you know, have your own money and go out from the house, which I couldn't do unless I took permission.

**McFarlane** And you didn't know this was going to happen?

**Kabir** No, no idea at all. I was madly in love and totally inexperienced in it, I thought, you know—I remember the day that we eloped to get married we were going to the capital of Bangladesh, which was Dhaka, to this provincial town. And we went by plane. We thought it was terribly romantic. We were going on this tiny little plane. It took all of twenty-five minutes to fly from one town to the other. And on the plane I remember my husband told me, he says, “Do you know what you're going to call my parents?” I said no. He said, “Oh you have to call them father and mother.” And I was so shocked. This just indicates how shortsighted I was. I hadn't even realized that when you get married you call your father-in-law and mother-in-law father and mother. So I was thinking to myself on the plane, But they're not my father and mother. Why should I call them father and mother? It was the first shock even before I got married. And then when I got married, I had never worn a sari in my life. I got there; they expected me to wear a sari for this marriage ceremony.

**McFarlane** Were they there, his parents?

**Kabir** His parent were there. We went to his parents' house to get married. So they had already bought the sari and all the rest of it. So, they had to wind

the sari around me and show me how to put the petticoat and blouse on and they gave me a little bit of jewelry and stuff like that. And then the marriage registrar came to the house and when I got married I was inside in the bedroom with the door closed with the women folk of the family. And my husband and his father and brothers and one or two other people were in the living room with the marriage registrar. And then all of a sudden this marriage registrar comes with a piece of paper and he tells me to sign it.  
(laughs)

**McFarlane** And that's the ceremony?

**Kabir** Yeah, and that's the marriage contract, which you have under Muslim law. So I just signed the contract and I didn't even see my husband at the marriage. After the marriage registrar went away and all the rest then he came in and we had something to eat and that was about it.

**McFarlane** Were you raised Muslim?

**Kabir** I was raised Muslim, yeah.

**McFarlane** Your mother as well?

**Kabir** My mother was born Church of England but she was actually agnostic. But she was very supportive of us being brought up as Muslims. When we used to fast, for instance, she would fast with us, and not for religious reasons, just I think she felt bad as a mother that we were fasting and she wasn't, so she would fast with us. My father made sure that—actually, for me not so much for my brother and sister—that I had someone in London when we were living in London that he used to take me every Sunday to the mosque to learn Arabic—which I thought was totally useless, because I could read

Arabic but didn't understand a word what I was reading. Because you're supposed to read the Koran in Arabic because you get more blessings, even though you don't necessarily understand a word of it. So I learned Arabic when I was about seven or eight.

Then my father, when I was ten or eleven, he decided he had enough of taking me to the mosque and I'd learned enough Arabic, so he arranged for a student, a law student, Bangladeshi law student, to come to our house on Sundays and teach me the ethics of Islam, like how to pray and the theology and philosophy of Islam. And that law student is now the supreme court judge in Bangladesh. (laughter) And I remember he was very Bangladeshi in the way—the methodology of teaching in Bangladesh is very didactic. You have to memorize everything, and you don't question anything. You're just given something to read and you memorize it. And the teacher will ask you and you just spew it out, kind of.

So this guy used to teach me in that way. And then once I hadn't done my homework. I hadn't learned something. And he very gently gave me a tap on my cheek. And I was so outraged by that I just went running to my father. I said, "Do you know what he's done? He's given me a slap on my cheek." And my father was very, very angry and threw him out the house. So I think I always have a laugh that the chief justice now of the supreme court in Bangladesh, he tried to punish me and my father threw him out of our house. So that's a bit of a joke in our family.

**McFarlane**

I want to ask also, at the time in Bangladesh, were most marriages arranged?

**Kabir**

Yeah.

**McFarlane** So this was unusual that—

**Kabir** Very. Totally unacceptable.

**McFarlane** But his family accepted you.

**Kabir** Yeah, because, I mean, the background of all of this is that the area from where my father comes is actually an island in the Bay of Bengal. And my first husband's family is from that region also. And for many generations their family had wanted to marry into our family.

**McFarlane** Oh.

**Kabir** And my father's family had never allowed it. So they were quite happy that we got married. My father's—

**McFarlane** So you were almost a target, if you will, for him.

**Kabir** Yeah, I did not realize that. Later on, I realized all of this was going on. So, my father and his family were even more unhappy that I had married into this family, because they thought that family was beneath us, which sounds horrible to say. I mean, I don't think in that way but that's how they felt about it. So, that was the history of why his family was so supportive of it. Plus, the fact—I suppose they thought, Well he's marrying someone who has a Bangladeshi father, English mother, who looks a mixture of both Bangladeshi and English, which is a benefit. People see it as a benefit. Don't ask me why, but they see it as a benefit. They see it as a prestigious thing. Everything was in their favor.

So, my father and his family were totally outraged by my marriage. And it was about six months that my parents didn't communicate with me, which—six months is not very much but it seems a very long time. And then

my grandmother, my mother's mother, was instrumental in getting us together again. My mother's mother was living with my mother and father, which is another story which I'll tell you about.

My mother's family, as I said, is English. And her father, my grandfather, was in the British army. He was a doctor. And in the Second World War he was sent out from here to India. And then from India he was sent to Burma. The war finished in Burma but he decided to stay back, which we presume he must have met up with a woman that he loved or liked or whatever. So he abandoned my grandmother and stayed in Burma, which we presumed with a woman but we don't know. He died in 1968 in Burma, in Rangoon.

**McFarlane**

So he never came back.

**Kabir**

He never came back. He used to write a letter once a year, kind of thing. And then we found out that he died because the parish priest wrote to us and said that he had died. And my grandmother, because she had been abandoned by her husband, was living with us. So that's how everything happened. That's why she was living with us in Bangladesh. And she died in Bangladesh also. My mother also died in Bangladesh and my father. So she was instrumental in getting my husband and I and my father and mother back together again.

And then as I said, in 1969 my son was born. So that was two years after we were married I had my first child. And then one and a half years after that, my second child. In 1976, after nine years of a very, very terrible marriage—really, really bad marriage—we were divorced. And not because I

asked for a divorce but because my two children and I were literally physically thrown out of the house in the middle of the night during a curfew in Bangladesh. So it was, in a very compound kind of way, a very horrible event. One was that this was in the winter, which compared to the UK the winter in Bangladesh is not cold, but if you live in Bangladesh it is cold. So, we were thrown out in the middle of the night, myself and two children.

There was a curfew because of political unrest. So we were picked up by the police. This police chief was going and we were walking down the street and the police chief stopped. And the police officer asked where I was going. And so I told a lie and I said, "I heard my brother's sick so I'm going to my brother's house." And he obviously understood that was not true. So he says, "Get into the jeep." I got into the jeep with my two children. And I had no idea where we were going to go. But I actually didn't feel scared because I had been so traumatized by what had happened at home I wasn't scared of this. And then he took us to a sub-police station. And he says, "Stay in the jeep. I'm coming back." The police officer went into the police station. After about five or ten minutes he came back again. He said, "Where do you want to go?" So I told him where I want to go and it was actually a friend's house, husband and wife who are family friends of myself and my husband. So I went there.

The police officer was so wonderful that he rang the bell, made sure that the friends had opened the door. We'd gone in and then he waved goodbye to me. And when I look back, I had no idea who that man was but

he could've taken me anywhere. He could have raped us, he could have killed us, who knows what, because there's no law and order in Bangladesh. At that time it was even worse. So that happened in 1976. And then in 1980, no, 1979, I met my second husband.

**McFarlane** Did you move in with your parents?

**Kabir** Yes, I went back to my father's house. The next day I went back to my father's house. And that shocked him so much that he became sick and he could no longer work.

**McFarlane** Was it the shame of it?

**Kabir** No, it wasn't that. It was because of the sorrow of it, not the shame. He was actually—on one level he was happy that I had got out of that relationship because he knew how bad it was.

**McFarlane** He knew.

**Kabir** On the other—yeah, he knew—on the other hand, because I was so unhappy and had been traumatized and the children had been traumatized and everything, he was so saddened by that that he actually couldn't work. So it was my father, and then I had a sister who was a teenager, just about to enter into university, myself and my two children. My father couldn't work so he didn't have a source of income. So I had to—I was working as an administrative assistant then with an international NGO. Wasn't earning very much money but I had to keep at it and my father, my sister, my two children and myself going. And then my sister finished her high school and was entering into university so I saw my sister through university also. So I met—that was in '76. In '79, I met my second husband. In 1980, we got

married. But in 1979, my father also died.

**McFarlane** And your mother had died by then?

**Kabir** What?

**McFarlane** Your mother had died?

**Kabir** My mother had died, yeah. My mother died actually as a result of the— indirect result of the War of Liberation in Bangladesh. The War of Liberation in Bangladesh was from March to December 1971. In December 1971, she became sick. And it was actually appendicitis but it was wrongly diagnosed. They said it was just gastric pain or something. Yeah, they said it was a gastric pain. So by the time we got her to the hospital the situation was that the Bangladesh had just become liberated. There were no doctors; nurses were on strike because the freedom fighters had misbehaved with them. There were no medicines. The airport runway had been bombed. There were no planes coming in or out. There was nothing we could do for my mother, and she died actually after about two months. She died in February. It was horrible. It was a horrible way to see your mother die. So she died indirectly as a result of the War of Liberation. She died in February of '72.

My father died in '79 but the only thing I was sad about—well obviously, I was devastated by my father's death—but the fact that he never met my second husband. I met my second husband after my father died. It's a shame. So I met my second husband and then we courted each other for some time and then we got married in 1980. And I had my third child and I never ever thought I would have a third child but because of the second

marriage we decided we'd like to have a child together.

So, in 1982 I had my third child. And she's now twenty-one years old. She's done her honors degree in anthropology. And she's just starting her master's degree in September this year. My son is thirty-four. He lives here with me in London. He's working. He's working with a property company. He's not married. My elder daughter is thirty-two and a half. She's married. She lives in Manchester and she has a child. So I'm now a grandmother. I'm very, very pleased to be a grandmother. My grandson's twenty-five months old. And they're coming today, in fact, this afternoon or this evening, so I'm quite excited about that.

So that, in a gist, is my personal life. And as I said, because of my marriage and because of things I had seen in Bangladesh that were happening to women, it really made it so important for me to work in what started off in family planning, and then went into reproductive health and women's development and all the rest of it.

I actually started my career with FPIA—Family Planning International Assistance, which is a USAID-funded organization that gave funding to NGOs in South and Southwest Asia. The regional office was in Bangladesh. And I joined there actually as an executive assistant and then within a couple of months, I became a program officer. And that's where I learned my basics about family planning, programming, which is very, very, very solid kind of grounding in family planning and FPIA because I had the most fantastic boss. His name was Tony Drexler. His daughter and my daughter used to study in school together and that's how I knew them and that's how I got

into this organization.

**McFarlane** Did you try to get into family planning or was it just that there was a job?

**Kabir** No, not really. I was thinking about it but hadn't taken any action to get into family planning. I was just thinking about it. And then it so happened that my daughter and Tony's daughter were studying at school together. They took a shine to each other and they started going from each other's—playing in our house and playing in their house, kind of thing. And we became friendly as parents. And then Tony started talking about his work and he said, "Well, I've got a vacancy. Why don't you come and join us?" So I joined. And, as I said, within a few months I—from executive assistant I went into being a program officer. And that's where I got my grounding and family planning programs. Dan Weintraub was the director of the FPIA in New York then. So I was there from 1976 to 1980, 1979, 1980.

And the reason I left is actually very significant in terms of—that's the time the U.S. government stopped funding any NGOs who were involved in abortion or abortion-related activities. So, in Bangladesh USAID through FPIA had been funding lots of NGOs working in the field of family planning. However, those NGOs who were working in abortion and refused to stop doing their abortion work—even if it was a referral, they would no longer get USAID funding. And that outraged me.

**McFarlane** And this was 1980?

**Kabir** No, it started in '79. And I was working with FPIA and I had to implement this. I had to go to NGOs and tell them, I'm sorry, we can't fund you if you continue abortion-related work. And that was abortion services, referral even

for abortion, counseling for abortion, anything. They could not take the word abortion. You could say or think it—

**McFarlane** In '79.

**Kabir** That was terrible. However, in Bangladesh we don't even call it abortion. We call it menstrual regulation. Menstrual regulation is—the government of Bangladesh says it is a procedure that ensures that a woman at risk of pregnancy is not pregnant. It doesn't even use the word abortion. So, basically it's saying that if someone's periods are irregular then they regularize menstrual regulation.

**McFarlane** So [the woman is] not pregnant.

**Kabir** It is abortion.

**McFarlane** No pregnancy test is done.

**Kabir** It is abortion. No, no pregnancy test is done. The word abortion is not taken, nothing. In fact even, most women would not say menstrual regulation. For one, it's English, and the Bengali word of it is quite difficult in terms of the sophistication of the words. So the local term for menstrual regulation in Bangladesh is “to have a wash done.” That's the literal translation, “to have a wash done,” which is actually it is that. It's actually the equivalent of menstrual regulation. So, I had to—working with FPIA as a program officer I had to go from NGO to NGO and tell them you cannot do anything to do with abortion. If you do, then we can no longer fund you, with immediate effects.

***Tape 1, side 1, ends; side 2 begins.***

—we were to check specifically about abortion. Because USAID wanted to

check, the FPIA and other institutions were not doing anything in that area of reproductive health. And so here I was going from place to place asking about their abortion work.

Every single NGO said [that they would] stop their abortion work, safe abortion—everyone single one of them. None of them said, No, we will continue our work and to hell with your funding. They couldn't because they had such massive family planning programs. Where would they get funding? It wasn't just funding for abortion. It would be funding for their entire work. So where would they get funding the next day for that? So they all decided, Okay, we're not going to do abortion.

**McFarlane** So a counselor wouldn't just say, Well hey, you can go over there?

**Kabir** Well, no, I mean they probably did but they couldn't document it anywhere.

**We shall come to you on that.** So when this happened I decided that there's no way that I can continue to work in this organization. Because I knew the importance of safe abortion for women.

**McFarlane** But you're supporting how many people at this point?

**Kabir** Yeah, so I decided I couldn't continue, and by coincidence a woman had come from America, and she's dead now, but she was like an older sister, and she eventually became like an older sister and a mother rolled in one.

Her name was Merle Goldberg. And she had been one of the frontrunners and pioneers in abortion in America. In 1973, when abortion was made legal, she was the first one to set up a clinic in New York. Before that, she was running underground clinics and doing these bus runs for women and all the rest of it. So she had come to Bangladesh actually much

earlier on but I hadn't met her. She'd come in the beginning of 1972 to provide menstrual regulation and abortion services for women who had been raped by the Pakistani army in '71. There were hundreds of thousands of women who were raped.

**McFarlane** Hundreds of thousands?

**Kabir** Hundreds of thousands. However, the world doesn't bother about it. Don't ask me why but that's the situation. So she had come to Bangladesh and worked with the government to introduce menstrual regulation and when she'd come in '72 I hadn't met her. I only met her in 1979. So in '79 I just met her purely by accident. I went to meet someone at a guest house who was visiting us from FPIA, and Merle Goldberg happened to be there. And I started talking to her when I was waiting for whoever it was that I was visiting. And she started asking me what I was doing, telling me what she doing.

And once she came a second time, which was, again, in 1979, she says, "Hey, why don't you start safe menstrual regulation services," because I was pouring my heart out to her about what was happening with USAID funding. So she says, "Why don't you provide safe abortion services? You can do that." I said, "Yeah, probably I could do it. Where's the money coming from?" She says, "I'll get it for you."

So she actually got our first year of funding for the Bangladesh Women's Health Coalition, which started in 1980, from what was then known as Population Crisis Committee, which is now PAI [Population Action International]. So that's how I got involved in safe abortion services.

So what I did was, I spoke to Tony, my boss at FPIA. I said, “Look, I cannot work with FPIA any longer. I cannot compromise on this issue of abortion. I’ve also met Merle Goldberg. She’s also said that she can arrange funding for me to set up safe abortion menstrual regulation services.”

So what I did was two things. One thing, there was a huge stock of menstrual regulation kits in the FPIA office that Tony was desperate to get rid of because the auditors were coming. And he didn’t know what to do because he didn’t want to just dump them because it would be such a waste. And there were no NGOs who were doing safe abortion any longer. So he didn’t know what to do with them. So I said, “Look, I’m going to take your MR kits”—I think there were about three hundred, three hundred and fifty MR kits—“I’m going to take your kits and I’m going to set up shop to provide safe menstrual regulation services opposite one of the most prominent family planning NGOs the FPIA was funding and had to give up their menstrual regulation services.” So what I did, I set up shop opposite them on the other side of the street. I took their staff, telling them, I said, “Look, you’re not providing menstrual regulation services anymore. You don’t have any work for these staff, why don’t you give me your staff.” So I took their staff, their equipment and supplies from the menstrual regulation unit and opened up shop opposite.

So you were asking about referrals. So, yes. (laughs) But it was never put into the register, although there was a referral column in Concerned Women for Family Planning’s registration book for referrals, they never referred. They actually had a code and the code was B because it was Bangladesh

Women's Health Coalition, but no one else knew what that B was. So they were actually referring but they couldn't record it anywhere. But they couldn't actually provide the service any longer.

So I said, "Well, I'll show USAID that we can overcome your trying to stop us providing safe abortion services." So we started actually only providing safe abortion services. Then women obviously said, Well, what's the point of having a safe menstrual regulation service when you've got no family planning backup. So then we started discussions with government and we got government supplies for contraceptives. First of all, it was pills and condoms. Then we got four IUDS. Then Depo Provera. So, gradually, we got all the family planning supplies from the government.

**McFarlane**

Was the government doing menstrual regulations at the time?

**Kabir**

Yeah, that's another area I was working on. Because I said—government, you cannot stop it. The government of Bangladesh has been, I think, one of the most progressive governments with regard to safe abortion. Although we'd never called it abortion, always call it menstrual regulation. Abortion is illegal in Bangladesh, because we follow the old British law, I think it's 1846 or something. That law is still on the books in Bangladesh.

**McFarlane**

Which is what?

**Kabir**

Which is you cannot have an abortion unless the life of the mother is at risk, or something like that. It's quite stringent, actually. But the government introduced this procedure because the family planning—the people who were at the top of the family planning department or ministry then realized the importance of menstrual regulation and were totally committed to it. It

was both men and women and it was doctors. And not only did they ensure that menstrual regulation continue to be made available, they also made provision that not only doctors can provide these services but also trained paramedics.

**McFarlane** That is progressive, isn't it?

**Kabir** Yes, and this is talking back in the '70s. And it's been going on since then. So, we had this one clinic. And then the women were telling us, Look, you're providing us safe menstrual regulation services, you're providing us family planning. What about basic health of our children? We want our children to be immunized.

So then we negotiated with the government and we got supplies for training of our staff and regular supplies for immunization. There's immunization for pregnant women, as well as for their babies once the babies were born. We started that. And then we started a second clinic and then a third clinic. And then women started telling us that, Look, it's so degrading for us that whenever we have to sign a document we have to use our thumbprint. We'd like to learn to read and write. So, then we started adult literacy classes for women.

And that's how the Bangladesh Women's Health Coalition progressed. It was, I would say, very, very much dominated by the demands of the women we were serving. Then women wanted income generation but we were not very successful with that. We struggled for about four years, doing it and then we gave it up. They wanted loans. Following the formula used by other NGOs, we helped them to form themselves into groups. They would

have weekly savings. And then one person would take a loan from those savings and pay it back and then someone else would take it. But the savings were so small, it didn't make a difference. And we didn't have any money or the expertise to be able to write up a proposal and get a grant and run that grant for giving loans from a block grant that we had. So we actually had to drop that. But what we did instead of providing that service is we referred women to other NGOs who were providing that service. There's a very famous organization called Grameen Bank in Bangladesh. So we referred them to Grameen Bank. We referred them to other NGOs who were providing loans. I think—the message I'm trying to put across is whatever program the Coalition did was because women wanted it.

**McFarlane**

So you had that idea from the beginning.

**Kabir**

Instinctively. I think it was because in my own lifetime I have been very much influenced by my own lifetime experiences. For me, it was always that if a woman wants it, okay, then she should get it—and what can we do to do it. If we can't do it ourselves, then we have to have linkages and referrals without the institute, whether it's the government, whether it's the private sector, whether it's NGOs, so that women can get services that they require. Because a woman is—you don't only look at a woman's uterus. Yeah, we work in reproductive health, but she has other needs also. So it's always been that way.

And that's the message I want to say, in terms of people looking at policies and programs. I think what happens when people are working at the ministry level or at the international level, it's very easy to forget that the

reason that they exist is because of the needs of people, whether it's in a town, whether it's in a city, whether it's in a village, anywhere. It's because of their needs that we exist. So we should never forget that, to go back to them time and time again and find out what are their needs and develop our policies and programs and resource allocation according to those needs. And that's what gets me down with the donors, because many donors seem to have forgotten that.

**McFarlane** Or never knew it.

**Kabir** I don't know. I'm being a bit generous, I guess. (laughter) Yeah, I mean, this whole issue we're looking at now in the UK is the division between HIV/AIDS and sexual and reproductive health. There's a lot less funding now available for reproductive health but a lot more funding available for HIV/AIDS, which doesn't make sense.

**McFarlane** Is this internally in the UK or for international assistance?

**Kabir** Well, it's international, but even the UK government department for international development. In fact, I'm just working on a document because I've been asked as an expert witness to the Houses of Parliament to present my views on the legitimacy of integrating, where possible, reproductive health and HIV/AIDS. You know, where can it be done and where can it not be done, is it right or is it not right, kind of thing. Of course, I think it's right, but obviously you can't do it in every single instance.

**McFarlane** Is this something you've put on the agenda?

**Kabir** I've been a part of it not a long time. I think the UK NGOs have been very, very—UK reproductive health NGOs have been extremely active on this.

They've been hammering away at the British government, saying, You can't do this.

So what we want to do is, the British government should take the lead internationally also so they can have an impact on an international level. Because you have, for instance, the global fund for HIV/AIDS: when they're on TV huge amounts of money are going into it. This was floated by Kofi Annan about three years ago. So there's an even greater separation of HIV/AIDS from reproductive health and yet, as far as I'm concerned, you can't do one without the other. Maybe you can't integrate it into every single instance, because the treatment is different and all that kind of stuff.

What we're trying to say is that family planning has been going on for many, many years, since the '60s. Systems have been set up, policies have been put into place, procedures have been done, facilities are there, services are there, people have been trained. So there's already an existing infrastructure available to most countries. Why don't we take the benefit of that and bring in HIV/AIDS, although in some instances, we have to have separate—maybe services at the separate level. For instance, the care of people who already have HIV/AIDS: that might have to be separate. For instance, HIV/AIDS orphans: that would obviously have to be separate. But having such an extensive service delivery system there and then wanting to have additional parallel services for HIV/AIDS doesn't really make much sense. So that's another thing.

If you look at people's needs—if I am an individual—I'm fifty-four years old, okay. I'm not in my—I am no longer menstruating, so I'm not in

my reproductive years. I had a hysterectomy years ago, in any case. But say, for instance, I was to get HIV/AIDS, however I may have got it—could be by transfusion, it could be intravenous, epidural entry or drug use, or whatever—however I may get it—through sexual intercourse. Now, I look at myself. If I was a woman who thinks I may have HIV/AIDS, now what am I going to do about it? The first person I'm going to call is my GP. I'm looking at the British context. In Bangladesh, it would be something entirely different. So I'd go to my GP. I wouldn't want to go to a separate place which is for HIV/AIDS because then you are marked as being HIV/AIDS positive. So there's a stigma to that.

**McFarlane**

Right, right.

**Kabir**

I would feel very uncomfortable. I'm thinking the average person probably would feel quite uncomfortable. So what would you do? You'd integrate it with other services so that you could be going to that center for anything. It could be you might have a rash, or it could be anything, right? You go to that center and you can also have—if you wanted to be tested for HIV/AIDS, you could be tested for HIV/AIDS. If you're found to be positive, then if they can't help you at that center, at least they'd be able to refer you and give you a valuable referral, not just a piece of paper and then, you know, you don't get the service you want.

**McFarlane**

So, of course, that's a more massive delivery issue, isn't it, the integration into other health services.

**Kabir**

Well, it's coming back to the fact you have to look at the individual's convenience, not at the convenience of the service provider. Yeah, the

service provider, you'll have to look at them. And obviously their obstacles and inconveniences also have to be looked after. But the service provider exists for the client, whether it's a man or a woman, whether they're old or young, whatever. They're there for the client. So I think—the reason I'm saying all of this—it comes back all the time to the individual interests. And okay, one cannot fulfill every individual's interests, and there will always be people who would be complaining that, you know, they wanted this and they didn't get this and this and that and the other. But for the general good, one has to look at what it is that people who are going to take services need. What is it that service providers need, in terms of training, in terms of moral support, in terms of supervision, in terms of equipment and supplies, so that they can perform for the benefit of the people who need the services? The same thing goes for policy makers. Are they thinking about the policies they're making? Are they supportive to the individual who needs to use a service or get information or have counseling? Is it conducive to that or not? And I think we have to keep reminding people about that.

And donors, quite often, don't think about those kind of things. They think of the convenience of how they can receive proposals, how they can fund the—not fund them—how they can monitor them in the easiest possible way and then giving out huge grants. No one ever wants to give small grants, so NGOs are finding it difficult to get small grants to experiment on different kinds of approaches and stuff. All that kind of way of thinking is—it seems everything is for the convenience of the donor and not for anyone else. Big grants are given so that instead of having twenty

grants, they have only three grants—less administrative costs.

**McFarlane** And somebody else does the coordination.

**Kabir** Um-hm.

**McFarlane** You have a lot of experience with donors, do you not? I mean, given the time that you were—you were the director of the Bangladesh Women's Health Coalition. Did you take USAID money, ever?

**Kabir** No, never. I never would. (laughs) Once I had the—I mean, FPIA used to do very, very good work. They did fantastic work in enhancing the capacity of NGOs to provide family planning services. It was really good.

**McFarlane** What did they do?

**Kabir** And monitoring—well, besides providing the money, they would give technical assistance. During monitoring they would give technical assistance, capacity building. They would arrange for training. So, in terms of supporting NGOs to provide quality family planning services, the organization was very good. But where it fell down was on the issue of abortion, because they were a USAID agency, really. FPIA was a—what do they call them—collaborating agency. And their only source of funding was USAID. So once I went through that experience, I said I would never, ever, on principle, take USAID money, and I have never taken it.

**McFarlane** No matter who the president is. (laughs)

**Kabir** No, no. It's the whole issue. One is abortion but it's the other thing, of being so harsh in insisting upon people doing things the way you want them to do them, and I don't think that's the right way. And people criticize FPIA by saying that they push very hard for people to practice family planning. I

don't think that's true, because they work mostly with the NGOs. Most NGOs don't do that. They also work with the government to a much lesser extent. And there's been a lot of criticism about the Bangladesh family planning program because for female sterilizations people get, for instance, a piece of clothing. They get a bit of extra money for their transportation and to have a better meal. So that people are saying that that is coercive and stuff like that. You can take it both ways, I mean. I'm not entirely happy with it, but I'm not going to totally disparage it, either.

**McFarlane** But that may not be enough for someone to make the decision.

**Kabir** No, no. Although at one time, people did—I think it was in the '70s—that people were so destitute. In 1974, there was a famine. And it was really bad. People were dying. And that famine had an effect for quite a number of years afterwards, so people said that people were so desperate that to have that piece of a sari or a *lungi* for the man, whatever it was, and that little piece of extra money made the decision for them to go for the sterilization. I don't really believe that's so.

**McFarlane** And nobody ever really researched that.

**Kabir** They have researched it, yeah. They have research. And there's research coming out with opinions, substantiated opinions on both sides. So, I mean, I'm not entirely happy with it, but neither, as I said, would I disparage it. It's okay.

**McFarlane** Were you getting involved internationally during your—

**Kabir** Yeah, yeah. I became involved internationally—now, Merle Goldberg, who gave me the idea and helped me start up the Bangladesh Women's Health

Coalition—there’s a history to that. She was the CEO of what was then known as the National Women’s Health Coalition, which was based in Washington, D.C. And when the Bangladesh Women’s Health Coalition started, it wasn’t a branch of the National Women’s Health Coalition, it was—because of our relationship, Merle and I, our relationship, that’s why we called it the Bangladesh Women’s Health Coalition. And when we became the Bangladesh Women’s Health Coalition, the National Women’s Health Coalition in Washington, D.C. became the International Women’s Health Coalition, because they had a relationship with an organization outside of the USA. So that’s how it actually started. And Merle arranged for funding for the first year from Population Crisis Committee. And then they expected us to be self-sufficient in one year.

**McFarlane** You’re kidding.

**Kabir** Well, that’s what they said. We’ll give you funding if, one, you’ll be self-sufficient. So I said, “Yeah, yeah, yeah, okay. Give us the money.”

**McFarlane** Talk to you later. (laughs)

**Kabir** And then, of course, we were not self-sufficient. (McFarlane laughs) And the organization is still not self-sufficient. It never will be. And then we got funding for, I think, another two years—very grudgingly, they gave us money for another two years. And then I arranged to get funding from the Ford Foundation, which had an office in Bangladesh. And then we got funding from the Swedish government, and that’s when it started really blossoming.

I left, actually, in 1995, as I said, to come here. So that was fifteen years

of the organization, and then I hand it over to someone else, which was something I felt was quite beautiful. I feel very proud that the Coalition is going from strength to strength. It hasn't stopped because I've left, which—a lot of NGOs, that happens, when the founder leaves, it collapses, kind of thing. But it had been built up in such a way that the organization was strong enough to take a change in the leadership. So I'm actually quite proud of that.

**McFarlane**

That was something you obviously planned.

**Kabir**

Oh yeah, yeah. For me, the fact I've stayed fifteen years is a long time, actually. Because I'm the kind of person who likes to—I like to take risks. It's much more interesting. (laughs) But in that fifteen-year period, I was away for three years. And I went into something that was entirely different. It was still in development, it was still an NGO, but it had nothing to do with sexual and reproductive health.

I went away for three years to help to set up an international or a global NGO movement. And we started in Spain—I mean, the office was located in Spain. After one year, we shifted from Spain to Tunisia, so I was a year and a half in Tunisia. So I was actually away for two and a half years. Two and a half, almost three years. This was to bring NGOs from all over the world together under an umbrella and to create an institute where NGO people, beginning from the leaders, could come and spend time to reflect, to think, to read, to talk and to write to recharge their batteries, to be able to rethink where they are in development in their country, where their organization is, and then to go back at a different level.

**McFarlane** Interesting.

**Kabir** Yeah. And it was for any type of NGO. It could be an NGO working in education or in water and sanitation or in health or reproductive health, women's development, anything. Environment. And from that experience, I began to understand the linkage between sexual and reproductive health and development per se.

And after coming back from that experience, I tried to bring family planning and sexual and reproductive health NGOs together with what I call mainstream NGOs. I started this initiative and it was going very, very well. And then again, USAID played a role. We used to have—once a month, we used to get the leaders of NGOs together to discuss issues of common interest to the NGO leaders in Bangladesh. And there used to be quite a bit—in the beginning, there used to be quite a bit of tension, because family planning NGOs would say, Well your development workers go and malign our family planning workers and it makes it more difficult for our workers to work because your workers are saying that our workers are forcing people to practice family planning, which is not true. And the mainstream NGOs, development NGOs were saying, Well, your workers do force people. So there was this misunderstanding, this rumor which goes around which actually didn't have any ground. (pause in recording)

We were meeting on a monthly basis, all these NGOs, and then we came to a situation where the relationship was really much improved. And the development NGOs understood the philosophy of the family planning NGOs and vice versa, and things were going very well. People were

beginning to plan joint projects.

**McFarlane** Wow.

**Kabir** So, I mean, it really was working well. And during this time, the political situation in Bangladesh was really, really bad. Terrible, it was really terrible.

**McFarlane** What period is this, roughly?

**Kabir** Ninety-five, '96.

**McFarlane** Okay.

**Kabir** Really, really bad. Not '95, no, it was earlier than that, because I came here—'94-'95, yeah, because I came here in October '95. It was '94-'95. So the political situation was really bad. There were coups and countercoups and all sorts of things were going on. There were strikes and it was a terrible situation. Then this group of NGOs decided that because the government, the president was so corrupt, they could no longer keep quiet. They wanted to make a public statement.

**McFarlane** Wow.

**Kabir** The NGOs wanted to do it. And I was always—I also thought it was a good idea. I didn't instigate it. It was instigated by someone else. So what happened was very interesting. The family planning NGOs, the majority of whom were funded by USAID, were called to the U.S. Embassy and told, very clearly, that they should not sign any public statement against the president.

**McFarlane** Well, this is during Billy Clinton's reign. (laughs)

**Kabir** So, they came back to another meeting and then we wanted to draft a statement and these NGOs said, No, we cannot sign. So we're saying, Well,

why can't you sign? Because, of course, I haven't been caught up. I've got nothing to do with USAID. So they said, Well—they didn't say it at the meeting, but they told me separately later that they had been called to the U.S. Embassy and told that they should not sign this statement. Now, this created such a rift between the family planning NGOs and the development NGOs. There was almost a physical fight at one meeting and that was the end of that. Couldn't have any more meetings. When they called the meetings after that, people who were at a much lower level were coming. Instead of the heads of the organization, the second person, the third person, the fourth or the fifth person. So then I said, "Okay forget it. It's not going to work."

**McFarlane**

Wow.

**Kabir**

It just goes to show, you know, how things happen. It was such a sad thing because everyone was so enthusiastic and really got together and everything. Then it all collapsed. So that was a big shame. And also with USAID, I used to have a friend who used to work there. She's now, I think, retired from USAID. She lives in Washington, D.C., very dear friend of mine. But she—I used to be invited, when I was working with FPIA, I used to be invited by USAID to their receptions—when they'd have visitors and stuff they'd invite me. So then I was dropped from their invitation list because I was doing work in abortion. And then my friend who was working there, and she was working in the USAID part of the embassy, she said that I should not come to the embassy. Nothing official, she just told me. Nothing in writing or anything. She just said, "It's better you don't come to the embassy." Not

that I ever would—not that I went there often or anything.

**McFarlane** Now, when was that?

**Kabir** This is going back—'86,'87.

**McFarlane** Wow. They were that afraid, huh?

**Kabir** Of me, (laughs) one individual, kind of thing. I mean, what could I do? I couldn't make much difference to anything. But that just goes to show, I think, because I was—

*Tape 1 ends; tape 2, side 1, begins.*

—because all of this was going on, I was very interested in what was going on at the international level in reproductive health and family planning. And because of the relationship with the International Women's Health Coalition, Merle left the International Women's Health Coalition and then Joan Dunlop joined and then Adrienne Germain is there now. So, because of our relationship, we'd always worked very closely, the International Women's Health Coalition and the Bangladesh Women's Health Coalition. And the International Women's Health Coalition continued to help us to get funding. I would raise funding myself, but they would also help with other funding. They got me involved in the international advocacy work in reproductive health. If there were international conferences, for instance, they would fund my going there. They would inform me about it. They would tell people about me so I would get invitations and stuff like that. So that's how I got involved in the global advocacy work. Particularly the ICPD [International Conference on Population and Development] PrepComs and things like that, but even before that with other international conferences.

And at the international level, I always kept an eye on the issue of abortion. And the other area I was always been very interested in is resource allocation, because people seem to forget that all the time. Even in ICPD, I remember the resource allocation is the last chapter in the Programme of Action. And by that time everyone is so exhausted, they can't be bothered anymore. We used to sit it out and make sure that the issue of resources was looked at and commitments should be made and all the rest of it—so, as I said, my area in international advocacy being very much in safe abortion and in resource allocation, although of course in other sexual and reproductive health and rights issues. I think, also, I've always emphasized that, at any international conference, about the issue of going back to individual needs. And don't forget that the reason we all exist is because of people have a need for sexual and reproductive health information, advice, counseling, services, supplies and all this.

**McFarlane** In terms of your concern about abortion, when did that start or when did that become a pressing issue for you? Was it back at FPIA or was it earlier?

**Kabir** Well, I think earlier, because of my own personal experiences of, you know, one needs to make a reproductive health choice, individual reproductive health choice, and I had a need for abortion services. And I knew how difficult it was to get abortion services. If you had money, you could get it. But even then it wasn't a good service, but you could get it.

**McFarlane** And you didn't even have your own money in your first marriage, so you had to go through him.

**Kabir** Um-hm. Um-hm. So for me, it was very—the way I think has been very

much colored by my own personal experiences and I realize that I come from a privileged family in Bangladesh, a very well-known family—privileged in terms of money, in terms of education, all the rest of it. And yet, if *I* find it difficult, imagine what the average woman feels. And because the family planning services are not that readily, or were not that readily available, and women needed to have access to abortion.

**McFarlane** Um-hm.

**Kabir** Because they couldn't get family planning—didn't know about family planning, or if they did, they couldn't get the supplies or the supplies were not always available because the quality of service was not very good. People who provided the services were very derogatory and rude to women and all that kind of stuff.

**McFarlane** Which you personally experienced.

**Kabir** Yeah. The whole quality of care. And it's the way providers are trained. They're trained that they're superior human beings, kind of thing. So they look down upon anyone who goes to them for a service. And that's terrible.

**McFarlane** How did you work to overcome that with your own staff, that idea?

**Kabir** I think by demonstration, because my philosophy in life—I really—my father and mother brought us up to this—I believe everyone is equal. And I talk to people in the same way, whoever they are. I think a lot of it was, one, it was by demonstration, two, is by demand. I demanded that people—if you want to work with the Coalition, you have to do it because you care about the people you're serving. And if you really care about them, you will respect them, and if you respect them, you won't behave in a certain way with them.

And if you don't feel that way, then either go through training and sensitization and try to change that, and if you can't change it, then you go. But I think it was constantly that the whole issue of quality of care.

**McFarlane** And that's something you were—

**Kabir** Yeah.

**McFarlane** —very aware of.

**Kabir** That's what the Coalition's all about, yeah. And it comes from everyone is equal, therefore why should one person get a better service or better behavior than someone else? There's no reason for it. Because a woman is illiterate, because she's got, you know, torn clothes on or her clothes are not really clean or she hasn't got shoes on or—what difference should that make to the service that she receives and the behavior she receives? Should make no difference at all.

**McFarlane** But, that was a fairly unusual idea, wasn't it?

**Kabir** Yeah, it was very, very unusual. But people took to it. Really, I mean, even when I go back—I was just in Bangladesh last week—when I revisit, you see it still there. It's carried on. I mean, you've still got staff there who've been there for many, many years. But it's in the ethos of the organization now. Everyone is expected to respect each other and anyone else with whom they interact and it's demonstrated in your behavior and your approach and things.

**McFarlane** Now, the Bangladesh Women's Health Coalition, is that all over the country now?

**Kabir** Yeah, it's all over the country. They have more than four hundred and fifty

employees.

**McFarlane** Wow.

**Kabir** Projects all over the place. And they actually have been subcontracted by the government to provide health services on behalf of the government. So they're doing very well, yeah. And then when I left the Coalition, I joined an organization in the UK. What happened is my son and elder daughter had come to England in 1990 and 1992. They came to England and set themselves up. My husband, daughter and I were in Spain, Tunisia—went back to Bangladesh.

**McFarlane** Oh, so they went with you when you—

**Kabir** Yeah.

**McFarlane** Okay.

**Kabir** And then my husband and younger daughter, they came to England in 1994, actually, well before I came, because of my daughter's education. The schools were closed and the strikes and it was really terrible. And because she'd been to international schools in Tunisia and Spain, she could not accept the schools in Bangladesh any longer because they were at such a different standard. She said, "These are not schools," kind of thing. So my husband and she came to England. They were living in Manchester from 1994. Then I came about a year and a half later. And I got this job with—my husband saw this job advertised in the *Guardian* newspaper and then said, "Why don't you apply for it?"

**McFarlane** Was he able to work at that point?

**Kabir** He was doing his own business, he has a business. So, he saw the

advertisement. I was traveling and I spoke—I used to phone almost every day. And he said, “I’ve seen this ad for—why don’t you give me a fax number? I’ll fax it to you.” So he faxed it to me and half-heartedly I actually applied for it. So I wasn’t sure whether I actually wanted to live in England. I think I was a little afraid. I’d not lived in England as an adult. I’d visited, yeah, many times, but not lived. So I applied and then I was called for an interview and the interview date was on a date and time I would be going through England on my way to America for something or the other, (McFarlane laughs) I can’t remember what.

So, I was interviewed. And I was interviewed in the House of Commons, because—this is really funny, what happened. I got off the plane, had a shower and then had to go to the House of Commons. And the reason I was interviewed in the House of Commons is that the head of their overseas subcommittee was a member of Parliament. And he was very busy, and he didn’t have time to move around to interview me in their office, so they said I should go to the House of Commons to be interviewed. So, I interviewed and they offered me the job and all the rest of it.

And I told them later, I said, “That was so unfair to do that to me because it’s such a daunting thing to go into the House of Commons and to be interviewed. I mean, that would throw anyone.” I said, “Lucky I am who I am, and I just took it in my stride, but if you think of someone coming from Bangladesh, and you ask them to come to the House of Commons to be interviewed in one of the rooms there,” I said, “that would make them quite nervous and that would be quite unfair.” Because it’s me, it wasn’t too

much, but even then I was a bit—House of Commons, you know. How do you enter? How do you get in? Where do you go—and all that kind of stuff. So eventually I got the job, took the job and then started from October '95.

**McFarlane** And the job was what?

**Kabir** It was director of international programs.

**McFarlane** And the organization?

**Kabir** Population Concern. It's a UK NGO, international NGO, working in sexual and reproductive health. So my job was to raise funds for programs and to supervise the program offices so that they could monitor the programs with the partners, because the organization didn't implement their own programs. They partnered with local NGOs, so a local NGO in Bangladesh or India or Kenya or wherever—Latin America, wherever. So my job was as the director of that department.

**McFarlane** So you were perfect for the job.

**Kabir** Well, yeah, I really enjoyed it, yeah. That was a great job. And then, I got tired of that.

**McFarlane** Were you based in London?

**Kabir** Based in London.

**McFarlane** And your family's in Manchester?

**Kabir** No, then they came down within—I joined in October—I think they came in December, down to London. So then my daughter had to go to school. And the reason we live here is because they've got one of the best schools down the road here, a high school, excellent high school. That's why we live in this area.

And then I got fed up with that, and then the organization thought that they wanted to do much more international advocacy work. So then I slid over, they created a new position, which was director of international advocacy. And it was me—there was no other staff, it was just me. So my job was to promote different sexual and reproductive health and rights issues on behalf of Population Concern at both the international and national level, which was really—I enjoyed that thoroughly also.

**McFarlane** How long did you do that?

**Kabir** Not very long, I think a year and a half.

**McFarlane** What would you do, I mean, in an average month?

**Kabir** Oh, lots of work. One was fundraising. Part of my work was fundraising. And then working, for instance, with the parliamentary group here, working with ICPD and the follow-up of ICPD and things like that. It was very busy. There were so many events going on whereby Population Concern needed to be represented. So I was traveling around a lot. I think I did that for a year and a half. And then I decided that, you know, I'd had enough, kind of thing.

And I joined an organization called Reproductive Health Alliance, which is a brand new tiny, tiny little NGO in London, international NGO. There were just four of us in the organization. And I was there, I think it was a year and a half or two years, and then that died—just couldn't get funding. It was such a bad time to start an NGO in reproductive health because the funding was—but we decided, Okay, let's give it a try. And we tried and we failed. I think we were top heavy. Four of us were all senior people and you

can't really start a—you need one senior person and then a couple of support staff, but we were, all four of us, senior. So that died. But while I was working there, 50 percent of my time had been allocated to what is known as ICOMP, which is International Council on Management of Population Programmes, which is the most horrendous name you could imagine. But it was founded thirty-one years ago—very old organization. I work there now full time.

**McFarlane**

Tell me about that.

**Kabir**

Okay, let me tell you about it. I'll give you some brochures and stuff.

International Council on Management of Population Programmes was set up thirty-one years ago by program managers from developing countries. They decided they need a membership kind of organization so that they could support each other in their work. They were feeling quite isolated and unsupported in their work [as] program managers and policy makers. So that's how it started, and it still is a membership organization. It's located in Malaysia, Kuala Lumpur.

I am the only person who works outside of Malaysia. They wanted me to work with them there, but I said no. One is, my children are here and two, I have a political career, which I'm not willing to give up, so I'm here, and that's why I work from home. We thought about opening up an office and I said, "An office for one person is not cost-effective. The rent and everything you would have to pay was pointless." If I work from here, the organization is not paying rent or anything, so you don't have any extra expenses.

So, the organization focuses on five areas in sexual and reproductive health population and development. One is on leadership training, and I'll give you a brochure on this. It's a very simple brochure to read—leadership training, organizational effectiveness. So we help governments and NGOs for their organization to become more effective through self-assessment, developing a strategy to improve their organization, work plans, et cetera, et cetera. Then we have innovative program development, which is my area of specialization. We help NGOs to develop very innovative programs in sexual and reproductive health and rights.

**McFarlane** Pilot programs?

**Kabir** Yeah, pilots, and then they upscale them, then go the next step. I think the most difficult is actually the upscaling. Innovation, for me, is easy. I can just visualize anything. But what's difficult is upscaling it. Where do you go? How do you, for instance, upscale it in terms of getting the money to do it in more areas, or transplanting that innovative idea into the government system so that it's upscaled? And that's the most difficult part of it. So that's the third area of specialization.

Then we do policy dialogue, which is bringing together policy makers from developing countries of the world to discuss common issues. For instance, we had a seminar last year in Uganda where we brought policy makers and program managers in HIV/AIDS programs. And it was strategically DRM [drug-resistance mutations] in HIV/AIDS, and it was a fantastic workshop. And these policy makers and program managers were brought together and they were exchanging their experiences, both positive

and negative experiences in HIV/AIDS and were learning from each other and now have created an informal network so they can continue to communicate with each other about different issues.

**McFarlane** Was this just African or just—

**Kabir** No.

**McFarlane** Was it based in Africa?

**Kabir** Africa. It was just in Uganda—it was Africa, predominated by Africa, but also Asia and Latin America. So that's our policy dialogue kind of work. If there's an international conference going on, for instance, we would see who's going there and maybe have a session with some of the leaders there so that they can talk to each other and maybe develop some interesting programs.

And then the fifth and final area of focus is knowledge management, and that's our publications, our Web site, creation of E-groups so that people can share information and knowledge among each other. So those are the five areas, and we have programs and all sorts of things. We've got a women's empowerment program, we've got a young people's program, governments and sexual and reproductive health NGOs, South-to-South networking and sharing—all sorts of programs we have. So basically it's a technical assistance, capacity building, support organization.

**McFarlane** Who supports it?

**Kabir** Oh, funding from all over the place. We get [money] from some of the American foundations. We get from some of the European governments, we get money from the Chinese government, the Indian government. We get

money from all over the place. We're, I would say, a medium type NGO, international NGO. We have about ten professional staff and six or seven support staff. Our annual budget is not that big, but I think we do a huge amount of work for the budget we have, [which] is about two to three million dollars a year. It's not a lot of money. It's a very exciting organization to work for. The chief executive is actually an academic. He was dean of the Indian Institute of Management, so he has a very academic kind of background. And for me, that's what I need, because I'm more of the action person. So he's disciplining me now to write in a way which is much more analytical and much richer, I would say, than I would normally have done previously. So I really enjoy working with him. So, between him and I—I'm the program person and he's the academic management person—we make quite a good combination.

**McFarlane** How did you get linked up with them?

**Kabir** Well, I'd known ICOMP for many, many years. It was founded, as I said, thirty-one years ago by a Bangladeshi. He used to be the secretary of health and I knew him and his wife socially, plus I knew him professionally because he was the secretary of health and all that, so I knew him and because of that, I knew the organization. And I've come across it so many times. They work in so many different places and with so many different people, I'd come across them quite often. And then the chief executive and I were—I mean, when we really became much closer, the chief executive and I were on a committee in WHO Geneva, where we would meet twice a year. And that's how I came to know the organization much better, and I started liking

it. And then I left Population Concern and then joined Reproductive Health Alliance. Half of my time at Reproductive Health Alliance was actually loaned out to ICOMP, so I'd already had my foot in the door there. And then when RHA collapsed, ICOMP just took me on full time, so it was quite a smooth changeover.

I don't see me making any more changes now, because I just love this organization. It's great. It's really doing good work, because NGOs need technical assistance in how to be more efficient, how to be more effective, how to—better management systems, how to have better governance, how to have more innovative programs, how to upscale programs. All those kind of things, I think, are wonderful support for NGOs and they can be much more effective. However, the environment in which we work now is so difficult. Funding is very, very difficult for NGOs and more so for reproductive health NGOs.

**McFarlane**

Why is that?

**Kabir**

Because donors have decided they want to give money bilaterally or multilaterally from government to government and they're saying—for instance, if you take Bangladesh, where my expertise is, one of [my] countries of expertise, donors are giving money into a basket to the ministry of health in Bangladesh. And then the ministry of health is supposed to decide what they will do with that money.

**McFarlane**

So, it's a block grant, if you will.

**Kabir**

Yeah. And everyone puts their money into the pot. And then they're supposed to negotiate with the donors what they're going to do. But the

Bangladesh government has been very obstinate about certain things and at one point the donors withdrew their funding. So it's a very volatile kind of situation if you look at Bangladesh. The donors put their money into the basket and the donors negotiate with the governments, how they will use that money in health.

Now, some of that money is supposed to go to NGOs. However, the government and the NGOs don't have a very good relationship, because the NGOs are always trying to hold the government accountable. So that money's not being used. Now, I had said that all along, Don't do that. If you want to consolidate NGO funding, create a different mechanism.

Now the donors have decided they made a mistake. Now they're going to float a tender in September/October for an international NGO to administer NGO funds on behalf of the donors. So, for instance, the donors will give the money into this international NGO, who will then do selection of project proposals, approve them, monitor them, evaluate them, provide technical assistance and all that kind of thing, outside of the government system.

**McFarlane** But the government could apply, maybe?

**Kabir** No, no.

**McFarlane** Oh, okay.

**Kabir** However, on one level, it helps a bit. On the other level is that NGOs, if they receive foreign funding in Bangladesh, every year they have to get a letter of approval from the NGO affairs bureau, which is under the president secretariat, or prime minister secretariat, to receive that foreign

funding. If the government doesn't like you as an NGO, and there are five NGOs who have suffered in Bangladesh on this, the government will not give you that letter, and the bank cannot produce those funds. So you don't have any funding.

**McFarlane** But that's control isn't it?

**Kabir** It is control and it's a Catch-22 system. Cannot get out of it, because the banks will not release the money—they cannot by law. And five NGOs have been blacklisted by the present government because they were seen to be supporting the opposition political parties, which they should not have done. As far as I'm concerned, don't get involved in politics. Development is political work, but don't get involved in party politics. You can't, as an organization—you can't. And these NGOs were perceived by this government as being supportive of the opposition party. So, now they're taking it out on them by not allowing them to receive foreign funding. I mean, there's fault on both sides, as far as I'm concerned.

**McFarlane** So, are you traveling a lot these days?

**Kabir** Yeah, I travel a lot because I'm the program advisor at ICOMP and my job is to provide capacity building and technical assistance to our partners. So I have to travel, go and see their programs, provide technical assistance, training, et cetera, et cetera.

**McFarlane** In just sexual and reproductive health, or in a broader—

**Kabir** Sexual and reproductive health.

**McFarlane** So you're literally going all over the world?

**Kabir** Yeah, but ICOMP works mostly in Asia and Africa, and we've just finished a

project in Bolivia. So, I don't know whether they're going to do any more work in Latin America. Funding for Latin America is extremely difficult, because Latin America is seen to have less need for support than Africa. Africa because of HIV/AIDS and Asia because of family planning and reproductive health—and the potential for AIDS in Asia is, if you just look at India and China, forget about any of the other countries—

**McFarlane** I'd like to back up into your PrepCom work for the Cairo meeting because I understand you've been one of the important players.

**Kabir** Um-hm. As I said, the International Women's Health Coalition had been very, very instrumental in that. During the ICPD PrepComs, there was a group of us women who had been resourced by the International Women's Health Coalition, who got on extremely well. And we decided to form ourselves into an informal group which we called HERA, H-E-R-A. It's Health, Empowerment, Rights and Accountability. So we formed ourselves into this group and at every PrepCom and at the ICPD itself—actually it was ICPD and after ICPD that we really became a proper group. But during the PrepComs, we were beginning to become a group. We would work together. So we would look at the documents, say for instance, the PrepCom, the preparatory document, the Programme of Action, for instance, the draft. We would divide up the chapters—twelve, thirteen chapters, however many there were—and we'd divide them up among ourselves and work in twos and go through line by line, word by word, and come up with alternative suggestions.

**McFarlane** So, this group is approximately what size, this group of women?

**Kabir** Fifteen. Fifteen to twenty. We haven't got together for ages because there hasn't been a need to, but—it's like in hibernation right now. I intend to get it together on the issue of abortion because the abortion situation is terrible right now. So we would call [these groups] together at all the PrepComs [to look] at the draft document and [come] up with alternatives. And then our job was—(pause in recording)—for the draft Programme of Action. We would then lobby our own governments. For instance, I'd lobby the Bangladesh government. Someone from Nigeria would do Nigeria, et cetera, et cetera. So we called quite a number of countries. And we would lobby delegates from other countries also and that was the interesting part because we'd lobby anywhere—in the coffee shop, in the toilets, in the corridors. Sometimes we were not allowed in the meeting room. Then we'd try to get in and then get caught and thrown out. This was great, great fun, I must say. (laughs)

**McFarlane** So you could tell each other these stories.

**Kabir** Yes, yes. And like, we'd have these NGO badges, kind of thing. We'd turn them around so that the security guards couldn't see whether we were NGO or government. And we, you know, walk in confidently. Sometimes we'd get by, and sometimes we'd get caught. (laughter) It was great fun. And then at one time, the delegates felt really, really pressurized by us, so that they gave—they complained to the UN system and then we weren't allowed into the meeting room. So we just had to mill around outside. So then what we did was we wrote up placards and we stood over there and then we were thrown out of the UN building because you're not allowed to do any

demonstrations within the building. (laughter) So, it was great fun, it was, but it was all—it was so tense and so stressful, I can't tell you. And then at night, well, of course you're not sleeping because you're talking among each other to strategize for what's happened today and what's going to strategize for the next day, kind of thing. But it was great fun. So I was actually on the Bangladesh delegation.

**McFarlane** How did that happen?

**Kabir** Well, the Bangladesh delegation had their government officials, but they also wanted some NGO officials. So I happen to be one of them. So I had easy access. I could get in and out of—for the ICPD, I could actually—for one of their meetings I could get in and out because I was an official delegate, which was very good. And some of the other people within the HERA were also on the government delegations.

**McFarlane** Had you planned to get on the Bangladesh—

**Kabir** Oh yeah, yeah, yeah.

**McFarlane** Did you have to do much work for that to happen?

**Kabir** No, no, no. Because the government was looking for someone who would be known internationally and who could talk. And I wasn't allowed to talk on behalf of the government, in any case. They didn't allow the NGO people to speak. They allowed only the government. So we were sitting behind them, but you can influence them because some of them don't know what to say or—

**McFarlane** Even though you're an official part of the delegation, you still can't talk?

**Kabir** No, because I'm not government official.

**McFarlane** Ah, okay. I didn't understand that.

**Kabir** Yeah. They made it very clear that they didn't want the NGOs to speak. But then, when they had ICPD Plus Five, I was on the UK delegation. (laughter)  
So I think I'm the only person in the world who is actually been on two official government delegations of two countries; Bangladesh and the UK.

**McFarlane** She keeps popping up. (laughter)

**Kabir** So [at] ICPD Plus Five, I was on the UK delegation, which was quite nice. There also I wasn't allowed to talk because I was NGO. It was only to government officials, so it's not just Bangladesh. I think most of the delegations—

*Tape 2, side 1, ends; side 2 begins.*

—most countries did have NGO representatives. The NGOs didn't really speak that much. The U.S. delegation did, however, because Adrienne was on it.

**McFarlane** Oh.

**Kabir** She spoke, but I'm sure there was negotiation beforehand what she would say. I can't imagine her being able to say what she would truly have said. So, as I said, International Women's Health Coalition was very instrumental in all of that. And I think all of us really, really appreciate the IWHC role in the international, the global advocacy work around ICPD, ICPD Plus Five. ICPD plus ten, we're not really doing too much. I think we've all given up. We're exhausted. We don't know how much difference it will make, getting heavily involved in time and money, in terms of ICPD Plus Ten.

**McFarlane** Are you afraid things could be undone?

**Kabir** No, I don't think so. I think we think it's not going to be undone, that's why we're not doing anything, but maybe we're wrong. I don't know. I mean, I'm hoping to be involved in the roundtable that's taking place end of August, beginning of September.

**McFarlane** Tell me about that.

**Kabir** Oh, right. This has been arranged by IPPF, and PAI, and Family Care International. I mean, it's supposed to be a global NGO roundtable discussion of ICPD Plus Ten. It's, I think, twenty-ninth of August or second of September or something like that, and it's going to be here in London. But it's the brainchild of IPPF [International Planned Parenthood Federation], Steve Sinding. And it's going to bring NGOs from all over the world to discuss issues of the ICPD Plus Ten—come up with recommendations before the actual ICPD Plus Ten deliberations start in the UN system. So I'm hoping ICOMP, we've put in our application to be a part of it and we haven't heard anything yet.

**McFarlane** Maybe you could—so ICPD, there will be a UN review? Maybe you can explain the process to me.

**Kabir** I'm not actually sure about ICPD Plus Ten. But as far as I know, up until now, the Programme of Action itself would not be touched. It's going to look at what progress has been made since 1994 to 2004, in this ten-year period—what progress has been made and what's left to be done. So it won't touch the documents.

**McFarlane** Okay.

**Kabir** I think that's why we're not putting too much time and energy and attention

to it. And I hope it stays that way. You never can tell.

**McFarlane** It's kind of a ten-year report. Because the American positions, obviously, have changed tremendously. That's why I wondered if that had anything to do with—

**Kabir** Well, that's why we're insisting that the Programme of Action should not be touched. It was an agreed document. What we're looking at is the progress.

**McFarlane** When you say, "we're insisting," who are "we?"

**Kabir** I mean, those of us who are likeminded, the NGO community at large and many governments also. For instance, the UK government definitely doesn't want it touched. The European governments don't want it touched. But then, on the other hand, the American government has lot of influence.

**McFarlane** So how would that process occur?

**Kabir** I think countries will come up with country reports, and that's been put together by UNFPA. They've had people going out and helping governments to put reports together on what progress has been made in the last ten years. So those will be presented. And then, I think somehow the others will come out with some recommendations of what further needs to be done. And one of the glaring gaps is actually commitments made for funding have not been fulfilled, as you know—not anywhere near it, even—both from donor countries and from developing countries, or countries of the South.

**McFarlane** From your perspective, were those realistic commitments in '94?

**Kabir** Yeah, I think they were, yeah.

**McFarlane** Because, if I'm understanding you correctly, the resource issue was

considered kind of late in the meeting.

**Kabir** Yeah, it was the last chapter or second, but last chapter, yeah.

**McFarlane** But, you think that was—

**Kabir** No, it was okay, yeah. I mean, if governments had continued to be committed, as they were then, those targets should have been fulfilled. But then, for instance, you take America. Things have changed there quite a lot. And that's another issue which has come up because the American government now is giving so much money to HIV/AIDS which is not new money. That money is coming from reproductive health—and you must be much more aware of that than I—and we're concerned about that.

That's one of the things we're bringing up, actually, at the parliamentary hearings I was telling you about, about integrating reproductive health and HIV/AIDS. One of the reasons they're separate is because of funding channels—they're separate, they're not together.

**McFarlane** They're separate here, or in the U.S., or both?

**Kabir** Most places, most donors, not just the U.S.

**McFarlane** Let's get back to your coming to the UK and your political career.

**Kabir** Okay. Let me tell you why I came to—there are many, many reasons that my family decided to come to the UK. I've given you the main reason. The most important reason was our daughter's education, because the situation in Bangladesh was so bad. There was no education taking place. That was the most important. Another reason is that I felt that I wanted to prove that an NGO could continue to survive and do extremely well without its founder, because in Bangladesh—we have a problem with the NGOs in Bangladesh.

You've got what I call the founder's syndrome. The founder never leaves and they should leave, you know. Even I was there fifteen years, [which] is too long. Should not have been there that long. The founder's there, and then the founder is influencing everything, because that person is a founder and they're influencing because of their passion, because of their commitment. They're not doing it out of being a despot or anything like that. It's just because of their charismatic personality. I mean, you have to be charismatic to start an NGO to begin with, so you've already got a certain kind of person. But in Bangladesh, you find that it's killing off the rejuvenation of the NGO movement, I think, because founders are not leaving. So, that was another reason. I wanted to prove that you could leave an NGO, a founder could leave the NGO, and the NGO could thrive. And I'm happy to say the Coalition is doing extremely well.

**McFarlane** How did you plan for your successor?

**Kabir** Remember I told you I was away for almost three years?

**McFarlane** Yeah.

**Kabir** They didn't know it, but that was a prelude to my leaving. So, in that almost three-year period I was away, my deputy was running the thing with the help of the board. Nobody actually knew that, because I never said a word to anyone, but that was done as an intentional plan. It wasn't done by accident or anything. So I thought, Let me go away for a break, and I took a sabbatical—it was two and a half years, not three, two and a half years—so, let me take this sabbatical, let me see how the organization runs, how the deputy does and things like that. Come back and then have a look and then

decide what to do next. So I came back.

And then when we came back, as I said, the political situation was awful and my husband and daughter went off to England. I stayed on. So I was for about a year in Bangladesh before I came to England. So there was that period there already, to see how the organization was doing and then to gradually withdraw. But it was very, very difficult, because when I eventually did resign, the staff didn't take it at all well. They felt that I was abandoning them, that I was being disloyal and all sorts of things because it's such a—that's part of the founder's syndrome, which is not good.

The people come to you for everything. In Bangladesh, you're not just an employer. All the employees that we had—four hundred—all the employees, I knew their families, I knew their circumstances, I knew everything. If they were in trouble, they would come to me any time of the day or night and expect me to help them. So it was that relationship. That's not a very good relationship in one way, and yet, because the government doesn't provide services to people in terms of social services—whether it's housing, whether it's education, whether it's health—they don't provide it. Society has to do it.

So, when I resigned, the staff took it so badly. They didn't say a word. They were so angry, they made no comment. Nobody made any comment. So I knew that it was really bad. And the next being because my daughter's education, but they didn't think any that was a good enough reason. (laughs) And then I said, "Well you know, you need to have new blood." And they said, No, we don't need new blood. We need you, and all that kind of stuff.

And it was very, very traumatic, for me and for them, for both sides.

But we got through it, and I go back all the time, two or three times a year now, and every time I base myself, actually, in the Coalition office, because that's the way they want it. I'm their—what they call me is the special advisor, but they don't need me as an advisor. It's just moral support, I don't do anything more than that. It's just that they like me—when I'm in Bangladesh, I should go there. It should be seen that I'm going to the Coalition, that I still have my ties with them. They can come and talk to me and stuff like that. So that continues. So that was another reason.

Then, another reason was—this is actually a story you may be interested in. We set up a project in the northeastern part of Bangladesh, which is extremely conservative. Literacy rates are very, very low. There's a lot of religious fundamentalism, and that is where you have the greatest need for sexual and reproductive health services. So, I said, "Okay, let's go in there." So we set up a project there and it was very difficult. We could not get started. Most of our staff are women, because they're working with women, so you need women staff. We couldn't get women from the area because in every other project, the staff that are employed are from the area. Here, we couldn't get anyone because there were no educated women. And we were not asking for high education. There were no professional medical women. Women were not allowed to work, even if they wanted to work, because they had no mobility. They couldn't get up and leave the house when they wanted to. They had to take permission and things like that.

So we had to bring in staff from outside of that area. Couldn't get

accommodation for them. There are no hotels or stuff like that. People would not rent out their rooms to them because they were women. And what are these loose women coming around and, you know, trying to influence our women with that kind of attitude? The workers were insulted, they were told, If you want to go from house to house, you have to wear a burka. So, I told the workers, I said, “Whether you wear a burka or not, I cannot tell you as chief executive, you have to wear a burka or you will not wear a burka. I can’t insist on any way. You do what you think you would like to do, but make sure it’s your choice. Don’t be forced into it. Whatever you choose to do, I will support you.”

Most of them decided to wear a burka because they decided they could be much more mobile if they wore the burka. They could have access to women, they could walk out on the street and all that kind of stuff. So you could imagine how conservative this area was.

**McFarlane**

So you sent your bravest people up there?

**Kabir**

Well, the staff [turnaround] was very high, because it was very difficult living circumstances—although I used to go there all the time. I used to stay with them. I wasn’t there all the time, obviously. And then we had some problems. There were some young men—late teens, early twenties—they would loiter outside the gate of the project. It was a clinic, that’s the project office, in one place. They would be outside there, and that was turning off the women, because they didn’t like to have to run the gauntlet past these boys, who would not necessarily say anything, but just be there, like, being a threatening kind of presence. And I knew I couldn’t go up and tell them to

get lost because that would really be bad.

So I went there on a visit and I came out and I said hi. I introduced myself. And they said, Oh, we know who you are. So I said, “Well, that’s okay. Who are you and why are you here?” In the beginning, they didn’t say anything, and then I said, “Can we help you in any way, I mean, is there something you need or you want or you want to discuss?” So, after about a couple of hours of sitting down and having cups of tea, which we do in Bangladesh all the time, it came out that these boys were very—or young men—were very angry that women were being employed and they, as young, you know, virile men, were not being employed. It was really, they felt, a slap in the face to them.

So I said, “Well, the reason we’re employing women is because they’re providing services to women. Would you like your sister or wife or mother to go to a male nurse or a male social worker to come to your house and speak to your women in the family?” So they said no. I said, “Well, that’s why we’ve got women.” So then they started opening up and everything. And then I said, “What can we do to help you?”

They said, Oh, we’ve got a football club. Can you help the football club? I said okay. So then we arranged to buy footballs and then they started up a little library so we bought books for a little library and helped them for the payment of setting up. It’s like a very low-cost shed kind of thing they built for the library. So we did that and then they were fine. Things were going along, you know, difficult, but going along. And then, do you remember the—do you know the name Taslima Nasrin?

**McFarlane** No.

**Kabir** Okay. I haven't got her book here. She's a Bangladeshi woman doctor who's also a writer and she's written very, very provocative books. One of them is called *Shame*, which is very well known. And the fundamentalists in Bangladesh, not particularly from the area where we were, but in Bangladesh generally, decided that they would use Taslima Nasrin as an example of why you should not let women be educated and liberated, because then they started writing these terrible books, you know, sexually very explicit, and putting ideas about women's liberation and stuff like that.

So they passed a fatwa against her, the fundamentalists, saying that they would kill her. So she had to leave Bangladesh, and she went off and lived in Sweden. She lives in Sweden now. The result of that is that there was a backlash on women. They use her as an example for the backlash was on women of—I happen to be one of the women. So the fundamentalists in this district, this area where we were working, walked out a procession one day against Taslima Nasrin, saying that she's a woman of bad morals and all that kind of stuff. It was very horrible things they were saying.

And they brought the procession out in front of our clinic, which was quite a bit away from the district town, the provincial town. They brought the procession to the clinic, and then they started throwing stones at the clinic and shouting out slogans that we were leading women astray and these outside women were coming and putting ideas in their women's heads and basically saying that the women have become stropky and unmanageable and they didn't like that. Not exactly in that way, implying that. So they're

throwing stones and all of this, and then the staff are obviously terrified. I wasn't there—I was not in the area then.

And then they set fire to the clinic. And they locked the doctor inside. The doctor was a man, because we couldn't get a woman doctor in the area, but the paramedics were women. They locked him in and they set fire to it. And then, you know, when things were really getting bad, someone in the crowd, I don't know who, went and broke the lock and got the doctor out. And he was overcome with fumes and all the rest of it. The total clinic was finished—equipment, supplies, all our records and the plans, everything burnt.

And of course, the staff wouldn't stay after that. The staff left, and then I came and then started. And during that procession, the leader of the procession was actually a man who is known to be a local—what's the English word? I suppose like a saint. People go to him for blessings. I don't know what you call it in English—

**McFarlane** I don't know what you would call it.

**Kabir** It's an Islamic, religious person who people think are very pious and have supernatural powers. So say for instance, you're sick or your baby's sick. You come to me and I'll bless the water and then you drink the water and supposedly, you'll get well. This is all a load of rubbish, but people believe in that.

**McFarlane** And what's the name?

**Kabir** They're called *pirs*. P-I-R. *Pir*. So this guy and his son had led the procession and they brought a fatwa against me, saying that if I went there, they were

going to kill me, kind of thing. So I went to the police, to the national police, because the head of the police is a relative of ours. So I went to the police—I mean, our family's very well placed, that's why I could do all these things—so I went to them and I said, Look, this guy's passed a fatwa. If I go into that district, he's going to kill me. That must be illegal. What can you do about it?

So then we file a case against this guy, and he got frightened. He never thought I would do that. Filed the case against him and his son. Then he got really frightened, and he started sending people to me in the capital, in Dhaka, where I lived, to the office and to my house, saying, Please withdraw the case, you know, we've realized we've made a mistake, but drop the case. I said, "I'm not withdrawing the case. You have threatened my life, saying that if I come to your area, you're going to kill me. I will not withdraw the case." So this went on for about six months and everything, and then I said, "Well, what are you doing about the fatwa against me, that you're going to kill me? You withdraw that, then I'll think about withdrawing the case." So he had to withdraw the fatwa publicly, publicly apologize, give me a letter of apology also. And then things settled down. And after that, the project is going okay.

**McFarlane**

And you actually got staff to go there, go back?

**Kabir**

Yes. But that's another reason I left the country, was because my husband said that he'd had enough. He said, "Enough is enough. You've done enough. And plus, it's not just you, it's the family who's affected by this, so we're going." It was actually my husband's decision to make. So that was another reason. So all these things put together caused us to make the

decision to leave Bangladesh, but it was a very, very painful decision to make.

**McFarlane** Because you had—

**Kabir** All the ties. My ties are there, my husband's ties in it, my family's ties in it and all the rest of it. On the other hand, I've come here and I love living here.

**McFarlane** Did you initially?

**Kabir** Oh, I love it here. I think it's great. When we first came, the first two years that we were here was difficult. My husband has lived here for twenty years as an adult. He came here to study and stayed on here, and then later on went back to Bangladesh. So he knew what it was like to live here as an adult. I didn't. I didn't know how to pay a bill when I came here. I had no idea. I didn't know the transport system, or know anything. Luckily he knew things, so we got by. But for me, it was completely—culturally it was different. Everything was different. But then I enjoy the challenge and stuff like that. I enjoy being in that kind of situation which, you know, really pushes me, in terms of trying to make something work.

Then my husband became sick almost immediately on my coming here and he died, as I said, in October '97. He was sick for two years, really sick, you know, in and out of hospital and all the rest of it. But once he died, I knew I'd never go back to Bangladesh to live, because that four years between my two marriages, I had been a single woman. And it was the most horrendous experience you could imagine. I can give you examples that would make your hair stand on end—horrible. I mean, one of the examples

that I can give you—I remember so much.

I was—my father had died. I was living with my sister and my two children in a flat in a building which had six flats—no, four flats there were. And there was a security guy—because everyone has a security person at the gate in Bangladesh—there was a security guy and he had been set up, by the people living in the other three flats, to try and control me. Because I was a working woman, so I was out the whole day working, kind of thing, with the Coalition. And at night, I had, by that time, met my second husband, so I used to spend time with my second husband, or he would come to our flat and, you know, spend time with me and the children and stuff like that. And the people in the other flats didn't like it—the people, meaning the women, didn't like it. I suppose they thought I would start on their husbands or something. I don't know what they thought. So they set up this security guard to create problems for me. So, if I was not home by ten o'clock, he would lock the gates. And the gates were very high gates, solid metal gates. He would lock the gates and not open them. He'd pretend not to hear my car horn or the bell or anything. He wouldn't open it.

**McFarlane**

With your children inside?

**Kabir**

Yeah. My sister was there, she was an adult, so I suppose he thought that was all right. So I'd have to park my car outside the gate, which is a risk because the car could've been stolen any time. It was one of these little Mini 600s. Have you seen them? They're tiny, little cars, and you can get just about two people in it. So I'd park my little car, someone could've picked it up almost and taken it away. (McFarlane laughs) And I'd have to climb over

this metal gate to get into my own home.

And then one day my husband—we were not married then. We had decided to get married, but we hadn't gotten married yet. He came to visit us and this guy, this security guy, threw a brick at him—can you imagine?—threw a brick at my to-be husband. So then he lost his temper and he—my husband is a very well-known cricket—he used to play for East Pakistan. And at that time, he was no longer playing because he was older. But he used to coach first-division cricket team. So he went and got his cricket team— (laughter)

So these strapping young men come in, you know, fifteen or sixteen are there coming. Where's this security guard? And of course, he got dead scared. He ran up the stairs to one of the flats over there. And there was mayhem there. Someone called the police and the police came. Oh god, the police came. The police officer, you won't believe what he said. He said, "Who are you?" So I said who I was. He asked my husband, who was he. He says, "Are you married?" So we said no. Then he asked my husband to leave—he was then my boyfriend, I guess—he asked my to-be husband to leave, because he had no right to be there because he was not my husband. This is just an example of what it's like to be a single woman. Of course, I was much younger then, much more attractive. Now I'm older, so I wouldn't have that kind of problem. But I'm not willing to live again in that circumstance.

**McFarlane**

Well, was a divorced woman unusual in the society?

**Kabir**

Yes. I had broken all norms. I had eloped and got married. Got divorced in

'76 when nobody got divorced. It was not a common thing—totally unacceptable.

**McFarlane** Well, but there were procedures for doing that, correct?

**Kabir** Yeah, well, the divorce is another thing you'll hear about. We were thrown out of the house, as I told you, myself and the two kids. And then, my husband didn't tell me that he'd divorced me.

**McFarlane** Oh, he'd already divorced you?

**Kabir** Yeah. In that period he'd divorced me but didn't tell me it was a divorce, kind of thing. So then after that, we tried to get back together again, but actually we were divorced, but I didn't know it. And then it didn't work out. We were about two or three days together and it didn't work out. It was totally—then why even bother to go back? One hopes, I guess. So then I became a bit suspicious because the night that he turned us out of the house, the reason he turned us out of the house was because he had another woman. And that woman was lurking under the stairs, because we were in the flat upstairs. She was lurking under the stairs and we were kicked out there, and she moved in.

**McFarlane** Oh, Jeez.

**Kabir** You can't believe the horrible things that have gone on. And then I thought, Well, she's living with him now. Now she's not there, so I supposed he's asking me to go back. And I did go back with the kids, just for a few days. He was asking me to go back because she's walked out on him for some reason. So, you know, it was a tit-for-tat kind of thing going on.

So that didn't work out. I left it. So then I went to the marriage

registrar's office and I found out he'd divorced me. Back then I was so angry. Then my father died. And my father died just two days before Id, which is like Christmas, equivalent to Christmas, but in the Muslim calendar. So my father had died. It was two days before Id and the children's father didn't buy any clothes or give any money or anything for the children. And on that day, the door closed. As far as I was concerned, he didn't exist anymore. Here, the children's grandfather has died, it's two days before this big huge celebration where everyone gets clothing and nice food and all the rest, and he knew we didn't have money because my father wasn't working. He had been sick. So it was my salary. So, just something clicked in my mind. I said, "That's it, nothing more." This is—thank god for that.

So those are the kind of experiences you have as—you know, it comes down to the whole issue of choice. You don't have a choice, basically. You have to do whatever society tells you to do. And then, because I don't look Bangladeshi. I look very English Bangladeshi. You consider me how many percent Bangladeshi? Anyone seeing me will know that. So people didn't accept me in Bangladesh 100 percent. However, the moment I became successful, then it was *our* Sandra. And I will not forgive people for that. I'm sorry, but when I needed people the most, their support, they made it very clear I was not one of—not Bangladeshi. Although I feel myself much more Bangladeshi than anything else. But the moment I became well known, internationally, you know, the Coalition became successful and all the rest of it, then I became *our* Sandra. So, still this day, I tell people—

**McFarlane**

Socially and publicly?

**Kabir** Yeah. Not everyone socially. I mean, I had my own circle of—I wasn't totally isolated. I had my own circle of friends. Most of them had some sort of unhappiness in their marriages and stuff like that, because we were all women of that type. We didn't fit into the social expectations that existed.

**McFarlane** Was it unusual for you to even be remarried in that situation?

**Kabir** Yeah, and that was difficult on the children. It was very difficult on the children. And also another thing—(both talking). Well, one is that I'm of mixed parentage, so I'm different from the other moms. Secondly, when I went through my divorce, remember I told you I had to wear a sari twenty-four hours a day? When I went through my divorce, I refused to wear a sari. And it was the 1970s, so I wore bell-bottoms and tight shirts, which nobody wore in Bangladesh. I must have been the only woman in Bangladesh who dressed [like] that. And I cut my hair short. (McFarlane laughs) I said, "I'll show you. I'm not going to follow any of your norms and standards." So here, these poor kids, you know, on parent teacher meeting day—I remember my son coming up to me and he says, "Oh mom, please wear a sari when you come to the parent teacher meeting." (laughter) But I was so involved in my own anger and fighting back, I didn't really think too much about the children. But when I think about it now, I think, Oh my god, my poor children, what they went through with me. So it was difficult—

**McFarlane** And they both settled here?

**Kabir** Oh yeah. My son lives here with me. He's thirty-four. He hasn't married. He's working with a property company. And my daughter, as I said, was coming down today with her child so I can see my grandson.

**McFarlane** So they—there was no inclination for them to stay in Bangladesh?

**Kabir** No, because although we lived in Bangladesh, our life was very international, because all our friends were international. We have relatives from both sides, from the UK as well as Bangladesh, and my work was international. So anyone connected with reproductive health visiting Bangladesh would end up in my house for a meal.

*Tape 2 ends; tape 3, side 1, begins.*

**McFarlane** —London. I'm Deborah McFarlane on day two of the oral history interview with Sandra Kabir. I was wondering if you could start, this morning, by talking about your political career. Did you intend to have one when you came to the UK?

**Kabir** As I said previously, I came to the UK in October 1995. It was actually just after the Beijing Women's Conference. I went to Beijing, popped back to Bangladesh and then came on to start my new life in the UK. When I came then, I had absolutely no inkling that I would ever, ever get involved politically in the UK. I had never been involved in political parties in Bangladesh. And in fact, I have never, up until now, cast a vote in Bangladesh, because I could never have sufficient confidence or even respect for any of the political parties to vote for them.

**McFarlane** So you were actually apolitical?

**Kabir** Apolitical, yes—very socialist in my way of thinking, but apolitical in terms of parties. When I came to England, I was working with Population Concern as the international programs director and I found that I missed my grassroots work. Everything was very long-distance. And I could really see

the effects of my work except if I made few visits, but even then, it wasn't me doing the work directly. It was me providing technical assistance to local NGOs who then implemented programs. And actually, I missed the interaction with people, interaction with people in their lives and things like that.

When I came to England, I became a member of the Labour Party almost immediately, not because I had any political aspirations, but it's a party that I've always had respect for. So I became a member, paid-up member—paid monthly subscriptions, went to the local wards meetings and became involved in canvassing for the parliamentary elections in 1997 it was, I think. Yeah. But even then, had no political aspirations. But, as I became involved in campaigning and knocking on doors and talking to people, and having stalls and all that kind of stuff, I thought, Well, this would be a way of assuaging my need to interact with people on a more intimate kind of level and to be able to support people in changing their lives.

So, when talk started within the local-level party about selection of candidates to be councilors at the ward level, [at] the end of 2001 and the beginning of 2002, I just made a very abrupt decision myself and I put my name forward to be a candidate. And I did it because I said I could see that it's a way of interacting with people and satisfying a need that I had for myself. So I went through the whole selection process, which is quite, quite intensive. First, one has to give a speech to one's local Labour Party branch. Then the members of that Labour Party branch will select three candidates, who then will have to be screened by the borough Labour Party. And if they

think you're appropriate material, then it goes up to the next level and then finally the selections are made. So I go through all of that and I was selected. And then, I had to crazily campaign for being elected. Each ward had three councilors and there are thirty-two wards in the borough of Brent.

**McFarlane** Oh, all right, thank you.

**Kabir** Okay? So there are actually sixty-three—yeah, must be, no, thirty-one wards—so there are sixty-three councilors in the borough of Brent. So when we sit down for a council meeting, it's like a mini-Parliament system. There are sixty-three of us sitting there.

**McFarlane** And how many people do you collectively represent?

**Kabir** For a ward, it's about six thousand households, so that's, say, about fifteen to eighteen thousand people, which is quite a lot if you're going to interact with them quite closely. So I got elected and I actually got the second highest number of votes among all the candidates—Labour, Conservative, Liberal-Democrats, Independent, everyone. And I was actually quite amazed because I didn't expect that. However, I was the only woman candidate, so I think that had something to do with it. I appealed to the women voters, because when I spoke to them, I could see that I was relating to them immediately, just knocking on the door. And for men, I was relating with men in terms of they felt, I think, I was more approachable. I had an advantage. One is, I think the advantage was, I was a woman, and secondly, I'm part Asian. And the people in this area are mostly Asian, from Gujarat in India.

So I got elected and then became very actively involved as a councilor in

different committees at the council level. Some of the committees I'm not very interested in, but one has to be a member of a certain number of committees because you're contributing your time and your intellect. The council meetings, to be quite frank, I find totally boring. Because we have a system whereby you have sixty-three councilors, as I said previously, but there is a nine-member executive. And it's the executive that makes all the decisions. So the council meetings are really—you have lots of people mak[ing] bombastic speeches and all the rest of it, but it's all, you know, which way it's going to go. It goes on a party basis, so you vote according to what your party supports. So the council meetings are not very interesting. Some of the committees I am on are very uninteresting and some are extremely interesting. The two I like the most, one is on the health overview subcommittee, and in that, we're looking at the incidence of TB in Brent, which is increasing quite rapidly.

**McFarlane** Why?

**Kabir** There are many, many reasons for it. A lot of it—it's very difficult to say this publicly, but a lot of it is actually coming in with immigrants, because immigrants come in.

**McFarlane** So, that is a sensitive issue.

**Kabir** Yeah, you can't say that, basically, politically. People would say that you're being biased against immigrants and everything. And it also seems that certain races have a susceptibility to TB.

**McFarlane** Oh. Explain that.

**Kabir** Which is Asian and Afro-Caribbean. There seems to be a propensity among

them to contract TB more easily than other people and no one is quite sure why. Research has shown that TB infection has got nothing, actually—there are two sides of this research. Some people say it's got nothing to do with one's economic level or one's educational level. And other research shows that if you have a poor quality of life, then there's a greater risk of getting TB. So there's a bit of a dichotomy going on over here and we haven't come to the bottom of it. And with an increasing incidence of TB, we're also seeing HIV/AIDS, which goes together, as we know.

**McFarlane** Among Asians and people of African descent?

**Kabir** Yeah, yeah. So that's very interesting. That work continues. And the other task group that I was on, or still am on, is looking at the effects of population densities in a city area—which I wrote a paper on the social aspects of it. But we have an overall paper that's looking at everything, looking at—the government controls certain issues on building and planning, which the local authority, for instance, the council of Brent, has no control over. It's government controlled. And then we have our own controls. But the central government is trying to push that more and more housing should be built within Brent and everywhere. But Brent has a particular problem: we don't have enough accommodation for the needs. But if you increase the density of accommodations there, obviously there's a social and economic impact. So I was on that subcommittee, and I wrote one [paper] on the social impact of very dense housing, like these huge massive blocks of flats and stuff like that.

**McFarlane** High-rises?

**Kabir**

High-rise, yeah, yeah. High-rises and dense—you can have high-rises which are not so dense and you can have high-rises which are very, very dense, like small rooms, more bedrooms, so you have more people staying [there] and things like that. So that's very interesting because there are all sorts of aspects of that. There's the health side of it—health meaning psychological as well as physical. There's the economic side of it. People who are better off will not go and live there, so you have people who are less better off and they're already at a disadvantage, so you have higher rates of crime, et cetera, et cetera. Then, there's the stigma of living on an “estate,” as they call it. Oh, so-and-so estate, you live there. That's a social stigma. People, you know, will think you're one of those, kind of thing, troublemakers and things like that.

So, that's a very interesting piece of work going on. But the thing I enjoy the most in my political work is actually working in my own ward. And every Sunday—actually today I would've been going out with my two other co-councilors, both who are Labour, as I am, knocking on doors. We actually knock, we go down streets. We target different streets on different Sundays. And we actually knock on doors and ask people what are their problems, what are their concerns, can we help them, do they have any suggestions to improve things within the ward, and things like that. And I love doing that, it's really great.

And then every Saturday, we have what we call a “surgery.” It's at the local library. One of us, each Saturday, will sit in the local library for two hours and people can come to us if they need any help. So that's the kind of

work I really enjoy. It's interacting with people, trying to support them, to change their lives in a positive way. And because people now normally—I was elected in 2002, May, so it's almost two years now—people in the ward now know me, so when I step out of the door, I am always stopped. And sometimes it can be a bit frustrating. People will complain about uneven paving stones, dog fouling and, you know, all sorts of things. The wind is blowing so the rubbish has been blown out on the road. They'll all complain to me and expect me to do something about it.

So, for instance, if there's dog fouling—we have a green just at the top of our road, which you may have seen. People take their dogs there and the dogs foul over there and they don't clean it up. So I'm telling people you can't hold me responsible for that. It's not my dog. The people whose dogs foul there, you hold them responsible. So then we arrange to have signs put up: "Dog fouling is prohibited." But then, there are no bins because you can't use the ordinary bins for dog foul, you're supposed to use dog-foul bins, according to the law. Very complicated. So, the people who take their dogs, I was talking to them and they said, Okay, you put signs up, well and good, but where are we supposed to throw the stuff? Because we're not allowed to throw it in our domestic bins for hygiene purposes. So then I had to go back to the council and I said, "Look, what are we supposed to do about that?" And they said, Well, if people put dog foul into two plastic bags, they can throw it into their domestic bins. So I said, "How about putting bins on the green so that people don't have to carry it all the way home. Throw it in the bins on the green." So we are now at the stage where

we are arranging to have two bins put on the green. But those are the kind of thing one gets involved in at very, very local level.

**McFarlane** The people's day-to-day lives.

**Kabir** The other thing I'm involved in, which is relevant to my sexual and reproductive health work, is I'm a member of the Brent Domestic Violence Forum. And this meets about once every two months and it consists of people working in the council on domestic violence issues as well as NG [non-governmental] organizations and other interested people who get together to discuss how do we try and, one, to reduce domestic violence within Brent, and two, those women who have suf[fered]—or men—who were subjected to it, and children, what do we do about it? And there any many different kinds of services, but what we're trying to do is to link them up in a much more smooth and coherent way.

So if a man or a woman or a child needs a service, they can get all the services they need very easily. Not having to shop and change, kind of thing, which comes back to the quality of care and the needs of individuals. So that's another piece of interesting work I have. And then, because I'm a councilor of London, we have the London-wide Councilors' Association, which I'm involved in—women's issues, actually, over there. And what I'm finding very interesting, I'm the first Muslim woman to be elected as a councilor in Brent. And the number of women is not that high. Among the sixty-three councilors we have, I think we have, maybe one third are women, and it should be much higher than that. I'm sure there are a lot more women who could be elected. What I do find is there's not many Asian women who

are elected as councilors and certainly not as MPs. So it's trying to change that. How do you get women—you can't just say that women are not elected—how do you get women confident enough and interested enough to want to be involved? So I think what we have to concentrate [on] is trying to get more women competing to get elected.

**McFarlane** Just for my clarification, an MP is—

**Kabir** Member of Parliament.

**McFarlane** And, how does that process work?

**Kabir** Member of Parliament, there's a selection process again. Each party has their own selection process. We just went through a selection process here in Brent. For instance, the Labour Party, the wards would put forward—people will make known that they would like to stand to be a Member of Parliament. Then the wards will have their meetings and put forward whom they support among those people who have expressed interest, generally. Then it goes to the next level, which is the Brent Labour Party, and then they do a screening. It comes down to a short list. And then a final screening is done with a mixture of Brent Labour parties, or there's a national Labour Party. And then a candidate is selected to stand for election and also there will be candidates, obviously, from the Conservative Party, from the Liberal-Democrats, maybe from the Greens, maybe Independent. So that's how the process goes.

And then once the candidate is selected by each individual party, then the parties will develop an election campaign. And then all of us, every single one of us who are involved in the Labour Party, whether we're councilors or

just general Labour Party members, everyone contributes to canvassing for that person.

**McFarlane** So you've been involved in that process?

**Kabir** Yeah, when we voted at our ward meeting who we wanted to be. There was a lot of controversy, I must say, this time, and it came out in the national press and everything that one of the candidates was chosen or selected and then another candidate challenged that selection, saying that she had two postal votes sent in. Somebody—I mean, two people had sent in their votes by post, which is perfectly legitimate, and that was not taken in consideration. So then they had to recount the votes and she, actually, was selected because she had the most votes. So it was a very big controversy, because the man who was originally selected was a white man and the woman whose two votes had not been counted was an Asian woman.

**McFarlane** Interesting.

**Kabir** Yeah, so there was a lot of controversy [and people were saying] it's because people are against Muslims or people are against women or people are against Asians. But I really don't think it was that.

**McFarlane** Looks like they just legitimately made a mistake.

**Kabir** I'm hoping that, yes.

**McFarlane** You're hoping.

**Kabir** (laughs) One never can tell, because it's not a very open process at that level. From our level, it's very open, because there's an open ward meeting and we're told who has expressed interest and then we have discussion and then we decide who we want to put forward. So there it's very open, but when it

goes up to the next step and the one up, it's much more opaque.

**McFarlane** Do you want to run for Parliament?

**Kabir** No. I have been asked twice already and I've said no.

**McFarlane** Why not?

**Kabir** Well, the reason I don't want to do that, because then I couldn't do my sexual and reproductive health work and I've invested my whole life in this. I won't want to give it up now. Doesn't make sense. Although my friends tell me that you could still promote sexual and reproductive health and rights when you're an MP but it would be much less, because an MP is a full-time job. It's absolutely full time. You cannot—although people do business and stuff like that—but you couldn't do a nine-to-five job. If you had your own business, you could do it in between times, kind of thing. But you couldn't do a regular job. So, that's one reason. Well, the main reason is because I couldn't do my sexual and reproductive health and rights work and I don't—I still would like to be involved internationally, which I couldn't do if I am an MP.

Secondly, I think I would find it quite difficult to toe the party line on everything. I would really have a problem with that. While I'm a councilor, I'm actually insignificant, really, at the national level. Being a councilor means nothing at the national level. So I still have some leeway to voice my disagreement with certain things. But when you're an MP, it's much more difficult, much more difficult. There's a lot more pressure put on you to toe the party line, especially when you're voting in the Houses of Parliament.

**McFarlane** How is that pressure put on people?

**Kabir** Well, they have a chief whip. Each party has a chief whip and a deputy whip. We even see it here in the council. If there's a crucial vote, you get a phone call by the whip and the whip will say that it's expected that you will vote on the lines of the party.

**McFarlane** And then the party discipline is exercised through who's selected at the next level.

**Kabir** Could be that, and you could be given a less prominent role. Maybe you won't get on committees, or you won't be the chair of committees and stuff like that. There are ways of doing it. I've not faced it yet, so I don't really know. (laughs) Don't wish to know, either.

**McFarlane** You think you probably would face it.

**Kabir** Yeah. But I mean, there's a lot of pressure at the MP level and I'm not interested in that. I feel I would be quite boxed in. Although you can still do a lot for your constituency, obviously, because you're an MP. I prefer to be at the grassroots level, because when you're an MP, you do interact with people with a much lesser extent because you're all the time running off to the Parliament. Plus, if you've got your own business, which a lot of people do have, you find a lot of MPs are not spending time in their constituencies, which is wrong.

**McFarlane** Because they're torn in three different ways.

**Kabir** Yeah, yeah. So, as I said, I'm not at all interested in being an MP, although my friends have put a lot of pressure on me, my family has put pressure on me and I've made the decision, no. And I've told the Labour Party, don't ask me anymore.

**McFarlane** Next month, there will be parliamentary hearings on population development and reproductive health. What will you say?

**Kabir** What they're asking, actually—very particular aspect of this. The parliamentarians have received a lot of pressure from the UK NGOs, UK sexual and reproductive health and rights NGOs, telling them that isolating HIV/AIDS from sexual and reproductive health is not the way forward, in terms of international development. And as a result of that, the parliamentarians have decided to have this special hearing in the Parliament whereby they will hear from expert witnesses, their views on possible integration of sexual and reproductive health with HIV/AIDS and vice versa. They've selected—I know of three of us who have been selected. I don't know if other people have been selected. Steve Sinding from IPPF and Susannah Mayhew, who is a professor at Nuffield [Nuffield Institute for Health, Leeds University; Dr. Mayhew is now at the London School of Hygiene and Tropical Medicine at the University of London—*McFarlane adds, February 2006*], and myself have been selected. I think we're the only three, but I'm not 100 percent sure. And we're meeting on the eighteenth, evening, to develop our strategy, because each one of us should touch upon a different aspect of this.

Obviously, you can't integrate HIV/AIDS and sexual and reproductive health at every single level. It's just not practical. It wouldn't be in the interests of the clients. It may not be cost effective, et cetera, et cetera. So, on the eighteenth when we meet, we will discuss this among ourselves and then each of us will develop—they want both written as well as oral

presentations. So the original presentation has to be sent to them by the twenty-fourth of this month and the oral presentations are in April, nineteenth and twentieth of April, when we will actually give witness—or be witnesses—or give evidence to the parliamentarians. And this, then, will feed back into the department for international development in development of their future policy and practice, so it's quite significant. And I'm actually quite surprised they chose me to talk, because I don't have very much to do with them. It's interesting that they're taking Steve Sinding, who's the director general of IPPF, which is a huge, massive international NGO with 144 branches all over the world and all that kind of stuff. And Susannah, who is an academic, and then myself. I suppose myself, I would say I'm an advocate and a program person.

**McFarlane**

So you don't know how the selection took place?

**Kabir**

No, no idea at all. I just got the letter in the post office—quite taken aback. (laughs) There was no—but I was traveling, so maybe they did try to call me, I don't know. I just got—and then I got an e-mail follow-up. What I've done also, with regard to being a special expert witness, is to—there is a UK sexual and reproductive health and rights NGO network. And this network is made up of not only NGOs, but also academics who are involved in sexual and reproductive health, people who are also involved in HIV/AIDS. So we've all got together and there's about fifty, sixty members—very loose network. So, what I've done is I've written to them and said that I've been asked to give witness. Would people like to sit with me and we'll come up with a kind of strategy? And what you would like me to say? So, that's also

going on. And then, as I said, I'm going to meet with Susannah and Steve Sinding on the eighteenth, so I will not be doing [this] just as my own opinion, I'll be doing it on behalf of people who know about sexual and reproductive health.

**McFarlane** I wanted to ask you what the difference is for you between family planning and sexual and reproductive health, and when you termed those terms, you know.

**Kabir** Okay. Family planning for me is services that provide counseling on making choices about whether to have children, and if someone decides to have children, when to have them and to have them in the safest way. So that's the counseling part of it. And then the actual services would be—well, I think counseling is a service, but people differ with me, in terms of providing contraceptives, follow-up and everything involved in that.

When I was talking to you yesterday, I was talking to you about how we started the Coalition. Actually, it's always been sexual and reproductive health, although we said family planning. It's just the changes of terms—I mean for me, I'm not talking about generally, for me, it's always been sexual and reproductive health, although we've used the term family planning. But within the Coalition and our work—the Coalition started in 1980 as safe menstrual regulation services. Then we added on contraception, then we added on children's basic health care and immunizations, women's immunizations, antenatal care, postnatal care, referrals for safe delivery. We've been doing that from 1982, but we didn't necessarily actually call it sexual and reproductive health and rights. We had legal aid for women,

which was dealing with their sexual and reproductive rights. We didn't call it that. It was only something what was really actually started to be called, that was just before 1994, during the PrepComs for the ICPD.

**McFarlane** Oh, that's where the terminology came from?

**Kabir** Yeah, I mean, it was there before, but I mean, much more generally known in the early '90s, but in terms of actually doing it, we've been doing it since the '80s.

**McFarlane** So, the push for the new terms came from the PrepComs?

**Kabir** Just before and during the PrepComs, yeah. Because, it seemed to me, the change was made from being family planning, which had population connotations—the demographers thinking that there are too many people in certain parts of the world and how do you help them to be not so many, kind of thing. So that's population and family planning—to changing to looking at this whole issue of reproduction in terms of the individual's needs and demands and choices. And I think that's how sexual and reproductive health and rights came into the PrepCom language. It was turned on its head. From being a demographic subject, it became a subject of choice, individual choice, and that was the most significant thing that happened in ICPD.

**McFarlane** What do you think the relationship is between population and sexual and reproductive health?

**Kabir** Well, there's lots of connections between them.

**McFarlane** Because Cairo does represent a change, so would you toss out consideration of population?

**Kabir** No, not at all.

**McFarlane** How do you think this fits in?

**Kabir** For me, it's population development, sexual and reproductive health and rights—they all flow into the other. They're a very amorphous kind of thing. One of the things that—some people use terms, for instance, loosely. They may use population for talking about sexual and reproductive health, and vice versa, kind of thing. So that's one side of it. The other side of it, if you're looking at population issues and demography and everything, they are relevant to, eventually, to the quality of people's lives. It's how you actually provide the services. Are you providing it with choice as opposed to imposing it upon people?

**McFarlane** So, you think providing services, sexual and reproductive health services, will take care of population issues?

**Kabir** No, not only. There are other things that people have, if there's equity in education opportunities, if there's equity in employment opportunities, if there's—

*Tape 3, side 1, ends; side 2 begins.*

—in employment, if there isn't an enhancement in the status of women, because it will all impact on how people think and how people will behave. On the other hand, if you don't have quality of service, sexual and reproductive health services, even if people are educated and employed and everything else, they'll not come to the service, because it's not of the quality they want. So, you need a combination of enhancing the quality of people's lives and always, in a comprehensive kind of way, so that people make

choices which are beneficial for themselves. People don't make choices because it's going to benefit the community, generally speaking, unless they're like saints or something. Generally, we make a choice that is going to benefit oneself and one's family, one's extended family or whatever it is. So if a person sees—for instance, say you look at a government employee somewhere in Africa, say Uganda. They may get government accommodation because they're a government employee. However, the accommodations would only be two small bedrooms. So they're going to think, We're going to have to survive in this accommodation with these two small bedrooms and everything, so how are we going to survive? They can't have an extended family living there, like have their fathers and mothers and brothers and sisters and all the rest of that that normally happens in countries of the South. They would start thinking differently.

So families are changing. Instead of having extended families, which I was brought up in—well, not brought up, when I got married the first time, I lived very much in an extended family, which has brought good things and bad things to it. So people are thinking, Okay, I can't keep my old father and mother with me because I already have two children and a wife. Or a woman says, I've got a husband and two children, so I can't bring my in-laws to stay with us because we don't have the space. Or maybe it's not even allowed. Maybe they're not allowed to have more than four people staying in a flat, I don't know.

So people start thinking differently, and they're thinking for their own benefits. So if there are less people, for instance—I'm just giving this as an

example, there are many, many other reasons—so they will think, if a person is a government employee, they are obviously educated or they wouldn't have a government job, normally. The access to health services probably would be available because they're government employees. Most countries, in the South at least, government employees have free health services. So they would be relatively healthy. They would be educated. They would have a regular source of income, maybe not a large income, but a regular source of income. They would have other backup services, such as accommodation, free health services, maybe schooling for their children and all that. So they start thinking in that way that, how I can't afford to have more than four or five people in the—we cannot be more than four or five people in the flat. So, okay, if I'm going to have two children, I want to keep my children healthy. I want to give them the best educational opportunities so that they, then, will have the best employment opportunities.

So they will then avail of services that will enable them to make those choices. For instance, they will avail of sexual and reproductive health services. One, for family planning, so that they can space and plan their families. Two, for antenatal care, safe delivery, postnatal care, immunizations for their children, basic health care for their children. Then they will access the education services, so the children are educated and so on and so forth. So, people's way of thinking is interrelated.

The reason I gave this example is to show that you can't just look at sexual and reproductive health. And I'm not saying that every organization or every clinic, whether it's government or private or NGO, has to provide

all the needs of all people who come, because you can't do that. You have to specialize in certain areas. However, you can have a referral system. So, for instance, if a woman comes, or a man and woman comes and they need counseling, marriage counseling, the clinic staff should be able to know where these people can get marriage counseling. [If] they can't provide it, that's fine, but they should have the information: Where can they go for marriage counseling? What are the timings of the place? Who should they contact? What days is it open? How to have access? Do they need a referral card?—all those kind of things.

So, everything is interrelated. One cannot look at sexual and reproductive health just as itself. You have to look at it in terms of a whole human being, and I think I said that also yesterday. We have multiple needs. That's where the link between sexual and reproductive health and rights and population and development comes in, because development covers many other aspects of life. It covers safe water and sanitation, it's health, education, roads, transportation systems, access to food, employment and everything else.

**McFarlane** Do you personally think there is an issue with rapid population growth? This was a bone of contention, I believe, from Cairo.

**Kabir** Well, when I first started my career in '76 with FPIA, I did, because I was brainwashed and really believed in it, that there was a population [issue]. But as I've gone through my career, I'm not so sure that there is an issue, that there's too many people, therefore the quality of life is compromised. It looks like that when you look at it. If you look at Bangladesh, for instance—

very densely populated. The quality of life is terrible. There's political unrest, there's economic disparities which are unbelievable between the poor and the rich. There's no in-between, kind of thing. So people blame that on population, but I'm not so sure it's only population. What I'm trying to say is that when I first started my career, I thought that having high density or numbers of population was bad and having a sparse population was good. But actually, I don't believe that any longer. I think there's more to it than that.

Having a sparse—for instance, if you look at Europe now, where countries have minus population growths, they're now concerned that they've got a growing percentage of older people who are retiring and a smaller percentage of younger people. So how are they going to raise taxes to take care of the older people? So that's the other way around. You're having less people, but there are problems with having less people also. So, I suppose you could say that's demographic, that it's more or less—it's still a demographic issue. I don't think it's the demographic issue alone which affects the quality of people's lives. There's more to it than that.

**McFarlane**

But would you say that doubling the planet's population would be a problem?

**Kabir**

Yes, it would be a problem. And most people, when you talk to them, wherever they are in the world, whatever their level of education or anything, if you talk to people, people understand that. And what it comes down to actuality, generally speaking is that there's a lack of equity in access to information and services.

**McFarlane** So, do you believe that access to voluntary, high-quality services will take care of population or contribute greatly?

**Kabir** Contribute, yes—but in conjunction with better opportunity for education and employment and overall health and other things, not in isolation. I'm actually involved in a project which is very interesting, where we're looking—what we're trying to prove is that if an organization or organizations have quality comprehensive sexual and reproductive health services, that in itself can empower women. Because if the service is of a high quality, women will come, whereas they may not have come before because the quality wasn't good. And when they do come, in that process of coming, if they're coming, say, three or four times a year or even more, every time they come to a clinic they can be exposed to empowering information and interaction. And also, if you have a community program where you have social workers or people—community workers, they go out to the community and educate women and men about gender issues.

And it's actually proved to be correct, for instance, in Bangladesh. This project has been done in Bangladesh, Thailand and Indonesia. In Bangladesh, it's interesting, we started off by sensitizing all the staff about gender issues, and a lot of very interesting stuff came out. The people were gender biased, but didn't realize it. But when they went through these exercises, they realized that they were gender biased. And then the community workers helped women form into groups, and then, after about three or four months, the women said, Look, it's no use, us having all this information about women's empowerment and gender and stuff and the

husbands don't have it. We need men's groups. So then, men's groups were formed. I mean, their husbands formed men's groups and the women's groups, the wives' and the men's [groups] met separately. Then after about six months or so, they said, Look, we'd like to have an opportunity once every three months or so for us to get together as a couples group. The husband and wives could go together to this group. And it was quite amazing that the men and women said that this was the first time they'd sat next to each other in a public meeting and discussed issues as a couple—which brought a certain amount of gender equality into their relationship, because the women hadn't thought about it and the men hadn't thought about it.

So this shows that if you sensitize men and women about gender issues, it does make them think and they do begin to make a change in their lives. And as a result of that, for instance, the number of men coming to the clinic with their wives has increased, which we think is positive, like for antenatal care. The husband is coming now, because he needs to be briefed about, you know, what care needs to be taken of the woman or how she needs to take care of herself, if she needs extra food, preparations for safe delivery and things like that.

**McFarlane**

I want to kind of follow up at the Cairo meeting, because we've had some interesting discussions with people who were there. Some people saw it as an ambush; some people saw it as an opportunity. Can you comment on that? I'd like you to comment on what you think of targets, demographic targets.

**Kabir**

I don't like the word targets at all, in the same way I don't like the word

beneficiaries. I hate those two words. It really brings in a them-and-us kind of perspective on the issue, and I don't like that. Targets are difficult in terms of donors. For instance, donors will insist upon having indicators of success, right? An indicator is actually another word for targets. So-and-so percentage of so-and-so population, so-and-so numbers will be practicing family planning or coming for antenatal checkups or having pregnant women having their tetanus immunizations and stuff. Those are targets, but they're called indicators. There's not much difference. And I can understand why that's happening.

**McFarlane**

What will you do with the money?

**Kabir**

Yeah, what will you do with the money? And I think also, in terms of the programmatic sense, [there's] a focus more on getting value for money, for one thing, and also striving to achieve something that will enhance people's lives. So, on that level, that's okay. On the other hand, it drives me crazy when people say, for instance—I was sharing with you the women's empowerment project and I'm saying it does make a difference. And people will say, Well, prove it. Drives me nuts as a program person that you have to have research to prove that something's right. We're saying from observation.

And I understand why research is needed, and I fully support it, but it's not always possible to put research into every single program. Although, I think, actually, operations or activities research should always be there because we have an obligation to do process documentation of what happens—to analyze it, to learn from it and share it [with] others. I think all

of us have that, but if you look at, for instance—I'm talking about NGO people. NGO people, generally speaking, are really bad on that because, as NGO people, we see a problem and we solve it. And the documentation of that is, you know, someone else can do that kind of thing, and it doesn't happen, which is bad.

But in targets—let's come back to the whole issue of targets—I can understand why people put in targets, but if you go back to the '60s and '70s, when there was a lot of controversy about family planning, and targets were set. For instance, India's a prime example. Indira Gandhi had targets for her family planning people and if they didn't fulfill their targets, they wouldn't get their salaries. So there was a lot of coercion involved and there was a lot of misreporting also involved. So, in that way, I don't agree with targets.

On the other hand, I think if you want to be effective in one's work, you have to be able to have something to strive for. It's how it's done—it's really how it's done. Are you doing it with a whip in your hand and forcing people to do it, or are you doing it respecting human rights? I think that's—for me, that's the biggest, biggest difference, and I can understand, for instance—demographers may feel, okay, in so-and-so area, there's a very dense population. So-and-so area is a very scarce or scattered population. So, what do you do about it? Well, what I'm against is the actual trying to social engineer something in a coercive way.

**McFarlane** So, the real issue for the groups that insisted on rights was coercion in targets, not necessarily targets?

**Kabir** Yeah, yeah, yeah. For me, that's the way I've always seen it. As I said, I don't

like the word targets, because I've always put it in connotation with the '60s and '70s, when people were forced to practice family planning. We know that. So for me, if people look at targets as a tool to enhance their work, then I don't have a problem. But targets is not seen in that way. So that's—

**McFarlane** Thank you, yeah. And when you hear the word demographic target you also think coercion.

**Kabir** Yeah, I still inherited that. I mean, I look at something twice—I must say, before I was much more radically against it. Now I suppose, I'm getting older, I'm much mellower, but (laughs)—

**McFarlane** Were you radically against it in '94, for example?

**Kabir** Targets? Yeah, I've always been against targets, yeah.

**McFarlane** Even though you don't disagree with looking at the demography of—

**Kabir** No, I said, it's the way it's done and the connotations of the word target, really. It's still—I'm uncomfortable with it, still quite uncomfortable with it. So, I try as much as possible when I'm writing proposals and stuff that I don't write targets.

**McFarlane** And empowerment, what does that mean to you?

**Kabir** Empowerment comes back to human rights. Empowerment is the ability for people to make a choice about whatever it is in their life. It's not only sexual and reproductive health. It could be anything. And empowerment is more relevant to women because the status of women is so much inferior to men in most countries of the world. So, it's much more relevant, empowerment, for women than it is for men, although it is also relevant for men, because of the disparities that exist in the world—the very privileged and the

disadvantaged. So empowerment is necessary for everyone.

**McFarlane** So it's assisting people to be able to make choices?

**Kabir** To make choices, yeah, in whichever aspect of their life they need to make a choice.

**McFarlane** Quality of care is a huge issue for you. You've written about quality of care. Can you tell me what it encompasses, or maybe even mention some of your publications so that people who are interested could go to those?

**Kabir** Yeah. Quality of care, to me, is both concrete and abstract. Quality of care—for instance, the technical expertise of people providing services is a part of quality of care, yeah. Are they fully trained in their technical aspects? But there's also the softer side is in the attitude, as I said yesterday, which I think is far more important, actually. How do they behave and react and interact with people whom they serve: Are they respectful? Are they offhand or not offhand? Do they look at people when they're talking to them? Do they give more time for people if they do need more time, within the context of they're having to deal with so many clients and things like that. So, for instance, it's looking at the accessibility of services: Is the clinic located in a place which is accessible to people who are going to use it, men or women or young people? Are the timings appropriate for the people? If it's for men, you may have to have an evening clinic or a weekend clinic or you may need to have a morning clinic, as opposed to an afternoon—depends upon the community with whom one is working. So it's the timing. It's, as I said, the provider's technical expertise, their attitude and behavior. Pricing of services is another. If it's priced beyond the average person's capability, then it's not

a quality service.

In fact, yesterday I was listening to the radio and someone was talking about providing services to both rich people and poor people and the rich people pay more than the poor people, but then the rich people are so, what do we get extra? We're paying extra, do we get anything extra? The only thing they got extra, it turned out in this particular clinic, they had a separate waiting room.

**McFarlane** Rich people's waiting room?

**Kabir** Rich people's waiting room. However, the way that they accessed the services, they were still in that serial order. They didn't break the sequence of the serial. First come, first served. So, the serial was the same, the process was the same, the service provider was the same, the service was the same. The only difference was in the waiting room. I thought it was quite clever, actually.

**McFarlane** Sounds like airplanes. You still get there no matter where you're sitting.  
(laughs)

**Kabir** Exactly, yeah. You know, some people may disagree with that, but then if you really want the rich people to pay for the poor, you have to give some sort of incentive. And I'm quite happy, if it's only a waiting room, I'm fine. But if it's a difference in service, I've got a problem with that. Then you shouldn't have it in the same facility. So, as I was saying, quality of care is all those things. Is it available, accessible, affordable? Is it attractive to the client, and do you have drinking water available if someone's thirsty? Do you have clean toilets? Do you have a play area for the kids to play in? Because

most women, if it's reproductive health, they would come with their children. So is there a play area for them? Are there attractive posters there or brochures if they can read? Is there a video being played so they can watch a video if they're illiterate, which happens, they can watch a video and understand an issue? So all those kind of things—it pivots on catering to the highest standard possible within limitations of resources, human, financial and everything else, to the needs of the client, which is actually like the private sector, if you look at it—the private sector does exactly that, because if they didn't have quality of service, they wouldn't have clients—except that the clients are paying. But they're still looking at everything. A private clinic, they're looking at the staff behavior, the environment and all the rest of it. So, quality of care covers everything, both abstract and concrete.

**McFarlane** And you have published on this, haven't you?

**Kabir** Yeah, but I don't remember where. Yeah, I can give you a list. I'll have to think about it. I'm really bad on this kind of stuff because I don't write it down anywhere, what I've published. But I will get it for you. You probably have some of them, I don't know. As I said to you informally on the first day, I'm really bad about these things. I just don't—I seem to be racing along all the time and not reflecting.

**McFarlane** Another term that I wanted to ask you about is, I notice you've said “countries of the South,” not “developing countries.” Can you tell me what's involved in those terms for you?

**Kabir** Yeah, yeah. I first become conscious of this when I went—I took sabbatical from the Coalition, as I told you, two and a half years, to help set up this

global NGO movement and there I was exposed to the concept of not saying “developed” and “developing” because it puts superior and inferior kind of connotation to countries. If you’re developed, then you’re good. If you’re developing, then you’re crap, kind of thing. So that’s where I learned the term, if you have to make a difference, then normally, the North is distinctly different from the South, because the North is wealthier than the South is. So we started using the words North and South and I’ve continued to do that all through the years. To me, that’s far more acceptable than developed and developing.

LDCs, I think, is a terrible term to use—lesser developed countries. I think that’s terrible, because the wealth of a nation is being measured in terms of money, and I have a problem with that. There’s so much more that the nation will have—its culture, its intellect, its history. So many other things contribute towards the wealth of a nation other than money. Money is only one of the things. However, one is developed or not developed according to the amount of resources that money has access to—[from] money to financial resources, and also, I suppose, to a certain extent, natural resources, [whether] it’s oil, coal or gas or whatever it is, diamonds or gold.

**McFarlane**

Thank you. That helps in terms of the terminology. What do you, thus far—I mean, you’re not through with your career—but thus far, what do you consider your most important work or achievement? Can you say that or is that a meaningless question?

**Kabir**

I think, for myself—I don’t know how other people perceive it—but for myself, the most significant thing that I feel I’ve been involved in is the

whole issue of safe menstrual regulation services in Bangladesh, because I know that has saved the life of thousands and thousands of people. And it's not just the provision of services that I've been involved in, it's also encouraging and bullying the government to give due importance in Bangladesh of menstrual regulation services—really putting a lot of pressure on donors to continue to provide money for safe abortion, to provide equipment and supplies and training and things like that. For me, that is the most significant thing that I get satisfaction from and that's one of the reasons I will not leave sexual and reproductive health, although I have many other opportunities of going down other lines of work. I won't do it because I feel I've dedicated my life to it and there's still so much more to be done.

But I want to change my role, and I'm beginning already to change my role. Instead of being involved in actual program implementation, things like that, I would more like to be someone who is a resource for the movement—that when people need any sort of information or advice or guidance, I'm available. And then I could start writing, because I've got a lot to share and I now realize it wouldn't be really very fair for me to die with that all in my head. I mean, what you're doing is actually a part of what I'm thinking about. But that's happening with a lot of my friends of my age. We're all fifty-four, fifty-five, fifty-six. We're all thinking in the same way, because most of my friends have done something different in their lives from most other women. And we're all saying that time is passing by. You don't know when you're going to die or become incapable of writing or talking or whatever it is. So we should start doing that now.

So, I would like to step back, kind of thing. I'm actually doing that as program advisor with ICOMP. I'm actually stepping back from program implementation, but I want more time to write. I work full-time with ICOMP. Then I'm a councilor, so my evenings and weekends are totally taken. So I don't have time to do the writing. It's not sitting at a computer or with a pen and paper and writing. It's getting your mind in, as you know, getting your mind in the right frame of mind. (pause in recording)

Yes, so, for me it's menstrual regulation and also, at the international level, plugging away at safe abortion.

**McFarlane** Yeah, you said yesterday, and that was a point I wanted to follow up on, that you want to get more into safe abortion advocacy. What are you going to do?

**Kabir** I'll tell you what my plan is. Whether it will happen I don't know, but I told you about this international group of women, HERA?

**McFarlane** Uh-huh.

**Kabir** It's now hibernating, because we don't see a need to do anything now. But I really would like to reinvigorate HERA and bring in other people also to look at the issue of safe abortion, because I think abortion has been eroded in so many countries and it's criminal that we are not doing anything about it. It's really terrible—you know, where the funding's not being made available or people are being frightened out of service delivery of abortion or laws that should have been changed are not being changed in some countries and all those kind of things. And I think we really need to focus on this.

**McFarlane** What would be your strategy?

**Kabir** Well, given the group of people, I think more advocacy than anything else. That we would need to put together a global strategy for advocacy of safe abortion. And then, each of us, at the national level, would do a similar thing—or regional level, could be national or regional, whichever it is. So we have a strategy over the next five to ten years, what are we going to do to protect and promote—well, I don't have a problem saying "promotion of safe abortion," because I'm saying that in the context of allowing unsafe abortion to happen. (both talking) Not promoting abortion as itself, no.

**McFarlane** (both talking) More abortion, as opposed to, kind of, yeah.

**Kabir** No, I mean, abortion is something—nobody likes or enjoys abortion, nobody, whether it's the service provider, whether it's the woman, whether it's the man who's involved in it. However, it is sometimes needed. So if it's needed, we should make sure that it's done under the safest, most supportive environment that is—

*Tape 3 ends; tape 4, side 1 begins.*

—support the U.S. with regard to not supporting safe abortion. It's quite—the word I used yesterday—diabolical, because it's not always done in an apparent way. It's a continuous eroding of the environment for safe abortion, whether, it's, as I said, through funding or whether it's through frightening people, that they won't touch the issue because they would be affected in other ways, whether it's their funding or their career, whatever it may be, kind of thing.

For instance, if you take Bangladesh again, when I was there I always kept my eye on the issue of safe abortion. Now I'm not there, although the

Coalition is involved in menstrual regulation. There's no one there that will do what I was doing and there's no one in Bangladesh who's doing it. So there's no real champion in Bangladesh, right now, for safe abortion. And that frightens me. I was there just a week or so ago and I went to speak to DFID [Department for International Development, UK] about it. DFID, as the chair of the consortium of donors for the ministry of health in Bangladesh, had not put menstrual regulation into their plan. They'd forgotten it. I couldn't believe it. I said, "How could you forget it?"

**McFarlane** Was that a woman?

**Kabir** No, a man. But that's got nothing to do with a man or a woman, they just hadn't thought about it. Because there was no one there continuously—

**McFarlane** Worrying?

**Kabir** —you know, putting the pressure on them and all the rest of it. And that worries me because it's not just in Bangladesh this is happening. A lot of people are tired now. They're stepping out because they've been fighting their whole lives. They want some peace and quiet now. They, maybe, have fallen sick. Their life circumstances may have changed. They may have died—any number of things. So the next generation of people who are coming up have seen—for instance, if you look at the UK, the younger people who are in sexual and reproductive health and rights movement don't talk about abortion, because they've seen it. It's taken for granted. It's there. They haven't been like us who have seen circumstances where it wasn't there. And that's what's actually quite frightening, because then you don't have the champions, you don't have the pressure, you don't have the

advocacy. And I think people who are anti-abortion are taking advantage of that environment. So, this is my next cause in life—

**McFarlane** How do you see the antis, I mean—

**Kabir** Well, you have the present U.S. government, although, [whether the administration is] Democrat or Republican, I question the whole issue of abortion, given my past, what I've seen. You have the Roman Catholic Church and then—I think, the Roman Catholic Church and the anti-abortion people in the States are trying to bring in the Islamic fundamentalists.

**McFarlane** So you think the U.S. and Catholic Church are the instigators with the Islamic fundamentalists?

**Kabir** Well, I think the Islamic fundamentalists are not so much against abortion, actually, as the Roman Catholic Church is, because actually, in Islam, abortion is allowed.

**McFarlane** Explain your understanding of that.

**Kabir** Well, in the Koran, it's actually written—and I can't give you the number of the verse, but I can send it to you if you want—but it says that life is not breathed into the clot of blood until a hundred days has passed. So there's no life before a hundred days. There's no life then. You're not taking a life [by] having an abortion. And that's been interpreted and is quite widely accepted. In Bangladesh, for instance, people asked me, Well, why haven't you worked for legalization of abortion? I said, "That's the last thing I would do, because the moment I would jump in and stop trying to push to legalize abortion in Bangladesh, it would be exploited by the opposition party."

Whoever was in opposition, doesn't matter who it is, but they would use this as a political thing. And if women are able to access safe menstrual regulation services now, why would I jeopardize that? Let it be as it is. And I have many arguments with people. But I think it's when people don't understand the situation that they say that. It's safer not to do anything at this point.

**McFarlane** That's the political strategy.

**Kabir** Yeah, yeah, just keep quiet. When there's an environment that you think there's a very strong chance that we could get it legalized—which is not [for] a long time, it's going to be far away in the future—then we'll do it. But not now.

**McFarlane** So, you really do think that it's far in the future?

**Kabir** Yeah, I don't think it's immediate now.

**McFarlane** What would have to change to—

**Kabir** Well, it'll have to go through the whole parliamentary process. Anyone who's smart in any opposition party will think this is such an issue, they'd pounce on it. Whether they believed in it or not is another question, but they would use it as a political issue. They'd look at this government. This government is promoting killing your fetuses. It's such an easy thing to say.

**McFarlane** Anything else you'd like to add about what you'd like to do in safe abortion advocacy?

**Kabir** As a part of the advocacy I like to write about my experiences, both in Bangladesh and also at the international level. I would like to work with the younger generation to try and raise their awareness about the dangers of not

keeping their eye on the abortion issue.

**McFarlane** Are you doing any of that work right now?

**Kabir** Well, not in an organized manner. It's only when I come across young people, I talk about it, kind of thing. Or like, students come to me, quite often, and then that way we talk about the issue of abortion. We used to have a very interesting mechanism, that a group of us women used to meet once a month. We'd have dinner and over dinner, we'd talk about different sexual and reproductive health and rights issues. But that fell by the way, because the group dynamics was not very good at one point and it just broke up. But that was a very good way of us discussing among ourselves, and then taking it the next step. Because it didn't only discuss abortion, but abortion was very dominant.

**McFarlane** Was this in Dhaka?

**Kabir** Well, no, here in London. So it was very good in terms of—it forced us to think lucidly about different issues in sexual and reproductive health, including abortion, and then to try and plan for the future. But the group dynamics became very negative and the group broke up. But we need to, as I said, I think if we could get HERA together and expand the members of HERA and to get the funding to bring us together like that and to sit down and thrash out a strategy at the global and regional and national levels and then to start looking for funding—the other thing is the funding. You can't do advocacy without money. You really need money. It's to pay for people's time, pay for writing and things like that, for holding events, or if there's an international conference, how can you go there also so that you can raise the

issue—regional conferences, national conferences.

**McFarlane** Well, at this point, the donors are foundations and European governments. Is that correct?

**Kabir** Um-hm.

**McFarlane** I have another question I'm curious about, and then I kind of want to keep going on the wrap-up. Why do you think this time the Africans basically told the U.S. they didn't want U.S. population assistance with the Mexico City Policy? Latin America is essentially adhering to the Mexico City Policy. Asia's a little more mixed. What do you see in the poli[cy]—I mean, you've—

**Kabir** Actually I haven't thought about it deeply. I think Latin America's probably quite dependent on America, so maybe they have to toe the line more. I'm just saying that as a quick reaction. Africa, I'm not quite sure, because in Africa there's quite a lot of opposition to safe abortion, because the Church is very present there.

**McFarlane** The Catholic Church, as a political player?

**Kabir** Yeah, yeah. It's quite—so I haven't really thought about it.

**McFarlane** If you look at the numbers from the '80s and now, or the country decisions, they're different. I just wondered what you thought. We can go on if—

**Kabir** It may have connotations with other political stands of the U.S. It's not just the issue of Mexico City. It's maybe the other stands that America's making. I mean, the whole issue of there being now an imbalance in the world—my father always told me that if Russia ever fell as being a Soviet bloc, that would be the [end of the world as] we know it, and I was—what is father

talking about, kind of thing. And he was absolutely right. Because once Russia fell, in terms of the Russia we knew, there's no balance now between—no counterbalance to the influence of U.S. in global politics. And that is now playing out in so many different ways. And that's why I'm thinking that maybe the African states, because of the imbalance that now exists and the extraordinary influence that America has, that they're pushing back on that—and not just on Mexico City. I'm sure it's on other things also.

**McFarlane** But it's interesting that the poorest continent—

**Kabir** You'd think they'd be the most dependent. As I said, I haven't actually thought about it.

**McFarlane** All right. In terms of the future, do you have any kind of general recommendations for managing programs? I'm going to go through managing politics and—

**Kabir** Managing programs, as I have said—I've said it so many times but I will continue to say, is anyone managing or planning a program or monitoring or implementing it or designing it must take into consideration the needs of the people who will be served by that program. Now—

**McFarlane** And the needs as the people define them.

**Kabir** Yeah. So you have to have the mechanisms for that. And quite often you hear people and you read in a proposal and it sounds so great, yeah. But when you actually ask them how you are you going to involve people, how are you going to ensure—for instance, you're designing a program for sexual and reproductive health, or even a rights program for that. The point of designing—how are you involving the people who will benefit from that

program? And most people haven't the foggiest idea of how to do it. But there are tools and mechanisms for participation. There's a participatory learning for action approach. There's so many tools that you can use. And you can go all the way down to the village level and use those tools. You can draw a picture in the dust. There are many ways of doing it.

But people who design programs actually don't have those skills or they're so used to sitting in their air-conditioned office somewhere or the other, writing a proposal, that they don't have any concept of involving people. So what I'm telling people, that mechanisms and tools for getting the participation of people in the design, the planning, the implementation, the monitoring and the evaluation exist. And if you have the will to involve people and get people's participation, you can do it quite easily. It may take a bit longer, it may be a little more expensive, but it's worth the investment, because you will have the community goodwill that will feed into your sustainability and success of the program. But the problem is that those people who design and plan programs are not used to that kind of approach.

And I think we need to put a lot more emphasis—and donors have a big role to play on this. If donors, for instance, were to say that when you—if you're putting in a proposal for funding, for instance, anyone, whether it's a government or an NGO, you have to demonstrate that you have involved people in your planning process. You have to actually demonstrate it.

**McFarlane**

But as a donor—putting yourself in a role of a donor—wouldn't you worry about some tokenism?

**Kabir**

Yeah. But that's what I'm saying, if they demonstrate how they've done it,

then it's not tokenism. Because there are tools, as I'm saying, there are tools and mechanisms for community participation. It's not that difficult, if you just have the people who have the skills to do that, [they] should be involved in the planning process, so that then they can help the planners to go down to different levels and involve those people. It could be the service providers should be involved because they're the people who will be responsible for the success of the program.

So that's one of the things that ICOMP is working on, is that we find, time and again, program managers are left out, whether it's left out in planning, left out in enhancing their knowledge and skills. Their technical expertise may be enhanced, but the conceptualization of issues, they're left out of. So how do you get policy makers, how do you get planners, how do you get managers, how do you get service providers and how do you get the community involved? Right from the beginning.

For instance, I may be sitting here one day and I think, Oh, this would be a nice project to do. But, okay, that's just Sandra sitting in her living room thinking of something, a dream, right? How do you actually go down to the community and find out is that what the community needs? Who am I to say that community needs that? I'm not anyone. It should be the community who determines, and it's the whole issue of people's participation, whether you want to call it democracy, whether you want to call it socialism or whatever. It's really respecting the people who one serves.

**McFarlane**

What makes a—let me play devil's advocate for a minute—what if the community thinks female genital cutting or mutilation is—

**Kabir** —is okay?

**McFarlane** Yeah.

**Kabir** Yeah, okay. And that does happen. But one knows, oneself, that it's not the right thing. So then, what do you do? I know, people could say that I would be—for instance, if I go into a community and try and change their minds about FGM, right, that I am unduly coercing them to change their opinion.

**McFarlane** You're imposing your—(both talking)

**Kabir** Yeah, that happens with the status of women in any country, isn't it? It's the status quo. It's always been accepted by society [that] women are inferior to men. So who am I to go and try to change that? But we know it's wrong. One knows it's wrong because if you're inflicting harm upon someone, for whatever reason, it's wrong. But it can be interpreted, I understand what you're saying, it can be interpreted [as], I'm imposing my view upon it. So you would have to do, for instance, a sensitization of the community first. That's why I'm saying it's going to take time. You cannot do it quickly. You'd have to do a sensitization. I would have to go—if it was me, I would have to understand the issue first. I may read textbooks—

**McFarlane** And that's your point.

**Kabir** I may read in textbooks and everything, but I have to go there and ask them, why exactly is the situation such? Is there any historical background that's relevant? Is there anything, is it because it protects people in some certain way or what is it that, actually, why that happens? And while I'm learning, I'm sure the community will also be learning and then we start that negotiation and discussion and it takes time. When you have participation,

you cannot, there's no shortcut to it, and that's the problem because—for instance, if I wanted to plan a program in a participatory way, where would I get the money to do that in the first place? I need—someone had to pay for my time and my getting there and staying there and, or whoever does it. You don't necessarily have that money within the organization from before. So how do you pay for it? For instance, we write in our proposal in ICOMP, we put up proposing pre-project costs. But you can hardly put any money in there because the donors don't accept it. And yet, we've invested so much time, so much energy, and you never get repaid for it. So those organizations who are relatively well off could do it if they wanted to. But others couldn't. That's because the environment doesn't exist for supporting participation—just generally speaking.

**McFarlane**

As program design, actually.

**Kabir**

Yeah—which also comes back to the issue of funding of NGOs, because very few NGOs now get funding for their core costs. What's happening nowadays is that you get a percentage for overhead costs for a project, which is normally not more than 10 percent, which doesn't cover the overhead. And then what are NGOs having to do? They bury some of their costs in the project's budget, which it's not dishonest, but neither is it 100 percent honest. But one is forced to do that. But even then, it's not enough. If you have an office and you don't have enough projects, then how do you pay the rent and the water, gas, and electricity and telephone bills and all the rest of it, let alone the participation that you need to write a project proposal? It's the overall way of approach to development. It lacks the philosophy and

approach of participation.

**McFarlane** It lacks grounding. What about politics? Do you have any comments for people in the future about the politics of getting along with communities and governments? That's a big question

**Kabir** Yeah. I mean, development work, and sexual and reproductive health and rights is part of development work, is political in itself.

**McFarlane** How do you mean that?

**Kabir** It's political in the sense—it's not partisan political, but it's political because it's touching upon the way people think, the way people behave. It touches upon laws. It touches upon practices. It touches upon programs. It's quite political. But what I would say to everyone is, Don't mix partisan politics with development work. It is a total disaster and I think it's totally unethical. And I've seen it happen in many countries, including Bangladesh, and it's been the downfall of NGOs. There have been NGOs in Bangladesh and other countries that I know in Latin America where NGOs have supported a certain political party. They put posters—say there's going to be an election. They put posters up for candidates from that party in their NGO offices. They've used their NGO workers to canvass for political parties, and one should never, ever do that. It's unethical. I

I have my own—I'm being elected from the Labour Party. Whatever I do here, I would never bring in, in terms of development work in the UK, I would never bring in the Labour Party into it. You have to separate that and go above that. And the reason for that [is that] if you become involved in partisan politics, one becomes obligated to a certain party. You no longer

have your independence. Plus, the way people look at you or perceive your organization is very, very different. They say, Oh, that's a supporter of the Labour Party, or whatever it is. Or they get funding—the most common thing about American organizations—well, [people think they're] CIA. It's because they're seen to be working closely with the government, but actually [it's the] opposite. Most of the time, they're not CIA, but people will just throw that out. I'm giving that as an example. So one should always steer clear of partisan politics. One's individual political preferences are one's individual [business] and that's your basic human right, is to vote whichever way you want and support whichever party you want. But in one's development work, including sexual and reproductive health and rights, don't bring in the partisan politics.

**McFarlane**

Do you want to say anything about the technology of sexual and reproductive services?

**Kabir**

Yeah. I was looking at that, actually, this morning. I remember the arguments about—which I brought up yesterday—about the issue of sterilization and people being given some money or clothing when they have a vasectomy or tubectomy. That's one side of it. The other thing I remember, when Norplant was first being introduced, I was very much against it. And it wasn't the technology itself, it was the way it was being introduced. Because I remember Indonesia was one of the first countries where they introduced Norplant and they were training doctors to insert the Norplant, but they hadn't trained them how to remove it. And that was where my problem was. So there was no choice for people, and many

women found that they didn't like Norplant. So, when they wanted to have it removed, there were two problems. One is that doctors were not trained to remove them. Secondly, the doctors didn't want to upset the research study when they were first being introduced. So I was very much against Norplant, not because of the method itself, or the technology itself, but the way it was introduced.

The same thing I think about, for instance, microbicides. I'm certainly very supportive of it, because I see it as a women's kind of contraceptive, or hopefully protection against HIV/AIDS also, but it's how it's introduced. You know, I don't know of any country where—I don't know which countries it's been introduced in and in what way. But I'm just questioning always how contraceptives are introduced. My question is more about how they're introduced as opposed to the actual technology of how it works on the person.

Because I do have some faith in WHO, when they're looking at different contraceptives and they put their approval on anything. They've gone through those studies. I do have faith in that. They've gone through the studies and, you know, the three stages that you have to go through before you can introduce a new medicine or a new contraceptive. I respect WHO for that work. But as I said, my main thing is how countries actually individually introduce these methods. Are men and women given the right information? Are they given a choice to withdraw when they want to?

**McFarlane** Ah, the study, yes.

**Kabir** Is there proper screening done? Because some people may not be able to use

a certain method, for whatever reason, man or woman, whatever it is. So are they screened so that they know that they can or cannot use a certain method? So, as I said, I'm not so much concerned about the actual technology, because I rely on WHO—which may be wrong, I don't know—but I choose to rely on them. But my concern is how new technologies are introduced.

**McFarlane** Is there anything else that I should ask about your career, about your perceptions of this field?

**Kabir** Mm—I think one concern I'd like to reiterate, because I've already said it, is my concern about the next generation of leaders coming up in sexual and reproductive health and rights and that those of us who are already in it, the leaders who are in it, that we take on the responsibility of sharing our knowledge with the next generation of leaders and explain the history of things. Because—for instance, the issue of safe abortion: where women have seen safe abortion as a part of life, they may not be really aware that, be careful. You've seen it as being available and all the rest of it, but there are things happening which may erode that, so you must be watchful on it. And it could be other issues also; I'm just looking at abortion.

This whole issue of generational thing, actually, is quite a big preoccupation for me. Because, as I mentioned earlier, I want to step out. I don't want to go on much longer actually having to work in a senior position. I want to be able to step out and someone else, a younger person comes in. But I want to be in the background and available if people need me. But how do I actually do that? I'm not quite sure. Because if you're not

working, people don't value you any longer. Once you retire, you're retired. There's very few people who, after retirement, are turned to for support or guidance or anything. They may do, you know, a whole string of lectures somewhere or the other and stuff like that, but they're not in the system any longer. And I think there should be a way that people are kept in the system. But it depends on how older people behave. If they're patronizing or matriarchal or something like that, then there's a problem. So people, if they go once, they won't go a second time. So we ourselves have to be careful how we do that. But it is actually a preoccupation I have. I think people of our age have a lot to contribute, but we have to know how to contribute.

**McFarlane**

And how to pass it on.

**Kabir**

Yeah, yeah. The young people are so bright and they have such easy access to information and everything, but not necessarily the history. So what you're doing is, actually a part, contributing towards that in terms of—people would be able to look at history of family planning and population and development and sexual and reproductive health. But not everyone's going to read it.

**McFarlane**

No, I think what we're doing is providing more information for the record.

**Kabir**

How can it be used? I don't know, I mean, I find that I'm more concerned about this than most other people. Because I see young people around me, not just in sexual and reproductive health, in other areas of work also. It's wonderful to see them and I don't want them to waste time learning things that they could learn much easier by learning from older people, kind of thing. But how do you do it in a delicate way, in a sensitive way, where the

younger people don't feel that you're being condescending and being know-all, kind of thing? And most people wouldn't think that's important, but to me, it's important.

**McFarlane** Is there anything else you'd like to add?

**Kabir** No, I don't think so, really. It's been quite comprehensive. No, I don't think so.

*Tape 4, side 1, ends; side 2 is blank; tape 5 begins.*

**McFarlane** —with Sandra Kabir. You were mentioning that you visited—was it an abortion clinic, or do they call it menstrual regulation in Thailand?

**Kabir** In, I think it was probably 1977, I was visiting the Population Development Association, PDA, which is Mechai's [Viravaidya] organization. And they had just opened up safe abortion services using the menstrual regulation methodology, or mechanism for abortion. And when I was going through the clinic with Mechai, I asked him, in quite a casual way actually, whether they were using painkillers for women when they were having the menstrual regulation procedure done. And he said no, which I didn't find much of a problem, because in Bangladesh, also, we don't always give painkillers—we give it when it's necessary. But what completely horrified me was his comment that the women were not given painkillers because they should experience the pain so that they don't come back again for another procedure. And till this day, I shall be quite frank, I have not forgiven him for it, and I always keep my distance from him.

**McFarlane** Do you think this is an attitude you see from male program people or maybe not an unusual attitude, the lack of respect?

**Kabir** I think it's quite common and I think the majority of the time, it's unconscious. The men don't realize that they're thinking in a way which is totally disrespectful and unsupportive of women. And that's why our work on gender issues will never finish, I think—the whole issue of gender not meaning women, but gender meaning the roles that people play because of what society imposes upon one if you're a woman or a man. The issue of gender is very significant when you're thinking about designing, planning, implementing, monitoring, evaluation, any sort of program, particularly so if they're sexual and reproductive health and rights programs. So, yeah.

**McFarlane** Is that what Cairo was about, the so-called—

**Kabir** Yeah, there was a great deal of emphasis in the discussions held at the PrepComs and at Cairo in '94 and Cairo Plus Five also, in the Hague, where we were talking about gender issues, the necessity for gender sensitiveness, and also using the human rights approach. That's not just looking at legal documents, international treaties and covenants and things like that, but just the approach itself—that if a program is based, or a policy is based on the human rights of people, then it will always be supportive of a quality program, a respectful program, well-designed program. So that was one of the most significant changes, also, in Cairo, from population and looking at population as a demographic issue to sexual and reproductive health and rights, looking at gender issues, looking at human rights issues.

**McFarlane** The human rights—is there a document someone could refer to in the future for human rights as a general concept?

**Kabir** Oh yeah, there are many documents. I mean, the best documents to look at

are—is the work which has been done by Rebecca Cook in Canada. She has a book which has been brought—I actually have the book here somewhere. If you make reference to that, there's very distinct linkages between international human rights documents and the issue of sexual and reproductive health and rights.

**McFarlane** Um-hm. All right. Is there anything else you'd like to add to our rights discussion or gender?

**Kabir** I was recently at a meeting at WHO in Geneva just a couple of weeks ago, where they were looking—they're trying to develop a tool whereby policy and programs for reducing maternal and child mortality can be developed using the human rights approach. And they're struggling with that very much. They're finding it quite difficult. They had a meeting of experts that I went to two or three weeks ago and they came up with a draft, which we gave our comments on. They're going to come up with another draft. But I think it would be quite difficult, actually, to implement on the ground. But I'm very excited that there's an effort to do this. Especially from WHO, because most of the time, anything that has the WHO logo on it is taken as above criticism.

**McFarlane** I also wanted to ask you a little bit about the upcoming roundtable of NGOs.

**Kabir** Yeah. As I said yesterday, it's been arranged by IPPF, PAI and FCI [Family Care International], with an international steering committee from leaders in sexual and reproductive health, from both the North and the South. And it's going to be a roundtable discussion to look at what has happened since 1994

to 2004, which is ten years, and to make recommendations for the UN deliberations that will take place later on. ICOMP—we've applied for a place at the roundtable, but we haven't heard yet whether we will be included or not.

**McFarlane** So, you applied to IPPF for that?

**Kabir** Yeah. The coordinator is in IPPF. I think, if we play it right—we meaning the NGO community—it could be quite a significant contribution to the ICPD Plus Ten deliberations that will take place later on, which is basically countries reporting on what they've done and there being an analysis of what needs to be done in the next ten years because ICPD is for twenty years.

**McFarlane** Ah, okay. Thanks for the clarification. Is there anything else we should discuss?

**Kabir** Not that I can think of, no.

*end of interview*

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