

## Health Workers and Health Knowledge as Avenues of Empowerment

The early years of the Islamic Republic of Iran were largely consumed by establishing and stabilizing the new post-Pahlavi regime. Ignoring the demands of the broad 1979 anti-Shah revolution, the founders of the regime chose not to boost pluralism and to develop the civil society. Opposition was instead eliminated to allow for the consolidation and refinement of the new regime's ideological position on political, economic and social matters. While the Pahlavi regime (1924-1979) had sought to de-politicize the nation, the Islamic regime felt it needed to mobilize the public in support of its Islamic ideological and socio-political visions. This mobilization of public support, however, requires the delivery of some benefits, if not political freedom, to the public. Eventually installing and maintaining mechanisms of control eventually entered into the calculus of the state.

The oil money, particularly during the low prices of the 1980s, was not enough to finance the elaborate state machinery and fulfil the regime's material commitment made to the poor and oppressed who were considered their primary constituencies. To deal with this limitation, the government adopted a strategy of controlled public participation in arenas that were not a political threat to their desire to monopolize state power. One such initiative was the introduction of a volunteer health program in low-income neighbourhoods. This program, considered one of the largest and most successful initiatives, was first introduced in 1992. By 2006, it involved close to 100,000 women covering 340 cities, towns and 2657 villages of the country.

Little attention is being paid by the state, the scholars or women's rights activists on the impact of the Voluntary Health Workers (VHW) Program despite the fact that they now constitute the largest national women's volunteer program. This stems from the authorities not attributing any political value to the volunteer women's seemingly innocuous delivery of basic health and family planning information to their communities. On the other hand, while some women's right activists and oppositional political leaders viewed this and other such similar government-instigated programs as social activism at its best; however, they also see the effects of these volunteers as incapable of challenging the state ideology given that they worked under the umbrella of the state. Considering the core value of the Islamic Republic on women's place being in the home, our findings concluded that the VHW Program has uniquely positioned women in the public arena and opens new avenues to explore new models for women's political participation.

Based on an analysis of a longitudinal study carried out in 1996-7 and 2007, this research examined the **unintended consequences** of the VHW Program on the lives of volunteer women and their communities, and at some possible implications for gender role ideology and the state's gender vision. How do women volunteers view the impact of their volunteerism to themselves, their personal relationships with their husbands and their status in the community? What is the attitude of policy-makers toward them? We also examined the process by which women may take over and subvert or challenge their disempowerment if culturally appropriate avenues are open to them.

This study involved 100 in-depth interviews with women who took part in the Iranian Ministry of Health's Voluntary health Workers (VHW) Program in the cities of Tehran, Mashhad, and Tabriz in Iran as well as some eight focus group discussions that involved a further 98 volunteer women in these three (3) cities. The interviewees were mostly from diverse districts that included older as well as newly established low-income neighbourhoods in these three cities. A video documentation of some of the interviews have been shown during the focused group discussion and shared with the Ministry of Health officials in these three cities. Plans are underway to distribute copies of the video to women in research sites and to the Ministry and other branches of the government to inform their policies and programs regarding the VHW.

Our research shows that women taking part in the VHW Program have acquired an opportunity to redefine their own role, at least within their family and household and in their community. Clearly, the existing data also indicate that they have delivered far above what the Ministry of Health had expected of them. In the process of delivering information, using the legitimacy that the Islamic Republic had bestowed on them, they extended the role of women as wives and mothers from the restricted focus of domestic affairs to a vast array of public participation in the lives of their

neighbourhoods. In effect, they have broadened the household role of women so that it rippled out into the community to mobilize women's citizenry rights in a much broader manner than the state had envisaged.

Being a volunteer has opened the possibility of a broader public role for these women. New avenues have been carved out for women to organize themselves collectively and beyond their immediate neighbourhoods. They are now able to demand more services from authorities at the municipality and state levels. In the light of our research findings, we raised these questions: whether a government-engineered initiative such as the VHW program can create an environment that could lead to a re-definition and expansion of women's role in the public sphere. Would these spaces eventually lead to a meaningful democratization process and pave the way for a meaningful empowerment of women at the social and political levels?

Our research project has created the space for women we interviewed to reflect on their acquired sense of sense -fulfilment and self- worth; and how they have overcome the problems and challenges that accompanied their new role in the public sphere as health volunteers. In the focused group discussions, they were an important source of insights for us in thinking through how our research findings will be communicated to policy-makers and what other aspects of government policies allowing women's participation in the public sphere we need to explore.

The research also involved a video documentation of our meetings with the women volunteers that would now form an important communication tool for women to further their agenda to enact change within their communities; to encourage other women and to reach out to authorities especially at the meso-level where keen interest to support their program is quite palpable.

Our research offers new insights on women's empowerment strategies and possible new perspectives on social transformation. These will be shared to the Iranian women's movements who have been frustrated by the limited space for public participation and the development of a meaningful civil society which they view as fundamental to the process of democratizing society.

The project has also opened a very important avenue for policy influencing by the government. We were able to engage with officials of the Ministry of Health at the national and meso -levels throughout our research process. Access to the volunteers was facilitated by the Ministry of Health albeit at the informal level. Policy recommendations drawn from our research are now being gradually shared to contacts and allies especially at the meso -level. A more deliberate, multi-faceted set of approaches that would gradually allow the shift of this engagement with the State from informal to formal are being planned with the volunteers who are keen and willing to take the findings to the next level.

## **I. Background of the project**

In 1991, the VHW Program was launched as a pilot project with 200 women coming from low-income neighbourhoods in a district near Tehran. Community Health Centres, which are mainly set up in low-income urban districts, appoint volunteer women in each neighbourhood who act as intermediaries between local women and the Health Centre. After training on basic health care, a volunteer would cover approximately fifty to eighty households in her neighbourhood, serving as the centre's contact person and providing health information for her neighbours. The Ministry of Health officials frequently refer to the VHW Program as an example of how the Islamic Republic has made room for indigenous initiatives and public participation. However, the initiative is not as original as they claim. There were similar approaches before this either by governments or by non-profit organizations in China, Indonesia, and Thailand and in countries in Latin American.

Women volunteers under this Program were initially identified and pre-selected during the annual door-to-door fertility surveys by the Ministry. The surveyors (who are paid workers of the State) were instructed to identify middle-aged, seemingly knowledgeable and sociable mothers, who have some education. Later, the Organization of Volunteer Women Health Workers, housed in the local health centre, would contact and invite these women to join the organization. In other cases, the organizers may contact the local mosques that have Koranic or other religious classes for women as recruitment grounds.

The officially stated recruitment criteria, though not always observed, are worth noting: women volunteers should be married with only a few children, able to read and write, at least; in good standing in the community; enthusiastic about participating; and have the permission of their husbands. Recently, more women with high educational qualification have been joining the program.

Although their most important task is promoting modern contraception and family planning, volunteers are involved in other health matters. They are expected to keep records of all families with young children, new births, and pregnancies. They invite pregnant women to visit the clinic for pre and post-natal care and for vaccinations. Volunteers also monitor the health needs of their neighbourhoods and communicate them to the centre. Their well-rounded approach to neighbourhood health issues has been very significant in bringing legitimacy to the role of the volunteers. It has also made the job more appealing to the volunteers themselves.

The volunteers meet in weekly or fortnightly sessions, during which a guide familiarizes them with the concerns, principles, and organizational structure of the Ministry of Health, particularly the delivery of health services to the locals. Contrary to the hierarchical teaching pedagogy being promoted in Iran, our research shows that there was considerable emphasis by women themselves in making these classes participatory. Women's traditional knowledge on health is validated while harmful practices are sensitively being addressed. These classes were also effective in improving interpersonal skills and building volunteers' confidence--a kind of empowerment and leadership training.

In terms of incentive, volunteers are supplied with an information kit including four books and a bag, stamped with the Ministry of Health logo, and occasional items such as a pen. They and their family members receive free or priority treatment in some health care services. In the past, successful volunteers were sponsored by the Ministry of Health to visit important religious sites. There were also several new women's sports centres which volunteers could attend free of charge. However, the limited budget allocated by the government to the program turned out to be inadequate to provide for such incentives to be sustained.

It is quite evident that while the government welcomes the idea of women's public participation and are clearly benefiting from the volunteerism of women in delivering State's basic services to the communities, initiatives like this would still have to be firmly under its control. Authorities are apprehensive about making it possible for volunteers to meet in large groups. For instance, the suggestion by volunteers in Tehran to create a special volunteer centre where they could come and meet to share ideas was rejected.

Our review of documents prior to our field research about the VWH Program which included statements made by officials in charge suggested that women volunteers under this program had yet to be accorded the space for their voices to be heard in policy-making. The absence of such a study dealing with their perceptions and aspirations prompted us to undertake a small qualitative survey of volunteer women's perception of their roles and its impact on their own lives as well as on the neighbourhoods.

The first survey took place between 1996 and 1997 as part of the International Women and Law program of Women Living Under Muslim Laws (WLUML) in Iran. From that survey, we found out that women who had become volunteers welcomed this opportunity to be publicly active despite being aware that they were being utilised by the Ministry of Health to achieve its goals at the least cost.

While the results of the first study were very rich, the number of interviewees was too small and the scope limited only to Tehran to enable us to draw any conclusion. At that time, the VWH program was still in its infancy stage and the uncertainty of its future posed a limitation in determining its long-term impact on women in the communities and to the Iranian society as a whole. The opportunity offered by having to become part of the Women's Empowerment in Muslim Contexts Research Program Consortium (WEMC) in 2006 allowed us to revisit the project and expand the survey in terms of number of interviewees and adding two more research sites. In 2007, we covered 100 in-depth interviews in the cities of Tehran, Mashad, and Tabriz and held some eight focus group discussions involving another 98 women volunteers in these three cities. Interviewees were chosen from a diverse range of districts that included older as well as newly established low-income neighbourhoods in these three cities.

## II. Profile of the interviewees

In the first phase of the study, six of the 28 interviewees were between the ages of 20 and 30; fifteen were between the ages of 31 and 40; and seven were between the ages of 41 and 47. Sixteen had a high-school level of education and eleven had achieved secondary school; only one woman had more than high school. All but two of the interviewees were married, with children numbering from one to five.

The age range of the women in the second phase was between 18 to 57 and the number of children varied from zero to six with fifty percent having two children. The majority of the interviewees had a high school diploma (58%); eight women had university or equivalent qualifications; and 34 women had primary or secondary education. Eighty-nine of the interviewees described themselves as housewives; four were hair dressers and four others women were religious instructors; one curtain maker and interior designer, one seamstress and one student.

The number of the years that women were involved as Volunteer Health Workers varied but it appeared that very few of the women who were involved in the Program never left the job. As one older woman said, *once you learn the system and you have the knowledge to help other women, it will be impossible for us to stop doing what we do now whether our Ministry of Health card has expired or not.*

## III. Research Findings

### 1. Motivation of the volunteers

Despite our rather long interviews with them, the interviewees were very positive towards their participation in the study.

In our question what drove them to join the volunteer program, interviewees' responses centred on their aspiration for self-development; to overcome the obstacles posed by their status in the family / community and their desire to be of value to their community.

They have acquired a sense of self-fulfilment from knowing that they are of great service for the country because the government is able to save the costs of delivering good, efficient service. At the same time, they are recognised for their work by their families, their communities and, to a certain extent, by the State for this. They were aware, too, that they are sowing the seeds for women's public participation in the next generations.

Some interviewees did not anticipate wanting to stop being a volunteer. Many said only if they were very sick and felt that they could no longer work. Two women expressed that the thought had not crossed their minds and were anxious about the prospect that anyone would be asked to stop being a volunteer at some point.

### 2. The impact of their volunteerism on their personal lives

Women were unequivocal in their positive views to our question regarding the impact of their involvement in the VHW Program on their personal selves. They had learned a lot from the training they received and felt much more in control of their lives. A large majority stressed the importance of learning how the health system worked and how that had helped them learn to navigate their way around other government institutions. They enjoyed their ability to help their neighbours.

The active role of volunteer women in addressing the needs of the neighbourhood has brought them much prestige and status. Moreover, it has encouraged many others either to join the organization or to become active in mobilizing their community in demanding for services and in holding the state to become more accountable. Many volunteers proudly recounted what they had achieved, how they had learned from the other volunteers' experiences, and how they guided each other in testing out ways of getting their views heard by authorities including the use of petition writing, which was quite unusual in Iran given the long history of political repression.

To be a volunteer, the Ministry of Health requires that the woman must seek the permission of her husband on the pretext of ensuring the commitment of the husband to his wife's new responsibilities. Although this condition is not observed in practice, this requirement is indicative of the State's sanctioning of the women's lack of autonomy if they were to take part in civic life. It reinforces the patriarchal ideology of control by husbands over their wives. Our findings show that few women would decide to participate if their husbands would object. Ironically, the State, through its religious/ political ideologues, has never referred to the necessity of husbands' permission for women's participation in State-instigated public demonstrations and in elections.

Although some volunteers had faced some opposition from their husband or families, women volunteers had found ways to soften that opposition. While many husbands had resisted the idea of them looking for a job, few had objected to volunteer work because it was unpaid labour and it did not involve leaving the neighbourhood frequently. Some women said that their husbands initially were not too happy and that had the position not been with a government organization, they would not have allowed them to join.

Contrary to our expectation, women from the religious and usually conservative city of Mashad had experienced almost no opposition, and there were no marked differences across level of education or income in the study population. Our focus group discussions with women in Mashad indicated that while the concept of volunteer work, particularly for a government organization, is rather new in Iran, many women in Mashad have a history of being involved in charity activities. The religious ideology of the regime and the legitimacy that the state continues to enjoy made it easier for women to join the volunteer program. On the other hand, our comparative data from the three cities showed that women in Tabriz, where some tensions still exist between Turks and the central state, had experienced more pronounced opposition from their husbands and families than those in Iran and Mashad. This may in part explain the higher level of opposition experienced by the women in Tabriz, which houses a large Turkish population. These details are important because so often the role of wider political issues in making personal decisions is ignored.

Some of the opposition from families was expressed as, "*only a fool will go and work for nothing,*" indicating an unfamiliarity with the volunteer concept. On the other hand, opposition from the husband tended to stem from their reluctance to lose control over the time and mobility of their wives. They were told that their volunteer work might mean neglect of their family responsibilities. The most serious objection from the husbands was toward their wives having to go door to door in the neighbourhood to provide health information or update the household records. "*What if you were invited into homes and there were men there who could harm you?*" Men were seen to be worried about the consequence of allowing their wives to move freely in the neighbourhood to their "honour" and to their standing in the community.

Determined to join the program, women found ways of putting their husband's mind at rest. Those with longer years of experience as a volunteer told us that it was helpful that initially the women who were invited to become volunteers were not very young and therefore were less subject to strict control. Such volunteering is now more institutionalized and acceptable to the communities and is easier for all to join. The younger women readily acknowledged that their predecessors' good work and positive reputation had easily facilitated their entry to the program. From them, they also learned a lot especially in terms of broadening their life horizons.

Women with longer years of service explained that they had developed their own strategies to reduce family opposition. For instance, they would go in teams of two and not alone, even though this meant they had to spend more time visiting the households they covered. Others had adopted the strategy of saying that the Ministry of Health forbade them from going inside people's homes. Yet some women in Tabriz, knowing of their husband's likely opposition, simply did not tell them what they were doing for a long time since so much was happening during periods when their men were neither home or in the neighbourhood. They would only reveal to them their new activity gradually and in a manner that would not alarm them. Later, should a husband oppose his wife's involvement, one of the older and more experienced volunteer women would go and talk to the husband. Sometimes, they would go to the extent of offering to accompany the younger volunteer until she had gained the confidence not only of the husband but also of herself. None of these strategies is reflected in any of the manuals of the program or any research or documentation of this project. These initiatives only

indicate the eagerness of the women for expansion of their role beyond the restricted conventional criteria of home and family.

A significant aspect of our findings was that regardless of how their husbands felt initially, all interviewees said that their husbands now were very happy and satisfied with them being a Volunteer Health Worker. The engagement of the women in volunteer work and their adoption of a more public role have brought the husband and wives closer to one another and they have more to share, according to many. They have become more like friends and equal partners rather than one being in charge of the other. This has democratized their marital relationship if not their whole household.

When we asked the interviewees to explain what had made their husbands so supportive of their activities, the replies were insightful, both culturally and ideologically. The following are a few examples of these insights:

*“My husband had always objected to my working, even though I had a high school diploma and could get a job as a teacher, or something like that. You know men do not want their wives to work because they feel that if they bring money home then they will not obey or respect them. They feel they can no longer play the king of the home. They assume their wives would not try to comfort them when they come home from a day of work. Other men may feel embarrassed in the community because many traditional people may think that the husband cannot, or is lazy to support his wife and children. This bothers men a lot. However, now that I can work as a volunteer that receives no pay, he does not feel bad. Moreover, he can see that I have learned a lot from my training. I also teach our neighbours and relatives and they respect me for it. This makes him also proud of me.”*

Another 39-year-old woman, who by then had been working as a volunteer for 3 years had said:  
*My husband did not want me to work, and having children and living a long way from town would make it impossible to have a job. But I must tell you that being home all the time and not having many relatives in Tehran, where I have come to live since my marriage, made me short-tempered and I was often hard on my children and my husband. With my involvement at the community clinic and being able to meet and help other women and have acquired new knowledge, I have certainly changed for the better. I am a different person. I love my neighbourhood. I continuously think about what we can do to improve it. I also have become a better homemaker. My home is clean. I pay much more attention to hygiene. I cook better and more nutritious food and tell my husband and children why I cook this food and not the other. Neighbours, family, everyone respects me more. My husband calls me "Khanom (Madam) Doctor", and when his friends have questions on health or family planning he comes and asks me. You see we have now become more like friends, because now that I am more involved in society, I can talk to him about health matters, bus services, trying to encourage the municipality to create a sports area for our children and so on. Never before did I get into these kinds of talks with him or any one else. Now my life has changed.”*

Another woman interviewee said:

*“It is interesting that I always thought that men did not want women to learn anything because they liked to believe that women are less intelligent. Now that I am a volunteer and I have learned so much, it appears that he enjoys my new role as much as I do. We argue less, we discuss things more, whether it is about children and neighbours or relatives or the country as a whole. I do think the government should encourage this public role for women; it does not cost them anything, we do a lot for nothing, and it adds to the value of family [and she jokingly added] it can help to bring the divorce rate down.”*

We asked them if they knew of any volunteers whose family life had deteriorated because of their engagement in this project. None, whether in Tehran, Tabriz or Mashad, could think of one such volunteer.

## 2. The impact of their volunteerism on their communities

All interviewees were asked to list all their activities either as part of their responsibilities or the extras that they do as a volunteer. Beside the door-to-door visits and keeping a record of the basic health information of households, volunteers referred women to the clinic, informed them about pre-natal and postnatal care and vaccinations. Many volunteers spend considerable time informing their neighbours about nutrition. They do not fully rely on information given during their trainings but rather

use information they pick up from other sources such as newspapers, women's magazines e.g. the *Zanan* or *Zan-e-rouz* (two of the popular women's magazines) or other publications and media.

Most volunteer engaged in activities far beyond their defined mandate. They have either re-defined or expanded their mandate through a large array of public activities. They have demanded that local shopkeepers observe the hygiene regulations; local vendors sell only healthy food to children; going to local schools and talking about the importance of hygiene and good nutrition; and giving basic reproductive health lessons for young people particularly to teen-age female students. Some of the local shops had not taken their requests seriously and had ignored the volunteers warning. The volunteers had enlisted the support of the doctors and nurses at the health centres and sent officials to issue fines or even close the disobedient shops. After a few such occurrences, the news quickly spread that volunteer workers also had authority in enforcing rules of hygiene in their neighbourhood. As one of the program officials put it: *"Despite our very strict definition of the volunteers' mandate, they find a new way of extending their sphere of influence and have convincingly gotten us into supporting them. Sometime I feel that because they are unpaid, they have more moral authority than our paid staffs"*.

The other kind of activity they engage in is improving the neighbourhoods by organizing and then demanding that the municipality provide them with services not automatically available in many outlying, newly developed, low-income neighbourhoods of Tehran. These include, for instance, regular garbage collection, paving major roads, or creating green spaces or neighbourhood playgrounds for children on undeveloped land formerly used as garbage dumps. In this respect, however, there were marked differences between the activities of volunteer women working with a more organized centre and women who merely had a minimum health education at their urban health clinic. For instance, women from Hakimieh were more inclined to encourage the neighbours to petition for asphalt, clean water, better bus services, and sport facilities for youth, and so on. Many women had initiated these activities and had brought women and men, including their own husbands, to work as a collective; organising meetings in their homes or in the local mosques, and forming pressure groups. Many of them had become skilful in employing appropriate external sources of support such as the head of the local health centre or even the vice-director of the Ministry of Health who could write a letter of support to encourage the municipality to deliver the services.

In several cases where these tactics had not delivered the desired result, the women had organized themselves and had contacted newspaper and TV channels to come and to their neighbourhood and publicize their grievances against the municipality. At least in all known cases, this strategy has worked. *"You have to know how to talk to them. The government keeps saying they are the government of the mostazafin (the poor and oppressed.) We remind them that we are the people they are supposed to work with. We tell them we have no desire to be leaders but we want to be respected as citizens,"* Masomeh, a 40 year old, long-term volunteer woman, explained to us.

Given that they worked in low-income neighbourhoods, the volunteers often came to know of households that could not buy necessary medicines, or of a daughter who did not have a minimum trousseau to get married, or a husband who had lost his job, and so on. The volunteers often tried to mobilize their network to collect money or find jobs for the needy in their neighbourhood. They provided personal services, such as taking a sick child to the clinic, cooking for a family whose mother was sick or hospitalized, or helping with the lessons of a child who had missed school. These activities stimulated a respect and trust within the neighbourhood towards the volunteers. In the context of Iran, becoming acquainted with families would inevitably mean getting involved in family problems, both among in-laws and within couples. Many volunteers had learned to deal with such issues by mediating and resorting to conflict resolution.

### 3. The State ambivalence

The success of volunteer program is a source of prestige, particularly internationally, but also a dilemma for the Ministry of Health that initiated it. They were initially looking for a permanent office in the government to house the Program inasmuch as it had not planned to fund or manage such a large organization indefinitely. The Ministry was also quite pressured in ensuring that the primary function of the volunteers to promote community health work would not be diverted to other volunteer activities. Then there is the concern about paying for the expenses of the organisation of volunteers but not opening the door for the volunteers to start expecting remuneration for their services. These

concerns were overshadowed by the wide acceptance of the Program by the volunteers and the public. By promoting the religious line that those who offer their work without expecting any monetary reward will enjoy more blessings from God and attain self-fulfilment and respect from society.

At present, the most significant concern, particularly for the founders of the regime, is to prevent the organization, especially in Tehran, from falling into the hands of those with larger political motivations. There is no political organization inside Iran with such links and influence to grassroots-based communities as the VHW Program. Therefore, to take control over a ready-made institution with 100,000 active women in more than 350 cities and hundreds of villages would be a dream fulfilled for any political organization. The implications of such a take-over for the Ministry of Health, particularly for the religious leaders and founders of the Republic, are considerable. Indeed, the political consequences pre-occupy the officials at the Ministry. They feel compelled to continue housing the organization and to keep reminding the volunteers that they should consider their work as ethical and social. They are determined to steer the volunteers away from politics at all costs.

However, it seems that the Ministry is underestimating the unravelling of interest by the volunteer women in the politics of social transformation as indicated in the previous section. It remains to be seen whether these experiences will encourage more grassroots women to form and join similar initiatives and build a sense of collective identity and solidarity concerning their common needs and demands as proven in the experiences of those who joined the VHW program.

We asked the volunteers what they thought of the government's response to their work. Some of the volunteer women though well aware that they have been pushing their boundaries feel that there is no point in worrying about this because there is work to be done. *"I think they (the Ministry of Health) should organize to ask us what we think is needed and revise their program at least every two years. Although we have been successful in doing what they really wanted us to do, which is advising women on contraception and making sure all children are immunized, they do not see the importance of listening to us. But we do what we can regardless, because we are doing this to please God and bless our neighbours."*

Quite a few mentioned that they wished the Ministry of Health and other officials would be more interested in what they have done and have to say. Several women, knowing that they were being part of an academic research project, profoundly expressed their aspiration to have their contribution to society documented and be made known to the outside world as they have no resources and competence to do this by themselves.

Many of the volunteers have been suggesting that the health centres organize visits to different volunteer training sites so that they might learn from each other's experiences. Although the cost of such local visits would be insignificant, that request has been ignored by the authorities because of its potential political consequence. Others suggested that these collective meetings could be in the context of visiting religious shrines, which reflected a sound strategic reasoning. First, timing it around a visit to a religious shrine would give the meeting a religious tone and would allay the fears of the Ministry that such visits might be politically motivated. Second, such a religiously oriented activity appears very legitimate in the eyes of the Islamic government. Third, historically and culturally, women have always enjoyed much more freedom of movement if their reasons were religious even when extended over as much as a few days. Yet, the religious aspect would not change the fact that such meetings would indicate a departure from a convention that excludes women from public life.

Working as a volunteer has also meant an expansion of the women's network and the development of strong relationships and a sense of belonging and identity. One of the volunteers' major demands has been the creation of opportunities for more collective activities for them. They asked for a special newsletter that would connect the volunteers across the nation was denied because of the possible political implications of such newsletters. Volunteers in less high profile cities were able to have their newsletters.



#### IV. Conclusion

Reform and demands for more equality between men and women are being dismissed by the State and religious authorities in Iran as “Western ideas” and are incompatible with the Iranian traditional culture. Popular sentiments are also perceived as not ready to accept such values. However, the volunteer experience indicates that if the claim to equity is based on real change, the popular culture and the public, despite their religiosity, is quite ready to incorporate such values into their lives and worldview without seeming contradictory to Islam, which they view as their guiding principle. They were still able to distinguish between the state’s Islamic ideology and their own spiritual commitment to Islam as captured by these reflections by some of the interviewees:

*“Our world has expanded and our knowledge has increased. I feel I can respect myself more now and, because of that, others also respect me,”* said a middle-aged volunteer from Tabriz.

Another woman said, *“I have discovered that learning in itself is pleasurable and I feel that I am blessed that by sharing my knowledge with my neighbours I gain more savab [reward from God for good deeds]. That compensates for not being paid, as far as I am concerned.”*

Another woman put it this way: *I am a religious person but I do not think so much of this government. They have backward ideas on women and they have introduced a terrible family law. However, I have to admit that their volunteer program has changed my life and that of many other women like me who are caught between economic hardships and the control of their husbands. Being a volunteer makes us feel we are a valuable member of our community.*

The stories narrated by women volunteers in this project confirmed their political savviness in navigating the very restricted and dangerous space of political participation and democracy. Given the long history of repression in Iran, the emergence of women as local leaders through the VHW Program is unprecedented.

Our research shows that women taking part in the VHW Program have acquired an opportunity to redefine their own role, at least within their family and household and in their community. In the process of delivering information, using the legitimacy that the Islamic Republic had bestowed on them, they extended the role of women as wives and mothers from the restricted focus of domestic affairs to a vast array of public participation in the lives of their neighbourhoods. In effect, they have broadened the household role of women so that it rippled out into the community to mobilize women’s citizenry rights in a much broader manner than the state had envisaged.

Being a volunteer has opened the possibility of a broader public role for these women. New avenues have been carved out for women to organize themselves collectively and beyond their immediate neighbourhoods. They are now able to demand more services from authorities at the municipality and state levels. In the light of our research findings, we raised these questions: whether a government-engineered initiative such as the VHW program can create an environment that could lead to a re-definition and expansion of women’s role in the public sphere. Would these spaces eventually lead to a meaningful democratization process and pave the way for a meaningful empowerment of women at the social and political levels?

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