

## **Case Study: Health Workers and Health Knowledge as Avenues of Empowerment (2009)**

Quote from a woman volunteer health worker: "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 new post-Pahlavi regime of the Islamic Republic of Iran chose not to boost pluralism and to develop the civil society, but instead to consolidate and refine the new regime's ideological position on political, economic and social matters. While the Pahlavi regime (1924-1979) had sought to de-politicise the nation, the new Islamic regime attempted to mobilise the public in support of its Islamic ideological and socio-political visions. This mobilisation of public support, however, requires the delivery of some benefits, if not political freedom, to the public, while at the same time installing and maintaining mechanisms of state control. To achieve this dual objective, the government adopted a strategy of controlled public participation in arenas that were not a political threat to their desire to monopolise 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 2,657 villages of the country.

The Voluntary Health Workers (VHW) Program now constitutes the largest national women's volunteer program. This seemingly innocuous government-instigated program to deliver basic health and family planning information to communities is viewed by some women's right activists and oppositional political leaders as social activism at its best. However, these women volunteers are considered incapable of challenging the state ideology given that they work under the umbrella of the state. Our research findings, however, concluded that the VHW Program has uniquely positioned women in the public arena, considering the core value of the Islamic Republic on women's place being in the home. Furthermore, it opens new avenues to explore new models for women's political participation.

A limited survey was carried out in Tehran between 1996 and 1997 by the International Women and Law program of Women Living Under Muslim Laws (WLUML) in Iran, who found 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. At that time, the VHW 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. However, the Women's Empowerment in Muslim Contexts Research Program Consortium (WEMC), which began in 2006, offered the opportunity to revisit the project and expand the survey in terms of number of interviewees and adding two more research sites.

In 2007, this renewed study commenced, involving 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. Our intention was to examine the unintended consequences of the VHW Program on the lives of volunteer women and their communities, and analyse 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.

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 mobilise 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 organise 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 focus 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.

Our research thus 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 democratising society. At the same time, our research methodology, based on the WEMC Research Framework '[Women empowering themselves: a framework that interrogates and transforms](#)' has also 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.

A video documentation of some of the interviews was shown during the focused group discussion and shared with the Ministry of Health officials in the 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. It can 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.

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.