



Iran Mokhtari, 57 (middle), the first volunteer with the Badr hygiene center, stands with her colleagues in Shahr-e Ray, south of Tehran.

JAVAD MONTAZERI/WPN

# Activism Under the Radar

## Volunteer Women Health Workers in Iran

Homa Hoodfar

Few would disagree that the 1979 Iranian revolution, despite the massive participation of women, rapidly became a catastrophe for women's legal status and social position. Under the Shah, Iran had a mildly forward-looking family law limiting men's rights to polygamy and unilateral divorce, and, at least theoretically, basing child custody on the best interests of the child. Within two weeks of the revolution, this legislation was annulled, on the grounds that it was against the *shari'a*. The new Islamic Republic introduced retrograde laws that, among other things, valued a woman's life at half of a man's, and considered two women witnesses to be the equal of one man. The age of marriage as well as maturity for women was reduced

to nine. At the same time, the regime promoted motherhood as the only viable life option for women and dismantled the family planning unit the Shah's regime had founded.

In 1989, concerned about the burgeoning population (see chart), the Islamic Republic made a *volte face* and introduced one of the most successful family planning programs in the developing world. The regime had built a rural health network,<sup>1</sup> and use of contraceptives expanded considerably faster than expected in the countryside, thanks to face-to-face interaction with rural health workers.<sup>2</sup> The greater challenge was the fast-growing low-income areas of Tehran and other large cities. To meet the challenge, in 1992 the government mobilized the women of these areas to urge family planning upon their friends and neighbors.

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Year	Population	Annual rate of growth
1966	25.7 million	3.1 percent
1976	33.7 million	2.7 percent
1986	50 million	3.4 percent
1993	58 million	2.7 percent
1996	59.5 million	1.46 percent
2000	63.7 million	1.02 percent
2006	70.6 million	1.03 percent

Sources: United Nations Demographic Yearbooks (1966-1986); National Statistics Bureau (1992-2006).

Women eagerly accepted this new role and performed beyond the expectations of the Ministry of Health. Their enthusiasm resulted in the expansion of the program to nearly 100,000 Volunteer Health Workers (Rabetin-e Behdashat), the largest such public mobilization in the modern history of Iran. The Ministry of Health was constantly on the watch in order to keep the program apolitical. In the process of transmitting health messages, however, these volunteers continuously found ways to redefine their mandate and expand their position in other areas of the public sphere. They mobilized their neighborhoods to demand goods and services and encouraged women and men to exercise their citizenship rights. Newly self-confident, they have transformed the structure of their own families and redefined themselves as partners of their husbands rather than subservient wives. Their public role sets their family relations as a model for others to follow.

### “Like Becoming Literate”

The Islamic Republic presents the program as evidence of its populist commitments, but it closely resembles China's neighborhood grandmother system as well as Islamic health NGOs such as Pesantren in Indonesia.<sup>3</sup> In Iran, each Volunteer Health Worker receives basic health care training and then is assigned to cover 50 to 80 households in her neighborhood. Initially, the state selected volunteers from among the local middle-aged mothers with some education, but in recent years, the volunteer women themselves invite new recruits. The officially stated criteria are that the volunteer be married with only a few children; be able to read and write; be in good standing in the community; be enthusiastic about participating; and have the permission of her husband. Although this last condition is not always observed in practice, it reinforces the gender asymmetry in Iranian society insofar as it is hard to imagine a similar requirement for husbands invited to do public service.

In the early phases, state officials did not seriously discuss the political consequences of the program. As one male doctor recalled, “Who could imagine a few barely literate women carrying contraceptive pills and appealing for the vaccination of children as political?” But, as the ranks of the Volunteer

Health Workers swelled (see chart), the authorities realized the political potential of such a large organization. The state has resisted the frequent requests of volunteers for construction of volunteer centers where they could share ideas and build a sense of community. It was not until October 1998 that authorities finally facilitated circulation of a newsletter for volunteers in Tehran, which has the largest number of them. The authorities fear that if several thousand strong, committed women were to come together, no one would be able to control them. While they say this with amused smiles on their faces, the sentiment demonstrates their basic ambivalence about relying on citizens to honor the regime's commitment to services the state cannot afford to provide, while on the other hand, wanting to exercise firm political control, particularly in Tehran. Had the government possessed the economic resources, it is doubtful it would have contemplated relying on volunteers. Nonetheless, the officials' limited vision of the political has meant that volunteer women, like so many others, can find other means of activism that not only subvert the regime's gender ideology but also redefine what is to be a citizen.

Year	Population Covered	Number of Workers	Number of Urban Health Centers
1994	1,500,000	5,700	150
1995	4,218,000	13,400	417
1996	6,000,000	20,000	600
2007	15,825,043	98,688	2,755

Sources: H. Malek Afzali and M. Askari-Nasab, *Cost-Effectiveness of the Women's Health Volunteer Project in Selected PHC Activities* (Tehran: Tehran University of Medical Sciences and Health Services, 1997) and Iranian Ministry of Health, Office of Family and School Health (2007).

And very few women, once they become Volunteer Health Workers, seem to leave the job. Asked why not, one woman laughed and said, “Becoming a volunteer is like becoming literate. It is a one-way street. No one can make a literate person illiterate again.”

### “Madam Doctor”

Why do women become Volunteer Health Workers? Many cited an ethic of civic engagement. “With so little education,” said one woman, “I never thought I could do much for my community, but now when I think of all the things I and my neighbors have accomplished, I thank God who gave me this chance.” Others said that they had always wanted to get out of the house to work, but that family or husbands would not agree. They seized this opportunity as the next best thing.

Many women, nonetheless, encountered opposition from husbands and family to the idea of volunteering. “Only a fool goes to work for nothing” was one common response from family members. Husbands' reluctance usually stemmed from their desire to keep control over the time and movements of

their wives, who they said might neglect their family responsibilities. The most serious objection from husbands, particularly those in Tabriz, was that their wives might be harassed while going door to door to provide health information or update household records. "What if you are invited into a home and there were men there who could harm you?" Alternately, they worried about their honor as men with wives who moved around freely in the neighborhood. Interestingly, women from the conservative religious city of Mashhad experienced almost no opposition, perhaps because many women there have a history of charity work. The Islamist ideology of the regime also made it easier for women to secure the approval of their

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families to join the volunteer program. In the majority-Azeri city of Tabriz, on the other hand, and despite the integration of Azeris into the state, there are tensions with the capital. So Tabrizi women presented their enrollment as supporting the Azeri community rather than the government.

Women with long years of service explained they had developed their own strategies to reduce family opposition. For instance, they would go door to door in teams of two, even though this meant they had to spend more time visiting each household. Others told their husbands the Ministry of Health forbade them from going inside homes; they chatted with women just outside their doors. Yet some women in Tabriz, knowing of their husbands' likely opposition, simply did not tell them what they were doing for a long time. They would reveal their activities only gradually. Some older women volunteers would talk to the reluctant husband of a younger woman and offer to accompany her until she had gained experience. None of these tactics are spelled out in the manuals of the program. They are bottom-up initiatives that indicate the women's eagerness to loosen the restrictions of home and family.

Regardless of how they felt initially, all interviewees said that their husbands now were very satisfied with them being Volunteer Health Workers. One 39-year old woman, who had been volunteering for three years, reported:

My husband didn't want me to work, and having children and living a long way from the city had made it impossible to have a job. I must tell you that being home all the time and not having

many relatives in Tehran made me short-tempered. But now that I go to the clinic and meet with other women and learn something, I have changed. I am a different person. I love my neighborhood. I continuously think about what we can do to improve it. I also have become a better housewife. 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. Neighbors, family, everyone respects me more. My husband calls me "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 arena for our children, and so on. Never before did I get into these kinds of talks with him or anyone else.

Many women, particularly in Tehran and Mashhad, mentioned that their husbands' introduced them to others as "Madam Doctor." Such recognition made them feel empowered vis-à-vis their husbands and their community. Said one woman: "Now I believe in myself and I feel I can help to change our lives in the neighborhood. I have told women about the savings clubs that some women have set up and we have found out how they work. Now some women have set up their own saving clubs to help each other financially. I learn from others how we can make petitions and ask the municipality for what we need."

Another woman added jokingly: "[Our volunteer work] can help to bring the divorce rate down. I think that rather than wanting to force people to stay in unhappy marriages until they commit suicide, kill their husbands or run away, the government should invite women to participate in public life, as with we health workers. We have learned to solve our local problems, whether with schools, youth exercise, marriage or between parents and children. I think in the process we learn to solve our own problems, as well. But [the authorities] want women to be stupid and stay home and cook rather than to think and be in public life. So women get depressed and take it out on their husbands, and their marriage goes to hell."

Not a single interviewee in Tehran, Tabriz or Mashhad could think of an example of a colleague whose home life had worsened because of her volunteer work. Rather, the wives' adoption of a more public role has brought them closer to their husbands, because their worlds have become more similar. This more equal and democratized partnership is hardly the regime's ideal model of the marital relationship and the family.

## Pushing the Envelope

Besides paying home visits and keeping records, Volunteer Health Workers refer women to the clinic, inform them about pre-natal and post-natal care options, and encourage vaccinations. Many volunteers spend considerable time

teaching their neighbors about nutrition. The information they dispense is not always from their training but is rather gleaned from newspapers and women's magazines such as *Zanan* or *Zan-e Roz*.

Working in low-income neighborhoods, volunteers come to know of households that cannot buy necessary medicines, of daughters who lack trousseaus large enough to get married and of husbands who have lost jobs. The volunteers often try to collect money or find jobs for the needy. They take sick children to the clinic, cook for families whose mother is sick or hospitalized, drill children who have missed school and even resolve disagreements among in-laws and between husbands and wives. These personal services build trust and respect for the volunteers in the neighborhood.

Indeed, most volunteers are engaging in activities far beyond their defined family planning mandate. The women are apt to demand of shopkeepers that they observe hygiene regulations and sell only healthy snacks to children; they invite themselves to local schools to talk about the importance of hygiene and good nutrition or give basic reproductive health lessons to older female students who, due to cultural barriers, normally do not discuss these matters with their mothers. Young women are told that taking care of their health and hygiene is the God-ordained responsibility of every woman. Women who do not take care of themselves cannot be good Muslims, good citizens or good mothers. This instruction contradicts many other cultural messages that women receive urging them to be selfless. Volunteers turn upside down the Islamic rhetoric that makes women feel dirty and inferior to men due to menstruation.

Occasionally, shopkeepers did not heed the volunteers' warnings. So the volunteers enlisted local doctors and nurses in their efforts and dispatched local officials to issue fines or even close the disobedient shops down. After a few such instances, news quickly spread that volunteer workers had the authority to enforce public health rules in their neighborhoods. As one program official put it: "Despite our very strict definition of the volunteers' mandate, every day they find a new way of extending their sphere of influence and they draw us into supporting them. Sometimes I feel that because they are unpaid, they have more moral authority than our paid staff."

Many volunteer women are well aware of having pushed the boundaries of what they were asked to do, but they feel that there is no point in worrying about health care delivery if public health is lacking. "I think [the Ministry of Health] should ask us what we think is needed and revise their program at least every two years," ventured one volunteer. "But since 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 vaccinated, they do not feel that they have a reason to listen to us. But we do what we can, regardless, because we are doing this to please God and bless our neighbors."

Another of their activities is organizing neighborhoods to demand municipal services not automatically available in outlying, newly developed, low-income neighborhoods of Tehran. These services include regular garbage collection, paved roads and the building of green spaces or playgrounds on former garbage dumps. Women are more likely to organize neighborhoods if they work with an established center and have more than the minimum health education supplied at their urban health clinic. These better-prepared women have brought other women and men together in collectives, including their own husbands, organized meetings in homes or mosques, and formed pressure groups. Many have become skillful in employing external sources of support such as local health center heads or even the deputy director of the Ministry of Health, who writes letters of support to encourage the municipality to deliver the services.

In several cases where these tactics had not delivered the desired result, the women have contacted newspapers and TV channels to publicize their grievances. That has done the trick. "You have to know how to talk to [state officials]," explains long-term volunteer Masomeh, 40. "The government keeps saying they are the government of the *mostazafin* (oppressed) So we remind them that we are the people they are supposed to work for. We tell them we have no desire to be leaders but we want to be respected as citizens."

The women frequently appeal to religion in their negotiations with the authorities. Over time, the volunteers have developed strong bonds with each other and they want to make them stronger still. Many have suggested that health centers organize visits to volunteer training sites elsewhere so that volunteers might learn from the experiences of their peers. Although the cost of such local visits would be insignificant, the request has been ignored, no doubt largely out of political caution. Others suggest that these meetings could take place while visiting shrines—perhaps again playing upon the religious sensibilities of the Islamic Republic. Historically, women have enjoyed far greater freedom of movement if their reasons for leaving the house were religious. The volunteers may have anticipated that neither their husbands nor their neighbors would be concerned should they disappear on extended *zayaras* (religious visits). Yet such meetings would still be quite unconventional in a country where women are largely excluded from public life.

## Dialogue with the State

Early on, the Volunteer Health Workers' extra-curricular activities attracted the attention of municipal governments, particularly in Tehran. As part of Iran's strategy for ending its isolation from the international community, high-ranking officials attended several international conferences on the environment, including the Habitat conference in 1996. There they observed that each country—except Iran—was represented by NGOs working in the relevant field, as well as the official

delegation. To save face, the authorities identified the Volunteer Women Health Workers as an NGO working on public health in Iran. They published pamphlets and organized workshops on public health for the volunteers, who were encouraged to advise people not to dump garbage in the street and not to raise animals at home.

The success of the volunteer program has become a source of prestige for Iran, particularly abroad, but also a dilemma for the Ministry of Health. The ministry did not plan to fund or manage such a large organization indefinitely, and it wants to pass the buck. But officials have several major concerns. First, they are determined to ensure that the program's primary function, community health work, is not diverted to other volunteer activities. Now that the concept of volunteer work is so widely accepted, the ministry is less concerned that the Volunteer Health Workers will begin demanding monetary compensation. Nonetheless, volunteers are periodically reminded that their reward is the blessing of God and that those who work for money do not enjoy the same fulfillment and social respect.

The ministry's biggest concern, however, is to prevent the Volunteer Health Workers' organization, especially in Tehran, from falling into the hands of those with larger political motivations. There is no political organization inside Iran that has such an organic, grassroots link to communities, not even the Basij volunteer militia. Taking over a network of 100,000 active women in more than 350 cities and hundreds of villages would be a dream come true for any political organization. Indeed, it is the political concern that compels the ministry officials to continue housing the organization and to keep reminding the volunteers that they should consider their work as ethical and social, staying away from politics at all costs. What they did not foresee, and seem not to be overly concerned with, is that volunteer women are engaging in the politics of social transformation and in the creation of a different female citizen and family structure.

Despite the concerns of the Ministry of Health, there is no evidence that other political organizations, including women's organizations and NGOs, desire to coopt the volunteers. A few volunteers in Tehran and Mashhad stood as candidates for local municipal elections, particularly in 1999. Although they garnered a great deal of local support, they did not win seats because candidates were elected on a citywide basis. They lacked the funds, political networks outside the neighborhood and conventional credentials. Realizing the difficulty of breaking into the male political domain, in at least one case the volunteers focused on a local women's council they had created in order to look more official when they were dealing with government institutions.

Asked what the elements of empowerment in women's lives were, many Volunteer Health Workers cited membership in the Basij, founded as a praetorian guard of the nascent Islamic Republic in 1979. They said that this hardline organization, with strong links to the ideologues of the regime,

was primarily concerned with implementation of rural development and adult literacy projects. After the massive participation of women in the 1997 and 2001 elections that gave the reformist President Mohammad Khatami landslide victories, the Basij paid much more attention to women, however. In recent years, the Basij has indeed expanded its urban volunteer wing focusing on mobilizing low-income neighborhoods. They tried to recruit from among the volunteer health workers—with an uncertain degree of success. Clearly the Basij has a prominent presence in the working-class neighborhoods of Tehran, Mashhad and Tabriz. Besides conservative-leaning religious training, they offer low-cost, if not completely free, courses in English, computers and job skills, as well as free or very cheap access to sports facilities, day-long sports camps for women and more. Members who convince young women to don the black *chador*, as opposed to a simple headscarf, receive prizes. It is known that young women Basijis who wear the *chador* will receive recommendation letters praising their moral behavior, facilitating access to Iran's highly competitive universities.

It remains to be seen to what extent the Basij will succeed in promoting the regime's gender ideology, which runs counter to much of what the Volunteer Health Workers have been preaching. After all, sports, computer classes and learning English are themselves unconventional activities for working-class women in the Islamic Republic. What is clear is that the conservatives have learned to value women's role in politics and are willing to engage with their demands. There is a sort of dialogue taking place between low-income women and the regime—and the women are not passive participants. If national politics is largely about distribution of national resources, then the Volunteer Health Workers have already, if indirectly, managed to redirect resources to meet their needs. The Basij program encourages women to be receivers of services for which they presumably are to pay with their votes; the Volunteer Health Worker is expected to be an actor in her local neighborhood, empowering herself and her neighbors in the process. "Our world has expanded and our knowledge has increased," concluded a middle-aged volunteer from Tabriz. "I feel I can respect myself more now, even if I am not highly educated, and because of that, others also respect me." This pattern of activism is necessary, if not sufficient, to democratize Iranian society from the inside out. ■

## Endnotes

**Author's Note:** This article is based on two field studies, in 1996–1997 and in 2007, consisting of over 100 interviews with Volunteer Health Workers in Tehran, Mashhad and Tabriz, and carried out under the auspices of Women Living Under Muslim Laws ([www.wmluml.org](http://www.wmluml.org)) and Women's Empowerment in Muslim Contexts: Gender, Poverty and Democratization from the Inside Out ([www.wemc.com.hk](http://www.wemc.com.hk)).

1 See Kamel Shadpour, *The PHC Experience in Iran* (Tehran: United Nations Children's Fund, 1994).

2 Homa Hoodfar, "Devices and Desires: Population Policy and Gender Roles in the Islamic Republic," *Middle East Report* 190 (September–October 1994).

3 See Rosalia Sciortino, Lisa Marcoes Natsir and Masdar F. Mas'udi, "Learning from Islam: Advocacy of Reproductive Rights in Indonesian Pesantren," *Reproductive Health Matters* 4/8 (November 1996).