

Sunday November 3, 2013

Clash of cultures victimizes young women

By Jim Taylor

Every so often I read an article that stops me dead.

That's what happened with an article by Ellen Barry, published in the *New York Times*, October 13. Barry wrote about Rohtak, in India, a booming industrial city about 75 km northwest of Delhi.

Rohtak has a university. And for the first time in India's history, large numbers of young women from the surrounding rural villages flock to Rohtak for higher education.

That's good.

But like all university students away from home for the first time, they revel in their new independence.

They came to learn, of course. But also to use smart phones. To wear jeans. And to talk with boys, unchaperoned.

And that doesn't go over well with the village councils of ruling elders, called *khap panchayats* -- unelected all-male councils who control all aspects of social life in the village, including women's behavior.

But how do you control women once they've left the village for university?

According to Barry, whose article I relied on heavily, the *khaps* create their own spy network. One *khap* leader, for instance, identified city shops where young women could store mobile phones and change into Western clothes. Another suggested posting informers outside these shops with cameras to capture photographic evidence as women came and went.

A young woman identified only as Meena fled her village to escape an arranged marriage. Meena said that young women were terrified of the elders in the *khap*, who constantly criticized their behavior. The criticism, in turn, frightened the women's parents, who feared being ostracized by others in the village because of their daughter's behaviour.

Not everyone shares Meena's fears. Another young student, Sonal, 20, shrugged it off. Social change had taken hold, she said, and it could not be halted.

But others were more wary. Moral arbiters from the village have informers everywhere, Meena said. Police officers often work with the *khap*, others told Barry. A young man from the same village might report back to a woman's family if he spotted her walking with a man. So might a rickshaw driver who drove her to classes.

From what I know of Indian family networks, the owner of a pharmacy would feel obligated to inform his fifth cousin if the cousin's daughter had -- oh, horrors! -- purchased condoms in his store.

Severe punishment

Puja, a 19-year-old student, stated flatly, "The first time the parents hear that the girl is roaming around, either they take her home and get her married or else they kill her."

I'll quote Barry's article directly: "All the young women interviewed in Rohtak could reel off stories of classmates who simply disappeared, [or who] withdrew from school and were swiftly married to men of their parents' choosing after word of a moral infraction reached their village. The possibility of violence ran like a thin blade through their chatter: Just last month, a young man and woman studying in Rohtak were killed in public by the woman's relatives The man was beheaded..."

One *khap* leader interviewed for Barry's article, Om Prakash Dhankar, claimed that a network of informants protected young women from much worse dangers if they freely cultivated friendships with men.

Dhankar's conclusion chills me: "As long as the girl lives within moral codes, she can have as much freedom as she wants," he said. "If they are going after love affairs or extra freedom, then they are killed."

Irreconcilable differences

Talk about a clash of cultures!

These young women come to university to soak up what are largely western values -- individual freedom, truth for its own sake, scientific scepticism, and social equality. At the same time, village elders enforce traditional tribal values, male authority, social conformity, and the reputation of the family.

The university students, essentially, renounce violence for rationality. The *khaps* reject rationality and resort to violence.

I'm horrified. But I have to remind myself the women's movement only gathered critical mass in our society in the early 1900s, and gained momentum in the 1970s. Before that, our society also regarded women as the property of their husbands or fathers.

As late as the 1960s, my wife required my signature to get a bank account. Only 50 years ago, if I recall correctly, Canada's courts first decreed that a female partner was entitled to half of a couple's assets in a divorce.

A century earlier, we too killed women who violated social norms -- we burned or drowned those considered witches.

But the critical mass for social change grew powerful enough that most of us now think it was always this way.

What we're seeing in India is an exaggeration of what we ourselves were, not that long ago. We were wrong back then; the *khap panchayats* are wrong today. But in India, the critical mass has not yet gained enough momentum to squash their authoritarian rule.

Copyright © 2013 by Jim Taylor. Non-profit use in congregations and study groups encouraged; links from other blogs welcomed; all other rights reserved.

Please encourage your friends to subscribe to these columns too.

To send comments, to subscribe, or to unsubscribe, write jimt@quixotic.ca

YOUR TURN

"You will probably hear a lot of hospital horror stories," Nancy Kerr wrote after reading last week's column, in which I suggested that hospital patients need active and vigorous advocates.

"Vivian Fitzgerald's assertion [about systems] is right on. When systems, especially medical systems, get bigger, they don't get better. The change to a business model from a medical model [means] we now have MBA's at the top of the hierarchy instead of a Medical Business Administrator. Instead of maximizing care and making it more effective to the patient; now the model is minimizing costs and moving the 'product' out as speedily as possible. At least, that's how the system in my area seems to me to function.

"I've observed two corollaries of this system: first, more centralization of control and power; second, extending minimal expenditure of funds into non-profit care agencies... This is very 'cost efficient' since it can utilize volunteer workers and yet control how much they will 'give' to that agency. My observation is that they donate about 2/3 of start-up funds... then decrease their 'donation' each year forcing the agency do more and more of the fundraising and expansion for that service....

"It's a good business system, I guess.

"The other thing I notice is that if a department is doing well in meeting the care needs of a population, an attempt is made to cut parts of the program out!"

Fran Ota had a story: "In my three recent years in Newfoundland, I saw more hospital and medical 'glitches' than one can shake anything at. The worst was a 13-year-old girl who at 13 had an accident at school, resulting in a blow to the head. No one bothered to check for further brain injury. For the last two years she has been in and out of hospital having seizures; at one point a doctor who had nothing to do with her case came into the hospital room and told her she was faking the whole thing. She has been to Hospital for Sick Children in Toronto and Jewish General in Montreal - as well as to a neurologist in Halifax. Finally, after a year and a half of increasingly violent seizures, she was correctly diagnosed as having a deep brain injury... She has advocates -- her grandparents -- and their lives for the last three years have been to fight with a system which refused to listen. The doctors in St. John's and Corner Brook would not work with each other, and even had the gall to refuse to accept the diagnosis from Hospital for Sick Children... She has lost three years of school, and almost all her friends.

"What is shocking is that this kind of story is not unusual in Newfoundland. Advocates help, but in a system where arrogance is the norm, sometimes they are not enough. This is one case - there are more."

So did Emma Wilson: "My husband was seriously injured many years ago. It was a head injury and he was therefore very confused and unable to speak up for himself properly even after a couple of weeks when his speech facility was apparently working reasonably well again. His understanding was very limited, but the medical staff didn't seem to notice or care. For example, when visiting him, I was present when nurses asked him 'Do you need paracetamol?' He looked at me for help, as he literally didn't know if he needed medication or not. He couldn't connect the word paracetamol with the feeling of having pain. But the nurses seemed to have no understanding of his difficulties even once I explained...

"He had been epileptic prior to the head injury, and of course his fit pattern was completely altered by the new injury. Again, I spoke up for him and wanted to know what was being done. The short answer turned out to be 'nothing at all' -- they weren't even recording his fits, partly because they didn't recognize them (epilepsy has almost as many forms of fit as there are people with the condition). I explained to the matron, wrote a recording chart, noted down all the ones I saw -- but nothing was done. He had been admitted to hospital for a head injury, and that was all they were treating. I fought hard for him to be seen by his epilepsy specialist, but this vital person was never even consulted even via a phone call.

"They changed his epilepsy medication. I thought he was dying, as he suddenly couldn't hold a conversation or stand unaided. When I finally found out what was happening and challenged the decision, the doctor told me it was none of my business and I had no right to make comments. The decision was between her and the patient only -- even though I had been looking after him for years and knew far more about his tolerance to the epilepsy medication than any doctor did. But as far as she was concerned I had no rights even to state an opinion.

"There needs to be a massive change of culture before the medical profession will even consider listening to any advocate. And sadly, we are a very, very long way from them thinking of their patient as a real, whole person... Once you're in the system, you are 'theirs'. Then once 'better' you are deposited back where you came from, with little if any follow up support. I ask myself, how do humans manage to do these things to one another?"

Isabel Gibson wrote, "Having gone with both my parents on their various trips to the hospital, and having seen how irrational I myself become when in severe pain, I agree completely that we need advocates."

Margaret Carr added a note of caution: "I totally agree with you regarding patient advocates, but don't blame the system. That patient could not have been discharged without a Doctor's order. Even if she had to be kept on a stretcher overnight for lack of open beds, her age alone coupled with having no one with her should have been enough to keep her overnight."

Margaret added a new angle: "Everyone should have an advocate and everyone should have a living will. If their doctor cannot go along with their request then they should change doctors. My family and my doctor know that I do not want to be kept alive if recovery is not expected. I once was the primary care giver to a man who went from a nursing home to the hospital and whose doctor was keeping him alive with IV rather than food. I said, 'He is

dying, isn't he?' The Doctor replied, 'Yes he is' but he would not change his mind and put me down so much he made me cry. My friend died a week later. "

Laurina Tallman commented, "I agree entirely that patients need advocates: hospitals are short-staffed; nurses work punishing shifts; and the new economics of health care elevates efficiency above the comfort of patients, which can have an effect on their essential health. These trends are worrisome because it is only in a climate of assiduous concern for the patient that new discoveries in care are made. The medical profession has shifted its expectations for innovation and discovery to the laboratory and different specialists, whereas the living laboratory of human interaction with medicine is the hospital.

"Furthermore, the responsibility for decision-making has been increasingly shifted to the patient, who often is in no condition to exercise full rationality, even if she or he has the experience to evaluate the situation.

"Last week I heard that a man, who was the object of many prayers, made a recovery no one expected. Doctors, nurses, priest, family members were shocked at the turn-around in this older man who had been given up as terminal. Sent home to die, instead he is using stairs, going out on the riding mower, and returning to normal life. While, as a Christian who participated, I like to think prayer helped to heal the man, I wonder if he was better able to recover simply for being out of the hospital."

Hanny Kooyman shared my thoughts about hospital visits "Often I have compared it with being put on a conveyer belt like a piece of meat. A person just seems to have to undergo it. But not necessarily willingly, because we don't seem to have a choice. It's one big machine, where individuals are trying to be kind but the machine somehow pulls and pushes the patient and the caregiver both. Very important that there is someone from outside keeping close watch and who dares to ask questions on behalf of the patient. Somehow I seem to remember that it wasn't always like this."

Rob Brown was involved in shaping hospital policies: "Having served for almost 14 years on the ethics committee of the Saskatoon Health Region, I certainly second your call for patients to have advocates. Over my time on the ethics committee, I saw what I felt was a slide away from patient-centred care to administration-centred care. (And I spoke up about that, which is why I'm no longer on the ethics committee.) "During my time, a doctor came up with a resuscitation policy which would allow doctors to decide who should receive resuscitation care. When I pushed the issue, the goal, I learned, was to save money. Far different from a patient-centred approach. Even the presence of an advocate, or an advanced care directive, would not be of much effect under that policy, if it was ever passed. So far it has not.

"I suspect Fraser Health is sorry, not for its treatment of Mrs. Fitzpatrick, but that the story got into the news. Again, I suspect it's about money, not people. Caseloads, not patients. Efficiency, not effectiveness."

Sandra Sellers (and several others) sent good wishes and prayers for Joan.

Sandra added, "Last January, I was in hospital with a second round of endometrial cancer. At the time I would have thought that I had it mostly together but to now I realize that there are many incidents in the hospital that I have no memory of, including having a pic line inserted. Most people with these lines tell me I should remember. So even if one believes themselves competent and lucid it would appear that that is not always the case. I was fortunate to have others in my life who took the initiative to be my advocate.

John Willems pushed the idea of advocates into theology: "And that's why I believe in an Advocate and a Spirit that interprets my gobble-de-gook before the Father."

After reading the letters responding to my previous week's column, challenging my MP not to support the federal government's refusal to fund international aid agencies that include abortion and family planning in their programs, James West recommended reading "John Irving's *The Cider House Rules* (1985) for a meditation on the 'product of

conception'. There will never be easy answers, only the complicated lives of created co-creators making decisions and living with the consequences. The responses to your column from last week underscore that reality.

Policy makers are trapped in a reality of their own making when they base policy on hypotheticals and anecdotes. Single issue politics is at fault. Unfortunately, single issue politics get politicians elected and re-elected. The electorate, we, need to speak out against single issue politics. Our political activity does indeed produce the government that we deserve.

"Sadly, abortion, aka reproductive rights, is one of those topics that generate funds for people on both sides of the issue. We need to get beyond emotional reactions and move toward reasoned responses and sound policy."

TECHNICAL STUFF

This column comes to you using the electronic facilities of Woodlakebooks.com.

If you want to comment on something, send a message directly to me, at jimt@quixotic.ca.

To subscribe or unsubscribe, send me an e-mail message at the address above. Or you can subscribe electronically by sending a blank e-mail (no message) to sharpedges-subscribe@quixotic.ca. Similarly, you can un-subscribe at sharpedges-unsubscribe@quixotic.ca.

You can access several years of archived columns at <http://edges.Canadahomepage.net>.

I write a second column each Wednesday, called Soft Edges, which deals somewhat more gently with issues of life and faith. To sign up for Soft Edges, write to me directly, at the address above, or send a note to softedges-subscribe@quixotic.ca

PROMOTION STUFF...

If you know someone else who might like to receive this column regularly via e-mail, send a request to jimt@quixotic.ca. Or, if you wish, forward them a copy of this column. But please put your name on it, so they don't think I'm sending out spam.

For other sources worth pursuing, try

- Ralph Milton's HymnSight webpage, <http://www.hymnsight.ca>, with a vast gallery of photos you can use to enhance the appearance of the visual images you project for liturgical use (prayers, responses, hymn verses, etc.)
- David Keating's "SeemslkeGod" page, www.seemslkegod.org;
- Alan Reynold's weekly musings, punningly titled "Reynolds Rap" -- reynoldsraps@shaw.ca
- Isobel Gibson's thoughtful and well-written blog, www.traditionaliconoclast.com
- Wayne Irwin's "Churchweb Canada," an inexpensive service for any congregation wanting to develop a web presence, with free consultation. <http://www.churchwebcanada.ca>
- Alva Wood's satiric stories about incompetent bureaucrats and prejudiced attitudes in a small town are not particularly religious, but they are fun; write alvawood@gmail.com to get onto her mailing list.
