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# Women in the front line

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*Women in developing countries should be key players in disaster preparedness and relief*

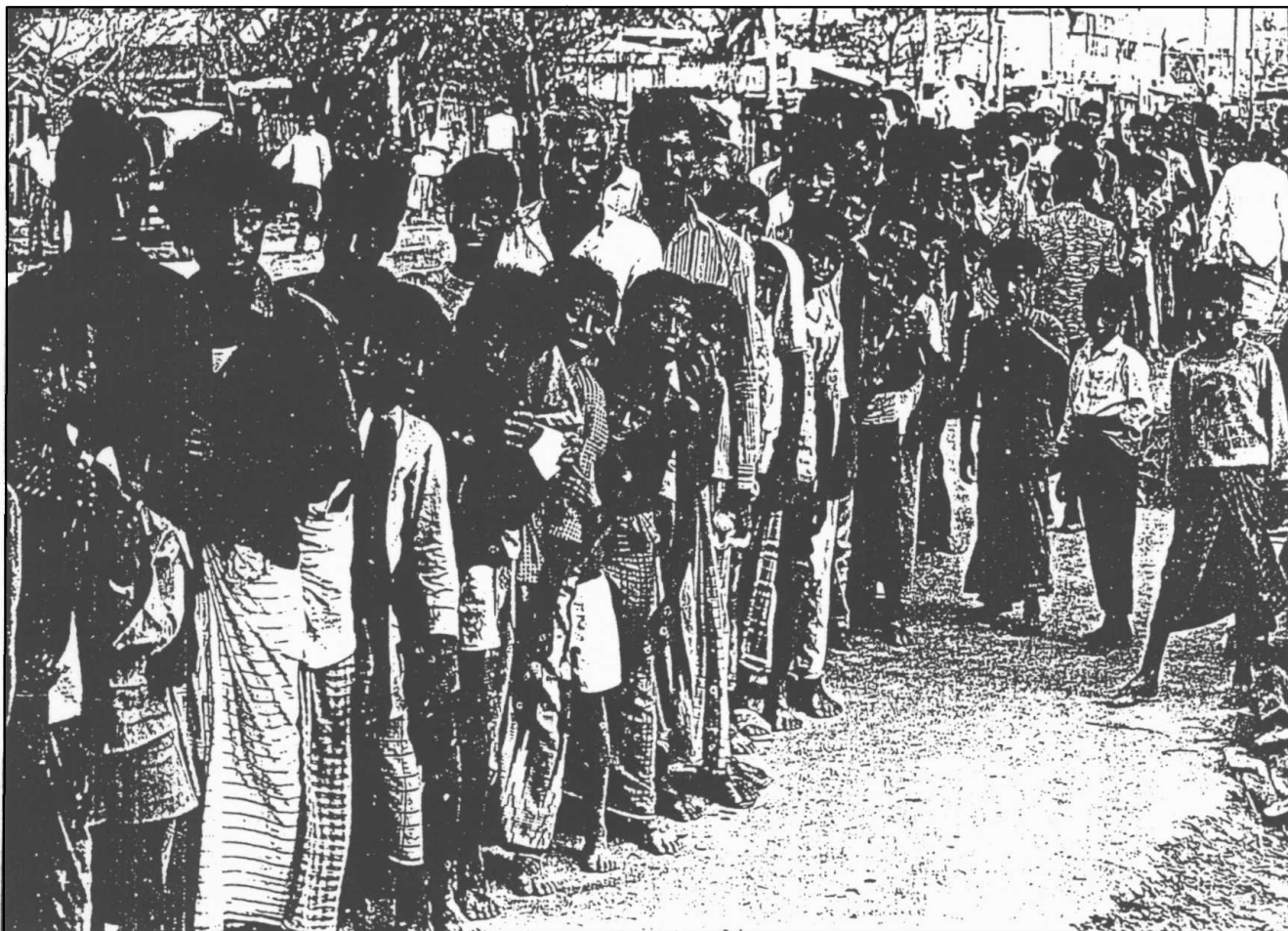
"Women in traditional rural societies feel reluctance to consult male doctors. The use of women health workers and nurses would be a step in the right direction." Above, a community health worker (at right) informs Bangladesh village women about medical treatment for children.

**I**t too often goes unreported that women and children usually suffer more than men in natural disasters, especially in the countries of the South.

Preparedness and prevention programmes mostly ignore their vulnerability and few relief programmes are designed with them in mind. Since they play only a marginal role in com-

munity decision-making, they can rarely commandeer relief supplies or have a say in post-disaster rehabilitation.

Most of the 100,000 people who died in the 1991 Bangladesh cyclone, for example, were women. Many died trying to protect their children and some because they stayed in their homes and kept away from the cyclone shelters ▶



Above and above right, victims of the cyclone that hit Bangladesh in May 1991.

- because they felt obliged to safeguard their property. Although the cyclone warning system was in place, it was only partly effective because gender was ignored. Furthermore, the absence of women doctors meant that many women and girls needing care did not venture to emergency clinics for treatment.

In severe droughts, women face a sharply increased workload because men often migrate in search of work. Their health suffers, and as water tables get lower and lower they have to fetch water from further and further away. Hygiene deteriorates as the physical strain takes a toll on their already malnourished bodies. High mortality of cattle means less milk and meat to go round.

And yet women in traditional communities can play a key role in disaster preparedness and relief in areas they are used to handling such as distribution of food, water, blankets and terry-cans and the siting of lavatories. They take decisions about the welfare of children, including their evacuation, feeding and safe keeping in

chaotic times. Education and public information campaigns should take account of these social and cultural responsibilities. Information on where food or other supplies can be obtained and the claims to such relief should be spelled out for the general public but should keep women very much in mind. Illiteracy and other factors may limit a woman's access to such information.

Drought preparedness programmes should strengthen women as farmers in their own right and ensure that water distribution plans recognize that they are usually responsible for this task.

Cultural and social constraints also aggravate the problems displaced women face in using health and sanitary services. Although it is widely known that women in traditional rural societies feel reluctance (in some cases reinforced by taboos) to consult or be treated by male doctors, standard relief response does not seem to take this into account. The use of women health workers and nurses, rather