WHAT WOMEN WANT!

Demands for Quality Reproductive and Maternal Healthcare from Women and Girls

No judgments for my decisions. More affordable health products. To always be treated with dignity. No insults from doctors and nurses. Increased pay for health workers. More health centers. Respect. Information about pregnancy and birth. To be involved in my own care. More midwives. Hospitals should have supplies. Contraceptive services for adolescent girls. **LISTEN AND ACT ON THE 1.2 MILLION DEMANDS.**

WHAT WOMEN WANT!

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Introduction

A letter from Kristy Kade and Aparajita Gogoi, co-chairs of the *What Women Want* Steering Committee

Making women's voices heard through the *What Women Want* campaign has been an unprecedented, deep, one-woman-at-a-time enquiry into what a million experts want for their own maternal and reproductive healthcare. It has also been an enquiry into values: how women value themselves, how women are valued, how we value the evidence supplied by their voices. To be asked "what do you want?" is to be valued. To be listened to is to feel valued. To value ourselves is essential to demanding our rights.

For some women, the simple act of being asked for their views has been a first.

The conversations that followed sparked new awareness in women and girls—that their individual experiences of healthcare are important, that the expression of their views is the precursor to change, that they have the right to quality, safe and decent care.

This is a game changer because only when women know we have rights, can we demand them.

Who does the asking—and why—is also important. Many women are fed up with being studied and expressed irritation that people get paid to ask questions while nothing changes. *What Women Want* mobilizers often had to convince women that this time things would be different, explaining that women's demands would be taken to those perceived as having the power to make change happen.

This is why the question "what do you want?" is radical: it implies that women and girls have an innate power that begins with their knowledge and experiences; it lives on when they demand their rights and define the change they want to see. *What Women Want* nurtures women's and girls' individual power while also leveraging the power of the collective.

Those who asked women and girls what they wanted sometimes found it difficult to move the conversation from the negatives to the positives. We know the negatives: lack of supplies, shortages of staff, high costs, long distances to health centers. Our goal was to hear what women and girls wanted most: dignity and respect, clean and equipped facilities that are within reach physically and financially, choices, information—and much more. This campaign called on women to make a statement of hope about how each and every one of us believes that things should rightly be.

What Women Want has also yielded a unique commentary on the uses and abuses of power.

It's not so much that women lack power, as that power is systematically taken away.

But answers show that women want that power back; back from those who make decisions on our behalf; back from those who design and implement health policies and programs without consulting us.

Whether the women asked are from low, middle or high-income countries, for many of us it remains a struggle to articulate what "I" want as an individual. When asked "what do YOU want?" colleagues in the healthcare field often responded with their organizational line—Universal Health Coverage, an end to gender-based violence—valid expressions of their professional aims but not necessarily the same as their personal ask. Making that shift to "what I want" requires imagination and identification with all other women. It prompts a shift in how we see ourselves, not as "the doers" or "the done to," but as women whose experience is universal.

All who now listen to these demands from women must ask ourselves: how can I better help women to get the quality healthcare they so much want and to which they have a right?

How can we make women's demands the basis for our actions?

Policy makers, we call on you to value theses voices. They may not be appearing in a peer reviewed journal, but they are evidence. Funders, we call on you to place value on what women want when making your spending investments. More than a million women have told you what they want; now fund that. As proposals and plans are created in the world's capitals, we must stop and check how we have fully incorporated the solutions proposed by the women many set out to support.

This global campaign has mobilized women and girls and engaged policy makers, program implementers, officials and political representatives, so that quality, equity and dignity in healthcare is no longer a distant dream for the women of the world. At its deepest level it is a challenge to the power structures which hinder women's maternal and reproductive health, but most immediately and urgently...

***What Women Want* is a resounding call for better quality health services.**

Together let us take this unprecedented and powerful collection of 1.2 million individual voices and make sure that it becomes the driving force behind sustained local, national and global change.

Listening to women is a radical act.

But acting on what we hear is revolutionary.

In solidarity,

Aparajita Gogoi **Kristy Kade**

Co-chairs, *What Women Want: Demands for Quality Healthcare for Women and Girls*

Origins of the *What Women Want* campaign

It began with one simple but profound question: **what it is that women in India want?**

The *What Women Want* campaign is rooted in communities across India, which grew from two decades of White Ribbon Alliance India's (WRA India) work of listening to women and making their voices heard in their homes, communities and throughout the corridors of power. Then it took that way of working to a whole new level.

Originally called *Hamara Swasthya Hamari Awaaz,* or "Our Health, Our Voice," the campaign set out to transform government guidelines into the quality services that women say they want and need. It ran from 2016 to 2017 as a largely volunteer effort where White Ribbon Alliance members were asked to add its single question to existing work.

One hundred and eighty-four partners went into clinics and communities with a simple sign-up form, speaking with women in their local dialects, explaining campaign objectives and informing them about how their demands would be shared.

The campaign was different in that it collected women's aspirations—what women want—rather than their complaints. It was also huge and hugely visible. Local events were organized to present findings to political leaders. Media coverage further grabbed their attention. Letters from key influencers began to flood offices of elected officials.

DEMAND: **Information displayed at health facilities in clear and simple words**

Janki, 32 years old, India

> *Women often live in a culture of silence; they are socialized not to ask and are often told to keep quiet. They find it difficult even to say when they are hungry; we set out to help change that."*
>
> **Smita Bajpai**, CHETNA

On April 10, 2017, White Ribbon Alliance members and 150 women campaign participants formally presented their demands to India's Health Minister J.P. Nadda. The Minister promised to strengthen feedback mechanisms for women who submit their concerns. The government also launched the Labour Room Quality Improvement Initiative (LaQshya) with respectful maternity care (RMC) as a central pillar; mirroring the need expressed by women throughout India.

From local to district, from state to national, *Hamara Swasthya Hamari Awaaz* connected all the links in the chain from women expressing their needs to high level decision makers committing to action—and then back again to informing communities of progress and commitments.

HAMARA SWASTHYA HAMARI AWAAZ BY THE NUMBERS

114 MOBILIZING PARTNERS

143,556 WOMEN RESPONDED

24 STATES AND A UNION TERRITORY PARTICIPATED

THE DEMANDS:

36% access to maternal health entitlements including supplies and services

23% dignity and respect

20% availability of health providers

16% clean and hygienic health facilities

4% display of information on entitlements, schemes and services

1% other

ACTION AGENDA PRESENTED TO THE MINISTER:

- Invest in generating awareness of entitlements
- Improve time-bound payments to ensure access to entitlements
- Strengthen monitoring to track dispersal of entitlements
- Create a cadre of trained midwives, doctors and specialists for 24/7 care
- Commit to zero tolerance of abuse to ensure respectful care without discrimination
- Incorporate respectful care in Quality Assurance Guidelines; adopt the RMC Charter
- Form Clean India Campaign flying squads for surprise visits for hygiene
- Make display of free services and supplies mandatory

DEMAND: **This culture of asking money "for sweets" must be stopped**

Manju, 28 years old

The campaign heard around the world: *What Women Want* becomes a global phenomenon

Τι Θέλουν οι Γυναίκες

WHAT WOMEN WANT! ИСКАНИЯ ЗА КАЧЕСТВЕНА ЗДРАВНА ГРИЖА ЗА ЖЕНИ И МОМИЧЕТА

WAT VROUWEN WILLEN

WHAT WOMEN WANT! خدمتونو غوښتنه د غځېدلې او ښځينه ماشومانو لپاره

हमारा स्वास्थ्य, हमारी आवाज

WHAT WOMEN WANT! BUKATUN DA KE AKWAI A KAN INGANTACCEN KIYON LAFIYAR MATA DA 'YAN MATA

WHAT WOMEN WANT! गुणवत्ता पूर्ण स्वास्थ्य सेवाओं के लिए महिलाएँ क्या चाहतीं

ホワットウィメンウォント

WHAT WOMEN WANT! COSA VOGLIONO LE DONNE RICHIESTE PER UN'ASSISTENZA SANITARIA DI QUALITÀ PER DONNE E RAGAZZE

КАКВО ИСКАТ ЖЕНИТЕ

WHAT WOMEN WANT! REQUISITOS PARA CUIDADOS DE SAÚDE COM QUALIDADE PARA MULHERES E MENINAS

NINI WANAWAKE WANATAKA

عورتیں کیاچاہتی ہیں

WHAT WOMEN WANT! KADINLAR VE KIZLAR İÇİN KALİTELİ SAĞLIK BAKIM TALEPLERİ

WAS FRAUEN WOLLEN

WHAT WOMEN WANT! Αιτήματα για Ποιοτική Φροντίδα Υγείας για Γυναίκες & Κορίτσια

KADINLAR NE İSTER

WHAT WOMEN WANT! معیاری طبی سہیت کے مطالبات جو عورتیں اور لڑکیاں چاہتی ہیں

WHAT WOMEN WANT! DEMANDS FOR QUALITY HEALTHCARE FOR WOMEN & GIRLS

CE QUE VEULENT LES FEMMES

WHAT WOMEN WANT! 女性と少女たちに質の高いヘルスケアを

زنان چه می خواهند

WHAT WOMEN WANT! MAHITAJI KWA HUDUMA BORA YA AFYA KWA WANAWAKE NA WASICHANA

O QUE AS MULHERES QUEREM

In July 2017, health and rights activists from 14 countries gathered in Kathmandu, Nepal for the White Ribbon Alliance Global Meeting. They learned about *Hamara Swasthya Hamari Awaaz* and knew the success of the campaign could have implications far beyond India.

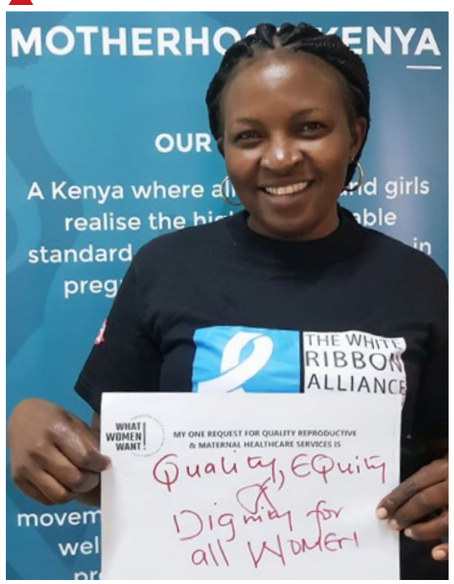
They decided to collectively ask one million women and girls worldwide about their top priority for quality maternal and reproductive healthcare services and then bring those demands to health leaders. The goal: generate political commitment, investment and accountability for what women want for their health, as they define it.

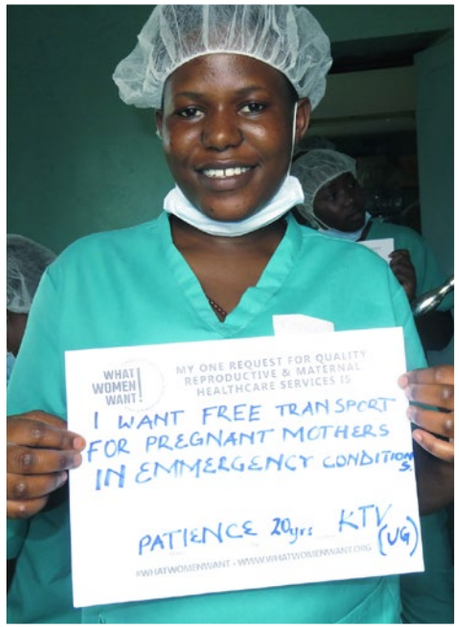
On April 11, 2018, International Maternal Health and Rights Day, the *What Women Want: Demands for Quality Healthcare from Women and Girls* campaign was launched. Since then more than 350 groups—from small community-based organizations to giant corporations—in 114 countries picked up the campaign in large and small ways. While vastly different, all are united in the belief that women know best what they need and that they should be heard.*

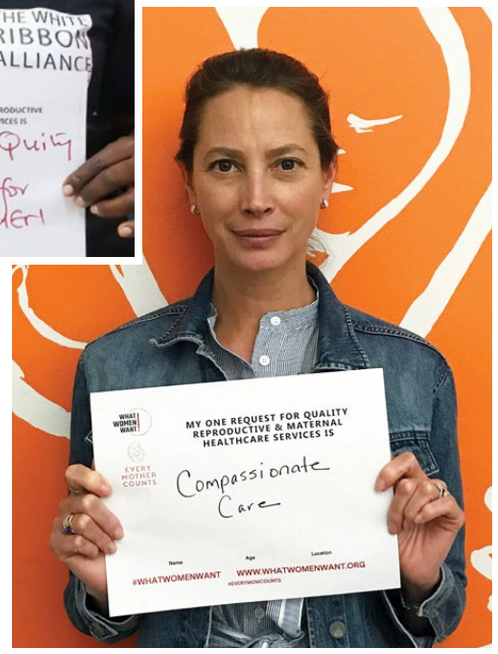
*What Women Want was guided by a steering committee, led by the WRA Global Secretariat and WRA India, and including: Every Mother Counts, Evidence for Action/MAMA Ye, International Confederation of Midwives, the Partnership for Maternal, Newborn and Child Health, UN Women and Women Deliver. For a complete list of supporting partners, visit:www.whatwomenwant.org. Partners endorsed the campaign in April 2018. The results and views in this publication do not necessarily reflect the opinions and actions of those who endorsed the original campaign.

"When I heard about Hamara Swasthya Hamari Awaaz, *I knew I had to ask women in Kenya what they also wanted. I will ask and ask and repeat their asks. I will shout atop rooftops until everyone who says they are concerned acts. Until then, I will keep speaking."*

Angela Nguku, Executive Director, WRA Kenya

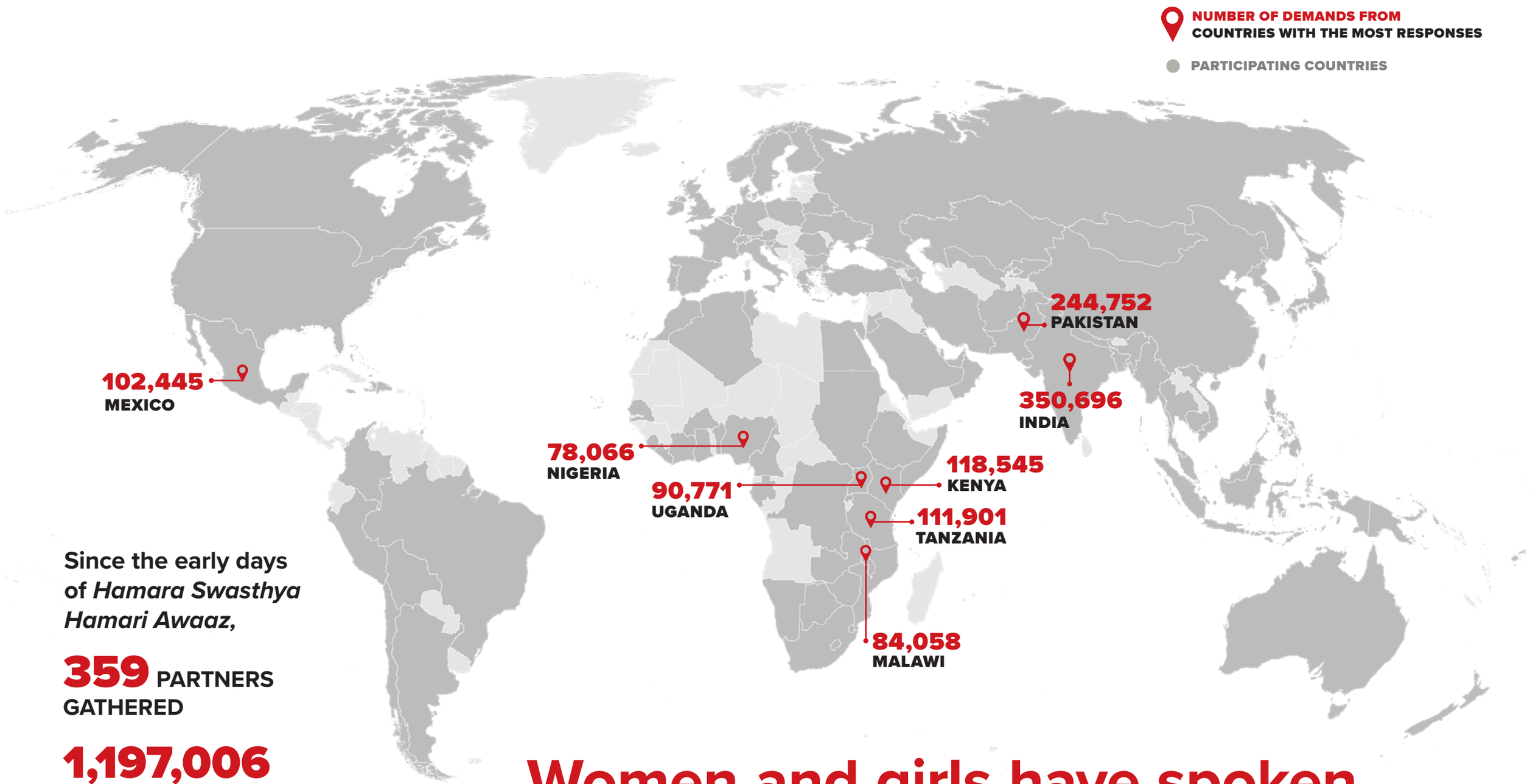






"Every Mother Counts is proud to be part of What Women Want. *Listening to women has always been core to our work. We must continue to listen and follow through on our promise to advance the issues that matter most to women."*

Christy Turlington Burns, Founder, Every Mother Counts, *What Women Want* Steering Committee



Since the early days of *Hamara Swasthya Hamari Awaaz,*

359 PARTNERS GATHERED

1,197,006 DEMANDS FROM

114 COUNTRIES

Women and girls have spoken, now it's time to listen.

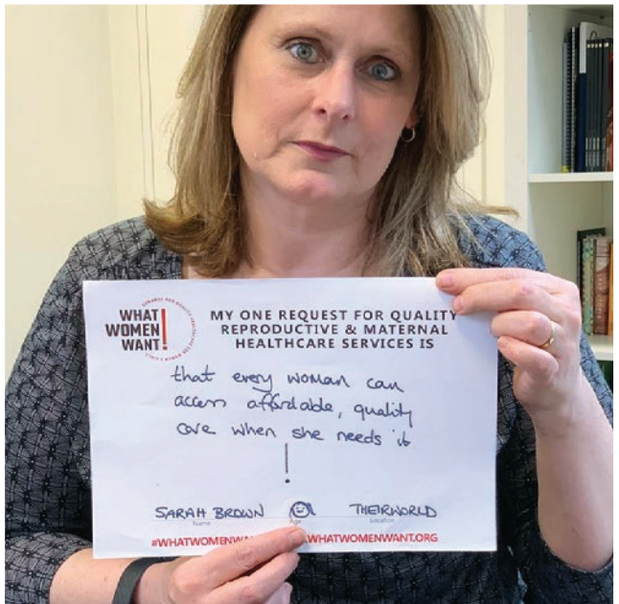
What it takes to hear from 1.2 million women and girls

The *What Women Want* campaign was a **million +** unique encounters in **114 different countries**.

Some were conversational and public, others reflective and private; each an opportunity to ask a woman or girl to articulate what she most wants for her own maternal and reproductive healthcare. Some women took photos and videos on mobile phones and shared them via social media. Others sat together and discussed their ideas for hours as part of formal citizen hearings before writing their carefully chosen words on paper.

Those who raised their hands to act as mobilizers, focal points, translators and other volunteers also varied. They were journalists and health providers; activists and parliamentarians; mothers and fathers; teenagers and elders. Many participated in the *What Women Want* survey themselves; sharing their own health priority.

Provided with guidelines, templates and consent forms, local mobilizers took the materials and ran. Their primary fuel: passion. Mobilizers sent in anywhere from five to 5,000 responses; some sent many more. Each individual mobilizer mattered as did every response they gathered. Some used the campaign as a springboard for new ways of promoting women's voices; others built on long-established ways of working to include the voices of their own communities. Intended to be locally adapted and owned, it looked slightly different in every country and community.



> *"Nothing changes for women—whatever happens at the highest global levels—without the local activism and grassroots efforts of civic minded people who serve their communities. It starts with one person, taking one action every time. And when we work together, we make ourselves more powerful and can bring about the change women seek for themselves, their families and their communities.."*
>
> **Sarah Brown**, Health and Education Advocate, Spouse of Former British Prime Minister, White Ribbon Alliance Global Champion

In Niger state, Nigeria, citizen journalists continued their tradition of asking about and amplifying the needs of women in their communities and schools. In Mexico, students thronged university campuses with clip boards, each one gathering statements from hundreds of their peers; others visited rural villages home to indigenous communities. Youth advocates in Kenya mobilized women and girls during church meetings, self-help groups and social occasions.

In Uganda, citizen mobilizers visited antenatal clinics, health facilities and settlements of refugees and the internally displaced. In New York, a marathon provided the opportunity to engage with women; in the UK, it was a musical festival; in Washington DC it was the "Women's March." While outreach strategies varied given local context, *What Women Want* met women where they were and focused on asking those who are often overlooked and whose views about their own health are rarely consulted.

But it was far from simple: it took time. And trust. It helped that most mobilizers came from the same communities in which they were talking with women. Mobilizers noted that the campaign grew in size, scope and enthusiasm as did the confidence of women and girls who were taking part. This strengthened their own belief that greater change was possible.

DEMAND: **Availability of blood for transfusion**

Khadija, 24 years old, Tanzania

DEMAND: **Alternative power source during surgeries**

Noreen, 36 years old, Pakistan

Meet the mobilizers

The *What Women Want* campaign would be nothing without its many organizational and individual mobilizers.

Matilda Timpiyan

KENYA | MOBILIZED **10,000** + RESPONSES

Matilda, 23, comes from a nomadic Maasai community in the Kajiado region. She co-founded the organization Naret Intoiye (Empowering Girls) and is a youth advocate.

"Where I come from early pregnancy fuels a cycle of poverty. Many girls get pregnant at an early age, even as young as nine. Then they drop out of school and there is no financial or moral support for them to go back," she says.

Matilda's family supports girls' education and her mum took her to a boarding school that also serves as a 'rescue center' for girls who had escaped female genital mutilation (FGM) and child marriage. Matilda earned a political science degree before founding her organization.

To Matilda, the *What Women Want* campaign was a calling. She took it into her Masai community, telling women about their health rights and listening to their needs. "Women were amazed. They had never been asked what they want," she says. "They even asked if we could provide them with a seminar on health; they are very ready to learn more."

Most women in Matilda's community are very poor, many are also illiterate. Her neighbor told her she twice gave birth alone—the first time in a field and the second time she was home alone without even a mobile phone.

"Women have to walk 15 kilometers to the health center or go on a motorbike," says Matilda. "When they go into labor at night, they have a dilemma—to walk through the dark or stay at home alone to give birth. They requested the government provide a hospital near them, an ambulance for the night time or even a mobile health van."

The young girls have a different request: "They want no one but themselves to decide if they will be cut or not," says Matilda in reference to FGM.

The campaign has given her hope. "It's going to change our villages, our country and other countries. Now I want leaders to come up with action—in policies, in finance— to do something to bring change for our communities, to support all genders equally.

> *"Women have been left out, marginalized, excluded. But we are important, and Kenya is ready for this."*
>
> **Matilda Timpiyan**, Kenya

Ferdinant Mbizydzenyuy

CAMEROON | MOBILIZED **9,000 +** RESPONSES

"I don't know what made me fall in love with this campaign," says Ferdy, "but it has been a game changer in Cameroon. What women wrote reflected their hearts and minds, their very deep needs and wants. I didn't know it was like this. Why did we wait so long to find out?"

"Some women were scared by the question; it was a surprise even to be asked. Others welcomed it. They saw that we came from the health system and wanted to give us their feedback on our services," said Ferdy.

One recurrent theme was the cost of healthcare with many women asking for services which are free or at reduced cost. But above all he said women long to be treated with kindness, to be given information, and spoken to with understanding and empathy. "They want health workers to understand that respect is part and parcel of care."

It is not just an issue of health, but also of gender. "Women tend to bear rudeness from health workers. But this would not happen to men because they are more respected in our culture, they are the decision makers, the leaders. This is an injustice and an inequality." Some women used the campaign to vent their anger; "I think women should be angry; they deserve more."

The responses have been a revelation; what counts now is action. Others within Ferdy's organization, the Cameroon Baptist Convention Health Services, have already responded to the survey by making systemic changes to their hospitals and they plan to use the findings for further advocacy.

What Women Want is having an impact on government too. "I showed the surveys to a supervisor in the government for maternal and child health services," says Ferdy. "He was very uncomfortable to read them, but he said the surveys are a mirror to the services we provide but never have the opportunity to evaluate. He has already started talking with service providers about treating women better. "The *What Women Want* campaign is ground breaking. Our services are going to improve, I'm sure of it!"

> *If we make good use of this information, it will revolutionize our services.* What Women Want *shows us what women want and need; this will have a radical impact on the services we provide in Cameroon."*
>
> **Ferdinant Mbizydzenyuy**, Cameroon

Kaveri Mayra

UNITED KINGDOM | MOBILIZED **HUNDREDS** OF RESPONSES

"As women we are conditioned to not be asked what we want. We probably have some idea, but we have safely stored it somewhere on a cloud. This imaginary cloud does not need security because we know no one is interested. But it does mean we don't have answers ready in bullets," Kaveri, a midwife, pursuing her PhD, says.

This became clear when she took the campaign to an event at the Royal College of Obstetricians and Gynaecologists in London. "Here was an educated and empowered group of people," she says, "but most of them were surprised at the question and had no answer. Some came back after thinking about that one thing they want. Others went from not knowing to having a huge list of wants to pick from—within minutes!" Kaveri had seen this same pattern in India, but in areas where women are highly disadvantaged.

Kaveri also took the campaign to an International Women's Day breakfast hosted by long time WRA Champion Sarah Brown. "We made connections and spread the word through a room full of influential champions and advocates like Kainat Riaz and Jamira Burley. It was inspirational! "

She also took the campaign to the Million Women Rise march and campaigned in her university with other PhD student volunteers. They approached women and girls in the library, cafes and restaurants, outside the college theatre and on the streets. They heard from men, too, who thought the campaign wasn't for them. "This is absolutely for you," she told them. "This is an exciting opportunity for you to find out what women want in your home, your office and in your life!"

> *I hope we keep asking girls and women what they want. The more we ask women's wants, the more wants we'll listen to, the more wants we'll address, the more progress we'll make."*
>
> **Kaveri Mayra**, United Kingdom

Mohammed Yahaya and Habiba*

NIGERIA | TOGETHER MOBILIZED **1,000 +** STUDENT RESPONSES

In Niger State, Mohammed struggled at first to connect with young women who were reluctant to speak about their personal experiences. It was only when he encountered 15-year-old Habiba—still grieving the loss of her sister—did the campaign take off in the northern city of Minna. "I had visited Habiba's school three times to discuss the campaign with the students" he says, "but most were not interested, or only responded reluctantly."

On the day when Mohammed walked into the school for the fourth time he saw a girl lost in thought under a mango tree. Habiba asked Mohammed how the campaign would bring about change. Mohammed told her he had been trained as a citizen journalist by WRA Nigeria, and about their approach of bringing citizens and decision makers together to find solutions. "I was part of a delegation to the Vice President, and we called on him to ensure citizens have access to healthcare services in their communities," he told her.

It was then, with tears in her eyes, that Habiba told Mohammed how her older sister, just 17-years-old, had died after an unsafe abortion. She was her idol, her mentor, the person she looked up to for guidance about everything. According to Habiba, she was smart and determined to find a way to go to university. But such topics as sex and contraception were taboo at home and at school and her pregnancy remained a secret between the sisters, who whispered in fear about what to do. Her sister decided to take a concoction given to her by a friend. The girls cried and hugged each other. A week later she was dead.

"Seeing her sister's lifeless body was the worst experience of her life. That was two years ago and since then two more girls in her school have died from unsafe abortions," says Mohammed who encouraged her to mobilize her school friends to speak out. It would not bring back her sister, but it might stop another girl from dying by raising awareness. Habiba asked Mohammed to come back tomorrow. When he returned the next day, she was organizing and talking to different groups of girls under the scorching hot Minna sun. Their top ask: access to contraception services.

"I am passionate about the *What Women Want* campaign. Until that point, I had never been consulted or asked about my reproductive health needs," says Habiba. "This campaign is about action. It has given me a platform to improve adolescent reproductive health. The results will be shared with the government and it is time those decision makers really hear our voices and respond to our needs."

*Last name removed to protect privacy.

> *"I had always felt that my voice did not count and that my opinion as a girl did not matter. This campaign seemed like the first opportunity for girls like me to speak up."*
>
> **Habiba**, Nigeria

I met with young girls, teenagers and women from all walks of life. Some were pessimistic, others were optimistic; all were victims of different levels of abuse. However, What Women Want *gave women a platform to speak their hearts out and a way to make our voices heard by government. It gave wings to the women of Pakistan.*"

Talha Rasheed, Pakistan

Talha Rahseed

PAKISTAN | MOBILIZED **TENS OF THOUSANDS** OF RESPONSES

Talha, 24, a journalist with Fire Communications in Karachi, was so moved by the "heart wrenching stories of strong women in my country" which were emerging from the *What Women Want* campaign, that she persuaded her organization to become an official partner.

"It has been an amazing journey," she says. "It taught me about the hardships women face. I learned you get tired, so you rest—but above all you don't quit." She empathized with the humiliation felt by women seeking care but who were treated as sex objects. "Hospitals are places where you expect to receive respectful treatment," she says, "where you think that angels will listen to your worries irrespective of your gender. But you can encounter wolves in sheep's clothing."

She is referring to a renowned Rawalpindi health facility where women told her the staff are "sex oriented not work oriented." Raffia, aged 25, said she was touched inappropriately on the chest by staff during an X ray. "The tears came out of my eyes as I heard that," says Talha, "because I am 24-years old and my body is my business. No one can touch me without my consent."

"Privacy and respect are the words which echoed throughout the campaign in Pakistan," says Talha. "In this country, we don't provide women with even basic care. Their demands are for government action to improve services, which is only reasonable." Shakeila, aged 30, told her 'I am going to give birth to a new human, I want a bed to myself.'

Talha believes women are often held back because they don't know their rights. "About 71% of women are not getting formal education," she says, "and more than half of men think that women should get their permission before going to school or university." Some women doubted the campaign could change anything; to them Talha replied that 'small drops make an ocean.'

Sujoy Roy

WEST BENGAL, INDIA | MOBILIZED **TENS OF THOUSANDS** OF RESPONSES

For Sujoy, a representative of the Children in Need Institute and the state coordinator for WRA West Bengal, this campaign is personal. "If you come with me to West Bengal," he says, "you will see there are maternal deaths, so many are dying. I have lost my own cousin in childbirth and it was the biggest pain for me, I don't want anyone to have this devastation. I just want to stop these unnecessary maternal deaths everywhere, it should not happen."

And there's no doubt that his passion for change, and others like him, have helped move many to act. "In West Bengal, our government has made great improvements and maternal health is now a top priority," says Sujoy, "it was important they understood the community's perspective. They need to know what women want and we can help with this. As a coalition of 210 NGOs, we have the power of community, and community can change anything. Our government is now recognizing the power of people and that WRA West Bengal has the expertise to grasp what women want."

The *What Women Want* campaign was built on the trust created between the NGO coalition and the government over many years: "they share with us what they are doing, and we share how we can support them. The government has money to improve services but without knowing the women's demands they cannot improve things. We motivate citizens, enabling them to demand what they need so they can be part of the process, and we work with the panchayats (local committees). We collect the best practices from the state and across India which helps them to identify and then fill the gaps in services. This is how we show the government the problems and the solutions."

He is proud that he is among the WRA India members who conceived the What Women Want campaign, that it started in India as a national campaign and that it went global. "Our women have been dying. But now people are raising their voices. I'm very happy, as a man, as a husband and father of two children, and as an advocate, that I can amplify the voices of tens of thousands of women in the global arena. Indian women must have safe births in a good environment, so every birth feels like a celebration, a birthday."

> *It's gratifying to see* What Women Want *grow into a worldwide campaign that puts women and girls at the center. I hope it will change policies for women and girls so that health facilities everywhere, every time will give them the quality care they deserve."*
>
> **Sujoy Roy**, West Bengal

Nora Moskova

BULGARIA | MOBILIZED **HUNDREDS** OF RESPONSES

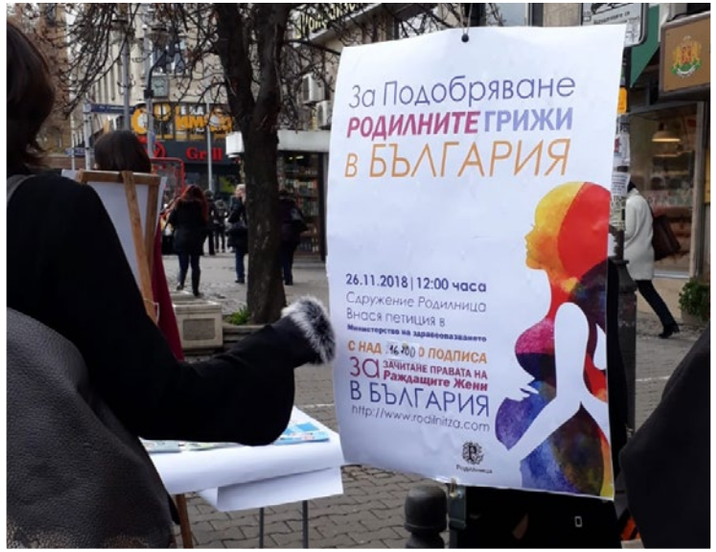
In August 2018, Reneta Tomova, 33, died after giving birth to her first child in Bulgaria. Family and friends reported she had bruises and broken ribs because, despite begging them to stop, doctors had “jumped on her belly” in a highly controversial practice called the Kristeller maneuver.

According to the international organization Human Rights in Childbirth, use of the Kristeller maneuver, also known as fundal pressure, is a dangerous intervention and a human rights violation, yet it is still used in many countries around the world. “Everybody in Bulgaria knows that birth practices are very outdated and have got worse over the past 20 years. Women giving birth in hospitals are treated without any respect.”

Nora and her colleagues from the Bulgarian organization Rodilnitza, used the *What Women Want* platform to demand the government ensure maternity services comply with WHO recommendations. “Our ask was that women are respected, allowed to choose their position and to drink water during the birth,” says Nora.

Their actions galvanized the public and alerted politicians. “They promised that such practices will be eliminated,” says Nora, “but we are not optimistic about this because the doctors in the Ministry are the same ones that manage birth practices in the hospitals.”

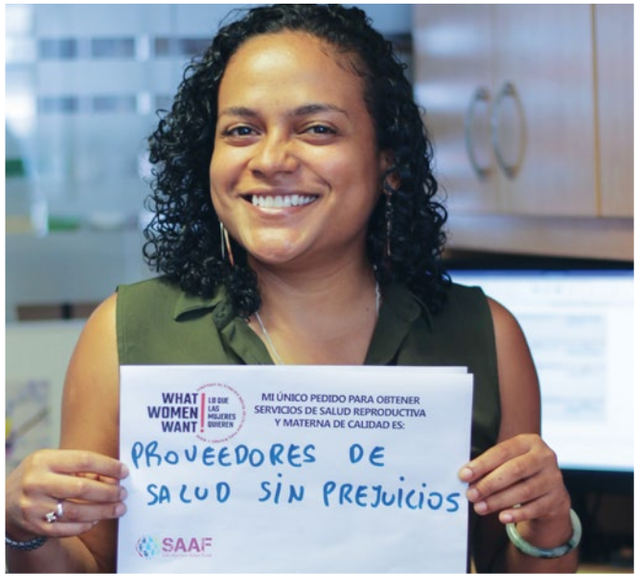
Their petition for improving services in Bulgarian maternity care continues to gain momentum and has surpassed 25,000 signatures.

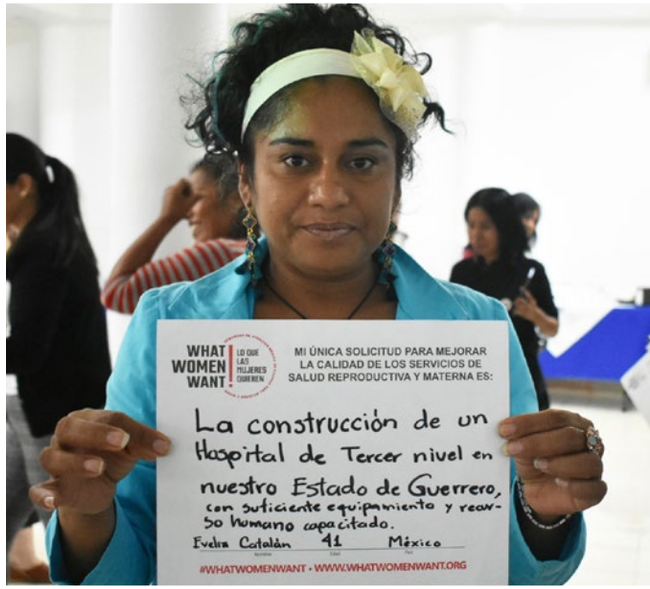


> *They hid the truth. Our hope is that women will become more informed and able to insist on better practices.”*
>
> **Nora Moskova**, Bulgaria

What's at stake for 1.2 million women and girls

More than a million women made their voices heard in their own unique way.
But one principle applied to all: **every ask mattered, every asked was counted**.





So much of our sense of self is tied up in the mostly private experience of our health and bodies. Our maternal and reproductive selves do not define us, yet they are part of our narrative, public persona, private relationships and family lives.

Maternal and reproductive health transcends our physical bodies and has a powerful impact on our happiness and well-being, our safety and survival. Given how many girls and women worldwide die in pregnancy and childbirth, how many endure violence and abuse, it is no exaggeration to say that this can be a matter of life and death. Our stories about what happens to our bodies, from adolescence to menopause and beyond, are deeply important.

Women everywhere shared many common experiences, while expressing their individual needs. National boundaries sometimes influenced the *What Women Want* campaign process in each place, but not what women said. Sometimes it had nothing to do with maternal or reproductive health at all.

Women's answers were often unexpected, challenging assumptions and shining new light on the realities of their daily lives. The power lies in the detail of how health services work, or do not, which is invaluable to planners and which only emerges when women are asked and really listened to. In Malawi, birthing women described how they were going hungry when it rained because the kitchen where their relatives cooked at the health facility had no roof. In Kenya, safety and security are a top priority of many mothers at a health facility following whispers of babies being swapped and even stolen. These are voices and concerns often lost, but which are vital to providing services which women want and use.

> *Women were eager to speak up. No one ever asked them before. It made them feel valued. They told us exactly what they wanted. Some had not just one, but ten asks. They are ready for change. At last, their voices will be heard.*"
>
> **Anna Sawaki**, What Women Want focal point, Tanzania

DEMAND: **When I am in labor ward, about to deliver, the midwife should be at my side**

Hildo, 22 years old, Malawi

What Women Want also provided an opportunity for women all over the world to speak out about experiences which have often remained hidden, taboo or unacknowledged. Many have taken risks to speak out, but the risks of remaining silent were considered greater. Many found encouragement from the words of others, validating and articulating their own experiences. In this regard, the campaign has been a global, million-women strong act of solidarity.

DEMAND: **Women should not fear to speak up in society**

Rose, 24 years old, Tanzania

Asking this kind of question can be risky, even forbidden.

It can take courage to inform women of their rights and ask them what they want. It also takes courage to answer the question. When women are informed of their rights, the next step is to demand those rights; this can be threatening to established power structures.

Halima Mnung'ulile is a 37-year-old mother of four from Yombo Vituka in Tanzania. When she was in labor with her second child, she went to the local government health facility expecting it to be safer than giving birth at home. Yet during childbirth the nurses swore at her and when she needed help, they ignored her. Her child was born with disabilities.

Until she was approached by the *What Women Want* campaign, she had no opportunity to speak about her experience. "**I feared that if I spoke out, next time would be worse if they recognized me, but I believe women should be able to speak out so that our government knows the exact challenges**." Speaking out can be a matter of survival in her community: "If service providers in health facilities treated pregnant women with respect and dignity, we would have no more women giving birth at home."

In India too, women were determined to make their voices heard, says Deepa Jha, WRA India, who talked about a young shop worker in Delhi. She wanted to speak out in front of the *What Women Want* camera. The woman's boss emerged from the shop and tried to stop the interview. "**She defied him at the risk of losing her job. She said—it's my right, I'm going to have my say whether you like it or not.**"

DEMAND: **More humanity of the nurse to women in health centers**

Esther, 41 years old, Mexico

Meet the women and girls

Women and girls from all different parts of the world and all different walks of life felt compelled to share many of their most intimate experiences, often in the name of helping others.

Photograph by Sally Morrow during 2018 March for Moms

Casey's DEMAND: **Listen to me!**

Casey struggled with infertility for more than a decade before giving birth to her son, Nathan, in 2015. She survived pulmonary embolism and postpartum hemorrhage and shared her story as part of the hundreds of women who gathered for the March for Moms in Washington D.C., May 2018.

"Despite all the reading I was doing during my one and only pregnancy, I didn't know that maternal mortality and morbidity are on the rise in the United States. Life threatening conditions weren't on my radar at all, and because of that, I nearly missed two silent killers."

Casey says her near-misses followed denial and delay, both by her and by her healthcare providers. "It's why we need to educate expecting families about the signs of perinatal complications and empower them to advocate for themselves when they feel something is wrong." She also encourages people to donate blood because "new mothers are one of the largest groups of people in need of safe blood products."

Casey said the March for Moms gave survivors like her a voice. "We can do better; we must do better," she pleas. It was there that she visited the White Ribbon Alliance table to write her one request to improve quality maternal healthcare services. "Just writing "LISTEN TO ME!" didn't feel like enough," she says. So, she added the description of what happened to her.

Saima, Zarina, Zeenat and Rehnaz are among the many who braved opposition in Pakistan to make demands and help gather thousands of demands from other women.

The Rural Support Program Network's (RSPN) huge and trusted network of community resource persons brought the *What Women Want* campaign into tens of thousands of homes, sitting with neighbors, sisters, cousins and friends, sharing intimate conversations about marriage, pregnancy and childbirth.

Saima's DEMAND: **Families should be counselled for improved health of women, mothers and children—for it is vital that every member of the family is able to play their role in best of health.**

Saima is a Lady Health Visitor with the RSPN, Sarhad chapter. "Living in a conservative setting deprives many women of access to healthcare services," she says. "I met Rehnaz and helped her seek the services of a skilled birth attendant, despite resistance from her family."

But many women continue to suffer, so Saima organizes health camps where women can access information and healthcare services. "We must not let any life be lost due to childbirth," she says. "A miracle as beautiful as this should not be the cause of suffering and death."

Zarina's DEMAND: **Trained staff available to provide information and health services for women**

Zarina, 40, lives in Sindh Province, which she describes as "very conservative." In some communities, women are not allowed to talk to men outside of their family. When she became a community mobilizer, she was attacked for informing women in nearby villages about both their own and their children's rights. "I had to fight our family, tribe and community. My in-laws beat me and threatened my husband." But she persisted: "I am serving my community, especially the women. The change has been slow but with each life that I empower I am fulfilling the purpose of my life."

Zeenat's DEMAND: **Women should be made aware of their rights to maternal and newborn healthcare.**

Zeenat Bibi was married at 15 to a man twice her age. Her daughter Sidra was 14 when she was married to a relative aged 60. After a decade of domestic violence, Sidra was sent home to Zeenat. "Never again," says Zeenat, "I want to ensure that everyone in my community knows about maternal and child health, and the rights of women and children. Many here are not educated and I am their route to information to a better life. I have convinced a couple of families to practice healthy birth spacing and family planning; only when a mother is healthy will the children be healthy too. I am lucky. My husband is very supportive and encourages me to move further in life."

Rehnaz's DEMAND:
An end to child marriages

"I was fourteen when I got married," says Rehnaz, from Mardan district. The birth of her second child was a turning point; her husband refused to get help and she delivered on the floor with her toddler son crying beside her. She decided to act. "I sold my gold earrings and bought a buffalo. I can now earn my children a meal by selling the milk."

When pregnant for the third time, she met the local community resource person at a health camp. She started going for antenatal check-ups and later became a champion for *What Women Want*. "I was scared at first, but I am determined to stand up for my children and myself. No girl should be married at an early age. No child should have to go through what I did. I will fight for the right of my daughters to marry only when they are of the right age."

Many of the women in the rural areas were illiterate so they discussed their personal experiences with Rehnaz, Saima, Zarina and Zeenat and other community resource persons who recorded their words, then made their thumbprints on paper. Each one of these statements, was hard won and unique. The statements were carefully collected, collated and counted in RSPN's district offices. This precious cargo was conveyed to the head RSPN office in Islamabad like ballot boxes in an election.

WRA United Kingdom launched *What Refugee Women Want* and collaborated with the Health Action for Refugees Project perinatal group at Bankside, Leeds to speak with women and girls about the unique trials they experience creating a new life far from home.

Somaya's DEMAND: **I want to feel safe in UK when I wear my Hijab**

For Somaya Ismail, a refugee from Sudan living in the UK, safety is most important in her life as a woman and a mother. "We came here in 2010 because we need to be safe, and I thanked God we were here, we were so lucky." But since the attack on the mosque in New Zealand in March 2019, she says her community no longer feels safe. "My family in Sudan are worried about me being here."

In recent years, threats and hate crimes against immigrants and migrants to the UK have dramatically increased. "Now we can't walk after 6 p.m. and we are not safe on public transport," says Somaya. She talks of a social media campaign which awards 200 points for grabbing a woman's hijab. "The attacks are against girls and women," she says. "People shout 'go back home' and swear at us. My Islam is in my heart, not in my hijab. My son is worried when I go out. I tell him it is in God's hands."

Jita's DEMAND: **Equal rights for all women, no matter where we are from**

Jita, 43, lives in Leeds, UK. As a widow from India in the UK, she feels pressure from both the UK authorities and the Asian community. "I came here legally. But people judge you; they say you had a child in order to stay. It hurts, and it's not true—I had a visa before my daughter was born. My culture also judges you. I was shunned by my Indian husband's family because I talked about women's rights. But here in the UK, I feel I still have no rights," she says.

She is now half way through the ten year long 'leave to remain' application process, which requires four visas to be paid for at two and a half year intervals. "The solicitors cost thousands. I want to be a good mother and care for my family, but this system has forced me into debt."

"It's so much stress. I can't enjoy my time with my daughter. One time I was crying at home and she brought me a tissue. She was only two. I can't forget that. But I will stand up for myself."

Kesiime's DEMAND: **Skilled health providers at health facilities**

Kesiime, 34, was used to the 30 kilometer walk to the maternity center which took her through a forest in Uganda's Queen Elizabeth National Park. "When I went for antenatal care during my pregnancy, I was able to walk in the light of day. But when I went into labor, I faced the same journey by night."

Kesiime's labor began at 11 p.m. and her husband took out his bicycle. While she sat behind him on the saddle, he stood to pedal along the rough tracks to the maternity center.

"After two hours of labor pains we were still six kilometers from the health center," remembers Kesiime. "My baby was born there, in the forest, in the darkness with only my husband to help me."

The baby was in good shape, but then the couple heard ominous noises; wild animals were circling them. Kesiime's husband lit a torch and held it out into the darkness where it lit up the open mouth of a hyena.

"We both shouted for help," says Kesiime, "and then, as God is good, we saw the headlights of a vehicle." It was a patrol of National Park rangers who picked them up and drove them to the health center. Kesiime was still bleeding and her life was saved by health workers who removed the retained placenta.

When she heard about the *What Women Want* campaign, Kesiime saw it as an opportunity to make sure that health planners and policy makers heard her story so they could provide the services women need near their homes. She became a volunteer mobilizer, sitting with women and girls to discuss their needs and demands. Now she is waiting for the results of the campaign, and how decision makers in Uganda will respond. "It is time for action. Every woman has the right to a safe birth in decent conditions. I call upon our politicians to do their duty and make birth safe for our women," she says.

Catherine's DEMAND:
Adequate beds and labor wards

Catherine was 19 when she got pregnant. In a boarding school near her home town of Dowa in Malawi, and without a mother to turn to, she had no information about preventing pregnancy or access to contraception. "The nurses would only laugh at you and shout at you if you asked for family planning as an unmarried woman," she says. "People who have money can go to the private facility, but I couldn't do that."

The consequences of her pregnancy were devastating. Her uncles, who had been supporting her education, were furious and stopped paying her school fees. "In Malawi," she says, "girls are blamed, not boys. It was a very painful time." Fortunately, her boyfriend—now her husband—took her into his home and remains her strongest supporter.

Catherine first came across White Ribbon Alliance when they organized a citizens' hearing in her area. She became a member and then secretary of the Dowa Mponela chapter. In 2018 she began mobilizing for the *What Women Want* campaign. "We started a number of groups who went around talking with women, making them aware of their freedoms and listening to how they want to be treated." She and her group collected 875 responses from women.

During the campaign, complaints emerged about two midwives at the Mponela hospital who routinely shouted at pregnant women. Those midwives, accused of abuse and neglect, have since been disciplined.

Catherine says she has seen a change in the women of her community. "The campaign was exciting," she says. "I learned a lot. I heard stories like my own. Women here were always depending on their husbands, begging them for what they need. But now after the *What Women Want* campaign, I see them going out on their own, going to visit and speak to their head man."

Catherine has also challenged her own family. "I sat with them and said—look at me now, see how well I am doing. I asked them to change their attitudes. People should not be angry with women who get pregnant; they should be supported. We discussed and now we are all fine."

Catherine says she too has changed. "In the past I didn't talk about my experiences. I was like other women here who think we can't speak out in public. But when I heard about the *What Women Want* campaign, I said—no, I can do something. I can change my area, I can change other women, I can change myself. Now I can do things on my own. I used to be shy, but now I am strong and independent."

Her daughter Helen is five now and Catherine has gone back to college to learn fashion and design. She is about to open her own shop and has high hopes for the future. "I am changing things for myself; the future is hopeful, I am ready."

Nirmala's DEMAND: **Good quality health services near to women's homes**

Married young and living in a society where women traditionally do not have a voice, Nirmala's journey to becoming a part of the *What Women Want* campaign has been remarkable. She counts herself fortunate to have a husband who encouraged her to go back to school after their marriage and later taught tailoring skills to other women in her community who needed to make a living.

That's when she realized how many women were struggling; women who had been abandoned by husbands, were widowed or caring for other family members. She saw that domestic violence poisoned almost every household. "Either women are being beaten, or they are under the threat of physical or verbal abuse and control," says Nirmala. "It is domestic violence which stops so many women from seeking the healthcare which is their right. Even if a girl gets education and skills, as soon as she is married, she has to live under the rules of her husband's family, and you don't have a voice."

Now in her forties, Nirmala insisted that her own daughter was educated and has gradually emerged as a leader in her community. She founded and leads Ragho Seva Sansthan ("In the service of God"), a community-based organisation in Sheikhpura District, Bihar and has mobilized volunteers to help gather the voices of more than 4,000 women from the Sheikhpura and Munger districts of Bihar for the *What Women Want* campaign.

"This campaign has been a game changer in bringing women's and girls' health to the attention of our law makers," she says. Previously, the local Member of Parliament, Chirag Paswan, did not consider maternal health a priority. But we organized district level events where more than 300 women told him they needed doctors, medicines and ambulance services to save lives. He immediately procured an ambulance from his Local Area Development fund. I continue to engage with him and he is now committed to supporting women's health issues."

"Women had never been asked before to think about their own needs. They were used to giving answers about needs of the community–such as water and electricity–but this campaign for the first time made them aware that they had rights and could demand them. Until now women were ignored in the decision making about their own health. Now women have a voice."

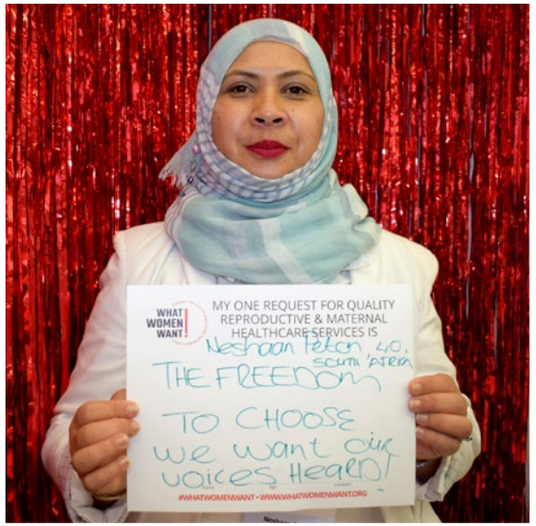
Analysis: every voice counted, every voice heard

The *What Women Want* campaign began with a simple idea: ask those who most use health services to tell us what they most need. **Ask the clients, ask women.**

The 1.2 million answers, however, are far from simple, because women's lives are not simple.

Childbirth, fertility, pregnancy and sex are often major life events that women don't categorize as purely clinical. The clinical is important, but it sits within a rich and complex tapestry of the cultural, emotional, social and economic.

What Women Want let women and girls determine their own agendas, asking in an open way about their maternal and reproductive experiences, as opposed to beginning with a premise of what is important or asking them to decide among a set of options.



Analyzing these unique and often multi-faceted responses was also far from simple. The 1.2 million responses came in many forms and many languages, all translated into English and digitally recorded by national *What Women Want* focal points and their teams. These were then passed to the White Ribbon Alliance Global Secretariat in Washington DC to categorize into relevant themes.

In April 2019, as the campaign's submissions topped a million, the starting point was 50 identified categories related to maternal and reproductive health, but women's and girl's answers took us well beyond that. New categories were created as responses were reviewed; other categories were consolidated depending on volume of answers and/or recommendations by technical and country experts. The final count is 61 total categories with at least 200 responses each.

DEMAND: **There should be a lady doctor for medical treatment of females**

Shuamila, 36 years old, Pakistan

DEMAND: **Stop using abusive language**

Mary, 20 years old, Kenya

Approximately 70% of the responses were painstakingly, hand-coded by trained representatives of the WRA Global Secretariat utilizing NVivo software. Both country and technical experts made quality assurance checks, ensuring the myriad responses were going into the right categories. When women's and girls' meanings weren't clear, coders went back to the country focal points to ask: what are we missing?

The Global Secretariat also leveraged the latest advances in natural language processing (NLP) and machine learning to augment the analysis. Specifically, expert data engineers helped to adapt Google's pretrained BERT model and fine-tuned it as a text classifier to categorize the remainder of the responses with a micro-averaged precision recall score of 83.9%.

DEMAND: **A free environment where women can make choices without being judged.**

Wezzie, 30 years old, Malawi

The next section reveals the roll up of answers from women and girls globally. This information is invaluable in that it shows wide demand for quality healthcare and the common desire—no matter where a woman lives—to be heard and meaningfully acknowledged. However, there is untold power and potential in country-specific information.

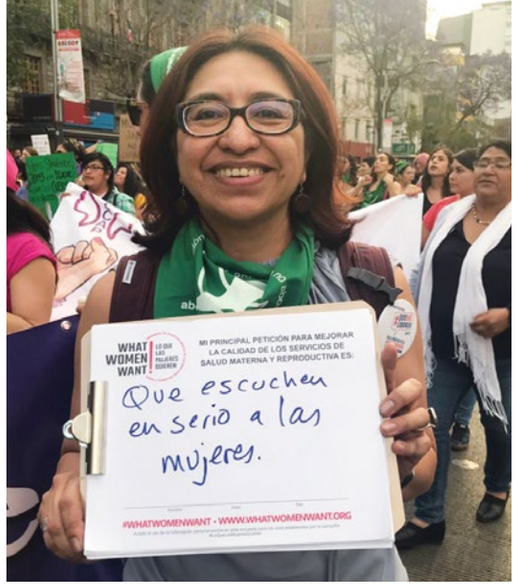
What Women Want is therefore returning the information to the countries it came from and to its mobilizing partners to further review, refine and dig deeper into women's and girls' responses. For instance, an enormous and multi-faceted topic was respectful and dignified care. In country after country, women said they want health providers to listen to them, to be kind to them, to not make them feel small or to dismiss their opinions and personal decisions.

Another macro-topic was water, sanitation and hygiene. Time and again, women said they were fed up with giving birth in dirty and disgusting conditions. They want clean health facilities, clean toilets in maternity wards, a clean bed without having to bring or wash their own sheets and health providers with sterile supplies and clean hands. They want soap and water to wash themselves and their babies after birth.

They want supplies—ranging from blood to gloves to unexpired drugs, and so much more—to be available when and wherever they seek care. Understanding such nuances is imperative for creating policies, programs and services that specific communities will actually use.

Every single woman's and girl's answer will be entered into a purpose-built demand repository, an open source searchable website that will be made available to all. Anyone can search it by country, age or category. The demand repository will launch in late 2019, alongside in-depth profiles of India, Kenya, Malawi, Mexico Nigeria, Pakistan, Tanzania and Uganda. These are the countries who reached the most numbers of women. It follows that they are also the countries with the potential to lead a continued advocacy movement which will bring the changes women want.

What Women Want is first and foremost an advocacy initiative, intended to further demand for quality care and rights fulfilment. *What Women Want* doesn't claim to have produced "research" in the traditional sense, although we hope many will take the evidence provided—the voices of women—and run with it. Because women are no longer waiting impatiently for change. They are agitating for it. Will you honor their voices, their needs, their ideas? Will you listen and act?



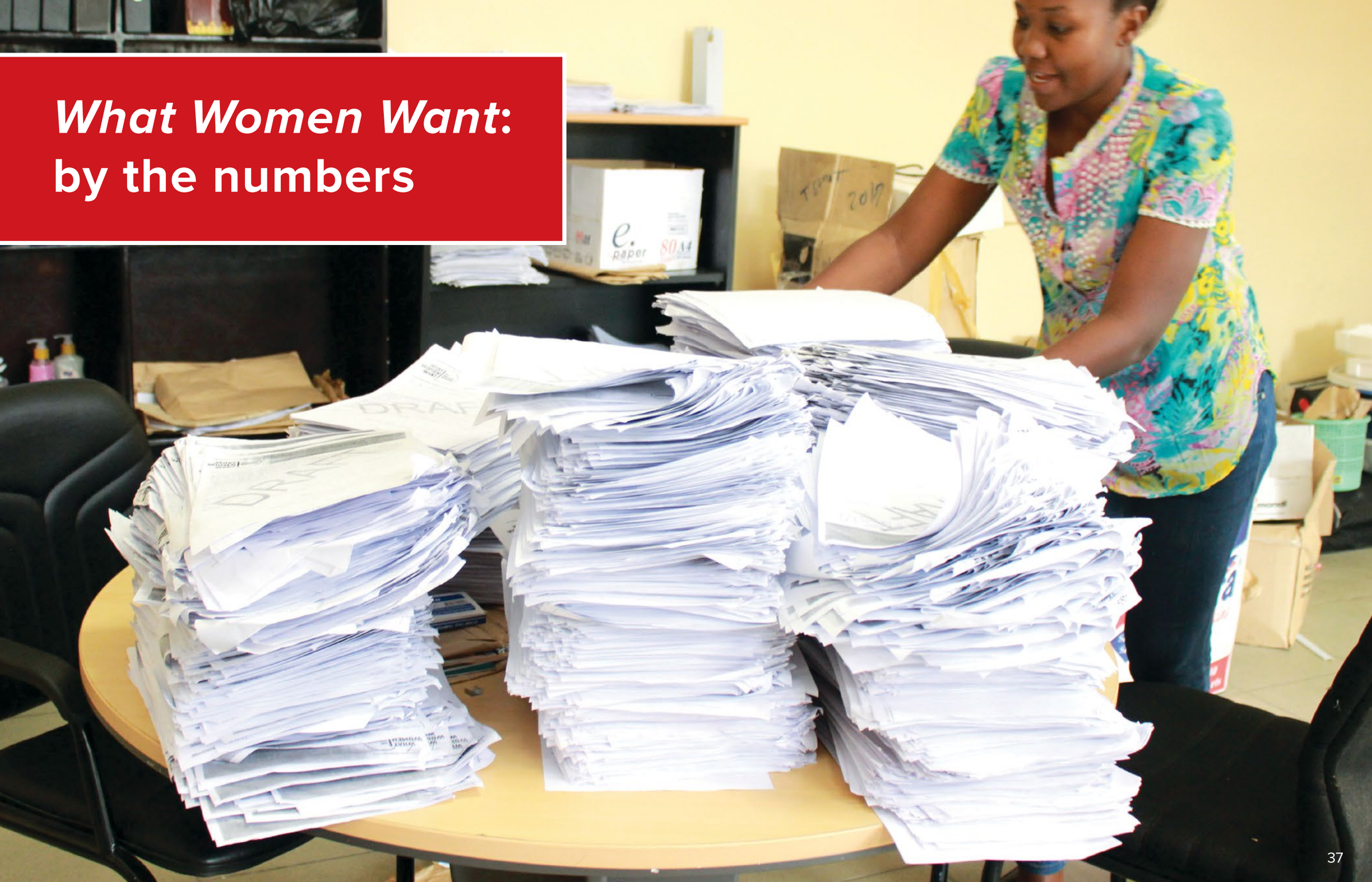
DEMAND: **Allow women to take part in economic development of country**

Ayesha, 33 years old, Pakistan

DEMAND: **It's heartbreaking to share a bed with another patient and they die while you watch.**

Rose, 22 years old, Kenya

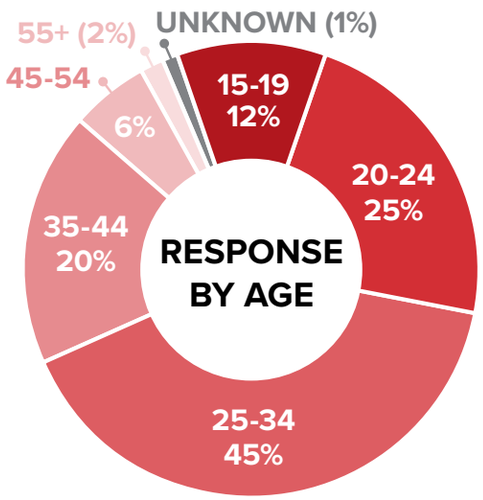
What Women Want: by the numbers



114 COUNTRIES

359 PARTNERS

1,197,006 DEMANDS



The top twenty demands for quality reproductive and maternal healthcare from women and girls globally are presented, as are the results disaggregated by age group.* Many women and girls provided more than one demand, which are reflected in the results. The 143,556 responses from the original *Hamara Swasthya Hamai Awaaz* campaign are not included.

*Demands from those with unknown ages are in included in the global totals, but disaggregated data is not provided for this group.

TOP TWENTY DEMANDS:

1. Respectful and dignified care: **103,584**
2. Water, sanitation and hygiene: **90,625**
3. Medicines and supplies: **82,805**
4. Increased, competent, and better supported midwives and nurses: **65,028**
5. Increased, fully functional and closer health facilities: **59,388**
6. Increased, competent and better supported doctors: **59,015**
7. Free and affordable services and supplies: **58,268**
8. Antenatal information, personnel, services and supplies: **53,668**
9. Labor and delivery information, personnel, services and supplies: **45,323**
10. Timely and attentive care: **43,290**
11. Transportation infrastructure: **39,557**
12. Improved health, well-being, maternal, reproductive and/or general health services: **37,076**
13. Family planning information, personnel, services and supplies: **36,121**
14. Ethical, lawful, non-abusive and secure care : **34,081**
15. Food and nutrition information, personnel, services and supplies: **31,688**
16. Child health and welfare information, personnel, services and supplies: **30,601**
17. More female providers : **26,267**
18. Increased, competent and better supported health providers (general): **21,873**
19. Counseling and awareness on maternal, reproductive and general health and services: **20,840**
20. Menstrual health: **17,729**

Top 20 DEMANDS by age:
15-19 demographic

DEMAND: **More timely and quality attention**

Francisca, 15 years old, Mexico

1. Respectful and dignified care: **12,449**
2. Medicines and supplies: **9,164**
3. Water, sanitation and hygiene: **8,507**
4. Menstrual health: **8,281**
5. Increased, competent, and better supported midwives and nurses: **5,814**
6. Improved health, well-being, maternal, reproductive and/or general health services: **5,282**
7. Increased, fully functional and closer health facilities: **5,095**
8. Timely and attentive care: **4,826**
9. Increased, competent and better supported doctors: **4,341**
10. Antenatal information, personnel, services and supplies: **4,331**
11. Free and affordable services and supplies: **3,881**
12. Adolescent and youth focused information, personnel, services and supplies: **3,802**
13. Family planning information, personnel, services and supplies: **3,729**
14. Labor and delivery information, personnel, services and supplies: **3,551**
15. Ethical, lawful, non-abusive and secure care: **3,332**
16. Transportation infrastructure: **3,014**
17. Counseling and awareness on maternal, reproductive and general health and services: **2,608**
18. Food and nutrition information, personnel services, and supplies: **2,535**
19. Confidentiality and privacy: **2,398**
20. Increased, competent and better supported health providers (general): **2,210**

Top 20 DEMANDS by age:
20-24 demographic

DEMAND: **Do a lot more sex education campaigns and provide HIV testing services at community level**

Ruth, 24 years old, Kenya

1. Respectful and dignified care: **26,506**
2. Water, sanitation and hygiene: **22,524**
3. Increased, competent, and better supported midwives and nurses: **18,661**
4. Medicines and supplies: **17,985**
5. Increased, competent and better supported doctors: **16,764**
6. Free and affordable services and supplies: **14,959**
7. Increased, fully functional and closer health facilities: **12,241**
8. Timely and attentive care: **10,385**
9. Labor and delivery information, personnel, services and supplies: **10,340**
10. Antenatal information, personnel, services and supplies: **9,836**
11. Ethical, lawful, non-abusive and secure care: **8,878**
12. Improved health, well-being, maternal, reproductive and/or general health services: **8,618**
13. Family planning information, personnel, services and supplies: **8,005**
14. Transportation infrastructure: **7,813**
15. Food and nutrition information, personnel, services and supplies: **6,383**
16. Increased, competent and better supported health providers (general): **5,672**
17. Counseling and awareness on maternal, reproductive and general health and services: **5,472**
18. Child health and welfare information, personnel, services and supplies: **4,946**
19. Confidentiality and privacy: **4,039**
20. Beds and bedding: **3,964**

Top 20 DEMANDS by age:
25-34 demographic

DEMAND: **Clean toilet and bathroom**

Laxmi, 28 years old, India

1. Respectful and dignified care: **40,074**
2. Water, sanitation and hygiene: **38,438**
3. Medicines and supplies: **31,674**
4. Increased, competent, and better supported midwives and nurses: **26,670**
5. Increased, competent and better supported doctors: **25,439**
6. Free and affordable services and supplies: **25,220**
7. Increased, fully functional and closer health facilities: **24,877**
8. Antenatal information, personnel, services and supplies: **22,289**
9. Labor and delivery information, personnel, services and supplies: **19,813**
10. Timely and attentive care: **16,847**
11. Transportation infrastructure : **16,588**
12. Family planning information, personnel, services and supplies: **14,705**
13. Child health and welfare information, personnel, services and supplies: **14,200**
14. Ethical, lawful, non-abusive and secure care: **13,955**
15. Food and nutrition information, personnel, services and supplies: **13,849**
16. Improved health, well-being, maternal, reproductive and/or general health services: **13,484**
17. More female providers: **12,118**
18. Increased, competent and better supported health providers (general): **8,579**
19. Counseling and awareness on maternal, reproductive and general health and services: **7,784**
20. Post-partum, stillbirth, newborn and infant information, personnel, services and supplies: **7,126**

Top 20 DEMANDS by age:
35-44 demographic

DEMAND: **We need enough drugs at our hospital so that we will not be sent back without treatment**

Mabimiwaji, 39 years old, Malawi

1. Respectful and dignified care: **17,097**
2. Medicines and supplies: **16,345**
3. Water, sanitation and hygiene: **14,898**
4. Increased, fully functional and closer health facilities: **12,759**
5. Antenatal information, personnel, services and supplies: **12,514**
6. Free and affordable services and supplies: **9,730**
7. Increased, competent, and better supported midwives and nurses: **9,286**
8. Labor and delivery information, personnel, services and supplies: **8,638**
9. Transportation infrastructure: **8,560**
10. Child health and welfare information, personnel, services and supplies: **8,188**
11. Increased, competent and better supported doctors: **8,064**
12. Timely and attentive care: **7,558**
13. Family planning information, personnel, services and supplies: **7,320**
14. Improved health, well-being, maternal, reproductive and/or general health services: **6,658**
15. Food and nutrition information, personnel, services and supplies: **6,519**
16. More female providers: **5,867**
17. Ethical, lawful, non-abusive and secure care: **5,198**
18. Schools and educational opportunities: **3,751**
19. Increased, competent and better supported health providers (general): **3,666**
20. Counseling and awareness on maternal, reproductive and general health and services: **3,314**

Top 20 DEMANDS by age:
45-54 demographic

DEMAND: **Government support for traditional midwives**

Francisca, 47 years old, Mexico

1. Medicines and supplies: **5,302**
2. Respectful and dignified care: **5,072**
3. Water, sanitation and hygiene: **3,716**
4. Antenatal information, personnel, services and supplies: **3,496**
5. Increased, fully functional and closer health facilities: **3,233**
6. Increased, competent, and better supported midwives and nurses: **3,224**
7. Free and affordable services and supplies: **2,838**
8. Timely and attentive care: **2,677**
9. Increased, competent and better supported doctors: **2,640**
10. Transportation infrastructure: **2,504**
11. Labor and delivery information, personnel, services and supplies: **2,070**
12. Improved health, well-being, maternal, reproductive and/or general health services: **1,843**
13. Ethical, lawful, non-abusive and secure care: **1,736**
14. Family planning information, personnel, services and supplies: **1,669**
15. Food and nutrition information, personnel, services and supplies: **1,548**
16. Child health and welfare information, personnel, services and supplies: **1,508**
17. Increased, competent and better supported health providers (general): **1,221**
18. Beds and bedding: **1,042**
19. More female providers: **1,010**
20. Counseling and awareness on maternal, reproductive and general health and services: **1,004**

Top 20 DEMANDS by age:
55+ demographic

1. Medicines and supplies: **1,703**
2. Respectful and dignified care: **1,530**
3. Water, sanitation and hygiene: **1,244**
4. Free and affordable services and supplies: **995**
5. Increased, competent and better supported doctors: **899**
6. Antenatal information, personnel, services and supplies: **837**
7. Transportation infrastructure: **800**
8. Increased, fully functional and closer health facilities: **778**
9. Increased, competent, and better supported midwives and nurses: **701**
10. Improved health, well-being, maternal, reproductive and/or general health services: **649**
11. Timely and attentive care: **638**

DEMAND: **Equal treatment not because someone rich deserves better treatment, we are all women who need help equally**

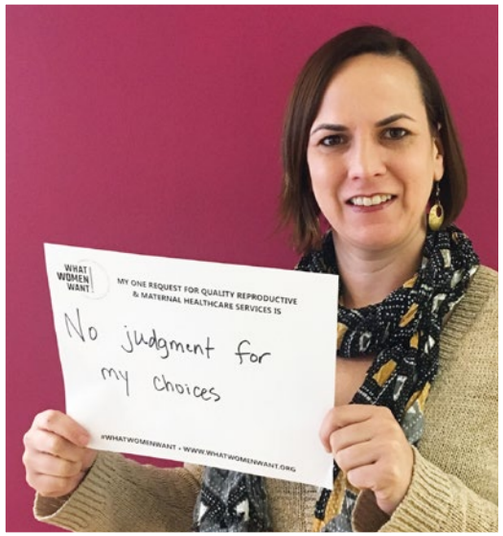
Edna, 72 years old, Malawi

12. Labor and delivery information, personnel, services and supplies: **548**
13. Ethical, lawful, non-abusive and secure care: **513**
14. Food and nutrition information, personnel, services and supplies: **508**
15. Beds and bedding: **488**
16. Counseling and awareness on maternal, reproductive and general health and services: **430**
17. Family planning information, personnel, services and supplies: **377**
18. Increased, competent and better supported health providers (general): **345**
19. Post-partum, stillbirth, newborn and infant information, personnel, services and supplies: **271**
20. Child health and welfare information, personnel, services and supplies: **236**

ALL DEMANDS

Categories with at least 200 unique responses are listed below. Previous categories that are now consolidated are listed next to the category that now includes them.

1. Abortion information, personnel, services and supplies
2. Administration and record-keeping
3. Adolescent and youth-focused information, personnel, services and supplies
4. Antenatal information, personnel, services and supplies
5. Beds and bedding
6. Breast and cervical cancer information, personnel, services and supplies
7. Child health and welfare information, personnel, services and supplies
8. Community engagement and accountability
9. Complete and understandable communication
10. Confidentiality and privacy
11. Continuity of care
12. Counseling and awareness on maternal, reproductive and general health and services
13. Disability information, personnel, services and supplies
14. Electricity
15. Economic opportunity and financial support (housing support; poverty reduction)
16. Empowerment and rights (women's leadership)
17. End violence and harmful practices against women and girls
18. Environmental health and agricultural support
19. Equitable care (Universal Health Coverage)
20. Ethical, lawful non-abusive and secure care (no abuse, misconduct or negligence; no corruption; no discrimination; no fear of detainment, arrest or threat to self and family; security)
21. Evidence, research, innovation and technology
22. Family planning information, personnel, services and supplies
23. Fitness and recreation
24. Food and nutrition information, personnel, services and supplies
25. Free and affordable services and supplies (access to entitlements and insurance)
26. HIV, hepatitis, STI and TB information, personnel, services and supplies
27. Improved health, well-being and maternal, reproductive or general health services
28. Increased, competent and better supported doctors
29. Increased, competent and better supported health providers (general)
30. Increased competent and better supported midwives and nurses
31. Increased, full-functioning and close health facilities (operating and surgical theaters)
32. Infertility information, personnel, services and supplies



"Around the world girls and women are standing up, speaking out and demanding change. What Women Want *is an unprecedented call to action for sexual, reproductive and maternal healthcare. If we do not listen and act on these demands we have only ourselves to blame for stalled progress."*

Betsy McCallon,
CEO of White Ribbon Alliance

33. Labor and delivery information, personnel, services and supplies (maternity wards and waiting rooms; birth companion of choice; alternative birthing practices)
34. Laboratories
35. LGBTQ information, personnel, services and supplies
36. Malaria and vector-borne disease information, personnel, services and supplies
37. Male engagement and shifts in family/partner dynamics
38. Male health providers
39. Medicines and supplies (blood)
40. Menstrual health information, personnel, services and supplies
41. Miscarriage information, personnel, services and supplies
42. More female health providers
43. NCDs information, personnel, services and supplies
44. No demand
45. Peace, no conflict
46. Policy and political change
47. Post-menopausal and elderly information, personnel, services and supplies
48. Post-partum, stillbirth, newborn and infant information, personnel, services and supplies (fistula care; mental health/postpartum depression; family leave)
49. Other
50. Other specific services (e.g. dentistry, eye care)
51. Reduced medicalization or do not want service (e.g. no c-section, family planning, abortion)
52. Referral system
53. Religious support
54. Respectful and dignified care (to feel heard; respect for individual decisions; no judgement; friendly, kind and polite health workers; informed consent)
55. Schools and educational opportunity
56. Specialists
57. Support for traditional, mobile and community health workers
58. Timely and attentive care (24X7 availability; reduced waiting times; no abandonment or rushed out)
59. Transportation infrastructure
60. Water, sanitation and hygiene
61. Want children

"The campaign directly benefits women but also the leaders in charge of making politics, for they can see and read that women are giving good ideas, not only to improve quality. There are many other ideas that will serve politicians."

María Luisa Becerril Strafor,
What Women Want champion, Mexico

The end is just the beginning: a call to action

Asking the "what do women want?" question took courage and perseverance on the part of thousands around the world.

Answering it took **courage and honesty from more than a million more**.

WHAT WOMEN WANT!

How then does the world respond to all those women (and men) who asked, and who answered?

The only way to do them justice is to act on what they have told us.

To the more than 350 partners who endorsed the campaign at its inception we say—now it's time to step up and act. Now it's time to be the change, to question your own assumptions. How can your organizations truly listen to what women are saying? We encourage you to do your own analysis of the demands, to organize dialogues in countries where you work, to bring in new players to discuss and review the findings and utilize the demands to set agendas.

To policy makers and government ministers, we pose this question: do your programs truly reflect what women want? We propose that you hold special 'listening sessions' where you can invite women to speak up and to shape new policies.

Donors, we challenge you to think about doing things differently. We ask you—how are the programs you fund going to respond to what women want?

Women, girls, mobilizers: together we will continue asking the question—what do women want? This campaign is not a one-off. We will go on advocating and activating. We will compile and print the commitments and agendas as they emerge from countries in the year to come. After that we will be part of the action which makes sure that women get what they want.

We all have an important role to play in holding our governments, donors and decisions makers to account.

But we can—and must—take charge of the changes we want to see starting in our own households and communities. Whether we take the time to explain to a relative, journalist or community leader the importance of including women's and girls' voices, ensure there's clean water and proper sanitation at a local health facility, every change we make matters. We do need the bigger system change, but meanwhile we are not waiting around for those in power to move things along.

This campaign has begun to build bridges between the 'ivory towers' of health and development and the communities they are meant to serve. It has started a paradigm shift in which it will no longer be radical to listen to women or revolutionary to act on their demands. These shifts must continue until it is standard operating procedure to have women and girls actively involved in designing the health policies and programs which are meant for them.

Women and girls have spoken. We promised them their words would mean something; if we want them to speak out again, we must not abuse their trust.

We must act to meet their needs.

We can do what women want.

This is only the beginning.

The Women Are Talking

Titilope Sonuga

They say,
when the moon is full
pulling the tide into itself,
the ocean bulges, swells a woman's belly,
and breaks her water.

This story begins,
like all myths, with a woman's body.
Inside her body is the earth, a birth
that changes everything.

There's a storm brewing,
a wayward wind kicking up the dust
of what was buried.

It sounds like a million moving tongues.

The women are talking,
voices raised in unison to one radical question:
"What do you want?"

The answer, a righteous thunder that cracks
the shell of secrets, of shame.

We call in the truth from the shadows,
give it a name.

There's a tide turning, and in its wake,
the debris of a culture of silence.
A movement is born and it changes everything.

Every voice, counted.
Every story, sacred.
The truth is a balm and we speak our own healing.

Kesiime is talking,
about a baby born on a forest floor under the
cover of night,
with a pack of hyena's circling.

Catherine knows,
how a child mothers her own child.
What it means to start over at 19,
and reclaim her story for her daughter.

Ask Rehnaz and Zeenat,
about girls with no childhood

Ask Matilda,
how to chase 10,000
how knowledge returns the girls
to their rightful bodies

Ask Halima,
about loss.

Or Habiba about the knotted rope of grief;
one end tethered to the living,
the other held firmly in the curled hand
of the ones we have lost.

Or my own mother,
born between the pew and the pulpit,
her mother's water breaking on hallowed ground.
One hand raised in worship,
the other catching the baby and the blood.

Praise the women,
the glory and grace of our survival.

Praise the warriors who keep watch.
Who have always known to guard our bodies.
Who learnt the currency of "no"
before our first words.

Praise the chorus of women talking,
of women taking, after generations of giving,
our stories back
our bodies back
ours and ours alone.

We say yes, and we are heard
We say no and everything screeches
to a halt.

Hear us now,
in the ivory towers,
in the boardrooms and the courtrooms.

Who holds the power?
Whose hands write the laws
that make a prison of our bodies?

We undo the chains
by the power of our truth-telling.

The women are talking,
and we are not afraid of
wanting rest,
to be kept whole,
for kindness in our care,
and help within our reach,
choice without judgment.

We have already done the unthinkable
have already dug deep into something as primal as survival.

In India, Kenya
In Bulgaria, America
In Nigeria, Uganda

Across the globe the women are talking.
How radical it is to listen.
How revolutionary it is to answer.

LISTENACT

Listening to women is a radical act.

But acting on what we hear is revolutionary.

White Ribbon Alliance thanks all of the individuals, organizations, partners who contributed to this publication, of which there are too many to name. We value your stories, photographs and perspectives.

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To learn more about this campaign, visit

WHATWOMENWANT.ORG

WHAT WOMEN WANT!