

Women don't want to be superhumans



Afia Jahin is a member of the editorial team at The Daily Star.

AFIA JAHIN

OFTEN as children, my female peers and I would lament over the myriad privileges our male counterparts enjoyed in society, from being allowed to play for hours in the sun (a tan would not diminish their value as human beings) to going out any hour of the day (with their prime fear being that they might be mugged, not that they might be raped and killed). The “best” way our parents and elders discovered of appeasing our (those born after 1980, thereabouts) budding feminist selves was to reprimand us for even *wanting* to be like boys, when we were allegedly so far ahead and above them. It did work on many of us, but sadly I believe a lot of us were unable to see past the rosiness of such a sentiment.

This brand of feminism but not really feminism tends to hyper-humanise women—meaning that, far from being “equal” to men, we are told we are so much stronger, smarter, and more valuable than them. Why? Usually for our ability to birth life within our bodies, and then to work tirelessly and without a whisper of complaint to raise that life while having to put ours on hold, because the father caring for the child in the same way would be emasculating in our cultural context, but the same done by mothers proves them to be superhumanly strong.

While the words used to describe such traditionally maternal characteristics may seem like compliments of the highest degree—“sacrificing,” “selfless,” “unconditionally loving”—they are often just a way of making women continue to

perform physical and emotional labour, so others (and not always men only) don't have to. And when a girl child grows up seeing her mother's woes being remedied by empty praises alone, she learns to expect and accept the same wherever she goes. This is why corporations, for instance, can get away with discriminating against women in terms of wages, positions, participation, etc (while a single Women's Day bouquet and a few candy bars work to establish them as being a “feminist” organisation).

But how can we expect our local businesses to be genuinely feminist, when we always succumb to the same issue of hyper-humanising women in our homes? One social media post I recently came across was by a father who essayed on about how his daughter gave up her packet of chips because her little brother was not satisfied with only his own, and how she silently cried in a corner, not letting her father see her sorrow and not boasting about her sacrifice. I was expecting to read that the father had, by the end, taught his children that his daughter should not have to make sacrifices to cater to her brother's needs, and that she did not need to appear strong by hiding her tears. Instead, it was all praise about how daughters are even better than men *because* of their sacrificial nature.

Do we ever stop to wonder if this sacrificial nature of women is truly inherent, or a trait that they are trained to adopt? Probably not, given how that would mean we would need to acknowledge that women, like everyone else, are just human. They get tired, frustrated, and are not always beautiful and “presentable.” Nor should they have to be.

Then there is this notion that has become default: “Men just aren't as good at doing stuff around the house.” While there is no logical explanation behind *why* men would not be able to perform household tasks “as well as women do,” this



STOCK ILLUSTRATION

is something that most men and women in our society have internalised and practise extensively. This further hyper-humanises women in the sense that now, in the modern world, women are expected to not only have full-time jobs, but also maintain the household and rear children, all at once. For that, she gets a cursory bouquet and a dessert or two in the name of Women's Day or celebratory Facebook posts about the all-sacrificial mother on Mother's Day.

We need to realise that we are doing the opposite of helping the cause of feminism when we term women as superhumans

and only reward them when they adhere to that narrative. We must teach young boys that home is as much theirs to care for as it is of their female counterparts'. We need to break away from the traditional definition of femininity, so that young girls, at home and everywhere else, don't grow up thinking they are somehow less of a woman if they don't cater to every need of everyone around them. We need to stop thinking of flowers and chocolates as compensation for forcing women to try and live up to others' image of them as demi-goddesses, instead of what they are—simple and complete human beings.

The unmet promise of universal healthcare



Ahmed Mushtaque Raza Chowdhury, PhD, is the convenor of Bangladesh Health Watch and former vice-chair of Brac.

AHMED MUSHTAQUE RAZA CHOWDHURY

Like many countries, the Covid-19 pandemic has exposed the vulnerability of Bangladesh's healthcare system. But it has also given us the opportunity to reconsider our approach to healthcare. What we have achieved in terms of socioeconomic development over the last 50 years as an independent nation is the envy of many. While we celebrate it, we should not let it extrapolate into a sense of complacency. Our neighbour Sri Lanka, for example, is way ahead of us when it comes to most development indicators; their maternal mortality ratio, for instance, is 36, while ours is still 173, as per the latest World Bank data.

Our goal as a nation is the all-encompassing “Vision 2041.” As we work towards it, we should not lose sight of keeping the different moving parts in our system in a healthy and functional state—this will allow us to realise that vision in a sustainable way. The healthcare system is one of those critical moving parts. I believe the pandemic has given us the

opportunity to ponder and do something significantly different. Never in the past has the health sector received so much national and international focus. And this is precisely the reason that I think our prime minister should take advantage of this opportunity and do something big and meaningful, which will make her legacy indelible.

I am talking about universal health coverage (UHC). Our prime minister, on a number of occasions, has made a commitment for UHC—most recently at a high-level UN meeting in New York in September 2019. This is also reflected in several policy documents of the government, including the Health Care Financing Strategy 2012-2032, and the 8th Five-Year Plan. Unfortunately, little is seen to have happened on the agenda to make UHC a reality.

UHC is achieved when every citizen receives the health services they need without suffering financial hardship. The key to achieving UHC is by reforming the healthcare financing system. In particular, it requires switching from a system of private financing (mostly people paying for services out of pocket) to a compulsory public system. This has happened in every high-income country of the world—the US is an exception. Many countries in Bangladesh's income level have made tremendous progress

UHC has an important poverty reducing effect as well, as this will save two to three million Bangladeshis from falling into poverty annually due to catastrophic health-related expenditures.

towards UHC, including Sri Lanka, Vietnam, the Philippines, Egypt and Morocco. Interestingly, Sri Lanka's universal healthcare system originated from a national crisis caused by a malaria epidemic in the 1930s, similar to the threat posed by Covid-19 today. Thailand achieved UHC in 2002 after the Asian financial crisis, when its GDP per capita was about the same as Bangladesh's today.

UHC, therefore, is perfectly affordable in Bangladesh, even in the midst of a global pandemic and economic challenges, if there is political will to do so. Experiences from other countries indicate that kick-starting successful national UHC reforms typically requires around an additional one percent of GDP in public financing. All this funding would not be needed immediately, but could be done using a phase-in approach over a period of two to three years.

UHC has an important poverty reducing effect as well, as this will save two to three million Bangladeshis from falling into poverty annually due to catastrophic health-related expenditures. As Bangladesh experiences an increasing burden of non-communicable diseases (NCDs), evidence shows that long-term treatment of such conditions can be nearly as financially debilitating as short-term catastrophic health incidences.

Evidence from around the world shows

that the best UHC strategies focus on achieving full population coverage of a modest package of services, focusing on primary healthcare, but also including selected hospital services. These should and can be provided totally free to everyone.

Because UHC reforms always require significant increases in public financing, they tend to be led by leaders who have the power to reallocate public budgets. Progressive leaders often take this initiative because UHC reforms are extremely popular. Across the world, politicians who have delivered UHC to their people have become national heroes. This was the case in Germany, the UK, France, Australia, Japan, Canada, Korea, Thailand, Brazil, Mexico, and Indonesia.

In the virtual “International Conference on Covid-19 and the Future Health Systems,” organised last month jointly by Brac James P Grant School of Public Health and Bangladesh Health Watch, top health experts from across the world called for implementing UHC as the basis for future healthcare systems. Some of the experts even mentioned our prime minister and strongly urged her to make UHC her top agenda for the next five years. This will make her, as they predicted, the hero for UHC.

We do expect to see her in this role.

QUOTABLE Quote

ZHUANG ZHOU

(369 BC-286 BC)
Chinese philosopher

We cling to our own point of view, as though everything depended on it. Yet our opinions have no permanence; like autumn and winter, they gradually pass away.

CROSSWORD BY THOMAS JOSEPH

ACROSS

1 Halloween fliers

5 Laments loudly

9 Singer Lavigne

11 Tennyson's "— Arden"

13 Poker action

14 Messing on TV

15 Series-ending abbr.

16 Stockpiles

18 Gains in abundance

20 Portly

21 Wandered

22 Show up

23 Blood color

24 Hotel feature

25 Quantities: Abbr.

27 Whirled

DOWN

1 Wearing less

2 Online icon

3 Does a Halloween activity

4 Bro's sibling

5 Car type

6 Low bills

7 Does a Halloween activity

8 React to a ghost

10 Not owned

12 Rashness

17 Central

19 Times for preparation

22 Peaceful seating

25 "Witness" group

26 Oldest

27 Lingerie buy

28 Parade site

30 Hammer ends

31 In a way, informally

33 Stage item

37 Imitating

YESTERDAY'S ANSWERS

C	A	L	L		C	A	R	O	L
E	M	A	I	L	A	T	O	N	E
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পরিচালক (প ও উ) এর কার্যালয়
ফোনঃ ০২-৪২১৪২১৬৫, ফ্যাক্সঃ ০২-৪২১৪২১৬৬

যশোর বিজ্ঞান ও প্রযুক্তি বিশ্ববিদ্যালয়
যশোর

Director of Planning, Development and Works, JUST

No. JUST/PTR/01(21)170

Date: 30/01/2022

Invitation for e-GP (OTM) Tender

Procurement Method	Open Tendering Method of Lab Equipment and Reagent	
Tender ID 654242	JUST/MB/01(21)190 Date: 30/01/2022	Tender Published 03/02/22 at 10.00am
Tender ID 654243	JUST/GC/40(21)164 Date: 30/01/2022	Tender Published 03/02/22 at 10.00am
Tender ID 654244	JUST/GEBT/01(21)24 Date: 30/01/2022	Tender Published 03/02/22 at 10.00am
Tender ID 654245	JUST/PTR/01(21)170 Date: 30/01/2022	Tender Published 03/02/22 at 10.00am
Tender ID 654247	JUST/Chem/01(21)774 Date: 30/01/2022	Tender Published 03/02/22 at 10.00am
Tender ID 654692	JUST/Phar/892(21) 533 Date: 30/01/2022	Tender Published 03/02/22 at 10.00am

This is an online tender, where only e-Tender will be accepted in e-GP Portal and no offline and hard copy will be accepted. To submit e-Tender please register on e-GP System.

Paritosh Kumar Biswas
Director
Planning, Development and Works, JUST, Jashore

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