

Women Hold Up Half the Sky

WIPHN News

A publication of the
Women's International
Public Health Network

Volume 12 • Winter 1992

The scientific world is shaken to its roots. In spite of all its money, the intricate machines, the vast progress in scientific knowledge, and a lot of goodwill, we are now terrified by violence, dishonesty, population, shortage of food, shortage of energy, and inflation.

—Cicely Williams 1974.

BREAST IS BEST: the words are not enough!

Everyone agrees, theoretically at least, that "breast is best". This adage is supported by groups of pediatricians, obstetricians and nurses alike. Why then is the "best" not avidly, -enthusiastically and universally encouraged? Why are professionals who say that "breast is best" not promoting breastfeeding more persistently?

Perhaps an analogy would help to answer these questions.

When health professionals discuss immunizations they declare loudly and clearly that immunizations are best. Scientific evidence shows that infectious diseases are prevented if infants and children are vaccinated. Society is so strongly in favor of immunizations that in some countries children cannot go to school if they have not been vaccinated. Mothers who have not vaccinated their children feel GUILTY when they are told how immunization could have prevented the illness. Similarly mothers who knowingly choose not to give their children breastmilk may feel guilty if their children are sickly. Health professionals do not make mothers, fathers or anyone feel guilty about

their health or nutrition practices. Huge outreach campaigns emphasize the need for immunizations in order to prevent childhood infectious diseases. Mothers do not escape the message easily. Good mothers immunize.

ON DICK JELLIFFE

"Dick Jelliffe passed away on March 18, 1992. Long associated with UNICEF, he helped change the way the world thinks about public health in developing countries. He was an innovator in the broad field of child nutrition, but it was as an international authority and fervent advocate for breastfeeding that he became best known, and it is here that his work has especially influenced our own. The Baby Friendly Hospital Initiative is itself testimony to his tireless advocacy."

*James P. Grant,
Executive Director, UNICEF.
Statement made at the closing
session of the June 1992 UNICEF
Executive Board.*

Yet after breastfeeding campaigns mothers do not rush to breastfeed despite the fact that mothers' milk also prevents infectious diseases and many other illnesses in babies and children. (It also promotes women's health!).

Have health professionals been "bought" by private industry? The manufacturers of artificial animal or vegetable protein concoctions lose money when mothers breastfeed.

Therefore they participate in programs to fund hospitals, provide free products, produce subtle anti-breastfeeding materials, disguised as promotion pieces, fund "scholarships" and "research" grants and more. All these clever marketing techniques work well. The inferior product sells, breastfeeding rates decline, and childhood illnesses and hospitalizations rise.

Many mothers feel angry when they discover that someone knew all along about the right thing and never chose to tell them. They have been hindered from breastfeeding their young and prevented from doing their best to keep their children healthy.

Who wins and who loses? Currently there is a tangle of self deception intertwined with hugely successful marketing of an inferior product -formulated cows milk by the same professionals who profess to support breast is best.

—Charlene L. Stokamer

PROMOTING BREASTFEEDING IN HUNGARY

Giving birth and raising children in Hungary in the 1990s is a lot like it was in the U.S. 30 years ago. Possibly worse.

Pre-natal care is inadequate: some 10 percent of the babies born here are pre-term. The infant mortality rate in this central European country of about 10 million, is 15.8 per 1,000. The peri-mortality rate is 17 per 1,000. These rates are among the highest in Europe.

Birthing techniques are antiquated. Women lie flat on their backs, their legs tied with leather straps to the stirrups. Five or six beds line up in the operating rooms under florescent lights. Two or maybe three nurses are the sole attendants to the women who are in labor. Husbands or other loved ones are not allowed to participate.

After the birth, women are separated from their babies and not allowed to see them for the first 12-20 hours. Thereafter nurses bring the infants to the mothers every three hours during the day for breastfeeding. The babies stay with their mothers long enough to breastfeed—about 20 minutes. At night the babies receive formula. Tea is commonly given to the infants as well.

One new mother complained that a nurse admonished her for trying to loosen her baby's clothing to see her newborn's body. Mothers are not to cuddle or talk to their babies, this young mother was told; they are supposed to concentrate on breastfeeding.

Promoting and supporting breastfeeding is a top health priority in the 1990s for UNICEF and WHO. Yet bottlefeeding is the norm in Hungary.

Only 45% of the Hungarian mothers choose to breastfeed their babies. Hospital nurseries routinely give infants tea and other supplements. Pediatricians instruct mothers to feed babies fruit at 3 weeks. Women are taught to breastfeed on a rigid schedule of every 3 hours. They offer only one breast per feeding, then are instructed to pump that same breast "to empty it"—a physical impossibility. They donate or sell their milk to local milk banks which give the breastmilk to mothers who cannot breastfeed or to premature newborns.

Our objective this year at La Leche League of Budapest has been to organize a group of public health nurses, hospital nurses, obstetricians and gynecologists, pediatricians and health ministry officials to improve health conditions for mothers and babies.

The group has listed 7 objectives it hopes to meet in 5 years.

- encourage 60% of mothers to breastfeed
- launch active birthing and rooming-in policies in 7 model hospitals
- provide continuing education for health professionals
- set up mother support groups nationwide
- develop a Hungarian language library of books that will help mothers, doctors and nurses
- teach health education to school children
- begin a media campaign to promote breastfeeding.

*Alison Langley, Budapest
For complete article write WIPHN

STOP PRESS - WANTED MONEY AND AIR

Nestle's and AHP are promoting "a new weaning" milk, only "suitable for babies six months and older". It appears that illiterate mothers are buying this product for younger infants and using it instead of formula with potentially disastrous effects. We have received a few anecdotal reports that suggests serious problems can result. We are trying to study what is really happening. The product needs to be monitored carefully. PLEASE SEND US ANY CASE REPORTS OF ADVERSE EFFECTS ON INFANTS ON "GOOD START" THAT WILL HELP US WITH THIS STUDY. Also note Carnation's "Good Start" is packaged in 16 ounce cans just like other brands but the can only contains 12 ounces! This gives the impression of more for less money. - (ACTION NEWS Fall 1992 calls this "four free ounces of air").

SANITARY PROTECTION in BANGLADESH

Sanitary protection is a practical need for all women during a major part of their lives. The methods with which women cope with this monthly need vary greatly. While women in developed countries rely on disposable sanitary towels and tampons, most women in the developing countries use rags.

Intermediate Technology, an international development organization, has recently completed a study to determine the sanitary protection practices, problems, and needs among poor women in Bangladesh. The study was conducted by Naripokkho, a women's advocacy and research organization. The first phase involved group discussions with women of similar socio-economic backgrounds in both rural and urban areas. In the second phase of the study a women-only workshop of NGO representatives and field workers was convened, to elicit further information, and to identify strategies to address the sanitary protection problems. The study revealed that myths and restrictions regarding the washing and disposal of menstrual rags are very strict. Rags are washed often without soap, and are hidden to dry in damp, dark conditions which promote that growth of bacteria and fungi. As a result, quite a few women suffer from infections and other related health problems. Furthermore, menstrual taboos impose restrictions on women's freedom and mobility. This sometimes affects the livelihood of working women.

The workshop participants identified a number of recommendations to address the problems. Increasing access to disposable sanitary towels was ruled out, as most of the women interviewed could not afford such items even if available. It was felt that menstruation and sanitary protection should be specific focus of all health education programs. Restrictions and precautions dictated by menstrual taboos affect a woman's mobility and her activities. Educa-

tion programs should be aimed at both men and women to dispel the myths and taboos.

Furthermore education programs should focus on the hygienic care of sanitary protection materials. The use of soap and cheaper alternatives such as washing powder and bleach should be promoted and popularized, and women should be encouraged to dry the rags outside in order to benefit from the sanitizing effects of the sun. Another recommendation was that indigenous improvements already developed in some areas be popularized throughout Bangladesh. These include the use of underpants to hold menstrual rags securely and the storage of rags in plastic when not being used. Menstruation and sanitary protection are extremely sensitive issues in Bangladesh, and as such are not discussed openly.

The workshop provided a unique opportunity for women to share information and experience about this subject, and to collectively recommend ways to improve the situation for all women.

For more information contact Allison Mathews, Intermediate Technology, Myson House, Railway Terrace, Rugby CV21 3HT, United Kingdom

EXCLUSIVELY BREASTFED LOW BIRTH WEIGHT TWINS MAKING GOOD PROGRESS

The low birth weight twins Oko and Akuetteh (reported in WIPHN News Vol. 5) were exclusively breastfed for 6 months. This appears to have been unique since exclusive breastfeeding (without water supplementation and pre-lacteal feeds) is rare in Ghana, as revealed by a current survey of breastfeeding practices by the Ghana Infant Nutrition Action Network. Breastfeeding for the twins was continued for 2 1/2 years with appropriate local weaning foods commencing at 6 months and subsequently leading on to adult foods. The growth charts from birth to 3 years are eloquent testimony of the crucial role of breastfeeding in the survival of these low birth weight



Twins (aged 3) and mother doing fine

babies. This study has provided further support to the established evidence that low birth weight babies thrive on mother's milk.

The relative freedom from the usual infections and the prompt recovery from the few which occurred in both babies was quite impressive. The first twin, Oko, continued to thrive despite a bout of malaria at 3 1/2 months and intellectual and developmental performance is as good as term or normal weight infants.

*Herman Odoi, Ghana. *For a copy of the complete article, write WIPHN*

THOUGHTS ON CONTRACEPTION 1992

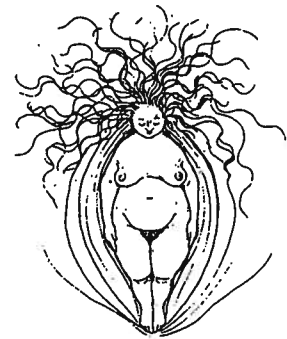
Current literature states that for 6 months, a woman has 98% protection against conception if she fully and exclusively breastfeeds, if and only if she doesn't get her period. This means no pacifiers, water bottles, or returning to work or school; no prolonged stretches of time without nursing.

Nursing at night is also important. There are good studies and statements to support this. One is the Bellagio Consensus statement. Another is the paper published by

the World Bank "Promote Breastfeeding in Projects to Limit Fertility."

Using breastfeeding for fertility control is like any other method in that if done incorrectly, chances are increased that it will fail and that it is not effective. However the lactation amenorrhea method of child spacing (LAM) is different from other methods in that it has health benefits for both mother and baby, it is essentially free, and it is readily available.

Despite this, there seems to be reluctance in the medical community to accept this. For example one medical director said "I have no objection to this material but I hesitate to offer breastfeeding as a contraceptive method due to the high contraceptive failure of our patients and their historical reluctance to breastfeed in the manner required to suppress ovulation." I was also told not to teach LAM to patients because their physicians didn't know anything about it.



From: Vitality, Winter 1991/92.

Women in clinics are asking for Norplant as they regard it as a magic method to avoid pregnancy. In most clinics women are not given all the facts to make an informed choice. A Wyeth-Ayerst company publication on Norplant states "steroids are not considered the contraceptive of first choice for breastfeeding women"

It is distressing that women who want the most technologically advanced methods of birth control will exchange the benefits of breastfeeding for the risks of expensive biotechnology.

Nikki Lee, USA.

**For full copy of article and references write WIPHN.*



Formula marketed in a US supermarket using government program logo.

MARKETING AND BREASTFEEDING

The promoters of infant formula would have the modern woman believe that bottle-feeding is the norm. Many ads and subtle messages assume that the young mother will bottle-feed her baby. When listing the ingredients of a formula, the primary element, bovine milk, is missing from the label. The verbal message is that formula is equivalent to human milk. More than one woman has been shocked to discover that the formula she feeds her baby does not provide immunity to disease as does human milk. She assumes "scientists" have come up with the perfect nutrients formulation for her baby. In fact, the formulations for artificial baby milk are changed frequently and represent one of the largest uncontrolled experiments in altered nutrition for humankind ever conducted.

While the bottle may be a passive container that can be filled and emptied, the lactating breast is both a storage vessel and a manufacturing site. In addition the dynamic interplay between infant and mother cannot be duplicated outside of breastfeeding. It is essential that health care providers support breastfeed-

ing in every possible way to rid their offices and institutions of overt and subtle messages that it is okay to use artificial formula.

*Kathleen Auerbach, USA.
Editorial "Journal of Tropical Pediatrics", October 1992.*

BREASTFEEDING TRENDS IN NORTHWEST MEXICO

In a study of 73 mothers (by the Centro de Investigación en Alimentación y Desarrollo, A.C.) it was found that breastfeeding was commonly discontinued seven days postpartum. Ninety percent of the mothers changed to formula because of "insufficient breastmilk". The signal for insufficiency was the child crying or refusing the breast. Other reasons cited were sore breasts, cracked nipples and leaking milk.

The need for a support system to encourage breastfeeding was cited for this town of Hermosillo. At the present time the women are not informed of the benefits of breastfeeding their infants and consequently abandon the process at the slightest inconvenience.

Rosario Roman-Perez, Sonora, Mexico.

LET'S CHANGE THIS:

WOMEN DIE FROM ILLEGAL ABORTIONS HAVING BEEN DENIED FAMILY PLANNING

Doctors, midwives from all over the developing world met in Uppsala Sweden to discuss maternal health care. A major concern was the women who die annually, painful miserable deaths because of illegal abortions as they lack access to family planning. One of the main reasons for this is the position of some of the major world religions.

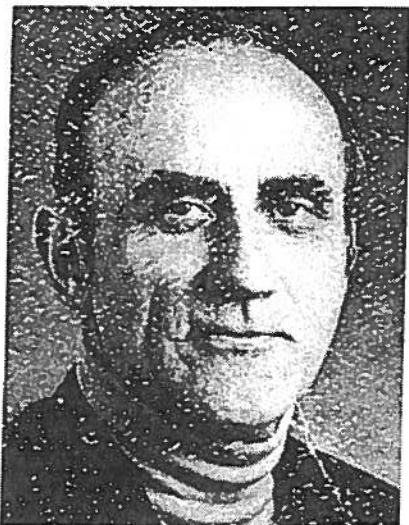
Something has to be done to change this. We came up with the idea to have an Amnesty International-like action especially for women in developing countries. Every time you become aware of an abortion disaster take action. Write a detailed letter (excluding the patient's name) to the Pope or other religious or responsible leaders about death-related to the unavailability of contraceptives.

Dr. Douwe Verkuyl, Bulawayo, Zimbabwe.

A full report of this meeting in Uppsala is available from WIPHN. Send copies of your letters to Dr. Verkuyl, PO Box 958, Bulawayo, Zimbabwe.



Tribute To Professor Derrick Jelliffe



SCIENTIST and HUMANIST

Dick Jelliffe was born in England 71 years ago. He worked in four continents as a professor, researcher and pediatrician. He headed the Caribbean Food and Nutrition Institute, chaired the first department of pediatrics (UNICEF funded) at Makerere Medical School in Uganda. The last 20 years of his life Dick Jelliffe was professor and chairman of the Division of Family Health and Population at UCLA School of Public Health.

I consider myself especially lucky in having had the opportunity to work with him on the second and now the third edition (in press) of *Mother and Child Health: Delivering the Services* (Oxford University Press). His depth of knowledge and practical insights were extraordinarily perceptive and often ahead of the times.

His work in the field of nutrition and especially breastfeeding has stimulated major research and program efforts. His commitment to the promotion, protection and support of breastfeeding has made him very special. In the face of significant pressure, Jelliffe continued to express outrage at commerciogenic malnutrition and minimalists whom he blamed for the erosion of breastfeeding. At every opportunity he spoke, wrote and defended breast-

feeding. He loved images and used charts, diagrams and illustrations which now are reproduced in many publications and programs. He introduced many descriptive terms such as secotrant (second year); dyad; multimixes; minimalist and commerciogenic which were known Jelliffisms.

He was an excellent clinician, scientist, humanist and researcher. He authored over 300 publications and many of these are well known texts and guidelines. He influenced policy and programs of governments and agencies such as USAID, PAHO, WHO and UNICEF. He was full of fun and wit, highly principled and he was a friend to all who sought him. His partnership with his wife Patrice Jelliffe was steadfast and true to the end. We are indeed fortunate to have had him as champion of women and child health and hope that the many people he trained and influenced will carry on his efforts to improve the health and nutrition of mothers and children everywhere. In this issue we have included just a few tributes to Dr. Jelliffe. His numerous books, journals and publications will continue to stimulate us and hopefully clone more Jelliffians.

—Naomi Baumslag



Jelliffe providing services in Rwanda



PROTECTED AND PROMOTED BREASTFEEDING

It is seldom that one can credit an individual, or a pair of individuals (Derrick Jelliffe always worked closely with his wife Patrice) with being the key factor in a movement of major global social significance. I can do that with respect to Pat and Dick and the progress that has been made in protection and promotion of breastfeeding in the last quarter century. This is not to say that there weren't critically important allies such as Cicely Williams, Bo Vahlquist, Ben Platt, Paul Gyorgy, Naomi Baumslag and Roy Brown; but it was Dick and Pat who provided the sparks at certain critical times. In the late 1960s Dick came to me and said he needed to reach top management and marketing people in the infant formula companies. Prof. Vahlquist, as Chairman of the Group Feeding the Pre-school Child, of the FAO/WHO/UNICEF Protein Advisory Group (PAG), of which I was Secretary, supported the organization of a special meeting. Dr.

Abraham Horwitz enthusiastically arranged for the Pan-American Health Organization to join UNICEF in sponsoring a 2-day meeting in Bogota, Columbia, in 1970, which involved a half-dozen international pediatrics authorities and a half-dozen top management and marketing personnel of infant formula companies.

There was a "tough" exchange of views—ice was broken. As had been agreed, no substantive record of the meeting was distributed, but a simple report was published in the "PAG Bulletin". Subsequently, the PAG was willing to hold follow-up meetings. The perceptive Jelliffes observed that although some crucial progress had been made, future consumer activist pressure would be essential. Eventually, there were the U.S. congressional hearings and the WHO/UNICEF Conference in Geneva in 1979 which led to the adoption of the Code of Marketing for breastmilk substitutes. It should be noted that all the while the Jelliffes engaged in these critical promotional activities, they greatly enriched the literature providing a scientific basis for the support of breastfeeding.

—Les Tepley, USA



ENCOURAGED LACTATION COUNSELLORS

I first heard Dr. Jelliffe lecture at UCLA on the Nestle boycott in the seventies. After I became LL Leader in 1975, I was invited annually to speak to his public health class about La Leche League and the importance of the support person. He brought his PhD candidates to the lactation institute on an annual field trip to see the facility, learn how we operate, and be introduced to the LC field.



Dr. Jelliffe was the father figure I turned to for professional advice and help from the conceptualization to the current status of the LC field. He instinctively understood the need for and importance of a professional lactation expert. Anytime I didn't know which direction to head politically or how to get something done, he was always there as a resource. He grasped breastfeeding at both clinical and theoretical levels, the importance of both volunteer and professional breastfeeding personnel, as well as academia and the medical professional communities. Because of the breadth of his knowledge and insight in these areas, his advice was invaluable; his impact on our field profound.

I will miss his dry wit and political acumen, but most of all I will miss the solid support and faith. The world is impoverished by his loss. So am I.

—Chele Marmet, USA



PEDIATRICIAN and ADVOCATE OF CHILD NUTRITION

Dr. Jelliffe held the first Chair in Paediatrics at Makerere University, Uganda where I trained. His memory lingered long after he left. The subject he advocated, namely child nutrition, particularly breastfeeding has also become my pet subject. When one sees how this helps child survival one gets hooked.

In October of 1991 the Kenyatta National Hospital received the commemorative plaque of "Baby Friendly Hospital". Effort and commitment is needed to maintain this Baby Friendly Initiative. Many of us are committed but there is still much to be done. The large number of mothers compared to the number of medical staff limits time spent with mothers.

A few minutes with a mother makes a big difference. If everybody who comes into contact with mothers gives the same message it goes a long way. Despite high qualifications of health professionals many are not trained in techniques to encourage and support breastfeeding mothers. This has prompted the start of lactation management training for the entire staff in the hospital. Though knowledge among health workers is high, there are some gaps in attitudes and practices.

—Rachel Musoke, Nairobi

**CALL FOR
CONTRIBUTIONS TO THE
JELLIFFE'S FOUNDATION
AWARD**

This Foundation Award has been established in tribute to the great pioneering work of the late Professor Derrick B. Jelliffe and his widow E. F. Patrice in promoting the health and well being of the world's infants and children, and in gratitude for the unfailing support and encouragement which the Jelliffes always extended to others who were trying to work for the same cause.

An Annual award will be presented to a worthy young person who is doing valuable work for the health and nutrition of infants and children and for enabling mothers to breastfeed. The candidate will be selected on the basis of recommendations to the Foundation Board, of which Mrs. Patrice Jelliffe will be a member, and according to criteria set by her.

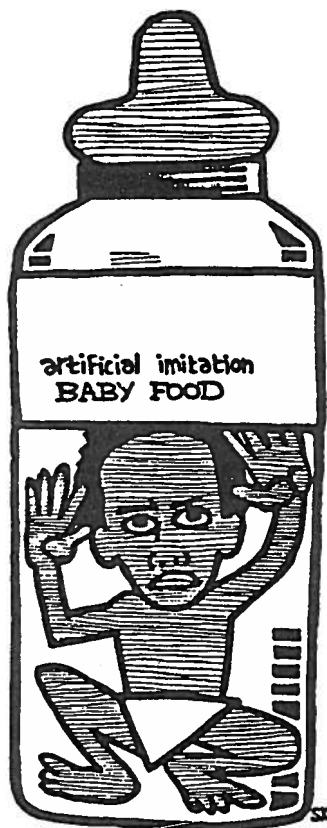
The Foundation's account is : A/C D3-103,996.0, Societe de Banque Suisse, Bureau O.M.S. Avenue Appia, 1211 Genève 27, Switzerland. Donations must be marked: E.F. Patrice Jelliffe and Elisabet Helsing for the Jelliffes Foundation.

**PREVENTING
"COMMERCIOGENIC
MALNUTRITION"**

The world of international nutrition lost a towering figure with the death of Dr. Derrick Jelliffe. I first became acquainted with him at the 1964 meeting at the National Academy of Sciences on "Preschool Child Malnutrition: Primary Deterrent to Human Progress". Eyes fixed to the ceiling, and seemingly in a messianic trance, he brilliantly synthesized this meeting that became a landmark for the explosion of interest in international nutrition. Until then I had known little about nutrition, but the meeting itself—and Dick's presentation in particular—hooked me.

He moved me to run off and write a small piece for The New Republic's Christmas issue. ("For the Child Who Has Nothing")—and I've been in international nutrition ever since. Of his many rich contributions to the literature, the phrase I will most remember was the title of an article for Food Technology called "Commerciogenic Malnutrition," in which he twitted companies for their aggressive promotional practices of infant formula. A vintage "Jelliffism".

—Alan Berg, World Bank, USA.



CALLED A SPADE A SPADE

Jelliffe wrote—Dr. Dugdale can only be assumed to have been secluded in an information proof cave accessible solely to formula company propaganda.

World Health Forum Vol. 5, 1984.

**TRAINED CLINICIANS AND
RESEARCHERS
IN COMMUNITY NUTRITION**

Nearly 30 years ago as a young pediatrician I was accepted by Dick Jelliffe in his Department of Pediatrics and Child Health in Kampala. Dick was very supportive and encouraging to all members of his department and since he was a prolific contributor to the medical literature, he set a very high standard for all of us to work and describe our work for publication. It was not publish or perish, but rather publish and try to keep up with the Jelliffes.

A major contribution that I would like to acknowledge is Dick's obsession with the importance of breastfeeding and the fact that he promoted it in every situation. There were NO feeding bottles permitted in the major medical institution in Kampala with 10,000 deliveries every year and approximately 150 new patients in the hospital at all times. Every infant or child was either breastfed or fed with a cup and spoon, but Dick never tolerated a feeding bottle in Mulago Hospital. Another little known fact is that while Dick Jelliffe was so prolific in his pediatric writing of both books and articles, and while he was an excellent spokesperson for the promotion of breastfeeding and for general pediatric teaching, very few knew of his remarkable clinical abilities. Dick would come to what was known as grand rounds on a weekly basis without having known any of the patients beforehand. A case would be presented and he arrived at accurate clinical judgments and with remarkable recommendations for appropriate therapy.

We will remember Dick Jelliffe not only for his major contributions to the international pediatric literature, but for his getting many people tuned in to the absolute importance of promoting breastfeeding. His influence is felt and will continue to be felt for a very long time in both the developed and the developing world.

—Roy E. Brown, Valhalla, New York

WE MUST PREVENT ADVERTISING THAT NEUTERS PUBLIC HEALTH

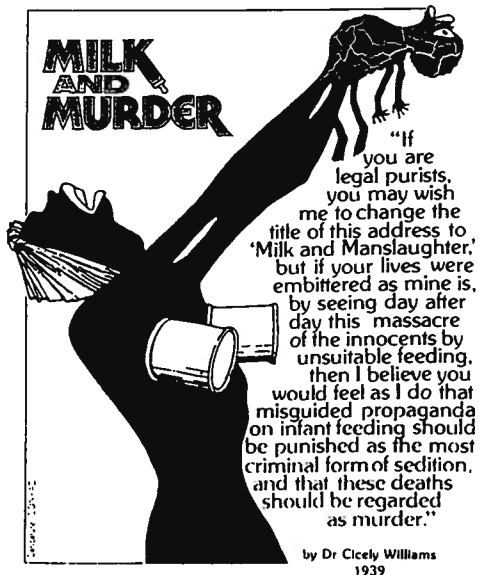
... We of the AAP (and similar organizations in most countries) are two-faced and hypocritical. We usually support breastfeeding—at least in a minimalist* fashion—but can functionally destroy our sometimes abstract support by negating our devout declamations by neutering financial entanglements with formula companies, such as support for meetings, research and other activities. Likewise, the excessive infusion of formula ads in pediatric journals (and other professional publications) is curiously labeled “ethical” on the assumption that readers will be able to view the content wisely and make appropriate judgments. I do not believe this is the case—our training gives us little knowledge of the techniques of persuasion of Madison Avenue.

More than 20 years ago, we banned all formula ads from the Journal of Tropical Pediatrics on the grounds that they were exactly what was not required in these parts of the world. The Journal has survived and flourished.

Derrick B. Jelliffe

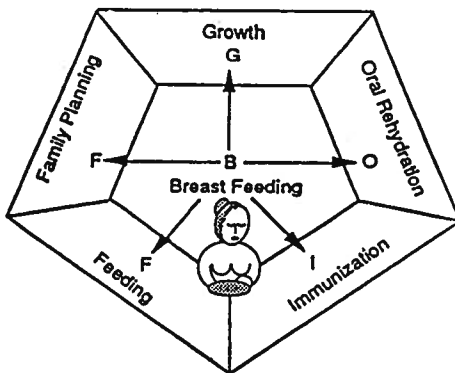
Source: “Ethical Stand” on Formula Ads
AAP Newsletter, April 1991.

* Derrick Jelliffe used the term minimalist to describe people who did little or nothing to protect or promote breastfeeding.



INTEGRAL TO CHILD SURVIVAL

When Dr. Jelliffe spoke at a breastfeeding lactation management course his talk was electrifying. He was forceful in expressing his disappointment at the attitude of professionals in not recognizing the importance of breastfeeding in the GOBI-FFF. He stressed the importance of the central role played by breastfeeding in child survival and to drive the point home he drew his diagram which gave the role of breastfeeding in child survival more force. Since that time, I have always used the diagram. Not only do people ask for a copy of the diagram but confess they never before understood the crucial role breastfeeding plays in child survival.



It is time that the status of breastfeeding is reviewed. What strategies have been developed to cope with women’s need to work as well as breastfeed? Are we achieving the true integration of development? Are we aware that without the “passport” to life- children may not survive?

The current decline in breastfeeding, if it goes unchecked, may undermine the success of the other health promoting factors eg immunization, for which Swaziland has a good record. It is therefore a responsibility of society to promote and protect breastfeeding against external influences that tend to undermine breastfeeding.

—Nomajoni Ntombela, Swaziland



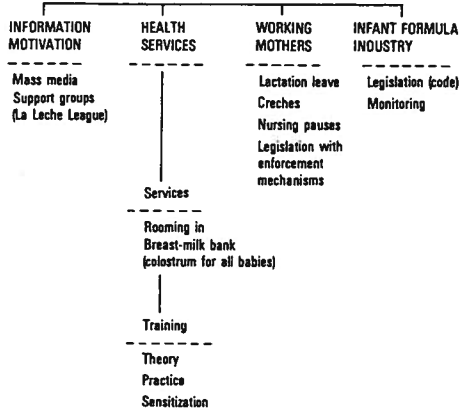
TEACHER and HUMANIST

Dr. Jelliffe was for everyone, but his highest priorities were for women and children. Indeed, he was a leading spokesman for women’s health through his strong and persistent advocacy for breastfeeding in spite of many obstacles. He was a spokesman for women which reminds us that advocacy has no gender or racial boundaries. A charmer, he was fresh, honest and amusing with his students. He used these talents to obtain a consensus of opinions at conferences, being able to understand all points of view.

In all things common sense prevailed and it reminds us when being deluged with figures, scientific reports, research, that the absolute test is if it is practical. He paid great attention to the users...the villagers themselves, and respected them not only in terms of their needs, but also in terms of their opinions. He was a teacher of charm, integrity and honor.

—Fred Zervas (former student)





Four elements of breastfeeding programs.
Photo B. Wolf, UNICEF, Ecuador

AHEAD OF THE TIMES

My first correspondence with Derrick Jelliffe occurred in 1975 when he asked if he might reprint a path model of suggested relationships between relationships that I used to explain world-wide lactation failure. I experienced the thrill of seeing that path model and my presentation cited in *Human Milk in the Modern World*.

Dr Jelliffe was well aware of the many ways in which culture shapes behavior and thus influences physiological functioning. A true teacher, he never made his students feel that their questions were less important than his. His greatest legacy may well be in how steadfastly he encouraged others to carry on his work by continuing to seek answers that mothers can then apply as they put their precious babies to breast. God bless you, Dick Jelliffe.

—Kathleen G. Auerbach, USA



TRAINING and RESEARCH

I joined Dick Jelliffe at Makerere in Uganda and spent a year in his department as part of my NIH post-doctoral fellowship. He had a message and he delivered it with passion and conviction.

At Makerere Dick assembled quite a crew of junior faculty. He had a chore for each of us and he conducted this fairly independent and rather unruly crew with masterly skill. In the process, the department ran well, the clinical service was covered, and we learned a great deal. Each of us had a research project. Dick not only encouraged us but also provided us with very fine guidance that made our effort much easier. He taught by example and allowed us to engage him in debates that were often punctuated by his wit, especially when we disagreed with him.

We all dispersed throughout the world. That year in Makerere and the influence exerted by Dick [and his wife Patricia] have remained with me. I shall miss him very much.

—Michael Katz, USA

THE GLOBAL CONNECTION

Though I first met Dr. Jelliffe at a La Leche League meeting in 1964, our first introduction had been through the mail. He was stationed in East Africa and over time translated much of our material for use in a local newspaper and for radio broadcasts. You can imagine our astonishment that mothers in Africa were urged to nurse their babies like the women in America were doing! Thus began a long and fruitful association. The support he gave the La Leche League provided us with much needed credibility with health and government agencies the world over. His expertise was a valued resource. Personally, he was a joy to know and to work with. A gentle man with uncommon good sense, deprecating wit to put you at ease and a talent for inventing catchy phrases that said it all—in three words or less!

So while we grieve at our loss let's not forget to also rejoice at our good fortune!

—Marian Tompson, USA



From: *Vitality*, Winter 1991/92.



ENCOURAGED NURSING MOTHERS PEER SUPPORT GROUPS

My first recollection of Dick Jelliffe goes back to 1974-5. I was new in the breastfeeding world and had just attended my first La Leche League convention. An article came out in *Vision* (a Spanish language magazine, similar to *Time*) discussing Adolfo Chavez' assertion that Mexican women did not produce enough milk after the first two months of life. As an anthropologist, I was perplexed by the possibility of this generic mutation that had made a whole society of women inefficient milk producers. Having heard Dick speak at the La Leche League, I had the audacity to write to him with my query as to whether what Chavez had said could be possible.

Much to my surprise, he answered me with a wonderful letter! As the years went by and I had more contact with Dick, I realized that he was one of the staunchest defenders of mothers that existed in the health professions. When no one else thought it important, he encouraged the fledgling La Leche League of Mexico to continue to develop as a peer support organization for the middle and upper class. In Brazil, his and Pat's consultant report led

to the wonderful nursing mothers groups that were probably one of our first experiments in peer support. He shared much wisdom with us during the first Mother-to-Mother encounter in Jamaica in 1982.

He has been a presence and power at every important international event that has moved mother-to-mother breastfeeding support forward over the last two decades. My greatest regret is the loss of his careful analysis and his special clarity on the importance of mothers, especially in breastfeeding promotion.

Dick and Pat were very much partners and I was never sure where Dick ended and Pat began. Consequently, we know that through her continuing work, his spirit will live on. Now more than ever, we need that spirit in our struggles to stop "commerciogenic malnutrition" and to work towards a mother and baby-friendly world.

—Judy Canahuati, Honduras



THE IMPORTANCE OF THE "CONFIDENCE TRICK"

Dick Jelliffe often wrote about the importance of the "confidence trick"—mother's confidence in their ability to breastfeed, and about how health workers could help mothers gain this confidence. The "confidence trick" is equally important for those who are helping other mothers breastfeed. They too need confidence in their own abilities. Living as he learned, Dick was the most generous of confidence builders. My first, timid letter to the famous professor dates back to 1970. I was a young Norwegian housewife and mother of two who never had published a word in English...and he replied! In thick felt pen, slightly askew, slightly illegible, which added to its mystique. Being taken seriously by the great Dr. Jelliffe gave me a confidence boost with lasting effects. I later came to understand that I was one of an enormous number of persons to whom the Jelliffes generously gave their time and energy, thus encouraging the remarkable spread of understanding and acceptance of the lactation process, and helping to bring breastfeeding back to mothers and babies. Even so, this was only part of their work, which spanned most aspects of public health nutrition. We miss Dick Jelliffe, his warm encouragement and his moral example. He has given us the confidence to carry on.

—Elisabet Helsing, Norway



BREASTFEEDING: THE BABY'S CHOICE

A new videotape, filmed by Swedish midwives, Ann-Marie Widstrom, Anna-Berit Ransjo-Arvidsson and Kyllike Christensson is a beautiful 3 minute time-lapse sequence of the first 2 hours after birth. The videotape illustrates the newborns' instincts to move toward the breast when in skin-to-skin contact with the mother and provides insights into the newborns wants and needs. Several normal stages of newborn behavior during this 2 hour interval have been identified:

1. Relaxation—the first stage after delivery the baby is relaxed and without mouth movements, the arms are flexed.
2. Awakening—small thrusts and movements are seen in the head and shoulders
3. Active—mouth and sucking movements and rooting reflexes begin and increase
4. Crawling—the baby approaches the breast with short periods of crawling movements
5. Resting—in between periods of activity, the baby rests
6. At breast—the baby reaches the areola, becomes acquainted with the breast by licking and touching
7. Suckling—after becoming acquainted with the breast, and in the right position, the baby begins suckling

8. Falling asleep—after a period of suckling, both mother and baby become more and more sleepy and fall asleep

Vergie Hughes, USA

*Copies of the video can be obtained through the Lactation Center at Georgetown University Hospital, 3800 Reservoir Rd., N.W., Washington, DC 20007, (202) 764-MILK (6455).

United Nations Development Fund for Women

In Senegal in West Africa a project is underway to help women in the village of Loboudou. UNIFEM provided funds for the women here to buy a grinding machine which frees them from the labor of pounding their staple food, millet by hand. Other income-generating activities such as making loans to the villagers for housing construction and community improvement, are being set up by the women of this village.

US Committee for UNIFEM, Falls Church, Virginia



A proposed replacement.

A SYMBOLIC CHANGE NEEDED

WHO, UNICEF, IPA have agreed that a new international symbol for identifying areas for infant and child care in public places such as airports, railway stations and shopping districts, is needed. A baby bottle is currently much used in such areas, and a new image that does not reinforce "the bottle feeding culture" is being sought through an international contest proposed for this new logo. It will have a dual effect of raising the awareness about the importance of breastfeeding and replacing a negative image.

BFHI News, UNICEF

A BALANCED VIEWPOINT

"Breast is Best" posters adorn the walls of MCH clinics all over the world. Doctors summarily give the same advice to all new mothers: give your baby breastmilk only, keep it away from cow milk or canned milk. Agreed, breast milk is more nutritious, and has more advantages than animal milk. Agreed, milk substitutes are more expensive and less "complete" foods than the original product.

But circumstances sometimes make the well-meaning mother unable or unwilling to breastfeed her baby at one or more times during the day. Work outside the home, lack of privacy, conflicting advice from elder women and maternal ill-health are some reasons why this happens. In India, a peculiar reason for not breastfeeding is the mother-in-law, who, in her effort to dominate the new arrival, does not let it leave her lap, even if it means substituting a filthy bottle for the mother's breast.

Overworked doctors and nurses in understaffed clinics overlook these bitter facts of life, and do not talk to mothers. This results in babies being fed a mixture of concentrated buffalo milk, diluted tinned milk and microbe-laden water with grubby bottles and unwashed nipples.

In a developing country, where mothers rarely return for post-natal check-up, incomplete feeding advice represents a "missed opportunity" to ensure a healthy diet for a growing infant.

Doctors, while understanding the practical difficulties involved in infant rearing, should qualify their dietary advice.

Sanjay Kalra, CMC Ludhiana, India
* abbreviated by editor





BABY-FRIENDLY NEWS

ARGENTINA labor laws give mothers 90 days maternity leave, plus 2 half-hour nursing breaks for a year after childbirth.

BELIZE—The Ministry of Health has forbidden all maternity facilities to accept free supplies of infant formula.

HONDURAS—Breastfeeding rates have increased nearly 4 percent since a government policy promoted breastfeeding to 6 months in 1990. No promotion for breastmilk substitutes is permitted in hospitals.

Bangladesh, Columbia, Namibia, Pakistan, Swaziland, Switzerland and the United Kingdom have all taken steps to promote breastfeeding and most to stop providing free and subsidized samples of breastmilk substitutes.

Water not needed by exclusively breastfed (Almroth, Brown) full-term, non-ill infants even in hot humid areas.

Nursing women with high physical activity deliver 9% more calories to their infants than sedentary nursing women. (C. Lovelady)

Formula price-fixing and NGO's. In June the US government charged three of the largest formula companies with price-fixing of the formula they sell to the government's WIC program. American Home Products and Mead Johnson settled out of court. Mead Johnson agreed to deliver 3.6 million pounds of infant formula (worth \$25 million) to the WIC program. Abbott Laboratories did not join the consent decree and court charges have been filed. Critics charge that price fixing is also occurring in the international marketing of infant formula.



FEEDING THE WORLD WITH COLA

Global food and health problems are staggering; an estimated 780 million people are chronically undernourished, 192 million children under five have protein energy malnutrition, and an incredible 2000 million are micronutrient deficient (Vitamin A, iodine and iron).

Paradoxically, in the midst of this widespread undernutrition, the problems of overnutrition are also increasing. It is estimated that half of the countries of the world are currently having to grapple not only with hunger and malnutrition but, at the same time, with a growing incidence of diet-related diseases such as cardiovascular disease, diabetes and some cancers.

Devising solutions to these problems is the task set by WHO and FAO in their International Conference on Nutrition (ICN) in Rome 5-11 December. But if the ICN's preparatory meeting is any guide, Rome will be the scene for political horse-trading, infiltration by the food industry and much empty rhetoric instead of action.

Issues where public interest NGO's do not see eye-to-eye with the official ICN version of events include:

- the role of international debt, IMF imposed structural adjustment policies and the liberalization of trade in exacerbating the starvation and malnutrition suffered by poor people in poor countries.
- the importance of population nutrient goals (as set in the WHO report, "Diet, nutrition and prevention of chronic diseases") as a guide for agriculture, food and nutrition policies throughout the world.

In a rare moment of frankness a food industry representative, who

was interviewed by a TV channel, revealed their attitude to the world's nutrition problems. he said, on film, that cola was important for developing countries because, when water supplies were contaminated, it was safe for children to drink cola! A modern day version of "let them eat cake"?

Jeanette Longfield, Geneva

WABA CRAWL

At the World Alliance on Breast-feeding Action (WABA) Meeting February 1991 Dick Jelliffe in one of his characteristic exuberant moments improvised this calypso dance to the Caribbean beat:

Baby do de WABA crawl
T'row de bottle on de wall!
Bres'fed baby grow up tall,
Make de others feel so small.
WABA, WABA, WABA.

Contributed by Helen Armstrong

THANKS GO TO WIPHN MEMBERS

The Institute for Development and Training thanks the following WIPHN readers who reviewed the revision of IDT's Training Course in Women's Health: Laura Cao Romero de Abascal; Maria Cadaxa; Brenda Campbell-Beyman; Judith Fast; Mary Garcia; Mary Jane Hamilton; Phyllis Jenkins; Sanjay Kalra and Judith Stocks.

The new, revised edition of the training course in Women's Health will be available in mid-1993.



Three trained staff nurses are employed full-time at Baragwanath Hospital South Africa to mix formula! A costly waste of human resource



PUBLICATIONS BY WIPHN MEMBERS

A Woman's Guide to Yeast Infections by Naomi Baumslag, and Dia L. Michels, Pocket Books, copies available from WIPHN for \$5.95 plus postage.

Penny van Esterik; *Women, Work and Breastfeeding* (1992) Cornell University Monograph. Creative ways in which breastfeeding may be incorporated into work schedules is explored. The author contends that a tremendous decrease in health care costs would occur and would result in mothers not needing to take time off to care for sick children.

GOING HOME (4:46 min at \$10.00) and *VOICES* (27:58 min at \$20.00) These are two new videos on the prospect of repatriation for refugee women and children. *Order from: Women's Commission of Refugee Women and Children, c/o International Rescue Committee, 386 Park Av., South, 10th Floor, New York, New York 10016, USA.*

AHRTAG (1992). Resource list of Free International Newsletters' 1992/3 edition. Covers health care related issues including disease control, AIDS, mother and child health and health education. Indexed by subject, language and geographical focus. *Copies are available from Margaret Elson AHRTAG, 1 London Bridge St, London SE1 9SG, United Kingdom.*

"Reaching Out to Poor Women through Grassroot Initiatives: an Indian Experiment" and "Dynamic Agents of Population Control and Change Process: an Indian Experiment". Working Women's Forum. *Contact: Ms. Jaya Arunachalam, 55 Bhimasena Garden Rd., Mylapore, Madras-600 004, India.*

Q/A on Infant Feeding, A Panel of Experts Takes a New Look, recommendations from the Expert Meeting on Optimal Infant Feeding Practices, September 24-25, 1990. Nutrition Communications Project, Academy for Educational Development, 1255 23rd St., N.W., Washington, D.C. 20037, USA.

In/Fire Ethics, newsletter for the International Network of Feminists Interested in Reproductive Health, 1436 U St., N.W., Suite 301, Washington, D.C. 20009-3916, USA.

"Breastfeeding is Easy" bilingual (English and Spanish) simple pictorial booklets for clients who do not read well by Charlene Stokamer. *Available from WIPHN for \$1.00 per copy plus postage. Bulk discounts available.*

BFHI News, the Baby-Friendly Hospital Initiative Newsletter, UNICEF House, 3 UN Plaza, H-9F, New York, New York 10017, USA.

Training Manual for Treatment and Prevention of Childhood Diarrhea with Oral Rehydration Therapy, Proper Nutrition, and Hygiene, a publication of the International Child Health Foundation, American City Building, P.O. Box 1205, Columbia, Maryland 21044, USA.

Rooney, C. (1992). Antenatal care and maternal health: How effective is it? *Safe Motherhood Newsletter. Maternal Health and Safe Motherhood Programme, Division of Family Health, World Health Organization, Geneva, Switzerland.*

Cunningham, A; Jelliffe, D.B.; Jelliffe, E.F. (1992). Breastfeeding, Growth and Illness. An annotated bibliography was prepared as a contribution to information dissemination for WABA (World Alliance for Breastfeeding Action),

Cook, R. (1992) International Protection of Women's reproductive Rights, 24. *New York University Journal of International Law and Politics* 645-727. The right to regulate one's fertility under international law is a composite right. The article analyses ways in which laws and practices deny, obstruct or condition availability and access to reproductive health services are being challenged.



US Government Printing Office. Washington 1992. Staying healthy, being aware: health care after forty. Printed for the Select Committee on Aging.

Training manual for treatment and prevention of childhood diarrhea with oral rehydration, proper nutrition, and hygiene. A manual for nurses and other health providers working with families in the US. Obtainable from the International Child Health Foundation, P.O. Box 1205, Columbia, MD 21044.

Mothers and Child Survival 1992. PVO Child Survival Lessons Learned Conference. The Johns Hopkins University School of Hygiene and Public Health, PVO Child Survival Support Program 103, E. Mount Royal Av., Baltimore, Maryland 21202.

Women and Health: Leadership training for health and development: Project Final Report. Write Barbara Carpio, School of Nursing, faculty Health Sciences, McMaster University, 1200 Main Str., Hamilton, Ontario, Canada L8N 3Z5. To order educational manual write Canadian Society for International Health, 1565 Carling Avenue, Suite 400 Ottawa, Ontario, Canada K1Z 8R3



MEETINGS

1993 - 2nd Caring Conference, Expressions of Caring in Nursing: Exploring our Environmental Connections, Boca Raton, Florida, March 4-6, 1993, Boca Raton Sheraton. *Contact: Florida Atlantic University College of Nursing (407)367-3260.*

Global Health Consciousness: Building Bridges to a Common Future, April 2 & 3, 1993, at the University of Texas Medical Branch, Galveston, Texas, USA. For more information contact: Carol Escajeda, UTMB of Nursing at Galveston, Continuing Nursing Education, 1100 Mechanic Street, Galveston, Texas 77555-1029, USA.

International Conference on Nutrition, December 5-11, 1992. *Contact: United Nations Food and Agriculture Organization/WHO, Rome, Italy.*

IBFAN Code Training Course in French, Jan. 19-28, 1993. Ouagadougou, Burkina Faso. *Contact: IBFAN, P.O. Box 19, 10700 Penang, Malaysia.*

Training Course for Master Trainer/Assessors (in Spanish), Feb. 1-14, 1993. La Paz, Bolivia. *Contact: James Mayrides, UNICEF La Paz, Bolivia.*

Fifth International Interdisciplinary Congress on Women (FIICW), February 22-26, 1993, Costa Rica, Central America. Panels on "Black Women's Identity", "Black Women's Livelihoods in the Developing World" will draw on experiences from Africa, Latin America and the Caribbean and the panellists will be representatives of these regions. Sponsored by: UNIFEM. *Contact: Mirta Gonzalez-Suarez, Prieg-Universidad de Costa Rica, Costa Rica, Phone: 34-1495 or Fax: 53-4601; or Sandra Martin, UNIFEM/Latin America & Caribbean Section or Africa Section, 304 East 45th Street, New York, NY 10017, USA, Phone: (212)906-6400 or Fax: (212)906-6705.*

ORGANIZATIONS THAT HAVE RECENTLY JOINED WIPHN

The National Women's Centre of Japan is dedicated to training women through seminars, lectures, group discussions, individual study projects, and other educational programs. The Centre's comprehensive training facilities are available to any group whose subject matter relates to women's education. Research in the field of women's and family education is also promoted.

Centre for Diarrhoeal Research, Bangladesh, Maternal Health and Family Planning, CH-FP Extension Project, ICDDR, B, Mohakhali, Dhaka, Bangladesh. Contact: Sheila Ryan-Hussein.

Cisas (Centre for Information & Advisory Services in Health), Public Health Education, Apto. 3267, Managua, Nicaragua. Contact: Maria Hamlin Zuniga.

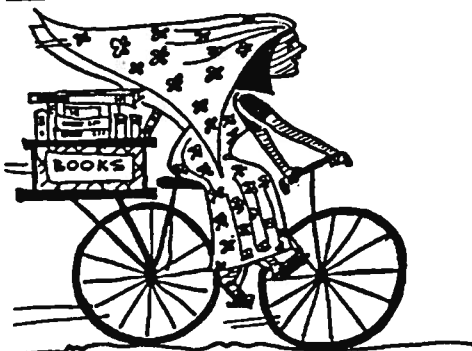
SPAHF (South Pacific Alliance for Family Health, P.O. Box 729, Nuku'Alofa, Kingdom of Tonga. Contact: Fofou Akau'ola.

Joint Bank-Fund Library, Population and Human Resources Department, Population Health & Nutrition Division, The World Bank, 1818 H St., N.W., Washington, D.C. 20433, USA.

TAPS, Caixa Postal 20981, 01498-970 São Paulo-SP, Brazil. Contact: Hildegard Bromberg Richter, Director.

Institute for Reproductive Health, Resource Center, Georgetown University Hospital, 3 PHC, Ob/Gyn Department, 3800 Reservoir Road, N.W., Washington, D.C. 20007, USA.

IPAS Library (International Projects Assistance Services, 303 E. Main Street, Carrboro, North Carolina 27510, USA.



JOB OPENINGS

National field director national women's political caucus. Need field and campaign or organizing experience, enjoy working with people and able to create and implement a field plan. Organization is non profit. Send resume to Jody Newman, National Women's Political Caucus, 1275 K Str., NW, Suite 750, Washington DC 20005.

JOBS IN HIV/AIDS NGO Support Programme. Wanted Program director, project officer and finance officer for Rockefeller foundation HIV/AIDS NGO Support Programme. Write Seth Berkeley MD Chairman, Interim Steering Group, HIV/NGO support Programme. 1133 Avenue of the Americas New York New York 10036 Tel 212 869-8500.

SHADOW DAY-PEACE CORP WID Togo has begun a new program for health care workers to get a better understanding of their communities. They each follow a woman through her day and then share their experiences. We need to do more of that around the world. From The Exchange Vol. VI No.III, 1992 Peace Corps Washington DC

WANTED THE WOMENS INTERNATIONAL PUBLIC HEALTH NETWORK

WIPHN now has over 2700 members around the world from 85 countries. Currently 133 womens and health related organizations have joined WIPHN. We also have exchanges with many other organizations.

Our next newsletter (Volume 13) will be on WOMENS HEALTH and WILLIAMS. Please contribute to this issue. Write an article of one to one and a half pages; or something for our "Let's Change This" column; information on your organization's activities: relevant research: new publications or photos; sayings or illustrations and meeting announcements. We also will have a tribute to Dr. Cicely Williams who died on July the 13th 1992 at the age of 98. If you have anything you would like to contribute in any of the sections please send it to WIPHN by the end of February, 1993.

NEW PROGRAMS



Health Education for Professionals Experienced in School and Other Community Settings- an Extended MPH Degree Special Pathway. Scholarships are available for Washington State residents. For further information contact: Robert N. Collins, Ed. D., CHES, University of Washington, Department of Health Services, Health Education, 1107 N.E. 45th St., Suite 215, Seattle, Washington 98105, USA.

Expanded Promotion of Breastfeeding: a program to extend the scope of global breastfeeding promotion. Wellstart International is working in collaboration with the World Health Organization to collect data and monitor breastfeeding trends and is offering an in-house research expertise backed by a network of specialized advisors. The research agenda is designed to address biomedical, social, and programmatic gaps in knowledge about breastfeeding. Host country research opportunities and partnerships with U.S. institutions will be supported.

Contact: Wellstart, 3333 K Street, N.W., Suite 101, Washington, D.C. 20007, USA or the local USAID mission. For more information contact: EPB Project Officer, Bureau for Research & Development, Office of Health, U.S. Agency for International Development, Washington, D.C. 20523-1817, USA.

COSTA RICA. A new law "to promote social equity for women" protects nursing mothers from job dismissal. It also aims to improve government services and support for working parents by establishing the legal framework for setting up community based infant care centres.

Source: *The Baby-Friendly Hospital Initiative Newsletter, Oct. 1992*

**SEASONS GREETINGS
FROM WIPHN
Be an active member
volunteer and write to
us.**



SCIENTIFIC FACTS ON BREASTFEEDING

Breastfeeding Is Better Than Any Other Form of Feeding

1. SPECIFIC BIOCHEMICAL COMPOSITION

- lactoferrin
- zinc binding ligand
- breastmilk lipase
- high taurine content
- bioavailability absorption of iron and zinc
- rapid digestion of fat
- optimal supply for development retina and parts of the brain
- inositol—decrease respiratory distress syndrome and retinal dysplasia in premature infants.

2. ANTIINFECTIVE PROPERTIES

- clean—no opportunity for bacterial multiplication
- mortality of bottle feeding three times greater than breastfed infants.
- live cellular content
- wide range of humoral factors such as lysosome, bifidus factor, and lactoferrin
- specific dyadic antiinfective factors such as IgA
- Antiparasitic substances
- protection against bacterial and viral enteral organisms (E.Coli

diarrhea, polio, cholera etc) particularly important in developing countries.

- lethal effect on giardia lamblia and entameba histolytica

3. ANTI-ALLERGIC PROPERTIES

- presence of secretory IgA
- absence of large amounts of cows milk protein, allergens especially betalactoglobulin
- limitation of absorption of foreign protein macromolecules
- protection against infantile cows milk protein allergy, including atopic eczema

4. GROWTH MODULATION

- hormones, enzymes and numerous recently recognized substances such as epidermal and nerve growth factors
- probable nutrient sparing and growth stimulation of specific tissues

5. CONTRACEPTION

- hormonal secretion, mainly prolactin, possibly hypothalamic beta endorphin

- lactation amenorrhea and biological child spacing of great public health significance

6. ECONOMICS

- major national agro-economic resource
- important elements in achieving national food self-sufficiency, saving of foreign currency for imports

7. NONINFECTIOUS DISEASES

- Diabetes
- malocclusion
- SIDS
- cancer in mothers (ovarian, breast and cervical) and infants
- urinary tract infections
- higher IQ
- bonding

8. ENVIRONMENTAL PROTECTION

- breastfeeding produces no waste and consumes no ecological resources

This list was developed by Derrick Jelliffe
We have most of the references. We would appreciate any update on this list. Please send references as well.



From: Women's News, March/April 1992.



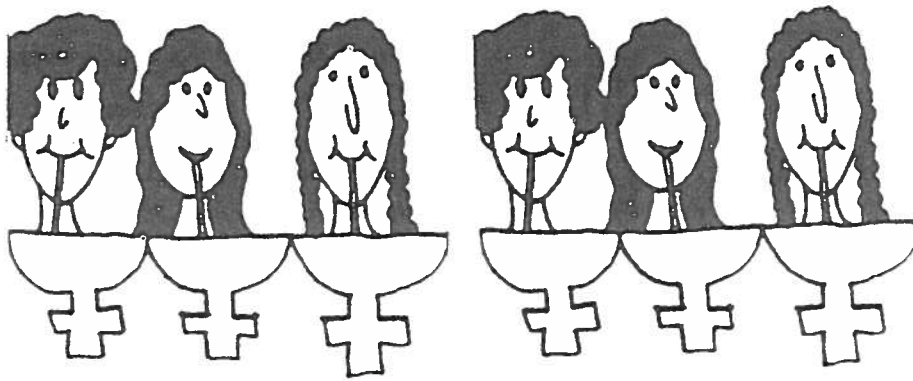
From: Women's News, March/April 1992.



From: Women's News, March/April 1992.



From: Women's News, March/April 1992.



The Women's International Public Health Network

The Women's International Public Health Network was formed as a grass roots movement at the World Federation of Public Health Association Meeting in Mexico City (March 1987), to provide all women in the field of public health with an opportunity to work together to improve women's health worldwide.

Who Is It For?

Any woman working in public health.

What Are The Objectives?

To serve as a resource network and umbrella organization for women's groups throughout the world in health or health related areas. Through this educational support and communication network, women in public health will be able to maximize their resources and work together more effectively to promote better health for all women.

What Do We Do?

- Provide support to colleagues in the field of public health. Groups in each country share information, experiences, ideas and resources. Colleagues visiting from other countries will find a network of friends.
- Promote women in international public health and identify women's issues such as: safe motherhood and health rights.
- Network with other women's organizations.
- Publish a newsletter that addresses international women's health issues, programs and opportunities.
- Participate in policy development

related to women's health and publish position papers on specific issues.

- Serve as an exchange forum.
- Maintain a speakers bureau and sponsor programs, panels, and meetings at conferences.
- Provide technical assistance.
- Offer information on existing training, resources and materials for identified needs.
- Act as a resource for funding information and opportunities for members.
- Research neglected women's health areas.
- Provide employment information through a job bank.

Telephone: (301) 469-9210;
FAX: (301) 469-8423

BOARD OF DIRECTORS

President: Naomi Baumslag, MD, MPH
Chair: Claudine Malone, MBA
Treasurer: Douglas Mackintosh, DrPH, MBA
Karen Laishman, MPH
Dory Storms, MPH, DrNS
Rene Smit, CNM
Laura Einstein
Linda Vogel, BA
Steven MacDonald, MA, BA

ADVISORY BOARD

Dr. Cicely Williams, England
Dr. Moira Browne, Sierra Leone
Dr. Susi Kessler, UNICEF
Dr. Pearl Mashalaba, Botswana
Dr. Bethania Melendez, Panama
Dr. Fathia Mahmoud, Sudan
Dr. David Morley, England
Dr. Misbah Kahn, Pakistan
Dr. Aviva Ron, Israel
Katherine Springer, UNDP
Dr. Joyce Lyons, Initiatives
Dr. Karin Edstrom, Sweden
Margarita Papandreou, MPH, Greece
Dr. Judy Canahuati, Honduras

WIPHN News Editorial Staff

Editor: Dr. Naomi Baumslag
Assistant Editors: Esther Kazilimani
Claire Senseman
Staff: Yvonne Dysinger
Blanca Keogan
Dr. Douglas Mackintosh
Nikki Lee
Dr. Ralph Yodaiken
Jasmin Dada
Production: Jane K. Myers

ISBN No. 1 ISSN 1050-19081

WIPHN
7100 Oak Forest Lane
Bethesda, MD 20817

To:

NONPROFIT ORG.
U.S. Postage
PAID
Permit #7538
Bethesda, MD