Women Hold Up Half the Sky

WIPHN News

A publication of the Women's International Public Health Network

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"What I feel is that it is senseless to devote so much money and personnel to training, distribution and employment of 'scientists' while so little is spent on employing or training people for the benefits of thousands in need." Cicely D. Williams, MD

IS MENOPAUSE A DISEASE?

The climacterium is a physiological phase in a woman's life cycle. But some people have started to call it a disease due to the so-called climateric syndrome or "estrogen deficiency". The climateric syndrome has been realized to be strongly related to social and cultural factors and mainly to be a disease of western women. Furthermore, some studies have suggested that only a few menopausal symptoms are actually related to changes in the sex hormonal system.

The climacterium has been said to be linked to various health problems of old age, such as osteoporosis and heart disease. Drugs containing estrogens or estrogens and progesterone, commonly called hormone therapy, which previously were used for menopausal symptoms are now used for a number of conditions such as prophylaxis of osteoporosis. Despite numerous studies on hormone therapy, many questions, like what are the effects and side-effects of long term use, are still under debate and the recommendations of hormone use for prophylaxis of heart diseases and osteoporosis are still contradictory.

Since 1989, we have studied women's experiences of the climaterium and its medication, especially hormone therapy. In addition, we surveyed physicians' and medical students' opinions about the use of this medication. The use of hormones has increased rapidly in Finland and in 1989 a fourth of the postmenopausal women aged 45 to 64 years were currently using hormones and nearly half had at some point used them.

The incidence is high compared to many other countries. In our study, the use was strongly related to socioeconomic factors and hormone users were selected according to health. Hormone therapy was very popular in 1989, Finnish gynecologists expect more women will be using hormones. It should however be noted that Physicians in other specialties and students of medicine were more conservative in recommending hormone therapy.

Päivi Topo, Helsinki, Finland.

BATTERED AND PREGNANT

"My husband beat me during each pregnancy. He threw away the vitamins and would not let me go back to the clinic. He said I didn't need the medicine for the kidney infections. I was too scared to go to the emergency room. I knew the doctor or nurse would look at me and ask, or wonder, Why does she stay? Why does she not leave? All those kicks, all those beatings, all those falls, there was no one for me. I would sit alone at night and imagine receiving a hug." (35 year old mother of six children)

The horror of abuse during pregnancy is a reality for one in six pregnant women. An ethnically stratified cohort of 1,200 African-American, Anglo and Hispanic pregnant women were followed throughout pregnancy in Houston, Texas and Baltimore, Maryland to determine the frequency, severity, and location of physical abuse during pregnancy and associated characteristics of the abuser and entry into prenatal care.

Using a straightforward three-question Abuse Assessment Screen, data on the first 691 women to deliver detected a 17 percent, one in six, prevalence of physical or sexual abuse during pregnancy. The women reported assaults of punching, kicking, cuts, severe contusions, burns, broken bones, head injuries and weapon wounds. Abuse was recurrent, with 60% of the abused

women reporting two or more episodes of violence. Anglo women experienced the most episodes of abuse. Additionally, when compared with African-American and Hispanic women, Anglo women experience more severe episodes of abuse. When potential danger of homicide was evaluated, it was the Anglo woman who was in the most danger.

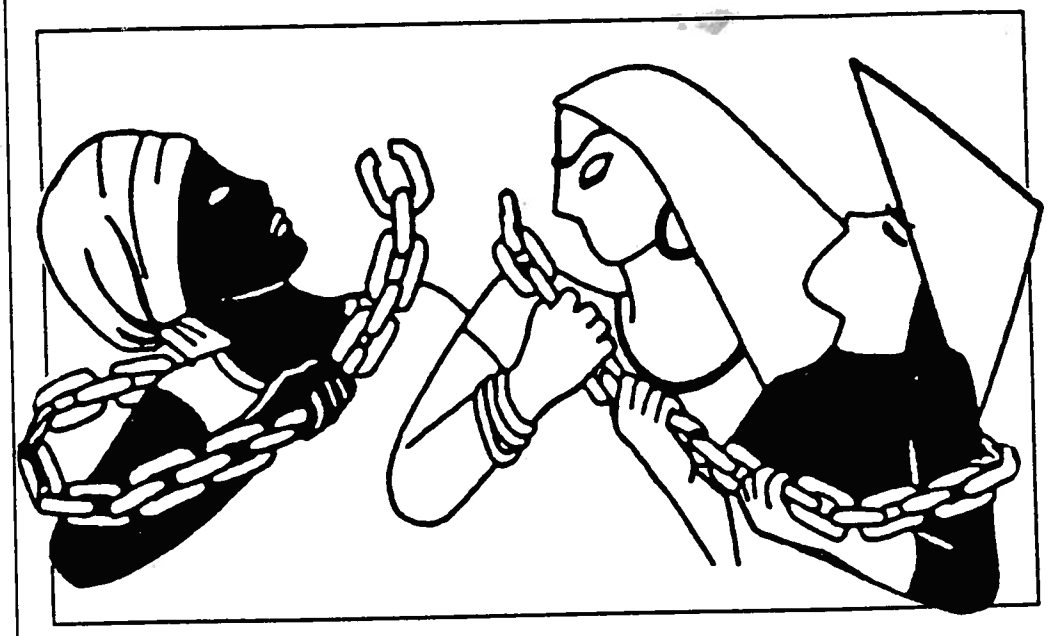
Consistent with reported marital status, the perpetrator of abuse was almost always someone the woman knew intimately. Multiple perpetrators tended to be reported by teenagers, who cited both a boyfriend and parent as abusive. Entire body abuse was more likely to be experience by Hispanics and Anglos, with a combination of assaults (e.g., head and torso, or head and extremities) reported more frequently by African-Americans.

Prior to this study physical abuse has never been directly implicated or measured as a barrier to prenatal care. In this study abused women were twice as likely to begin prenatal care during the third trimester. Physical abuse, with the associated perpetrator behaviors of power and control endemic to the cycle of violence, may function during pregnancy as a barrier to accessing prenatal care through forced avoidance.

Clinical implications are straightforward. Three assessment questions asked in a private setting identified one in six women to be abused. When compared with nationally tested research interview questionnaires, the Abuse Assessment Screen, when administered by the primary provider, is valid and reliable. In a related study, by this investigator, self-report for abuse was measured against primary provider assessment. Approximately 8% of women self-reported abuse on a standard medical history intake form, but when asked the same abuse assessment question by a health care provider, 29% of the women reported abuse. Women must be asked about abuse in a private setting, away from her male partner, by a trained health care provider.

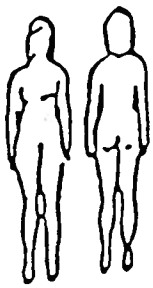
Once identified, the abused woman needs education, advocacy, and referral information. Strategies for the extent of the problem, how-to assess and counsel for abuse and advocacy methods for enabling the abused woman to access needed community services of shelter, legal aid and law enforcement. Typically, pregnancy is the only time that healthy women come into frequent contact with health care providers.

Additionally, women of child bearing age are young (one-third of this sample of pregnant women were teenagers) and for many women a life-time of abuse may have just begun. Pregnancy is a "window of opportunity" to assess all women for



ABUSE ASSESSMENT SCREEN

1. Within the last year have you been hit, slapped, kicked or otherwise physically hurt by someone?
   YES NO
   If yes, by whom (circle all that apply)
   husband, ex-husband, boyfriend, stranger, other, multiple
   Total number of times_____



2. Mark the area of injury on the body map
   Score each incident according to the following scale:
   1 = threats of abuse including holding a weapon;
   2 = slapping, pushing, no injuries and/or lasting pain;
   3 = punching, kicking, bruises, cuts and/or continuing pain;
   4 = beating up, severe contusions, burns, broken bones;
   5 = head injury, internal injury, permanent injury;
   6 = use of weapon; wound from weapon;

3. WITHIN THE LAST YEAR has anyone forced you to have sexual activities?
   If yes, by whom(circle all that apply)
   husband, ex-husband, boyfriend, stranger, other, multiple

abuse, document the extent of the abuse, and offer information on community services. Assessment is intervention and may interrupt the cycle of abuse and prevent further violence thereby protecting both the health and safety of mother and child.

Judith McFarlane, Oregon, USA

For references on abuse during pregnancy, please write WIPHN.

By Sarah Boore, U.S.A.

Please send your comments/ photos on menopause for newsletter 14.

ORGANIZING TO END OPPRESSION

The women on Hatia island in Bangladesh face a difficult situation. They are haggled over for dowries. They are often subject to violence. Purdah (Muslim law) is strict, limiting them to the *bari* or household area. Divorce is all too easy. They then have to face the shame of working outside the bari (if they are lucky enough to find work, and at pay rates half those that men get), or they must beg.

But the women of Hatia island have begun to change all this. The grassroots organization DWIP Unnayam Sangstha (Island Developing Society), financed mainly by Oxfam, has been working to form groups among the landless.

The groups start off as savings clubs but soon blossom into all purpose self-help and development groups that help finance small business ventures such as paddy husking, hiring fishing boats, aquaculture and legal rights advising. One group in the North saved 2 taka (6 cents) per person per week for a year and then got a loan for DUS for 1000 taka and started buying paddy, husking and boiling it, and reselling for a profit. They paved the muddy clay road that links them to the bazaar and the well. Working together they managed to force a pay raise of 10-12 taka a day for domestic work.

The savings and small businesses help improve women's economic status and give them more independence in the home. DUS has attacked more fundamental matters. It encouraged groups-male and female alike-to oppose violence against women... They eat together so food is shared.

In a sense, DUS is bringing about a total transformation of poor people's sense of their power; their ability to control their own lives rather than simply being mere victims of the rich and powerful.

Paul Harrison from Women's in Action 3/91, p. 22, 23.

Letter From Patrice Jelliffe

"I would sincerely like to thank all my friends who paid such touching tributes to my late husband's lifelong dedication to improving the health of mothers and children and his important role in the promotion of breastfeeding worldwide. These statements made me feel elated and very proud of our close association in this work, which I intend to continue, but I am still greatly saddened by the constant reminder that he is no longer with us."

Illustration by Stephen Alcorn.

DR. CICELY D. WILLIAMS MEMORIAL FUND

A Dr. Williams' memorial fund has been established by the Department of Social and Preventive Medicine, University of West Indies, Kingston, Jamaica.

For information please contact: Dr. Becky Lankenau, P.O. Box 941190, Atlanta, Georgia, USA 30341–1190, (404) 488-5520 Office, (404) 594-7246 or Dr. J.K. Cruick-shank, Senior Lecturer in Clinical Epidemiology, University of Manchester Medical School Level 2, Stopford Building, Oxford Road, Manchester M13 9Pt, England. FAX: (44)-(0)61-275-5219, Phone: 275-5199 or 5200.

A CENTURY WITH CICELY

Dame Dr. Cicely Delphine Williams died in Oxford on July 13, 1992 at the age of 98. She had dedicated her life to improving health services for mothers and children throughout the world. She has been called the most outstanding woman doctor of her generation in this century.

Cicely Williams was born in Jamaica. She received her medical training at Kings College London and was in the first group of women physicians to graduate from Oxford University in 1923. As an undergraduate she attended rounds with William Osler and was profoundly influenced by him. She lived by his dictum—service, training and research, in that order.

The fact that she was a woman worked against her but did not stop her. Her spirit was undaunted. When the men returned from fighting in World War II they were given job preference yet she managed to get a house job at the Queen Elizabeth Children's Hospital in Hackney. At the time she completed her internship, general practice was not open to women so she took a job at the Quaker school in Salonika, Greece. En route, she visited Dr. Stampar in Yugoslavia, where he was providing extraordinary rural health services. She was so impressed with Stampar that she decided to become his type of doctor—concerned with practical implications rather than theoretical elaboration. After obtaining the diploma of tropical medicine and hygiene, through sheer persistence she managed to join the Colonial Health Service and was posted to Ghana.

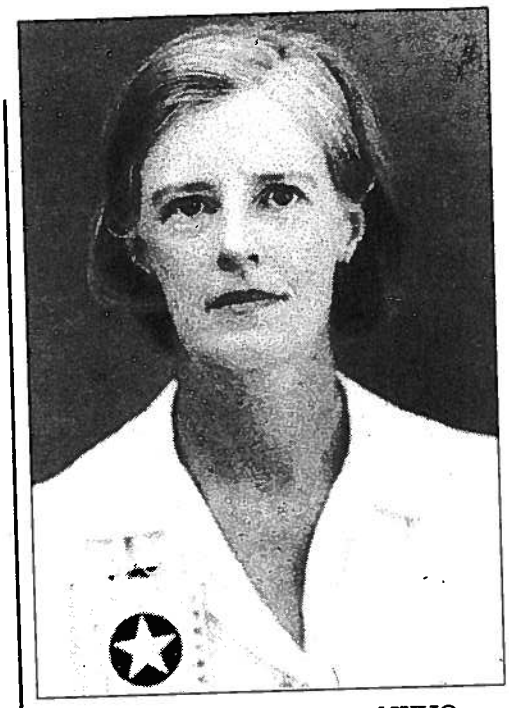
Williams getting to know the community, India

In Ghana, Williams started mother and child clinics and integrated preventive with curative care. Her work on kwashiorkor was started at the Princess Marie Louise Hospital.

Williams was transferred to Singapore in 1933 because she had dared to put her patient's care first and ignored medical establishment protocol. In Singapore she continued her pioneering work. She was appalled by the conditions of poor women in Singapore and the marked decline in breastfeeding. At a meeting of the Singapore Rotary Club she gave her best known lecture "Milk and Murder", even though she knew that the chairperson was the president of Nestle. In 1939 she developed a primary health care program in Trengannu. Cicely considered this to be her best work. The report, however, was not published until 1985. Unfortunately the war put a stop to her primary health work in Trengannu and her plans to join Jim Grant at the All India School of Public Health in Calcutta where she was to teach and conduct research.

She was interned by the equivalent of the Japanese Gestapo as a spy during their occupation under the most dreadful conditions.

Until the war ended she worked as the women's camp doctor. Her joy and pride was that of the twenty babies born and breastfed all twenty lived. After the war she was appointed to the newly formed WHO as the first Maternal and Child Health Director. Thereafter Williams taught public health in Beirut, Lebanon and Tulane, USA.



Dr. Williams expressions and sayings (Cicelyisms) will continue to echo her public health teaching eg:

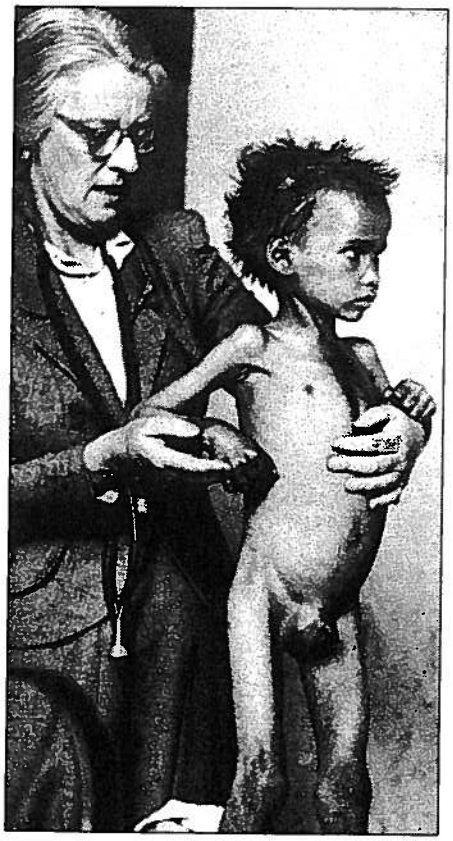
- Preventive care must be combined with curative care;
- When Infant and Child Mortality come down, the birth rate falls. Before birth control comes death control;
- Voluntary associations can make a big difference to the outlook and achievements of societies;
- Make a good diagnosis before starting treatment;
- Persist in getting the parents interested in the child;
- If people do not have the where withal they cannot follow advice e.g., before asking mothers t spoonfeed, check to see if the have a spoon;
- Home visiting can save lives;
- Lack of food is not the only caus of malnutrition;
- Parents count most. They must b involved and assisted;
- Health education begins with li tening;
- There are a large number of chi dren that need looking after ar many parents that nee educating.

- A child needs cuddles as much as calories.
- Services must be EXTENSIVE not only intensive.

It is fortunate that Williams trained nurses and medical students and nutritionists and inspired a generation of Cicelyians all over the globe. Through her publications, lectures and personal contact, she trained and influenced many health care workers and through them the pioneering work started by Williams will continue. Cicely had a passion for children , loved an argument, was full of common sense and caring and was sharp as a razor intellectually. She hated waste and was most generous. She called herself a developing pediatrician. She loved to go into the home setting and learn from mothers. She took her sick infants to the traditional healers when she felt they were more likely to effect a cure as was the case with tetanus in Ghana in the early 1930s. She impressed on me the need to count in the clinical setting.

We will miss Doctor Cicely Williams, but we are thankful for the legacy she has left and for her century of insights.

Naomi Baumslag MD MPH
President, WIPHN



MONUMENT TO Dr. CICELY WILLIAMS

The Princess Marie Louise Children's Hospital, Accra is a monument of Dr. Cicely Williams' pioneering Work in the Gold Coast

In 1930, Dr. Cicely Delphine Williams arrived in the Gold Coast (now Ghana) having joined the Colonial Medical Service after graduation as one of the first women physicians from Oxford University in the United Kingdom. After a brief stay in Kumasi where she established the Children's Clinic — still operating and offering admirable service to Ghanaian mothers and children, she became the Medical Officer of the newly commissioned Children's Hospital in Accra.

Accra: domiciliary care. Photo Da Odoi.

Following a report of high infant and child mortality to the Governor of the Gold Coast at a Legislative Council debate, Sir Gordon Guggisberg recognized the need to build a Children's Hospital. In June 1925 he invited Her Highness The Princess Marie Louise, granddaughter of Queen Victoria, to lay the foundation stone of the hospital which was named after her.

The arrival of Dr. Cicely Williams at the Princess Marie Louise Children's Hospital was indeed good fortune for the people of this country. She established the concept of integrated medical care for mother and child and with assistance of the Accra Municipal Council, trained the fore-runners of today's Community and Public Health Nurses, who, in those days were called "Female Sanitary Inspectors." The PML Hospital indeed saw the birth of today's Maternal and Child Health (MCH) Services. With the team of nurses, trained and sensitized to the community's health needs, Dr. Cicely Williams moved into various parts of Accra, Osu, Labadi and the suburbs, establishing "satellite" clinics, and practicing COMBINED PREVENTIVE AND CURATIVE MEDICINE — quite revolutionary in those days. Today the PML Hospital has an active MCH unit maintaining its "district" headquarters status established many years ago by Dr. Cicely Williams with a network of satellite clinics, including nearby markets and closely linked with the Ministry of Health's MCH department.

But it is in the area of nutrition that Dr. Cicely Williams's association with the PML Hospital put the Gold Coast on the medical map. Her pioneering studies in the hospital on nutritional disorders in children led to her description and publication of "Kwashiorkor, a Nutritional Disease of Children Associated with Maize Diet" in the Archives of Diseases of Children in 1933 and 1935.

A plaque commemorating this historic event was unveiled by Dr. Cicely Williams in 1971 during a visit to Ghana. and is on display in the hospital alongside the portrait of Dr. Cicely Williams which she sent in 1976 "with all my heart". The hospital continues to be a teaching center for nutritional disorders.

Dr. Cicely Williams' emphasis on the training of the mother, her participation and crucial role in the care of her child is given prominence in the work of the hospital. At the outpatient level a nutrition school operates as part of the integrated MCH activities. The Cicelian operative phrase "FOLLOW UP" is the hallmark of the public health nursing services of the hospital.

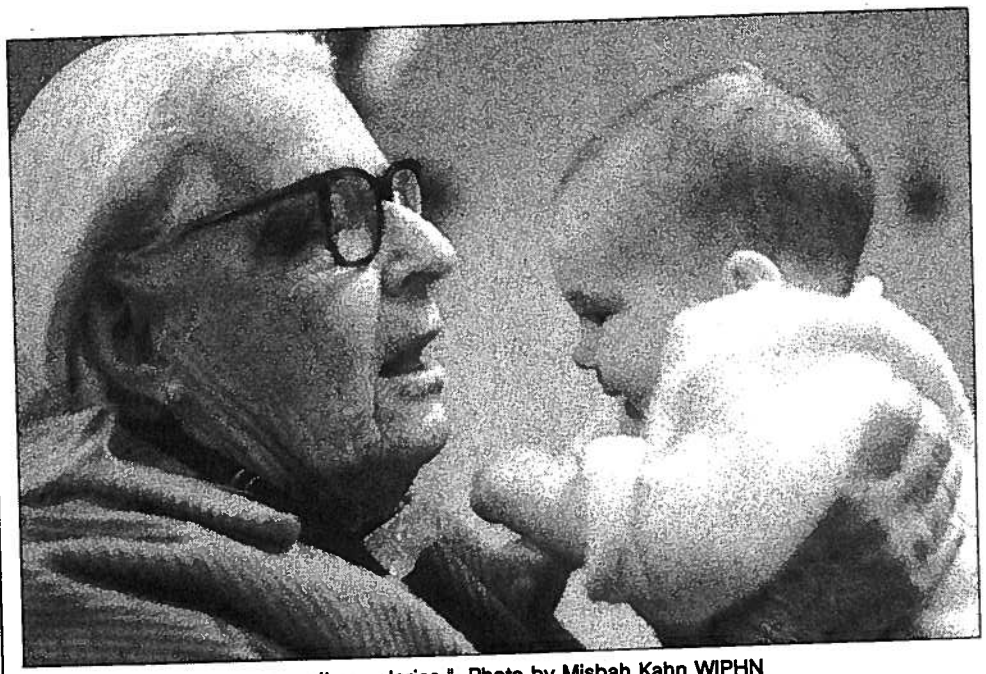
Domiciliary visiting of children with mild malnutrition as well as those treated and discharged from hospital enables the children to be assessed in their own home environment which may be a stall in the market where the mother spends most of the day.

Mother of primary health care, Dr. Cicely Williams' advocacy for breastfeeding started in the Gold Coast and continued in Malaysia leading to the historic Milk and Murder address in Singapore in 1939. The Ghana Infant Nutrition Action Network (GINAN) IBFAN AFRICA's branch in Ghana, in its program of promotion, protection and support of breastfeeding shows awareness and sensitivity to this historic link.

A new four story block has been built in addition to the old hospital where Dr. Cicely Williams worked. One of the new wards has been named after her.

Past and present members on staff, members of the hospital management board, MOTHERS and CHILDREN of Ghana salute Dr. Cicely Delphine Williams and say in characteristic Ghanaian fashion "AYEKOO" (WELL DONE).

Dr. Herman Odoi, Ghana



" A child needs cuddles as well as calories " Photo by Misbah Kahn WIPHN

DAME CICELY WILLIAMS- Memorial address*

Somerville Oxford October 31, 1992

... if she were here with us today she would be telling us: good medical care depends in the first place on law and order preventive and curative care must be practiced together when providing care for individuals. Treatment of a minor disorder may often prevent a major disease.

To observe a patient at home or in the hospital, and getting him talking is more important than filling in forms.

Regular contact and supervision in home and in clinics (or if necessary in hospital) are the most important factors in family care-for the sake of the health worker.

There is much enthusiasm for training armies of paraprofessionals. It must be understood that first it is necessary to train the professionals to train the paraprofessionals and what was perhaps Cicely's most important message. Parents are automatically, the first providers of primary health care.

Iain Chalmers and Katherine Elliot, Oxford.

** abstracted from the Memorial Lecture at Somerille, Oxford in October, 1992. In Medical Woman. (1993). A Bulletin of the Medical Women's Federation, p.26.*

HELP WANTED
Health Crisis on the "Roof of the World"

The central Tibetan plateau, on the roof of the world, is home to approximately three million Tibetans. With nearly double the infant mortality rate of China nd Nepal and preliminary data that suggests children undergo severe stunting, it appears that Tibetan children are at terrible nutritional risk. combined with high prevalence of tuberculosis, this threatens the very existence of this already endangered high-altitude population.

The Tibetan Child Nutrition and Collaborative Health Project is a multi-phase program dedicated to making an enduring improvement in the health of Tibetan children by undertaking long-term research, training, education, and primary care in the Tibet Autonomous Region of the People's Republic of China.

The project represents an unprecedented opening of the Tibetan Autonomous Region to academic and humanitarian long-term collaboration, one which is totally committed to using new data for public health policy and primary care benefits for the current population of Tibetans, most particularly children.

If you are interested in further information or in supporting the

project, please contact Dr. Nancy Harris, Medical Advisor, International Health Programs, Western Consortium for Public Health, 210 High Street, Santa Cruz, CA 95060, (408) 427-4965.

LETS CHANGE THIS

Vesico-vaginal fistula (VVF) is a major problem in Africa, especially Nigeria. The high incidence of VVF is a reflection of inadequate child birth services and the low value of women in these societies where girls are married off early and are pregnant before they attain adult growth. How much is caused by female circumcision is not known.

WIPHN members have met with two Nigerian delegations on this score. A concerted effort to address the problem is being made by governors wives in the Northern province both at the national and state level.

In Sokoto state it costs $1000 for the surgical repair with no guarantee that more surgery will not be needed. Currently the hospital in this state can only do 4 repairs a week. It has been estimated that there are 1000 women per week requesting the services.

WHY WOMEN PAY MORE
How to avoid marketplace perils

This new book by Frances Cerra Whittelsey is a weapon and security for all women. It highlights how traditionally womnen have allowed themselves to be robbed. "Women earn less, pay more and get less."

Women are given far more tranquilizers and hormones. Female replacement hormones may be recognized as the most recklessly prescribed and dangerous drug of this century. The risks are downplayed, the benefits are not. To date the potential benefit of estrogen lowering the risk of heart disease, has not been proven while there is evidence that long term use doubles the risk of breast cancer. Long term hormone therapy may be dangerous. One quarter of hysterectomies are unnecessary. Always get a second opinion if elective. The diagnosis of abnormal labor has increased and with it the the cesarian section rate has almost doubled. New York City obstetricians charge between $5-10,000 per delivery and want the money up front.

This book is full of practical advice and resources and will help you, e.g. ensure an auto mechanic is not over charging you; take steps for financial security; get responsible medical care; find a good lawyer and avoid costly fashion fads, etc.

Copies can be ordered by sending $10 check to: Why Pay More, P.O. Box 19367, Washington, DC 20036.

SIERRA LEONE PROMOTES SAFE MOTHERHOOD

Young women grow up looking forward to a life which includes children. To achieve this goal, the primary concern must be for health — for safe motherhood. In many urban and rural areas in the developing countries, and possibly in the Ghetto areas of developed countries, this ideal eludes far too many.

The Marie Stopes Society in Sierra Leone, through existing maternal and child health care activities of its clinics around Freetown, offers training to Traditional Birth Attendants (TBAs). Safe Motherhood for millions can be a reality when TBAs are trained, and given the necessary back-up in safe delivery services at low cost. Marie Stope's Obstetrics Unit is there to help, should the TBAs run into problems. Other aspects of safe motherhood are promoted by keeping in touch with the Community. The Chief's Mammy Queens and other opinion leaders serve as motivators/educators in their capacities as local resource persons referring potential clients for such services as family planning.

Contact is also made and kept with the communities through a team of field staff offering community based services at the market places, and other work places of the primary target population — families of low income. Through this program family planning is a service that is brought literally to families doorstep.

Muriel Harris, Sierra Leone

SUPPORT WIPHN

The next issue of WIPHN News will be on PROTECTING WOMEN'S HEALTH-PREVENTIVE MEASURES. Please write a page or page and a half double spaced, send photos and/or illustrations. Due August 15th, 1993.

Volunteer on the editorial or VVF committee.

PLEASE PAY YOUR SUBSCRIPTION. WE ARE IN DIRE NEED OF FUNDS TO PRODUCE THE NEWSLETTER. SEND US A DONATION. SUPPORT THE NETWORK.

WOMEN'S RIGHTS IN SOUTHERN INDIA

I recently returned from a two-month professional visit to southern India. The situation I observed there with respect to the human rights of female children and women was very poor. For example: Fetuses are being aborted selectively on the basis of gender at a rate high enough to decrease the national sex rate ratio at birth to approximately 92 females for every 100 males. Ultrasound to determine the sex of a fetus is available even in areas in which the availability of basic medical services is minimal. In addition, unwanted female infants continue to be killed shortly after birth. The nutritional status of female children who do survive is the worst in the family. The dowry system (now called a "share"), although outlawed shortly after Indian independence, is a prime motivation factor for the killing and neglect of female children and women. The dowry required to "marry off" a women is many times a family's annual income, thus making a female child a tremendous economic burden. In addition, "bride burning" still is a practiced tradition for newly wedded women whose families fail to meet increased dowry demands. In this regard, it is relevant to note that of the dozens of articles I have read describing the age- and sex-specific rates of burn deaths around the world, I have never found another geographic area in which peak burn mortality occurs in women between the ages of 15 and 34 years.

Annette MacKay Rossignol
Oregon, USA.

By Georgia Davis

NEGLECT OF STDS IN WOMEN

Sexually transmitted diseases in women have been seriously neglected as a health priority, despite the fact that there is ample evidence of severe health consequences if the diseases go untreated. Although STDs are nowadays at least on the map, thanks mainly to HIV and AIDS, many birth planning workers are not trained to recognize and treat STDs or to understand their implications for altered fertility, birth outcomes, and maternal and child survival

If you are interested in becoming involved with project , information sharing, gathering, contributing to a fund or would consider volunteering time to help train surgeons etc please let us hear from you.

Maternal and child survival. A lack of laboratory equipment should not be an excuse. Too often, however, this is the case.

No ethical primary health training can be done without the management of STDs and AIDS, especially in birth planning, prenatal and MCH projects. In addition, those working in birth planning have a responsibility to address STDs and HIV in their male outreach programs, and encourage condom use no matter what other birth planning method is selected. Too often condoms are associated with promiscuity rather than prevention of life-threatening diseases. Also, female

condoms, as one of the few options controlled by women, must be given a chance, despite the fact that many women, especially in the U.S. have criticized them ("too messy", "too noisy", "too expensive").

As women, we have a responsibility to educate ourselves and others. See how many possible consequences of untreated infection you can name and check your answers against those listed below.

[Women: fertility problems, ectopic pregnancy, chronic pelvic pain and infection, unsafe births, miscarriage, post-partum and post-abortion infection, cancer, neurologic problems, death. Child: fetal death (still-birth), low birth weight/premature birth, pneumonia, blindness, congenital infections, neurological problems, death].

Deborah Bickel, Ronnie Lovich and Jane Maxwell, USA.

THE NATAL WOMEN'S RESOURCE CENTRE

On the first of May, 1991, in Durban, under the Chairpersonship of Jean Ngubane, a group of fifteen women resolved to establish a Women's Centre to address some of the burning issues around women's oppression. Because they didn't have any money, they further resolved to donate whatever they could, in order to enable their work to continue. The Durban City Hall was also made available for their use by the Deputy Mayor.

If they were to work with women from all walks of life and persuasions, then they needed to find the women, know who they are, establish what they are doing, and whether in fact they thought the creation of a women's centre was a good idea. It is one thing to initiate an idea, and a completely different and difficult one to involve people, if they have not been part of the process of giving shape and direction to the consolidation of that initiative.

The group of fifteen once more decided to collect information on all the women's groups, associations, clubs, societies, including any other 1women's self-help schemes dealing with issues of projects and development. It was hoped that these groups would then give shape and direction to the centre, or even reject the idea if it was not anything they wanted to associate themselves with. In this way, women would also develop a sense of ownership of the centre, if indeed they would have chosen to be part of the initiative.

Some funding was made available to the centre by Oxfam Canada, the Carnegie Foundation, and some unions in Britain and the Tertiary Education Programme (S.A.). This jump start money was to enable women to initiate the process of consultation.

Two field workers, Maud Mfusi and Sibongile Makhanya, were employed to collect the information on the women's organizations. A simple questionnaire was developed. This questionnaire was improved upon by the different organizations as information was being collected.

So far, the Centre has identified 154 women's organizations, with a membership of over 20,000. These groups are organized either in branches or in federations. Their names tell a whole story of women's struggles against poverty, oppression, and exploitation. They depict the desire of love, peace, leadership skills in order to be able to take up position in decision making structures. They have names such as qhakaza(Bloom), thandanani (Love Each Other), phaphamani (Arise), nkanyiso (Star), masibambane (Unity), tholulwazi (Education), xhosh'indlala (Fight Poverty), thanduxolo (Peace Lover), zamani (Strive) and many others. The names give hope and appeal for unity and WOMEN'S solidarity. The information that has been collected on all the women's organizations that were contacted has been compiled into a Directory of the Natal Women's Development Organizations, which is the first one to be compiled.

From the workshops that have already been held in the various parts of Natal, there is overwhelming support for the Centre. Emerging from these workshops is a strong feeling of anger about the different manifestations of their oppression, and a commitment by the majority to fight it in their own different ways. The workshops have created a forum for networking, identification of women with different skills who could be used as resource persons, and in some instances, it has created bonds of friendships. It is clear to the women that the centre cannot address all their concerns at the same time. They are accordingly identifying priority areas in which they would like the Centre to operate.

The Women's Resource Centre, as it is beginning to be referred to, will be launched in July 1993 in Durban. It is at the launch that priority operational areas will be concreted.

Manto Tshabalala
Natal, South Africa.

PROMOTORAS IN NEW MEXICO, USA

In Dona Ana County, Las Cruces, New Mexico, a promotora program was started in January to bring health care to women—some afraid of an unknown medical system, others without transportation. The promotoras are part of a state pilot project started to help rural, low-income women with transportation to a medical clinic, immunization, and prenatal care. They come from the town where they work, speak Spanish and are recommended by the community. They become friends of the people. The promotoras attend weekly classes to learn about nutrition, diabetes, prenatal care, child development, breastfeeding, sexually transmitted diseases, community resources, communication skills, substance abuse, domestic violence, etc.

Health officials believe that the program will cut Medicaid and indigent health care costs by teaching people preventive medicine. Poor people often are afraid they cannot afford to go to a doctor, others wait until the problem becomes an emergency, which costs thousands of tax dollars in hospital bills. Most of all, the program saves lives. It was initially started in Juarez, Mexico, 19 years ago. Arizona was the first state to import it. The Santa Ana County pilot study is to be expanded.

Myrtle Keller, New Mexico

BREASTFEEDING IN CHINA

I visited Pume Hospital and met with Dr. Zhao Shi-Min. I saw the maternity ward and the postpartum area. It was just lovely. All the babies were breastfeeding with their moms. There were no women who had been diagnosed with insufficient milk, no sugar water bottles. It was exactly how it is supposed to be. Even though the moms were all in one room, the mothers and the babies were all resting contentedly.

In the hospital where my children were born, less than half of the moms were breastfeeding, there was little, if any, breastfeeding counseling. All new moms were given free formula and bottles. babies routinely stayed in the nursery where they were given formula and/or glucose water.

I was particularly impressed with the pediatric nursery that uses expressed milk. Each child is spoonfed. I asked if that didn't take much longer than simply using a bottle.

Dr. Shi-Min replied, "Yes, it does take longer, but that means that babies are held longer.

Dia Michels, USA.

COMMENTARY: A BALANCED VIEWPOINT

My late husband and I have over the past year made reference in our lectures, illustrated by studies of the inappropriate symbol of the door of women restrooms at airports and elsewhere which promises bottlefeeding. WHO/UNICEF/IPA must be congratulated on their proposal for an international contest to choose an ideal logo promoting breastfeeding. I would like to suggest that in order to have the maximum impact pictorial literacy must be taken into consideration. Breastfeeding mothers include women with difficult cultural backgrounds, socio-economic and educational levels.

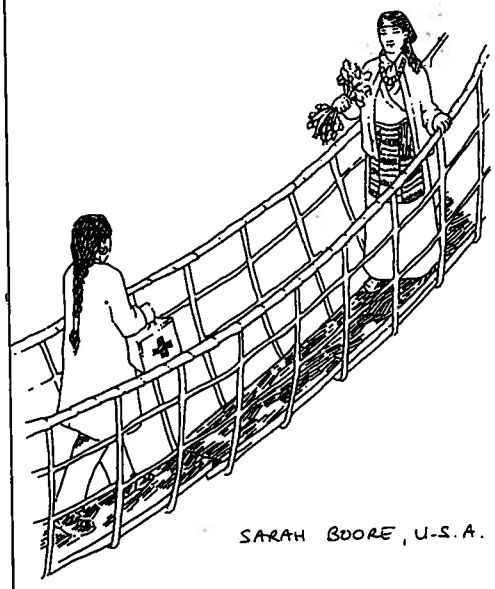
A too highly stylized design may be beyond the comprehension of many individuals. Sound marketing of breastfeeding could also be practical using a new logo, at different sites in airport baggage areas in which many fearful and weary travellers wait seemingly endlessly for their suitcases to arrive.

Patrice Jelliffe
California, U.S.A.

WHERE THERE IS NO WOMEN'S DOCTOR

The Hesperian Foundation is developing a book, patterned after *Where There Is No Doctor,* to attempt to meet the health needs of millions of women and girls living marginally in rural villages and urban slums of the less developed world. The book will combine comprehensive medical information with a discussion of how poverty, discrimination, and culture affect women's health.

For more information or if you would like to participate, contact: The Women's Health Book Project, Hesperian Foundation, P.O. Box 1692, Palo Alto, California 94302, USA.



BREASTFEEDING AND WORK

World Breastfeeding Week (WBW), August 1-7, 1993 organized by the World Alliance for Breastfeeding Action (WABA) will focus on women and work.

For more information contact: Sarah Amin, WABA Secretariat, P.O. Box 1200, 10850 Penang, Malaysia, 60-4-884-816 or fax: 60-4-872-655 or Marta Trejos, Coordinator, Social Mobilization Task Force, CEFEMINA, Apartado 5355, 1000 San Jose, Costa Rica, 506-244-620 or fax: 506-346-875.

HEALTH CENTER FOR WOMEN IN VIENNA

In 1991, in Vienna's largest hospital for gynecology and obstetrics, the Semmelweis Frauenklinik, started a new health center for women which was set up to reorient traditional health services along WHO lines. The project focused on the needs of the women living in an area of the city of Vienna.

The health center for women, named "Frauengesundheitszentrum F.E.M.", will serve as a bio-psycho-social model that will be evaluated concomitantly. It will run for five years as a research project and the services for women will focus on gender-specific health problems as they appear in practical work on daily clinic routine, health care and counselling. The project, is fully supported by WHO, and will be carried out in three steps:

1: feasibility studies on a community level will be used to identify needs and priorities of women patients of a health center;

2: implementation of women and patient-oriented services, networking with other health institutions, adaptation of the clinic routine to a more user-friendly service;

3: evaluation of step 2, adaptation of the model "Health Center for Women".

The main goals are preventive health, information and decreasing barriers of the acceptance of physical check-ups. The main focus lies on the stabilization of women's health and on the aspect of prevention, as well as providing services for women with different types of health problems.

A number of psychological services have been established for patients who need counselling which will be integrated into the health center.

The following areas will be addressed and counselling also provided: eating disorders and diet counselling for pregnant and non-pregnant women; breastfeeding; women who smoke; AIDS prevention; teenagers; programs for elderly; sexual; contraception; and, pregnancy. The centre will work with women of different ethnic groups.

The patients of the health center F.E.M. consist of girls and women of all age groups and socio-economic levels. Marketing strategies are very important, because the women's health center wants to serve as a mediator for all groups of women for processes of personal development.

A second emphasis will be put on the work with the clinic staff: physicians, midwives, nurses will be integrated and a participating form of cooperation will be set up to improve the conditions at their workplace. The clinic as a workplace will have to undergo more or less radical structural changes to prevent the burn-out syndrome, presently occurring at a very high rate.

In the long run, the health center for women will also be a social contact point for women and self-help groups.

Dr. Beate, Vienna, Austria.

MEMORIAL MEDICAL CENTER IN LAS CRUCES, NEW MEXICO

WIPHN member Dr. Myrtle Elizabeth Keller has succeeded in establishing prenatal care for poor uninsured women in Las Cruces. In 1989 she first started a clinic for prenatal care called First Step Clinic. This was started out of a great need, during a crisis. However the demand for services was underestimated.Dona Ana county is ranked as the third poorest area inthe USA- 40% are uninsured and a large percentage below the poverty level. Thislarge percentage below poverty level. First Step Clinic has ob/gyn doctors, midwives and certified staff. The clinic also serves as a link with several other clinics outside Dona county for high risk consultations and intrapartum care. At this time, there are approximately 1,000 clinic antenatal follow-up visits per month, with 90-100 new prenatal clients registered monthly. About 150 deliveries per month and 85% delivered by Certified Nurse Midwives. There has been a decrease in primary C-sections in the First Step Clinic ,patients—the C-section rate is less than 10%. Also the number of vaginal births after a C-section delivery continues to increase. There is good referral for maternal fetal medicine but, at this time, there is insufficient opportunity for a full scope of gynecological outpatient consultations and surgery and this is becoming apparent as an increasing number of women with cervical pathology and accompanying disorders are identified through follow-up services.

Myrtle Keller
New Mexico. USA

For more information on Dr. Cicely Williams her life and publications read PRIMARY HEALTH CARE PIONEER The selected works of Dr. Cicely D. Williams. Copies can be purchased from WIPHN for $10 plus postage.

NEW ORGANIZATIONS THAT HAVE JOINED WIPHN

- PRO-CHOICE RESOURCES is a statewide organization that incorporates grassroots activism for its educational, outreach, lobbying, research and financial assistance programs to safeguard all reproductive options for women. Write 3255 Hennepin Avenue, Suite 255, Minneapolis, Minnesota 55408, US.
- WORLDWIDE NETWORK, Women in Development and Environment, is a non-profit organization whose goal is to create a global network of women concerned about environmental protection and conservation. 131 H Street, N.W., Suite 903, Washington, D.C. 20005, U.S.

- UNIVERSITY OF QUEENSLAND NUTRITION PROGRAM, Clinical Sciences Building, RBH, Herston 4006, Australia.
- The HARLEM BIRTH ACTION COMMITTEE is a non-profit organization committed to the empowering of women of childbearing age with respect to their reproductive health in the Harlem community. Organized by a group of midwives and other people toward obtaining a birthing center in Harlem, to provide birth assistants, nutritionists, counselors, health educators, pediatricians and obstetricians. P.O. Box 574, New York, NY 10027, US. (212)926-0247.
- The NATIONAL CENTRAL AMERICA HEALTH RIGHTS NETWORK (NCAHRN) is an organization of health care workers and others concerned with health and human rights in Central America that believes that access to health care is a basic human right, and that the health of a people is inextricably connected to other basic necessities such as food, land, housing, employment and education and is concerned specifically about the situation in Central America. 11 Maiden Lane, Suite 10D, New York, NY 10038, U.S.
- GICAMS (Grupo de Investigacion y Capacitacion en Medicina Social) runs a special summer school for female health care workers in the Solero del Rio Hospital, January 21-25, Contact: Maria Isabel Matamala Vivaldi, 1994 Concha y Toro 17-C, Casilla 53144, Correo 1, Santiago, Chile.

PUBLICATIONS

Topo,P., Klaukka,T., Hemminki, E, Utela,A.(1991).*Journal of Epidemiology and Community Health,* 1991. "Use of Hormone replacement therapy in 1976-89 by 45064 year old Finnish Women". 1991;45:277-280.

Past the Pink and Blue Predicament, Freeing the Next Generation from Sex Stereotypes, Girls Incorporated, August 1992, 441 West Michigan Street, Indianapolis, IN 46202, US, (317)634-7546.

Disasters: Preparedness and Mitigation in the Americas, news and information for the international disaster community, Pan American Health Organization, 525 Twenty-Third Street, N.W., Washington, D.C. 20037-2895, US.

Clinical Pearls News, a health letter on current research in nutrition and preventive medicine, IT Services, 3301 Alta Arden, Sacramento, CA 95825, US.

Law, Medicine and Health Care, Antiprogestin Drugs: Ethical, Legal and Medical Issues, American Society of Law, Medicine and Ethics, Vol. 20, No. 3, 765 Commonwealth Avenue, 16th Floor, Boston, MA 02215.

En Familia, magazine on family planning published in Spanish by PLAFAM, Asociación de Planificación Familiar, Calle Simón Planas, Santa Mónica, Caracas 1063-A, Venezuela, 661.22.69 or 662.24.61.

Role Preference and Child Health Among Market Women in Periurban Bolivia, D. Bender, D. Madonna, T. Rivera, Duke-University of North Carolina, Program on Latin American Studies, Working Paper No. 5, 303D Allen Bldg, Duke University.

WID News, a regular publication of Women in International Development, a joint Harvard-Radcliffe/MIT publication, One Eliot Street, Cambridge, MS 02136.

Gender Bias: Roadblock to Sustainable Development, J.L. Jacobson, Worldwatch Institute, 1776 Massachusetts Avenue, N.W., Washington, D.C. 20036-1904, US.

Dialogue on Diarrhea, the international newsletter on the control or diarrhoeal disease, AHRTAG, Issue 51, December 1992, 1 London Bridge Street, London SE1 9SG, United Kingdom. 44-71-378 or fax 44-71-6003.

MARHIA, quaterly publication of the Institute for Social Studies and Action (ISSA), 11-B North Lawin, Philam Homes, Quezon City, Philippines 1104, Philippines.

Health Care in Nicaragua, Primary Care Under Changing Regimes, R. Garfield and G. Williams accurately describes the twists and turns in Nicaragua's health policy during the last two decades, presenting a wealth of data and experience. To order contact: Order Department, Oxford University Press, 2001 Evans Road, Cary, NC 27513, U.S. or call 1-800-451-7556.

In/Fire ETHICS, newsletter of the International Network of Feminists Interested in Reproductive Health, 1436 U Street, N.W., Suite 301, Washington, D.C. 20009-3997, U.S.

On the Issues, The Progressive Woman's Quaterly, , a feminist, humanist publication dedicated to promoting political action through awareness and education, 97-77 Queens Boulevard, Forest Hills, New York 11374, U.S.

PMM Network Update, published by the Center for Population and Family Health, Columbia University School of Public Health, which deals with issues related to maternal mortality, 60 Haven Avenue B-3, New York, NY 10032, U.S.

Tejemeneje, newsletter published by the Proyecto de Estudios de la Mujer, with updates on upcoming meetings , conferences, and activities, Colegio Universitario de Cayey, Puerto Rico University 00736.

Women and Health in Japan, quaterly newsletter published by the Women's Center Osaka, which offers health and counseling services with an emphasis on self-help, since 1984. 1-3-23 Gamo Joto-ku, Osaka 536, Japan.

The Tribune, Women, Environment and Development, Part II, newsletter published by the International Women's Tribune Center, contains a summary of the events

and issues concerning women and the environment and a review of resources on these subjects, 777 United Nations Plaza, New York, NY 10017, U.S. 1-212-687-8633 or fax: 1-212-661-2704.

Women's Rights are Human Rights, special issue on violence against women, published by the Tanzania Media Women's Association (TAMWA), P.O. Box 6143, Dar es Salaam, Tanzania.

ICPD 94 (formerly Population 94), newsletter published by the International Conference on Population and Development, available in English and Spanish, United Nations Population Fund, 220 E. 42 Street, New York, NY 10017, U.S.

Directions, published at irregular intervals by PATH, a non-profit international organization devoted to the development and application of appropriate technologies for primary health care programs in developing countries. 4 Nickerson Street, Seattle, WA 98109-1699, U.S.

Partnership News, newsletter of the Partnership Network, c/o Center for Partnership Education, Princeton, 4 Canoe Brook Drive, Princeton Junction, NJ 08550, U.S.V

HIV-AIDS Law, Programs for Health Care Professionals. Write to: Media Services/HIV-AIDS Law , The John Marshall Law School, 315 South Plymouth Court, Chicago, IL 60604, US

MEETINGS

4th Millenium Conference, family and community-based methods for the prevention and control of Vector-borne and parasitic diseases, June 15-18, 1993, Sheraton City Centre Hotel, Washington, D.C., US.

Health and the Environment: Meeting the Challenge for Human Development, 20th Annual International Health Conference of the National Council for International Health, June 20-23, 1993 at the Hyatt Regency Crystal City, Arlington, Virginia, MD, US. Contact: NCIH Conference Department, 1701 K Street, N.W., Suite 600, Washington, D.C. 20006, US.

Joining Forces to Further Shared Visions, Sixth International Forum, Omni Shoreham Hotel, October 20-24, 1993, Washington, D.C., Association for Women and Development, 14402 W 68th Street, Shawnee, KS 66216-2149. Contact: Dr. Norge Jerome (913)962-9020 or fax (913)962-0925.

Fourth World Conference on Women: Action for Equality, Development and Peace, The Commission on the Status of Women (CSW of the United Nations Economic and Social Council), September 4-15, 1995, Beijing, China. Contact: UN Division for the advancement of Women, Vienna International Center, Vienna, Austria.

Breastfeeding, Women and Work, Mother-Friendly Workplace Initiative (MFWI), World Breastfeeding Week (WBW) August 1-7, 1993, WABA, P.O. Box 1200, 10850 Penang, Malaysia. 60-4-884-816 or fax 60-*4-872-655.*

The 7th International Meeting of Women and Health, September 12-18, 1993. Contact: Dr. Josephine Kasolo, P.O. Box 1101, Kampala, Uganda, 235791 (daytime), 5542887 (night) or fax 230784.

Second Universal Health Conference 1993, September 27-30, 1993 in Samarkand, Uzbekistan, Commonwealth of Independent States, a forum for policy-makers, administrators and clinical and nonclinical professionals in the health care industry, manufacturers of high-tech diagnostic and delivery technologies to exchange ideas on current and future needs. For information contact: MDS Associates, Inc., 1525 East 53rd Street, Suite 1004, Chicago, IL 60615, U.S. (312)752-2650 and (708)352-0545 or faxes: (312)752-7620 and (708)352-0777.

COURSES

Managing Health Programs in Developing Countries, June 21-August 31, 1993 at Harvard School of Public Health, Boston, Massachusetts, US. Contact: Anne Mathew, Program Coordinator (617)432-1171 (USA).

JOB OPPORTUNITIES

National Field Director. Will work with state and local chapters on candidate requirements and support membership development, fund raising, publicity, and start-up of new chapters. Senior level position, experience necessary. Contact: Jody Newman, National Women's Political Caucus, 1275 K Street, N.W., Suite 750, Washington, D.C. 20005, US.

Director of The Union Institute Center for Women (CW). It is a senior administrator position. Contact: CW Director Search, Union Institute Office for Social Responsibility, 1731 Connecticut Avenue, N.W., Washington, D.C. 20009, US.

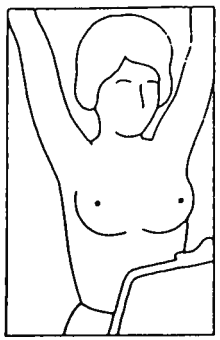
How to examine your breasts

1

In the shower:

Examine your breasts during bath or shower; hands glide easier over wet skin. Fingers flat, move gently over every part of each breast. Use right hand to examine left breast, left hand for right breast. Check for any lump, hard knot or thickening.

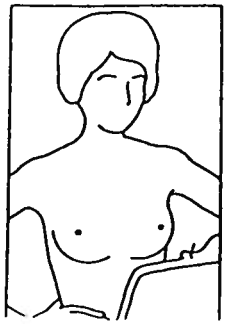
2



Before a mirror:

Inspect your breasts with arms at your sides. Next, raise your arms high overhead. Look for any changes in contour of each breast, a swelling, dimpling of skin or changes in the nipple.

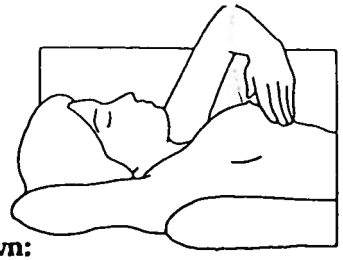
Then, rest palms on hips and press down firmly to flex your chest muscles. Left and right breast will not exactly match—few women's breasts do.



Regular inspection shows what is normal for you and will give you confidence in your examination.

AMERICAN CANCER SOCIETY

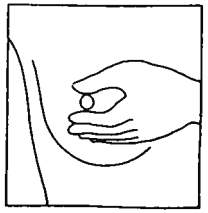
3



Lying down:

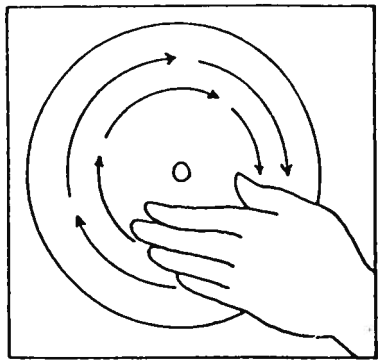
To examine your right breast, put a pillow or folded towel under your right shoulder. Place right hand behind your head—this distributes breast tissue more evenly on the chest. With left hand, fingers flat, press gently in small circular motions around an imaginary clock face. Begin at outermost top of your right breast for 12 o'clock, then move to 1 o'clock, and so on around the circle back to 12. A ridge of firm tissue in the lower curve of each breast is normal. Then move in an inch, toward the nipple, keep circling to examine *every part of your breast,* including nipple. This requires at least three more circles. Now slowly repeat procedure on your left breast with a pillow under your left shoulder and left hand behind head. Notice how your breast structure feels.

Finally, squeeze the nipple of each breast gently between thumb and index finger. Any discharge, clear or bloody, should be reported to your doctor immediately.



FOR THE BEST TIME TO EXAMINE YOUR BREASTS:

Follow the same procedure once a month about a week after your period, when breasts are usually not tender or swollen. After menopause, check breasts on the first day of each month. After hysterectomy, check your doctor or clinic for an appropriate time of the month. Doing BSE will give you monthly peace of mind. And have a physician examine your breasts every 3 years from age 20 to 40, and every year after 40.



WHY YOU SHOULD EXAMINE YOUR BREASTS MONTHLY

Most breast cancers are first discovered by women themselves. Since breast cancers found early and treated promptly have excellent chances for cure, learning how to examine your breasts properly can help save your life. Use the simple 3-step breast self-examination (BSE) procedure shown here.

WHAT YOU SHOULD DO IF YOU FIND A LUMP OR THICKENING

If a lump or dimple or discharge is discovered during BSE, it is important to see your doctor as soon as possible. Don't be frightened. Most breast lumps or changes are not cancer, but only your doctor can make the diagnosis.

Know Cancer's Warning Signals!

Change in bowel or bladder habits
A sore that does not heal
Unusual bleeding or discharge
Thickening or lump in breast or elsewhere
Indigestion or difficulty in swallowing
Obvious change in wart or mole
Nagging cough or hoarseness

If you have a warning signal, see your doctor.

WOMEN HOLD UP HALF THE SKY

WOMEN'S INTERNATIONAL PUBLIC HEALTH NETWORK (WIPHN)
7100 Oak Forest Lane ,Bethesda, Maryland 20817 USA.

MEMBERSHIP FORM

To join please fill in the form below (print clearly) and remember to include your membership fee:
$20 for individuals $45 for organizations.
Organizations or individuals in developing countries who cannot afford the fee please send cloth or artwork of same value as the fee.

Name _____

Title/Degree/s _____

Address _____

_____

Telephone Number _____ **Fax** _____

Current Employer _____

Special interests _____

SUPPORT THE NETWORK.
RENEW YOUR SUBSCRIPTION
WRITE ; 7100 Ook Forest Lane, Bethesda, Maryland 20817.
CALL/ PHONE: 301-4699210 FAX 301-469 8423

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

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