Women Hold Up Half the Sky

WIPHN News

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Eighteen goddess-like daughters are not equal to a son with a hump.
Chinese proverb

DESTRUCTION OF FEMALE FETUSES

The New Pandemic

Most technological advances in medicine have served to improve the living standards of mankind. But ultrasound, which was invented as a diagnostic tool, has assumed sinister dimensions as it is used to change gender ratios in certain countries.

Many cultures, especially Asian, exhibit a deep-rooted preference for male children. It is the male child who keeps the family name alive, who inherits the farms and property, who supports his parents in their old age, and in India, who lights the funeral pyre when they die.

The female child on the other hand is thought of a liability, as a parasite, who has to be protected through her adolescence and then married off with a huge dowry.

This bias has expressed itself in many ways throughout the centuries. The Chinese have strangled their new-born daughters, while the Rajputs of India have left them unattended in the desert sands. The Tamils feed their little girls poison, which they suck hungrily, little knowing that this will be their last food.

However, these practices have been limited to just a few poor illiterate families and have never had a significant effect on society. Over the last decade or two, ultrasound has made its appearance in Asia. Unscrupulous doctors soon realized its potential as a safe, quick, and cheap means of sex determination in early pregnancy and marketed it as such. It soon replaced the earlier method of amniocentesis, which was risky, expensive, and time consuming. Thus began the latest pandemic, the phenomenon of female foeticide.

Today, almost every town and city in Asia has ultrasound clinics offering sex determination tests. Next door to these, are usually so-called 'nursing homes' advertising quick abortions on demand. In India, a "sex test" may cost as little as Rs350 (US$11), while an abortion (known as MTP or Medical Termination of Pregnancy) is available for Rs500–1000 (US$17–35) depending on the period of gestation.

Spurred by the easy availability,

demand for sex determination and pregnancy termination has become universal. From professionals to housewives, from urban elite to rural poor, every couple wants the test, especially if they already have one or more daughters.

Female foeticide has thus achieved the proportions of a pandemic. Village quacks and traditional doctors are armed with a pharmacopeia of drugs, which they claim ensure a male foetus. Recently a reputed Indian firm marketed a drug "Select," claiming 100% success in producing male offspring. Even educated people are attracted by the financial bargain offered: spend Rs100 now, save Rs1 million (on dowry) later!

What effect does this pandemic have on society? Sex ratio, already low in many countries, is falling further. Pakistan has the dubious distinction of the lowest sex ratio in the world (885 females for every 1000 males). India's sex ratio has fallen from a respectable 951 in 1901 to 929 in 1991. This leads to a shortage of women (31 million in India alone) and an increas-

WOMEN'S HEALTH

A woman's health has to do with her life
And the world in which she lives.
It has to do with her socio-economic situation
With her level of learning and whether she is able to make healthy decisions on her behalf.
A woman's health has to do with the community in which she lives,
With the cultural conditions and what her worth in society is seen to be.
A woman's health has to do with women being able to say what their needs are and what services are required.
It has to do with all of us—women and men, professionals and lay persons—thinking about the many factors which affect the lives of women, their development, and their health.

Source: Contact *No. 80, August 1993*

ing number of unmarried adult men. Instead of improving the status of women, as some votaries of the sex determination tests claim, this has led to an increase in social problems such as sexual molestation, rape, and prostitution and may also be related to the increase in AIDS, sexually transmitted diseases, and alcoholism.

The sudden spurt in social atrocities and crimes against women bears testimony to this. If available trends are to be believed, this wave shows no signs of abating.

It is noteworthy that societies such as Russia and Kerala State in India, which have sex ratios favorable to females, also have high female literacy rates, a high proportion of employed women, and better health status and lower incidence of crimes against women. It is certain, therefore, that this pandemic will ultimately lead to a retrograde step in human development and may ruin what previous generations have painstakingly built for us over the years.

What can be done to stop this pandemic and reverse its ill effects? Legislation is one answer, but not the only one. China's one-child policy encouraged a boom of sex determination tests for parents eager to ensure that the only child they were allowed to have would be male. The government's strict antiabortion laws worked to Hong Kong's hospitals' benefit as women boarded early morning trains into the colony, got their female foetuses aborted, and returned home to try again for a male offspring.

Maharashtra in India has banned the use of ultrasound and amniocentesis for sex determination. Yet mothers still flock to these centers, armed with prescriptions provided by ever-obliging doctors.

Self-restraint on the part of health professionals is another option. But doctors, especially in private practice, are rarely willing to let go of the goose that lays the golden eggs, as they see the ultrasound machine. Purely monetary considerations have lifted radiology from its obscure, low-profile, low-prestige status to the most in-demand discipline today. Indian doctors may pay up to Rs500,000 (US$17,000) to obtain a seat in a radiology residency program.

Women doctors, too, have failed in exercising a moderating influence on their profession. They are as involved in sex determination, manipulation, and selective termination as their male counterparts.

Where then is the answer? The only hope lies in the public, in making them aware of their folly, and in making them realize the effects of their actions. As drops of water collect to form the oceans, so will these tests and abortions collect to cause a medical, social, and demographic catastrophe.

Awareness is our only defence and health education our only weapon. This education must begin today, and focus must be on the girl child. She must be brought up confident and secure, proud of the fact that she is female. This will lay a strong foundation for the decisions she will have to take later in life. Then, hopefully, she will protest against female foeticide, she will ensure that female foetuses not be discriminated against. She will stop the pandemic. She will succeed.

Sanjay Kalra
Ludhiana India

BETTER HEALTH FOR HEALTH PROFESSIONALS

Health professionals take the lead in advocating better working conditions for other working women. They propose long maternity entitlements, breastfeeding breaks while at work, and creches at every workplace.

But what does the medical profession offer doctors, nurses, and other staff? Long, arduous, and uncertain duty hours characterize a health professional's life in any developing country. Maternity benefits are minimal, promotion of breastfeeding is a big joke, and creches in hospitals are a rarity.

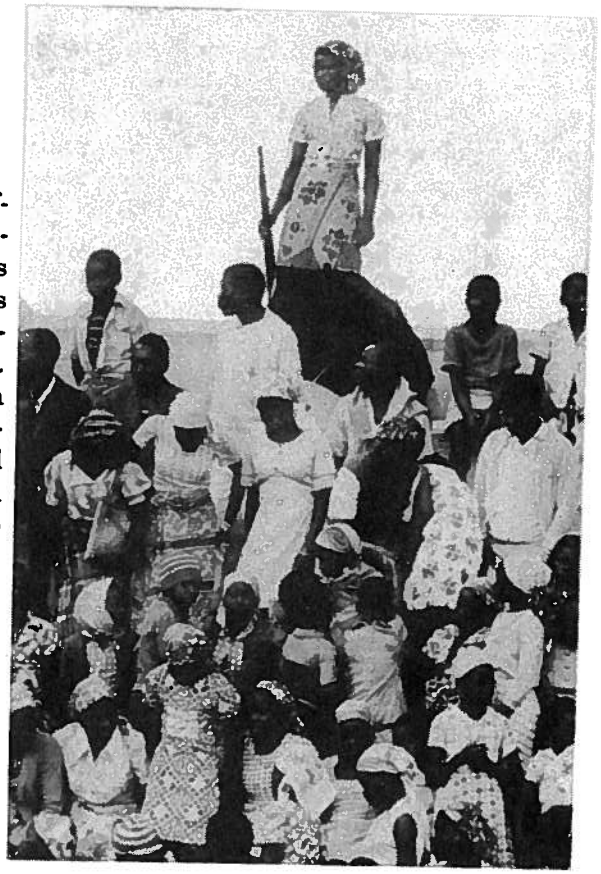
Thus, what doctors and nurses preach everyday on maternal and child health they themselves find impossible to practice. Health professionals should benefit from their health campaigns at home.

TRAINING FELLOWSHIPS

Advanced Training Program *"International Maternal Health Care"*, April 5-May 6, 1994. The Swedish Agency for International, Technical and Economic Cooperation (BITS) has commissioned the Department of Obstetrics and Gynecology, Akademiska Hospital, Uppsala, Sweden to conduct the annual program "International Maternal Health Care." The program focuses on maternal health problems in impoverished countries. The target groups are obstetricians/gynecologists and midwives from such countries, and 25–30 persons can be admitted each year. The program is free of cost. Topics in focus so far comprise: the pathology of poverty, problems associated with adolescent pregnancy, strategies to prevent abortion, traditional and modern midwifery, audit of maternal health care, strategies to prevent maternal death, professional responsibilities at various levels of maternal health care, and appropriate technology for improvement of maternal health care. Each program produces a book written by all the participants.

Deadline for applications is December 31, 1993. Application forms can be obtained upon request from: *Professor Staffan Bergstrom, Department of Obstetrics and Gynecology, Akademiska Hospital, S-751 85 Uppsala, Sweden.*

MOZAMBIQUE— From Destruction to Development: THE HEALTH SECTOR



By the time Mozambique achieved independence, it had become one of the poorest countries in the world. Most of the trained expatriates left at independence, and still more left after the nationalization of private companies. The majority of the population was poor and illiterate. Most of the health problems faced were high maternal mortality, high infant mortality, and much malnutrition.

Health services were fragmented and based in the urban areas, focusing on curative medicine. Effectively, less than 10% of the population had access to health care.

The second contributing factor to the deterioration of the health service was the involvement of the Mozambique government in the fight for independence in Zimbabwe, then Rhodesia.

The emergence of RENAMO and the subsequent war in Mozambique displaced millions of people within and outside the country. RENAMO attacked health posts and schools and tried to cut off communication by destroying roads. People sought refuge outside their countries, mainly in the neighboring countries of Tanzania, Malawi, Zambia, Zimbab-we, Swaziland, and South Africa. They also moved to cities and around the rail lines, where it was safer for them. Some stayed in their homes during the day but hid in the bushes at night. This was a war of untold misery.

To make matters worse, Mozambique was importing more products than it was exporting. Between 1980 and 1985, real economic growth was actually negative. As the development of the social sector is always dependent on the development and growth of the other sectors, in particular the economic sector, the health sector suffered.

In 1987, the government embarked on a Program of Economic Rehabilitation (PRE); this had some positive effect on the gross national product but did not improve the effect on the majority of the population. The PRE program has now been modified and is called the Program of Economic and Social Rehabilitation. The priorities of this program are education, health, nutrition, water and sanitation, and support of the poor in the social sector. It is now taking into account the effect of the economic situation on the population namely, the poor.

To address this problem of unequal access to health care and health service, the FRELIMO government nationalized the health sector and banned private practice of medicine. This caused many foreign doctors and the some of the few Mozambican qualified medical personnel to leave the country, further draining the country of qualified personnel. The government adopted a primary health care approach and came up with a list of essential medications that they would use. The success of this network of health posts and primary health care earned Mozambique international recognition. A few years after independence, Mozambique was one of a few African countries that could boast of reaching almost 90% of it population. Vaccination rates were over 80%; under-five mortality was the lowest in the region.

However, with the intensification of the war, all these developments came to a halt. The training of health cadres was suspended, as the economic situation worsened. The number of health workers in the rural areas was decreasing due to the war. The government was not able to compensate the cadres, and some ran away to safety. The government started using "serventudes," as all the trained staff had either fled to safety or had found other, better compensating work. These serven-tudes were basically people who were cleaners and caretakers; they had little or no education. They were given intensive training for 6 months to enable them to manage the health posts.

With the intensification of the war in 1984, the financial problems of the Ministry of Health began in earnest. The Ministry of Health budget was reduced by 70% by 1989. The Ministry of Health could not support itself as its money allocation was reduced and that of defense increased. The international community had to step in.

Expenditure on Health

Year	Government	Donor community
1983	87%	13%
1987	22%	78%
1991	5%	95%

In the mid-1980s, the deteriorating military and economic condition gravely affected the services of the health sectors. The war destroyed equipment and materials and other health centers were completely destroyed. With the destruction of roads and communications, referrals were

not possible. Some unscrupulous health workers set up their own pharmacies, taking the scarce medication from the health posts and selling them in the villages.

This is the situation that the government of Mozambique is faced with today. Health services have deteriorated, and access is at it lowest level. The health posts and hospitals need complete rehabilitation, and a whole network for supplying medication has to be set up. Water is a big problem, especially when we speak of sanitation. The refugees are coming back; the displaced or "desloca-does" are either going back to their original areas or they are opting to stay in the cities. Some of the refugees are coming back on their own. This poses a problem for the government as they cannot adequately plan for the unknown numbers returning. Populations in different areas are growing practically overnight. Services are being overloaded, and staffs are overworked and underpaid. The health posts do not have the medication to cater for this large number group of individuals.

To address this problem, the Ministry of Health has defined these priorities:

- Decrease the infant mortality and maternal death rates by supporting MCH programs.
- Train basic staff to run health posts—there has been no training of nurses or any health staff since 1985—except for the APE's who were trained by the Mozambican Red Cross for 6 months to replace those health staff who had left for one reason or the other.
- Reconstruct rehabilitation hospitals and health posts in the provinces and districts.

To do this, the government is assessing the demographics of its population with the ongoing official UNHCR repatriation. The MOH has delegated the districts to take censuses to find out how many people are in their district.

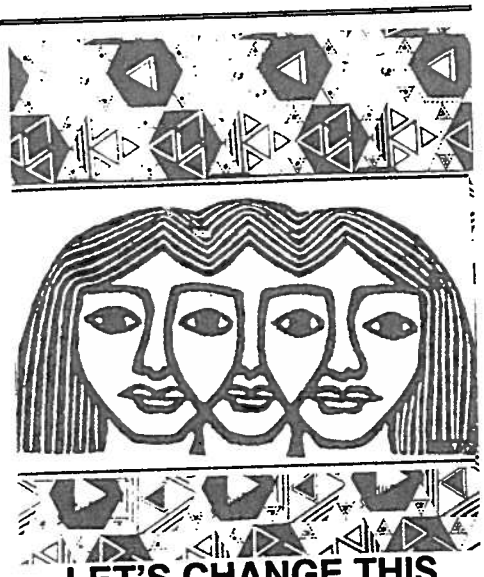
Urban services are quickly becoming oversaturated as refugees who learned skills like tin and black smithing opt for the cities to try to make a better living. Those who got used to city life in the countries in which they sought refuge, no longer prefer the rural areas where there are no services. The "deslocadoes" have decided to stay around the cities, complaining that there are no schools for their children, no potable water, and few other basic essentials where they came from.

The government strategy has been to look at the rural areas where the population is growing and set up areas of commerce to entice the deslocadoes and refugees to return home or to the rural areas. They are making roads accessible by demining and repairing the them. Schools, health centers, and boreholes are being built, and some people are being provided with materials to help reconstruct homes.

The government of Mozambique has realized that it is not enough to provide schools and health centers if there are no teachers and health workers. They have recommended that salaries be adjusted. Unfortunately, the ministry of health budget has been frozen. The ministry has decided to review the number of hospital orderly and to cut it by 50%. The money saved will be used to increase the salaries of the other 50% who are left. This is not a very popular recommendation, as unemployment in Mozambique is already very high. For the salaries of the other hospital workers, the MOH hopes to get money from the donor community, from the decrease in ministry of defence spending, and from the ministry of health budget.

Health care financing is an issue that will have to be dealt with in the near future because the government has to find ways of financing its health services.

Esther Kazilimani
Mozambique



LET'S CHANGE THIS

Women are achieving responsible political and bureaucratic positions all over the world. In societies where they were not even allowed to vote until a few years ago, women are being elected as prime ministers, mayors, and members of Parliament. Yet women's health has not kept pace with their political rights.

South Asia is perhaps the best example of this. Though the region has had four women prime ministers (in Sri Lanka, India, Pakistan, and Bangladesh), its women still remain neglected and oppressed.

Women are denied the right to equal pay, to adequate maternity benefits, and to protection against crimes such as rape and domestic violence. Female foetuses are aborted by the million, and yet no one takes action.

Let's change this, both men and women. Vote for a political personality only if he or she promises to work actively for better health. Ask what steps he or she will take to improve women's status, what new legislation he or she will introduce. Find out whether he or she will work against traditional or religious leaders who promote sex discrimination.

Use your vote to ensure a healthy future for all of us.

Dr. Sanjay Kalra
Ludhiana, India

WOMEN'S HEALTH RESEARCH—
Mfuleni, Cape Province (South Africa)

Pilot studies conducted at the University of Western Cape, School of Public Health Summer School's Women's Health Course found the following:

Girls in Primary School

A small study of standard seven primary school girls revealed that 57% of the girls had started school between the ages of 7 and 9, 12% started school when they were 10 years and older.

Forty-eight percent of the girls had started menstruating, and two-thirds stated that they did not have good health when menstruating.

Fifteen percent had to do housework after school; only 3% wanted to be housewives; 24% wanted to be nurses, and 15% wanted to be teachers. The girls saw themselves doing jobs usually reserved for girls.

Mothers of Malnourished Children

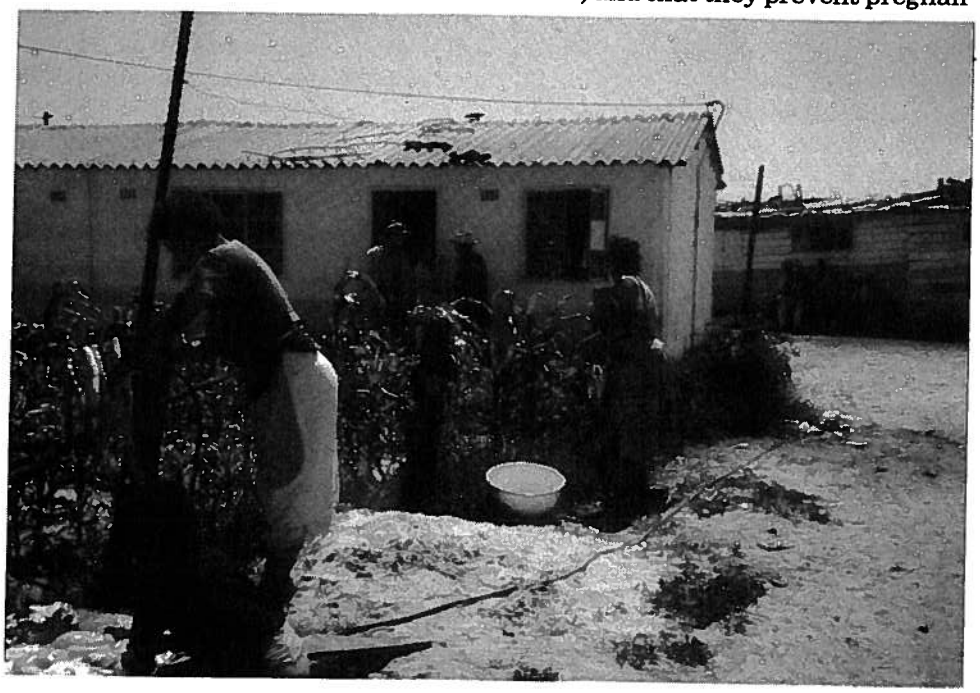
Ninety percent of the women with malnourished children who were interviewed were unmarried, unemployed, and unskilled; 10% were married but unskilled and unemployed. All these women lived in hostels or informal abodes; all were below the breadline; average income was R200/month. They had a high rate of illness in the family, e.g., TB, STDs, diarrhea, and chronic disease. Half supplemented their incomes with vegetables gardens, and 70% showed interest in learning knitting and sewing to supplement their income. The study was presented to the clinic staff, and it was recommended that they start a workshop to identify and meet the needs of these women.

Women and Literacy

Literacy was defined as the ability to read labels on shop items, letters, newspapers, notices at the clinic, etc. Only one of the females interviewed had reached high school. Except for one woman, all the women interviewed stated that they could read prices on shop labels. There is no center for adult classes in the area. A literacy center for adults with provision for child care is urgently needed.

Teenagers and Condoms

Teenager was defined as a person between 13 and 19 years of age. Although teenagers knew where to obtain condoms, knew how to use condoms, and that they prevent pregnancy, those interviewed did not use them. Few, however, seemed to know that they could be used to prevent STDs, especially AIDS. Clinic staff needs to promote more interactive health education in this regard. Only males were given condoms. Three-fifths of the females discussed condoms with their boyfriends, and the rest did not; three-fifths showed a bad attitude toward condoms, and none of the participants favored their use.



Mothers With Disabled Children

The women interviewed were single or deserted, unemployed, and had few children. They had the sole burden of responsibility. Most of the children had cerebral palsy. Unfortunately, no birth history data was available for review. Most mothers had to cope alone with feeding (preparation of special meals etc); 70% of the children were not toilet trained, and keeping the children dry was an additional problem. Creches and schools did not accommodate physically disabled children. All agreed that a creche, special groups, aids, financial assistance (grants), money, or transport for access to special health services, e.g., physiotherapy, and home help would enable them to cope better with caring for these children. They carried their children as they did not have wheel chairs or buggies. These women need support and resources.

NATIONAL COMMISSION O] WOMEN NEEDEI

In 1961, President John F. Kennedy, by Executive Order, authorized the National Commission on the Status of Women and named Eleanor Roosevelt as its chair. Succeeding presidents, including Presidents Nixon, Ford, and Carter, followed suit and authorized creation of some version of a national women's commission. This ended in the Reagan-Bush era. For the past 12 years, there has been no commission reporting to the President on the impact of national and international policies on American women, on their gains and setbacks, and on what must be done to advance the goal of equality for the female half of our population.

We urge you to write to the White House and ask President Clinton to act by Executive Order to create a multipartisan National Commission on Women, with its initial mandate being to assure that the voices of women from all segments of our society may be heard and represented in the official U.S. report to the Fourth World Conference on Women. The United States has been a world leader in establishing equal rights for women. It is vital that the U.S. take a strong role in the United Nations 1995 Fourth World Conference on Women, which will be held in Beijing, China on the 10th anniversary of the end of the UN Decade of Women (1975-1985). This forthcoming conference presents a unique opportunity for the United States to review the status of women in the US and to provide an agenda for positive change to guide us into the next century.

Write to President Clinton, The White House, 1600 Pennsylvania Avenue NW, Washington, DC 20006.

Scientists and Health Care Providers Protest Formula Industry Support of International Nutrition Congress

At the International Congress on Nutrition, Adelaide, Australia, September 1993, protests that the congress was taking funds from three formula companies were ignored by the organizers, so a candlelight vigil was organized. Nutricia, Nestle, and Mead Johnson (as well as other companies that promote their infant formulas) do produce disease and deaths, problems that the congress was addressing. Over 450 signatures were obtained on a petition that simply stated that "the decision to accept infant formula industry support for the International Congress on Nutrition was wrong and recommended future congresses not receive support from manufacturers of infant formula. Lung conferences are not supported by the tobacco industry because of conflict of interest, and the same should hold true for formula companies and infant feeding."

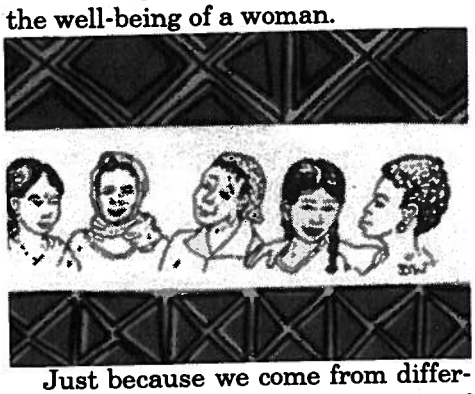
It is hoped that the next nutrition conference will not take money from that industry.

Michael Latham
Uthica, NY, USA

Patrice Jelliffe, Irwin Short, Michael Latham, and Claudio Shuftan at the Candlelight Vigil.

UNITY AND EQUALITY IN DIVERSITY

Women of different backgrounds with different lifestyles get together for a common cause "WOMAN." Then an important task that pertains to this get-together is added—"HEALTH." We come from different parts of the globe, to articulate, analyze, and find our bearings in all issues that affect the well-being of a woman.



Just because we come from different worlds should not make any one of us feel that she is a lesser person. From the dynamic one, let us receive and enjoy the fruits of her presentation, to develop and not to crush. From the silent listener, let us receive the quality of her esteem that she silently exudes. From her face, we always read an expression of content and of great expectations. She too, given enough opportunity, will finally find expression of the small "I AM" that she rightfully portrays. She too will develop her attributes which are not as yet unfolded and which in due time will be developed. She too, being a born leader, but not yet recognized as such, will give the world the fruit of her service.

In diversity being united, let us work hard to transform our limitations. In unity, let us work hard toward changing the present concept of women's oppression into a realization of a holistic liberation. To round up, this is our world—together we can make a difference.

Violet J. Nhlapo, South Africa

Press clippings on the relationship between health professionals and manufacturers and distributors on infant formula are available from Nutrition Section, UNICEF, New York, July 1993.

Women's Health Networks in the Information Age

Women from around the world meet to share ideas about public health issues, problems, concerns, solutions, successes, failures, and dreams. We meet in communities and in state, provincial, regional, national, and international forums to learn and make plans for change. But what happens when we leave the high energy of the meeting place? When we need support or need to discuss ideas, we might write a letter or pick up the phone, but often we lack immediate or short-term feedback. In the age of information, we now have another means of communication as well as a source of information. Electronic networking enables us to communicate at the global level and to conduct research, collaborate with colleagues, read recent press releases, learn of funding opportunities, retrieve proceedings of professional meetings, learn of future meetings, and perhaps most importantly, to exchange information and support from other women. Separated by time and place, support and collaboration that is otherwise impossible may be only a message away.

Information is truly power, and electronic networking can be another tool for the empowerment of all women. The electronic net allows access to many people at many points. It seems especially important to ensure such access for women, who might easily be left "out of the loop."

To do this might mean getting access to the hardware—the computers, modems, and telephone lines that enable individuals to plug into the international network. As important will be access to the software—the programs and the knowledge base that enable individuals to actually use the wealth of information on the network. Although an article such as this cannot possibly include Everything You Need to Know About Electronic Networking, we can suggest the power and utility of the network and resources that can be helpful in getting connected.

First, some terminology. The generic term "internet" simply means a collection of interconnected networks that can function as a single, large virtual network. What we refer to as the Internet is the largest internet in the world—a collection of networks—connecting computers in many nations. If you have a computer and a way to access the Internet, you can be part of this network.

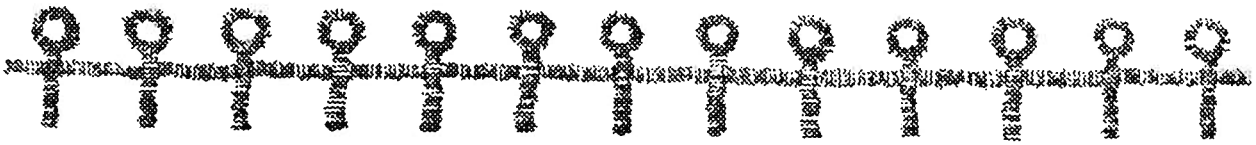
Connecting to the Internet can be accomplished in a number of ways. Dedicated access is the most direct, most powerful, and most expensive. Check if your institution is directly connected. Almost as good as direct access is SLIP or PPP, Internet software that can be used with a high-speed modem to give you full Internet access through your phone line. These are still fairly expensive alternatives, though much cheaper than dedicated access. Dial-up access allows you to log in to a remote dedicated access site, using a modem over a phone line. A final way to get access is through other networking services, such as Bitnet or Compuserve. These services are generally the most limited, usually only allowing you to access electronic mail and read bulletin boards. The more directly you are connected, the more able you will be to use all of the Internet services described below.

Electronic mail (e-mail) is the first thing most users learn to use on the Internet. Each internet user has a unique address. Protocols for sending and reading electronic messages vary according to the system being used, but the process is essentially the same. The message is passed from one machine to another, across the Internet, until it is delivered to the recipient's electronic mailbox. Many special interest electronic mailing lists exist and can be useful for helping you keep in touch.

Network news is another useful service that is almost universally available. News groups are organized by interest area and range from highly academic to frivolous, from useful to odd.

Mail and news are available from almost all sites; the following services are usually only available through a dedicated access site. Telnet allows you to log into a remote host and interact as if you were in the remote site. For example, from here in Oregon, I can Telnet to the library at the University of Colorado, or Oxford, as if I were right there. I can check the library holdings or see what's playing at the movies right across the country or across the world.

FTP stands for the file transfer protocol, and it allows you to copy files from a remote system to your local system. Databases, archives, software—these are just a few of the resources available with FTP. As you become more familiar with the Internet, you will learn about other tools that help you search for the people and information you need to be a fully plugged-in citizen of the electronic community.



If this seems overwhelming, take heart. Almost everyone feels this way in the face of "information overload." Some books that may help you sort through this maze are listed at the end of this article. If you want more information or support in getting connected and exploring electronic communications, contact us for information about workshops.

Marsha Greer and
Marion McNamara, Oregon
email: greerm@ucs.orst.edu

Suggested reading: *Zen and the Art of Internet; A Beginners Guide. A Directory of Electronic Mail Addressing and Networks. Internet Password—Guide to the World. Navigating the Internet. The Internet Companion. Ecolinking-Every-one's Guide to On-Line Environmental Information. The Online World.*

WORKING WOMEN AND BREASTFEEDING

Your marvelous Winter edition of WIPHN News No. 12 has one statement that particularly upset me on "Thoughts on Contraception," namely, "This means no pacifiers, water bottles, or returning to work or school..."

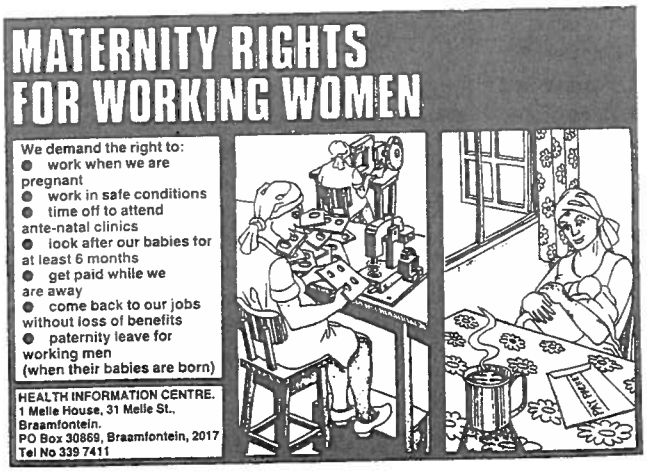
I could not believe that I was reading this. Surely WIPHN is not going to let cultural pathology become dogma. Isn't the whole convenience of breastfeeding that you can take the baby anywhere and she is no trouble or disturbance because she pops on the breast as soon as she squeaks? A good friend of mine Claire Schofield has just lectured at Uppsala University with her 6 week old at the breast (I can send a photo soon). The lecture was booked months ago, and when she said "I have a baby," they said, "Fine, bring him along."

The advice of Nikki Lee cancels out proper breastfeeding for a vast number of women, the poor who must return to work sooner, the young and long-term scholars who cannot abandon studies, and career women who dare not miss out for such a long period.

There is another point; unless we bring breastfeeding babies into the public domain, we will never succeed in educating the general public. I am not talking about crawlers and toddlers racing around lecture halls, offices, and factories, but babes in arms who only need a little basket and a ready breast for them and their mothers to thrive socially as well as physically.

Gabrielle Palmer
United Kingdom

Response: Mothers must be enabled to return to work or school and continue breastfeeding in places where there is no day care at the worksite. Breastfeeding mothers who cannot take their infants to work because of lack of day care or uneducated, uncooperative employers have to resort to pumping and storing their milk in less than desirable facilities, often with no refrigeration. Employers' support can make a big difference for nursing Moms. While some employers such as Geico, International Business Machines Corp., Mitre Corp., and the Federal National Mortgage association have set aside rooms and purchased medical grade pumps, most have not. With increasing numbers of women entering the workplace, employers should no longer ignore it as a legitimate workplace issue. A few women activists have managed to demand the right to breastfeed by demanding breastfeeding as their right. Would they were given day care and breastfeeding breaks.



WIPHN ADVISORY

FENTANYL EPIDURALS MAY INTERFERE WITH LATCHING ON.

Several issues ago we asked for reports on fentanyl (used for epidurals). We have received several responses stating that problems with latching on have been noted in different health care centers. Vergie Hughes at Georgetown wrote that it causes a problem with latching on by causing retraction of the nipples. If this has been noted elsewhere, please let us know.

Slice of Penis Versus Destruction of Pelvic Floor—Where Is the Social Justice for Women?

Recently, a Virginia woman who claimed to have been repeatedly raped in marriage (not considered a crime in most parts of the world) took the situation into her own hands and cut off her husband's penis, as reporting her husbands abusive invasive behavior had been useless. The media and societal concern for the reconstruction of the man's penis was unbelievable. When women are raped and sodomised, they are often left with irreparable damage requiring numerous operations, colostomies, etc., and still the fistulae cannot be repaired. There is no outcry and no figures of cost, time, or mention of the mental and physical pain or of the destruction of a person and even the family. Many of these women become social outcasts.

We are looking for case reports of such damage and the procedures needed to repair the damage and some costs. Please send us any of this information, as we are putting together this data. Our organs and structure count!

Naomi Baumslag

WOMEN'S HEALTH: INTERNATIONAL CONFERENCE, Uganda

This was the first international women and health meeting held on the African continent. Over 500 women from 52 countries participated in the meeting. The meeting was a triumph for the women of Uganda. After years of civil war, Uganda is again on its way to regaining its designation as the " pearl of Africa." Dr. Samson Kiseka, Vice President of Uganda, saw firsthand the commitment of women of the world to improving women's health status and, through the statistics, the lack of opportunities for women worldwide: Women receive 1/10 of the income, own 1/10 of the property, do 2/3 of the work, and grow 90% of the food crops and 60% of the cash crops. Eighty percent of refugees are women.

The plenary sessions emphasized global concern for women's health; the inadequacy (and questionable ethics) of some structural adjustment programs; women and violence, including sexual abuse; reproductive rights and contraception; population policies and their abuses; sexuality; safe motherhood; and HIV and other sexually transmitted diseases. The workshops focused on other topics as well, including the prevention of female genital mutilation.

An action plan for women's health was developed. The action plan stresses priority areas and objective goals that must be accomplished to improve women's health conditions and delineates specific measurable outcomes. Highlights of the action plan include:

The spread of AIDS/HIV and other STDs to girls and women must be prevented through the implementation of effective control strategies. Education and information must be come accessible to women to enable them to make informed choices about their bodies, including safe contraception when desired. Because reproductive rights include all the social rights, women must be allowed self-determination in defining and expressing their sexuality and in protecting their reproductive rights.

Population control programs must not be linked to aid for development. Development must not mean the depletion of natural resources and the focus on profit, both of which have often affected women and children negatively. Structural adjustment programs have led to the elimination of many needed social services and have increased their poverty. A call was made for the cancellation of all national debt acquired as a result of structural adjustment programs. In addition, it was resolved that women's voices must be heard in future program planning and implementation if economic status is to improve.

Resources spent on the military machine and on war must be stopped. In addition, rape must be recognized as a war crime and prosecuted as a war crime. Neutral, safe zones should be established for women and children in areas where war exists. Violence in general, including rape, incest, pornography, female genital mutilation, and the trafficking of girls and women was condemned as misogyny. Appropriate action must be taken to prevent all forms of violence against women.

Research on women's health must be expanded and improved. Traditional methods of healing should be researched, documented, and used as appropriate.

Differently abled women must be included as full participants in the planning of economic and social programs for women.

Women worldwide must continue to work together, support one another, and network to exchange information, knowledge, and experiences and to create a stronger political voice. Attainment of these outcomes will form part of the basis of the 8th International Women and Health Meeting, which will be held in Brazil in 1996.

Annette MacKay Rossignol, Marsha Greer, and Heinke Bonnlander, Oregon, USA

For a full copy of the report write Josephine Kasolo, Makere University, Kampala, Uganda.

FEMALE CONDOM

Reality is a female condom that has been recently been made available to family planning, STD clinics in the United States, governmental organizations, non-profit agencies, and agencies receiving federal funding to provide family planning and female services. It was approved by the Food and Drug Administration in May 1993 for women to use to provide protection against unintended pregnancy and to reduce the risk of AIDS and other STDs. Supplies are still limited. A case of 20 packets (60 devices) is $75.00; maximum order is 6 cases. For more information contact: *Mary Ann Leeper, 919 N. Michigan Avenue, Suite 2208, Chicago, IL 60611, U.S.A.*

International Conference On Population And Development

Choices and Responsibilities, Cairo, Egypt, September 5-13, 1994.

Population policies and programs of most countries and international agencies have been driven more by demographic goals than by quality of life goals. They have typically targeted low-income countries and groups, often reflecting racial and class biases—the Women's Declaration on Population Policies. Contact International Women's Health Coalition at 212-979-9009 if you want a copy or if you want to sign on. For information on the conference, write ICPD Secretariat, 220 E 42nd Street, 22nd floor, New York, NY 10017 USA.

PUBLICATIONS

AIDS: An Expanding Tragedy, Final Report of the National Commission on AIDS, Washington 1993

AIDS: The Second Decade, A Focus on Youth and Women, UNICEF, UNICEF House, 3 UN Plaza, New York, NY 10017, U.S.A.

Cambodia Can't Wait, Women's Commission for Refugee Women and Children. Report from the delegation to Cambodia, February 8-20, 1993, c/o International Rescue Committee, 386 Park Avenue South, 10th Floor, New York, NY 10016, U.S.A.

Carnegie Quarterly, Making Pregnancy and Childbearing Safer for Women in West Africa, Carnegie Corporation of New York, 437 Madison Ave., New York, NY 10022, U.S.A.

Development Dialogue, Women, Ecology and Health, newsletter published by the Dag Hammarskjold Foundation, Ovre Slottsgatan 2, S-753 10 Uppsala, Sweden.

CHF newsbriefs is published by the Cooperative Hunger Foundation, a private, non-profit organization established to help families throughout the world to build better housing and communities. P.O. Box 91280, Washington, D.C. 20090-1280, U.S.A.

The Exchange, Women in Development, quarterly newsletter published by the Peace Corps, 1990 K Street NW, Washington, D.C. 20526, U.S.A.

R. Dixon-Mueller and A. Germain, *Four Essays on Birth Control Needs and Risks*, first in a series of essays addressing critical issues and innovations in reproductive health, International Women's Health Coalition, 24 East 21 Street, New York, NY 10010, U.S.A.

ICPD 94, newsletter of the International Conference on Population and Development, ICPD Secretariat, c/o United National Population Fund, 220 E. 42 Street, New York, NY 10017, U.S.A.

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

Indicators for Assessing Health Facility Practices that Affect Breastfeeding. Report of the Joint WHO/UNICEF Informal Interagency Meeting 9-10 June, 1993, Geneva.

Mothers and Children, Children Living in Cities, bulletin on Infant Feeding and Maternal Nutrition, published by the Clearinghouse on Infant Feeding and Maternal Nutrition American Public Health Association, 1015 15th Street NW, Washington, D.C. 20005, U.S.A.

F. Savage King and A. Burgess, *Nutrition for Developing Countries* (1993) Second Edition 1993, Oxford Medical Publications, Oxford University Press, Oxford, UK.

WANTED

by February 1, 1993
Articles on CANCER and MENOPAUSE

The next issue of WIPHN News will deal with women and cancer. Please send us your articles, views, information and illustrations, cultural beliefs and concerns.

We are we are also looking for international and national definitions of menopause and what it means in different cultures, what women do, if anything, around that period, and how it affects their lives.

Partnership News, produced by the Partnership Network, c/o Center for Partnership Education-Princeton, 4 Canoe Brook Drive, Princeton Junction, NJ 08550, U.S.A.

Report on the Maternal Mortality and Morbidity Campaign—1992, produced by the Women's Global Network for Reproductive Rights, NZ Voorburgwal 32, 1012 RZ Amsterdam, The Netherlands.

Reproductive Freedom News, published by the Center for Reproductive Law & Policy, 120 Wall Street, 18th Floor, New York, NY 10005, U.S.A.

S. Craven, M. Greenberger and Ann Kolker, *Reproductive Health: An Essential Part of Health Care*, June 1993, National Women's Law Center, 1616 P Street NW, Suite 100, Washington, D.C. 20036, U.S.A.

Safe Motherhood, A Newsletter of Worldwide Activity. Maternal Health and Safe Motherhood Programme, Division of Family Health, World Health Organization, 1211 Geneva 27, Switzerland.

Survey of Children born in 1985, 1992 Report of the National Perinatal Epidemiology Unit, Radcliffe Infirmary, Oxford OX2 6HE, England.

The Tribune, Into Our Own Hands, special 50th edition, newsletter of the International Women's Tribune Center, April 1993, 777 United Nations Plaza, New York, NY 10017, U.S.A.

Unique Opportunities, Blazing New Trails—A Look at the Personal and Professional Lives of Women Doctors, special issue on women's medicine, Great Lakes Health Network, Dept. of Physician Recruitment, 104 East 2nd Street, 5th Floor, Erie, PA 16550, U.S.A.

M. Burk and K. Shaw, *Violence Against Women*, WomanPower America, 1993 Framing the Issue Series, Center for Advancement of Public Policy, 1735 S Street NW, Washington, D.C. 20009, U.S.A.

VOICES for a compassionate society, Vol 2, No.1, 1993 report of Global Tribunal on Violations of Women's Rights. The world is still governed by men; fewer than 5% of the worlds heads of state are women, only 11% of the world's parliamentarians are women, and less than 20% of middle-management positions are occupied by women.

Though the Geneva Convention offers women special protection against rape, enforced prostitution, and indecent assault, there has never been prosecution of such a crime. Change of Heart, Inc., 227 Congress Ave., Austin TX 78701-4021.

M. Berer with S. Ray, *Women and HIV/AIDS*, An International Resource Book (1993). Pandora Press, Hammersmith London. Contains information, action, and resources on women and HIV/AIDS, reproductive health, and sexual relationships.

Women's Resource and Information Center, Resource Update, ISIS International, July-October 1992

Women in Action, a newsletter published four times a year, P.O. Box 1837 Main, Quezon City 1100, Philippines.

ORGANIZATIONS

LOS ANGELES REGIONAL FAMILY PLANNING COUNCIL is a private, non-profit organization responsible for the coordination of family planning services in Los Angeles County.

REFUGEE WOMEN IN DEVELOPMENT, INC. is a non-profit organization working to help refugee women resettle in the United States and attain social and economic independence. 810 First Street NE, Suite 300, Washington, D.C. 20002, U.S.A.

PROGRAMA DE SALUD REPRODUCTIVA (Reproductive Health Program) of Costa Rica is an organization which belongs to the Costa Rican Social Security.

NPPHC NETWORK is an organization dedicated to the promotion of progressive primary health care in South Africa.

ALLIANCE OF AMERICAN AND RUSSIAN WOMEN is an organization directed to help Russian women become entrepreneurs and empower them financially. It also seeks to promote joint ventures between American women and women in the former USSR. P.O. Box 328, Washington Depot, CT 06794, U.S.A.

INTERNATIONAL EMPLOYMENT HOTLINE publishes a monthly newsletter that is subscriber supported and includes articles and job leads for those seeking employment outside of the United States. It also publishes books on international careers. P.O. Box 3030, Oakton, VA 22124-9030, U.S.A.

Family Health International is implementing a program entitled AIDS Control and Prevention Project (AIDSCAP) in collaboration with nine other organizations. The program is aimed at providing behavioral research, policy support, and evaluation with respect to STDs and AIDS in particular. For more information contact: AIDSCAP, 2101 Wilson Blvd, Suite 700, Arlington, VA 22201, U.S.A.

Proyecto Mama in Puerto Rico offers courses on breastfeeding, prenatal consultations, breastfeeding counseling, home visits, organizes conferences and seminars, and rents or sells breast pumps. Contact person: Nitza Diaz-Blanco at Esmeralda #49, Urb. Muñoz Rivera, Guaynabo, Puerto Rico 00969.

The Genesys Project was established to provide a wide range of services to assist in identifying key gender considerations which impact on programs and project success. For more information write: The Futures Group/GENESYS Project, 1050 17th Street NW, Suite 1000, Washington, D.C. 20036, U.S.A.

National Women and HIV/AIDS Project, Inc., in the District of Columbia, is a national project for representation and support by/for women living with and affected by the HIV/AIDS epidemic. It supports community-based programs and aims to develop a grassroots network coalition of women living with HIV/AIDS. Write: NWAP, P.O. Box 53141, Washington, D.C. 20009, U.S.A.

MEETINGS

UN World Conference and NGO Forum on Women, 4-15 September, 1995 and 3 August-8 September, 1995, Beijing, China. Opening and closing sessions will be held in the Great Hall of the People; the rest of the conference will be held at the International Convention Center. The NGO Forum will be held at the Beijing Worker's Sport Service.

International Conference and NGO Forum and Population Development, September 5-13, 1994, Cairo, Egypt. For more information contact: ICPD Secretariat, c/o United Nations Population Fund, 220 East 42nd Street, New York, NY 10017, U.S.A.

Reproductive Health and Justice Conference, January 24-28, 1994, Rio de Janeiro, Brazil. For more information contact: International Women's Health Coalition (IWHC), 24 East 21st Street, 5th Floor, New York, U.S.A.

World Summit and NGO Forum for Social Development, March 11-12, 1994, Copenhagen, Denmark. For information contact: ICAE, General Secretariat, 720 Bathurat Street, Suite 500, M5S2R4, Toronto, Ontario, Canada.

Women Empowering Communication, February 12-17, 1994, Bangkok, Thailand. For more information contact: World Association for Christian Communications, 357 Kensington Lane, London SE11 5QY, England.

Innovations in State and Local Government: New Directions for Women, The Fourth Women's Policy Research Conference, June 3-4, 1994, Washington, D.C., U.S.A. For information contact: Lucia Fort, 1994 Conference Coordinator at IWPR, Institute for Women's Policy Research, 1400 20th Street NW, Suite 104, Washington, D.C. 20036, U.S.A.

NCIH 21st Annual International Health Conference, Population and Quality of Life, A Dialogue on Values, June 26-29, 1994, Hyatt Regency, Crystal City, Arlington, VA, U.S.A. Contact: National Council for International Health, 1701 K Street NW, Suite 600, Washington, D.C. 20006, U.S.A.

Women, Politics, Environmental Action, June 1-3, 1994, Moscow, Russia. For information contact: Sarah Harder, University of Wisconsin, Eau Claire, WI 54701, U.S.A. or Natalia Mirovitskaya, Institute of World Economy and International Relations, Profsouznaya Street 23, Moscow, 117859 Russia.

VIDEOS

Violence Against Women, A Violation of Human Rights, video documentary produced by the Institute for Development Training. This video provides excerpts from a hearing that was part of an international campaign to bring the issue of violence against women to the international arena. It also contains a guide with international statistics, suggested action steps, addresses of involved organizations, and resource materials. For more details: IDT Headquarters, 212 East Rosemary Street, Chapel Hill, NC 27514, U.S.A.

"Sobada" and "Manteada", Massages used by Mexican Midwives, is a video showing how three midwives from three different ethnic groups demonstrate a variety of techniques including a kind of abdominal massage and swinging of the abdomen by means of a shawl. They are performed during pregnancy, childbirth, and puerperium and complemented with specific therapeutical herbs and constitute a common practice with a preventive character. For more information contact: TICIME, S.C., Apartado Postal 113-082, Mexico 03300, D.F. or c/o Mail Boxes Etc., 9297 Siempre Viva Road, Ste. 35.150, San Diego, CA 92173-3609, U.S.A.

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

MEMBERSHIP FORM

To join, please fill in this form (print clearly) and 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 the same value as the fee.

Name_____

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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.

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