Austin Helza

Women Hold Up Half the Sky

WIPHN News

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The capturing of women's wombs is the domination of the physicalist and masculinist scientific paradigm, the ultimate logic, not purely of the medicalization of life, but of a Cartesian world-view, in which the behavior of bodies can be explained and controlled independently of minds. Unless we relinquish this dangerously simplistic world-view, the world is not likely to change very much.

Ann Oakley
The Captured Womb, 1986

Sterilizing Women

VISITING A MINILAP CAMP IN NEPAL

I was riding together with a doctor and two nurses in a jeep of the United Nations Family Planning Association along a dirt road in rural midwestern Nepal. It was Shivaratri, a Hindu festival on which devotees pray to Shiva that they will be granted fertility. It is supposed to be an auspicious day for anything, except perhaps the vasectomies and sterilizations that we were going to perform.

A "sterilization camp" had been organized in the village of Mehelkuna. Camps like this have been known in South Asia for more than 20 years and are usually during the dry, cool season, when the rural population is relative free of work. The contraceptive methods offered are permanent (vasectomies or minilap tubal ligation), because temporary methods have been shown difficult to implement in health posts and clinics due to lack of supplies and training. Of the about 100 people already waiting when we arrived, most were illiterate women. Only individuals that have more than two children and whose youngest child is over three years old are accepted. The facilities to be used are a Primary Health Care Center built with Canadian development aid money in the 1980s.

I entered an operating room (OR) for the first time and a doctor beckoned me to his side. The patients were all dressed in blue operating smocks, some looked bewildered, some terrified. A women that looked quite young lay naked from the waist down on an operating table, legs in stirrups, arms folded limply behind her head. Her eyes were covered with a cloth and her pubic area had been shaved.

The surgeon made an incision just below the navel. The operation was performed under local anesthesia with mild intravenous sedation, leaving the patient awake but drowsy. The doctor was a veteran of these sterilization camps; he had carried out thousands of these operations. In under fifteen minutes, a woman could be bodily hauled onto the operating table, sliced up under local anesthetic and shooed out of the door holding her bandaged belly with both hands. By the end of the day, forty minilaps had been completed. Physicians receive the equivalent of US$1 per procedure, assistant nurses about a fifth of that. Each patient is paid about US$2, the equivalent of time lost from work and expenses such as travel.

Emerging from the OR, the doctor had to step over the bodies of women lying in the dust recovering from the procedure. There were no beds to offer them, and most of them had to make the long walk home that same day. Only about 25% of women live less than an hour away from a health clinic according to studies; 50% of women live at least three hours away.

This first exposure to the realities of health care in the "third world" left me in a turmoil. My initial gut reaction was that treating women as if they were cattle could not possibly be the most humane method of population control, or even the most effective. But I also had to recognize the socioeconomic conditions in which such camps were functioning. Nepal is one of the poorest countries in the world, with a population of 20.6 million; 88% of the country is rural and according to studies, one-third of women in Nepal do not want to have any more

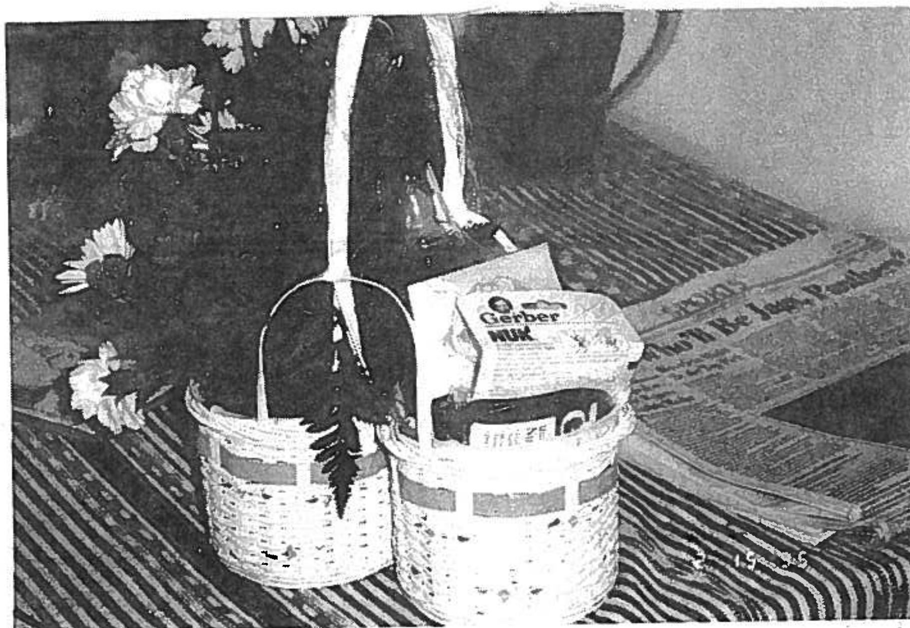
children. The demand for family planning services is high. In the district of Surkhet (population approximately 250,00), the government allocated funds for 1,365 sterilizations for the year 1995, but by the end of April, when I left, 1,000 had already been performed.

However, it is difficult to say how many of those sterilized would have preferred a temporary method, because awareness of alternate methods is still lacking in Nepal. Family Health International (FHI) has found that 89% of women in Nepal were aware of sterilization in 1991, 66% knew about the pill, 65% knew about injections, 52% knew about condoms, 35% about implants, 24% about IUDs, and 19% about female barriers. According to FHI, "the need to create more awareness for spacing methods with well-focused and appropriate education-communication and motivation campaigns cannot be overemphasized." Camps could possibly include long-term temporary methods, but appropriate followup and referral mechanisms would have to be developed.

The long-term success of any family planning program depends especially upon improvement in the educational, legal, and socioeconomic status of women. As seen in examples such as the state of Kerala in India, educating and employing women is the most effective and sustainable way to lower the birth rate. In Kerala, 70% of women are literate, which is three times the average for the country; the birth rate in Kerala is 23 per thousand compared to the national rate of 33 per thousand. The national female literacy rate in Nepal is 13% (compared to 99% in Canada, for example) and in 1991-92, only about 7.8% of the women sterilized in camps were literate. According to Jean Baker, FHI policy specialist, women in Nepal "are born into a society which exhibits strong son preference, chooses to educate male rather than female children, and provides better and more food to male members of the family. They [women] have fewer legal rights than men, especially in relation to property and inheritance." Ultimately we should be measuring the success of family planning programs by one question: are they responsive to the needs and perspectives of women?

*Michelle Leslie**
USA

** Michelle is a graduate in biology from McGill University who is interested in women's health issues and international development. She spent two months in 1995 visiting various community health projects in midwestern Nepal.*



WATCH OUT FOR NEW TACTICS EMPLOYED TO PROMOTE FORMULA

- If you are going to breastfeed do not be surprised if you still get a case of formula delivered to your home. When you sign off on baby photos you may also be requesting a formula gift pack through the baby photo form. Make sure you read this form carefully.
- Florists as far afield as Socorro, New Mexico, when they send flowers to new mothers incorporate a Gerber's feeding bottle, teat and coupons. Alert your florist and mothers.
- Ross has gone all out for free patient education and now has "beginning care"- a new wallboard solid oak display for free with educational materials for expectant parents and guess what Similac with iron is prominently featured on the display. Walmart in Florida gives free samples of Bonamil. They know that advertising pays!

Maryland WIC offers a variety of incentives for breastfeeding mothers including a photo program and baby showers.

So, Why Do We Have Breastfeeding Legislation in the USA?

Breastfeeding legislation has been enacted in six states in the USA (Florida, Iowa, Michigan, New York, Utah, and Virginia) over the past two years, and many more states have pending bills. The legislation typically clarifies the fact that breastfeeding is not indecent exposure and thus not criminal behavior. Most of the states have gone further than this and have made it perfectly clear that a woman has the right to breastfeed any place she has the right to be. New York has gone furthest, in that mothers are provided with a remedy if they are prevented from breastfeeding. New York's law protects the right to breastfeed in public as a mother's civil right!

The legislation is being enacted not because it is currently illegal to breastfeed in public, but because it is the public perception that breastfeeding is indecent exposure. There are no laws anywhere that prohibit breastfeeding or tell a mother how long she can breastfeed. Mothers have the right to breastfeed in public, and the new breastfeeding legislation clarifies this right. It is hoped that enacting legislation guaranteeing the right to breastfeed in public will help to remove just one more stumbling block from a mothers decision to breastfeed. Breastfeeding is not only a lifestyle choice, but a significant health choice for both mother and baby.

Although initially breastfeeding legislation concerned itself with nursing in public, several states have taken this further. Iowa amended its jury duty law statute in 1994 to exclude mothers of breastfed children who are responsible for the daily care of the child and regularly employed outside the home. Florida's 1994 legislation creates a breastfeeding project to determine the benefits, barriers, and cost of implementing worksite breastfeeding support policies for state employees. These policies will be formulated for the entire state and will address issues such as work schedule flexibility, accessible locations and privacy to pump or nurse, and access to clean, safe water sources for cleaning breast pump equipment. This law also revises various laws governing services for WIC recipients by requiring an emphasis on breastfeeding. As the legal system continues to recognize and encourage breastfeeding, a message is sent to the public at large that breastfeeding is an important issue, one that has an impact on our lives and the futures of our children. But society's views and taboos are not easily changed. Legislation that recognizes the importance of breastfeeding is just one step toward helping our society become more supportive of breastfeeding.

Elizabeth N Baldwin, J.D., Florida

For a Summary of US Breastfeeding Legislation and states with pending legislation, see Milk, Money and Madness *by Naomi Baumslag (with Dia Michels), Greenwood Publishing Group, 1995.*

Reference: Breastfeeding Legislation in the United States. *Baldwin, N; Friedman, K.A. New Beginnings, November-December 1994, p.164.*

CONCEALING DEATHS OF POORLY EDUCATED WOMEN

An epidemiologic study was carried out in 1993 with the purpose of researching maternal death in Resende, a municipal district of the interior of the state of Rio de Janeiro.

The decision to study an interior district was due to the fact that, in these regions, the maternal death rate corresponded to 75% of the total deaths of women, pointing to a significant difference between the capital and the interior.

For four months we carried out surveys, transcriptions, and analyses of all women's (10 to 49 years of age) deaths and whether fetal or nonfetal. In order to determine the number of pregnancy-releated deaths that occurred in Resende, 112,000 deaths were surveyed. Deaths were classified according to cause (presumable maternal and other). In 1994, these transcriptions were revised from the data provided by the epidemiologic sector of Resende's Municipal secretary of Health (SMS/Resende) and later from other sources (medical handbook information in hospitals and maternity hospitals, notary's offices, and cemeteries).

The results of the research indicated that deaths in childbirth were five times larger than reported officially. The Mother's Death rate (TMM) pointed out by SES/RJ and SMS/Resende was 4.36 per 10,000 live births. Our study found the TMM was 21,8 per 10,000 live births.

The variables chosen to be statistically compared with maternal death were women's education, age, and occupation. Among the investigated deaths in women 20/30 and 40/49 years old, 100% had no occupation. Information on level of education was not available. Education of women is one of the determinant factors contributing to mothers health, since 20% of the women in the state are illiterate. Hence, we considered relevant the adoption of measures to inform health professionals about the importance of correct and complete death declarations.

Teresa Ydalge
Nucleus of Studies and Documentation in Mother Health.
Rio de Janeiro

ALUVIO MEDICAL CENTER CHICAGO

With the trend to shorten hospital stays, Aluvio Medical Center Nurse Midwifery Service, located in Chicago's Southside, has developed a comprehensive home-visiting program that allows for effective teaching and breastfeeding followup. Clients can receive education in their home or at Aluvio. Classes are offered in English or Spanish. Individual class series are offered at home for those who cannot or choose not to attend group sessions. Women with large families, new immigrants, those without transportation, those with difficult social conditions, teens, and clients without formal education are seen in their homes. In a traditional clinic where only formal classes are offered, these women are most likely to miss this learning opportunity. Forty-eight percent choose home classes.

The nurse midwifery service at Aluvio provides a most comprehensive home-visiting program and breastfeeding support from the prenatal to postpartum period. Home-based classes allow breastfeeding promotion with family members who are often misinformed and might encourage early supplements or may undermine success with breastfeeding.

Home visitors are responsible for assisting women with breastfeeding throughout the first six weeks postpartum. Breastfeeding mothers are seen immediately following birth and within the first 48 hours in their homes. Home visitors are available by pager 24 hours a day to deal with any real or perceived problems that cause premature discontinuance of breastfeeding.

Research in the United Kingdom indicates that visits that continue beyond the first week increase the duration of breastfeeding. Since Aluvio implemented its home-visiting program and nurse-midwifery service in 1992, class attendance has increased from 25 to 85% and exclusive breastfeeding rates at 6 months post partum have risen from 10 to 64%.

Mary Sonunus
Chicago

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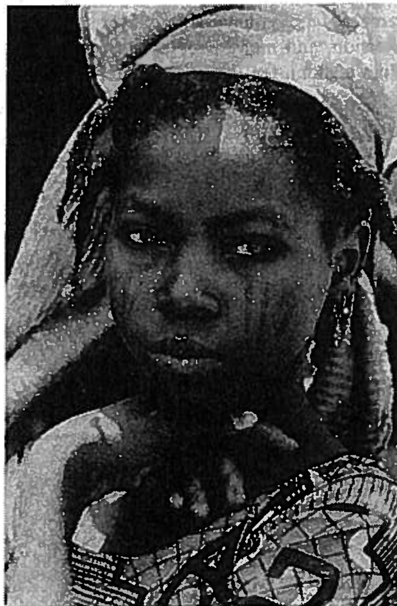
PREVENTION OF FEMALE GENITAL MUTILATION

Between 85 million and 115 million women and girls currently alive have been subjected to female genital mutilation (FGM). Each year, approximately 2 million girls undergo FGM, which translates into 6,000 new cases a day, 5 per minute. The incidence continues to increase due to population growth, exportation of the practice through immigration, and because it is viewed as a prerequisite for marriage (primarily because it is thought to ensure virginity and control sexuality)

FGM has serious ramifications for girls' and women's health. Immediate effects from FGM include infection, shock, swelling, hemorrhage, and accidental damage to surrounding urethra, vagina, or rectum. Long-term effects can include urinary tract complications, chronic pelvic infections, infertility, and obstetric complications. FGMs implications for pregnancy are serious. WHO estimates that women subjected to FGM are twice as likely to die in childbirth, as FGM can damage the reproductive tract and cause scarring, hence increasing the risk of obstruction and hemorrhage in labor.

In addition, FGM may be linked with a greater risk of HIV transmission in four ways: use of unsterilized instruments such as knives or blades in its performance; increased risk of tearing and bleeding during sexual intercourse; enhanced potential for hemorrhage during childbirth with greater need for blood transfusion; and a higher incidence of anal intercourse (anecdotal evidence supports that it may be more comfortable than vaginal penetration for some women with FGM).

To date, studies exploring the correlation between FGM and enhanced risk of HIV infection are noticeably absent from the medical literature. Given the magnitude of HIV infection in sub-Saharan Africa, research on any practice which may increase the risk of transmission must be prioritized. WHO and other medical and health-related organizations must take a leadership role in advocating for the performance of such research, as it has been ignored for too long, and the implications are immense.



UN CEF Maggie Murray-Lee

Increased financial support is needed if sub-Saharan African nations, grassroots women's groups working throughout the region, and the Inter-African Committee on Traditional Practices (an umbrella group with national committees in 24 African countries) are to eradicate FGM and other harmful traditional practices and increase the use of beneficial practices.

Enhanced cooperation and better integration must also ensue between non-governmental humanitarian organizations, national governments, UN bodies, health researchers, advocates, and other concerned individuals if FGM is to be successfully combatted. Countries providing developmental assistance to nations where FGM is practiced should also call for the integration of education on FGM's dangers into the maternal and child health, primary care, family planning, and HIV prevention efforts they are funding. Such integration would go far in disseminating knowledge about the serious health ramifications of FMG.

Individuals of all races, cultures, and nations must unite in the campaign against FGM. Only through enhanced moral, financial, and technical support for groups such as the Inter-African Committee and other indigenous groups educating about FGM's negative affects; through enhanced cooperation between NGOs, government agencies, researchers, and advocates; and through integration of the message about the negative affects of FGM into community health programs will the campaign succeed.

Karen E. Kun
Weehawken, New Jersey.

REDUCING TRANSMISSION OF HIV INFECTION FROM MOTHER TO INFANT

A recent study in Malawi found that pregnant women infected with human immunodeficiency virus type (HIV-1) are 3-4 times more likely to pass HIV to their infants if they are deficient in Vitamin A.

Source: Semba R.D., Miotti P.G., Chiphangwi J.D., et al. Maternal Vitamin A deficiency and mother-to-child transmission of HIV-1. Lancet *3343: 1593-1597, 1994.*

Letters

BREAST PUMPS USA

I am prompted to write to you after reading the article "Expressing Ourselves: Breast Pumps" featured on page 8, vol. 17 of the *Women's International Public Health Network News*. I understand that the author represents the viewpoints of her organization and from her country, Malaysia. I can certainly understand that "expressing breastmilk is an unusual practice" might be the "cultural norm" in Malaysia; however, this cultural viewpoint was not made clear in the editorial. It is certainly not true that expressing breastmilk is an unusual practice in the United States.

In the USA, women find that, for various reasons, they need to express breastmilk. These reasons might include medical complications, going back to work, or other separation from the baby. I have no data to support the claim that "women do not like it" in regards to breastmilk expression. In fact, I have surveyed breastfeeding mothers in the USA and found that, on the average, a breastfeeding woman owns more than one pump.

In our culture in the USA, if we did not create breast pumps for the efficient expression of breastmilk, fewer US women would be able to breastfeed their babies and would be forced to breastfeed for a shorter amount of time. This was supported in a recent survey I conducted among lactation experts at a recent international conference where 93% of those surveyed said "access to effective, high-quality breast pumps helps mothers feed longer." In two separate surveys that I conducted among US breastfeeding mothers who used Medela equipment, over 60% of surveyed mothers said that the pump prolonged their breastfeeding experience. Based on this information, you can see how its not correct to discount the value of breast pumps for US women.

I certainly agree with the editorial suggestion that breastfeeding should be better supported in the workplace. In fact, Medela has created a program called Sanvita, which helps breastfeeding mothers returning to the workplace by offering on-site lactation education and access to breast pumps. No doubt, the USA has a long way to go in creating breastfeeding-friendly companies, but many employers have made a start in supporting the needs of breastfeeding mothers.

I appreciate your desire to air international opinions on the subject of breastpumps. However, I feel you owe it to your readers to present different opinions, such as mine, which are based on facts gathered from a very different cultural environment.

Debra Kurtz
Director of Marketing, Medela

Editors comments: It would be most useful if Medela did fund a study to objectively look at the effect of breastpumps on breastfeeding and mother infant health. We need a study that has external validity and is epidemiologically sound and does not just present anecdotal evidence.

ADVERTISE IN WIPHN NEWS

With this issues,WIPHN begins its efforts to raise funds for WIPHN activities through paid advertising in the newsletter. Rates are based on size and repetition of the ad and financial strength of the advertiser.

Organizations wishing to advertise should send camera-ready copy to the editor. The newsletter will not accept advertisements that are contrary to the mission, ideals, and operating philosophy of the organization.

There Is No Doubt That Breastfeeding Is Superior To Bottle-Feeding

Yet Drs. Kleinman and Jellinek, in their new book, have ignored the ACAP and the WHO infant feeding recommendations and international child nutrition experts. They advise mothers as follows:

TO BREASTFEED OR BOTTLE-FEED? This question can pose a problem to mothers who, because of their peers, their cultural background, or some other factor, may feel judged as parents by the way they feed their babies. However, the choice about whether to breastfeed or bottle-feed comes down to personal preference–babies thrive with either method of feeding. Proof of this can be seen in a baby's appearance. If a group of mothers got together to compare their babies, they would not be able to tell any difference between the breastfed baby and the formula-fed baby. As stated, infant formulas are equal to breastmilk in promoting normal growth in infancy.

Pediatric and nutrition experts worldwide recognize that breastfeeding is an infant's passport to life and has myriad benefits for mothers and infants—immunological, behavioral, preventive for cancer, and family planning protection, let alone fewer hospitalizations, less respiratory disease and gastrointestinal bouts, lower mortality, and so forth.

Given Kleinman's opinion of breastfeeding, it is not surprising to find that he has become the first chairman of the newly created Institute of Pediatric Nutrition at Harvard, which is supposed to help clarify infant nutritional needs for parents. The institute is sponsored by Similac Infant Formula, the nation's leading brand, manufactured by Ross Products Division of Abbott Laboratories. Does this cozy relationship explain the author's bias that equates breast and bottle feeding?

Once again we are at the interface of public health and private profit.

Naomi Baumslag

Source: "Let Them Eat Cake—The Case Against Controlling What Your Children Eat" by R. E. Kleinman, MD, and M.S. Jellinek, MD, Villard Press, 1994.

THE GIRL CHILD'S SILENT SIGH

A watershed in the social history of the land: the United Nations has given her a name and has promised to give her an opportunity to be cherished. Within the common framework of poverty, the birth of her brother brings a ray of hope and confidence for the future, while hers elicits dismay and anxiety, disgrace, and humiliation. Holy water is sprinkled and taken in prescribed doses, a holy talisman is worn, promises made to offer sacrifice—all to prevent her birth. Nobody prefers her, yet she enters the world, susceptible and unassured. She is the girl child, and her story on this subcontinent is unique, felt through her silent sighs that have stopped time in this land.

The birth of a calf or a chicken would have been heralded with more excitement than Rokeya's. The third girl born to her family, her birth lowered her mother's position to the dust and shattered her future. Her mother had tried everything in her power to give birth to a boy—spent her secret savings, drunk holy water, worn the talisman—yet Rokeya came along.

Because of Rokeya's birth, her father's marriage to a second wife was condoned by society. After all, a man cannot be expected to spend his life with a wife who only gives birth to girls, especially in a land where the conventional blessing for a young bride is "May you be the mother of a hundred sons, and remain the loved one of your proud husband."

It is lunch time for this family of eight. The father is still working in the fields. The mother serves lunch to her four young children and her mother-in-law. She and her teenage daughter will eat later. The menu is rice and egg curry, a treat for this family. Two eggs, cut in halves, are served with vegetables and green chilies. Half an egg is set aside for the father. The two sons each get half an egg. The remaining half an egg is shared among the two little girls and the mother-in-law, as women earn a higher position among themselves once their sons start earning.

The mother has put aside some vegetables and chilies for herself and her eldest daughter, who is around 14. The youngest girl, around five years old, finishes her share quickly and glances hungrily at her grandmother's plate. Her grandmother smiles indulgently and gives her a bit from her portion; but she also remarks to the girl's mother, "A girl child should learn to restrain her appetite. Nobody can assure her future."

Lower middle-class families in the urban areas often have little girls as housemaids. Ambia, 11 years old, has to work very hard as the single helping hand in her employer's family. She lives far away from her parents and is only allowed to visit them twice a year. Asked what she dislikes most, Ambia says, "I hate the employer's son. Whenever he gets the chance, he forces me to the privy." Asked whether she feels homesick and wants to return to her mother, she says, "I do. But I can't as we are very poor. My father counts on my salary." Her voice sinks. But again it echoes hope. "You know my brother, Dulal, goes to school. After a while when he gets a job, I won't have to work here anymore."

The girl child, stripped of her right to be loved from the moment of her birth, must adjust herself to the indifference of the adult world. From the beginning, she is trained to be second class, always to comply, never deny. The key word is restraint. She restrains herself from everything, even the simple joys of life—like laughter and sports. She is discouraged from laughing loudly, especially in public, and told to avoid athletics.

She restrains and controls her biological needs. As most houses do not have proper sanitation facilities, women rise before dawn, taking advantage of the darkness, before the men are awake. The girl child is trained thus from puberty.

She is seldom wanted, never preferred. Only in relatively wealthy families is she welcome, after her brothers are born, as icing on the cake.

Why? Because she is a lifelong burden, her only identity through marriage, where her place is at her husband's feet, not in his heart. "Please make a little room for me at your feet" is the traditional love message for woman.

And the gateway to that land of marriage is dowry, irrespective of class. So the girl child is systematically trained to be ashamed of herself, to realize how unworthy she is.

Attitude leaves a deep scar on her soul, which she can hide but never erase. Her silent sighs and dry tears make time stand still in this land.

The Plan for Action of the World Summit for Children pledged nations to provide improved protection to children in especially difficult circumstances and tackle the root causes leading to such situations. Who is in a more difficult circumstance than the girl child?

*Nasrin Yasmin**
Bangladesh

**Nasrin Yasmin is a health and nutrition project assistant in UNICEF Bangladesh.*

With Leaders Like This, What Can Women Expect?

GINGRICH: GENDER AND BODY STRENGTH

"What does personal strength mean in the age of the laptop? Which, by the way, is a major reason for the rise of power for women. If upper body strength matters, men win. They are both biologically stronger and they don't get pregnant. Pregnancy is a period of male domination in traditional society. On the other hand, if what matters is the speed with which you can move the laptop, women are at least as fast, and in some ways better. So you have a radical revolution based on technological change, and you've got to think that through.

"If you talk about being in combat. What does combat mean? If combat means being in a ditch, females have biological problems staying in a ditch for 30 days because they get infections, and they don't have upper body strength. I mean, some do, but they're relatively rare. On the other hand, men are basically little piglets, you drop them in the ditch, they roll around in it, doesn't matter, you know. These things are very real.

On the other hand, if combat means being on an Aegis class cruiser managing the computer controls for 12 ships and their rockets, a female again may be dramatically better than a male who gets very, very frustrated sitting in a chair all the time because males are biologically driven to go out and hunt giraffes. So you got to look at these kinds of background, what do these transitions mean, how do they apply, what does it mean for personal strength?"

Unedited excerpt from House Speaker Newt Gingrich's course on American civilization at Reinhardt College in Georgia.

Contributions Sought

GHANAIAN MIDWIFE CALLS FOR HELP

During my years of practice at home in Ghana, I have met several distressing cases, and most ended either in fetal or maternal death. Most could have been avoided if only there were more maternity units nearer to provide the care needed. By the time the women are brought to hospital, it is too late to save them.

In 1986 I had the opportunity to come back and update my maternity care, and I was able to set up a 10-bed maternity unit, which I have financed myself, to help women who lived far from the main government hospital (KORLE-BU) on the outskirts of Accra. I started this unit in 1989 and it is near completion. However, I find that getting equipment is too costly, and unless we get some support, we may have to wait five more years.

My aim is to "PROMOTE SAFE BIRTH FOR ALL." The unit at the moment is completely empty and needs equipment.

If you can and want to help, write to: Veronica Duker, 59 Dorrington Court, Norwood Hill, London SE 25 6BG, England.

***Editors note:** If you would like to contribute to this project send donations to WIPHN, and if you want to send equipment, write WIPHN for the list of needs.*

WIPHN WOMEN MEET

WIPHN held a meeting at the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS (WFPHA) in Bali, Indonesia, in December 1994. The meeting was attended by representatives from many different countries including Australia, Indonesia, USA, Tanzania, India, South Africa, Uganda, Bolivia, Argentina, and Gaza, representing grassroots women and indigenous women. Indonesian women were concerned with getting Norplant implants removed. Currently, 80,000 women are awaiting removal of these implants, as doctors and midwives had not been taught how to remove them. In South Africa, a study is underway to look at the health of street vendors, who are mostly women. In Uganda, polygamy is tied to poverty; Indian women still have no rights of property.

There was general concern for the plight of women refugees and how they are abused. Refugees' basic needs are not met; for example, Haitian refugees were given cigarettes when they had no blankets. Australia is unique in that it has well-women clinics for Aboriginal women, run by Aboriginal nurses.

Several women expressed concern that armies, including UN peacekeeping forces, rape women and promote prostitution. With the AIDS scare, young girls are warehoused into sexual services. Innocent girls are kidnapped and sold to brothels through the clever use of drugged needlepacks, without their knowledge. Something must be done about this.

Women were concerned that grassroots issues are not being heard and are not being dealt with. Tanzania women have a high incidence of death from cancer of the cervix—a preventable disease. The perspective of indigenous women in South and Central America was also presented. Where traditional social and cultural structures break down, indigenous women face discrimination, violence, men's alcoholism and a high level of unemployment, placing a heavy burden on women who have to face alone the material and spiritual suffering of their families. State, military, and police violence are a significant problem for women in Latin America.

These and a number of other issues were presented by WIPHN members at the closing session.

MEETINGS

LA LECHE LEAGUE, 14th International Conference, July 8-11, 1995, Chicago Hilton and Towers, Chicago, IL, USA. For more information write to: LLLI Conference, Dept. B, P.O. Box 4079, Schaumburg, IL 60168-4079, USA.

A TRAIN RIDE TO BEIJING. The Geneva-based Women's International League for Peace and Freedom (WILPF) is organizing a Peace Train which will depart from Helsinki, Finland and complete it's 22 day journey through Eastern Europe and Asia in Beijing for the 1995 World Conference and NGO Forum on Women. At least 200 women are expected to take part. Registration is approximately US$4,000 including roundtrip air fare, accommodations and attendance at the WILPF Congress. Scholarships are available for women in the South involved in peace activities. 1 rue de Varembe, 1211 Geneva 20, Switzerland. Phone: 41-22-7336175.

The 180 Ways Women's Action Campaign has a call to action on September 6, 1995 when over 3,500 women are expected to be in China for the Fourth World Conference on Women (4-5 Sep, 1995) and it's parallel Non-Governmental Organization (NGO) Forum (30 Aug-8 Sep, 1995). The overlap of these two gatherings offers a vital historic moment for all women and men around the world-not only those attending the Conference and Forum.

TRAINING

The Centre for Development and Population Activities (CEDPA) announces its 1995 training programs in Washington, DC for program managers and leaders of organizations in developing countries. Contact: 1717 Massachusetts Avenue, NW, Suite 200, Washington, DC 20036, USA. Call 202-667-1142 or fax 202-332-4496.

6th International Interdisciplinary Congress on Women will be held in Adelaide Australia 22-26 April 1996. Write: Conference Secretariat Festival City Conventions PO Box 986 Kent Town South Australia, 5071.

The 1995 Human Milk Banking Association of America Conference. Donor human milk: Therapy and Nutrition November 3, 1995 Raleigh North Carolina. For further information please contact mary Rose Tully at 919-250-8599 or Lois Arnold at PO Box 370464, West Hartford Ct 06137-0464 USA. Phone 203 232 8809.

PUBLICATIONS

Annotated Bibliography of Documents relating to Safe Motherhood, WHO, 1994.

An Unfinished Revolution: Women and Health Care In America. edited by Emily Fishman United Hospital Fund, New York, 350 Fifth Avenue, 23rd Floor, New York, NY 10118.

Books on Women and Development, Women, Ink., January 1995. 777 United Nations Plaza, New York, NY 10017, US. Phone: 212-687-8633; fax 212-661-2704.

Breastfeeding Abstracts, Feb 1995, Vol. 14, No. 3, La Leche League International, P.O. Box 4079, Schaumburg, IL 60168-4079, US.

Breastfeeding Is a Woman's Issue Institute for Reproductive Health Georgetown University, Feb. 1995, Mother-Friendly Workplace Initiative, WABA Secretariat, P.O. Box 1200, Penang 10850, Malaysia.

Central New York Council on Adolescent Pregnancy - a coalition of seventy-three agencies whose shared mission is to collaborate community efforts to address adolescent pregnancy, parenting and prevention. For info contact Martha Wilson, 404 Oak Street syracuse New York 13203.

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Coming Soon ....

Milk, Money & Madness: the culture and politics of breastfeeding

by Naomi Baumslag, MD, MPH and Dia L. Michels
Bergin & Garvey, 288 pgs, $26.95

A "must read" for new mothers, lactation specialists and everyone interested in maternal and infant health

Breastfeeding is a beautiful process. It involves the participation of both mother and child — and cannot be duplicated by a glass bottle and rubber nipple.

Breastmilk is a biological fluid that has yet to be equaled by any laboratory concoction of cow's milk. Milk, Money & Madness shows how women have been deceived into believing that cow's milk is as good for human infants as breastmilk. Filled with fascinating information and stunning illustrations and charts, the authors examine the history, culture, biology, and politics of breastfeeding. By describing worldwide breastfeeding practices, showing the magic of the mammary system, and explaining strategies used to undermine it, *Milk, Money & Madness* increases our knowledge and appreciation of the unique importance of breastfeeding.

"I commend the authors of Milk, Money and Madness for the considerable contribution they have made by voicing their opinions,contributing their knowledge, stimulating debate and challenging conventional wisdom." Dr. Richard Jolly
Acting Executive Director, UNICEF

Milk, Money & Madness is available from the Women's International Public Health Network. Members receive a 20% discount and may request autographed copies. Please send shipping instructions and $21.50 ($2.50 s/h for one book within the US, $1.50 extra for each additional book or oversees address) to WIPHN, 7100 Oak Forest Lane, Bethesda, MD 20817.

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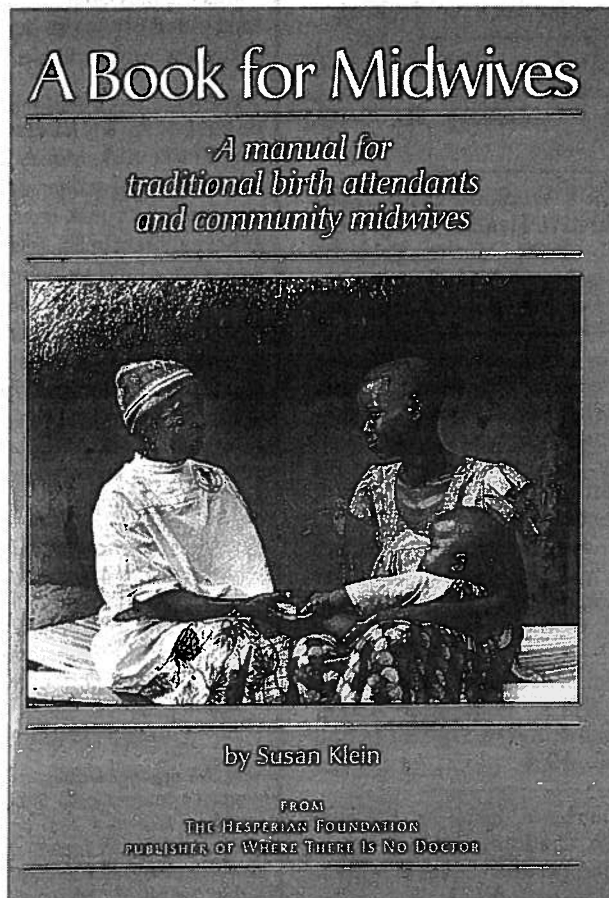

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CAMPAIGNS

ACTION FOR CORPORATE ACCOUNTABILITY has started a campaign to: investigate marketing practices of the largest formula makers in the United States; join forces with breastfeeding an public interest groups in the U.S. to end free and low-cost supplies of formula and work with health care providers with the truth about the gutted version of the BFHI; and, never fail to remind the U.S. government that its endorsement of the WHO Code means that it must put the health of infants before the profits of formula companies.

ORGANIZATIONS THAT HAVE JOINED WIPHN

PRIMARY HEALTH CARE RESEARCH UNIT/UCPP. This new unit does operational research to improve the health of the people in the Transkei region. Seeking resources. Contact person: Dr. Thabisile Hlatshwayo-Moleah University of The Transkei, Umtata Transkei, Republic of South Africa.

INTERNATIONAL RESCUE COMMITTEE, Kenyan Regional Office Kunde Rd, P.O. Box 62727, Nairobi, Kenya.

WORLDWATCH INSTITUTE, 1776 Massachusetts Avenue, NW, Washington, D.C., US.

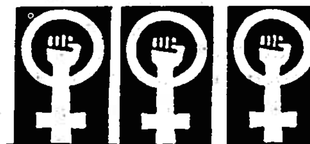
NUCLEUS OF STUDIES AND DOCUMENTATION IN MOTHERS' HEALTH, NERJ/CCR-MATR. 7211, Rio de Janeiro, Brazil.

MIDWIVES INFORMATION AND RESOURCE SERVICE, 9 Elmdale Rd., Clifton, Bristol, England.

WABA World Breastfeeding Campaign, August 1-7, 1995.

INTERNATIONAL RESCUE COMMITTEE. Working in Kakuma Refugee Camp in Northern Kenya. Looking for publications in Family Planning and Maternal and Child health. Contact person: Carl, Kenya Regional Office, Kunde Road, P.O. Box 62727, Nairobi, Kenya, Tel. 569013.

WORLD WOMEN ORGANIZATION FOR RURAL DEVELOPMENT Sukhbana, Distr. Garhwa, PO Nawada Pin. 822114, Bihar, India. A poor women's organization working on population control, AIDS and Women's Health.



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

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To join, please fill in this form (print clearly) and include your membership fee: $25 for individuals, $50 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.

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Please remember to renew your membership. We depend on your subscriptions to produce the newsletter. Our next issue will be on the health issues that need to be heard including those from Beijing and your concerns. Please send us your list of priority health needs and problems in the population you are working with and your opinion of the women's health section in the action plan. If you need a copy of the document being prepared for Beijing, contact the U.S. State department.

The Women's International Public Health Network

The Women's International Public Health Network was formed as a grassroots 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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