Women Hold Up Half the Sky

WIPHN News

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A man is gold, a woman cloth.

Cambodian proverb

Women are like tea bags. They never know how strong they are until they get into hot water.

Eleanor Roosevelt

Inside

HIV and Commercial Sex in Cambodia

After two decades of civil war Cambodia faces a silent, possibly more menacing threat in HIV/AIDS, which is spreading at an alarming rate. In 1991 when HIV was first detected in Cambodia, only 0.08% of blood donors in the capital city of Phnom Penh were found to be HIV positive. By 1995 the percentage had risen to 6.1%. A 1996 study found that in some parts of the country over 4% of pregnant women tested HIV positive. Cambodia does not have the infrastructure for nationwide HIV testing, but it is estimated that there are now approximately 100,000 HIV-positive Cambodians out of a total population of 10 million — one of the most severe HIV/AIDS epidemics in Southeast Asia.

At present, the primary (and virtually exclusive) mode of HIV transmission in Cambodia is through heterosexual sex, and one of the major vehicles of transmission is through the commercial sex industry. An estimated 10,000 commercial sex workers (CSWs) are thought to be working in the capital city of Phnom Penh, and the commercial sex industry extends to other economic centers around the country. Particularly hard-hit are the western provinces and the seaports of Sihanoukville and Koh Kong, where HIV seropositivity rates among CSWs are upwards of 40%, the highest in the country (National Sentinel Surveillance Study, [Cambodian] National AIDS Control Program [NACP] 1995). While brothels are the primary area for commercial sex activity, there are large numbers of CSWs working in more informal settings such as coffee shops, bars, restaurants, and massage parlors. Large shifts in population, porous borders, dramatic socioeconomic change and the recent influx of foreign business and tourism may be stimulating Cambodia's increase in commercial sex activity and the rapid transmission of HIV.

Commercial sex is not new to Cambodia. Prior to 1975, commercial sex was openly practiced. The following two decades of civil war (including the Khmer Rouge years of 1975–79, during which the practice was banned and eliminated) merely slowed the industry. After the Paris Peace Agree-

ments in 1991, prostitution blossomed again during the United Nations Transitional Authority of Cambodia (UNTAC) period (1991-93) with the presence of 30,000 international military personnel. By the end of 1992, the number of CSWs in Phnom Penh alone was estimated at more than 20,000. With UNTAC's departure in 1993, the number decreased, and in 1995 it was estimated that between 4,000-10,000 CSWs were working in about 400 establishments in Phnom Penh (The Prostitution and Trafficking of Women: A Dialogue on the Cambodian Situation, Dr. Wantha, NACP, p. 2). As Cambodia urbanizes and continues to "open" to the outside world, the market for commercial sex activity appears to be growing nationwide.

Culturally, commercial sex is widely tolerated and viewed as an essential part of the Cambodian male experience. A CARE International study investigating cultural values towards prostitution in Cambodia found that sexual gratification is seen as the male prerogative and that visiting prostitutes has always been a part of the Cambodian male experience. "Men visiting CSWs is a normal part of the culture as ... men cannot control their sexual desires and require immediate gratification" ("Men are Gold Women are Cloth: A Report on the Potential for HIV/AIDS Spread in Cambodia and Implications for HIV/AIDS Education," Hanna Phan and Lorraine Patterson, CARE International in Cambodia, 1994, p. 21–22). The CARE survey estimates that 60–70% of Cambodian men visit prostitutes, and many go an average of 4–5 times a month.

From the Cambodian male perspective, the ideal CSW is a young, virginal woman with light skin. "Men like to sleep with a young fat girl, who is tall, white and free from viruses." A February 1994 Cambodian Women's Development Association (CWDA) survey found that nearly 35% of CSWs in Phnom Penh were under 18 years of age, with the average being 20 years old. Children are increasingly becoming targets for the CSW industry since many clients seek "virgins" and are willing to pay a high price for adolescent girls (Report for Conference on Prostitution and Trafficking of Women and Children, Human Rights Vigilance of Cambodia, 1995, p. 6). The client's preference for young "fresh" faces also causes CSWs to migrate (voluntarily and forcibly) from brothel to brothel. Through transience, CSWs remain "new" and can attract more clients and command a higher price.

The vast majority of women involved in the commercial sex industry do not want to be there. When asked if they would like to stop working as CSWs, 96.9% of women interviewed in Tuol Kork, a major commercial sex center on the outskirts of Phnom Penh, said they would (Demographics, Working Practices and AIDS Awareness among CSWs in Tuol Kork Dike Area, Phnom Penh, Jacqui Dunn, Cambodia Disease Bulletin (CDB) No. 6, May 1995, p. 107). Cambodian CSWs work out of economic necessity. Most come from impoverished conditions, are uneducated, unskilled and have very limited economic opportunities. Commercial sex offers relatively high financial returns compared to the alternatives. Many of the young rural women who end up in the commercial sex industry are deceived or sold into prostitution by their families, boyfriends or strangers promising them a better life. While figures vary, one survey stated that of 359 CSWs questioned in Tuol Kork, 30.6% reported they had been sold to a brothel. Once sold, the CSW is in debt and thereby becomes brothel "property" until she works to pay her way out. The same survey showed that many CSWs were not receiving any money for their work, making them totally financially dependent on the brothel owners. CSWs interviewed by human rights workers complained of horrific brothel conditions including cramped, cell-like quarters, no clean water or sanitation facilities, physical abuse by brothel owners and clients and being locked up and forbidden to leave the brothel premises.

The facts that HIV seropositivity more than quadrupled among CSWs between 1992 and 1994 and that the national average of HIV-positive CSWs in 1995 was 33% demonstrate the need for outreach education within the brothel environment. The emphasis on brothel-based education is particularly important because CSWs living in brothels, as opposed to those working in bars, restaurants, etc., are often not permitted to leave and have limited access to health information.

Government approaches to the commercial sex issue vary from province to province. In Battambang, the second largest urban center in Cambodia, the Governor has supported local AIDS programs and provided police security in brothel areas to prevent exploitation of CSWs. The Municipality of Phnom Penh has made periodic efforts to close major red light districts, but the crackdowns have had little impact on the industry and have negatively affected HIV/AIDS programs. Prostitution bans tend to reduce the number of CSWs visiting government STD clinics and may increase opportunities for corruption by giving police a "license" to abuse and

exploit CSWs ("Moves Afoot to Legalize Prostitution," The Phnom Penh Post, Jan. 27–Feb. 9, 1995, p. 8). The crackdowns also cause CSWs to scatter to different parts of the city and

push commercial sex underground, stifling HIV/AIDS prevention efforts.

Another Municipal tactic is to register CSWs working in the capital. Registration cards include health status, photo identification, and information about the CSW's national origin (significant in that virtually all Vietnamese CSWs — approximately 30% of those working in Cambodia — are illegal immigrants). However, CSWs and NGO staff fear that the Cambodian authorities will use the cards to deport non-Cambodian CSWs, extort funds and otherwise threaten the already difficult situation of the CSW.

A number of local and international voluntary agencies are working with brothel-based CSWs. The Battambang Women's AIDS Project (BWAP) works with target groups including CSWs, police, military and students. BWAP develops AIDS education materials, provides outreach education and conducts AIDS information surveys. The group has set up condom procurement arrangements with a social marketing group and sells condoms directly to brothels at a subsidized price. BWAP has been instrumental in setting up a "client package" program in brothels in which one set fee covers the sex act, a beverage, and a condom. The Cambodian Urban Health Care Association (CUHCA) in Svay Pak, north of Phnom Penh, provides screening and treatment of STDs, as well as other curative services to avoid stigmatization. Members of the CUHCA staff speak Vietnamese and attract Vietnamese CSWs from great distances. CUHCA keeps a television showing HIV/AIDS messages running in their waiting room, and because TV is still novel in the rural community, it draws in potential clients and serves as a rallying point for small group discussions. International groups working with CSWs in Cambodia include Medcins Sans Frontiers/Holland/Belgium and the Christian Children's Fund of Canada.

Because concentrated HIV/AIDS education programs are so new to Cambodia, their impact is difficult to assess at this point. Initial experience has revealed: 1) Increased awareness about AIDS and prevention strategies by CSWs does not necessarily change behavior. Brothel owners and paying clients are the real power brokers, and even if CSWs want to use condoms, the fear of physical abuse, losing their job, or the offer of more money frequently obstructs their decision-making power. 2) There are very few other employment options open to women offering comparatively high economic returns. 3) Cambodians have also not had the historic privilege to be future-oriented. To tell a CSW that she may die in 7–10 years from current behavior patterns means little. 4) Government policies are not standardized. Random police crackdowns and brothel raids tend to push the commercial sex industry underground to other parts of the country. Not only do these practices hamper HIV/AIDS control efforts, but they spread the virus to new areas. 5) The social marketing of condoms should be broadened to include family planning. Marketing of condoms in Cambodia has been done almost exclusively as an STD prevention activity. While the importance of condom use with CSWs is certainly an important message in a culture where prostitution is institutionalized, this type of marketing has dangerously associated condom use with illicit sex. Condom use is rejected in a "relationship" context. 6) HIV/AIDS prevention efforts need to be better coordinated. A number of groups are working in the same areas delivering inconsistent messages and using inappropriate approaches.

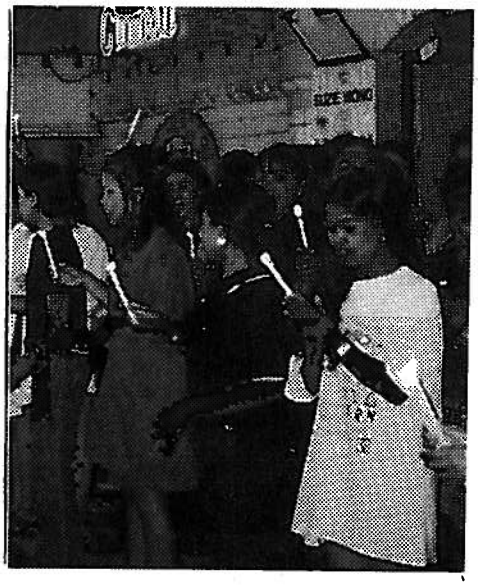
HIV/AIDS outreach programs with CSWs in Cambodia are showing that the most effective programs are those with the support and participation of the communities they aim to serve. Without pervasive local involvement, activities will fade as external inputs decrease.

—Joel Montague and Jennifer Catino, Cambodia. For copy of full paper and references, contact WIPHN.

Child Prostitution Statistics

Estimates of the number of children involved in child prostitution:

Brazil	25,000
India	400,000
Philippines	40,000
Sri Lanka	30,000
Thailand	300,000
U.S.	100,000



Thailand: Child prostitutes in Bangkok red light district celebrating the King's birthday.

"Child prostitution ... represents the ultimate betrayal of our commitment to human decency and respect [and is] an attack on humanity that focuses exclusively on the next generation. It subjects children to emotional and physical dangers that can leave scars for a lifetime."

— Rep. Joseph Kennedy II. Keynote address. "Forced Labor: The Prostitution of Children," Symposium Proceedings, US Dept of Labor, 1996.

DOCTORS FOR BREASTFEEDING

At the WABA Forum "Children's Health, Children's Rights: Action for the 21st Century" on the evening of December 4, an ad hoc meeting of doctors was called to discuss infant feeding concerns. The group declared unanimously:

1. **Breastfeeding is a human right.** Infants have the inherent right to be breastfed, and mothers have the right to breastfeed their children. All the doctors attending the meeting support the need for recognition by all states of this right unequivocally.

2. **Baby milk companies are not entitled to provide their own version of breastfeeding information to the public or the medical profession** as these companies are in direct competition with the practice of breastfeeding.

3. **Companies should be required by countries/states to support claims on commercial milk produced for infants with scientific information based on studies of their product.** Such evidence-based studies are the only acceptable means of promoting such products to the medical profession.

4. **Malnourished mothers have the right to breastfeed their infants, free from commercial promotion.** States should be required to ensure access to appropriate medical services and nutritional support in such situations.

Therefore, to continue to promote breastfeeding as a human right free from unwarranted influences, doctors are encouraged to form national groups to ensure that their countries and fellow professionals adhere to the points above. Furthermore, the doctors at the WABA Global Forum agreed to establish an international network dedicated to the exchange of information and mutual support for the right to breastfeed.

Anyone interested in joining and/or commenting, please write Naomi Baumslag, MD, c/o WIPHN at 7100 Oak Forest Lane, Bethesda, Maryland 20817 USA.

HAZARDS OF SOY FORMULA

Soy formula is a potential source of aluminum toxicity (especially in preterm infants) and is a source of high phytoestrogens which may induce developmental toxicity as do other "oestrogens" associated with growth retardation. Soy formula also may not meet infants' zinc needs. Animal studies link ingestion of soy protein to development of diabetes and autoimmune thyroid disease, which are 2–3 times more likely in infants who received soy formula than those fed cows' milk formula.

Action Alert: Phytoestrogens

On July 18, 1996 the UK Department of Health admitted its concern over soya baby milks. Approximately 2% of babies in the UK are fed soya baby milk, and the UK Department of Health is now advising mothers to consult health workers before using soy formula. The Government's Food Advisory Committee has issued a statement that it considers it "prudent" for manufacturers to investigate means of reducing levels of phytoestrogens. Companies promote the notion that allergy to cows' milk and lactose intolerance is far more common than they are, and promote soya and other formulas as the answer for problem babies. They rarely warn about the known risks. The benefits of exclusive breastfeeding for potentially allergic infants are not widely promoted or understood, and as a consequence few babies in the UK are exclusively breastfed for the recommended 4–6 months.

Aware that there may well be charges of product liability in the future, it remains to be seen if, following the announcement by the Department of Health, manufacturers decide to voluntarily suspend advertising of their products.

— from Patti Rundall, Baby Milk Action, Cambridge, UK.

Note: The UK Infant Formula Regulations 1995 no. 77 require infant formula labels to carry a statement recommending that "the product be used only on the advice of an independent person qualified in medicine, nutrition or pharmacy."

In the US, Dr. Fomon, a leading infant nutrition specialist, estimates that 28% of babies are fed soya milk products, compared with only 2% of babies in the UK. According to the Ministry of Agriculutre, Fisheries and Food in Great Britain, nine of the brands of infant formula tested contained levels of appoarching those high enough to reduce sperm count in rats. Despite soya's potential hazards, neither the US Food and Drug Administration (FDA) nor the US Department of Health and Human Services (DHHS) have issued warnings against soya milk products for babies. The issue appears to be under study in the US. It appears that the amount of phytoestrogen in soy formulas can vary.

If you want to make a difference, please take the trouble to contact your congressional representatives and let them know that we need evidence-based studies of soya baby milks. We must err on the side of caution for babies, not on the side of profits for companies. (For phytoestrogen references, contact WIPHN).

Malaysian Women's Rights Activist on Trial

In 1993 Tenaganita, a Malaysian women's NGO, conducted research into the health and human rights of migrant workers from the Philippines, Indonesia and Bangladesh detained for alleged illegal migration. The report by Irene Fernandez, "Abuse, Torture, Dehumanized Treatment and Deaths of Migrant Workers in Detention Camps," was released in March 1996. Six months later the author was arrested and charged with publishing false news. The report detailed a pattern of abuse in Malaysian jails that includes sexual assaults and death from malnutrition, beriberi, and other treatable conditions. Irene is currently out on bail but faces up to 3 years' imprisonment if found guilty.

Women's organizations, NGOs and other concerned groups are called on to send letters expressing concern that the charges against Irene be dropped and that there be a full and impartial investigation into the cause of deaths and other maltreatment allegations in the Malaysian detention camps, and to make the findings public.

Write to Prime Minister and Minister of Home Affairs Dato Seri Dr Mahathir bin Mohamad, Prime Minister's Department Jalan Data Onn 50502, Kuala Lumpur, Malaysia. (salutation: Dear Prime Minister): fax 603 298 4172. Send copies of your appeals to the Malaysian Ambassador in your country as well.

Are NGOs Advertising Milk Formula?

According to an article in the Tokyo Shinbun ("Supplying Milk Formula to Prevent AIDS," November 20, 1995), SHARE (Services for Health in Asian and African Regions), a grassroots medical volunteer group, was giving formula milk to HIV-positive mothers for their babies in villages of Northeast Thailand to help stop the spread of HIV/AIDS. We at JIMFACT got in touch with SHARE, as we were concerned that mothers and babies would get the wrong impression—that they can be saved by milk formula.

SHARE claims to support breastfeeding in their areas of work and to be aware of the "dangers of irresponsible promotion of milk formula in the Third World." The basic support they wish to give to HIV positive mothers is in providing them with 'information' so that they can live in an unprejudiced healthy environment.

JIMFACT's bone of contention is with the attitude of volunteer groups such as SHARE, whose eager and knowledgeable staff promote a "trustworthy and safe" image of formula milk. By forming this image in the minds of Thai mothers, the medical staff and volunteers will be leading the women down the dangerous path which has led to the deaths of so many infants. While believing that they are acting in the best interests of the mothers concerned, they will in fact be destroying a breastfeeding culture that has existed for many hundreds of years, replacing it with a mythical panacea in the form of formula milk.

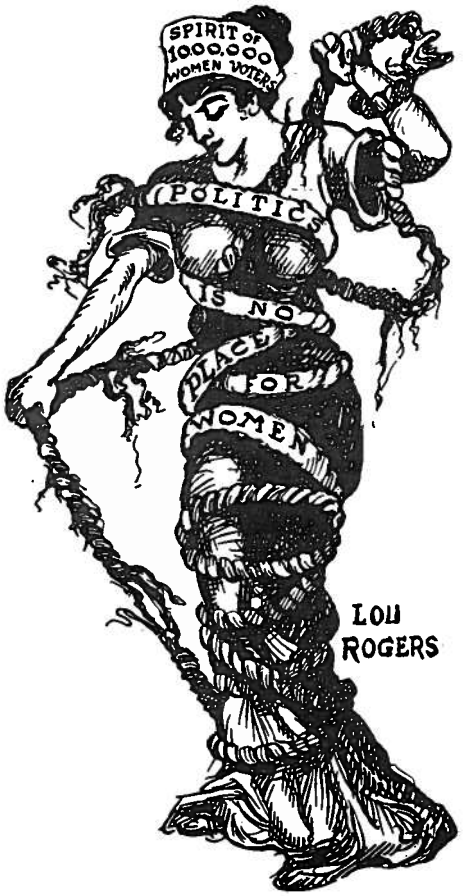
We must constantly be on the alert for incidents of well-meaning NGOs who act as advertising agents, however unwilling, for the formula milk industry.

—from Japan Infant Milk Formula Action Coalition (JIMFACT) Newsletter No. 32, December 1995.

Congress Against Child Sexual Exploitation

The first World Congress Against Sexual Exploitation of Children was held in Stockholm, Sweden August 27–31, 1996. Over 1,300 representatives from 119 countries attended. According to a report issued by the Women's Environment and Development Organization (WEDO), the Congress focused on prostitution, pornography, and the trafficking of children for sexual purposes. The primary intention was to draw international attention to the problem, whose "eradication requires international cooperation at the highest levels." The Congress succeeded in raising awareness of the abhorrent ways in which girls and boys are exploited sexually for commercial ends and the need for urgent implementation of measures to prevent it. It barely began to lift the veil of silence on non-market sexual abuse.

Contact WEDO at 355 Lexington Ave., 3rd Floor, New York NY 10017-6603 Tel. 212–973–0325, e-mail wedo @igc.apc.org



TEARING OFF THE BONDS.

Ban Barbie?

Consumers' Association of Penang (CAP) has called for a ban on the sale of Barbie dolls in Malaysia because "playing with the dolls may have negative effects on children's psychological development."

CAP maintains that Barbie can become an obsession with easily impressionable little girls—the bosomy, wasp-waisted doll can promote unrealistic expectations of beauty, which can lead to other problems, and has been linked to anorexia. The doll portrays an alien culture, and the white-skinned blonde image is "not the sort of image we want to promote to Malaysian children as desired identity." Greenpeace also warns that Barbies contains toxic heavy metals, carcinogenic vinyl chloride and environmentally harmful softeners. Every doll contains some 90g of PVC (70% of the doll), which harms the environment and is hazardous to children.

Barbie defendants counter that children are smarter than CAP gives them credit for, and that parents should decide for their own children. Hamdan Adnan, President of the Federation of Malaysian Consumer Associations (FOMCA), said families, and not dolls, are "responsible" for molding a child's personality and added that dolls should not be made the scapegoat for a family's weakness. Citing the influence of television, magazines, movies, and gender-coded grammar exercises ("Ahmad ran fast" while "Aminah sewed neatly"), commentator Chakara Pena wrote that "cultural imperialism and the destructive impact on our impressionable children are not going to go away with some simple ban."

Mattel Inc, maker of Barbie, earns US$1 billion each year and manufactures the doll in Malaysia, China, and Indonesia. Overseas manufacture offers cheaper labor costs for the labor-intensive production process. Half the dolls manufactured overseas return to the US for sale.

— Consumers' Association of Penang, 228 Macalister Rd, 10400 Penang, Malaysia Tel. 604-2293511

Weaning Health Workers Away from the Infant Food Industry

India leads the way. In 1994 the India Academy of Pediatrics (IAP) decided not to accept donations from a baby food company in any form. They received support from the Ministry of Health. The government of India voted for the WHA resolution urging institutions, professionals and ministries in all their member states to prevent the baby food industry from providing financial or other support for health workers. The assembly felt that funding from such inappropriate sources might influence the objectivity of training in infant and child health, because the interest of manufacturers may conflict with those of breastfeeding mothers and their children. Sponsorship or other financial assistance from the infant food industry may interfere with professionals' unequivocal support for breastfeeding. In 1994, the IAP refused a huge donation from Nestle for the 8th Asian Congress on Pediatrics. It also stopped taking money from Nestle for conducting a Pediatric Quiz for undergraduate students, and passed a resolution not to take money from manufacturers of Infant Formula, nor **feeding bottles in any form**. Furthermore, the IAP in 1996 stuck to the WHA resolution of 1994 to not take support from the infant food industry, and to run the pediatric quiz themselves. They have also made the IAP journal self-sufficient by asking IAP members to contribute financially.

— Breastfeeding Promotion Network (BFPN), Dehli, India.

Editor's comment: Hats off to the IAP. Would that the AAP would follow suit.

sisters
(by phyllis mahon)

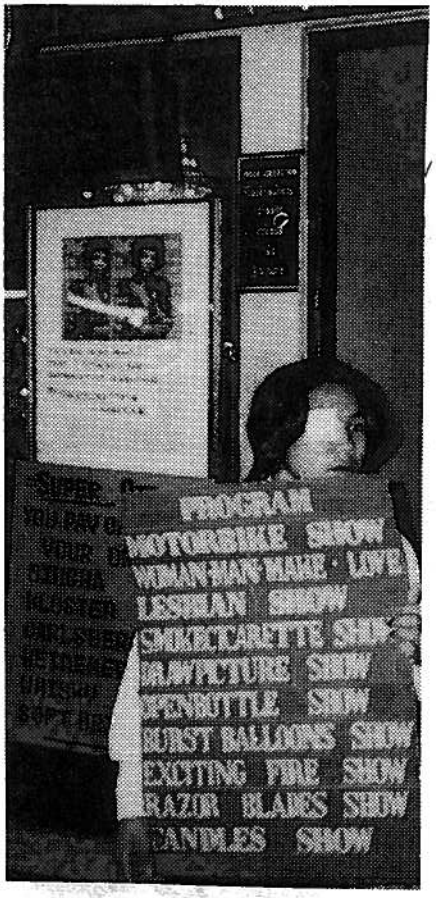
BREASTFEEDING NEWS

IN THAILAND milk formula is supplied to all HIV positive women's babies and they are told not to breastfeed. To date we do not have any studies that have any follow-up on these formula-fed infants. Do they live longer, do they get AIDS nonetheless and do they have more hospitalizations? What is the effect on the mother? There are only questions. There are no long-term studies. Policy must be evidence based.

Anti-Prostitution Bill in Thailand

At a public meeting in March 1996, women activists in Thailand criticized the anti-prostitution bill currently before Parliament as punishing prostitutes and going easy on organized crime rings. The bill's supporters claim that tougher penalties on procurers and parents who sell their children into prostitution will significantly affect the trade. Women's groups are arguing for a compromise by minimizing punishment of prostitutes and strengthening protective measures against abuse and exploitation.

The prostitution market made as much as 2/3 of the country's budget (US $32 billion) and represented 14–16% of the Gross Domestic Product (US$144 billion). The prostitution and trafficking business involves a large number of people, including police officers and other officials who in one way or other are party to the trade and make suppression difficult.



Women's groups, sex workers and groups representing children asked that provisions which result in the arrest, punishment and enforced rehabilitation of adult and child prostitutes be removed. Provisions for censuring parents were also criticized. Speakers labeled them blunt instruments which fail to discriminate between different circumstances and fail to take into account the pressure of poverty and landlessness on rural families in particular.

Not specific to the bill, but significant to prostitution-related activities, participants concluded that the network of organized crime that commands the sex industry must be dismantled by extending the application of other laws to cover them. For example, the money laundering bill could be used to track down key figures. Labor laws and the laws covering places of entertainment could be extended to sex service and provide better work conditions for sex workers.

It remains to be seen whether the bill survives Parliamentary debate, or whether the Banharn government survives to see it through, but the rallying cry of women's groups and sex workers to protest the bill may result in other positive change in the industry.

— Source: Voices of Women, Bangkok, Thailand, April 1996.

Standards for Mothers' Milk

The National Institute of Standards and Technology (NIST), a branch of the US Department of Commerce, plans to create a Standard Reference Material (SRM) for mothers' milk. SRMs are solids, liquids, or gases which are certified for their chemical composition or physical properties. The SRM for infant formula, which was established in 1980, consists of packets of powdered formula with a certified listing of proximates, calories, vitamins, and minerals. These components are specified in the Infant Formula Act to be included in standard artificial baby milks. There is a danger that the SRM for mothers' milk would be used to compare nutrient levels and set limits on certain contaminants. Producers of mothers' milk did not request the SRM, and there are no SRMs for other body products, such as blood or spinal fluid. The SRM for infant formula should include a listing of contaminants, but does not.

The National Alliance of Breastfeeding Associations (NABA) warns against the possible consequences of an SRM for mothers' milk and questions the motivations for developing the SRM. The motivation seems to be not to protect babies, but to sell more formula. Formula manufacturers might market their product as coming closer to breastmilk than the competition, or health care providers might remove breastmilk from the diet of infants whose mother's milk exceeds any of the limits of the SRM for human milk.

Presently the SRM project for human milk is in the early stages of review and approval. It will be undertaken if enough pressure is placed on NIST to develop a standard for human milk. More imperative than establishing a physiologic standard is development of a manufacturing standard of an SRM for contaminants in infant formula and the water used for reconstitution. Not everything is for sale!

For more information and to register your concerns, write to Thomas E. Gills, 215 Engineering Mechanics Bldg, NIST, Gaithersburg MD 20899-0001, tel. 301-975-2016 e-mail gillst@micf.nist.gov

— Marsha Walker, NABA Newsletter (Summer/Fall 1996), 254 Conant Rd, Weston MA 02193.

Women with Disabilities Face Difficult Challenges

Inaccessible health care facilities give women with disabilities the message that "'I don't need this care', or 'I'm not wanted here,'" warns Dr. Sandra L. Welner, a gynecologist in Silver Spring, Maryland. Because women with disabilities may not be able to get on an examining table without help — which can be both painful and embarrassing — they may miss routine pelvic exams. Besides the "access issue" Dr. Welner notes the "attitudinal issue." If a woman with a lower-body disability asks someone for a ride to her gynecologist, the person may ask incredulously, "Why do *you* have to go?"

Dr. Welner spoke July 24 at a breakfast seminar sponsored by the Jacobs Institute of Women's Health. The seminar, entitled "Living Well Despite Chronic Illness or Disability," is one of four seminars the Institute sponsored in 1996.

Women with disabilities may have reduced cardiovascular activity and are therefore more prone to post-menopausal difficulties. Reproductive concerns are also often misconstrued in women with disabilities. The misconception that women with disabilities are not sexually active is common but decreasing. Pregnancy among disabled women is often looked down upon, and these women are "assumed to want to abort." Reduced sensory capacity can affect women's detection of many problems, from premature labor to disease. "STDs can be very sneaky among the disabled," said Dr. Welner, because they may not have the sensory capacity to detect early trouble signals.

Dr. Robert Phillips, a psychologist who works with people with disabilities and chronic illness and is Director of the Center for Coping, Inc. in Hicksville, NY, defined a hero as "somebody that comes through despite adversity." People with disabilities or chronic illness are also heros, dealing with and overcoming very difficult problems. Pain and fatigue can exist in any chronic illness, yet neither is visible, leaving the person "trapped in trying to communicate her discomfort." Phillips reported that individuals who have supportive families generally fare better during a course of treatment and are more responsive to medication. Similarly, support groups are helpful for people with disabilities or chronic illness, because meetings "may be the only time that everyone in the room knows what they're going through."

Phillips tries to help his patients live more successfully through cognitive restructuring, because he believes that living successfully has to do with the way one thinks. He encourages patients to change from a negative point of view to a more positive, yet realistic, outlook.

— Catherine Harbour

MEETINGS

16th INTERNATIONAL CONGRESS ON NUTRITION July 27-August 1, 1997. "From Nutrition Science to Nutrition Practice for Better Global Health." Contact Nikole Sarault, Congress Manager. National Research Council, Canada, Building M-19 Montreal Road, Ottawa ON Canada K1A OR6.

THE EIGHTH INTERNATIONAL WOMEN'S HEALTH MEETING March 16–20, 1997 in Rio de Janiero, Brazil. Regional quotas have been set and participation is limited to 600.

MANAGING HEALTH PROGRAMS IN DEVELOPING COUNTRIES June 16-August 8, 1997. Contact Anne Mathew, Administrator, Harvard School of Public Health. Harvard Health Management Group. Dept. Health Policy and Management. Har-

WABA GLOBAL FORUM

More than 300 participants from around the world took part in WABA's CHILDREN'S HEALTH CHILDREN'S RIGHTS conference in Bangkok Thailand December 2–6, 1996. The group included doctors, activists, consumer union representatives, human rights activists, nurses, nutritionists, midwives, anthropologists and a variety of other health care personnel from Africa, Latin America, Asia, UK, USA, and Australia. The 85 sessions and 4 days of plenaries allowed for a great exchange of experience, knowledge and skills on breast-feeding, young child nutrition, women's rights and children's rights. The forum added the social, economic and ethical context to the traditional scientific angle and widened the issues to include the rights of children and women. There was also a strong training component.

vard School of Public Health, 677 Huntington Ave., Kresge 725, Boston, Massachusetts 02115 USA.

2nd ANNUAL MULTIDISCIPLINARY SYMPOSIUM ON BREAST DISEASE Feb 13-16, 1997, The Ritz Carlton, Amelia Island, Florida. Contact the University of Florida Health Sciences Center, Jacksonville, Florida.

WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS 8th International Congress "Health in Transition: Opportunities and Challenges" October 12-16, 1997, Arusha, Tanzania. Contact the Secretariat, WFPHA c/o APHA, 1015 15th Street NW, Suite 300, Washington DC 20005-2605 USA.

BIRTH WITHOUT BORDERS. 1st ASEAN International Conference on Childbirth in the '90s, February 28-March 2, 1997. The Westin Chiang Mai, Chiang Mai Thailand. Write PO Box 111, Phra Singh, Chgiang Mai 50200.

25th ANNUAL SEMINAR FOR PHYSICIANS ON BREASTFEEDING July 1–3, 1997. La Leche League International, cosponsored by American Academy of Pediatrics.

BREASTFEEDING: THE NATURAL ADVANTAGE An International Breastfeeding Conference, October 23-25, 1997. Contact NMAA 1997 Conference, PO Box 3124, Tamarama NSW 2026 Australia. Fax 616 9389 4504.

PUBLICATIONS

Strategies For Breastfeeding: Rights of Working Women presented at a workshop at WABA Bangkok Thailand Dec 3, 1996 by Linda Lhotska, David Clark, Ted Greiner, Elizabeth Kylberg and Amal Omer-Salim. Obtainable from WIPHN or Unit of International Health University Hospital S-751 85 UPPSALA, Sweden.

Breastfeeding Promotion Network of India. Vol 1, Issue 1, August 1996.

Forced Labor: The Prostitution of Children. Symposium Proceedings US Dept. of Labor 1996.

Improving Women's Health in India, A World Bank Publication, Washington DC.

South African Women's Health Book. The Women's Health Project. Oxford University Press, Capetown, 1996.

Fact Finding on Working Women. Domestic Violence: A Workplace Issue No 96–3 October 1996. US Dept Labor Women's Bureau

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Initiatives in Reproductive Health Policy When Contraception Fails, IPAS, PO Box 999, Carrboro NC, 27510 USA.

Women's Health Journal Contraceptive Strategies. The Barrier Method Reborn, July, August, September 1996 Casilla 50610, Santiago 1, Santiago Chile.

Tenth Anniversary WIPHN Book

We are currently gathering and organizing materials for a WIPHN book, to mark our 10 year anniversary (1987–97). Articles for the book will be taken from materials published in WIPHN News, with additional input from our readers. If you have any suggestions or articles to contribute, please contact WIPHN before July 1, 1997 at 7100 Oak Forest Lane, Bethesda MD 20817, E-mail wiphn @erols.com, Tel. 301-469-9210.

Legal Aspects of the Protection of Breastfeeding. Informal Expert Group Discussion, Pawling, New York April 21-26, 1996. UNICEF, Nutrition Section, New York.

Breastfeeding and the Nutritional Status of Nursing Children in Chile. Castillo C., Atelah E., Riumallo J. and Castro R. Bulletin of PAHO 1996; 30(2):126-132. This study of 9,330 Chilean children under 18 months of age confirms international recommendations of exclusive breastfeeding for the first six months of life. The 25% of children exclusively breastfed from birth to 5.9 months exceeded NCHS/WHO standard for weight for age and weight for height, while those receiving any infant formula, even as a supplement to breastfeeding, were more likely to show weight for age deficiency.

Breast Cancer and Lactation History in Mexican Women Romieu I., Hermanedez-Avilla M., Lazcano E., Lopez L. and Romero-Jaime R.

American Journal of Epidemiology 1996. 143(6):543–552. Center for Women Policy Studies. Meeting the Needs of Women with HIV/AIDS Aug. 1996. Center for Women Policy Studies, 1211 Connecticut Ave., NW Suite 312, Washington DC. 20036 .

UN. How Nutrition Improves ACC/SCN, state of the art series nutrition policy discussion paper No.15 July 1996 by Gillespie S., Mason J.,

ANNOUNCING: FOCUS ON BREASTFEEDING

This new quarterly Newsletter is about clinical breastfeeding management. It is a forum for those who wish to share their knowledge and publish free of the constraints imposed by scholarly publication. Controlled clinical trials are only ONE way we learn. Case studies, care plans and intuitive experiences are welcome. Send submission and subscription requests to: Nikki Lee RN MSN, ICCE, IBCLC, Editor, Elkins Park PA 19027 USA.

Martorell R. WHO, 20 Avenue Appia CH –1211, Geneva 27 Switzerland.

Women's Global Network for Reproductive Rights Newsletter 54 April-June 1996. Body Politics; The Commodification of Human Body Parts. NZ Voorburgwal 32, 1012RZ Amsterdam, The Netherlands, Tel 31-20 620 96 72.

Rina Nissim. Natural Healing in Gynecology. A Manual for Women. Harper Collins Publishers, 1996.

The Right to Live Without Violence. Women's Proposal and Actions. Women's Health Collection 1, Latin American and Carribean Health Network 1996. Casilla 50610 Santiago, Chile.

Tuberculosis Control in Refugees and Displaced Persons by Kessler C., Connolly M., Levy M., Chaulet P. WHO/TB/96.209 Global TB Programme WHO, Geneva.

CHRIA NEWS Committee for Health Rights in the Americas Vol 13, No. 2 Summer 1996, 474 Valencia Street, Suite 120, San Francisco, CA 94103

Breast Cancer Fact Sheet. US Public Health Services Office on Woman's Health Washington DC.

Center for Population and Family Health, Columbia School of Public Health. Setting Priorities in International Reproductive Health Programs: A practical Framework by Theres McGinn, Deborah Maine, James Mc Carthy, Allan Rosenfield, July 1996.

MARHIA Maternity: Taking the Danger out of a Joyful Event. Vol. 9 No.1/Jan.-June 1996. Institute for Social Studies and Action (ISSA) Q.C.C. PO Box 1078, Philippines.

Women Envision. ISIS International June-July 1996 No. 34–35. Issue on the plight of migrant workers. Malaysian Women's Rights Activists on trial; ISIS International Manila PO Box 1837 Quezon City, Main Quezon City 1100, Philippines.

Prevention of Maternal Mortality Network. PMM RESULTS conference, Accra, Ghana 1996, Center for Population and Family Health Columbia University, New York .

Maternal Mortality and Morbidity. Strategies for change 1996. Evaluation meeting in South Asia, Bangalore, India 13-15 May 1996.

Women's Global Network for Reproductive Rights. Antenatal care report of a Technical Working Group. Geneva October 31-November 4, 1994. WHO Geneva, 1996

Interfaith Reflections on Women, Poverty and Population. CEDPA Washington, 1996.

Carter S., Altemus M., Integrative Functions of Lactational Hormones in Social Behaviour and Stress Management. Annals of the New York Academy of Sciences, No 1095 p.10-25, 1996.

Women's Rights to Maternity Protection. Prepared by Virginia Yee and Dilrini Ranatunga. Clearinghouse on Infant Feeding and Maternal Nutrition, American Public Health Association. Copies can be obtained from WABA, PO Box 1200, Penang, Malaysia.

Carter, Sue. Patterns in Infant Feeding, the Mother-Infant Interaction and Stress Management in Stress and Coping across Development, edited by Field T., McCabe P., Schneiderman, N. Lawrence Erlbaum Associates Publishers, Hillsdale, New Jersey, 1988.

Safe Motherhood. Midwives Draw Up Plans of Action. What makes a birth Normal? Issue 20(1) 1996, WHO, Geneva.

INFACT Canada Toxic Phthalates in Infant Formulas. Spring 1996. 10 Trinity Square, Toronto, Canada.

ORGANIZATIONS THAT HAVE JOINED WIPHN

BETTER LIFE PROGRAM-ABES Association Pour Le Bien Etre (Social). Better Life program, a non-profit organization, has just been created in Porto Novo, Benin. The organization is geared to supply foodstuffs to the underprivileged and promote rural development with self-reliance. The organization also assists the sick and handicapped in Porto Novo. President Mrs. Moubaraka A Guemon No. 96/050/MISAT/DC/DAI/SAAP–ASSOC BP:03–0025 Porto Novo Benin. Phone 21 45 31

CHETNA Centre for Health Education, Training and Nutrition Awareness Liavatiben Lalbahais Bungalow, Civil Camp Road, Shahibaug Ahmrdabad 340 004, Gujarat, India. CHETNA's mission is to contribute towards empowerment of disadvantaged women and children so they become capable of gaining control over the health of themselves, their families, and their communities.

THE ASSOCIATION FOR RATIONAL USE OF MEDICATION IN PAKISTAN. This network's mission is to promote rational use of medication and the essential drugs concept in Pa-

New Membership Structure

You may have received a notice recently informing you that your WIPHN membership has expired, or will soon. Our all-volunteer staff have been reorganizing our offices and files and trying to get our membership records up to date. WIPHN is a registered 501(c) (3) non-profit organization, so **contributions are tax-deductible.** We urge you to support WIPHN by sending us your ideas, articles, and dues! To simplify the membership structure, starting in 1997 all memberships will begin in January and expire in December. If one chooses to join mid-year, the dues will be prorated accordingly. This will help us keep administrative and publishing costs to a minimum by keeping our database up to date with current address information, and permitting us to bulk-mail subscription renewal notices.

Tell your friends and colleagues about WIPHN, and please don't forget your dues ($25/year for individuals, $50/year for organizations). Thank you!

kistan in order to optimize the usefulness of drugs and help bring equity in their access. The network brings out a quarterly newsletter. Address PO Box 2563, Islamabad, Pakistan.

VEMA is a community-based organization in Tanzania started with the help of Maryknoll Sisters. Their name is an integrated monogram for women: (V) Villages, (E) Education, (M) Maendeles (development), (A) Afya (health). The organization has trained 90 women as health promoters and they are now conducting a second course for midwives who get a 1-week hands-on practical after 4 weeks theory and practice. They are wonderful. Sister Peg Donavan, Director Project Vema, Tanzania.

IBFAN-BENIN Contact; BPN 396 (PMI) GANHI COTONOU TEL 31-33-19 Republic du Benin.

JAPAN INFANT MILK ACTION COALITION produces a newsletter. Newsletter No 33 was on phytoestrogens. "How Safety Declaration Comes About" examined sex change chemical in baby milk. Newsletter No. 32 is on "Are NGOs Acting as Advertising Agents for the Milk Formula Industry?" Contact Hisayo Kidokoro c/o TRIDEA , Shinkan #501 Shinjuki Kousai Bld. 6–6–3, Nishi-Shinjuku, Shinjuku-ku, Tokyo 160 Japan. Tel. 813(3344)3354/Fax 813(3996) 7145

THE COMMISSION ON THE STATUS OF WOMEN calls for greater cooperation and coordination among relevant law enforcement authorities and institutions to dismantle national regional networks in trafficking. It demanded the allocation of resources to provide comprehensive programs to heal and rehabilitate victims of trafficking through job training and provision of legal assistance, medical care and psychological care in cooperation with NGOs.

Claudine Malone Moves On

In December 1996, Claudine Malone resigned as a member of WIPHN's Advisory Board. "With my new responsibilities as Chairman of the Federal Reserve Bank of Richmond, I am stepping down from my other non-profit activities, particularly as I no longer have the time to make an active contribution." We would like to thank Claudine for her distinguished service to WIPHN, and wish her well.

WOMEN'S INTERNATIONAL PUBLIC HEALTH NETWORK (WIPHN) **MEMBERSHIP FORM**

7100 Oak Forest Lane, Bethesda, MD 20817, USA
Non-profit organization.

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.

Name _____

Title/Degree _____

Address _____

_____

Telephone number _____ Fax _____ Telex _____

Current Employer _____

Special Interests _____

PLEASE REMEMBER TO RENEW YOUR MEMBERSHIP.

WIPHN NEEDS YOUR SUPPORT!

Please send us notices of your publications, news about your projects, and articles for our Let's Change column.

The Women's International Public Health Network

The Women's International Public Health Network is a nonprofit organization. It 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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