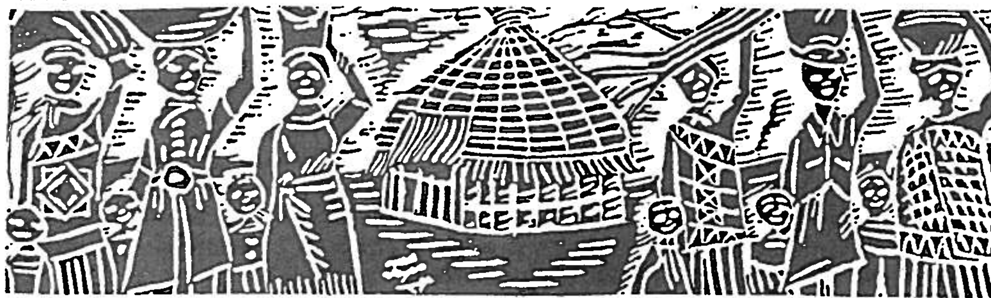

WIPHN News

A publication of the Women's International Public Health Network

Women Hold Up Half the Sky

Volume 22 · Winter 1997

In every country where I have seen progress in maternity care, it was women's groups working together with midwives that made the difference."

— *Marsden Wagner, MD*

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Pitiful Plight of Breastfeeding Working Moms in the USA

The USA is *not* among the 82 countries around the world that provide 12 weeks plus paid maternity leave. For the 2.1 million working women in the U.S.A. who give birth or adopt annually, the Family Leave Act guarantees 12 weeks *unpaid leave.* But the law is riddled with loopholes, as astonishing as it might seem, 95% of private businesses are not required to comply. Who are these women? They are women who work for small businesses (fewer than 50 employees), part-time workers (less than 25 hours per week), and new employees (less than 1 year on the job). Employers are required to consider pregnancy as a temporary disability based on the Pregnancy Discrimination Act of 1978.

The USA is backward in offering any form of assistance to pregnant and postpartum females and although they talk for them, organizations like NOW do not represent large sections of American women. In Sweden, women get a year paid leave. Italy provides 22 weeks of paid maternity leave. In South Africa, the women in trade unions have been able to negotiate paid maternity leave and other entitlements. For high risk pregnancy, they allow mothers to take off the whole duration of the pregnancy. Most women receive full salaries - 80% covered by social security and 20% by the employers. The USA, the richest and technologically advanced, is way behind in providing daycare and entitlements to mothers. In fact, the plight of the American mother, trying to do the best for her children in the work force is often desperate in a society that appears relatively unconcerned. Breastfeeding working moms in this country have had pay docked for taking time off to pump even though it is well recognized that women who have support services and can breastfeed have less absenteeism and less expense for health care and hospitalization.

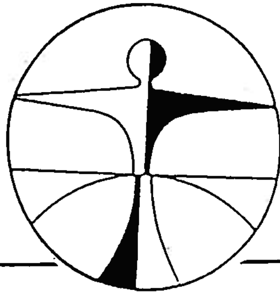
It's ironic that in 1919, the International Labor Organization (ILO) resolved that women be paid maternity leave for 6 weeks after delivery and be allowed to nurse their infants twice a day for half an hour during working hours. In 1952, these maternity "protections" were streng-thened by making available PAID nursing breaks during working hours. The USA, among many countries, accepted these conventions in spirit but not in practice. Now half a century later, it's hoped mothers will get what amounts to 15 days paid leave while on the job. Smokers get this at least or more. Congresswoman Carolyn Maloney from New York has drafted a bill for "Breastfeeding Promotion and Protection Act." The bill would support new mothers and also encourage employers to support workplace lactation programs.

– Naomi Baumslag

Congresswoman Maloney's Bill Will Help Moms Breastfeed in the Workplace

The bill will ensure that breastfeeding is a protected activity under civil rights law, requiring that women cannot be discriminated against in the workplace for pumping milk, breastfeeding or related activities

Encourage employers to set up a safe, private and sanitary environment for women to express milk by providing a tax credit for employers who set up a lactation location, purchase or rent lactation related equipment, hire a lactation consultant, or otherwise promote a lactation friendly environment. It will also grant working women up to one hour of paid leave once day for up to one year following the birth of a child to breastfeed or express milk. The time could be taken in three twenty minute breaks or two thirty minute breaks In addition it will require the FDA to develop minimum quality standards for breastpumps, to ensure the products on the market are safe and effective.



There will be a provision to increase funding to WIC's breastfeeding promotion , education and support initiative, which now totals 46 million a year, without compromising WIC's other objectives.

Federal employees will be granted up to one hour of paid leave per day for up to one year following the birth of a child to breastfeed or express milk. The time could be taken in three 20 minute breaks.

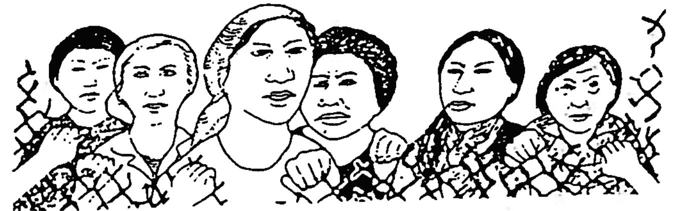
For copies of proposed bill contact office of Congresswoman Maloney write: 1330 Longworth Building Washington DC 20515 PHONE 202 225 7944

SUPPORT THE BILL

Editorial comment: Corporations have a lot to gain from this bill. Instead of providing paid maternity entitlements they will be paying for corporate lactation at a fraction of the cost.

Naomi Baumslag

Strength in Numbers as Midwives Unite



Midwives in New Mexico are working together to make their presence known and felt. To celebrate the international day of the Midwife on May 5th, midwives and healers of "guishis," a group of traditional midwives of the state of Oaxaca, organized a midwifery exposition with the help of Grupo TICIME (Center for Documentation and Support of Mexican Midwives), which offered prenatal exams, massages, herbal cleanses, counseling, and many herbal products for sale during the festival. The Guishis midwives hopes to educate people of the area about their services and the importance of prenatal checkups, and TICIME hopes to use the experience gained with the Guishis to help other regional groups of midwives to develop.

From the early 1990's, traditional midwives began attending Department of Health instructional meetings (Capacitaciones). This allowed the midwives to obtain credentials from the National health care system. With these credentials, they can now complete birth certificates, admit patients to the hospital more easily, and obtain recognition from the hegemonic health care system. Unfortunately, the training was provided by professionals with little or no experience in teaching, it was presented in highly technical terms, and the attendants were expected to absorb all of it. Most midwives in Mexico learn their skills empirically through observation, not through textbooks, so the "capacitaciones" offered little more than a piece of paper—without teaching successfully new skills nor learning anything from the midwives.

The communication between Mexican traditional midwives and officials of the Mexican health care system is often difficult, because they usually have very different concepts of health and illness. Traditional midwife practices are part of a whole system of belief and a world view.

The conditions and illnesses diagnosed and treated by traditional midwives include diabetes, muscle aches, pregnancy, menopause, etc., but they also treat conditions not found in many textbooks like, *susto* - a condition that occurs when a person is frightened or surprised - *empacho*, digestive problems, and *mal de ojo*, or evil eye .

In 1994, in Tlacolula, through an American nurse midwife called Maria Elena Galante, the midwives were organized into a group sharing information and experience. These midwives formed an independent organization in 1996 and called themselves "guishis," the Zapotecan name for midwives, and then linked with Ticime to support. Now Guishis and Ticime work together. The Guishis prepare herbal teas to soothe the pain and hasten the progress in labor, massage creams of arnica and other herbs, to relieve muscle ache, prenatal exams, and support for pregnant mothers. Some of these products were offered for sale. Ticime presented several videos of birth practices in Mexico and other countries, books, t-shirts and book bags for sale and the dialogue once begun has continued with benefits to both.

–Catherine Harbour, USA

13.1 Promotion of maternal breastfeeding, 1918

Many European foundling hospitals continued to use either resident or country wet nurses to feed their infants. In 1914, the Moscow Foundling Hospital alone employed 5,017 wet nurses.[2] Families requiring a wet nurse could find a suitable woman from

[2] E. W. Hope, *Report on the Physical Welfare of Mothers and Children. England and Wales*, (2 vols. Carnegie Trust, 1917), vol. 1, pp. 50–1.

Exclusive Breastfeeding and the American Academy of Pediatrics

Human milk is the preferred feeding for all infants, including premature and sick infants with rare exceptions. The Academy of Pediatrics (AAP) recommended exclusive breastfeeding as the preferred method of feeding for infants for one year, without water, formula, and the introduction of solids after 6 months.

The AAP firmly adheres to the position that breastfeeding ensures the best possible health as well as the best development and physical and social outcome for the infant. Enthusiastic support and involvement of pediatricians in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health and growth and development.

Reference: American Academy of Pediatrics Working Group on Breastfeeding. Pediatrics Vol. 100 No.6 Dec.,1035-1039, 1997.

Current Status of Women's Health in the United Arab Emirates

One major feature of the development of United Arab Emirate(UAE) over the last two decades has been the expanding role that women play within the society. The success achieved has been due to the underlying commitment of the government to support the progress of women in all fields, a commitment made plain from the earliest days of the UAE Federation by the President, Sheikh Zayed, who said: "Nothing could delight me more than to see women taking up their decisive position in society; nothing could hinder their progress like men. Women deserve the right to occupy high positions, according to their capabilities and progress."

According to the country's First Lady, Sheikha Fatima bint Mubarak, "we have not reached the target for which we strive, but we are sure that we are making substantial progress along the right path."

The percentage of girls in elementary school rose from 70% in 1981 to 98% in 1992; the number of girls in formal education below university education tripled in 1991; enrolled women accounted for half the students and now has nearly reached 70%; the illiteracy rate among women 25-44 in 1990 was less than 19%; specific literacy classes and adult education classes from primary to the end of secondary have been established. The Dhabi Women's Association has established a specialized vocational training center, which provides opportunities for those women who have not completed the literacy program.

Now, 41% of UAE women in the labor force have a university education. Today hundreds of young UAE women are working side by side with their brothers in the armed forces, filling all types of posts, except frontline combat.

Another area wherein the government is directly contributing to the promotion of the role of women is in the state health services, which offers high quality care from cradle to grave to all the country's citizens. While health services as a whole have undergone rapid expansion, there has been even a faster growth in health services for mothers and children.

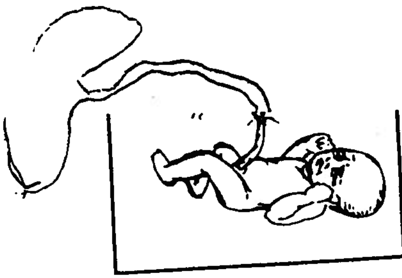
As a result of the availability and accessibility of high quality health services for women, infant mortality has dropped from 80 per thousand in 1980 to 10 per thousand in 1990. Health education activities are embedded in all health programs geared to women. These programs are preventive health, sexuality, premarital medical examination, and counseling and screening programs for early detection of breast and cervical cancers. Nutrition, exercises, and other health behaviors during menopause are the focus of the health education programs. *Dr Awatif Ali Bu Hal, UAE.*

Soy Formula Vitamin K Deficient: Ask the FDA What the Vitamin K Situation Is With US Soy Formula

Following the diagnosis of hemorrhagic disease in a 40 day old infant, doctors determined that the soy formula fed to the child was deficient in vitamin K. Further investigation of formula for sale in Italy led to the discovery that 2 of 16 formulas, 5 of 16 follow up formulas, and 1 of 8 soy formulas are currently deficient. *J. Pediatric Gastroenterology and Nutrition 23;413-414,1996*

Delayed Cord Clamping Improves the Iron Status of Infants

Iron deficiency anemia is a serious health problem that affects the physical and cognitive development of children. In a study of 60 Guatemalan infants randomly assigned to one of three groups at delivery, 1) the cord was clamped immediately after delivery, n=21; 2) the cord clamped when it stopped pulsating, and the infant held at level of placenta , n=26; and 3) the cord was clamped when it had stopped pulsating and the newborn placed below the level of the placenta, n=22.



Two months after delivery, infants in the 2 groups with the *delayed* cord clamping had significantly higher hematocrit values and hemoglobin concentrations than those in the early clamping group. The percentage with hematocrit values less than 0.33 was 88% in the immediate clamp control group, compared to 42% in group 2 and 55% in group 3 (P=0.01). These results suggest that waiting until the umbilical cord stops pulsating is a feasible, low cost intervention that can reduce anemia in infants. Early clamping of the cord can reduce the volume of blood transferred from the placenta to the infant and thus the total body iron content.(1) By preventing the loss of 100 cc of umbilical cord blood, 45 mgs of iron can be saved for the infant - more iron than one gets from a 6 month supply of formula.

–Blanca Keogan

Sources: R. Grajeda, R. Perez-Escamilla, and KA, Dewey. Am. J. Clin. Nut. 1997, 65; 425-31.
Naomi Baumslag, Working paper no.12, Mothercare, Arlington, VA, 1992.

COPS DELIVER

Traffic jams in Bangkok are so bad that cabbies - and now traffic police - are being trained to help women deliver their babies. Women trying to get to hospitals here give birth to an estimated 300-400 babies each year in taxis and tuk-tuks - three wheeled open-sided taxis.

Two years ago, one city hospital began sending nurses by motorcycle to stranded motorists, but all too often the only available care-givers turned out to be taxi drivers and traffic cops. Seventy police officers attended Dr. Pruksananondas class. In the first class, seven hundred policemen were scheduled for training. "It's not that we want them to deliver babies, but as traffic is critical, it would be good for people if the traffic police had some knowledge."

Last year, cabbies began receiving midwifery training. After the doctor's lecture and a video, the policemen were broken up into smaller groups to practice on a doll and woman's torso made of plastic. One policeman stated that he didn't know what to do when one woman delivered in his car. The car was full of blood, he said. While he tried to clear the traffic, the woman delivered on her own. Graduates received emergency kits: two towels, two pairs of rubber gloves, and a plastic sheet.

From Catherine Harbour

MIDWIFERY FACT

Midwives deliver over 70% of babies born in the Western European countries that have lower infant and maternal mortality, lower cesarean sections, and lower health care costs. In the USA today, only 4% of US infants are delivered by midwives. Thirteen million to twenty billion dollars could be saved in health care costs by developing midwifery care, demedicalized childbirth, and by encouraging breastfeeding.

OBSTETRIC MYTH

A nice clean cut is better than a jagged tear. Not true: there is evidence that routine episiotomy increases the risk of severe perineal trauma, heals slower than a tear, and increases perinatal mortality.

Source: Chalmers et al.

There are a number of useless breastpumps in the market. The FDA has allowed them to be sold with no evaluation. There are indications that some pumps may be doing more harm than good. Let us hear from you if this so. We need to make sure women aren't sold goods that stop breastfeeding and don't help women pump and work.

Lactation Education Resources

Training courses for Lactation Consultants by LACTATION EDUCATION RESOURCES. Dates: March 30-APRIL 3, June 1-5 and November 2-6, 1998. The cost of the program is $525 and approximately 40 CEU's and CERPS are offered. Additional information about this program can be obtained from Vergie Hughes RN MS IBCLC, phone: (301) 986-5547, fax: (301) 986-4401; email vergie@ix.netcom.com

There Are No Human Rights Without Women's Rights

Glaring sex and gender differences become apparent when we compare men's and women's rights. Women's rights are violated through educational, economic, legal, and political mechanisms. Most women agree on some basic universal rights, which include:

- the right to not be discriminated against,
- the right to security,
- the right to choose,
- the lifetime right to access health care services,
- the right to dignity and respect,
- the right to education and information, and
- the right to be included in clinical research.

A disproportionate number of women are poor and have no voice. As a consequence, their health is compromised. WHO has affirmed that health is a "state of complete physical, mental, and social well being and not merely the absence of disease or infirmity" and that the enjoyment of the highest standard of health is one of the fundamental rights of every human being. In 1978, at Alma Ata WHO/UNICEF Primary Health Conference in Mongolia, health care was declared a human right.

Many women's health problems begin at birth and develop during the growing years due to nutritional deprivation. Religious, cultural, and political factors promote gender and sex discrimination. Feticide of girls is one example. In a clinic in Asia, 7,999 abortions were performed to avert the birth of unwanted girls. In Africa, genital mutilation is still performed on thousands of girls between 4 and 8 years of age, who are subjected to this practice to ensure a longtime devotion to their spouses. Males are not subjected to any such procedure.

In Eastern Europe and central Asia, abortion was widely practiced. In countries such as Romania and Singapore, there were more abortions than live births. This is the major cause of maternal death and has not declined for the past three decades. Other causes of death or disability are domestic violence, rape, and sexual abuse. Between 20 and 60% of women report having been beaten by their partners. Another form of violence is bride burning in India.

Women's rights are receiving more attention worldwide. Women also have a right to be involved and heard, to:

- be born and receive equal treatment,
- act as individuals,
- have hygienic abortion,
- access basic quality health care,
- safer motherhood,
- health care,
- choose user dependent family planning,
- own their own body,
- choose if they want to be pregnant,
- choose their partners,
- receive equal pay for equal work,
- have their work valued,
- have security and to live without violence,
- not be used in war for political repression,
- be included in medical research tests and studies,
- receive environmental protection for themselves and their offspring,
- be protected against diseases such as STDs and AIDS,
- receive health care without obtaining their husband's permission,
- choose whether for a normal birth, they want a hospitalized or home birth
- use their breasts as organs of lactation and not just sex objects,
- be recognized for their economic contributions,
- receive education, information, and preventive health care, and
- be granted their dignity and privacy and shown respect.

Actions Women Should Undertake to Achieve Health Rights

- See that CEDAW is ratified and enforced
- Be aware of their rights
- Educate girls and women
- Teach skills such as agricultural and business skills
- Involve women in decision making at every level
- Provide means for increasing leisure time and decreasing their work load
- Create women's organization and organize funding to operate
- Ensure that women's right to choose
- Eliminate discrimination
- Provide equality between men and women at all levels
- Ensure economic freedom
- Gain more control of family resources
- Promote international and national antidiscriminatory laws and enforcement mechanism
- Stop the tyranny of man over woman by any means
- Avoid rearing girls only for the matrimonial market

Improving women's health means overhauling attitudes toward sex and addressing hidden epidemics such as domestic violence and overriding the legacy of prejudice through social transformation. Human rights safeguards are being increasingly used to promote and protect women's health. In 1979, the Convention for the Elimination of Discrimination Against Women was drawn up and adopted in 1993 by 120 nations. It guards against the discrimination of women in health care and family planning. A provision obligates States to provide maternal and other essential health services to enable a free and informed choice. Everyone concerned with women's health should be aware of women's rights and document violations to ensure that laws, policies, and practices comply with the obligation to respect women.

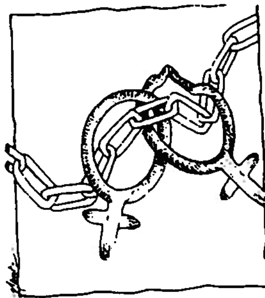
Even though the US has not yet ratified the convention, it should be noted that some countries with the worst discrimination against women have done so. There will be no change in women's health unless attitudes toward women change.

Abstracted from "Women's Health Rights Are Human Rights" by Dr. Naomi Baumslag, MD MPH. Presented at the WFPHA 8th International Conference in Arusha, Tanzania. For a copy of the full paper, please write to WIPHN.

Sexual Exploitation of School Girls and Guardians in Tanzania

Sexual exploitation of school girls is said to be common in educational institutions in Africa, but data is scanty. Such exploitation may take several forms: sexual harassment, forced sexual relationships, rape, and school girl pregnancy. School girl pregnancy for which the responsibility seems to be placed fully on the girls, may be considered a form of sexual exploitation. young girls.. Expulsion of school girls because of pregnancy in an advanced stage is still common practice. Abortion is a criminal offense in most countries and is only permitted under special circumstances.

A female guardian program was introduced in Magu and Mwanza primary schools early in 1996 by the regional and district educational authorities in collaboration with the TANESA project. The program was prompted by reports of sexual abuse of female pupils by teachers. The school girls were left with no one to talk to about the problem. Complaints regarding sexual abuse of female pupils were brought to our attention by school AIDS control committee members.



The main goal of the guardian program was to create a protective environment for primary school girls against sexual exploitation by establishing at least one guardian in each school. A guardian is a female teacher trained to act as a counselor for school girls in case of sexual health problems. A guardian is expected to assist female pupils develop strategies for dealing with all social, sexual, and reproductive issues they encounter in the schools.

Boys may make use of the services, but the program's focus is primarily on school girls.

The training of the guardians included the following: the characteristics, role, worries and fears of a guardian; sexual and reproductive health problems of school girls; counseling techniques; mechanisms of support, work procedures, and reporting system. It was a priority that the training should last one day only to keep costs low and cover as many schools as possible.

The training costs were $7.13 per guardian including transportation, meals, stationery, and allowances for facilitators. The program was started in February 1996, and by the end of the year there were 185 primary schools with one guardian each. After a few months of operation, various cases regarding sexual exploitation were reported to identified guardians, also sexual harassment by male teachers, and sexual relationships between teachers and school girls.

The evaluation of the female guardian program was carried out in late 1996; the guardian had to be in place for at least 6 months prior to the survey. The schools were selected at random from a list of all schools in the program after stratification.

In each school, the head teacher and a guardian were interviewed, using a structured questionnaire and an open-ended section on cases of sexual exploitation that the teachers had come across in 1996.

The results of the survey revealed that the girls were mostly bothered by school boys who wanted to have sex with them (75.3%); almost half the girls were bothered by adult men (46.3%) and 9.4% by a teacher. Rape was reported in 14.5% of the schools surveyed. Pregnancy was listed by the school girls (50%) as their most common problem and two-thirds of the cases involved men from the village; pregnancy was reported in 30.7% of schools and mainly by older men; sexual seduction occurred in 40% of schools and sexual harassment in 25.8% of schools.

Teachers excluded girls from class, or gave them poor marks or corporal punishment if they wouldn't have sex with them. In eight of the schools surveyed there were cases of forced sexual relationships. Parents pulled girls out of school to marry them off for economic benefits. The guardian in collaboration with the head teacher sometimes played a key role in solving these complicated issues involving many parties.

The guardian program proved most successful. Both teachers and girls felt the need for protection against sexual exploitation. *Betty Mlemya, Tanzania*

For a complete copy of paper send money order to WIPHN to cover postage and xerox

Breastmilk: An Invaluable Product and not in the Closet

Norwegian women have taken to breastfeeding. They breastfeed in shops, restaurants, trains, on TV. Breastmilk is included in the nation's report on food production and was valued at $50 per liter. In the 1970s, breastfeeding rates were nearly as low as in the US. But today, more than 80% of mothers are breastfeeding exclusively at 3 months. It has been calculated that, if 300 UK towns achieved breastfeeding rates comparable to Norway, the National Health Service would save 67,000,000 pounds sterling in treating infants with gastrointestinal illness. *Midwifery Matters Spring, 1997, Issue 72*

The Impact of Violence and Abuse on Family Health

Violence in the family is particularly aimed at the woman in the family, is pervasive in every country of the world, at every social and economical level, crossing all barriers of class, income, race, culture and religion.

The types of physical, sexual and psychological violence occurring in the family includes battering, sexual abuse, dowry related violence, marital rape, female genital mutilation, and other traditional practices harmful to women; non-spousal violence and violence related to exploitation (WHO position paper – Women's Health – Improve our Health, Improve the World, 1995).

WHO estimates that in Africa alone, more than 84 million women have undergone female genital mutilation (ICN International Nurses Day 1994 - Healthy Families for Healthy Nations).

Women play a major role in taking care of the family, including the rearing of children, cultivation of the fields, carrying out of household activities, and taking care of the sick, elderly and disabled. Apart from these duties, they bear all the blame for family problems, which leads to violence and abuse.

A study using a structured questionnaire and focus groups in a random sample of two hundred women was conducted in Moshi, Tanzania. The objective of the study was to discover the causes of violence and abuse in the family and to identify health related problems.

The average age of respondents was 30 years with an average of 5 living children. 91% were married and dowry paid; 60.5% had a standard seven education; 53 % were employed in government and non-governmental institutions. 53% did petty business to raise their family's income. 81% of women had been subjected to female genital mutilation. The other causes of violence and abuse were alcoholism in 65% of cases, marital rape in 51%, promiscuity in 82%, beating 62%. This violence and abuse destroys the dignity of women and violates their human rights, including the right to physical integrity and to survive and to lead full and fulfilled lives.

The study reveals that the type of physical, sexual and psychological violence occurring in the family affects the women physically, the most common physical complaint being chronic pain. The women were also affected mentally - depression, weight loss, or puerperal psychosis. Psychologically the children of battered women are at risk for emotional, school and health problems, which may progress to adult violence.

Future strategies should consider:

1. Studies of men to find the major causes of violence and abuse.

More specific research is needed to find out the causes of this violence and abuse of women, its consequences and means of prevention.

2. Make women aware of their rights through education and employment

Men, as well, need to understand the position of women in the family and respect their rights.

3. If dowry means buying a woman, this ritual should be abolished.

4. Parents must review the meaning and importance of female genital mutilation.

–S.R. Mlawa, Moshi, Tanzania

AIDS and Breastfeeding

In the general population of mothers, we do not know which mother is HIV infected and which mother is not. Therefore, as a public health policy, we tell mothers to go ahead and breastfeed in accordance with the recommended optimal practices. Due to financial constraints, it is unlikely that we shall come to a point in the near future when we are able to offer HIV testing globally for every pregnant woman on a routine basis, let alone the population of Uganda or any one country. From a public health point of view, it does not make much difference or cause much harm, as exemplified by the following illustration.

If one takes the worst case scenario, 80 out of a hundred pregnant women will be HIV free and therefore will have 80 uninfected children. Of the 20 women who have the HIV infection, 26% or 5.2 will have infected children, the other 74% or 14.8 will have uninfected children. In this scenario, therefore, approximately 5 out of 100 will be HIV infected. Supposing that 20% of the overall transmission is through breastmilk, this would mean that 20% of the 5 children (one child) actually becomes infected through breastfeeding. Thus, if one would recommend mothers not to breastfeed, the reward would be one child not infected with HIV. But then, there would be a serious concern about the implications of not breastfeeding for the majority of the children.

Dr G. Mukasa, Uganda

Menstruation and School Days Lost

For many young girls and working women in developing countries, menses is a real problem. In Zimbabwe and Tanzania, for example, girls are excused from school. As a result, they miss a lot of school. In Tanzania even women teachers are excused from school when they menstruate. The women use rags to absorb the menstrual flow. In China a special paper can be obtained from stores; in Liberia a special menstrual cloth is sold for this purpose. In Eritrea women demanded sanitary napkins and, during the war of liberation, factories were set up to produce them. We are looking for information on problems and solutions on this subject. Please send information to WIPHN.

Write to: WIPHN, 7100 Oak Forest Lane, Bethesda, MD 20817, USA

Neem Tree: Trying To Make Money Out of Mothers' Medicine

In India, mothers and grandmothers have used the products of the Neem tree for generations to treat skin infections, control pests and in many other ways. Seeing a possibility for making money from selling the products of the Neem tree, some multinational companies tried to patent this knowledge under intellectual property laws .In this way the processes, documented by scientists working at these companies, would be considered their intellectual property.

The knowledge about the Neem tree is something local communities already have and use, and is considered public information - free for anyone. By patenting it, a company effectively owns it, and can prevent others from sharing, selling or profiting from that information. If something is not done soon, it could happen that the people from whom the knowledge originally came would have to pay the multinational companies for Neem tree products they used to make themselves.

Action: More than 200 organizations from 35 countries have challenged these patents. Responding to this "biopiracy," the Center for Indian Knowledge Systems and the Research Foundation for Science Technology have taken a two-pronged strategy to protect the people's right to Neem. The first action has been to publish a book called Neem: A Users Manual. The book covers in detail how to propagate the tree, as well as its uses in medicine, in cultural beliefs, in pest control and as a fertilizer. It also discusses the debate around intellectual property rights and indigenous knowledge - discussing who benefits and who does not from these laws. By publishing the book, it is hoped to ensure the protection of knowledge from exploitation by outside companies and to keep the Neem products freely available for all.

Source: The Tribune #57, July 1997.

Note: Neem: A Users Manual is available from the Center for Indian Knowledge Systems, No. 2, 25th East Street, Tiruvanmiyur, Madras 600 041, India.

CONFERENCES AND MEETINGS

BREASTFEEDING, The 26th Annual Seminar for Physicians. July 23-25, Sante Fe Hilton. For further information contact La Leche League International phone (847) 519-7730, extension 218.

THE 11TH INTERNATIONAL CONFERENCE OF WOMEN ENGINEERS AND SCIENTISTS will take place at the University of Tokyo, 7-3-1 Hongo, Bunkyo-ku Tokyo, Japan 113. The "Science and Technology for Global Ecology" conference is be held in Chiba, Japan, from 24-27 July, 1999. Contact: Akiko Tsugawa, International liaison officer

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WOMEN'S GLOBAL NETWORK FOR REPRODUCTIVE RIGHTS REGIONAL EVALUATION MEETING FOR EAST ASIA AND OCEANIA, 18-20 January, 1997. Woman Care News Spring 1997 Center For Women Policy Studies 1211 Connecticut Avenue DC 20036

INTERNATIONAL WOMEN'S SOLIDARITY CONFERENCE US DELEGATION. Havana Cuba April 11-19th , 1998 Contact Women's International League for Peace and Freedom, 1213 Race Street, PA 19107-1691

WOMEN IN THE RURAL ENVIRONMENT This international conference organized by the Nmibian Ministry of Women on gender will be held from June 23 rd to June 26th, 1998 in Windhoek, Namibia. Deadline February 15th, 1998.This conference welcomes proposals from all disciplines to present their research on women and to discuss issues facing rural women all over the world . Presentations will be 10 minutes. Send proposals to Ms Eunice Tipinge, Ministry of Women, Windhoek, Namibia .Fax ; 264-61-223545.

JOBS

PLANNED PARENTHOOD is looking for a vice president communications salary $125,000-$150,000. CONTACT Lois Mirabella Glen Cove New York phone 516 759 5574

ORGANIZATIONS

The DAWN CENTER, established by the Osaka Prefecture, is an organization devoted to the promotion of independence and equal opportunity for men and women 3-49, Otemåe 1-Chome Chuo-Ku, Osaka, 540 Japan, phone 06-910 8615, email awn@mbox.mydome.or.jp

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IUCN,. The World Conservation Union, is an organization of states, government agencies and a diverse range of non-governmental bodies. It assists, influences, and encourages the conservation of natural resources and recognizes the primary role of women in conservation. Contact IUCN Rue Mauverney, 28 Ch-1196 Gland, Switzerland.

WOMEN'S EXCHANGE PROGRAMME INTERNATIONAL (WEP), a non-governmental nonprofit Dutch Center for International Women's Activities, provides information, support and advice. For further information write to: WEP Antwoordnummer 3107, 3000 WB Rotterdam, Nederlands.

SPARC is an NGO working for the rights of the child and stands for a complete ban on child labor. Editor; Masoor Gilani, P.O. Box 301, Islamabad, Pakistan.

PACIFIC BASIN MATERNAL AND CHILD HEALTH RESOURCE CENTER GUAM. This organization aims to strengthen primary health care ser-

vices for mothers and children through leadership training and critical thinking skills. Address: University of Guam, P.O. Box 5143, UOG Station, Mangilao, Guam 96923.

COMMUNIQUE "Linking Women Globally." This ISIS-WICCE Communique is a networking tool for women's rights activists interested in the development of African women's movements.In the Nov. 1997 issue there is a report on trafficking. Studies show that trafficking is most prosperous in areas affected by war and instability Isis-WICCE, P.O. Box 4934, Kampala, Uganda.

PRIMARY HEALTH CARE EDUCATION AND RESEARCH UNIT, Auburn Community Health Center 9, Northumberland Road, Auburn NSW 2144 AUSTRALIA, Email smitas@westmead.wh.su.edu.au

PUBLICATIONS

Abreast of Our Times, newsletter for breastfeeding advocates, Spring 1997, NABA Inc., an action and lobbying organization, 9684 Oak Hill Dr., Ellicott City, MD 21042, email: http://members.aol.com/marshalact/Naba.

Active Voice, an educational publication for AIDS activists, advocates, and people living with HIV, Prevention Issue, Spring 97, NAPWA, 1413 K Street, NW, #700, Washington, DC 20005, US. Email: napwa@thecure.org.

America's Commitment: Federal Programs Benefitting Women and New Initiatives as Follow-up to the UN Fourth World Conference on Women, President's Interagency Council on Women, US Dept. of State, 2201 C Street, NW, Room 2906, Washington, DC 20520, US, phone: (202) 647-6227, fax: (202) 647-5337.

Anthropometric Reference Data for International Use: Recommendations from a World Health Organization Expert Committee. Mercedes de Onis and Jean Pierre Habicht. American Society for Clinical Nutrition Inc. 1996;64;650-8,1996.The group concluded that the current NCHS/WHO references had significant technical drawbacks and were inadequate for assessing the growth of breastfed infants. Furthermore they recommended the development of a new reference concerning weight and height for infants and children .

Arrows for Change, April 1997, Vol. 3, No. 1, Asian-Pacific Resource & Research Centre for Women, 2nd Floor, Block F, Anjung Felda, Jalan Maktab, 54000 Kuala Lumpur, Malaysia, fax: (603) 2929958, phone: (603) 2929913, email: arrow@po.jaring.my.

MILK MONEY AND MADNESS The culture and politics of breastfeeding.

There is going to be a JAPANESE EDITION OF MILK MONEY AND MADNESS.

For Asian readers only , WABA has printed a limited number of paperback edition of Milk Money and Madness available at $5/copy .

Benefits of Breastfeeding and Their Economic Impact by Nikki Lee, August 1997, This detailed excellent referenced analysis can be obtained from Nikki Lee at 230 E. Church Road, Elkins Park, PA 19027, US, (215) 635-6477, email: Nleeguitar@aol.com.

Breastfeeding and Community Involvement. By Dr. MS Hague is available from WIPHN

Center For Policy Studies. We Know We are Not Alone. Women living with AIDS .Single copies available for free from publications center for Women policy Studies 1211 Connecticut Avenue NW suite 312 Washington DC 20036.

Conversando entre Parteras, Vols. 17 and 18, Health and Nutrition of the Mother and the Newborn, published in Spanish by the Ticime, Mexico. Phone: 573-7626 and fax: 513-1752.

Emergency Contraceptive Pills: A Resource Packet for Health Care Providers and Program Managers. The Consortium for Emergency Contraception has developed an information packet to provide service delivery guidelines and client materials on emergency contraceptive pills These prototype materials include suggestions for local adaptation to meet program needs. For copies and information contact PATH, 4 Nickerson Street, Seattle WA 98109 (Fax; 206-285-6619) email: @path.org.

The Essentials of Contraceptive technology by Robert Hatched et al Johns Hopkins Population Program ,1997. Contact Center for Publications Programs 111 Market place Suite 310 Baltimore Maryland.

The Exchange Women in Development March 1997 vol 26 editor WID Newsletter Peace Corps OTAPS, Room 8660,1990, K Street, NW Washington, DC. 20526, USA Interesting programs. In China, p21 a woman's literacy program is changing lives in Xuan Wei County in Yunnan Province. Women are taught the basics of the three RRR's and some skills. Gradually the clouds are clearing from half the sky.

Genital Powders and Sprays: Greater Cancer Risk. A study by the Fred Hutchinson Cancer Research Center and University of Washington reported in the March 5th issue of the American Journal of Epidemiology found that women who routinely powdered after bathing had a 60% increased risk of ovarian cancer.

Health, The Courage to Care, World Health Organization, Geneva, Switzerland

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ICRW Report-in-Brief Unmet Need for Family Planning in a Peri-Urban Community in Guatemala City L.A. de Barrios et al by Nancy Yinger ICRW 1717 Massachusetts Ave. NW, Suite 307, Washington, DC 20036.

Identifying the Intersection: Adolescent Unwanted Pregnancy, HIV/AIDS and Unsafe Abortion, Issues on Abortion Care 4, Ipas, 303 East Main Street, P.O. Box 999, Carrboro, NC 27510, US phone: (919) 967-7052 and (800) 334-8446, fax: (919) 929-0258, email: ipas@ipas.org.

Infact, Summer 97, BC Law Decides Breastfeeding is a Woman's Right, Infant Feeding Action Coalition, 6 Trinity Square, Toronto M5G 1B1, fax: (416) 591-9355, phone: (416) 595-9819.

ISIS Women's World Justice for Women Victims of War. Documenting women's rights abuses No. 30, 1996. Isis P.O. Box 4934, Kampala Uganda East Africa.

IUCN, the World Conservation Union Bulletin, Volumes 3/95 and 2/96, Rue Mauverney 28, CH-1196 Gland, Switzerland, webside: http://www.iucn.org.

The Jakarta Declaration on Leading Health Promotion into the 21st Century, WHO, Geneva, Switzerland.

Lessons Learnt, A Decade of Measuring the Impact of Unsafe Motherhood Programmes, August 1997, DFID Research Work Programme on Population and Reproductive Health, Maternal and Child Epidemiology Unit, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, United Kingdom.

MCH NEWS PAC, Vol. VII, No. 1, December 1996, Pacific Basin Maternal and Child Health Resource Center, University of Guam, P.O. Box 5143, UOG Station, Mangilao, Guam 96923.

Medicine & Public Health by Dr. Roz D. Lasker and the Committee on Medicine and Public Health, The New York Academy of Medicine, 1216 Fifth Avenue, New York, NY 10029-5293, US, website: http://www.nyam.org/pubhlth.

Milk Type During Mixed Feeding; Contribution to Serum Cholesterol Ester Fatty Acids in Late Infancy, Salop et al, Journal of PEDIATRICS 1997;130(1);110-116. The study underscores the importance of breastfeeding, even when solids are introduced, as breastmilk continues to be a major source of long-chain fatty acids AA and DHA vital to the development of the nervous system.

MotherCare Matters, Vol. 6, No. 4, October 1997 - Special Edition, MotherCare, John Snow, Inc., 1616 N Ft. Myer Drive, 11th Floor, Arlington, VA 22209, US, webpage: http://www.jsi.com/intl/mothercare.

Mother's Milk Enhances the Acceptance of Cereals During Weaning, Manella, J.A., Beauchamp, G.K., Pediatric Research, 1997; 41 (2); 188-192, 1997.

WIPHN needs to hear from you. Please write a small piece about your organization and what work you are doing in women's health. The article should be no more than one and a half pages long, double spaced. Photos and/or drawings will be welcomed. Letters, comments, and "Let's Change This" communications are being sought

National Women's Health Network has produced a fact sheet comparing the advice women receive about Hormone Replacement Therapy (HRT) and cancer during menopause from 2 books written by doctors, to the information provided by the NWHN. For this and more write: 514, 10th Street NW Ste 400, Washington DC 20004.

Network, Family Health International, Vol. 17, No. 2, Winter 1997, Family Planning and AIDS Prevention, P.O. Box 13950, Research Triangle Park, NC 27709, US, phone: (919) 544-7040, fax: (919) 544-7261, home page: http://www.fhi.org.

Network, Family Health International, Vol. 18, No. 1, Fall 1997, Male and Female Sterilization, P.O. Box 13950, Research Triangle Park, NC 27709, US, phone: (919) 544-7040, fax: (919) 544-7261, home page: http://www.fhi.org.

Pacifier use and short breastfeeding duration: cause , consequence , or coincidence? Victora,C.G. et al Pediatrics, 1997; 99(3);445-463. Safe Motherhood. Maternity Waiting Homes: a review of experiences, Safe Motherhood Unit, Div. of Reproductive Health, WHO, Geneva.

Population Reports. Family Planning Methods: New Guidance. Published by the Population Information Program, Center for Disease Communication Programs, The Johns Hopkins School of Public Health, 11 Market Place, Suite 310, Baltimore, Maryland 21202-4012, USA. SERIES J, #2, 1996.

Population Reports. Winning the Food Race, Series M, No.13, Special Topics, 111 Market Place, Suite 310, Baltimore, MD 21202, US. Email: http://www.jhuccp.org

Reproductive Freedom in focus Legislation on Female Genital Mutilation in the United States. 120, Wall Street, New York, NY., 10005.

Safe Motherhood, Progress Report, 1993-1995, WHO, Geneva, Switzerland.

Safe Motherhood, a newsletter of worldwide activity, Issue 23, 1997(1), WHO, 1211 Geneva 27, Switzerland, email: safemotherhood@who.ch.

SPARC Society for the protection of the Rights of the Child is an NGO that also produces a newsletter. Address: P.O. Box 301, Islamabad, Pakistan. Fax 92-51-279 256, editor Masroor M Gilani.

Stop Quinacrine Abuse. Quinacrine is being used by for a quick sterilization by inserting pellets intrauterine. WHO recommends it not be used on humans until it is tested in animals. The drug has the potential for abuse. Quinacrine has mutagenic and carcinogenic properties.

Time for a New Growth Reference. M. de Onis et al, Pediatrics, 1997 ..

Torture, Quarterly Journal on Rehabilitation of Torture Victims and Pre-

vention of Torture, Vol. 7, No. 3, 1997, Borgerade 13, DK-1300 Copenhagen K, Denmark, phone: +45 33 76 06 00, fax: +45 33 76 05 00.

UNICEF. Improving Adolescent of Maternal Nutrition; An Overview of Benefits and Options. Stuart Gillespie, No. 97-002.

WHO Multicentre growth Reference Study. Nutrition World Health Organization, Geneva Switzerland. An Evaluation of Infant Growth WHO Working Group on Infant Growth Nutrition Unit, WHO Geneva, 1994.

Women and Children, Women's Research Center, Janet Freeman, 1996, @interlink.bc.ca. The book tells women's side of family justice failure. For example, lawyers advise women not to bring up "legitimate concerns" that their ex-spouse is sexually abusing their children, because they'll be branded as vindictive and risk losing custody - even though recent research shows deliberately false allegations are rare. Mediators and family court workers pressure mothers to stop breastfeeding infants - for the fathers convenience - even though continuing until the children are at least 2 years old is beneficial to the child.

Women's Health Connection National Association of Commissions for Women Requests for newsletter to Sol del Ande Eaton ,4501 Havelock Road, LANHAM, Maryland 20706-1944.

Women's Health Journal 2/97, Bioethics and Biotechnology: Marking the Boundaries in a Brave New World.

Women's Health Journal 3/97, Health Care Models in the Context of Globalization. Nov 25, 1997.

Women's Health News & Views, newsletter of the Women's Health Project, February 1997, No. 21, P.O. Box 1038, Johannesburg, 2000, South Africa, phone: (011) 489-9917, fax: (011) 489-9922.

Women of the World: Laws and Policies Affecting Their Reproductive Lives. Anglophone Africa. The center for Reproductive Law and Policy 120, Wall Street, New York, New York, 10005, US.

The World Health Report 1997 Conquering suffering Enriching humanity WHO Geneva.Where Women Have No Doctor by Burns A., Lovich R, Maxwell J and Shapiro K. Published by the Hesperian Foundation, 1997. The book was developed with the help of community based groups, village health workers and women's health experts from around the world . It contains self help medical information and deals with AIDS nutrition sexual health, violence against women and occupational health. The book offers suggestions throughout how women can work for change. Contact ;Hesperian Foundation, 1919 Addison STREET # 304, Berkeley CA., 94704, USA.

HEALTHY LIFE STYLE AMONG WORKING WOMEN?

The health life style among working women was investigated by analyzing the response of 217 women employed in a number of different jobs (accountants, secretaries, etc.). Thirty-eight percent of respondents were in the 40-49 year age; 88% were married and 59% had a university degree. It was found that 63% had never had a health checkup and 88% had never done a breast self- examination. Sixteen percent used cholesterol free vegetable oil for cooking while 10% never used it at all. All ate different amounts of vegetables and fruit; 23% never watched their weight and 64% never did exercises. There were 3 respondents (1.4%) who were considered high risk as they never practiced any of the healthy life style behaviors. The authors as a result of the study recommend a working women's health promotion training program.

Amany Refaat, Ahmed Sobby, Hala Moustafa, Suez Canal University, Egypt.

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

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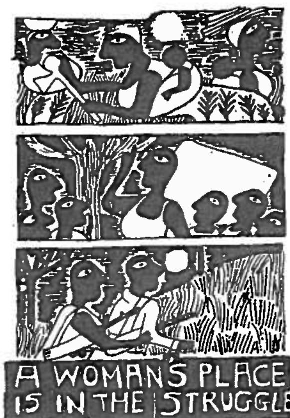

PLEASE REMEMBER TO PAY YOUR SUBSCRIPTION

WIPHN NEEDS YOUR SUPPORT!

Please send us notices of your publications, news about your projects, and articles. We'd love your comments.

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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