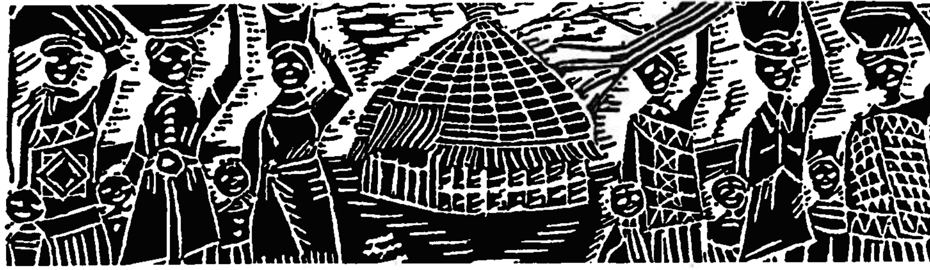
Austin Helza



WIPHN News

A publication of the Women's International Public Health Network

Women Hold Up Half the Sky

Volume 25 • Summer 2000

"Irrationally held truths may be more harmful than reasoned errors"
—*T. Henry Huxley*

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"Honor" in Pakistan? What a Mockery! What an Injustice in the 21st Century!

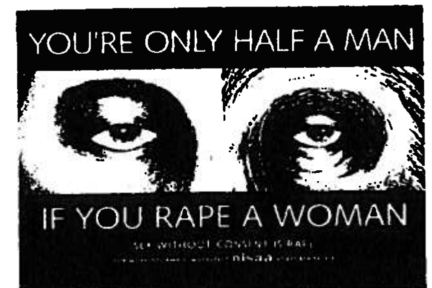
In Pakistan, men have given themselves the "right" to maim and even kill as an accepted response to perceived sins by the women they "own". What kind of man could gouge out his wife's eyes, cut off her ears and nose? And what kind of society allows this? In many societies, women have few if any rights. They are landless and economically dependant on men. In these societies, women are men's possessions—things with which they can do whatever they will with impunity. But surely there are men who find this unacceptable, intolerable and as inexcusable as rape and abuse. Infidelity or attempts to divorce don't deserve such criminal actions.

Of course, the male whom the female is involved with, be it real or imagined, does not get punished. There is no doubt that men are much more promiscuous and unfaithful than women. Imagine what would happen if every man who was unfaithful or suspected of being unfaithful was given the same treatment or just had his penis cut off. There is no question there would be an outcry. At least the penis can be reattached, but eyes cannot be replaced. When one woman cut off a penis of a violent, abusive male in the USA, it caused a worldwide outrage. But when men brutalize women only on suspicion or even with cause, no men question or criticize such acts. These brutal acts against women are accepted as men's "rights".

There is no question that these crimes against women must be punished. Countries which allow such vicious actions must be sanctioned. Men need to be honorable, speak out at all levels, and take steps to deal with the perpetrators. Enforceable laws need to be enacted to protect women, and men must work to change such unpunished criminal behavior. Men in particular need to work to eradicate such cruel and barbarous acts.

We believe it is time for men with conscience to stand up and be counted. We would like to hear from you if there are men who have publicly spoken up and taken a stand against the atrocities being perpetrated against women anywhere and particularly in Pakistan, Bangladesh, India and Afghanistan.

Naomi Baumslag MD
President, WIPHN



The Green Umbrella Campaign

Using a multi-media campaign, the Ministry of Health together with the Social Welfare Department of Bangladesh, with technical assistance from Johns Hopkins University Population Communication Services, launched a program to promote integrated family

health and family planning. This started in 1996 with a "green umbrella campaign." The green umbrella logo was used to represent the overall protection by the integrated health services. The slogan "take services, stay well" stressed the key message of the

campaign which was "for health and family planning, go to the place where you see the green umbrella." The logo was displayed prominently in all health centers, and green umbrellas were distributed to health and family planning workers. The green umbrella became a pervasive symbol.

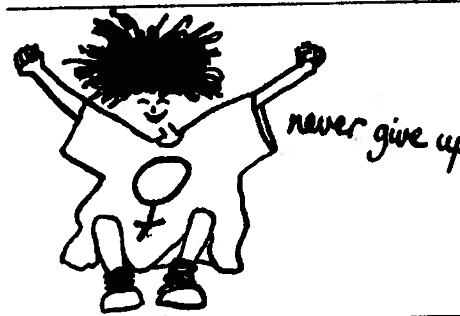
The next step in the campaign was the production of a TV drama, Shabuj Shathi, as a followup. This TV drama promoted integrated services. The main heroine of the series is Bakul, a dedicated charming health worker who has inspired the people of Bangladesh to greater understanding and respect of health care workers and also helped them to appreciate the importance of using health care services for both health and family planning.

The program's education success was attributed to its overall drama and precise messages. It was written by Huayun Ahmed, one of Bangladesh's most popular writers, and it has drama, love, poetry and music.

The relationship between health knowledge and level of exposure to Shabuj Shathi among currently married women increased with the number of episodes watched. The percent of married women who visited a family planning health facility in a six- month period was 34.6% in those who watched the drama compared to 23.1% who didn't. It also appears that the percent of married women using modern contraceptives after exposure to the drama was 52% compared to 38.4% in those who did not watch.

Source: Communication Impact, John Hopkins University Center for Communication Programs, Dec. 1999. No 7. For more information on the Green Umbrella Campaign, contact Edson Whitney tel. 410 659 6300 email JHU/CCP,111 Market Place, Suite 310, Baltimore, Maryland 21202

Editors note: In the 60s and 70s, family planning was pushed relentlessly, especially sterilization, in India. For example, family planning promoters were given special saris to wear and were responsible for getting the women to come in for sterilization. The women were coerced and were not given health education or choice, and many suffered terribly as a result. People began to associate these women with pushing family planning and with much fear and resentment. The integration of family planning into health care services has made family planning an option not a dictate. Now the drug company family-planning testers need to be held accountable. In cases where clinical trials were conducted on family planning products and devices, after the trial the drugs were no longer available. These companies and the researchers must be held accountable.



LETS CHANGE ALL THIS

Irrationally Held Truths May Be More Harmful than Reasoned Errors

Some of us have for too long lived surrounded by four walls, in an immutable environment, where time rolls in circles and the line of the horizon where we are heading to in our work is barely perceptible. We have grown up professionally inside an impenetrable armor of good manners and conventionality.

We have been trained to please and serve, and ended up limited by our own routines, the prevailing social norms and our hidden fears. For too long, fear has been our companion: fear of authority and of what people will say, fear of the unknown and of what is different, fear of the unpredictability of social justice, fear of leaving the protected cocoon and facing the dangers of the real world out there, fear of our own fragility and of the ultimate truth.

Our truth has been a sweetened-up truth, made of omissions, courteous silences, well kept secrets, order and discipline—while masses of the poor share the same space and time with us, yet it is as if they did not exist for us. And under such circumstances, our aspiration has really been more to achieve virtuosity. But now we are beginning to doubt the significance of that word. As this doubt assaults some of us, we are waking up. We do not know in what turn of the road traveled we lost the person we used to be. Looking back, we are not sure anymore which of the causes we championed were meaningful, which we won and which we lost. If we made some mistakes and had uncertainties and fears about the future, we feel we have paid dearly for them already.

We feel new wings growing on our shoulders; we feel we can fly like a condor; we feel suddenly empowered. A new arrogance allowing us to make meaningful decisions in our professional lives is overtaking us, and we are willing to pay the consequences for it. We feel we do not owe an explanation to anyone for these changes.

An atavic, seldom before felt sense of optimism and commitment invades some of us. We have lost that sensation of multiple fears always sitting in the mouth of our stomachs. Our fears have melted as we have lost our fear of fear. We now find new strengths as we face new risks. We are finding new forces within ourselves that we probably always have had, but did not know we had, because we had never used them. We are ready to join the growing number of explorer-doers seeking new ways out to the problems of the world. We feel pride as women who are reinventing equity. Some of us walk victorious while others still carry disillusions mostly having early defeats to show for. But we feel we own our destinies, our future, and our own irrevocable newly acquired dignity. We finally understand talk about liberation, about rights

and empowerment, and about freedom from want in new ways and yearn to discuss with others what we see and feel about each of them.

We can now live each day without necessarily making plans that are not worth spending our lives on. We feel we have a blank sheet in front of us where we can write our new plans and, in the process, become whoever we want to become, without anybody judging our past. In short, we can be reborn.

Claudio Schuftan, Hanoi

Source: Variations on a theme by the Chilean writer Isabel Allende. Inspired, extracted (plagiarized) and paraphrased from her novel "The Daughter of Fortune", Plaza y Janes Editores SA, Barcelona, 1999, pp 296-301.

Guatemalans Integrated in Ciapa's Health Promoters and Midwives Network

In 1982, Guatemalans fleeing from the war in their country settled in the Southern border of Mexico and as a result established several indigenous communities. Their midwives and health promoters who had settled in the southern border of Mexico formed REPROICH, a network of Guatemalan health promoters and midwives. On December 9, 1999, REPROICH celebrated its first anniversary. They undertook the initiative to elect their own health promoters to better their health situation. The organization of 55 midwives and 30 female and 37 male health promoters now work in 39 communities. The aim is to provide one midwife, one female and one male promoter for every community, The emphasis is on women's and children's health and lowering their morbidity and mortality rates. In this process, the role of traditional midwives and healers, was recognized as fundamental for the refugee Guatemalan population in Mexico.

Although many improvements were carried out by the midwives and promoters, they still had to deal with problems such as illiteracy and, in addition, female promoters had to face violence in the communities. As a consequence, many of them abandoned the community with detrimental consequences to the health care conditions of women and children. Furthermore, there is a lack of professional personnel for complicated cases. Network promoters and midwives want to have their own facilities. The United Nations High Commission for Refugees (UNRHC) has been asked to continue to support them and help them make contact with other international organizations so the services can be expanded.

The work of the indigenous midwives consists of following up pregnant women, diagnosing complications, and referring problem cases to second or third level services. They also recognize the importance of the Pap smear and can take samples to be examined. Other activities by members of the network include looking after the health care of newborns, women in menopause, promoting and distributing contraception and health education. Promoters emphasize—with satisfaction—the changing attitude of women since they started working in the communities. At the beginning, women did not allow promoters to take Pap smears or insert IUDs. Now they go on their own to promoters or midwives and demand these services. Promoters also work in the communities to help decrease domestic violence, sexual violence and maltreatment; encourage reproduction rights and decision-making, and help the women be informed about their rights as women and learn how to defend themselves.

Midwives and promoters are asking for the continuation of their training through the support of NGOs and the UNRHC in order to be able to continue servicing their communities. As members of the community, they know about the problems women have to deal with such as domestic violence, lack of economic resources, STDs and children's malnourishment. Another major obstacle in continuing their work is the difficulty of these Guatemalan refugees to officially integrate themselves in Mexico as they lack papers, land and communication means. Only speaking and understanding their native language increases their isolation and hardships. One of the most important expressed needs is that they learn Spanish as a second language.

Katia Aeby y Laura Cao Romero, Ticime, México.

SOUTH AFRICA IS LOSING HUNDREDS OF NURSES EACH YEAR

According to Nalini Naidoo (May 25, 2000, Durban), the nursing shortage in South Africa is further augmented by the opportunities overseas which offer lucrative salaries, better work conditions and opportunities. Nursing officials at city hospitals say that over the last four years they've had an increasing number of staff leaving and this constant turnover will soon impact on the country's health services.

The majority of those leaving are young, registered nurses in their early to mid-twenties. The balance are nurses with experience in the operating theater or casualty trauma. Eileen Brannigan, head of National Nursing Services for Netcare—one of the largest private hospital companies in the country—says that of the 90 000 registered nurses in South Africa only 11 500 have specialized qualifications. More than 25% of those left the country last year alone. The South African Nursing Council gets about 300 queries a month from nurses who have registered or who are querying about registration overseas.

She says local hospitals are never going to be able to pay the same as overseas hospitals because of the exchange rate, but there is a need to stem the tide. "We need to re-look at training and other benefits for nurses, and this is what the private sector is currently exploring." "Some of the nurses are single parents or their husbands have been retrenched or are in poorly paid jobs. They want to make use of an opportunity that has opened up for them. For most of them, it was not an easy decision to make. They struggled with leaving their children, adapting to a new culture and working in a foreign environment. In the end, they felt they had no choice."

Thembi Mngomezulu, deputy director of the Democratic Nursing Organization of South Africa (Denosa), the largest nursing union in the country, agrees that South African nurses are generally frustrated with their pay, conditions of work and treatment. "Our problems seem to fall on deaf ears." "If experienced, senior nurses continue to earn the same as more junior nurses, all the experienced nurses will be lost." "We are told that nurses are the backbone of the health system, yet they are treated like dirt, like slave labor." " Nursing unions are treated like junior partners and those unions that make the loudest noises get the increases. If something is not done now, we are going to pay the price later." The KwaZulu Department of Health is sympathetic to the frustrations that nurses are experiencing and say their first priority is to increase the numbers trained to treble the nursing staff working in the primary health-care system. If primary health care is well managed, this will minimize the load at our hospitals. At the same time, they are implementing a proper health-care referral system where a patient will know that the first level of care is at the clinic. This is in conjunction with an extensive marketing and community awareness program.

From: Natal Witness, May 25,2000

SMELLY CONDOMS KILL ROMANCE—SWAZIS

Swazi men complained this week that a new consignment of condoms from Asia smelt bed, looked ugly and killed any romance between couples. They said the condoms also couldn't "withstand pressure".

Anti-AIDS activist Delsile Bhembe said over 20 youths protested at the national library in Mbabane, where health officials provide condoms free of charge. "The new condoms are very unpopular with the youth," said Bhembe. "They prefer the South African brand, Lovers Plus." She agreed the Asian condoms were defective, saying they were made two years ago, but did not have expiration dates on them. She said all 43 200 condoms would be returned to the government storeroom and accused the government of not being committed to AIDS Awareness if it accepted "reject" condoms.

Swaziland National AIDS Program (Snap) Project Manager Beatrice Dlamini accused the men of snobbery and said they should be more concerned with the protection the condoms provided than with the smell. "The problem with people in Swaziland is that they underrate the condoms because they come from Asia," she said. She said the condoms were part of a donation from United Nations agencies and that her office couldn't turn them down. Bhembe said condom use had quadrupled in Swaziland in the past two years, and she was concerned the Asian condoms would undermine the anti-AIDS campaign. She has now appealed to Swaziland's only cellular network provider MTN to provide better condoms as part of the company's social development program. In December last year, MTN saved the day when the kingdom nearly celebrated the World AIDS Day without condoms. The government has budgeted R1 million for this year's AIDS Awareness campaign. The kingdom has a population of about million citizens.

Lunga Masuku, Mbabane, Swaziland

EXPANDED LEAVE OPTIONS FOR NEW PARENTS

Clinton proposed parents receive state subsidies while taking time away from work to care for a new baby. "We have no higher value than family." The new rule would allow parental leave payments from the same system that now pays temporary benefits to the unemployed. Parents could draw at least a portion of their regular salary during leaves timed to birth or adoption of a

child to strengthen parent's bond to both child and job. In this new century we ought to set a goal that all parents can take the time they need for their families without losing the income they need to support them.

The proposed parental leave rules would allow states to experiment with differing unemployment insurance systems under a voluntary pilot program and would be inexpensive for states which already distribute unemployment benefits. Four states at least—Massachusetts, Vermont, Maryland and Washington—already are considering extending unemployment benefits to new parents at the urging of these states. Clinton directed the labor department to formulate regulations that would allow states to legislate changes under which surplus unemployment funds could be used for parental leave.

The unemployment insurance system set up in the 1930s already allows states considerable flexibility for unemployment benefits, but federal rules bar states from using unemployment funds for other purposes. This proposed new rule, effective early this year, does not require congressional action. Since the family and medical leave act passed in 1993, some 24 million people have used some or all of their entitled 12 weeks leave to care for a new baby or other family member.

Of note, a 1996 commission found parents cited loss of income as the main reason for foregoing unpaid leave. The same study showed that one in ten who took unpaid leave landed up on welfare during the time away from work.

RECENT RESEARCH COMPELS US TO REDOUBLE SUPPORT FOR BREASTFEEDING

Hard-fought advances in breastfeeding, which have greatly benefitted child survival, are at serious risk of back-sliding. The erosion of breastfeeding practices due to misinformation about the risk of HIV transmission coupled with an ever-growing ambivalence of governments and healthcare providers to continue to support breastfeeding is becoming more of a problem in many countries, especially in Africa. New articles in refereed journals remind us how important breastfeeding is, and how susceptible it is to misinformation. The article "WHO Collaborative Team on the Role of Breastfeeding on the Prevention of Infant Mortality. Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: A pooled analysis" (Lancet 2000; 355: 451-455) provides new estimates of the protective effect of breastfeeding according to the age and sex of the infant, cause of death and mother's education. These estimates will help policy makers assess the need for supporting breastfeeding. In addition, these findings should be taken into account in the balance of risks and benefits of different infant feeding options for mothers infected with HIV, and how this balance changes during infancy. The authors conclude: "... our results suggest that it will be difficult, if not impossible, to provide safe breastmilk substitutes to children from underprivileged populations."

Because this article is so important, we provide a summary of the data: From a pooled analysis of studies that assessed the effect of not breastfeeding on the risk of death due to infectious diseases, researchers found: Protection provided by breastmilk: non-breastfed infants are about 6 times more likely to die among for infants <2 months of age and 4 times for 2-3-month-olds; 2.6times for 4-5-month-olds; 1.8 times for 6-8-month-old; 1.4 for 9-11-month-olds, and for second-year deaths, the pooled odds ratios from five studies ranged between 1·6 and 2·1.

In addition, during the first 6 months of life, diarrheal mortality was 6.1 times higher in those not breastfed, and ARI mortality was 2.4 times. Among infants aged 6-11 months, the levels of protection were1·9 and 2·5, respectively. As in other studies, protection was highest when maternal education was low. These findings are extremely similar to those from a recent re-analysis of DHS data carried out by Shea Rutstein. These results may help shape policy decisions about feeding choices in the face of the HIV epidemic. Of particular relevance is the need to account for declining levels of protection with age in infancy, the continued protection afforded during the second year of life, and the question of the safety of breastmilk substitutes in families of low socioeconomic status.

Kristen Marsh and Miriam H. Labbok, Washington DC

POTS FOR PEACE

Mozambique floods drown hundreds, displace 600,000, and millions have no water safe enough to drink. International aid only now mobilizing includes many aircraft, helicopters and search/rescue teams. The EU is giving $3M for relief, largely through the Spanish Red Cross, MSF Luxembourg. The Netherlands and Portugal each committed $2. 5M; USAID has committed $7M. Aid agencies are hampered by poor information about releases of waters (from dams) by neighbor countries into rivers that are flooding Mozambique. The devastation is enormous. People were left with nothing. Houses washed away, cooking and gardening utensils too were washed away. Now efforts are underway to refurbish clinics, give blankets, food, pots and pans and seeds to people—basics. Please contribute to WIPHN's Pots for People campaign.

Esther Kazilimani, Maputo, Mozambique

NATURAL RELIEF FOR BLADDER INFECTIONS

Millions of women suffer from bladder infections known as cystitis (UTI). Cystitis is most frequently caused by the bacteria Escheria coli that adhere to the walls of the urinary tract, bladder or kidneys. Conventional therapy is use of antibiotics which clear the infection but can suppress the immune system and increase the likelihood of recurrence. According to V. Wright (editor of Nutrition Healing), an effective alternative to antibiotics is a nutritional supplement called d-magnesia—a simple sugar that occurs naturally in cranberry and pineapple juice. It is suggested that ½ teaspoon of d-magnesia taken every three to four hours can be effective, but if the UTI doesn't improve within 24 hours, seek professional help.

Note: cranberry juice does the same

TRADITIONAL PUBLIC HEALTH INTERVENTIONS COULD BE OF VITAL IMPORTANCE IN COMBATING AIDS

Recent press coverage of attempts to make anti-HIV/AIDS drugs widely available in Africa makes it urgent to emphasize that traditional public health interventions could be of vital importance in combating AIDS.

Measures to control common infections, such as sexually transmitted diseases, tuberculosis, malaria, and common bacterial diarrhea infections amongst many others, would probably have a major beneficial effect on the control of AIDS. These measures are important in themselves; they are public health considerations and clearly include concerns for issues such as adequate nutrition and the provision of clean water.

The reasons why the control of common infections are important in connection with AIDS are twofold. Firstly, it is well established that undercurrent infections can significantly accelerate the rate of HIV replication and in this way promote disease progression. Mechanisms that produce this increased replication of HIV have been well elucidated. Secondly, it is now known that the sexual transmission of HIV is enhanced by a high viral burden, which can be the consequence of undercurrent infections. In the case of sexually trans-

mitted infections, additional mechanisms may enhance the infectivity of HIV. Of course, none of this detracts from the vital importance of prevention education and the vigorous promotion of condom use.

Antiretroviral drugs would be of use only in limited situations in Africa. For example, in advanced disease, where these drugs can be life saving, but only where facilities exist for the essential ongoing monitoring for toxicity and continued efficacy. These agents have been shown to reduce maternal to infant transmission and clearly would have a place for this purpose.

The widespread, as opposed to a very limited and selected availability of antiretroviral drugs would be a mistake. There is insufficient support for monitoring toxicity, efficacy and adherence, with the attendant consequence that drug-resistant viruses will emerge. The emphasis on antiviral drugs will distract from the vital importance of a public health approach, which considers that measures to combat common infections and thus improve the health of people are also of major importance in the control of AIDS. Also, these drugs have only been proven to produce a net benefit in advanced disease and in reducing maternal to infant transmission.

In summary, an approach that essentially stresses public health measures aimed at controlling common infections, such as tuberculosis, malaria, sexually transmitted diseases and common bacterial diarrheal infections is of paramount importance in combating AIDS. These are measures that should in any case be public health priorities and are desirable in themselves. The control of AIDS can be a realistic impetus to the implementation of these measures.

Joseph Sonnabend MD, New York

THE STIGMA OF AIDS

Durban, South Africa — Winnie is a 36-year-old Zulu woman in Durban SA. She discovered she was HIV positive when she got sick about a year after being raped. Terrified and alone, she confided in her younger sister, who informed her mother. The result was she was exiled in their home. "They don't touch my dish, they don't take my washing. (My mother) didn't want to hear anything about this, because what they are thinking is, 'You got the virus because of not taking care of yourself, it is a thing for prostitutes,' and so on. That's how they judge us." Winnie turned to her best friend for support; the friend shunned her and began spreading the word about her infection. "'So I don't advise to have a friend, because she will start gossip. It's better to be alone."

In South Africa, Winnie's home, 1 in 8 people are HIV positive, compared to about 1 in 300 in the United States. The national health ministry estimates another 1,600 South Africans are infected daily — meaning the epidemic is growing faster here than anywhere else on the globe. But South Africa is not alone in the region. The four countries with the highest HIV infection rates in the world are located in Southern Africa: Botswana, Namibia, Swaziland and Zimbabwe — in each of which, more than 1 in 5 adults are believed to be HIV positive.

Still, in 1998, more than half of the 1.4 million new infections globally were found in South Africa. In the last year, the world's policy-makers have slowly begun to notice this carnage. The Clinton administration, which has never before requested an increase in the global AIDS budget, last summer began inching upward the amount of U. S. foreign aid targeted at fighting AIDS— boosting it from $112 million in 1999 to a proposed $325 million for 2001. African leaders, who once denied the virus' existence, now champion their own national AIDS programs.

Even the U. N. Security Council, having never before focused on a health issue, convened in January to explore how it can help African societies corral HIV before it captures more people like Winnie. But those working on AIDS in Africa say none of these programs will succeed without a massive attack on the stigma surrounding HIV. All of the numbers on HIV's prevalence are estimates, because the vast majority of those infected have never been tested and don't know they are carrying the virus. Of the few who do, most will never tell their friends, families or even sexual partners. That is because they've heard too many stories like Winnie's — stories of rejection, discrimination, and even deadly violence.

"Some will tell you it," shrugs a frustrated Sister Thabile Sibankulu, a nurse in the HIV clinic for a township just outside of Durban. "I've never disclosed my HIV status, but the only thing that I've done, I've practiced safer sex. Others are afraid of breaking their relationships. because many of our women are dependent on their husbands, either with HIV or otherwise. So if they tell their partner they are HIV positive they will suffer." It's a vicious cycle. This stigma persists, in a society where few families haven't been touched by the virus in some way, precisely because most people with HIV either do not know they have the virus or will not admit it. The resulting silence about the lives of HIV-positive people feeds the existing stigma. The stigma in turn convinces people that the last thing on earth they want is to take an HIV test. In Winnie's province of Kwazulu-Natal, out of a population of nearly 8.5 million, a mere 4,800 people took voluntary HIV tests in 1999. The virus' stealthy spread thus continues.

Winnie didn't know Guru Dlamini, but like everyone else living with HIV in Kwazulu-Natal, she has heard the tragic story. On World AIDS Day in 1998, Dlamini "came out" in her township as HIV positive during a campaign to reduce stigma associated with the disease. Two weeks later, Dlamini's boyfriend found her body, beaten and unconscious, discarded on a roadside near her home. She died without ever waking. Today, police have released the only suspects and all but closed the case. To Winnie and others in the area, the lesson is clear: At all costs, conceal your HIV infection. Many who were once open about their status have renewed their silence.

For South African President Thabo Mbeki, who has pledged to lead the continent in responding to the epidemic, this is the message that must be countered. First, he must face the history of his nation's battle against AIDS. The fading "AIDS kills" billboards and placards around Kwazulu-Natal and throughout Southern Africa are a reminder of the initial efforts to simply scare people into awareness of AIDS. Today, with the well-meaning encouragement of international supporters, African leaders have honed that message into warnings that AIDS kills the economy, too. But people living with the disease are lost in both of these campaigns and, ultimately, they have come to be seen as the agents of society's devastation.

"It's the way, I think, this whole HIV thing was presented to us as a country," reasons Bonga, a 27-year-old HIV-positive Zulu man who has spoken to only one person about his infection in four years. "AIDS is looked at as a disease for bad people — for the prostitutes, for the gays, for the people that have really been living evil. So now the minute you submit to such, then obviously you are one of these evil people.... It's not good enough to go to schools, to go to these workplaces and clinics, to put up posters saying, 'AIDS kills, please take a condom. AIDS kills, please take a condom.' What about the people that are already infected?" If Winnie's is the story of HIV's stigma in low-income townships, Bonga's story is that of the black middle-class. Handsome, confident, smartly dressed in his Kwazulu khaki pants, pullover and ball cap, the American-educated Bonga should be the picture of black South Africa's post-apartheid renaissance. Instead, he has been unemployed for the better part of five years, and he's recovering from drug and alcohol abuse. Bonga is healthy; the virus itself has not affected him yet. His problems stem from the rejection he's faced since discovering the infection. In 1994, a young and ambitious Bonga won his first professional job offer. The company sent him for a pre-employment HIV test. "The confirming results came back and I was not hired. That was that," Bonga numbly recalls. "They could not make an investment in me." He went on to secure three more professional job offers, only to have them revoked after each employer discovered he was HIV-positive. So he moved to Kwazulu-Natal's capital, Pietermaritzburg, and launched a career detailing stolen cars — a field in which employers didn't ask questions about his health. Pre-employment HIV testing is now illegal in South Africa. But many say the practice still continues in informal sectors such as domestic employment. Other examples of unchecked discrimination abound. Banks, for instance, require loan applicants to hold life insurance policies that cover the value of a sought-after loan. But life insurance companies require HIV tests as a prerequisite for coverage and legally reject those who test positive.

Last month the insurance industry convinced lawmakers to omit protection against bias for people with HIV and AIDS from a new sweeping anti-discrimination law. The original version of the bill included people living with the disease, but insurance industry lobbyists argued that the legislation would cripple business. For Winnie, Parliament's acquiescence means she still can't get the home loan she needs to break free of the isolation she bears in her family's house.

Mercy Makhalemele, who founded Kwazulu-Natal's association representing people with AIDS, is the person in which Bonga confided. Countless other people with HIV in Kwazulu-Natal have done the same. Prior to Dlamini's murder, Makhalemele worked to convince others to join her in publicly disclosing their HIV status in order to fight stigma. She doesn't want to wait for the government; she believes that the only way to fight AIDS in South Africa is to build a movement of people living openly with the virus.

While white South Africans are making strides — last year a white Supreme Court judge disclosed that he is HIV positive — the work is just beginning in the black community. In Kwazulu-Natal at least, Dlamini's murder derailed the process. Makhalemele has suspended her disclosure campaign. She thinks there first must be an infrastructure to support people like Winnie and Bonga when they come out and risk losing everything. So she's rounding up AIDS activists from around the region to join her in showcasing their efforts to the hordes of Westerners who will converge on Kwazulu-Natal for a world AIDS conference in July. Her goal is not just to drum up funding, but also to build partnerships with members of the global community of people living with HIV and AIDS. With more seasoned help, she reasons, they can launch a movement. "People are now somehow very scared because of this situation. And we can understand it. If people are going to be encouraged (to come out), they have to have the support," Makhalemele says. "It is time that men and women in the first world who are HIV positive start establishing partnerships — just like governments do. To me, that's the most practical thing."

Kai Wright

Reprinted from:: San Francisco Chronicle, Sunday, March 5, 2000, INSIDE SUNDAY,

CRANIOSACRAL THERAPY IN A LACTATION PRACTICE

In 1997, I began studying craniosacral therapy (CST). I wanted to help babies that could not be helped with current techniques of lactation management. Some babies (and mothers) are so injured by birth (particularly technology such as vacuum or ventouse and forceps) that they have trouble feeding. Mothers may be depressed or have pelvic pain. Standard lactation management techniques cannot help a baby who is injured. For example, a baby whose vagus nerve is compressed by a distortion in the jugular foramen, the place in the skull where the vagus nerve comes out of the brain and travels to every organ in the abdomen, may have colic or reflux or a dysfunctional suck. Craniosacral therapy can help the baby recover from birth injury.

Craniosacral therapy is a light-touch, hands-on therapy designed to facilitate the body's own healing mechanisms. The client is clothed, and usually lying supine, although I have worked on babies while they were nursing or being held on their mother's chest. The touch used is as light as a leaf floating on the surface of a pond; the touch serves to assess for restrictions and imbalances in the craniosacral system and to release those restrictions.

The craniosacral system is made of the membranes that cover the brain and spinal cord (also called the meninges: the dura mater, arachnoid, and pia mater), the cerebrospinal fluid that circulates in a unique rhythm through the membranes, the brain and the spinal cord. The bones of the sacrum and skull serve as handles, so that the practitioner can have access to the cranio-sacral system with the light touch.

Craniosacral treatment begins with a specific protocol and encompasses many techniques. The impact of CST has been scientifically documented. There are very few conditions that will not respond positively to CST. I like that it is so gentle that the tiniest baby can feel comfortable. While CST is useful with just about every condition, from AHDH to headaches to sinus trouble to chronic pain to PTSD, I have found it very useful in my lactation practice.

One case is an example. SS had been referred to another lactation consultant when she had nearly weaned her second baby by 2 weeks postpartum. (She was unsuccessful with breastfeeding her first baby.) The first LC worked with her to increase her milk supply. The milk supply recovered but when SS's baby began to have difficulties at the breast at about 8 weeks postpartum, the first LC made a referral to me.

Initial assessment of the baby showed bilateral temporal-parietal over-riding, where the one edge of a bone overlaps another instead of being level with each other. I began the session by working with the mother. This serves several purposes. One, the mother gets the benefit of CST herself, and two, she can feel that the touch is light and then she knows that I will not hurt her baby. Then I did some CST techniques with the baby. His cranial base, the place where the occiput comes in contact with the first cervical vertebra, had a release, a discharge of tension. His dural tube had restrictions, which were released.

Over the next week his latch improved and he began to open his mouth wider. After his second CST session, he breastfed 7 times in 2 hours at my office. His astounded mother's comment was, "He never breastfeeds during the day!" The resolution of this case is best described by the mother, "First thing I've ever conquered in my life. "

CST is a fabulous complementary therapy to lactation consulting. It is marvelous to find yet one more way to help mothers and babies.

Find out for yourself about craniosacral therapy. The Upledger website is www. upledger. com.

Nikki Lee RN, MSN, Mother of 2, IBCLC, CIMI

WITHDRAWAL OF NORPLANT

Norplant is to be withdrawn from the UK market. Prompted by a combination of damaging media coverage and mounting lawsuits, the distributors of Norplant announced it would pull the implant from the UK market by the end of October. BMA advised doctors not to offer Norplant to new patients, following the controversy over doctors fears to insert the implant. In the now defunct lawsuit of more than 400 women they claimed adverse effects of hair loss, mood swings and 'endless periods'. Inserting Norplant and removing it is extremely problematic. The implementation process is repulsive"like skinning a chicken" (BBC News 4/30).

Editor: Would this would happen in Third World countries where thousands of women cannot even get the Norplant removed. Someone must be held responsible.

ELIMINATING SEXIST ADVERTISING

The streets of Santiago, Chile are among the world's most polluted. In August 1999 a new form of pollution appeared, an ideological pollution transmitted by one of the most effective methods of influencing public consciousness in contemporary society: advertising. The rear windows of many public buses in Chile displayed a large sighn that showed a nude female buttocks, divided into various parts and sections as if they were cuts of meat. Under the slogan"pure fillet. " The poster promoted various singers and pop groups with the names of the performers in each"slice. " During these same weeks TV advertisements carried

ads showing woman facing the screen when suddenly, from off camera, a man's hand reached up to her breast, turning a knob that was actually her nipple, to change the radio or the volume. These advertisements that defiled the dignity of women were removed through the efforts of women protesters even though the advertisers tried to keep them by requesting their right to call on freedom of speech. The advertisements were removed as the President of the radio broadcasters Association of Chile stated he was concerned that a high level of ethics in radio programming and advertising be maintained. He stated that he considered respect of persons and defense of personal dignity a fundamental principle. A similar victory was celebrated in Uruguay when the house of representatives launched an award for sexist free publicity for ads that avoid stereotypical or violent images of women and men, respect individual dignity, reflect diversity of lifestyles and promote equality, respect and cooperation between the sexes. Chile's National Women's Service(SERNAM) announced the second version of its award "Women and the Media" for communications media that present a pluralistic nondiscriminatory image of women.

WIPHN EDITORIAL

In this new millennium the health, nutrition and status of most of the world's women's health has worsened. There are less services and maternal mortality and morbidity is higher. While a few women worldwide have better jobs and occupy higher positions most have to scrape by combining childcare and income generating activities. The majority of the world's women are poor, pregnant and powerless. They are their husband's goods They don't own land, they don't inherit. They're accused of infidelity, blamed for sick children, malformations and even AIDs They can't exercise their right to protect their own bodies.

Married women fare worse. They are expected to produce children and income. They are brutalized, raped, disfigured. For those who develop vesicovaginal fistula as a result of complicated pregnancy without obstetrical assistance there are no services. These women are rejected and become beggars and social pariahs. They are discarded by the very men they served. There seems to be no male sense of responsibility. Men contribute their seed to pregnancy. Men claim the outcome of pregnancy if satisfactory but reject the women and / or infants if the result is not to their satisfaction.

To avoid getting AIDS men are now raping young girls believing they are AIDS free and that they have a right to do so. The girls are threatened that if they tell their families will be destroyed. Men don't seem to realize or don't want to accept that semen is a powerful source of AIDS in HIV positive persons. These men are criminals and affect the health of a nation or even nations. There must be some way to contain them. We don't need viagra we need impotence producing drugs. It is essential that men help to control men who have no sense of responsibility or humility who don't respect women's rights. Women will have to have more influence over their sons and help inculcate a better value system. Laws with enforcement teeth will help but, in addition, cultural values need to incorporate respect and rights for women.

WIPHN Editorial

In most of Africa tuberculosis, malaria and AIDS are rampant. Drug resistance is increasing. In developed countries its due to overuse and in developing countries due to too little too infrequently. The health care system can't deliver services to those most in need and without it no therapeutic regime will work. Public health disease prevention of the communicable diseases should be a priority. Offering antiretrovirals to a few will only result in useless expenditures.

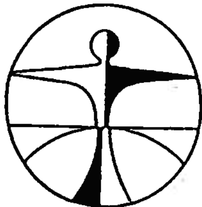
Women's images are being changed by media, fashion magnates and corporations. Through the WTO corporations working women's gains of the last few decades are being whittled away. The WTO has elaborated trade agreements in manufacturing, agriculture and public services. The agreements have a significant impact on the lives and health of women around the world, especially in developing countries where women workers manufacture 80% of export goods under sweat shop conditions; are 80% of small farmers in Africa, 40% in Latin America and 60% in Asia. Women are 70% of the world's poor. Privatization of public services have a great impact on women who are the first to loose access to potable water, health care, transportation etc. The WTO has eroded health, safety, environment and labor laws internationally. Its policies have resulted in the displacement of millions of women subsistence farmers from their lands, jeopardized food security and spearheaded aggressive recolonization of the global south worsened homelessness, disease, poverty, and social disintegration.

Women's childrearing and caring productivity is not valued in economic terms. The 9 month pregnancy, lactation and childrearing need to be given a monetary value in a society that measures productivity in economic terms. In Norway a liter of breastmilk is valued at $50, Working Moms in the USA can claim childcare but mothers who provide childcare are not able to claim these deductions. Women's eggs can be sold for $3000 and a uterus of a surrogate Mom from $10000-20000 plus in the US. But women who stay home and care for their children themselves get no social security benefits for these services. Many women who stay home while their kids are small are penalized by the social security system but men are not affected.

In Bangladesh the gypsy women have created their own culture They live on boats and they are feared as they carry knives and will use them They are traders, sell jewelry and knicknacks to be financially independent. Their children are well nourished. Even men fear them. They have power and economic strength but few women are in such positions.

There have been some gains for women - they do have the right to vote; there is some effort to deal with gender based discrimination and violence against women and women's health is now recognized as a human right. But until we move from legalization to legitimization women will continue to be undervalued abused and underserved. Women need to be economically independent and control the purse strings.

Naomi Baumslag, President WIPH



HUMANITARIAN BOOKS

U. S. COMMITTEE FOR REFUGEES' "WORLD REFUGEE SURVEY 1999" (Wash DC: Immigration and Refugee Services of America). This USCR annual report has data on refugees, country and global reviews and topical essays. UNHCR will never be able to provide comparable protection on their behalf. " According to USCR there are 17million internally displaced persons in 41 countries USCR estimates there are at least 13. 5m refugees in the world (at press time), down from a peak 17. 6m in 1992. Also included in this publication is a valuable list of organizations.

JONATHAN MANN's "HEALTH and HUMAN RIGHTS," (co-edited with Sofia Gruskin, M Grodin, G Annas 1999 NY: Routledge). The late Jonathan Mann, who died in an airplane crash last year, was an inspiring teacher and leader, author of 2 global surveys on HIV/AIDS and director of the Francois-Xavier Bagnoud Centr for Health and Human Rights which hosted several international l conferences, of which this compendium is a mature distillation of ideas. Many of the 30 chapters discuss to the Univ. Declaration Human Rights, conflict, torture, Nazi medical experimentation war crimes, the Red Cross, Physicians for Human Rights, and MSF. Female genital mutilation, disabled people, and informed consent in health research are touched on. AIDS comes up often; Mann wrote "the evolving HIV/AIDS pandemic has shown a consistent pattern of discrimination, marginalization, stigmatization and lack of respect for the human rights and dignity of individuals. " Another chapter describes a method for human rights impact assessment of health policies. Mann's final chapter brilliantly establishes a framework for the respective roles of human rights, ethics, public health and medicine. "It is clear that we do not yet know all about the universe of human suffering... (As) bioethical pioneers at the frontier of human history, we affirm that the past does not inexorably determine the future. "

GEORGE SOROS' "THE CRISIS OF GLOBAL CAPITALISM" (1998 NY: Public Affairs) Soros calls for reform of the international financial system to reduce effects of boom/bust cycles on populations, particularly drawing on the recent finance crises in E Asia and Russia. Soros applies his previously-published concept of "reflexivity" which corrects the static economic principle of "equilibrium. " Soros argues for tempering pure capitalism with morality, participatory democracy and arrangements for preserving peace and law: "The supreme challenge of our time is to establish a set of fundamental values that applies to a largely transactional (market-oriented), global society. " In recognition of growing trends of rapid international capital movements and escalating merger/acquisitions, Soros recommends, among other things, reducing the International Monetary Fund's penchant to bail-out irresponsible lender nations while creating a standby facility for "calming" lending in emergencies.

"ALL OF US" - SELECTIONS FROM THE EARTH TIMES" (1999 NY: Earth Times Books) subtitled "Birth and a Better Life: Population, Development and Environment in a Globalized World" edited by J Freeman and P Gupte collects 90 brief articles, stories and essays from 1990s editions of The Earth Times news monthly that debate trends in developing countries, with common references to the stories of real people, and stories from/about India, China, Indonesia, Colombia, Cambodia, Yemen, Egypt. Among the stories is how child labor was eliminated in Bangladesh, with the ILO and garment unions working to send children to school. The Earth Times is available in print and on the internet: see www. Earthtimes. org. The Humanitarian Times is a non-profit project started in 1998 to provide basic information on international aid and disasters to disadvantaged areas of the world and help build bridges among aid organizations. To subscribe to The Humanitarian Times, please email: HTimes@msn. com.

ORGANIZATIONS

IPAS works on the front line in the struggle to save women's lives and enhance their reproductive choices. Millions of women primarily in developing countries are denied the fundamental right to reproductive choices. As a result 20 million women resort to unsafe abortion. and of these 80,000 die needlessly while hundreds of thousands are seriously injured. The suffering caused by unsafe abortion cannot be measured by the women who die as it also affects the family. When a mother dies the chances of her children surviving to their fifth birthday are cut in half. We must confront this outrage. IPAS also influences global policies that support essential local practices eg mobilizing support for post abortion care, expanded role of midwives in this area. Contact IPAS at 300 Market St., Suite 200, Chapel Hill NC 27516 USA. Phone: 919 967 7052: 8003348446 fax 919929 0258: email: ipas@pas. org.

FORWARD USA is an organization concerned with Female Genital Mutilation and runs a newsletter. In the latest issue there is a description of a visit to the Ethiopian Fistula Clinic. The only one of its kind treating 1200 to 15000 women yearly to repair vaginal urinary and intestinal fistulae caused often by side effects of FGM. The clinic was started by two Swedish doctors Dr. Catherina and her late husband Dr Reginald Hamlin. This clinic is funded by the Swedish government and provides service to the

discarded women whose husbands say they smell bad or are no good and prefer another wife. These women if not treated suffer terribly. For more info contact Together Against FGM at 2040 Forest Av., suite 2 San Jose 95128. ph 408 298 3798. www.forwardusa.com.

WOMEN'S HEALTH NEWS. Aug 1999 No 31 Newsletter of the Women's health project includes an article stating that cervical screening for South African women has been approved as cancer of the cervix is the most common cancer of SA women.

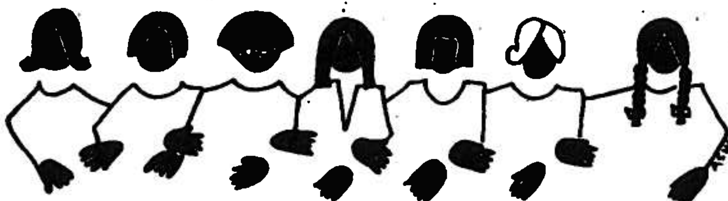
MAMA Your guide to a healthy pregnancy. March of Dimes http://www.modimes.org.

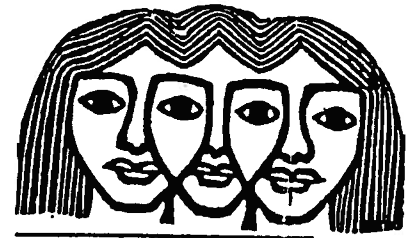
HESPERIAN FOUNDATION Spring/ Summer 1999. The violence of poverty victimizes children. Children of poverty are the least vocal and often invisible ugly realities that threatened these children especially war, torture and sexual violence. As our political and business leaders celebrated the end of the 20th the article includes some revealing statistics. Included in this issue is a list of signs of possible sexual abuse in children. Hesperian Foundation PO Box 11577 Berkeley, California. In 1998 the global starvation rate reached its 600 year peak. In Africa, 155 million children die before the age of 5, 200 million children under 5 are malnourished and 50% of the deaths of under 5s is due to malnutrition. Lack of water clothing shelter food or medicine causes 36. 5 million deaths a year. Current global military spending has reached $781 billion a year more than the total income of the poorest 45% of the global population, Current world spending on education is $80 billion. The American and European spending on pet food $17 million. Estimated cost of providing health care and nutrition for everyone in the world $13 billion.

SPARC No 19, June 1999. NGOs condemn Honor killings. There is an article on "honor killings" in Pakistan where women who try and get divorced are killed by the wife's family. Women lawyers too are targets and very much at risk. Human rights activists have criticized the government of Pakistan for not taking action against the killers.

BAREFOOT IN BLACK is an organization of the National Network on Violence against women in South Africa-a coalition of non-governmental organizations which work to reduce woman abuse, educate the public and assist survivors. The women's shelter movement is also part of the Network. Barefoot in Black organized a city march on Aug 7 in Durban SA. More than 1000 men and women marched. They were dressed in black, wore no watches, no adornments of any kind. The lead person carried a flaming torch. Four people carried a coffin draped in black with a spray of white flowers. Behind the coffin was a row of marchers wearing plain white masks, followed by the bearers of a network banner and the protesters. They walked in the city of Durban barefoot, dressed in black in the middle of the road stopping traffic. They sang Zulu mourning songs and songs against woman abuse in true African style. There was such togetherness. When they reached the 'amphitheatre' a number of speakers addressed the crowd. The speakers were the regional head of the department of justice, the deputy director of Health in Kwazulu, and an actress from Soul city (an 'entertainment' tv serial focusing on domestic abuse). A poem "he gave me flowers "was read. The Zulu version was problematic as Zulus don't give their wives flowers but an alternative was substituted. The Network through symbols from the coffin depicted what things have been used against women. The symbols used were a bank note to illustrate economic abuse and a brick, a boot, rope and finally a bloodied torn white woman's shirt that made everyone draw in their breath to illustrate physical violence. The Network ended up handing in a petition demanding the new family violence act be implemented and that the government finally start acting in support of shelters and other initiatives against woman abuse'. There was a a lot of media attention and coverage. People from Johannesburg, Capetown, Pretoria and all corners of Natal province seemed remarkably interested. Great to have the sharing. Strength.

Charlotte Gaitskell, Durban SA
charlotte@iafricaom.





PUBLICATIONS

Slusser W. Report of the National Breastfeeding Policy Conference Nov 12-13, 1998, UCLA Center for Healthier Children Box 951772 Los Angeles, California 90095-1772.

Medical Alert Issue 2, 1999. New treatments for AIDs are no panacea. One side effect of retroviral therapy is anemia. Drugs especially known to do this are zidovudine (AZT ZDV Retrovir TMX/SMX (Bactrim, Septra). NAPWA 1413 K St., NW Washington DC. 20005.

HEALTHLINK's worldwide aim is to improve the health of poor and vulnerable communities by strengthening the provision, use and impact of information. Healthlink has moved and can now be reached at Cityside, 40 Adler Str., London EIM 1EE United Kingdom,email info@healthlink.org.uk. In this issue: HIV in Pregnancy: A review UNAIDS/ WHO 1999 According to Healthlink most of the 30 million people with HIV are in the developing world. More than 70% of HIV infections are a result of heterosexual transmission and over 90% are the result of MTCT. Reported rates of transmission from mother to child transmission range from 15% to over 40% in the absence of retroviral treatment and vary across countries. Transmission can occur in utero, during labor and delivery or postpartum through breastmilk. Most of the transmission is thought to occur in late pregnancy and during labor.

Center For Breastfeeding is a major focus of Healthy children 2000 project and has a lactation counselor certificate training program Write :8, Sebastian way #13 Sandwich MA 0256. Www. aboutus. com/a100/ hc2000

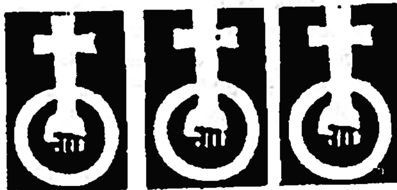
THE REDUCTION OF MATERNAL MORTALITY. A JOINT WHO/ UNFPA/ UNICEF/WORLD Bank Statement, Geneva, 1999. Expanding Family planning Options. Research on the introduction and

transfer of technologies for fertility regulation. WHO /HRP/ITT/94. 2.

Initiatives in Reproductive Health Policy Vol. 3, No 1, September 1999. This issue deals with prioritizing reproductive health for refugees, adolescents, unsafe abortion and AIDs The FIGO ethics statement on abortion is also included. IPAS also has a fact sheet with 10 ways to effectively address unsafe abortion. For further information contact IPAS at 300, Market Street Suite 200, Chapel Hill, NC 27516 USA.

ARROWS for change. Women's and Gender Perspectives in Health policies and Programs. Asian Pacific Resource and Research Center for women, 2nd floor block F, Anjung Felda, Jalan Maktab, 54000 Kuala Lumpur Malaysia email arrow@arrow.po.my

PANOS BRIEFING No 35 July 1999. This issue is devoted to" young lives at risk" - adolescents and sexual health. Deals with the teen health profile: unacceptable risks for teenagers: empowering young people and what works as well as the influence of the media. Address PACOS, LONDON,9 White Lion Street, London N1 9PD,UK. Web site http://www.oneworld.org/pACOS.



WHATS NEW IN THE MEDIA/ MATERIALS CLEARINGHOUSE August issue lists resources for reproductive health Johns Hopkins Center for Communications Programs 11 Market Place Suite 310 Baltimore Maryland 21202

FACTS FOR FEEDING Recommended Practices to Improve Infant Nutrition during the first six months. AED 1825 Connecticut Avenue NW. Washington DC. 20009.

Breastfeeding Education for Life WABA, 1999. WABA Secretariat PO. Box 1200, 10850 Penang, Malaysia. The case for promoting multiple vitamin/mineral supplements for women of reproductive age in developing countries, Huffman SL. et al. Linkages,1998

CHILDREN'S HEALTH IN EMERGENCIES: PRACTICAL GUIDELINES FOR HEALTH WORKERS Today, a health worker anywhere could face a major emergency at some time during his or her career, whether providing health care or as someone personally affected. The recent tragedy in Mozambique highlights the immense challenge of responding promptly and appropriately to an emergency situation. Meeting the basic needs of large numbers of displaced people with food, water and shelter is usually the main priority but information is important too. Health workers need to know what they can do in the early stages of an emergency, how management and prevention of childhood illnesses such as diarrhoea and malaria differs in emergency situations and how they can work with communities and other organizations. This special supplement to Healthlink Worldwide's international newsletter Child Health Dialogue, provides indigenous health and development workers with up-to-date, practical information on appropriate policies and procedures to follow in the event of an emergency occurring in their area. There is practical information about:· priority actions in emergency situations:· prevention and management of common illnesses:· identifying and treating malnourished children:· working with children suffering psychological, social and emotional problems: working with communities and other organizations to improve the environment. Available in English and Portuguese. Single copies are free to indigenous organizations in developing countries. For further information contact Coral Jepson, Healthlink Worldwide, Cityside, 40 Adler Street, London 1E 1EE. Telephone: 0207 539 1570; Fax: 0207 539 1580, web site; http://www.healthlink.org.uk

Working for Life; Source book on Occupational Health for Women, Kemp M.,1999. Some of the topics include occupational issues of specific interest to women, industry based hazards, personal protection and hygiene at work and enabling action oriented strategies for women workers and trade union organizers. Books can be ordered from Isis International-Manilla, 3 Mrunong St. Bgy. Central, 1100 Quezon City, Philippines. Email isis@isiswomen.org

Women's Health News, Feb. 2000, No33. Women's Health Project. Included in this issue an article on SA institute NISSA's new rape campaign on city buses against the sexual assault of women. Twenty-two buses in Guateng province carry the message"You're only half a man if you rape a woman" The campaign is an attempt to reverse the social stereotype that says men have to demonstrate their masculinity in a violent and aggressive manner, and suggests that in the act of sexually violating a woman, he becomes less than a man. For more information on this publication write to Women's Health project PO Box 1039 Johannesburg 2000. HIV in Pregnancy : A review by McIntyre J., UNAIDS WHO,1999. This occasional paper is obtainable from WHO, Geneva.

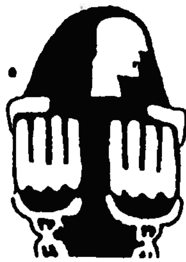
The Story of Soy formula Feeding in Infants: A road paved with good intentions. Zeppi G and Guanalini J Gastro. Nutr 44-45; 28(5):541-43. 1999.

Reduction of Maternal Mortality. A joint WHO/UNFPA/UNICEF/World Bank statement. WHO Geneva,1999. HESPERIAN FOUNDATION report by Susan McAllister on Sanlaap an organization in Calcutta, India which supports sex workers and their children. This organization provide them with support and develop alternatives to the sex trade. It supports the poor women of the red light districts with legal aid, income generating projects and help with their children It has drop in centers in several cities Here children receive schooling and participate in sports, art karate as well as vocational skill development, for more information contact Hesperian Foundation

WOMEN'S HEALTH EXCHANGE A resource for education and training. Hesperian Foundation Publication. No 6,1999includes actions that can save a woman's life and make birth safer. PO Box 11577 Berkeley, California 94712-2577.

THE EXCHANGE. Peace Corps Women in Development newsletter. Write Peace Corp 1111 20th Street NW Washington DC 20526 USA.

IBFAN Breastfeeding Briefs Maternity Protection for Working Women. For many working mothers maternity benefits are inadequate many women have no Maternity Protection at all. In 1999 the ILO began a two year process of revising its 1952 Maternity Protection Convention no 103. The first MPC was adopted in 1919. Once adopted and ratified by each member state, ILO Conventions must be implemented into national legislation. Breastfeeding advocates as well as workers organizations are campaigning for a convention which will set an adequate standard. The key points for advocacy are:adequate paid maternity leave of at least 12 weeks IBFAN and its partners advocate 26 weeks as a minimum so mothers can exclusively breastfeed for 6 months. Breastfeeding breaks for working mothers to maintain a milk supply and leave breastmilk for infants while at work. The draft convention currently has an article providing for one or more daily breaks for breastfeeding. Unfortunately there is a possibility that this provision may be removed from a legally binding convention to a recommendation. IBFAN has published a fact sheet "breastfeeding: everyone benefits"available on the IBFAN site www.ibfan.org. A lobbying kit "maternity Protection 2000" can be found on www. icftu. org. Note: paid breastfeeding breaks are now a recommendation and no longer inluded as part of the ratified convention.



Influence of Infant feeding patterns on early mother to child transmission of HIV-1 in Durban South Africa: a prospective cohort study, Coutsoudis A. et al, The Lancet 354: 471-476,1999. Studies have shown there is a 1:7 chance of mother to child transmission through breastfeeding. There is uncertainty regarding the influence infant feeding patterns have on the mode of transmission. Researchers in SA. studied the infant feeding patterns OF 549 HIV positive mothers. At three months 18. 8% were estimated to be infected with HIV-1 compared with 23% of" breastfed infants". The transmission rate in exclusively breastfed infants was similar to the 18. 8% in never breastfed. Now UNAIDS, UNICEF and WHO recommendations currently encourage mothers infected with HIV to breastfeed exclusively if they chose to breastfeed their infants.

SCIENTISTS INFLUENCED?

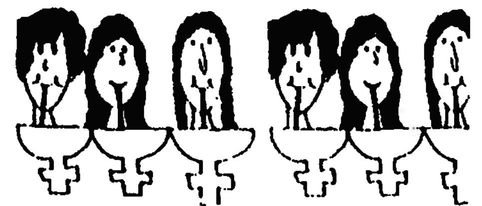
Note in the British Medical Journal: Competing interests: Stanley Zlotkin occasionally gives opinions to the BMJ for which he receives a fee from companies making nutritional products for infants.

OFFICE PRENATAL FORMULA ADVERTISING AND ITS EFFECT ON BREASTFEEDING PATTERNS, Howard et al, Obstetrics and Gynecology 95:296-303,2000. Researchers in Rochester compared the effects of prenatal baby food industry sponsored educational packs with non commercial ones. Receiving commercially sponsored packs did affect breastfeeding duration. Mothers who received commercial packs were five times more likely to stop breastfeeding in hospital.

Economic Value of Breastfeeding in India. Gupta A., Khanna K., The National Medical Journal of India 12(3):123-127,1999. For India's 24. 4 million births annually, based on national breastfeeding patterns over 2 years lactation Indian mothers produced I3944 million liters of breastmilk. If this milk were replaced by infant formula it would cost $3billion. This is three times more than the government is spending for the departments of education, health, family welfare and science and technology. At the household level the cost of artificially feeding an infant is 43% of the minimum wage of a skilled urban worker. Increasing breastfeeding could save $180million by reducing diarrhea and otitis media by $131 million Breastfeeding saves $123. 7 million in contraception costs.

Breastfeeding Briefs GIFA Box 157, 1211 Geneva 19, Switzerland.

The Burden of Disease Among the Poor. Human Development Network Health Nutrition and Population, Gwatkin D.,and Guillot M., World Bank, Washington DC., 2000. Currently of the US $60 billion spent worldwide annually on health research by public and private sectors only 10% is devoted to 90%of the worlds health problems. Lovelace (Chair of HNP) suggests this is due to policy makers not having enough information! Communicable disease caused 59% of deaths and 64% of DALY(disability adjusted life years) loss among the 20% of living in countries with the lowest per capita income, compared with the 44% of DALY loss among the whole global population. The report has much on the health of the poor. There is a special chapter on implications for strategy. Copies can be obtained from World Bank HNP Department 1818 H Street, NW Washington DC. 20433,USA. Editorial comment: While the results of this analysis are not surprising one wonders if policies will be changed to redistribute and increase resources for those who are underserved. A Guide to Country Level Information About Equity, Power and Health available from multi-country research programs by D. Carr D. et al. October 1999. Copies can be obtained from World Bank HNP department 1818 H Street NW Washington DC. 20433,USA



Population: Reports Oral Contraceptives-An update. Series A. No9. The issue includes information on emergency contraceptive pills (ECPs) containing the progestin levorgestrel or norgestrel with or without estrogen to prevent pregnancy following unprotected sex. If 100 women had unprotected sex during the second or third week of their cycle 8 of them would be pregnant, according to the report. If the same 100 women used progestrin-only ECPs, only 1 would become pregnant-an 88% reduction in the risk of pregnancy. For copies write Stephen Goldstein, Johns Hopkins Center for Communication, 11Market Place, Suite 310, Baltimore Maryland 21202. USA.

WEDO News and Views. WTO trades off Women's Rights for Bigger Profits. Agreements leave women worldwide at a disadvantage in this age of globalization. The article states that the WTO is focusing on trade as an end in itself, not as an enabler of environmental and human development.

Acting under the misguided conviction that free trade is the means for growth and development, the WTO has enforced rules and norms that bind national governments and constrain domestic policy. Wages and working conditions for women employed in export processing zones has worsened as governments scramble to attract investments by lowering labor standards. In developed countries women's gradual move into positions of economic equity has been facilitated by access to public subsidies. In the US for example, the government awards contracts to firms owned by women. The removal of these programs as a result of a government procurement agreement, would roll back decades of gradual movement towards equity, moreover due to the dismantling of institutions of social protection, women's unpaid work in the home has multiplied as governments relinquish their role as providers of social services, under the guise of free market structure. Women in developing countries are the main producers of goods and women are the key actors in the food systems. The growing concentration of corporate control over food systems through the WTO Agreement on Agriculture and Trade related Intellectual Property (TRIPs) has imperiled and denied women's rights both as food producers and consumers. For more info write WEDO 355, Lexington Avenue, New York NY 10017-6603.

TRANSITIONS Vol 11 No 1 1999 This issue features: Serving the Future: Sexual Health Services to safeguard youth in developing nations. Write :Advocates for youth, suite 200, Vermont Av., NW Washington, DC 20005.

WOMEN'S Health Journal. Contraception Choice is a Right. Write: Casilla 50610 Santiago 1 Santiago Chile.

CHRIA NEWS Committee for Health Rights in America Vol 16. Number 2, 1999. There is an article on the international debt; Roots and Resistance There is a growing movement spreading the message that enough is enough :the time has come to cancel the debts of poor countries and build new economic models based on equality and democracy.

GO GRAY Reflections ans experiences of women growing older M. Gomez and D. Meacham edts. Women's Health Collective 4Latin and Carribean women's health network. Silvina Hurtado 1864 Providentia 6640647, Santiago, Chile. Women's Global Network for Reproductive Rights Newsletter 66/67 1999 Special section on health needs of refugee, migrant and minority women. Women's global Network for Reproductive Rights NZ Voorburgwal 32 NL 1012RZ Amsterdam The Netherlands.

History of breastfeeding in relation to breast cancer risk: a review of the epidemiologic literature. Lipworth L. et al, J. Natl. Cancer Inst. :92:302-12, 2000.

HEALTH FOR WOMEN, HEALTH FOR ALL NOW

According to WHO and the UN while there has been significant improvements in decline of infant and child deaths and increase in life expectancy -gross inequities exist that are alarming. People in Third World countries are getting sick and dying at rates several times higher than those in developed countries. In 1998 death rate in low-mid income countries due to maternal conditions was 49 times higher: infectious and parasitic disease 14 times and nutritional 7 times. Deaths from communicable diseases, maternal and perinatal causes was 15. 9 million in low to mid income countries. In high income countries it was 0. 5 million. A major cause of health inequities is the extreme disparity in resources allocated for health between rich and poor countries public health spending per person in high income is $1435 compared to $ 31 in low-mid income. Total health spending per person is $2329 in high income compared to $62 in low and mid income countries. The difference in services and resources is clearer if one looks at total public health spending which in high income countries is $1248 billion and only $125 billion in low to mid income countries. These inequities hurt women most. They lack necessary obstetric care. There is a blindness to violence against women. A 1997 fact sheet revealed that 16-52% of women report being assaulted by their partners;10-15% raped by their intimate partners WVAW is a greater cause of illhealth than road accidents and malaria combined. VAW matches cancer as a cause of death and disability among women of reproductive age.

The World Bank with its health sector reforms has replaced primary health care and has been responsible for prescribing a user fee system. This has resulted in a decline in utilization of services. The World Bank is concerned with efficiency and has replaced efforts to achieve universal heath care with targeted approaches: continues to focus on population control leaving maternal deaths at unacceptable high levels. The Banks awesome power stands in sharp contrast to its measley 1% share in annual health spending in developing countries. In addition it has few mechanisms for participatory evaluation, much less for participatory planning.

Women must fight for their rights: military spending must be cut ;the debt burden of poor countries should be reduced. Protectionist trade policies by developed countries causing billions of dollar losses should be stopped immediately and the trade agreements should be oriented toward poverty re-

duction and human development. Fair trade is better than foreign loans or aid. Transnational corporations that profit from health -pharmaceutical, contraceptive health management and insurance companies should be regulated by government and by international institutions. Profit maximizing practices should not be allowed to undermine life and death concerns of people. International entities that peddle and push for health policies should be made be made accountable for these projects. For further info contact Women's Global Network for Reproductive Rights, N. Z. Voorburgwal 32,1012 RZ Amsterdam, The Netherlands.

MEETINGS

INTERNATIONAL CONFERENCE LINKING AND NURTURING MOTHER SUPPORT, Kuala Lumpur Malaysia 15-18th March 2001. The conference will cover mother support in changing societies; meeting the needs for information, support and choice during pregnancy and birthing; providing breastfeeding support through the reproductive cycle; increasing If you would like to share your ideas,contribute to the program or need more information write conference secretariat PPPIM 25AJALAN Kampong Pandan 55100 Kuala Lumpur Malaysia email: secr@waba.po.my

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WFPA CHALLENGES FOR PUBLIC HEALTH AT THE DAWN OF THE 21ST CENTURY 2-6 September, 2000. Beijing China. Contact APHA 8001 St. NW., Washington DC. 20001-3710.

Women March Against Poverty and Violence in the year 2000. This international effort has been initiated by the Federation des femmes du Quebec to stimulate a vast movement of grassroots women's groups to become a gesture of affirmation by the women of the world: promote equality between men and women: highlight common demands of women on poverty and violence: force governments decision makers and individuals worldwide to institute changes necessary to improve the status of women and their quality of life;enter the new millennium by demonstrating women's ongoing determination to change the world To join the global effort contact: World March of Women fax: 1-514 395-1224 email:marche2000@ffq. qc. ca/ marche2000.

THE WORLD MARCH OF WOMEN 2000 has a US component with NOW the lead agency October 15th in Washington DC. Related events WOMEN'S NATIONAL SYMPOSIUM ON HEALTH October 16th Washington DC. VIRTUAL MARCH October 17th New York to UN. This will be the international march. For more information contact : World March of Women 2000 National NOW action center, 733 15th Str. NW. 2nd floor DC 20005 Phone 202 628 8669 (extension 0) www.worldmarch.org

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CELEBRATE DIVERSITY AN INTERNATIONAL MIDWIFERY MODEL. New York, New York- September 6-10, Http\\www. midwidwiferytoday.com phone 800 743-0974 fax (541) 344-1422

APHA Meeting November 12-16,2000 Boston, MA. Eliminating Disparities. For registration call 514 847-2293

CENTER FOR BREASTFEEDING COURSES Bachelors degree in MCH:Lactation Consulting THROUGH A PARTNERSHIP WITH Union Institute. They also offer a Masters degree and a PhD For more information call Cristina Junqueira at 508 8888044. Email

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INFACT Canada has produced a fact sheet on breastfeeding benefits and one on how to protect and support breastfeeding in Canadian communities. Address IBFAN 6 Trinity Square Toronto ON M5G 1B1 fax 416 591 9355The newsletter winter 2000 deals with breastmilk bank threat of closure, clinical use of donor milk. There is an article on growth patterns of exclusively breastfed infants and that growth faltering observed in the 5th and 6th months may be related to the lack of exclusive breastfeeding for the recommended period.

There is info on how Nestle's blocks implementation of the international code and resolutions through bribing Pakistani doctors. A new report "Milking Profits" reports details of bribery provided by former Nestle's employee Mr Syed Aamar Raza.

PARTNERSHIPS WITH UNICEF AND INFANT FORMULA

Recently the British Medical Journal published a disturbing article under "WHO accused of stifling debate about infant feeding. " Among other things this dealt with "the suggestion that the WHO is getting too chummy with industry. " Now we have received reliable information that UNICEF headquarters is seriously considering entering into partnership with pharmaceutical companies that produce infant formula and do not comply with the International Code of Marketing of Breast-milk Substitutes in all countries. Indeed, we understand that one UNICEF professional staff member has already resigned over this issue, and thus take it that this is factually based. UNICEF has so far been the bulwark of support for the Code and the BFHI and worked amicably with the NGO community in this endeavor. Send protests to Carol Bellamy, Executive Director UNICEF, New York, NY 10017 USA FAX number 1 212 887-7465

JOIN WIPHN'S DELEGATION IN THE WOMEN'S MARCH OCTOBER 15, 2000

LETS SHOW THEM WE'RE A FORCE TO BE RECKONED WITH AND THAT WE WANT CHANGE.

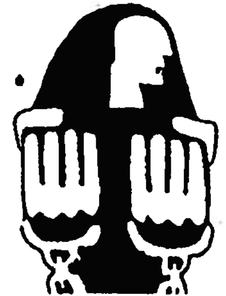
WIPHN WILL BE SENDING A DELEGATION. IF YOU WISH TO BE IN OUR GROUP IN THE MARCH, PLEASE WRITE WIPHN wiphn@erols.com. ENCLOSE YOUR ADDRESS, FAX AND PHONE NUMBER SO WE CAN KEEP YOU INFORMED AS WE GET MORE INFORMATION CLOSER TO THE DATE.

PLEASE SIGN UP FOR THE WIPHN DELEGATION. FURTHER DETAILS WILL BE SENT TO THOSE WHO THINK THEY CAN BE PART OF OUR DELEGATION.

WIPHN NEEDS YOUR SUPPORT!

PLEASE PAY YOUR SUBSCRIPTION

WIPHN News cannot be published without your financial assistance. We are also seeking articles, questions, challenges, resources, and innovations from you.



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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ISBN No. 1 SSN 1050–19081

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