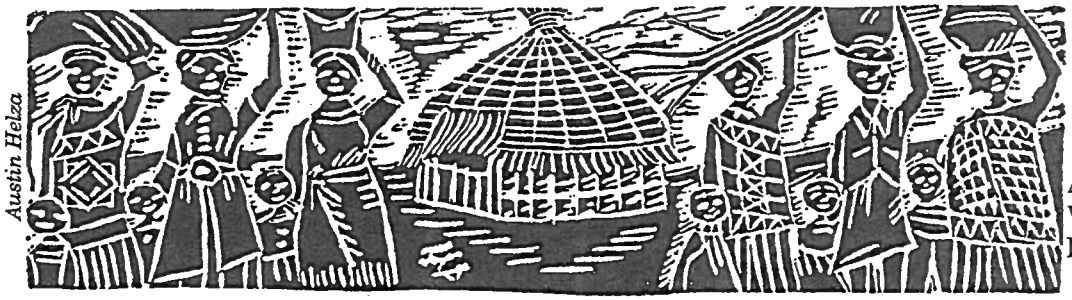

Women Hold Up Half the Sky

WIPHN News

A publication of the Women's International Public Health Network

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The real solution to reproductive hazards in the workplace lies in improving the conditions and removing hazards, not workers

—Nancy Lessin, MASSCOSH

WOMEN AND WORK

The definition of a "working woman" usually refers to a woman having employment outside the home. The woman raising children, growing and preparing food and maintaining the home is disparagingly branded as a "housewife" or "dependant spouse" and her unpaid labors for the family have no financial value.

To work outside the home in paid employment often leaves mothers of young children with considerable guilt feelings as well as additional labor. Some women are fortunate enough to employ someone else to undertake many of the domestic tasks ironically receiving money for their household labor. Sometimes the extended family lends a hand. More often than not the woman finds herself with two jobs - one outside the house and one inside because there are few men who truly share work. Those men who do are selective in their contribution to the domestic chores.

Women who return to work after having babies are often regarded as bad mothers. Some have no choice, because of either career advancement or financial reasons, and most are not given adequate maternity leave. Disturbed postpartum sleep and physical and emotional depletion make this a draining time for working mothers; yet, many strictly refuse to concede to this, lest the "I told you so" brigade is proved right about the difficulties of combining childbearing with paid employment.

One major problem of working mothers is not being able to enjoy prolonged breastfeeding. Maternity provisions rarely allow for more than three months postpartum leave. Many of us argue for creche facilities and breastfeeding breaks, or alternatively leave expressed milk. The reality is less than easy. Expressing milk in the morning while trying to organize oneself for work can be unpleasant. Even if creches were available crowded buses and trains are not an environment into which most women wish to take their babies.

Women prevent the threads of life from being broken
—Mikhail Gorbachev
President, USSR

The status of motherhood needs to be re-appraised. Women's efforts to compete professionally and to survive financially result in children being subjected to sub-standard childcare. Under these conditions, motherhood represents for many women a condition fraught with problems and self-sacrifice. This response has prompted several governments to offer attractive maternity and tax inducements to professional women for fear that only the poor and uneducated will produce the next generation.

Many mothers, fearing disapproval from their anti-natalist feminist sisters, are reluctant to defend motherhood. Are motherhood and feminism regarded as mutually exclusive? I believe these questions have to be tackled very realistically and honestly. Motherhood is precious and essential for the future survival of humankind. Motherhood is also work, however, and, as such should be accorded the recognition it deserves.

—Fiona Duby, Bangladesh.

MEDICAL TEXTILES FOR DEVELOPING COUNTRIES

In rural Bangladesh, doctors and health clinic staff have difficulties getting sufficient supplies of cotton wool, gauze, sanitary towels, babies nappies and bandages. Young women in Zimbabwe are often forced to miss school during their periods because of inadequate sanitary protection. In many developing countries, women suffer from chronic gynecological problems, as a result of difficulties in the use and care of sanitary protection materials.

Research so far suggests that there is a great need for medical textile products among the rural poor in developing countries. At present, there are few small-scale manufacturing units which fill these needs at the village level. Rural health centres and people in poor rural communities are often forced to do without these essential products.

The Intermediate Technology Development Group (ITDG), an independent charity, has recently established the Medical Textile Project.

The objective of this project is to increase income-earning opportunities for poor women in the production of medical textile products, while making them accessible to people of lower-income groups. It also hopes to promote greater understanding of the female reproductive processes, and thus help abolish some of the taboos associated with menstruation.

ITDG is setting up an international information network for individuals and organizations interested in small-scale production of medical textiles.

For more information contact: Allison Mathews, ITDG, Myson House, Railway Terrace,CV21,12QY UK.

THE KOLONDIEBA HEALTH CENTER, MALI

The health centre's maternity is a rectangular cement building that consists of a night nurse's room, postnatal care rooms, and a the midwife's office and examination room. A large veranda joining these rooms serves as a focal point of activity. Here clients come daily to see the midwife, families come to visit mother and newborn, and prenatal and postnatal consultees come to see the nurse and her assistants.

The midwife, Assetou Dembele is coordinator of the women's section. Three nurse's aides and one registered nurse rotate to assure 24 hour coverage of the labor and delivery room. Five women employees service a population of approximately 110,000 (21,665 women are of childbearing age). Four subdistrict dispensaries also see clients for preventive health care and less severe problems. Of the 6,646 Maliens in Kolondieba town, twenty percent (1,329) are women of childbearing age (15-49). Local village maternities exist and traditional midwives are trained and supervised by the midwife in Kolondieba.

On Mondays an average of thirty women come from surrounding villages for prenatal care. This visit includes the collection of height, weight, B.P., and health history of each woman; a discussion on a pertinent health education topic; and finally physical exams and prescription writing. Chloroquine is prescribed for prevention of malaria during pregnancy and tetanus vaccinations are available for all prenatal clients. On Thursdays the same routine takes place for all women from the town of Kolondieba. Tuesdays, Wednesdays, and Fridays are devoted to family planning, baby weighing, nutrition demonstrations, gynecological and postnatal physical examinations. On Saturdays we vaccinate children (age 0-6) and women of child bearing age. The labor and delivery room can have as many as three deliveries at any time. Three beds in each of the two postnatal rooms allow for six women to stay overnight at any one time without being crowded. Mothers often stay three nights each unless they request to go home early. They stay longer if they are ill or if the neonate is under weight.

The cost for a prenatal booklet is 350 CFA ($1.50); a vaccination card, 100 CFA ($.50); the maternity stay, 500 CFA ($2.00); and 100 CFA for the neonate's vaccination card. These $4.00 plus another $1.75 for malaria prevention is what a healthy mother pays during her nine month pregnancy. If she requires analgesics, antibiotics, or vitamins during her pregnancy the cost escalates. Therefore preventive health care education is a very important part of our job.

One of our greatest needs is for a larger supply of speculums. The ten that we have are insufficient for gynecological exams for over 30 women a day. The speculums are metal and are sterilized in an autoclave or washed by hand and flamed with alcohol and a match. Our supply runs out daily and we have to resort to using gloves, and as a result we are unable to visualize the cervix.

Staff complain that their salaries are frequently six months late. They are not compensated for any overtime and they all work extra hours because of the small staff. Despite the lack of monetary rewards, these five women would not think of refusing to come to work. "Who would deliver the babies and do all this work if we refused to come", asked one nurse aid, " As long as I am healthy, I will come to my job, but it would be much better if we were paid for the time we spend here, away from our house work".

In general the morale is excellent and clients are received with respect.

—Pauline A. Wilder, Mali

INDIAN WOMEN TEA PLANTATION WORKERS

Alma Publications

Indian female tea plantation workers were surveyed for their maternal nutritional status. Results indicated that women do not have the recommended dietary intake of cereal despite the fact that rice is the main staple. Animal proteins are seldom consumed in the sample population. Only two pregnant women ate eggs. Pregnant women consumed less food than all other workers even though they did the same amount of work. Maternity benefits which are cash payments compensate for the unpaid maternity leave. Pregnant women are required to visit the plantation clinic every month after the 3rd month.

—ICRW report

Susan Klein, *Midwifery Manual*, Hesperian Foundation

PERINATAL EDUCATION FOR SAFER MOTHERHOOD

Recent research in hospitals of Hermosillo, Sonora in North-West Mexico, found an increased rate of cesarean sections in low-risk pregnancies. In public hospitals 35% of women were delivered by cesarean section compared to 50% in private hospitals. In an attempt to stop this trend of unnecessary cesarean sections and to promote safe-motherhood, the Association para la Education Perinatal de Sonora designed a family centered education program to prepare mothers for pregnancy, birth, and post-partum processes. In addition, mothers receive training in relaxation, muscular flexibility, breathing, and concentration during labor and birth.There were 42 participants in the first course.

After the program, 56% of the low-risk pregnancy mothers had normal child birth with no analgesia or/and other medication. Cesarean section in private and public hospitals dropped to 25%. These results demonstrate the importance of perinatal education as a useful, low-cost strategy to make pregnancy a natural and a family event and not a disease.

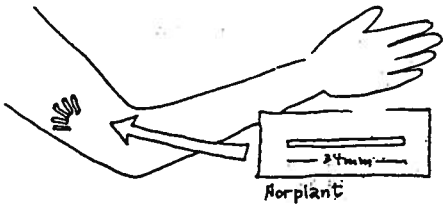
Another important finding was the frequency of exclusive breastfeeding. More than 40% of mothers involved in the program breastfed for up to 10 months after birth. In another study of 214 mothers without perinatal education only 8% breastfed their babies for three months. Efforts are being made to extend the benefits of perinatal education to all mothers in the community.

—Rosario Roman and Diana de Cabrera, Mexico.

NORPLANT
A woman's perspective

Women's health providers, advocates, and activists meeting at the 6th International Women's Health Meeting in the Philippines urged that USAID stop funding the distribution of Norplant in countries where the service delivery infrastructure cannot offer this contraceptive in a responsible manner. An internal USAID report revealed numerous cases in which women were not able to obtain implant removal upon request. Most women received Norplant in the absence of important information about its risks and benefits. These and other problems need to be addressed before Norplant distribution continues and is expanded into new areas. Not to do so seriously compromises the ability of family planning services to provide contraceptives in a manner that is both safe and respectful of women's reproductive health needs.

USAID was also urged to fund the distribution of female barrier methods as a start in areas where family planning providers already are familiar with and interested in offering such contraceptives, particularly as a consequence of heightened awareness about AIDS and STD-related PID. If A.I.D. *is* currently funding female barrier method distribution in any developing country setting, please let us know where.



Write c/o Boston Women's Health Book Collective, West Somerville, MA 02144.

AMNIOCENTESIS DENIED TO BHOPAL VICTIMS

In India, according to Lata, women struggle against amniocentesis for female feticide. Since the introduction of amniocentesis as a technique for detecting fetal abnormalities and fetal sex determination, the procedure has been abused to abort healthy female fetuses.

Of note is the fact that the same doctors who profit from aborting female fetuses refused the request of women activists to make amniocentesis available for the detection of fetal abnormality in pregnant women exposed to toxic gas in Bhopal. Amniocentesis has been transformed into a female foeticide weapon in government and private hospitals. *"If we are responsible, we have a right to say NO to things we cannot tolerate as this affects the wefare of future generations of women".*

—Jocelynn Scutt

SUDANESE WOMEN WORKING FOR CHANGE

To help women organize themselves into groups and develop income generating projects, loans and

technical support were provided by private development and funding organizations. They worked in cooperation with the School Gardening and Nutrition Division of the Ministry of Education.

Six women's groups were started. Three bought sewing machines to be used for the production of handicrafts. Each of the six groups received land from the community, and one group even built its own kindergarten.

The long distance from Khartoum, and record floods which completely destroyed one of the villages during the project, were major setbacks for two of the northern groups. Despite the fact that they were dispersed over five different areas, they took out loans to raise poultry for egg

production and also to purchase a sewing machine for sewing classes. The revenue from these classes was used to help pay back the loans.

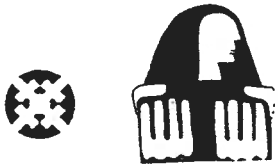
Availability of water is always a major need in Sudan. Two wells were drilled, and due to the high salinity of the water table in a third area, irrigation was achieved by transporting the water from the Nile river with donkey carts. These had also been purchased through loans.

During the life of the project the cost of materials trebled so that it was sometimes cheaper to buy imported clothing. One group met with sewing success and made school uniforms for five schools. The extreme heat in the North was a threat to the chickens and there was concern that it would affect their laying. Each of the six groups repaid their loans, and the women then anxious to develop expertise with their sewing, and to learn more of leadership training.

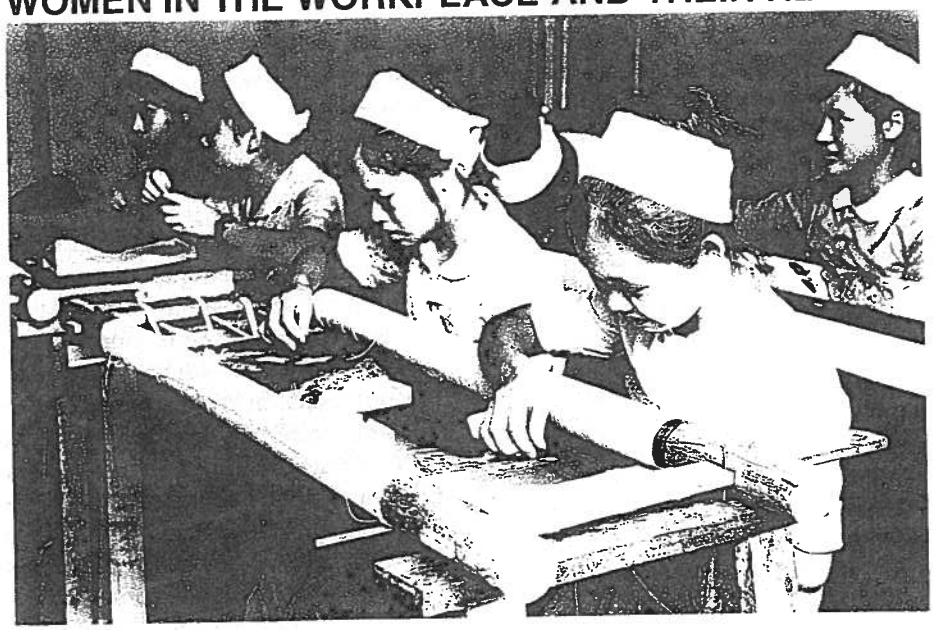
Interest in women's issues is growing in Sudan, and support is coming from women's group such as the Afad University for Women and the Sudanese African Women's Association (an indigenous group taking up the needs of women and the family as a primary focus. Still as elsewhere, women provide labor but lack funds, skills and training.

Jennifer Dysinger, ADRA/Sudan

NIH has requested proposals for research to improve artificial milk so that it better imitates human milk. They do not seem to register that this is not possible. Why imitate when you have the real product? Write your congressman. There are better ways to spend our tax money.



WOMEN IN THE WORKPLACE AND THEIR HEALTH



ICEF Vietnam Jacque Danois

The number of women in the United States working outside their homes for wages has increased. Now, women comprise about half of the U.S. workforce, and over half of all U.S. women over 15 years old work. Women earn on the average 69 percent of what men earn. Women have traditionally been discriminated against in the workplace by being relegated to lower paying and lower status jobs, or by not being paid as much as men for the same work.

The number of families in the U.S. headed by women has increased by almost 90 percent and over half of these families live below the poverty level. The majority of employed women in the U.S. work in clerical jobs, followed by retail sales and hospital work. (U.S. Census Bureau, 1986 statistics).

■ **Physical differences** between women and men have been used for excluding women from certain jobs. On the average, a woman's hand is smaller than a man's. This difference has been used to justify women being used as typists and assembly line workers (but not as surgeons or mechanics). Not only are women working in jobs where tasks are repetitive and boring, but they also cause physical damage, such as carpal tunnel syndrome (potentially permanent damage to the wrists and hands) and eye disorders. Women are up to 16 times more likely to develop carpal tunnel syndrome than men. A Canadian study has shown that cardiac strain can result from heat and ergonomic stressors found in sedentary jobs with repetitive work activities, typically held by women. U.S. government heat exposure standards are set to only prevent excessive cardiac strain from dynamic activities and heavy lifting, typically done by men. Still more women are entering the traditionally male dominated, higher-paying jobs. Women have been excluded from jobs in the past because they were thought to lack the necessary strength. On the average, a women's total body strength is less than a man's. However, the difference in strength depends on the type of task (lifting, pulling, or pushing weights) and the muscle groups used (upper or lower body). Strength testing for a certain occupational task would be far more fair than exclusion of all women from certain tasks.

■ **Protective clothing designed for men.** Studies have concluded that some of the injuries women have sustained in traditionally male construction and trade jobs have resulted because personal protective clothing, equipment, and tools have been designed for use by men. For example, a woman's center of gravity is lower than a man's; therefore, women carry weight better if it hangs from their hips, certainly not

from their chests, as some equipment is designed to do. Protective masks, gloves, and clothing may come in sizes too big for the average woman, and what is available in woman's sizes may not provide as much protection as those designed for men. Work surfaces may be too high for some women, leading to back problems, and safety guards on some dangerous equipment are positioned to protect larger or taller men. For example, a study of female telephone workers in the United States showed that women climbing telephone poles had twice as many accidents as men because the women's boots were inappropriate for women. The shape did not take into account the broader female hips and the boot made a woman's foot step on the pylon at a hazardous angle. When the shape of the boot's heel was changed to fit women, the number of accidents greatly decreased.

■ **Fetal hazards** No woman has yet had a baby without biological input from a man. Data have shown that toxins effecting female reproductive capacity or the health of the developing fetus can also effect the male reproductive capacity. However, when such toxins are present in the workplace, the risk to men is reduced by removing the toxin from the workplace whereas the risk to women has traditionally been reduced by removing the woman from the workplace.

The U.S. Supreme Court has recently ruled that an employer can not bar women workers of childbearing age from a workplace where hazardous materials are present (i.e lead). Women capable of having children have been barred from certain jobs, some women have actually had themselves sterilized in order to keep their jobs. Where women have not opted for sterilization, they have been moved to other jobs within the company, away from the hazardous material; they have had to take a cut in pay. Research shows that the health of the developing fetus may be effected through the father's exposure to hazardous substances, including lead. Molecular biology studies are showing how damage to the father's sperm could result in birth defects.

■ **Status and stress** Studies in the U.S., Canada, France and Germany have shown a positive correlation between health and job status; that is, the more control a worker has over her/his job and the more decision-making power, the less physical and mental illness is experienced by the worker. Depression has been related to high job demands and little opportunity to express opinion when job decisions are made. This is true for both men and women, but studies have shown this cause of depression is more common in women. A Swedish study has shown that the more control a worker has over her/his job, the lower the incidence of cardiovascular disease. In fact, the rate of coronary heart disease among female clerical workers is almost twice as great as the rate among nonclerical female workers or housewives.

■ **Violence** against women is a world-wide problem, and as in women's private lives, it also occurs in the workplace. All types of discrimination against women are forms of violence. In the workplace, being given lower wages, demeaning tasks, and inadequate protection are forms of violence against women. However, one of the ugliest and darkest forms of violence against women in the workplace is sexual harassment; 42 to 88 percent of women report being sexually harassed in the workplace. Forms of sexual harassment range from unwanted verbal comments of a sexual nature, to physical sexual advance, to pressure for sexual attention using overt or *covert* threats involving one's job, to rape.

■ **Murder.** According to the U.S. Centers for Disease Control, murder was the leading cause of death for women from on-the-job traumatic injury between 1980 and 1985. Most deaths resulted from gunshot wounds, and most of these women were employed in retail sales.

References on page 11.

—Joanna Dizikes

LET'S CHANGE THIS

GANG RAPES. Throughout the world there has been an increase in gang rapes. Recently, a gang of thugs robbed and raped young girls in a Salvation Army home in Soweto, South Africa. The police were as usual unable to do anything, and the community was outraged. The women got together and sent a posse' of men after the rapist robbers, who they found and arrested. Community action hopefully will deter such atrocities. In China rape is unheard of as rapists are executed. Stop gang rapes through community action.

WOMEN TREATED WORSE THAN ANIMALS In Nepal babies are born with the animals because the birth process is considered polluting - as is the mother for some time afterwards. The baby is considered clean. Mothers giving birth to daughters fear their husbands will leave them if they do not produce a son. This happens frequently.

—Maureen Minden, Nepal

WOMENS'S DOUBLE DAY in the Dominican Republic may be alleviated through Women's solidarity actions. The difficulty of combining maternity with employment could be reduced if the state and business sectors developed programs aimed at providing basic domestic services, such as laundromats, nurseries and subsidized canteens.

—Carmen Gomez El Sigio
Dominican Republic

WOMEN AND WORKLOAD

Peace is the right of every being. Not only the absence of war but peace of mind. Sudanese women like any other African women suffer from depression because of unfair distribution of responsibilities by a male dominated society. The heavy burden imposed on them has driven Sudanese women to a bad health situation.

The focus is on Southern Sudanese women who are African by race, Christian by faith and displaced as a result of civil war. Southern Sudanese women are the backbone of the agricultural economy. They spend many more hours in the field than men and are responsible for as much as 70% of family food production. After the harvest, grinding, straining, drying and storing of a family's staple foods is a women's job, on top of other house activities and this inaddition to the tasks of bearing and caring for children. Furthermore, one sees that illness which affects women and their families seems to come during the busiest agricultural seasons.

Women living in urban areas face the same burden, though in different ways. They face difficulties in getting sufficient food for the family because of low-income. They depend entirely on the market place for their family's food. In addition to the domestic burden which women already have, women in towns and cities conduct small businesses, mainly brewing and other unstable micro businesses to supplement their husband's salaries. Very few women are wage earners. Mainly working as clerks, secretaries, nurses and teachers with very low-income. These women also supplement their salaries by brewing.

With most of the work load on women, the male dominant Sudanese society calls women inferior. The work load worsened when the civil war broke out. Families were forced out of their settings where and now they are not able to grow food and raise animals. Many of these families are headed by women whose husband's have been either killed or joined the movement. Women are left with family responsibilities which they bear with great difficulties. There is no land to cultivate food for the dailies, neither do they have any source of income. They live in the outskirts of the city in unhealthy shelters made out of boxes and toned bags. There is no sanitation nor nearby water supply. Women in the displaced, dirty settlement walk 5-10 kms in the desert in search of firewood. All these factors impact on women's health.

With the introduction of Islamic law, brewing and alcoholic beverages were banned and women street vendors stopped doing the businesses. Women are overloaded with family responsibilities and as a result mentally depressed, with no peace of mind and no security. With Islamic law, the poor women have no voice. They are only to be seen but not heard.

Southern Sudanese women need peace in the country and in mind. They need technologies which will relieve them of the tedious work and also fairer division, within the family, of labor and of food.

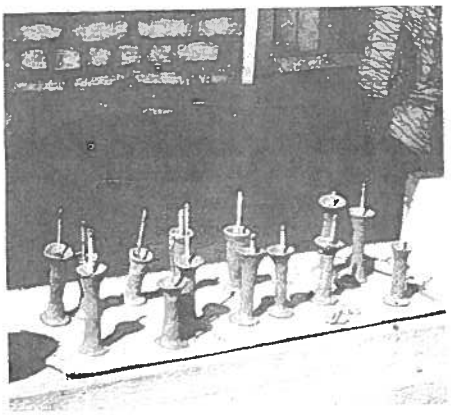
—Regina Sulla, SUDAN

According to statistics, she's not working.

Improving statistics and indicators o
INSTRAW

TRADITIONAL BIRTH ATTENDANTS (Make a difference in Uganda)

Kasonga is a small area which lies on the escarpment of the Rwenzori Mountains in Western Uganda near the Zaire/ Uganda border. The Medical Mission Sisters began a Primary Health Care project in 1979. Since then I have been involved in upgrading the training of traditional birth attendants. There are 188 at present in the field. These women do not read or write. Most are between 40-70



Clay fetoscopes

years old. When we came here about 20% of mothers died in childbirth, especially primipara due to lack of transport, obstructed labor and no hospital in the area. The nearest hospital was 46 miles away which is a very long walk. You can imagine how hard it is for these mothers. No car can reach there (no roads). The only means of transport are home made stretchers to carry women. Almost thirty people have to carry her down because the distance is so long and steep.

We teach TBA's the basics in midwifery e.g simple anatomy, reproduction, digestive systems, general hygiene, antenatal, and postnatal care. The activities required of TBA's include home visits, attending deliveries, making homemade visuals and teaching aides, etc. The TBA's can make their own fetoscopes from clay and bake them in the fire when cooking . Every TBA has a mold and must know how to make these fetoscopes as clay ones break easily. They are however, more sensitive than the commercially produced fetoscopes.

There is a great demand for TBA's and they have been successful in their practice. Many private clinics would like to give them jobs, but so far there has been no offers of pay. They have status in their community, and they have a voice.

—Sr. Speciosa Bobike, c/o Medical Mission Sisters, Kasanga Clinic, P.O. Box 14, Kasese, Uganda, E. Africa

INTEGRATION OF HEALTH AND RURAL DEVELOPMENT-RWANDA

In the mid and late 1980s, an American-based NGO began a complex initiative designed to improve the socio-economic and health status of members of a commune in Rwanda through household income-generating activities. The integrated rural development project gave credit (animals and materials) to poor and not-so-poor households in the community to develop small animal husbandry projects. After several years, the households repaid the lender in-kind (reimbursement with animal(s)) and with money obtained through income generated from selling rabbits, chickens, eggs, etc. The project also worked with the community to improve water supplies and health activities for children, their mothers and families. One year into the project, the role of women in the initiative was formally recognized because of concern that focusing on households might essentially bypass women in those households. Project staff conducted an evaluation to analyze the role of women in the project. The evaluation demonstrated some of the difficulties in operationalizing a women in development and health focus. This article explores one of the major issues faced by the project —income generation and health objectives might be in competition with each other in household development activities.

The role of women in family level projects was recognized from the start of the project. No specific strategy ensured the full participation of women. Project planners recognized that women already performed a full day of activities. Finding ways to reduce the amount of time already required to complete existing household and child-care activities was necessary. Females headed twenty-five percent of the households. Since women in Rwanda were not allowed to own land obtaining credit for animal husbandry activities was a problem. Not having a major role in economic decisions within the family was problematic.

The evaluation reassured the project managers. Even though the initial plan targeted poor households, women benefitted as well as men. The existence of an informal credit system and projects which occurred close-to-the home were well accepted. Women usually ran the animal husbandry projects.

The enthusiastic women were very intent on making money. The idea of managing an income generating activity (producing and selling eggs and rabbits on the market for income) came into conflict with health activities (improving family and child health by using the monies earned to buy food and eating the food which was produced from the project). Women (and their husbands) didn't want their children or families to eat rabbits or eggs. They wanted to sell ALL the eggs and animals at the market and make money. Often eggs rotted before being sold.

How was this resolved? A health education components was added to the project to address the potential health and nutrition effects of the small animal husbandry projects. Since determining what to do with the animals and money was oftentimes a husband's decision, men were included in the talks. Thereafter, the women's role in the development project activities was monitored by the project.

—Susan Igras, USA

CRITERIA FOR EVALUATING WOMEN'S HEALTH AND DEVELOPMENT PROJECTS

1. Initiation and Leadership:

Are women involved in project initiation and leadership? How many women? Who? What is their status? What is their role in the project. Are indigenous women involved? Are they responsible and responsive to project participants?

2. Participation and Control:

Do women participate in the direction of the project? How? Characterize the structure (if any, formal/informal) for participation and feedback. What is the participant's role? Will this experience change women's roles?

3. Benefits:

What are the benefits of this project to women? Direct? Indirect? How are they measured? Do the participants perceive them as benefits in key areas in their lives? Is the project structured so that, having attained one objective, the participants can move on to others? Does the project contribute to increasing women's access to knowledge, resources, and the power structure?

4. Social Change:

Does this project increase women's options, raise their status? What are political, economic and cultural implica-tions of the project? Does the project create dislocations? Does it reinforce structures of exploitation? Have these effects been anticipated? What provisions are there to deal with them?

5. Process:

Does the project treat development as a process? How does it relate to a larger plan? Does it stimulate a broader base for continuing development? Is the project flexible enough to adjust its course to changes identified as desirable? Does the project treat women as an integral part of the family and the community?

Source: Technical Assistance Information Clearinghouse, American Council of Voluntary Agencies for Foreign Service

INTERNATIONAL WOMENS HEALTH, Manilla, Nov. 1990

■ Occupational health hazards in the Philippines have increased especially with the development of free trade zones. Standards are lower than in the home based country. Hazards include no safety devices, no fixed hours of work, no overtime, no medical checkup, no maternity leave and trade unions are a 'no no.' If there are complaints against the company they just move.

Most women work in the garment industries, plantations and the electronic industries and teenagers are employed in preference to older women. When their health is affected they are discharged. Women in domestic and cottage industries have no labor union protection 'Women in plantations, e.g., Dole pineapple workers believe the incidence of abortions are higher in workers exposed to toxic pesticides.

There is an increasing commodification of womens bodies—mail brides and prostitutes (called "entertainers" in Japan). Women are being exported as migrant labour by their governments as well as domestic and health care workers. Nurses go to the USA from both the Philippines and Caribbean where they are exploited. Hospital administrators do not want to employ women who belong to trade unions.

■ Since the Coup in Fiji there are more women in the garment industry. However, since the free zone trade, there are lower work standards and no unions. The women cannot organize for fear of military reprisals.

■ Nigeria's National Council of Women's Organizations has organized educational seminars for factory women (most of whom are illiterate) and teaches them their rights and how to prevent the health risks.

■ In Japan women are concerned with cervico brachial effects of repetitive work. They wish to network with other women's groups concerned with same. They are also working with migrant women labourers.

■ In Asia large numbers of women are employed in the textile , garment and electronics industry doing repetitive work and exposed to high levels of pollutants and noise. These women have a high incidence of respiratory and skin reactions, eye strain, back pain, urinary tract infections, anemia and fatigue. For most women workers there is no way of getting management to deal with their concerns and problems. Their only coping mechanism is to develop hysterical fits or see ghosts.

■ Pregnant US women farm workers develop urinary tract infections as they will not pass urine out in the open.

■ Mongolian women want to work in the mines for higher pay. They want to work at night to be with their chidren in the day but their trade unions do not give them support. So the struggle goes on.

■ South African trade unions have supported their women workers and women workers have managed to get free pap tests for for cancer of the cervix screening and also maternity entitlement provisions. There definitely are some lessons to be learned from them.

Editors note. Women form the bulk of health care workers , they work long hours , may have to lift heavy weights , work night shifts and are exposed to toxic or reproductive hazardous materials, they suffer from fatigue and abortions yet no effort has been made to remove them from this environment. Is it because no man would do such work for so little? In factories they are excluded from jobs with similar working conditions. Is it because women are the backbone , and central nervous system of health care?

U.S. TOBACCO TRADE POLICY AND THAILAND

Tobacco causes an estimated 2.5 million deaths worldwide each year and, if current trends continue, will result in the premature death of 500 million people alive today. The forced opening of Asian markets by the United States since 1985 have led to aggressive targeting of women and dramatically increased smoking rates among women and youth. Advertising restrictions, excise taxes and ingredient disclosure requirements are encouraged by the World Health Organization and acknowledged by GATT to be legitimate national public health measures to limit and reduce tobacco consumption.

Attendees at the Sixth International Women's health meeting in Manilla Nov 1990 issued a statement urging the United States Trade Representative to desist from pressuring Thailand or any other country to alter limits on advertising, promotion, and distribution of cigarettes and excise taxes on tobacco products; to cease threats of trade retaliation against Thailand; and to publically proclaim that it will abide by the GATT ruling, adopted November 7, which acknowledges the validity of Thailand's advertising ban, excise tax and proposed ingredient disclosure requirement.

WIPHN SAVE A MOM CAMPAIGN

WIPHN has launched a campaign to make motherhood safer, more dignified, and comfortable. Though increasing the level of hygiene, knowledge and support, maternal mortality can be drastically reduced. Plan related activities on Mother's Day May 12th—adopt a ward, a maternity centre or women's clinic. If you want more information or wish to donate to our program of seed grants, please write Dr. Gerry Alpert, Director, WIPHN Save a Mom Campaign, 7100 Oak Forest Lane, Bethesda, MD 20817. Note: Donations are tax deductible as we are nonprofit.

NORPLANT—THE NEW WEAPON FOR FEMALE VICTIMS

Norplant known and used as a long acting contraceptive has suddenly been made available for the US market and Wyeth Laboratories will be the manufacturing agent and distributor. No sooner was this announcement made than the product was put to punitive use. In California a judge ruled that a woman who had abused her children be given a Norplant implant.

Interestingly, rapists who abuse women are not sterilized and no judge has suggested this. Norplant also has been suggested an effective agent for decreasing procreation of the poor. This contraceptive has the possibility of being used for retarded individuals No institutions have the right to control individual women's bodies. Let's put an end to provider enforced contraception.

One yogurt a day keeps salmonella away. — from APSI No.314 Feb - March 1990, CHILE

Challenged recent NEJ article; Yogurt had no effect on vaginal infections.

MEETINGS

AMERICAN ACADEMY OF NURSING 1991 SCIENTIFIC SESSION The American Academy of Nursing invites colleagues around the world to submit abstracts for the conference **Women and Health Policy: International Perspectives** to be held in Los Angeles, California, October 25-26, 1991.

"Women, Violence and Human Rights" June 3 - 15, 1991 is the focus of the Centre for Global Issues and Women's Leadership Institute Douglas College, Rutgers State University, New Jersey P.O. Box 270, New Brunswick New JerseyPhone (908) 932-8782.

FOURTH CALL TO WOMEN FOR ACTION. International Day of Action for Women's Health 28th May 1991. WIPHN members are encouraged to have workshops, meetings, actions on this day to improve and dignify health services for women. If you organize activities please send WIPHN a report for our publication

CALL FOR PAPERS - at 5th annual interdisciplinary conference with theme "WOMEN: WHERE ARE WE GOING ... WHERE HAVE WE BEEN," to be held September 25-28, 1991, at Western Kentucky University, Bowling Green, Kentucky. Contact Erika Brady, Chair of Program Committee, Women's Studies Conference, FAC 200, Western Kentucky University, Bowling Green, KY 42101. 502-745-6477 or 502-745-5902.

Central America and the "New World Order" a conference for health rights activists. May 25 - 26, 1991. Contact: National Central America Health Rights Network; 853 Broadway #416; New York, NY 10003; (212) 420-9635.

MIS DEVELOPMENT AND DESIGN FOR HEALTH AND FAMILY PLANNING ORGANIZATIONS - JUNE 17 - JULY 19, 1991 course will be held by Management Sciences for Health. 165 Allandale Road, Boston, MA 02130. Fax (617) 965-2208

Women's Health The Action Agenda. NCIH Conference June 23-26th Crystal City, Virginia. Contact Conference Department NCIH 1701 K Street, Suite 600, Washington, D.C. 1006.

NEW ORGANIZATIONS JOIN WIPHN

Lactation Resource Centre. The Nursing Mothers Association of Australia P.O. Box 231, Nunawading, Victoria 3131, Australia provides current information to people interested in breastfeeding. It conducts research into human lactation, provides training and has a library.

Save The Children Federation Inc. Casilla 151, La Paz, Bolivia, S.A.Contact: Lic David L. Rogers. Phone No.(519) 232-5011 Fax (591) 239-6315

News For Women In Psychiatry. 325 Clinton Avenue, Dobbs Ferry, NY 10522 Contact: Alexandra Symonds, Phone (914) 693-0591

Organisme De Recherches Sur L'Alimentation Et La Nutrition Africaines (O.R.A.N.A.) 39 Avenue Pasteur, Boite Postale 2089, Dakar, Senegal Contact: Dr. A.M. Ndianye

National Commission To Prevent Infant Mortality 330 C. Street S.W. Room 2014 Washington, D.C. 20201 .Contact: Karen Troccoli Phone (202) 472-1364

International Center For Research on Women 1717 Massa-chussetts Avenue. Suite 302 Washington DC 20036. The International Women Health Coalition is a private non-profit organization dedicated to improving women's reproductive health in the third world. By supporting innovative health care projects, policy oriented field research and public education, it serves as and catalyst for change in material and international policies and programs. IWHC 24 East 21st Street, New York, NY 10010 contact: Adrienne Germain, Vice-President.

CHETNA Centre for Health Education Training and Nutrition Awareness focuses on all aspects of health and nutrition of the most needy communities. Its emphasis is the preventive aspects of health, nutrition and child care. Projects include Child Survival, child to child programs, nutrition and health education training emphasizing growth monitoring and a very creative program for handicapped children (USAH project) isolated in special schools; provides training in a number of areas including health education camps for rural and tribal women. The Organization is very dedicated and creative. It has produced a number of interesting and useful publications e.g anemia kit, child birth picture book; ICDS training kit; visual guide. CHETNA, 2nd floor, Drive-In Cinema Building, Thaltej Road, Ahmedabad 380 054 India.

HESPERIAN FOUNDATION Requests information for a new Hesperian Book about the sensible use of medicines. Contact: Hesperian Foundation P.O. Box 1692 Palo Alto, California 94302, U.S.A.

Coalition Against Trafficking In Women, Calder Square P.O. Box 10077,State College, PA 16805-0077 U.S.A. Is feminist organization challenging the commercial sexual exploitation and abuse of women. The Coalition is organized to bring international attention to all forms of trafficking in women, including prostitution, pornography, sex tourism, and mail-order bride selling.

MAA'N Development Center, P.O. Box 51352, Jerusalem a Palestinian institution dedicated to development, education and research. Sponsors training for individuals, institutions and grassroots organizations. Particularly interested in development of production cooperatives as a means to fulfil basic needs. The center pays special attention to women's conditions and their role in the process of development. Contact: Suha G. Tannous.

STOP THE WAR AGAINST WOMEN. Organizers packs are available from the Fellowship of Reconciliation, Box 271, Nyack, N.Y. 10960

MARHIA. Medium for Advancement and Achievement of Reproductive Rights, Health Information and Advocacy from Institute for Social Studies and Action (ISSA) Q.C. P.O. Box 84 Philippines.

SEXUAL ABUSE IN REFUGEE CAMPS If you have information on conditions in refugee camps, particularly sexual abuse of women and children. Contact: Shana Swiss, Physicians for Human Rights, 58 Day Str. Suite 302 Somerville, MA 02144 Phone (617)623-1930.

FOUNDATION FOR THE SUPPORT OF WOMEN'S WORK, a voluntary organization to help urban women gain independence and improve the quality of their lives. Through a 'Women Knowing Each Other' program, the organization aims to create a link between women of different cultures. Contact: Arzu Dyacioglu Sipahioglu CAD 3/2 Yesilyurt, Istanbul, Turkey. Phone (90 -1) 573 54 19

WIPHN MEMBER PUBLICATIONS

Guidelines and checklists for program contact the development in primary care and family planning. Centre for Population and Family Health College of Medicine, Columbia University, 60 Haven Avenue, New York, N.Y. 10032

The Culture of Silence Reproductive Tract Infections Among Women in the Third World by Ruth Dixon Mueller and Judith Warserhut, International Women's Health Coalition.1991.

O'Gara, C. **Breastfeeding and Maternal Employment in Urban Honduras:** in Women, Work, and Child Welfare in the Third World. (edts. Leslie J.and Paolissa M.) Westview Press, Washington 1989.

Hoskins I. **Coping with social change: Programs that work.** On the Impact of Social Change on Midlife and older women in Latin America and the Caribbean. For 1 free copy write: AARP International Activities Office, 1909 K Street, N.W. Washington, D.C. 20049 U.S.A.

Crane, S. **Review and Assessment of NGO** - Based STD/AIDS education and prevention projects for marginalized groups. Family Health International, P.O. Box 13950, Research Triangle Park, North Carolina, 27709, U.S.A.

Mergler D., Vezina N., **Dysmenorrhea and cold exposure** The journal of reproductive Medicine Vol 30, No.2, Feb.1985. Slaughterhouse workers had a significantly higher prevalence than housewives of dysmenorrhea which increased with increasing cold exposure.

Messing K. **Mutant frequency of radiotherapy technicians appears to be associated with recent dose of ionizing radiation.** Health Physics vol 57, No.4 October 537,1989

Messing K., **The weaker sex? Men and women's working conditions report similar health symptoms** Journal of Occupational Medicine/vol 29 No.5/May, p417, 1987.

Minchin M., **Breastfeeding Matters.** What we need to know about breastfeeding Alma publications and George Allen and Unwin, Australia 1989.

Kitzinger S. **Breastfeeding your baby** A complete guide for every new mother or mother to be who seeks knowledge, encouragement and self confidence to breastfeed her baby A. Knopf New York, 1989.

Susan E. Smith **A Workshop manual,** developed at McMaster University includes active learning modules on communication; women, health and development; community assessment and mobilization; leadership; and strategies for change. Information about the Project or on the Workshop manual can be obtained from: Elizabeth S. Hillman, Women and Health: Leadership Training for Health and Development, c/o Center for International Health, Faculty of Health Sciences, Room 3N44, McMaster University, 1200 Main Street West, Hamilton, Ontario L8N 3Z5, Canada Phone (416) 525-9140, Ext.2899

OCCUPATIONAL HEALTH RESOURCES

See page 4.

Occupational Health - Recognizing and Preventing Work - Related Disease. Edits. Levy B., Wegman D.; 2nd Edition; Pg 479-499.

Messing, Karen "Do Men and Women Have Different Jobs Because of Their Biological Differences?" *International Journal of Health Services;* Vol.12, Number 1, pages 43-52,1982.

Messing, K. et. al. "Are There Specific Health Risks for Women Who Accept Jobs Traditionally Assigned to Men? *Tradeswomen;* January 1990.

Braun, S.: Hollander, RB "Work and Depression Among Women in the Federal Republic of Germany". *Women Health* 1988; 14(2): 3 - 26.

Paul, M; Himmelstein, J. "Reproductive Hazards in the Workplace: What the Practitioner needs to know About Chemical Exposures". *Obstet Gynecol.*,71 (6 pt 1): 921-38,1988.

Paul, M; et. al. "Corporate Response to Reproductive Hazards in the Workplace: Results of the Family, work, and Health Survey". *Am J Ind med.* 16(3): 267-80,1989.

Occupational Safety and Health Reporter. "Homicide Leading Cause of Death Among Working Women, NIOSH Finds" August 29, Pg.594,1990.

Brabant, C., et.al. "Cardiac Strain Among Women Workers in an Industrial Laundry". *Ergonomics,* Vol.32, No.6; pages 615-628, 1989.

The Gift Cow - Be warned the infant food industry is currently soliciting breastfeeding support organizations and lactation consultants to contribute articles and answer breastfeeding 'hot lines'

—IBFAN News May 1990 No.11)

Ergometrine should not be given routinely to women intending to breastfeed.

—C. M Begley in Midwifery.

ATTACKING MALARIA IN EPIDEMIC AREAS
Mosquito netting sprayed with Pyrethroid insecticides is effective in killing and repelling mosquitoes. Try it!

Healthsharing Women's Conference on Women's surgery Australia 1990 was concerned with the overuse of episiotomy and cesarean sections and the death from complications of untreated vaginal tears in developing countries. Professor Leslay Doyal said *"Globally, poverty and patriarchy prevent women from obtaining basic surgeries. Women have less access to medical services and general reproductive surgeries than men"* . Cancer of the cervix is a leading cause of death for third world women; however, screening services are rarely available in developed countries. The focus was on unnecessary surgery mainly, cesarean section and mastectomy. Male doctors dominate most medical encounters and keep women in a state of powerlessness. Information for correct choice and assertiveness are key for survival.

The next issue will be on maternity. Please get your articles and information to WIPHN by the end of May.

IS YOUR JOB MAKING YOU SICK? CLUW Handbook on Workplace Hazards prepared for the Coalition of Labor Union Workers by Randy Rabinowitz. Available FREE from the Coalitions's national headquarters, 15 Union Square, New York, NY 10003

CHANGING ROLES AND PRACTICES OF TRADITIONAL BIRTH ATTENDANTS IN ZIMBABWE

In Zimbabwe TBAs attend more than 50% of births. Seventy-one midwives at an upgrading course were interviewed through informal discussions and also observed. Findings indicate that traditionally they have been educators and health providers. Midwives who have attended the training course exhibit improved practices, refer more high risk pregnant women to clinics, and perceive themselves to be attending fewer births and believe that because they deliver fewer babies they have lost credibility as health educators.

—Barbara Taylor Sparks

INDICATORS— 30 Women an Hour Die From Abortion

The value which a society places on its women members is highlighted in the provision of birthing and abortion services. Abortion is the more sensitive indicator. Society can provide high quality birthing out of respect for motherhood, rather than for women. Abortion is a surgical procedure which advantages only women and thus the way in which it is provided is a direct reflection of the status of women in that society.

—Jo Wainer, at Healthsharing Conference

The Women's International Public Health Network

The Women's International Public Health Network was formed as a grass roots movement at the World Federation of Public Health Association Meeting in Mexico City (March 1987), to provide all women in the field of public health with an opportunity to work together to improve women's health worldwide.

Who Is It For?

Any woman working in public health.

What Are The Objectives?

To serve as a resource network and umbrella organization for women's groups throughout the world in health or health related areas. Through this educational support and communication network, women in public health will be able to maximize their resources and work together more effectively to promote better health for all women.

What Do We Do?

- Provide support to colleagues in the field of public health. Groups in each country share information, experiences, ideas and resources. Colleagues visiting from other countries will find a network of friends.
- Promote women in international public health and identify women's issues such as: safe motherhood and health rights.
- Network with other women's organizations.
- Publish a newsletter that addresses international women's health issues, programs and opportunities.
- Participate in policy development related to women's health and publish position papers on specific issues.
- Serve as an exchange forum.
- Maintain a speakers bureau and sponsor programs, panels and meetings at conferences.
- Provide technical assistance.
- Offer information on existing training, resources and materials for identified needs.
- Act as a resource for funding information and opportunities for members.
- Research neglected women's health areas.
- Provide employment information through a job bank.

Telephone: (301) 469-9210;
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WIPHN News

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