



Women Hold Up Half the Sky

WIPHN News

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Women's International
Public Health Network

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Improving women's health means overhauling attitudes toward sex and addressing hidden epidemics such as domestic violence.

—Margaret Holloway.

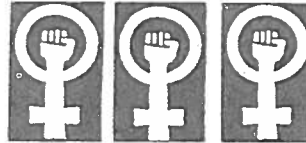
THE WORLD BANK AND FAMILY PLANNING

Over the past decade, the World Bank has been displacing the World Health Organization (WHO) as the international agency that sets the world's health policy agenda. With the publication of the 1993 *World Bank Development Report*, which features an analysis of the health sector, the Bank assumed first place in world health assistance. The Bank's goals are different from those of WHO. The Bank gives as one of its four reasons for lending in health that its presence in the health sector enables it to pressure governments to control population growth (World Bank 1980:8). The Bank has always held that rapid population growth slows development. Its calculations are simple: where GDP grows at roughly the same pace as population, the Bank sees virtually no improvement in per capita incomes, which is its measure of development (World Bank 1986:1). Sustainable development in the health field apparently means population control.

To achieve its goal of lower birth rates in low-income countries (which includes most African and some Asian nations), the Bank recommends that governments provide an essential "clinical" package, which consists of perinatal and delivery care, family planning services, management of the sick child, treatment of tuberculosis,

and case management of sexually transmitted diseases. "Clinical" in this context means services provided in a health clinic by nurses and midwives, not physicians. A close analysis of the provisions in this package suggests that population control is the ulterior motive.

Sick children are the main beneficiaries of this package because it is as-



Women's health is not a commodity, it is a right. Worldwide, however, the health and security of women is at risk. Health security embraces all aspects of women's lives, including the right to freedom of choice and personal security, the right to adequate and sufficient food, the right to work in safe environments, and the right to access education, information, and decent housing. After all, what hope does a woman have who has been mutilated against her will or pulled out of school without any say? What prospects for a brighter tomorrow does the 15-year-old face when she discovers she is unintentionally pregnant? What are the chances for a healthy survival for children left behind after a mother has died in childbirth? These and other issues form part of the dramatic story of women's health status across the life span from birth to old age.

Global Commission on Women's Health Washington, 1994

sumed that families will limit the number of births only after child mortality falls; the underlying motive, then, is family size limitation. The treatment of tuberculosis is included, again to save child lives, presumably because BCG vaccination of children is not effective without the simultaneous treatment of infectious adults to reduce the pool of contagion. The inclusion of tuberculosis may also be related to fears that AIDS is causing the number of TB cases to rise; many new cases of TB are found to be HIV positive. AIDS prevention also motivates the inclusion of clinics for case management of sexually transmitted diseases; other STDs are thought to increase vulnerability to HIV.

The Bank's population analysts do not believe that AIDS will have a major impact on mortality. For example, the Bank predicts that the AIDS epidemic will not result in negative population growth in Africa, even in the next century (Bos et al. 1991: xxxvii). Indeed, growth in the 1990s is expected to exceed the rate for 1975-90, and the population of Africa will be larger than that of the Americas or Europe in the year 2000. Lowering the crude birth rate is a major objective, but contraceptive prevalence is a low 5 percent in most African countries, hence the Bank's emphasis on family planning services in the essential package. The Bank seems to have made family planning the new, reductionist version of primary health care.

*Meredeth Thurshen,
Rutgers University, USA*

Notes: Three other reasons the Bank gives for its increased involvement in health policy are: its expert capacity in country programming and sectoral analysis; lending for health care is essential to alleviating

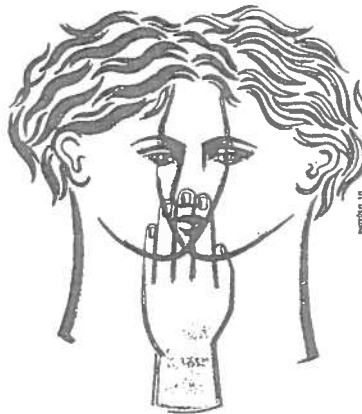
INCLUDING WOMEN WITH DISABILITIES IN DEVELOPMENT PROGRAMS: A RESOURCE GUIDE

Of the estimated 250 million women in the world today who are considered disabled, approximately three-fourths live in "developing" countries. International development programs, however, even those specifically focusing on women, have rarely addressed the needs of women with disabilities nor have they included women with disabilities in community development ventures.

Women with disabilities experience double discrimination for being both female and disabled. Women with disabilities in poor countries are likely to be unemployed, destitute, illiterate, or without vocational training and to receive less food. Stigmatized within families, they are often hidden and isolated, are less likely to marry, and are more likely to be abandoned with children. Women with disabilities lack access to reproductive information and face unauthorized sterilization and having children removed from their care. The few rehabilitation services that exist prioritize men and neglect the needs of women.

Women with disabilities are a powerful untapped resource for development programs. It is time for women

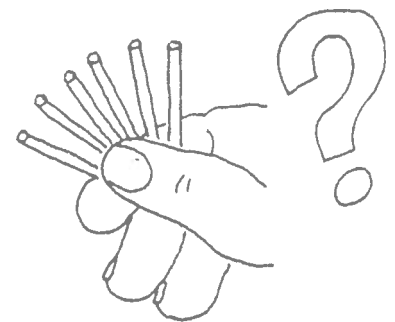
in development organizations to actively recruit and involve women with disabilities, to interrupt the cycle that keeps them stigmatized and isolated in their communities. Bridges must be forged between development organizations working with women, and women with disabilities who are working locally and internationally.



The booklet also aims to strengthen and expand networks around the world. In spite of the barriers, women with disabilities in every country are already involved in efforts to change their communities and become full and equal participants. They live and organize in developing countries, share information and resources, decide what issues are crucial, what positive steps have been taken, and what still needs to be accomplished.

"Including Women with Disabilities in Development Projects" will be available in the fall of 1994, with translations in French and Spanish. It will also be available on cassette. Please contact MIUSA if you have access to relevant information or if you would like to be notified when the booklet is available. Write to: DWD Project, c/o Mobility International USA, P.O. Box 10767, Eugene, OR 97440, USA

MIUSA is a non-profit organization that promotes and facilitates international educational exchange for persons with disabilities, with emphasis on leadership training and advocacy for the rights of people with disabilities around the world.



WOMEN WAIT FOR NORPLANT REMOVAL

Norplant requires surgery for removal. It causes intermenstrual bleeding and depression and is provider dependant. In Indonesia, more than 80,000 women are requesting removal. The plan now is to train midwives to do so.

Patricia McDonald, USA

(Continued from page 1)

poverty; and expansion is necessary to rationalize Bank activities in the health sector.

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Mobility International USA (MIUSA) will soon offer one such bridge. "Including Women with Disabilities in Development Projects," a booklet funded in part by the Global Fund for Women, promotes integration of women with disabilities into international community development efforts. The booklet offers resources and practical, low-cost strategies for making projects accessible, including non-English materials, bibliographies, and names of individuals and organizations that can provide information and expertise. Model programs are examined that have successfully involved women with disabilities in development activities, describing what worked, what did not, and what work still remains.

PHOTO NOVELLA BY CHINESE VILLAGE WOMEN: A COMMUNITY-BASED APPROACH TO INFORMING POLICY MAKERS

In developing countries, rural women are often neither seen nor heard, despite their extraordinary contribution to the labor force. Photo novella is an innovative methodology that puts cameras in the hands of rural women and other constituents who seldom have access to those who make decisions about their lives. As an educational tool, the practice of photo novella has three main goals: (1) to empower rural women and other ordinary people to record and reflect their lives, especially health needs, from their point of view; (2) to increase their collective knowledge about the community's health status; and (3) to inform policy makers and the broader society about health issues that are of greatest concern.

The China photo novella was carried out in Yunnan Province as part of a Ford Foundation-supported Women's Reproductive Health and Development Program conducted by rural women who photographed the home place, village, or environment in which they work, play, worry, and love. As a needs assessment tool, photo novella provided a creative and appealing method by which village women and several Womens Federation cadres could document the health issues of greatest concern, communicating them to policymakers, donors, program planners and implementers,

line agencies, the provincial and county guidance groups, and their own communities

The name photo novella denotes "picture stories." It provides participants the opportunity to spin tales about their everyday lives. These images and tales have the potential to reach generations of children to come. Most important, photo novella is a process. From the outset, we envisioned photo novella as a method that would not only contribute to the needs assessment, but also enable women to document, discuss, and organize around their collective health interests, with the shared aim of improving life conditions in their communities.

Women from almost every village reacted strongly to a photograph of a woman weeding her cornfield as her baby girl lay alone. The image was universal to their own experience. When families race to finish seasonal cultivating, when the workload is heavy, and when no elders in the family can look after young ones, mothers are forced to bring their babies to the field. Dust and rain weaken the health of their infants. Like many village households, the family has to work 4 mu of land. The photograph was a lightning rod for the women's discussion of their burdens and needs.



Another woman's picture showed that village children less than 4 years old commonly learn how to help care for their younger siblings. A 3 1/2-year-old boy is depicted feeding his less than 1-year-old baby brother. Finally, one woman took many photos that showed a tiny, distant speck of a person engulfed in a field of rice. When encouraged to take some pictures from a closer range next time, she said she wanted to show that one woman must grow this huge piece of land. Her imaginative photo accomplished exactly that.

Caroline Wang, USA

GRANTS FOR FIELD RESEARCH

The Center for Field Research at Earthwatch invites proposals for field research in women's health worldwide. WIPHN members are encouraged to apply for field research into the social, economic, and environmental determinants of women's health. Earthwatch provides researchers with nonspecialist, English-speaking volunteers who are screened according to the project's needs and join researchers in the field to assist with data collection. Field grants average \$20,000, with the amount determined by the number of volunteers utilized over the course of a field research season. Proposals are reviewed monthly and should be received one year in advance of anticipated field dates. Contact person: Program Officer Catherine J. Schlager, CFR, 680 Mt. Auburn Street, Box 403, Watertown, MA 02272, USA. Phone: 617-926-8200, Fax: 617-926-8532, E mail: cschlager@earthwatch.org





Photo credit UNICEF /5269/ Bethy Press (Somalia)

IMPACT OF FAMILY PLANNING ON WOMEN

Family planning programs are typically directed toward women. National population policies, moreover, seek to reduce birth rates by encouraging women to use contraception. Yet researchers have tended to measure the successes of family planning efforts by the numbers: numbers of contraceptives distributed, numbers of women who use contraception, and numbers of children born.

An important question has yet to be adequately addressed: Do family planning programs actually benefit women?

The impact of family planning—both positive and negative—on women's lives has received little study, particularly in developing

countries. Some anecdotal information exists, and considerable research has been done on how contraceptive use affects women's health. However, few studies have documented the influence of family planning on women's household work, on their access to job training and other development resources, on their status in the marriage relationship and the extended family, or on their own sense of self-worth and control of decisions which affect themselves and their children.

For instance, from the perspectives of women contraceptive users, has family planning improved their family relationships or led to more educational or work opportunities? What types of family planning services and methods do women want? How do the attitudes and actions of people who work in family planning programs affect women's experiences with contraceptive methods and programs? How does an unplanned pregnancy affect a woman's life? How do gender relationships influence women's experiences with family planning?

Family Health International, a nonprofit research organization with headquarters in the United States, has begun a five-year project supported by USAID to find answers to such questions through collaboration with women's organizations, family planning professionals, and researchers in several developing countries. Qualitative and quantitative studies will be supported in six to eight emphasis countries. In each country, the research agenda will reflect reproductive health issues which women's advocates, family planners, and researchers have identified as critical.

Research results will be widely disseminated to help family planning policy-makers, program managers, and providers develop services that are more responsive to the needs and perspectives of women.

For information on the Women's Studies Project, contact: Dr. Nancy Williamson, Director, Women's Studies Division, P. O. Box 13950, Research Triangle Park, NC 27709, USA.

A Mother In India

A mother in India is as diverse as the manifold cultures and castes that make up Mother India. There is no "typical Indian mother"; however, one household description follows.

Shanti, a 24 year-old Hindu woman, is illiterate yet facile in the art of caring for her children as she goes about her daily life in a rural village. The extended family includes her domineering mother-in-law, Om wati. Until her third child was born, she was the object of taunts by Om wati and was not permitted to practice family planning. When the third child was a male, there was much festivity. The many duties that fall to Shanti include tending the buffalo (feeding,



By Georgia Davis

washing, and milking), preparing the meals, gathering fuel and water, cleaning the house, washing clothes, and caring for the children, in-laws and her husband. She is expected to carry on with her infant son Om Prakash at her breast until her oldest daughter is able to carry the baby on her hip. Having babies and raising them is a very normal part of existence for Shanti, and she takes much pride in her children. She wants them to be educated. The day Om Prakash won 1st prize at the primary health centre under-5's clinic for his outstanding good health, attendance, and up-to-date immunizations was a joyous day for Shanti.

Sr. Lorraine Ryan, India.

POPULATION AND DEVELOPMENT

The International Population and Development Conference (ICPD) was held in Cairo September 3-13, 1994 and was truly a remarkable event which included representatives from 184 nations, thousands of activists, and a high number of women participants. New thinking in the international arena, particularly with rele-

growth and sustainable development and the importance of interconnectedness in developing strategies to ensure future human survival. The subsequent 12 chapters highlighted, topic by topic, the basis of action and the specific objectives in areas ranging from environmental issues, migration patterns, involvement of NGOs, re-

rights issues that slow down and reverse any qualitative and quantifiable change in human health, particularly of women, were more adequately illuminated. It is discouraging because the specific financial allocations towards these ends is less clear, as is the monitoring process. In addition, the multinational development, financial, and business organizations are outside of these negotiations, outside of public scrutiny, and not signatories to any of the agreements.

The process of the NGO Forum was equally intriguing. More NGO groups were made aware of government commitments and more promising ideas were shared than ever before. In addition, roundtables, panels, press conferences, interfaith dialogue, and excellent translation facility added to our ability to exchange information and process philosophic values face to face. It became clear that we are more global and less national citizens and that the world is fracturing more along ideologic/spiritual lines than national boundaries. The understanding of progress, quality of life, incentives, rights, family, and need are individually and socially determined. This most interactive international meeting has set the stage for the upcoming World Summit on Social Development (Copenhagen March 6-12, 1995) and the Fourth World Conference on Women (September 5-15, 1995)

Konia Trouton, Canada.



Basic needs and livelihoods cannot be ignored.

vance to women and their lives, was demonstrated. Commitment was reaffirmed to the Universal Declaration of Human Rights, the Convention of the Elimination of All Forms of Discrimination of Women, and the Agenda 21 document from the UNCED conference in Rio, 1992, among others.

The ICPD document also clearly stated a link between population

productive health, and the centrality of family to social integration. It is unfortunate that the popular press gave the wrong impression that the document focused on abortion, whereas the truth is that this was one paragraph in 14 chapters.

The ICPD document is encouraging in that the consumption patterns, environmental factors, and human

INTERNATIONAL CAMPAIGN FOR A STOP ON ANTIFERTILITY "VACCINES"

A worldwide campaign calling for a stop of the research on anti fertility "vaccines" has been signed by 369 groups and organizations in 54 countries. The signatories to the Call request: 1. a stop of the research on antifertility "vaccines" and 2. a radical reorientation of contraceptive research, not guided by population ideology but enabling people—particularly women—to exert greater control over their fertility without sacrificing their integrity, health, and well-being. This type of contraception works by manipulating the immune system of women with many unknown, uncertain, and worrisome effects. It cannot be "switched off" after it is given, it is unpredictable in that it may cause autoimmune disease, and it may be unsuitable at a time when AIDS is spreading.

Source: Women's Global Network for Reproductive Rights, NZ Voorburgwal 32 1012 RZ Amsterdam, The Netherlands.



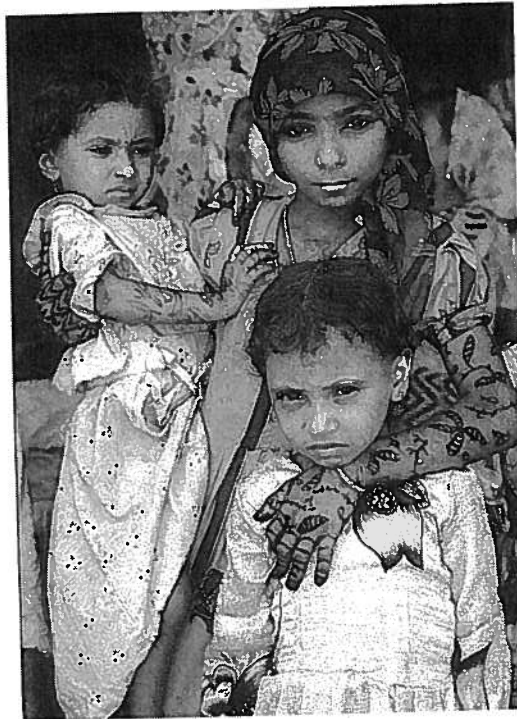


LET'S CHANGE THIS

While working in Nepal as a Peace Corps volunteer teaching community health nursing to first year students, I conducted research with first-year nursing students to determine the impact, if any, of kitchen gardens and food availability on the nutritional status of children. We found that children in homes with gardens did have better nutritional status than those in homes without gardens. Children aged 18 to 36 months especially benefited. Unfortunately, female children regardless of age or presence of a garden were more likely to be malnourished than the males. In Nepal, the girl child is not regarded or valued as much as the male child. The girl child works harder and longer but is valued less in the way of health care and food. She receives the smaller share of food, and sons are given preference in the distribution of the most nutritious foods (UNICEF 1992).

While conducting another nutrition survey for the Institute of Community Health—a nongovernment organization based out of Kathmandu, Nepal, we found that nearly 80% of the children were malnourished and 18% had Vitamin A-deficiency eye diseases such as xerophthalmia. What can we do to change this? Many factors are involved in malnutrition and micronutrient deficiency diseases. Some of the major factors are poverty, illiteracy, and lack of food. The lack of a proper education in women with small children and inadequate food production pose serious problems. These problems cause a cycle of poor health,

Girls and women: A UNICEF development priority



poor nutritional status, and poor development. Mothers of small children need proper nutrition education about when to feed a child, how often, and what quantities of food for the correct proportions. A good diet must meet a child's requirements for energy and all other nutrients. Nutrition education needs to be one part of the total program, which includes increasing the availability of the food supply (as in kitchen/home gardens) and protecting the health of the family. With the resources of education, vegetable seeds, a small piece of land, water, and fertilizer, mothers can plant a small vegetable garden and provide a healthy supply of food for their families. The nutrition education can be provided to the women in the community at a location where they normally gather—the water taps, markets, or women's or mother's group meetings. It is a small step towards making a big change in the health of their children.

Feeding the girl children as well as the boy children should be encouraged.

Ruth B. Grubestic, USA

UNICEF (1992) *Children and Women in Nepal: A Situational Analysis*. National Planning Commission, HMB, Kathmandu, Nepal.

Editors note: It is imperative that this discrimination against the girl child, even in feeding, be rectified.

50 YEARS IS ENOUGH CAMPAIGN

A coalition is organizing around the 50th anniversary of The International Monetary Fund and the World Bank. Through structural adjustment programs and other projects, the IMF and the World Bank have cut off spending on health care, education, and sanitation and have contributed to increasing global inequity and poverty. More than 50 environment, development, religious, labor, student, and health groups have joined the coalition.

Platform Summary

1. Institutional reform for more openness, full public accountability, and the participation of affected populations in the decision-making standard at the World Bank and IMF.
2. A shift in the nature of economic policies to support equitable, sustainable, and participatory development.
3. End all environmentally destructive lending and support more self-reliant, resource conserving development that preserves biodiversity. Included in this is a moratorium on world bank funding for the construction of large dams.
4. Scaling back of the financing, operations, role, and hence, power of the World Bank and the IMF and the rechanneling of financial resources thereby made available into a variety of development assistance alternatives.
5. A reduction in multilateral debt to free up capital for sustainable development.

For full report contact CHIRCA NEWS 347 Dolores St., #210, San Francisco, CA, USA.

CRIMES WITHOUT PUNISHMENT

Sexual Harassment and Violence Against Female Students in Schools and Universities in Africa

African Right's research suggests that there is a pandemic of sexual violence and harassment in educational institutions in Africa, acting as a major constraint on the ability of women to pursue their studies and hence their chosen careers. In every country for which African Rights has evidence, the problem is very serious. In South Africa, some girls have stopped going to school altogether for

some women's residence halls, members of these clubs have removed all the locks from the doors. Many women students live in fear of attacks by members of these clubs. Girls and women have also been raped by policemen and soldiers during confrontations between students and forces of the state.

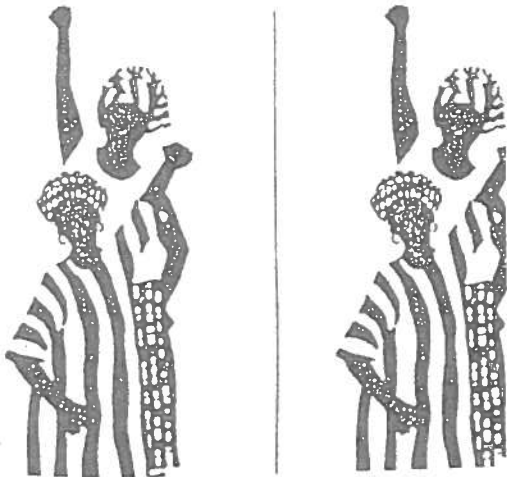
Teachers are in the position of authority and trust over their students, but frequently they have been known to threaten to fail students, or to publicly humiliate them, to try to coerce them into entering a sexual liaison. Economic hardship has increased the pressure on students to do well, and hence to succumb to their teachers' advances; in other cases, female students are compelled to supplement their inadequate incomes by turning to part-time prostitution,

The acute problem of sexual violence reflects a profound failure to address the issue of sex education in African educational institutions. An alarming number of sexually active students seem unaware of the dangers of unprotected sexual intercourse and pregnancy. Hundreds of thousands of young women are forced to abandon their education each year through unwanted pregnancy. Those who seek an abortion run the risks of dangerous operations by unqualified practitioners; an unknown number die or suffer serious medical complications as a result. Few counseling services are available.

There is a pressing need for sex education in African schools, a topic regarded as off limits. Critics, including medical doctors, point out that school is the best place for youngsters to learn a responsible attitude towards sex, their concepts heightened by fear of AIDS. But the efforts of government officials, women's groups, voluntary organizations, and others to include sex education in the school have frequently been thwarted by opponents citing religious and moral objections.

What is more encouraging is that African women are increasingly recognizing the scale and importance of the problem of sexual violence and harassment in schools and universities and are speaking out. The growing number of initiatives by student unions, academies, human rights and women's organizations, and nongovernmental groups to publicize and tackle these issues reflect a new courage to confront and challenge social taboos that have been the source of immense pain to girls and women throughout Africa.

African Rights, England



fear of rape; sexual violence in school dormitories and university residence halls is common in many countries; and more than 10,000 young women drop out of school in Kenya every year on account of pregnancy. Sexual abuse of very young school girls is also on the increase, with the fear of AIDS encouraging older men to seek out young girls. However, while the many social and economic constraints on women obtaining an education in Africa are the subject of much concern, the issue of sexual violence and harassment has been largely neglected.

Some of the worst offenders are members of student clubs and cults. Members of these clubs prey on female students, subjecting them to offensive and demeaning verbal abuse, "cartooning" in obscene campus publications, and outright harassment. In

but are unable to insist on safe sex.

As well as the feelings of shame that deter women the world over from reporting their experiences, the authorities to whom they should report are often the very people responsible for the abuse. Fear of expulsion and further violence prevents many victims from reporting what they have experienced. The authorities do not regard sexual harassment and violence as serious offenses, an attitude that is reflected in very lenient treatment given to sex offenders. Victims, particularly if they are pregnant, usually suffer again--they are expelled from school and socially ostracized. Reflecting the wider problem of violence against women, those who speak up on behalf of victims often obtain little support in the community at large.

EXPRESSING OURSELVES: BREAST PUMPS

Expressing breastmilk is an unusual practice. Expressed milk is usually discarded because it is considered polluted, spoiled (by the evil eye, hot sun, etc.). Occasionally, breastmilk is extracted to cure eye disease or relieve fullness (a few drops only). Rarely is breastmilk expressed and saved for later feeding. The removal of breastmilk from the breast except by a baby is a very recent and unnatural act. In North America, women are encouraged to use a hand or pump expression when they return to work. Women do not like it. They do it because when they want to work and breastfeed, they have no other options. The question is not whether to support or condemn breast pumps but to determine whether they increase women's choices and are better than other alternatives for the individual, the community, and social institutions involved with breastfeeding mothers.

The equipment is of limited necessity internationally and potentially damaging to women's self-confidence. Breast pumps create dependency on a fallible piece of technology instead of encouraging a human solution.

Breast pumps in the workplace are being offered instead of breastfeeding support programs such as on-site infant care, lactation breaks, and reasonable paid maternity leave.

1. Breast pumps are not a universal need of breastfeeding mothers. Mothers can hand express and feed expressed milk without the use of a bottle.

2. Breast pumps contribute to medicalization of the breastfeeding process and put the emphasis on the product; this wrongly suggests that breastmilk and formula are equivalent.

3. Breast pumps are not the most cost effective.

*From WABA, PO Box 1200, 10850
Penang, Malaysia*

SEND YOUR COMMENTS TO WIPHN.

THE REBOZO WAY



A rebozo is a shawl worn by women and girls of all ages in Mexico for warmth, protection from the strong sun, during ceremonies, or to carry whatever is needed at the moment. The Rebozo Way of Life is a sentence that describes a mobile, social, and instinctively close relationship of mothers and babies worn in a cloth wrap or shawl most of their waking hours. It is practiced now worldwide in such places as Asia, Africa, Latin America, England, and Wales. The mother/child pair moves as a unit; the parent carries on with the task at hand while the baby watches in a state of quiet alertness. It creates a simultaneous bonding and freedom as well as a feeling of rightness. Every time we strive to integrate work, family, and community—when we respond to the gentle rhythm of a slung baby rocking against us, we are acknowledging and honoring the ancient and time-worthy Rebozo way of Life.

Barbara Wishingran, California

*For information and orders, write 6063
Ethel Avenue, Van Nuys, CA 91401 USA.*



CONTINUING EDUCATION Lifelong Learning

According to Freire (1973) education is a humanizing process. It is a process of dialogue and encounter, not the mere transmission of facts or technical skills. Education involves learners in the discovery of their work world. It is a dynamic process through which learners reflect critically on a problem. Neither problems nor solutions are handed over to learners. The learners are so involved with the educators that in a dialectic process, they proffer solutions: rethink what is known. Freire's dynamic view of education is well suited to a continuing education framework.

In Nursing, continuing education consists of planned learning experiences beyond the basic nursing education program designed to promote the development of knowledge, skills and attitudes for the enhancement of nursing practice, thus improving health care to the public. Continuing education then helps nurses to enhance the competence of their role.

A continuing education program is meant to:

1. Promote individual responsibility and accountability of nurses for their continued learning and application to practice;
2. Provide learning experiences for nurse practitioners to increase role competence;
3. Facilitate the incorporation of nursing science into nursing practice; and
4. Provide nursing content and competence experiences to accommodate changes in health care delivery system.

Pertinent questions are:

1. What kind of continuing education experiences can improve nursing competence?
2. What kind of continuing education experience can affect client care? Currently, emphasis is placed on nontraditional methods of learning not under the direction of a recognized higher education institution where learners contribute their experiences and questions to enable educators to rethink. The nurse actively chooses and redirects the as-

assessment of learning needs. It is necessary to evaluate continuing education from a practical point of view.

The practitioner's behavior after exposure to continuing education should improve clients' total care. With this concept, continuing education should be mandatory in order to improve standards.

Rachel Babalola, Nigeria

OSTEOPOROSIS IS PREVENTABLE

Many women don't know that osteoporosis is preventable and treatable through a calcium-rich diet and regular weight-bearing exercise like walking or aerobics.

People interested in receiving educational materials about osteoporosis should send a stamped, self-addressed, business-sized envelope to Osteoporosis materials, Older Women's League, 666 Eleventh Street NW, suite 700, Washington, DC, 20001, USA.



MEETINGS

Women's Health Conference, December 2-4, 1994, Johannesburg, South Africa. Contact: Priscilla Pietersen, Women's Health Project, Center for Health Policy, c/o SAIMR, P.O. Box 1038, 2000 Johannesburg, South Africa.

Annual International Conference on the Theory and Practice of Human Lactation, Breastfeeding Management and Research, January 28-30, 1995, Orlando, Florida, invites the submission of abstracts to be considered for paper presentations and poster sessions. Content should demonstrate the applications of strategies to human lactation,

breastfeeding management and research. Case studies are also acceptable. For more information contact: Lois Arnold, MPH, IBCLC, 236 N. Quaker Lane, West Hartford, CT 06119, USA

Women's Health course. WHO Collaborating Centre for Women's Health 15 January-10 February. Key Centre for Women's Health, The University of Melbourne, 211 Grattan St. Carlton, Victoria, Australia 3053.

La Leche League International's 14th International Conference on Breastfeeding, Parenting, and Nutritional and Healthy Lifestyle Topics, 8-11 July, 1995, Chicago, USA.

The American Academy of Pediatrics and La Leche League International will cosponsor a seminar for physicians on breastfeeding in Chicago, Illinois. July 6-8, 1995 at the Chicago Hilton and Towers. Contact person: Carol Kolar, Director of Education and Meetings La Leche League International 708-519-7730.

4th United Nations Conference on Women, Beijing 4-5 Sept., 1995.

24th Triennial Congress of the International Confederation of Midwives. 26-31 May, Oslo 1996

Managing health programs in developing countries. June 19-August 11, 1995. Harvard School of Public Health. For further information contact; Anne Mathew, Ph.D., Harvard Health Management Group, 677 Huntington Av., Kresge 725 Boston, MA 02115, USA.

Legal, Medical and Ethical Issues in Women's Reproductive Health and Neonatology January 5-7, 1995. The Ritz Carlton, Naples, Florida. For information write Ethics Conference Registrar, American Society of Law, Medicine and Ethics 765, Commonwealth Av., MA 02215, USA.

ORGANIZATIONS THAT HAVE JOINED WIPHN

ACT/WID, Association for Creative Teaching/Women in Development, is a non-governmental organization working for the improvement of grassroots women in rural communities by carrying out training programs for women in human resources development addressing women issues in the areas of health, agriculture, business and education through workshops, conferences and meetings. Its main goal is to bridge the gap through non-formal education empowerment of grassroots women. Contact: Mrs. Mary Chu, 11700

Old Columbia Pike Road, # 1014, Silver Spring, Maryland 20904, USA

APULA, A professors association of Venezuela, plans publishing in different newspapers "Peace Mail" and a biweekly bulletin. Send donations to Carmen Aranguren Rincon, Banco Mercantil, Cuenta Corriente 1065-04369-4, Sucursal Merida, Venezuela.

National Women and HIV/AIDS Project develops model programs for women living with HIV/AIDS to become more effective advocates: to train women to have an impact on national and local HIV/AIDS policy, to ensure women living with HIV/AIDS are involved in the development of programs and policies. Contact: Toni Young, P.O. Box 53141, Washington, D.C. 20009, USA.

National Women's Law Center is a national resource for advancing the status of women through law to protect and develop women's rights. Write: 1616 P Street, N.W., Suite 100, Washington, D.C. 20036, USA.

Pacific Institute for Women's Health is an independent, nonprofit organization affiliated with the Schools of Public Health at UC Berkeley and UCLA which supports training, research, and community service activities in public health. Contact: Joanne Leslie at 2999, Overland Avenue, Suite 218, Los Angeles, CA 90064, USA.

POPTECH (Population Technical Assistance Project) provides short-term technical assistance to U.S. Agency for International Development population projects and to consultants that carry out needs assessments and design and evaluate projects. Phone 1-703-247-8630 or fax 1-703-247-8640.

PRODEMU is a governmental organization working in all the regions of Chile for the advancement and development of women through primarily educational workshops in such areas as communication, athletics, arts and literature. The goal is to create a support network among women and to provide them with more and new opportunities for leadership roles within their communities. Contact: Sallie Ciria, Alcazar 419, Rancagua, Chile.

Reproductive Health Technologies Project is a nonprofit organization that focuses on dialogue, consensus building, and advocacy to advance every woman to achieve full reproductive freedom. Contact: 1601 Connecticut Avenue, N.W., Suite 801, Washington, D.C. 20009, USA.

South Cotabato Women Inter-Services Center for Development, Inc. is a nongovernmental service institution for women in the province of South Cotabato, Philippines. Work has been centered on organizing poor women into urban committees on maternal health issues, specifically the lack of pre- and postnatal care facilities, death from abortion, toxemia, malnutrition, and other pregnancy-related problems. P.O. Box 203, General Santos City, 9500 Philippines.

UIC (International Educational Partnership in Pediatrics), a collaborating center for the WHO, offers several graduate-level programs for women in health professions and prepares them for leadership roles in ministries of health, schools of medicine, nursing, public health, etc. There is a combined MHPE and pediatrics residency training program. Contact: Ara Tekian, PhD, International Programs, University of Illinois College of Medicine, Dept. of Medical Education, 808 S. Wood, MC 591, Chicago, IL 60612, USA Phone: 312-996-8438, fax: 312-413-2048.

Women Development Consultants is a new organization managed by women to offer the best in women's consultancy skills worldwide to projects in aid-recipient countries. The long-term objective is to integrate women into development on equal terms with men. It promotes women professionals from all sectors and has close links with other organizations and networks. Contact: Elizabeth Bryant, Top Floor, Goldsmith Building, Temple, London EC4Y 7BL, England.

Guatemala Partners supports Guatemalans who work for justice-based development and grassroots leadership. The four focus areas are women, health, environment and the Mayan culture, refugees, and communities affected by violence. In the USA, communities are educated and "partnerships" are offered with Guatemala grassroots projects. Write: 945 G St. NW, Washington DC 20001, USA tel. 202-783-1123.

Native American Women's Health Resource Center. This is the first such center to be located on a US reservation. Its domestic violence program has opened a shelter near the resource center for battered women and those sexually assaulted. Contact: Charon Asetoyer, PO Box 572 Lake Andes SD 57356-0572, USA.

Women's Health Issues Project (WIP) of the Estonian Ecumenical Relief Organization has established a woman's resource center in Tallinn, the capital of Estonia. The objective of the Woman's Issue Project

is to make Estonian women aware of the issues involved in gender equality as an integral part of human rights.

VIDEO

My Body's My Business. A video by Vivian Kleiman. The most nitty gritty safe sex instruction. Prostitutes discuss choices when their partner refuses to use a condom. Duration 16 minutes. \$125 institutions, \$60 community-based organizations, \$10 shipping. Libra Films, 2600 Tenth Street, Berkeley, CA 94710, USA. To order call: 1-800-343-5540.

JOB ANNOUNCEMENT

The National Women's Law Center is looking for a Senior Development Associate to work closely with the Vice President for Development and aid in the development, implementation, and management of the development program. Must have three to five years of fundraising experience, excellent oral and written skills, and ability to meet deadlines and work independently. College degree or equivalent and interest in the work of the Center are a must. Salary to \$33,000 or commensurate with experience. Send resume with cover letter to: VP Admin/Finance, NWLC, 1616 P Street NW, Suite 100, Washington, D.C. 20036, USA.

PUBLICATIONS

CHRICA News, Committee for Health Rights in Central America, Contact Hope Mohr, 347 Dolores Street, #210, San Francisco, CA 94110, USA

Delegates' Guide to Recent Publications for the International Conference on Population and Development, compiled by the cooperating agencies working group on material developed and media activities (USAID). Contact: Nancy Yinger, Delegates' Guide, Population Reference Bureau, International Programs, 1875 Connecticut Avenue, NW, Suite 520, Washington, D.C. 20009, USA. Phone: 202-482-1100.

Ethics, newsletter of the International Network of Feminists Interested in Reproductive Health, Vol. 3, Issue 2, 1994, 1436 U Street, NW, Suite 301, Washington, DC 20009-3997, USA.

Factors Predictive of Low Birthweight, Growth Retardation and Preterm Birth in Jamaica. M. Samms-Vaughan, Department of Child Health, University of West Indies, Mona Campus, Kingston 7, Jamaica, West Indies.

Gender and Generation in the World's Labor Force, Module One: International and National Trends, USAID, 320 22nd Street NW, Washington, DC 20523, USA.

ICPD 94, No. 18, August 1994, newsletter from the International Conference on Population and Development, Cairo, Egypt, 5-13 September, 1994. 220 E 42nd Street, 22nd Floor, New York, NY 10017, USA.

NARP NEWS, newsletter published by the Natural Resources Protection Group, Phone: 444251, fax: 452674, P.O. Box 10521, Khartoum, Sudan.

NU, News on Health Care in Developing Countries, published by the International Child Health Unit, Department of Pediatrics, Uppsala University, Sweden. Contact: ICH Akademiska Hospital, Entrance 11, S-751 85 Uppsala, Sweden.

NWEC Newsletter published biannually by the National Women's Education Centre of Japan. Contact: International Exchange Unit, Information and International Exchange Division, National Women's Education Centre, Sugaya 728, Ranzanmachi, Hiki-gun, Saitama 355-02, Japan. Phone: +81-493-62-6711, fax: +81-493-62-6721.

Population Reports, Opportunities for Women Through Reproductive Choice, Series M, No. 12, Special Topics, June 1994. Contact: Population Information Program, The Johns Hopkins School of Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202, USA.

Promoting Sexual Responsibility in the Philippines Through Music, Occasional Papers Series, No. 3, Center for Communication Programs, Johns Hopkins School of Public Health, 111 Market Place, Baltimore, MD 21202-4012, USA. Phone: 410-659-6300.

Religious Communities and Population Concerns by B. Musembi, D. Anderson, published by Population Reference Bureau, Inc., 1875 Connecticut Ave. NW, Suite 520, Washington, D.C. 20009 USA.

Reproductive Health and Justice, proceedings from the International Women's Health Conference for Cairo '94, January 24-28, 1994 in Rio de Janeiro, IWHC, 24 East 21 Street, New York, NY 10010.

Safe Motherhood, Obstetric and Contraceptive Surgery at the District Hospital: A Practical Guide. WHO, Safe Motherhood Programme, Division Family Health, 1211 Geneva 27, Switzerland.

Safe Motherhood, a newsletter of worldwide activity, WHO Division of Family Health, 1211 Geneva 27, Switzerland.

TB, A Global Emergency, WHO Report on the TB Epidemic, 1211 Geneva 27, Switzerland.

The Progress of Nations. The nations of the world ranked according to their achievements in child health, nutrition, education, family planning, and progress for women, 1994, UNICEF House, 3 UN Plaza, New York, NY 10017, USA.

The Tribune, a Women and Development Quarterly, IWTC, 777 United Nations Plaza, New York, NY 10017, USA.

Voices for a Compassionate Society, Contact: Change of Heart, Inc., P.O. Box 868, Kyle, TX 78640-0868, USA.

Women Envision, distributed free to women's groups in countries in the South.

ISIS International, 85A East Maya Street, Philamlife Homes, Quezon City, Philippines.

Women and Population Policies, published by ISIS and the Latin American and Caribbean Women's Health Network, July 5-9, 1993, Casilla 2067, Correo Central, Santiago, Chile.

Women's Health Journal, Women Population and Development, Latin American and Caribbean Women's Health Network, Casilla 2067, Correo Central, Santiago, Chile.

Women's World, No. 27, 1994, ISIS-WICCE, Box 4934, Kampala, Uganda.

PANOS. Private Decisions, Public Debate: Women, Reproduction and Population Panos London, 1994 White London St., London N1 9PD, UK

Sen G., Germain A., Chen L.C. **Population Policies Reconsidered: Health, Empowerment, and Rights**, 1994 Harvard University Press. National Perinatal Epidemiology Unit Report 1993 National Epidemiology Unit, Radcliffe Infirmary Oxford OX2 6HE, UK

Refugee Women and Reproductive Health Care. Reassessing Priorities. Wulf D. Womens Commission for Refugee Women and Children.

Womens Health--Towards a Better Life. Global Commission on Women's Health 1994, WHO. Geneva, 1994.

A New Agenda for Women's Health. World Bank, Washington, DC, USA.

Female Genital Mutilation: An information kit. Division of Family Health, World Health Organization, Geneva.

Lawrence R. **Breastfeeding. A guide for the medical profession.** Mosby, St. Louis. 4th Ed. 1994. This book is a must reference for the medical profession. It is very detailed and covers physiology, anatomy, biochemistry, immunology, and a wide range of subjects including drugs and breastmilk as well as breastfeeding support organizations. There are many charts

and figures as well as 17 appendices with much useful information.

Childbearing policy within a national health program: an evolving consensus for new directions. Collaborative position paper 1994 Women's Institute for Childbearing Policy, Box 72, Roxbury, VT 05669

Women and Health in Latin America and the Caribbean: old issues and new approaches. Women Health and Development Program PAHO, Washington, DC USA.

Mother and Child Health. Delivering the Services. Williams C.D., Baumslag N., Jelliffe D.B., 1994, 3rd edition, Oxford University Press, New York. This book has been updated, revised, and contains new facts, figures, and insights.

Adolescent Health and Development. The key to the future. 1994 World Health Organization, Geneva.

Cook R. **Human Rights in Relation to Women's Health.** 1993 WHO, Geneva.

Care of mother and baby at the health centre: A practical guide. Maternal Health and Safe Motherhood Programme, Division of Family Health, 1994, WHO, Geneva.

Women's Lives and Experiences. Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton MD 20705 USA.



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

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

Our next issue will be on women's health concerns for Beijing.



THINK GLOBALLY, ACT LOCALLY



The Women's International Public Health Network

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

Who Is It For?

Any woman working in public health.

What Are The Objectives?

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

What Do We Do?

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

- Act as a resource for funding information and opportunities for members.
- Research neglected women's health areas.
- Provide employment information through a job bank.

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