

## WOMEN'S INTERNATIONAL PUBLIC HEALTH NETWORK NEWS



WOMEN HOLD UP HALF THE SKY

### SAFE MOTHERHOOD

Some 500,000 women throughout the world die each year from causes related to pregnancy. Almost 99 percent of these deaths occur in the developing countries, principally in South Asia and Sub-Saharan Africa. At least as many infants and siblings do not survive their mothers. As for the women who do survive, many millions of them suffer ill health and disability, some ostracized from their families. Maternal mortality is the leading cause of death among young women in many developing countries, and both illness and death from childbearing afflict poor women and their families disproportionately.

In February 1987 the Safe Motherhood Conference took place in Nairobi, bringing together 140 health system experts from 30 countries and the Executive Heads of 4 large international organizations. The Head of the United Nations Development Programme, William H. Draper III, described the purpose of the Conference "to focus world attention on a long neglected area in primary health care: the fragile state of maternal health in which we are confronted by an unacceptable anachronism."

The conference worked on defining strategies, appropriate technologies and resources. Dr. Mahler, Head of WHO, defined what for him were the four essential elements for maternal health:

*First*, adequate primary health care at all levels and an adequate share of the available food for girls from infancy to adolescence, and family planning universally available to avoid unwanted or high risk pregnancies;

*Second*, after pregnancy begins, good prenatal care, including nutrition, with efficient and early detection and referral of high-risk patients;

*Third*, the assistance of a trained person for all women in childbirth, at home or in a hospital; and,

*Fourth*, women at higher risk and, above all women in those dire emergencies of pregnancy and childbirth, must all have effective access to the essential elements of obstetrics.

The Safe Motherhood Call to Action was adopted by Consensus at the Conference. It recommends specific, affordable health initiatives to address the health risks and medical emergencies that lead to maternal death. It also acknowledges that high rates of maternal mortality reflect the underlying disadvantages and discrimination suffered by women. It recommends, therefore, that efforts to improve maternal health focus on the chain of poor nutrition, illiteracy, lack of income and employment opportunities, inadequate health and family planning services, and low social status - all the factors that expose women to increased health risks dur-

ing pregnancy and childbirth.

The primary action to fulfill these commitments must be by governments and those organizations at country level. Ten countries and the Arab Region have national or regional workshops underway to implement the recommendations. On the part of the international organizations, they pledge to provide the technical and financial support to developing country governments that request help in implementing programs to ensure Safe Motherhood. The World Bank and the UNDP each pledged \$1.0 million to the establishment of a Safe Motherhood Operations Research Fund, administered by the World Health Organization. A network of people skilled in defining and responding to the "last anachronism in PHC" is gradually building.

WIPHN is part of the initiative to bring together women with a commitment in this field.

For the conclusions and recommendations of the Safe Motherhood Conference, you may write for:

(a) *Preventing the Tragedy of Maternal Deaths (IB0988)*

(b) *The Safe Motherhood Initiative: Proposal for Action (DP009)*

Costs for developed country requests are \$6.50 each with \$4.50 in postage for airmail outside the USA. Developing country requests are generally given without charges. The address is: World Bank Publications, Dept. 0552, Washington, D.C. 20073-0552

For WIPHN members interested in submitting proposals to the Safe Motherhood Operations Research Fund, you may contact: Director, Family Health Organization 20, Avenue Appia, 1211 Geneva 27 Switzerland.



*WIPIN Board Member Katherine Springer with the First Lady of Indonesia, Dr. Rita Thapa, WHO Regional Advisor, Manila, and Anastacia Guimarães, Director, Mozambique Women's Organization*

## STATISTICS AND RHETORIC

*"Motherhood is eternity"* A. Oakley

Safer motherhood is more appropriate than safe motherhood as no pregnancy is absolutely safe. Safe water is achievable through relatively simple measures. Much more is involved in motherhood than the narrow focus on delivery. To keep a sick mother alive in wretched misery is not enough. As many as one in ten births result in handicapped infants and mothers provide the unpaid care as well.

Maternal mortality is largely preventable. Measures could be better defined if data were more accurately recorded and age specific rates determined. Maternal mortality is a measure of the rate of deaths from maternity and calculated as the number of women who die per 100 (developed) and 100,000 (developing countries) live births. As a measure of rate it is limited as it generally only reflects the puerperal period, excludes stillbirths and abortions and is not sufficiently accurate to be a useful measure of the risk of pregnancy. (Fox, Hall and Everbuck). For identification of interventions, age specific rates that are more representative need to be determined. Barbara Kwast in an Ethiopian study found that 50% of mothers who died in maternity had unwanted pregnancies.

Although it's right to try and improve conditions of delivery, it can be dangerous to neglect the circumstances of pregnancy. Work causes fatigue, yet not much research has been done on this. Women in the nursing profession have higher perinatal mortality rates. International Labor Organization recommends women not work at night but this has not been practiced in nursing where work conditions, status and pay are less than desirable. Research on housewives (the largest unpaid sector of the workforce with long hours of work and low status), has revealed they have the highest perinatal mortality rates. Furthermore, research reveals that pregnant women are three times more likely to be battered than nonpregnant women, so certain men may constitute a risk factor.



Women are seen as vehicles of child health rather than as primary health care beneficiaries. To change this, the M in MCH needs to be changed to WCH so that more comprehensive services can be provided for women throughout their life cycle.

NOTE: If there are any relevant research articles on women's perspective in maternity, please send them to us or the references as we are pulling them together.

### APPROPRIATE TECHNOLOGIES FOR SAFER MOTHERHOOD

PATH (Program for Appropriate Technology in Health) is a non-profit, non-governmental organization working to improve the effectiveness, safety, availability and acceptance of health products and technologies in developing countries. Technologies which contribute to the health of mothers and children receive special attention. Through PATH's Safe Birth Program, which has on-going projects in Malawi, Yemen Arab Republic and Zambia, technologies related to pregnancy delivery and newborn care are field-tested. Key Safe Birth technologies are selected for each country after an assessment of current practices employed by traditional birth attendants along with the major causes of maternal and prenatal mortality and morbidity. The technologies range from inexpensive urine test strips to color-coded devices which detect low birth weight infants, pictorial record-keeping systems and information materials for patient care, community epidemiology and technology assessment.

For further information contact PATH, 4 Nickerson Street, Seattle, WA 98109-1699, USA Phone # (206) 285-3500.

**INTERNATIONAL DAY OF ACTION FOR  
WOMEN'S HEALTH  
MAY, 1988**

This day of Action is being coordinated by the Women's Global Network on Reproductive Rights and the Latin American & Caribbean Women's Health Network/Isis International. The Women's International Public Health Network is a sponsor.

On May 28, 1988, members of our Networks and others are organizing activities and events around the world to draw attention to maternal mortality and how it can be prevented. We call on everyone who wants to see an end to maternal mortality to organize and support these activities in their own countries.

**WE DEMAND**

Studies in every country to determine the actual incidence and causes of maternal mortality in pregnancy and childbirth and abortion, and publication of the results of these studies.

**PREGNANCY & CHILDBIRTH**

- Case by-case studies by medical staff of all recorded deaths in pregnancy and childbirth to determine how they could have been avoided
- Legislation of midwifery in all countries and comprehensive training for midwives & birth attendants
- Pregnancy and birth preparation for women
- Antenatal care and support during birth for all pregnant women, provided by trained midwives & attendants
- Availability of appropriate obstetric and post-natal care for complications in pregnancy and childbirth
- Re-education of doctors and changes in medical education to reduce the unnecessary use of caesarians, ultrasound, drugs and episiotomy in low-risk pregnancies.

Better training in detection and treatment of complications which arise.

**ABORTION**

- De-criminalisation of abortion in every country
- Training in how to do safe abortions for midwives, nurses and doctors
- Provision of safe abortion facilities by trained and sympathetic staff for every woman who wants an abortion.

**SOCIAL, HEALTH CARE & OTHER CHANGES**

- Re-distribution of the world's food supply, so that no one need go hungry. Provision of adequate housing, clean water and public health care to all
- Treatment of infectious diseases and other illnesses which make pregnancy life-threatening
- Sex education for all young people
- Public education for both men and women on the importance of birth spacing for women's health. Provision of the full range of birth control information and methods to both men and women, bearing in mind that condoms also help to prevent cervical cancer and all sexually transmitted diseases
- Raising of the marriage age for girls with concomitant provision of training, education, and jobs replace the need for early marriage
- Improvement of women's social status by the removal of policies and laws which discriminate against women. Public education on how discrimination against girls, which starts from birth, threatens our health and lives.

For further information contact: Women's Global Network on Reproductive Rights, PO Box 4098, 1009 AB Amsterdam, the Netherlands, Tel (20) 92-39-00 or Isis, Casilla 20676. Correo Central, Santiago, Chile, Tel (2) 490271



## NURSES VITAL ROLE AS LEADERS IN THE SAFE MOTHERHOOD INITIATIVE

*"The nurse is the mirror in which is reflected the position of women through the ages."*

V. Robinson

In most countries, nurses are the backbone of the health care system. In developing countries, they are usually the main link between individuals, families and the rest of the health system. Because of their closeness to prevailing health problems, they have a unique understanding of community needs. In spite of this key role, in the majority of countries nurses have not been included in the development of health policies. This situation is rapidly changing as nurses take charge for developing strategies for action.

Close coordination with the WHO Global Nursing Development Program and The International Council of Nurses has resulted in a cadre of nursing leaders in the developing world taking responsibility for the changes which are required at all levels of the health care delivery system to make motherhood safer. Networks of nursing leaders are being formed to share resources and to provide professional input, support and endorsement for the development of innovative programs.



## NURSES IN THAILAND PLAYING LEADERSHIP ROLE IN SOUTHEAST ASIA

Under the direction of Mrs. Paga Settachan, Director, Nursing Colleges Division in Bangkok, nurses in Thailand are demonstrating a commitment and developing a strategy at the national and international level to strengthen the role of nursing in primary health care. In March of 1987 Thai nurses hosted an Inter-Regional Workshop on Concerted Action For Nursing Development towards Health for All and Primary Health Care. In addition, with assistance from the MEDEX Group, through funding provided by USAID, Mrs. Paga along with her dedicated and capable staff, are in process of implementing a program utilizing innovative methods to provide nurses in education and service with the leadership and management skills necessary for expanded roles in improving the delivery of health services at the community level.



*Nursing Leaders in Phitsouluk, Thailand*



*"As a woman I have no country. As a woman my country is the whole world."*  
Virginia Wolfe

## THE NATIONAL COUNCIL OF NEGRO WOMEN, INC.

The National Council of Negro Women, Inc. (NCNW) was founded in 1935 to harness the power of Black women in the United States as part of an international sisterhood. NCNW is an umbrella organization that unites national Black women's organizations into a powerful force for creative change; it is the collective organizational strength of approximately four million Black women composed of affiliated and community-based organizations.

The goals of the International Division of NCNW are to work toward the advancement of Black women in the diaspora and their families by working principally in partnership with women's organizations. The International Division, which was founded in 1975, has undertaken successful projects designed to improve the social and economic status of women in Togo, Senegal, Botswana, Swaziland, Mozambique, Zimbabwe and other African countries. It is expanding its work to other African countries. These joint efforts have helped these women to build wells, manage water resources, increase food production and launch income-generating projects.

The National Council of Negro women has a new publication "*Sisters*" featuring health, educational international and lifestyle articles, film and book reviews.

Information can be obtained from Alturia Bell, 701 North Fairfax Street, Suite 330, Alexandria, VA 22314.



*Pam Putney, Naomi Baumslag, Kathy Krasovec, Nmondi Ngobo, and Sophia Nciza*

## INTERNATIONAL WOMEN'S DAY 8 MARCH 1988

The GROUP ON EQUAL RIGHTS FOR WOMEN IN THE UNITED NATIONS regrets to announce that due to the lack of progress in the implementation of programmes - accepted by the Secretary General and endorsed by the United Nations General Assembly - designed to achieve equal treatment for women in the United Nations Secretariat, it has decided not mark International Women's Day 1988 by a special event as had been done in the past.

It is believed that this symbolic "freeze" will bring home to those responsible, the profound disappointment and sense of disillusionment of staff members at the LACK OF ACTION.

While members of the Secretariat rejoice in the progress made in many countries toward equal rights for women - much of it inspired by the United Nations- they grieve at the paradoxical lack of progress in the United Nations itself.

ACTION must take the place of promises, fulfillment the place of regrets. When that happens in the United Nations, we shall mark the occasion - irrespective of the date!

## INTERNATIONAL WOMEN'S HEALTH COALITION

IWHC promotes and provides high quality reproductive health care (contraceptive services, diagnosis and treatment of reproductive tract infections, prenatal and post-partum care, menstrual regulation, counselling and followup) for women in the Third World with care and dignity. The organization active in 13 countries. IWHC provided small grant funding for Maternal Mortality Day to women's groups. It also produces technical papers. One of special note is "Reproductive Health and Dignity" by Adrienne Germain. Contact for IWHC: Jane Ordway, 684 Park Avenue, New York New York 1002

## EMPOWERMENT OF WOMEN

Mrs. Papendreau, the first lady of Greece, gave the key note address at the UNICEF NGO meeting on AIDS and MCH. A strong advocate of women's rights, she stressed the need for more upward mobility for women, more education; involving women in decision making; offering women prochoice; health care in their own right and some leisure. She underscored the fact that the rights of children are closely connected to women and that without equity women struggle to pass on values to children. In societies with increasing female household heads as more money goes to the military more women loose their jobs. Just the cost of one missile, \$110 million dollars, could eliminate poverty in hundreds of thousands of families in the USA. Imagine what it could do in developing countries? The military has a worldwide network. Human rights must also have a network.

### EMPOWERING WOMEN IN INDONESIA

The Family Welfare movement of Indonesia- Pembinaan Kesejahteraan Keluarga (PKK) has developed 200,000 'one stop' services for mothers. This large scale community participation in self-health activities - active at the village level and networked nationwide has been achieved through social mobilization of women to empower them with knowledge, means and societal support to take better control of their and their childrens lives. Ms. Ibu Soepardjo Roestam accepted the 1988 Maurice Pate Memorial Award from Mr. James Grant - Executive Director of UNICEF for the work these women are doing.

### MAMPHELA RAMPHELE

Mamphela Ramphele, a woman physician who was named South African Woman of the year in 1983, gave a moving presentation on the plight of South African women, in Washington, D.C. on March 21st, 1988.

Exiled in 1977 to a remote area in South Africa for her involvement in the African



National Congress, Mamphela organized community health clinics with the people, though at first she could not speak their language. The people taught her the language, and she taught them how to care for themselves.

Now at the University of Capetown, pursuing research in Community Health, Mamphela is a champion for the rights of women, trying to make some sense out of a divided and senseless society and narrow the gap between doctors and nurses.

Mamphela stated that access to health is not separate from the power hierarchy across race, geographic and gender lines. The health care system in South Africa maintains the powerlessness of the poor and much human dignity is lost in the quest for health. In poor areas, there are merely illusions of communities because the webs which usually hold them together have been broken by desperate poverty. The poor live alone. Mamphela stressed that there is a limit to self reliance when people have no access to resources. *"People cannot pull themselves up by their bootstraps when they have no boots."* Mamphela also stated that *"Long after apartheid is gone, gender discrimination will be a serious problem, unless we do something about it now."*

## WIPHN UPDATE

Our first year has been an active one for the organization. Women (and men) from many countries, representing different health professionals have joined the Network. The response has been extremely encouraging! Some of the organizations who have joined the Network recently are: National Council of Negro Women, Wellstart Lactation Program, Initiatives, Global Link for Midlife and Older Women, National Perinatal Epidemiology Unit, Oxford, England, Canadian Public Health Association, INFACT, Action for Corporate Accountability, KAHAYAG Foundation, Philippines.

In addition we have been working with many other organizations including APHA, NCIH, UNICEF, ISIS, La Leche League, Women's Global Network on Reproductive Rights, BWHBC, WHN, WHO, UNDP, Aesculapias, Partners for Improved Nutrition and Health and IBFAN.

WIPHN has sponsored panels, and provided speakers, participated at international and national meetings of NCIH, APHA, Moorehouse Medical School in Atlanta, Boston University School of Public Health, Cornell University School of Nutrition and Science, AID Workshop on Maternal and Perinatal Health and Nutrition at NIH, UNICEF Conference on AIDS Research Planning Workshop, NAMDA (National Medical & Dental Association) in South Africa and the Global Studies Consortium of New Jersey Colleges and Universities Conference on The World of Women: Sharing Diversity.

The organization also applied for a research grants on Antenatal, Perinatal and Postpartum Clinic Practices and produced an extensive document on infant feeding practices in the Near East and Asia. In addition we have produced two newsletters which have been well received. To all of you who have join the Network we thank you for your support.

We wish to give very special thanks to Sam and Betsy Holdsworth for their generous contribution. Thanks also goes to all our colleagues who have been so generous with their assistance, with special mention to: Dolores Ruiz, Sandy Mackintosh, Elayne Clift, Dori Storms, Liz Nugent, Laura Einstein, Jim Carter, Katherine Springer, Kathy Peterson and Suzi Kessler.

We hope that the Network will continue to grow and help women in public health to create better opportunities for women and to improve women's health everywhere. We need your support! Be in touch.

## WELL START

The San Diego based program devoted to health promotion for infants and their families with special emphasis on breast feeding and lactation. It provides Helpline (telephone consultative service) and education programs in lactation management for physician nurse teams both in USA and internationally (contact person: Audrey Naylor MD, Co-Director Wellstart P.O. Box 87549, San Diego, CA 92138)



Zana in Maternal Mortality by the Woman's Global Network on Reproductive Rights



## NEW PUBLICATIONS BY WIPHN MEMBERS:

Priyani Soysa, *Women and Nutrition in World Review of Nutrition and Dietetics*, Karber Press, Switzerland, vol 52, P 1-70, 1987. A very comprehensive review with special information on Sri Lanka. Some of the areas covered are women's status work, agriculture and strategies for action. The importance of women's self image and how it affects the woman is underscored.

*"Women's nutrition requires consideration beyond her reproductive function."*

*Maternal Mortality: A Call to Women for Action Special issue March 1988.* Available from the Global Women's Network for Reproductive Rights.

*Ourselves, Growing Older* is the complete health and living handbook by Paula Brown Doress and Diana Laskin Siegal. The authors address the special needs of the growing number of women over age thirty-five. *Ourselves, Growing Older* takes a positive, empowering approach to the physical and emotional health of midlife and older women. By providing the frankest and most complete information ever available on midlife and older women's health issues, *Ourselves, Growing Older* invites women to understand and assume responsibility for their own bodies. Emphasizing the positive potential of the second half of life, this book focuses on a vast array of topics, including:

- Aging and Well-Being
- Reassessing Our Body Image
- Sexuality in the Middle and Later Years
- Menopause: Entering Our Third Age
- Housing Alternatives, Work and Money Matters

*Ourselves, Growing Older* discusses women's health and aging issues not only by drawing on the work of experts but also by listening to the voices of women themselves. This is a unique guide to health and living that is authoritative, reassuring and sympathetic. Published by Simon and Schuster, Inc.

## MEETINGS

International Lactation Consultation Association (ILCA)

Conference on "Health Care Professionals Working Together: The Team Approach to Breast Feeding." There is to be a panel on AIDS and breastfeeding; international perspectives on breastfeeding and how health professionals can support mothers. The politics of breastfeeding will also be discussed and a whole host of practical information. Several WIPHN members are involved in the program.

For information contact Candace Woessner, ILCA 1009, School House Road, Pottstown PA 19464 phone 215-326-6551 July 8-10, 1988 at Valley Forge Sheraton Hotel, Valley Forge, Pennsylvania



## PARTNERS FOR IMPROVED NUTRITION AND HEALTH

Jointly sponsored by The Freedom from Hunger Foundation, the Mississippi Cooperative Extension Service and State Department of Health, and Partners for Improved Nutrition and Health encourages local self-help activities that yield sustained improvements in the nutrition and health of low income residents.

The project is designed to address the issue of poor coordination of services and inadequate outreach to eligible persons and groups, to encourage the development of partnerships in low-income community residents and to foster self respect and mutual support. For further information, contact: PINAH, 208 1/2 Fulton Street, P. O. Box 531, Greenwood, MS 38930, USA, Tel (601) 453-1886.

## THE WOMEN'S PUBLIC HEALTH NETWORK

In March of 1987, 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, to provide all women working in the field of public health an opportunity to work together to improve women's health worldwide.

*"The trouble with women's work is not that it is never done, but that too much of it is never started."*

Dr. Cicely Williams

### WHO IS IT FOR?

- Any woman working in public health. Men genuinely interested in supporting the goals of this women's network are welcomed to join.

### WHAT ARE OUR 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 to share knowledge and experiences with instead of being isolated.

- Promote women in international public health and identify women's issues such as: safer motherhood, maternal and child health, employment, training, legislation, policy formation and project funding.

- 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 health related issues.

- Serve as an exchange forum thorough which women health care providers can publicize ideas and events, problem solve and obtain information from one another worldwide.

- 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.

### Board of Directors:

Director: Naomi Baumslag, MD, MPH  
Associate Director: Pamela Putney, RN, MS, CNM.

Elayne Clift, MA; Karen Leishman, MPH;  
Douglas Mackintosh, DrPH, MBA;  
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Dori Storms, MPH, DrNS;  
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Katherine Springer, UNDP  
Dr. Joyce Lyons, Initiatives  
Karin Edstrom, MD, PhD, WHO  
Rep, Sri Lanka



## How to Join

### *Annual Membership Fees*

Individuals	\$15.00
Organizations	35.00

Women in developing countries, please donate whatever possible. Membership will not be denied to individuals or organizations with limited resources. We are establishing a special scholarship fund in honor of Dr. Cicely Williams to provide leadership, management and technical training for women health professionals from developing countries. We welcome donations to the fund.

*Please Print Clearly*

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Name (including title and degrees)

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Address

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Telephone Numbers

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Current Work/Institutional Affiliation/Employer

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Special interests/Comments

Send to:

**Women's International Public Health Network**  
7100 Oak Forest Lane, Bethesda, MD 20817 USA 301 469 9210



**WIPHN**  
**7100 Oak Forest Lane**  
**Bethesda, Md 20817**  
**USA**