



Austin Helza

Women Hold Up Half the Sky

WIPHN News

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Never doubt that a small group of thoughtful committed citizens can change the world, indeed it's the only thing that ever has", that would be the real challenge for 1999.

From Samina Zahar

There are no human rights without women's rights



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One Woman Changed the International Law on Rape

South African film-maker Mandy Jacobson received a double Emmy Award for her documentary "Calling the Ghosts." The film tells the story and retribution of two rape survivors from Bosnia-Herzegovina and it changed the law. For the first time under international law, crimes against women are to be investigated specifically, and systematic rape in war is now a crime against humanity. In the film, two extraordinarily brave Bosnian women speak out about the heinous atrocities and humiliations of war. One of these women, Jadranka Cigelj, is a 46-year-old Bosnian Croat who was raped by Zeljko Mejakic, the security commander of a concentration camp, in front of his men on camera. Jadranka reads from a statement the commander made about her accusation of rape: "I don't know why I would have done that. She is 45 years old and I am 26, and the woman in question is unattractive. I would not have leaned my bicycle against her, let alone raped her." Jadranka and her childhood friend, Bosnian Muslim Nusreta Sivac, lived the lives of ordinary modern women until their neighbors raped and tortured them in a concentration camp called Omarska. Because they chose to tell their story, those men now stand indicted by the International War Crimes Tribunal. The aim of the women to put rape in the international lexicon of war crimes has been fulfilled.

When Mandy, a South African trained social worker saw a TV program about 30 000 women being raped in Bosnia, she was appalled by the salacious way the details of the

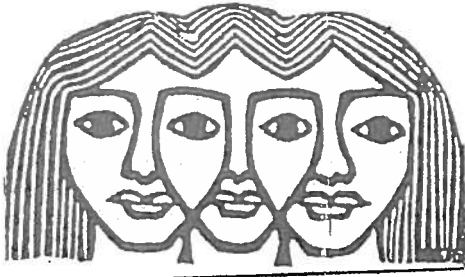
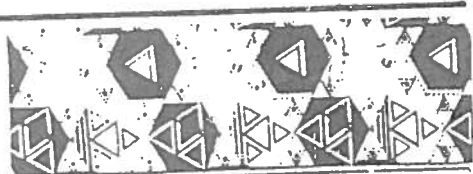
women's trauma was presented, and this started her on a four-year research project. She filmed interviews with victims of genocide in the refugee camps. "You cried every day," she says simply about her own emotion during this time. "They'd lost everything. For me, the question was where to place rape in the hierarchy of war crimes." After that she returned to Zagreb and covered every person connected to the issue of the crime of rape—social workers, psychologists, the gamut. She needed to raise funds to continue the project. The big foundations would not give her any money. It became clear that she needed to go back to follow the women in more depth. As there was no money — the women decided to own the film.

They went with Mandy to The Hague, the seat of the International Court, to present their testimony on what survivors needed in order to feel comfortable about speaking out



against the men who had raped and tortured them. Judge Richard Goldstone, (a South African) set up a gender commission which treated women's issues in war with extra sensitivity and care. It was through these women's testimony that the law was rewritten."At the same time, other women were beginning to speak out—like the Korean "comfort" women who had been raped by the Japanese during World War Two. The film premiered at the Human Rights Watch International Film Festival in 1996 and won an award. Aside from getting two Emmys, the South African Consul, Sheila Sisulu, honored this outstanding South African at the SA Consulate in New York on November 30, 1998.

Source: abstracted from /lifestyle/15 November 1998. If you have any ideas on breaking the silence, write WIPHN.



Visual Inspection—A New Way to Screen Women for Early Signs of Cancer of the Cervix

A recent study in Indonesia showed that this method is effective in finding a large percentage of developing cancers, and many types of health workers could be trained to use it. It involves putting vinegar solution (acetic acid) on the cervix and looking at it with the aid of a low power magnifying tool. The vinegar makes tissue not normal turn white, so it becomes easier to see.

For more information contact: Hesperian Foundation, 1919 Addison Street, #304, Berkeley, CA 94704, USA.

Editorial

We are living in unprecedented times where corporations more and more dictate public health policy and health research is driven by the pharmaceutical companies and industry. Power and money seem to prevail over fairness and reason. The US government has spent millions and millions on a special prosecutor (Starr investigation) but no-one can find money to give women 12 weeks paid maternity leave or 1 hour of unpaid lactation breaks per day. Paid lactation breaks of 1 hour are not even to be considered in the US, presumably because it doesn't suite big business. The US government considers pregnancy a "disability" and its Family Leave Act is not gender specific, as if men and women are the same. Why isn't this the case with wages? Women get 25¢ less per dollar than men for the same job.

The 1952 Convention No 103 on Maternity Protection needs to be modified as more women are in the workforce, as laws have changed, and as women have a right to equity. In view of this, the ILO has proposed for discussion numerous changes to the 1952 ratified convention at the ILO Conference in Geneva in 1999 on Maternity Protection and Work. These changes include increasing paid maternity leave to 14 paid weeks and increasing lactation breaks to 2 hours/day. In preparation for revision of the ILO 1952 convention (revised) no 103 and recommendation 1952 no. 95, each government has to fill in a questionnaire on maternity protection at work after consultation with the most representative organizations of workers and employers. In the US, the Dept of Labor's Women's Bureau filled in the questionnaire for the government after consultation with the AFL CIO, which only represents 15% of the country's workers and an employer organization. It should be noted that the Dept. of Labor's Women's Bureau does not represent a broad spectrum of women, and its response is contradictory and out of sync with other industrialized countries. Sweden and Norway provide paid maternity leave of up to a year and liberal paid lactation breaks; 120 countries have 12 weeks paid leave. Italy has 22 weeks. Most of these countries with paid maternity entitlements provide it through social security insurance. It is clear that the mass of women workers' concerns are not represented. Their voice is not heard; they are silent because there is no mechanism to hear them.

We need to organize and let our congressmen and women know our concerns. We need to pressure ILO to sponsor a NGO workshop at the time of the ILO convention 1999 in Geneva so we can get our governments to support the proposed ILO Maternity Protection at Work and let working women from all sectors present their concerns. Copies of these documents for the US can be obtained from WIPHN for the cost of xeroxing and postage. Send a self-addressed large envelop.

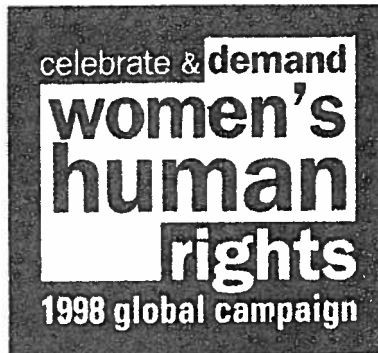
If we're to make a difference, women need to unite and press their governments for change. The ILO needs to be restructured so that it can ensure the representation of the majority of women in the workforce and these women can lobby for their rights.

— Naomi Baumslag MD
President, WIPHN



Health Care for All Is a Basic Human Right

Dr Gro Harlem Brundtland, Director-General of the World Health Organization (WHO), called on the international community to enshrine health as a basic human right in her first major policy speech on the subject at a UNESCO-hosted Round Table in Paris, France, to mark the 50th anniversary of the signing of the Universal Declaration of Human Rights. "Poverty leads to ill health and ill-health breeds poverty. Where there is structural poverty and ill-health, there will be poor development — and poor human rights," Dr Brundtland said. "The Principle of Health for All, and of equal access to health services for all, is therefore as central to humankind's development, and the securing of basic human rights, as economic or any other type of social development. Never have so many had such broad and advanced access to healthcare. But never have so many been denied access to health. The developing world carries 90% of the disease burden, yet poorer countries have access to only 10% of the resources that go to



health." Girls and women are particularly vulnerable, and their right to equal health has to be especially protected. Female genital mutilation is already a major violation of human rights, as is violence against women, and by 2010, violence is estimated to take its place as one of the world's leading burdens of disease. Other health areas of prime importance to

WHO, and which affect people's basic right to lead full, productive and healthy lives, are malaria, tuberculosis, HIV/AIDS and the scourge of tobacco. "WHO will step up its advice in health sector reform. In doing so, we will draw on the key values enshrined in the Universal Declaration of Human Rights. Health security is a challenge which encompasses many of the rights enlisted in the Declaration. It means universal access to adequate health care, access to education and information, the right to food in sufficient quantity and of good quality, but also the right to decent housing and to live and work in an environment where known health risks are controlled." Dr Brundtland also announced that she will start working with the UN High Commissioner for Human Rights, Mary Robinson, to trigger closer cooperation between WHO and the High Commission.

Source: WHO Press Release, 8 December 1998. Contact: Gregory Hartl, WHO, Geneva. Telephone (41 22) 791 44 58. E-Mail: hartlg@who.ch.

Breast Milk Protects Against Rotavirus

Breastfed infants have better protection against rotavirus. When rotavirus infections occur, the symptoms in breastfed infants are less severe. In a study of 200 poor infants in Mexico city followed from birth to two years, 31 developed rotavirus, 15 were symptomatic and 16 had no symptoms. The asymptomatic group had lactadherin concentrations of 48.4 whereas the asymptomatic had lactadherin concentrations of 29.2 micrograms/ml. Human milk protects against rotavirus through the glycoprotein lactadherin.

Source: Newburg D.S. et al. *The Role of Human-milk Virus Lactadherin in Protection against Symptomatic Rotavirus Infection.* *Lancet* 351:1160-1164, 1998.

EDITORS NOTE: Rotavirus is a serious and common problem in bottle-fed infants, so much so that Wyeth has just come out with a rotavirus vaccine which is now been approved by the FDA and marketed for infants under 6 months. Its certainly better and cheaper to breastfeed.



Woman

An English professor wrote the words,

"Woman without her man is nothing" on the blackboard and directed the students to punctuate it correctly.

The men wrote: "Woman, without her man, is nothing."

The women wrote: "Woman! Without her, man is nothing."

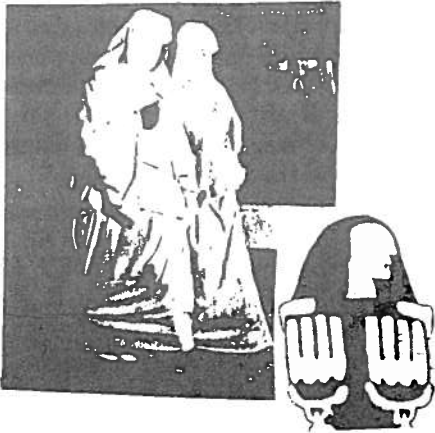
Steps to End Child Prostitution

An EPCAT-USA traveler education project with funding from the US Dept of Justice is distributing educational brochures to inform Americans traveling abroad to engage in sex with children that they will face serious penalties at home—up to 10 years in prison. The brochure explains the terrible circumstances under which youngsters are forced into the sex trade. Its goal is to deter casual sex tourists from believing it is acceptable to sexually exploit children overseas. In Victoria Canada in March 1998, sexually exploited children from across the Americas developed a declaration and agenda for action to end these activities. Copies of this document can be obtained from EPCAT-US NC, 475 Riverside Drive, New York, NY 10115



The Taliban's War on Women

Taliban policies in Afghanistan of systematic discrimination of women seriously undermines their health and well-being is the conclusion of a 3-month study by Physicians for Human Rights. As a result of the edicts issued by the Taliban, women are forbidden to work outside their home, attend school, or leave their homes unless accompanied by a male (their husband, brother or son). In public, women must be covered from head to toe in a *burqa* (a body-length covering with only a mesh opening to allow them to see and breathe).



Women are not allowed to wear white (the color of the Taliban flag), socks, or shoes that make a noise while walking. Also, houses and buildings in public view must have their windows painted over if there are females present in these places.

In January 1997, a policy was instituted of segregating men and women in separate hospitals and banning female medical workers in Kabul's 22 hospitals. One temporary facility, the Rabia Balkhi hospital, was designated the sole facility for women. It had 35 beds, no clean water, electricity, surgical equipment, x-ray machines, suction or oxygen when PHR visited the hospital. They found it also lacked basic medical supplies and that the women patients had received no medical attention. Through an international uproar in Nov 1997 and negotiations with the International Committee of the Red Cross, the

Taliban reopened some hospitals and made limited beds available. Still, the Taliban's gender restrictions continue to interfere with the delivery of health care and humanitarian assistance to women and girls. Access to health care for women is markedly decreased. Reasons given were: no chaperon 27%; restrictions on women's mobility 36%; hospital refused to provide care 21%; no female doctor 48%; do not own a burqa 6%; economics 61%. The 30,000 widows in Kabul cannot see a doctor as many do not have a male chaperon to accompany them. Male physicians cannot properly examine females because of prohibitions on touching them or looking at their bodies. Taliban guards are in medical facilities and at will intervene on the behalf of the dept of virtue and suppression of vice. Nurses and other female health personnel may be beaten when not covered completely. Women's fear of being beaten publicly or arrested by the Taliban for being on the streets discourages them from seeking health care. The enforced wearing of the burqa results in health hazards such as eye problems and poor vision, poor hearing, skin rash, headaches, increased cardiac problems and asthma, itching of the scalp, hair loss and depression. Depression and traumatic stress syndrome and anxiety were highly prevalent; 21% had suicidal thoughts. Taliban rule has produced a climate of cruelty, abuse and tyranny which has had a profound effect on women's mental health. Women's rights to equal education, employment and access to health care are being violated. The study once again underscores that health promotion is inseparable from the protection and promotion of human rights. People are urged to write to President Clinton to take steps to end the Taliban's reign of terror and to write the CEO of UN-OCAL to call for a moratorium on new pipelines in Afghanistan until abuses against women are ended.

For further information contact PHR for a copy of A Health and Human Rights Crisis in Afghanistan, a report by Physicians for Human Rights, Boston 1998 PHR, 110 Maryland Ave., NE, Suite 511, Washington, DC 20002.



Successful Alternative to Female Genital Mutilation

Sixty-five girls took part in a simple ceremony organized by local groups in Thanaka, a remote village 200 km from Nairobi, Kenya. The alternative rite of passage is similar to the traditional one but does not involve FGM. During a 5-day seclusion period, girls were taught all they would be taught traditionally. After that, the community was called to celebrate. Since this program was introduced in Thanaka, the rate of FGM has dropped to 25%. It would have dropped even more were it not for the resistance from some women who go from door to door with disparaging rumors saying the girls will be injected with contraceptives and even that the program organizers are devil worshipers, as they view this as a threat to their culture.

Source: p 40, Women's Health Journal 3/98



In Memory of Drs. Mann

Dr Jonathan Mann together with his wife Dr Mary Lou Clements-Mann were tragically killed in the September 2 crash of Swiss Air Flight 111. Dr Mann was the founding director of the Francois-Xavier Bagnoud Center for Health and Human Rights at Harvard. He was dean of the School of Public Health of Allegheny University of the Health Sciences in Philadelphia. Mann headed the World Health Organization's Global Program on AIDS, which is where he became renowned for spearheading the worldwide response to the epidemic and helped organize the first World AIDS Day. He will be remembered for his devotion to the cause of health and human rights.

Safer Motherhood: Making the Difference

SOMEWHERE on this planet today, most likely in Africa, Asia or Latin America, pregnant women are in labor, obstructed labor or bleeding. The few lucky ones will be transported on a wheelbarrow, bicycle or on bare backs to a far-away hospital where they may receive help. The majority will not be so lucky. They will either suffer complications that condemn them to a life of physical misery, or die and be buried by sunrise. Somewhere on this planet today, most likely in Africa, Asia, or Latin America, women are undergoing unsafe, clandestine abortions to get rid of unwanted, unplanned pregnancies. They have no access to safe, legal services. The few lucky ones will survive the ordeal unscathed. The majority will hemorrhage or get severe infections. They will either suffer infertility, chronic pelvic pains and the ignominy of social rejection, or die and be buried by sunrise.

These women and girls are the living — and dying — embodiment of the strong relationship between population growth and sustainable development. Rapid population growth and high fertility retard development; they perpetuate poverty and make it impossible for governments to focus on the future as available resources are stretched to cater to the needs of today.

But men and women, irrespective of their color, creed or status, given the choice, will have fewer children than their parents did. Thus, smaller families and slower population growth depend not on "control" but on free and available choice. At the 1994 International Conference on Population and Development in Cairo, 179 countries adopted a 20-year plan calling for: Universal access to quality and affordable reproductive health services, including family planning and sexual health; Significant reductions in infant, child and maternal mortality; Broad-based measures to ensure gender equity and equality and empowerment of women; Universal access to primary education. These were not exaggerated expectations. They are the very things that developed countries achieved more than 30 years ago. In the developing world, however, they remain unreachable, as remote as the rural villages where young girls and boys struggle to survive. Currently one of every 16 African girls is condemned to die on the alter of maternal mortality, compared with only one in 4,000 for North America. This year, adolescent births alone will add 1 million babies to Nigeria's burgeoning population. Thousands of women newly diagnosed with cancer of the cervix will receive no treatment for lack of facilities or be put on a waiting list up to six months long. In Africa, Asia and Latin America, urban migration has made cities grow by 5 percent per year, enough to double their population every 12 to 14 years, and 50 percent of dwellers live

in slums. By the year 2000, there will be 1.35 billion women of reproductive age (15-45 years). Of these, 950 million will be married or in steady relationships. Family planning, reproductive health and women's empowerment are the only tools we have for smashing this tragic cycle.

- Dr. Khama Rogo, Nairobi, Kenya



Refugee Women and Population Control

There is a controversy over a reproductive health field manual for emergency settings jointly produced by the UN High Commission for Refugees (UNHCR) and the UN Fund for population activities (UNFPA). Save the Children and Oxfam have removed their names from the manual because of concerns over lack of attention to quality care and the provision of contraceptive and abortion services appropriate to a refugee setting. The key concern is whether the procedures can be safely performed in the context of the limited health facilities in an emergency setting. There is concern particularly regarding the spread of HIV and the complications of sepsis, hemorrhage and uterine perforation. Instead, it is recommended that refugee women be transported to district hospitals for abortion and related procedures, and they are pressing for minimum safety standards for minimally trained, totally unsupervised health workers. Source: Betsy Hartmann, p 8 in Women's Global Network for Reproductive Rights Newsletter 6.

EDITORS NOTE: In addition to the above, sexual abuse of the women in the camps and rape are highly prevalent. Women have reported that they have had to trade sex for food. There needs to be ways to stop this.



Somewhere on this planet today, most likely in Africa, Asia, or Latin America, adolescents are giving birth to babies they neither want nor desire. A few lucky ones have social support. The majority feel lonely and rejected. They will wrap the newborns in brown paper bags or old newspapers and dump them into dustbins or pit latrines. In Nairobi, Addis Ababa, Lagos, Bombay and Rio de Janeiro, there will be more street kids today than there were yesterday. They are a living testimony to what happens when social safety nets can hold no more.

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Letter to the Editor on Menses: Another View

Dear WIPHN

I am writing in regards to the article in the winter 97 newsletter "Menstruation and school days lost." As an anthropologist and practicing midwife, I must disagree with the basic premise of the article. Whilst it is true that steps must be taken for women to achieve educational and economic parity, it is a grave mistake to embrace the western attitude that menses are a problem to be overcome.

The epidemic of female reproductive ailments in the developed world, particularly PMS, can be directly traced to attempts to ignore the reality of the female hormonal cycle. It is as if we were glorifying the Victorian attitude that the female is but an imperfect male. In societies where female functions are honored, women take a break from home and family during menstruation, when a few days off provide them with much needed rest at a time of physiological stress.

The blood hut is necessarily a place of seclusion for reasons of danger and impurity, but one of visions and companionship (cahuilla). The hormonal drop that presages bleeding induces an altered state of consciousness, conducive to spiritual journeys but incompatible with regular chores and



linear thinking; the bleeding itself creates temporary anemia and fatigue. Even in strongly patriarchal societies, the seclusion/separation still recognizes the needs of menstruating women.

If we are to truly change societal conditions towards more equality and balance between the sexes, as women we must be willing to press for recognition of our biological reality as valid. We need to incorporate our cycles into work schedules, advocating change

that is beneficial to women, rather than adopting male-centered patterns that are detrimental to half of humanity. Time off during menses, as well as in pregnancy and lactation, ought to be given.

Thank you for the opportunity to express my views on a subject very close to my heart. May you long continue to be a forum and source of information on women's health issues worldwide.

— Maria Cadaxa, Tucson, Arizona



Natural Help for Menopause

Soy plants contain natural estrogens. Foods such as soy milk, tofu, soy nuts, soy flour and textured soy protein can provide relief from menopausal problems. Suggested amounts of soy protein:

for hot flushes and dryness 1-2 portions*:

to lower breast cancer risk 1-2 portions

to lower risk of heart problems or stroke 2-5 portions

to reduce the incidence of osteoporosis 3-8 portions

*a portion = 1 cup soy milk; 1/2 cup of tofu; 1/2 cup of soy beans or soy nuts; 1/2 a cup of soy flour; 1/4 cup of TVP



Pakistan's Campaign on Mother-Friendly Workplace Initiative

The Network-Association for Rational Use of Medication in Pakistan is actively working on different aspects of pharmaceutical and health issues. One objective is to remove obstacles to the initiation and continuation of breastfeeding. An unethical and aggressive marketing of breastmilk substitutes was identified as the first obstacle as revealed in a national survey in March 1997 of the compliance of the baby food industry with the International Code and the SAARC Code of marketing breastmilk substitutes. The findings are in a report titled "Feeding Fiasco: Pushing commercial infant foods in Pakistan." The second significant obstacle: inflexible and unsupportive workplaces. Many women said that they had to stop breastfeeding (or didn't start at all) because they had to go to back to work and it would be impossible to combine their paid employment and breastfeeding. So, now we are including the Mother-Friendly Workplace Initiative in our campaign to make mother's aware of their maternity and breastfeeding rights, support them in having these rights met, lobby for legal protection of these rights and facilitate these workplaces in their transition to being Mother-Friendly.

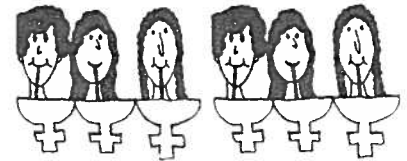
We have conducted a 1-day workshop on Mother-Friendly Workplace Initiative in December 1998 at Islamabad. The participants were from various backgrounds. The workshop was very productive and informative and the creative ideas that were developed will be included in future programs. We will conduct awareness-raising workshops in different sectors and also plan to make a video with a booklet for dissemination of stories of working mothers. We would like to exchange the information among groups who are working on the same issue and to share our report with them. Kindly inform us about your interest. Looking forward to hearing from you,

With warm wishes,

Samina Zafar, Pakistan

The Network (Association for the Rational Use of Medication in Pakistan) H.No. 60-A, Str. 39, F-10/4, Islamabad. Ph. 281755; Fax. 291552

Report of International Workshop: Breastfeeding, Women and Work: Human Rights and Creative Solutions



PUBLICATIONS

The World Alliance for Breastfeeding Action (WABA) and local host ARUGAAN (an NGO specializing in childcare) held a conference in June 1998 in Quezon City, Manila. There were over 50 invited participants from 20 countries and from diverse fields. The workshop began with speeches from representatives of UNICEF, ILO, the World Health Organization (WHO), WABA and the Mayor, followed by a mime performance by ARUGAAN which depicted working women's plight in developing countries. Filipino feminist Marianita Villariba addressed the lack of recog-

ternity Protection Recommendation Number 95 (1952) pledges to improve working conditions for pregnant and lactating women in their respective countries and communities, including setting up more creches, strengthening mother support groups, ensuring that the International Code on Marketing of Breastmilk substitutes is implemented, lobbying ILO delegations before the ILO meeting in Geneva 1999, and producing materials for working women, including a report written in a popular and easy-to-read 'magazine' format, to reach a wide audience.

FOR COPIES OF THE QUEZON CITY DECLARATION Breastfeeding, women and work; HUMAN Rights and Creative Solutions WABA International Workshop June 1998. Contact WABA, PO Box 1200, 10850, Penang, Malaysia. Tel 604 658 4816. email; secr@waba.po.my



nition given to women's reproductive work in our modern era and called for feminist paradigms for change. Amongst the wide variety of presentations, there was a panel of representatives from a trade union, a women's organization, a business corporation and the media. They presented aspects of the realities of working women's lives and careers and suggested ways to improve. A Quezon City Declaration was drawn up to provide the way for dealing with the multifaceted challenges faced by working women who choose to combine paid work with breastfeeding and other reproductive tasks. A platform for global actions by concerned groups and individuals interested in influencing the revision of the ILO Maternity Protection Convention Number 103 and Ma-

Quinacrine Banned in Chile

The ban was a result of the combined efforts of women's health movement and WHO recommendations. Quinacrine has been banned as a method of nonsurgical sterilization of women. It has not been well researched, its mutagenic capacity is inconclusive. Limited evidence shows a potential increase in cancer in humans, and a concern is that it has not been tested in animals. The experimental use is inequitable on three counts; gender, since its use in females does not encourage male participation in responsible sexuality and reproduction; geopolitical, because it focused on women in developing nations; and class, as the research projects mostly involve poor women who seek care in public health facilities.

Source: Women's Health Journal 3/98.



Report on the Military and Sexual Exploitation and Abuse of Women. Available from the Presbyterian United Nations office. Contact Jennifer Butler at 212 697 4568

Health Care Providers Breastfeeding Support Kit developed by Beststart. For catalogue and further information call Beststart at 1800 277 4971.

ARROW Asian Pacific Resource Center for Women. Selected titles list obtainable from ARROW 2nd floor Block F Anjung Felda Jalan , Maktab, 54000 Kuala Lumpur, Malaysia tel. 603 292 9913 email arrow@po.jaring.my

Broadcasting for Child Survival. A major new initiative by Voice of America. UNICEF has agreed to give expert guidance to the content of the broadcasts. For more information contact Francis Mead in New York. Phone 212 326 7056 email fmead@unicef.org

Street Foods in Developing countries, the potential for micronutrient fortification, by Alison Draper John Snow Inc/OMNI project 1998

Breastfeeding: The Best Investment. WABA 1998 Action Folder available from WABA PO. Box 1200, 10850 Penang, Malaysia. email secr@waba. po.my

MATERNITY PROTECTION AT WORK: revision of the Maternity Convention (revised) 1952 (No. 103) and Recommendation, 1952 (No 95) ILO Geneva, 1997.

INFANT Newsletter Spring 98 available from the Infant Feeding Coalition, 6 Trinity Square, Toronto M5G 1B1 Canada. The newsletter covers a number of important areas including breastfeeding the best investment; the formula companies deliberate strategy of direct contact with mothers, e.g., Mead Johnson provides nutrition seminars; breaking the rules and other shenanigans. Suggestions of what one can do to stop the formula companies undermining breastfeeding are included. There seems to be increasing awareness that these companies should not teach breastfeeding.

FOCUS on the health of women. Summer 1998 Vol 3, No 1. This newsletter has changed its focus from women's health research to the health of women to promote

advocacy, education and research to improve women's health. They have developed a woman's health passport to improve crucial health issues for women with low incomes and little formal education. For more information contact: Center for Clinical epidemiology and biostatistics, University of Pennsylvania Medical Center, Blockley Hall, 423 Guardian Drive, Philadelphia PA 19104 USA.

NETWORK Family Planning and Women's Lives a publication from Family Health International. The article covers women's perception of not only the benefits of family planning use, but also negative consequences, such as family disapproval and method side effects which can discourage controlling fertility. For a free subscription write to Debbie Crumpler, FHI, PO. Box 13950, Research Triangle Park, NC 27709, USA.

POSTPARTUM CARE. Safe Motherhood Issue 24, 1997 (2) WHO, Geneva. Global coverage of Maternal Care indicates that only 68% of women have one antenatal care visit; 57% have a skilled attendant at delivery and 35% have one postpartum visit. Postpartum hemorrhage kills 144,000 women each year and nearly 9 out of 10 deaths occur in the first 4 hours after delivery.

WOMEN'S WORLD ISIS No 32 1998. Issue covers the Fabric of Solidarity: an untapped resource; taking back Parliament in SA: the politics of Female Genital Mutilation in Egypt. Exposing age-old problems: trafficking in women in Nigeria.

Do the Right Thing. Understanding, Addressing and Preventing Sexual Harassment in Schools. National Women's Law Center, 11 Dupont Circle NW, Suite 800, Washington DC 20036 USA.

en Red Dados Bulletin No 10 Ano 2 Oct 1998 IBFAN Argentina

Women's Health Journal 3/98. Recognition of violence against women—Chile. The 1993 World Development Report states that women aged 15-44 years lose more health years of life to rape and domestic violence than they do to breast cancer, cervical cancer, obstructed labor, heart disease, AIDS, respiratory infection, car accidents and war.

UNSAFE ABORTION Maternal and Newborn Health. Safe Motherhood. Global and regional estimates of incidence and mortality due to unsafe abortion with a listing of available country data. Third edition. WHO/RHT/MSM/97.16 Division of Reproductive Health (Technical Support) WHO Geneva 1998

Falling short. The World Bank's role in

population and reproductive health. S.R. Conty and J. E. Epp. Population International.

Women's Health Journal 1/98 Traditional Medicine Restoring the Balance; Prostitution; Sex Trade or Trafficking? Mailing address: Casilla 50610-Santiago 1 Santiago, Chile.

I Health rights newsletter from the Sierra Madre #38 Sept 1998 PO Box 1344, Palo Alto CA 04302.

Women behind bars. Chile's Abortion Laws. A human rights analysis. Center for Reproductive Law and Policy. The open forum on reproductive health and rights. Published by the Center for Reproductive Law and Policy, 120 Wall Street, New York, NY 10005.

Facts about Breastfeeding 1989-1998. Center for breastfeeding information, La Leche League, 1400 N. Meachem Rd., Schaumburg IL 60173.

INFACT summer newsletter 1998 contains information on Fatty Acids and Infant Development (DHA and AA).

Making Pregnancy and Childbirth Safer. Fact Sheet. Population Reference Bureau, 1875 Connecticut Avenue NW, Suite 520, Washington DC 20009.

Building on Beijing. United States NGOs Shape a Women's National Action Agenda. Published by the Stanley Foundation.

Maternal and Child Health News, May 1998. In this issue, Vitamin A campaign; breastfeeding policy; role of BCG Pacific Basin Maternal and Child Health Resource Center, PO box 5143 vog station, Mangilao, Guam 96993.

TORTURE 2/98 This issue has an article on medical perspective of handling torture. Write: IRCT, Bogergade 13 PO Box 2107, DK-2107 Copenhagen K, Denmark.

Women's Health Exchange. A resource for education and training. Hesperian Foundation Publication Issue No. 3 1998. Deals with women and work: women workers in export zones; the impact of work on health; reducing health hazards in the workplace and an outline of job hazards in the workplace with ways to protect workers. For copies write: 1919 Addison Street, Suite 304, Berkeley, CA 94704 tel 510 845 1447 email hesperianfdn@igc.apc.org

Innovative Approaches to Child Survival. Basics edited by B Burkhalter and N Bashir.

FREE EDUCATIONAL MATERIALS FROM INITIATIVES Integrating Repro-

ductive Health into NGO Programs. Three volumes—Vol 1: Family Planning; Vol 2: Safe Motherhood; Vol 3: STDs/HIV—are obtainable from INITIATIVES, 276 Newbury Street, Boston, MA 02116 USA.

The Health of Midlife Women in the States by CB Costello et al, The Women's Research and Education Institute. Copies can be obtained from WREI, 1750 New York Avenue NW, Suite 350, Washington, DC 20006 USA.

NETWORK NEWS Vol. 18 no. 2, Family Health International. Evaluating Family Planning Costs. Editor, Nash Herndon, PO Box 13950, Research Triangle Park, NC 27709, USA.

THE EXCHANGE Feb. 1998, PEACE CORPS/OTAPS Room 8660, 1990 K Str. NW, Washington, DC 20526, USA.

EVIDENCE FOR THE TEN STEPS TO SUCCESSFUL BREASTFEEDING. Division of Child Health and Development, WHO Geneva, 1998. This is an excellent document which is well presented and referenced.

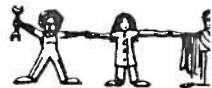
Making Pregnancy and Childbirth Safer. Fact Sheet. Population Reference Bureau, 1875 Connecticut Avenue NW, Suite 520, Washington, DC.

National Women's Education Center Newsletter. Address: 728 Sugaya Ranzanmachi Saitama, 355-02 Japan. Tel. 81 493 62 6711 Fax 81 493 62 6721.

FEEDING FIASCO. Pushing commercial foods in Pakistan. For more information contact Samir Zahar. The Network. Association for the Rational Use of Medication in Pakistan H. No. 60-A, Str. 39, F-10/4, Islamabad, Ph. 281755; Fax. 291552

The Quezon City Declaration on Breastfeeding, Women and Work: Human Rights and Creative Solutions, 1-5 June 1998, Philippines. Obtainable from WABA, PO.Box 1200, 10850 Penang, Malaysia or website <http://www.elogica.com.br/waba> or WIPHN.

MEETINGS



GLOBAL MEETING OF GENERATIONS VISION AND ACTION for equitable development in the 21st century, January 13-15, 1999 c/o International Development conference, 1875 Connecticut Avenue NW, Suite 720, Washington, DC 20009-5728.

UNIFEM International Women's Day 8th March 1999, Global Video conference to eliminate Violence Against Women. The event will link the general assembly to sites in Mexico, India, Kenya and Belgium



in the General Assembly Hall, UN secretariat, phone: 212 906 6339.

MSH Managing Decentralized Health Systems, 16-28 May, East London South Africa. MSH, 891 Centre Street, Boston, MA 02130, USA.

BREASTFEEDING For PHYSICIANS, the 27th Annual Seminar La Leche League International July 1-3, 1999. Contact Carol Kolar LLLI Ph 847 519 7730 Email: ckolar@llli.org

WHERE WOMEN HAVE NO DOCTOR by Burns A Lovich R., Maxwell J., Shapiro K. This Hesperian Foundation Book 1997 was written to help women care for their own health and to help community workers and others meet women's health needs. Information has been included that will be useful for those with no formal training in health care skills and for those who have training. The book covers women's health (other problems in common to men and women are also covered). There are chapters on all aspects of women's health and related areas. In addition there is a special set of green pages with medicine tables. It is a great book, well illustrated and with tons of important facts and insights. For copies write: Jane Maxwell, 1919 Addison Street, Suite 304, Berkeley, CA 94704 tel 510 845 1447 email hesperianfdn@igc.apc.org

NEW JOURNAL: CURRENT ISSUES IN CLINICAL LACTATION This new journal dealing with breastfeeding and lactation issues will be clinically oriented. It is to be published by Jones and Bartlett, Boston MA, in January 2000 and is calling for manuscripts for peer review. The editor-in-chief is Kathleen Auerbach. Address: 6145 N Beulah Avenue, Ferndale, WA 98248-9381 USA.

VIDEOS AND TV SHOWS

Recently, Chicago Hope, a TV series, showed a mother whose breastfed baby died of starvation and the horrified doctor blamed the mother for breastfeeding. It came as no surprise to us that the advertising time for this program was paid for by Nestles. Sad to say, this program was aired in many developing countries including Malaysia. Write to the producer of the show to complain about the distorted negative breastfeeding presentation.

Canadian Pediatric Society Video by New Parent Productions, 1997 The segment on breastfeeding is full of negative statements and untruths, such as breastfeeding is the same as bottle feeding; not everyone can do it; doesn't always work; tiring; stressful; restrictive; uncomfortable. As a finale, the mother is told to express her milk so Dad and the whole family can bottlefeed. Isn't that what they really want her do in the first place? Source: INFAC Spring Newsletter 1998.

ORGANIZATIONS

DISABLED PEOPLE SOUTH AFRICA The program covers placement, counseling, referrals, 'encourages women to become entrepreneurs, conducts research to identify needs, responsible for leadership training and makes policy on behalf of women. Contact: Hendrietta Bogapane, Guateng Provincial Office, 7th floor, Lancet Hall, 207 cnr Jeppe and van Weilligh Str., Johannesburg, PO Box 39008, Booyens 2016, South Africa.

AICHI WOMEN'S CENTER started in 1996; the basic objective is the realization of a society of gender equality. It promotes programs for awareness of gender equal-

ity, social participation and interaction and information transmission. Director Hiroko Murata, 1 kamitatesugino-cho, Higashi-ku, Nagoya, Aichi,451-0016, Japan.

DOCTORS FOR GLOBAL HEALTH is a membership organization of volunteers from all walks of life. The major site of activity has been El Salvador but now involves Honduras and other countries. In El Salvador they helped build a vehicular bridge, a two-story laboratory, a community rehabilitation building and hundreds of latrines programs. Involved in activities dealing with women's health rights and a myriad of other activities. For further information contact Doctors for Global Health, Box 1761, Decatur, GA 30031 USA.

KREPIESH (Russian for very strong). In Vladivostok a family club has been organized which is working to establish an international network. They are working with methodology centers and NGO's which have protected interest in women, children and family issues. "If your organization falls into one of these categories we would like to receive information about your organization for our database" Krepeish has 200 members. The group plans to produce a newsletter. If you think your organization can or is interested in helping and sharing with this organization, write Bakhareva Zinaida, Director Krepiesh, 690048, Vladivostok, 9 Postisheva, apt 36.

SOCIETY FOR THE PROTECTION OF RIGHTS OF THE CHILD Concerned with child labor. Produces a newsletter. Write: SPARC, PO Box 301 Islamabad Pakistan fax 93 51 279256.

WOMEN'S INTERNATIONAL PUBLIC HEALTH NETWORK (WIPHN)

7100 Oak Forest Lane, Bethesda, MD 20817, USA

MEMBERSHIP FORM

To join, please fill in this form (print clearly) and include your membership fee: \$25 for individuals, \$50 for organizations. Organizations or individuals in developing countries who cannot afford the fee, please send cloth or artwork of the same value as the fee.



Name _____
Title/Degree _____
Address _____
Telephone number _____ Fax _____ Telex _____
Current Employer _____
Special Interests _____



PLEASE REMEMBER TO PAY YOUR SUBSCRIPTION

WIPHN NEEDS YOUR SUPPORT!

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

Volunteers needed for Newsletter.



The Women's International Public Health Network

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

Who Is It For?

Any woman working in public health.

What Are The Objectives?

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

What Do We Do?

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

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

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