

C A F R A

NEWS.

NEWSLETTER OF THE CARIBBEAN ASSOCIATION FOR FEMINIST RESEARCH AND ACTION.

Women and Health



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CAFRA NEWS.

CAFRA News is the quarterly newsletter and primary networking tool of the Caribbean Association for Feminist Research and Action (CAFRA).

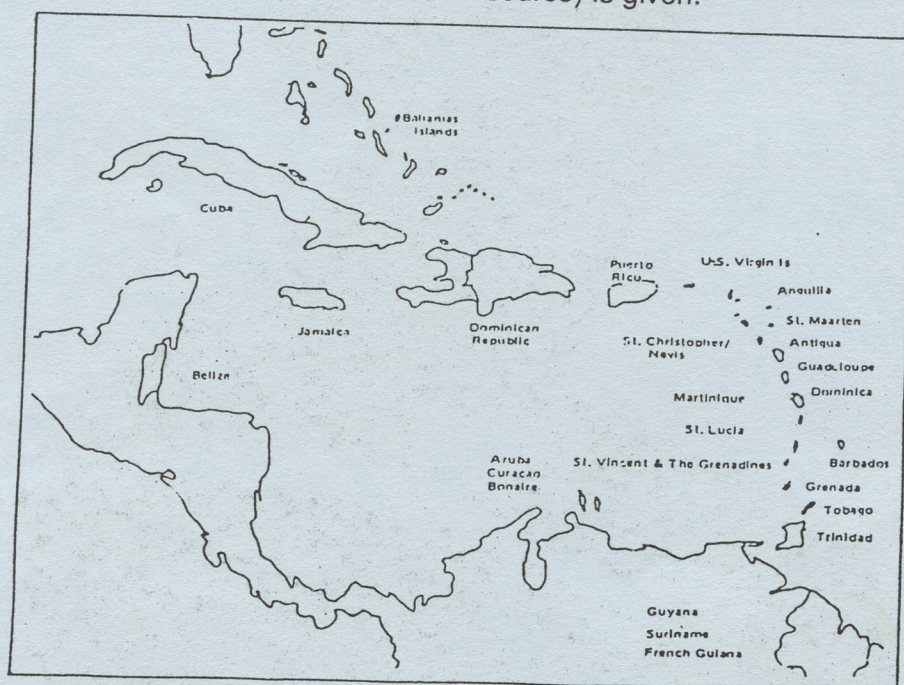
Its main purposes are to:

- Inform members and other interested persons about the activities and programmes of the association;
- Provide a forum for discussion and debate on key issues of concern to women in the region;
- Promote the sharing of experiences and foster links among individual feminists, activists and women's organisations;

- Assist in breaking down language barriers in the region
- Stimulate women's creative expression; and
- Contribute to the development of the women's movement regionally and internationally.

We welcome letters, articles, poems, reviews, opinions and artwork for editorial evaluation and selection. The newsletter committee has a final right to edit content and to reject material not appropriate for publication, e.g. that does not further the aims and objectives of CAFRA and promote a spirit of sisterhood; or that is racist, sexist or "maternalist". Individual authors and reviewers are solely responsible for views and opinions expressed in published articles.

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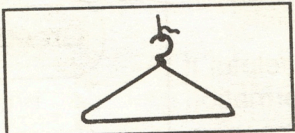
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Editor's Note

F_{eedback}

letters

This quarter, **CAFRA News** looks at some of the issues related to women's health in the region. One of these is the age-old question of abortion, on which we have two articles; another is the more recent problem of AIDS. Members from around the Caribbean sent in material reflecting the health concerns of women in their territories, and the grievous effects of structural adjustment policies on the region's health services is clear, particularly in Lana McFarlane's dub poem on p. 19.

We also feature a short story by Ancelma Morgan set in a Health Centre in St. Vincent and the Grenadines.

On page 22 is an account of the first meeting of CAFRA's Consultative Committee, held in Trinidad and Tobago on 25-26 May. We managed to survive the packed agenda, and will be sending out a report soon.

Another meeting that took place during May, this time in Brazil, was that of the international DAWN grouping (Development Alternatives with Women for a New Era). Exciting news is that it will be moving its Secretariat to the Caribbean later this year (see page 30).

For Spanish speakers, **Novedades CAFRA** Vol. 1, No. 2 is now available. Please let us know if you would prefer to receive this version.

AIDS study proposed

I am a doctoral student interested in public health care in developing countries, and I am looking for an opportunity to study AIDS control and prevention programmes for my dissertation. I would like to conduct investigative case studies of two or three programmes in Latin America or the Caribbean that have been involved with women. It is my understanding that most AIDS programmes that have addressed women have focussed on women involved in commercial sex as opposed to women of the general population. I would like to include both in the study, if possible.

It would be particularly helpful if you could send me information about projects that have been up and running and are at a point where they would have information to share. I am especially interested in projects that are ongoing in the Caribbean, including Spanish-speaking islands because I speak Spanish.

I look forward to hearing your suggestions and feedback.

Jennifer Alexander-Terry, Virginia Polytechnic Institute and State University, Blacksburg, Virginia 24061-0520, U.S.A.

(The background to Jennifer's proposal can be found on page 13 - Ed.)

Breaking the language barrier

✓ I have received the Spanish version of the newsletter, **Novedades CAFRA**. Let me congratulate you for the excellent work that you have done. As a matter of fact, I contacted two women who are available to translate materials for **CAFRA News** or **Novedades CAFRA**. If you need this help, let me know. Again, congratulations for this work because it will help to strengthen Spanish and English-speaking women's relationships.

Marilucy Gonzales Báez, Puerto Rico.

Greetings from Belize

Our warmest greetings from the Department of Women's Affairs. Our goal is to improve the lives of Belizean women through education, resulting in a change of attitude nationwide. Therefore we have as our priority, research and educational dissemination within a development concept in the areas of health, education, work and the law. Next year the work will focus on the social, economic and political areas.

Your help and support in carrying out this work will be greatly appreciated by 1/2 of our nation's population who are female.

Ruby Bieber, Dept. of Women's Affairs, Belize.

Developing the action - Women in Caribbean Agriculture (WICA) projects update

By Joan French

St Vincent and the Grenadines

Orange Hill - "Our own piece of land"

The brightest news on the post-research action front is that women in the Orange Hill community in St. Vincent and the Grenadines, most of whom were participants in the WICA research and dissemination phase, are taking matters into their own hands. Orange Hill was one of the most physically depressed communities surveyed in the WICA research, with 68 families living in 43 broken-down and cramped units without toilet facilities or piped water.

On the 22nd of January 1990, the women led the community on a takeover of estate lands for the purpose of house spots. They fought a relentless struggle against the management of the government-owned estate, piling stones on the lots to hinder clearance and replacing stakes as soon as the management removed them.

Now the management has given in and the government has accepted their occupancy. Local agencies who had been involved

in WICA as well as others who have been working in the area within which Orange Hill falls, have given assistance in practical ways, e.g. with transportation for stones and cement which the roughly 90% women and 10% men involved in the action are using to make concrete blocks towards building their own houses. These agencies include Projects Promotion Ltd. (PP), the National Farmers' Union (NFU), the Rural

NFU is facilitating their membership in the union so that they can access the benefits (credit, farm management training, etc.) provided by the union.

The villagers face several problems in moving towards the goals they have defined for themselves. Chief among them is their inability to build houses on their present earnings. In a letter to CAFRA, one of the women explains, "What

we are doing is to take up the lands to see if we can build our houses on it; but the problem is that not a single soul can build their houses for them to live in. The government is paying (EC)\$18 per day and they only give us two days' work per week, which can't support our families. We the women get piece work. They pay us \$3,20 per 100 pounds of coconut to dig them out. We can't

make much because we usually start work at 12 o'clock and at 4 o'clock we have to stop."

The work of the agencies supporting the action is aimed at strengthening the community's capacity to act on its own behalf in an ongoing way. This work will be assisted by the National Council of Women (NCW), and by the Women and Development Unit (WAND) of the Extra-mural Dept.



Transformation Collective (RTC) and the Committee for the Development of Women (CDW), the local facilitating agency for WICA.

Apart from house spots, the villagers have also laid claim to agricultural land to be leased from government for the purpose of farming. This is the first time that these former estate wage-workers will be cultivating crops as farmers in their own right. The

of the University of the West Indies, Barbados which will include this work in its local programme for St. Vincent and the Grenadines.

The EC\$5,000 provided by PP through the Carib Community Development Council (CCDC) for the building of blocks is a hopeful beginning, but these courageous women and men need much more: more moulds, more cement, and all the other materials that go into making a house. Local expertise is available to ensure that the structures built are safe and lasting, but money will have to be found to facilitate the access to this expertise. Please send us addresses of any agencies you know who can assist with shelter for communities and for women in particular. The community will provide the labour themselves.

CDW: Staff at last

Work in SVG has been hampered by CDW's lack of staff. HIVOS has now given some money for

limited staff and programme support. When the staff is in place (expected by the end of May) CDW will be able to upgrade its work to facilitate more effectively collaboration between agencies in action at community as well as national levels.

Dominica

Building the Action

Dominica has been concentrating on building cohesion between agencies to design and implement a follow-up programme. Things are beginning to happen in the field.

Ex-researcher Martha "Pensey" Joseph has come up with a design for an organic vegetable-growing project among the women of her home town, Marigot, one of the communities where the WICA research was done.

SPAT has completed questionnaires about the harmful effects

of aerial spraying on vegetables which are grown almost exclusively by women. The Social League has now collected all the material for the Credit Booklet for women farmers.

The Dominica National Council of Women (NCW) has recorded five radio programmes for public education on issues arising from the research, and airing will begin soon.

Development Alternatives has been doing follow-up research on women's access to land under the government land reform programme, through a consultant from the International Fund for Agricultural Development (IFAD). However, ex-researcher Josephine Dublin has not been waiting on that to do her own bit of lobbying from her position as Senator responsible for Women's Affairs in the opposition Dominica Labour Party. The media recently reported in high profile Josephine's complaint that the present government and its Women's Desk had done nothing to address the findings that women had inequitable access to land under present land reform programmes.

At the community level, the now completed videos have been shown in Grand Bay and Marigot. The women were pleased with the videos, but wanted more active help with building community action. Maybe they need to take



SPEAK OUT

a leaf out of Orange Hill's book! A CAFRA visit is due to assess the situation and make recommendations.

Belize

Preparing the ground

Preliminary research to bring together existing data on women in Belize has been going on since late last year, and the first report has been presented. The Belize Rural Women's Association (BRWA), which is the project initiator at the local level, has also been busy garnering support from NGOs and government agencies by a variety of methods, and commitment is growing. The plan is for all of this to lead up to a big workshop with all the committed parties.

In the meantime, BRWA is being assisted to examine its own institutional capacity and constraints by Honor Ford-Smith and Jacqui Alexander of CAFRA. Financial and planning support is being given by WAND. WAND and CAFRA will collaborate with BRWA to see what follow-up is needed (if any) after this exercise. This time we are having a much better project preparation phase.

Trinidad and Tobago

Welcome, Gemma

CAFRA member Gemma Tang

Nain, just back from a Gender and Development course at the Institute of Social Studies (ISS) in The Netherlands, has agreed to being work on a voluntary basis to assist in the development of a country project in Trinidad and Tobago.

The regional dimension

Stats and chats

We have been collecting information from regional women and development organisations - CARICOM, UN/ECLAC, the Women's Programme of the University of the West Indies - to add to our own in trying to compile concise recommendations for changing the regional statistical data base to better reflect women's condition and work. Thanks especially to Magda Pollard, Sonia Cuales and Joycelyn Massiah for advice and information, and to Pat Anderson of U.W.I., Jamaica for offering to help with compiling the recommendations.

A core paper on the methodology, process and findings of the project has been developed and this, together with the summary report, have been the main materials used to continue the process of sensitization at the regional

level: with the Agricultural Research and Extension Programme in December; with the Women's Studies Group and Faculty of Agriculture at the seminar, 'Alternative Strategies for Agricultural De-

velopment: an Analysis of Women and Gender issues' held at the St. Augustine campus, Trinidad and Tobago, in January; and with

UNIFEM, the United Nations Fund for the Development of Women, during their recent Caribbean strategy mission.

As far as promoting project cohesion at the regional level is concerned, past and potential WICA participants from St. Vincent and the Grenadines, Dominica and Belize also shared experiences, concerns and information at the second part of the WAND/CAFRA Seminar on Women and Development held in Barbados in March.

Joan French is the Co-ordinator of the WICA Project and works with Sistren Research, Jamaica.



Tracey Johnson

E

xhausting but productive

projects update

Women's History and Creative Expression: Photography Workshop, St. Vincent and the Grenadines, March 30-April 6, 1990.

by Claudia Kadera

Seventeen women from six countries got together at the Rawacou Hotel, St. Vincent and the Grenadines for the first photography workshop organised by CAFRA. They came from various women's groups in their territories, including Disabled Women in Development, St. Vincent and the Grenadines; the Belize Rural Women's Association (BRWA), Belize; Women in Construction, Montserrat; Women Working for Social Progress (Workingwomen), Trinidad and Tobago; and the Dominica Labour Women's Organisation.

The aim of the workshop was threefold: to learn about the features of a 35 mm single lens reflex (SLR) camera for taking pictures; to learn to develop film; and to learn to develop prints. This meant that it was exhausting as well as productive - work often continuing into the wee hours of the

morning. Although most of the women had never held a 35 mm SLR camera previously, during the workshop they were able to shoot at least three rolls of film, develop them, and return home with two prints.

Workshop sessions took various forms which proved to be effective: small group sessions on camera features also included individualised learning since cameras differed in the location of



Workshop participants

their parts. Large group sessions held to illustrate the effects of compositions often led to smaller group discussions where those who understood explained the concepts to those women who needed extra help. No-one wanted to miss any of the sessions, especially those in the darkroom in which developing and printing were demonstrated.

This workshop was facilitated by Karen de Souza from Guyana and Shahiba Ali from Trinidad and Tobago. Both of these women undertook their work with a great deal of commitment, patience and understanding. They were never beaten by the long hours and gave willingly of themselves and their craft.

Thanks to the assistance of Ancelma Morgan, ex-WICA researcher, we were able to visit the Orange Hill community for one and a half days of shooting. This gave us an opportunity not only to photograph one of the areas in which the WICA research/action project is located but also to connect with the women in the community. The depressed physical conditions under which they live was strongly brought home to us, and three or four of the participants got together to write a special report of the visit.

The group also visited the island of Bequia, where we spent the day taking photographs and discussing the quality of rolls of film developed the previous night. This turned out to be our one day at the beach.

A cultural show put on by the participants on the last night provided an opportunity for relaxation before a hectic night of darkroom work which did not end until 9.00 the following morning.

Participants and resource person-

nel alike greatly appreciated the work of Nelcia Robinson and other CAFRA members in St. Vincent and the Grenadines who assisted in the preparatory work and on-the-ground arrangements for the workshop.

An advanced follow-up workshop for this group is planned for later in the year.



Shahiba befriends a resident of Orange Hill

Publishing Handbook

by Sybil Seaforth

Following up the request by participants in the Creative Writing Seminar for a 'Guide to Publishing for Caribbean Women Writers', CAFRA has sent out questionnaires to booksellers and distributors in the region and also written to thirteen women's/Third World presses.

Several replies have been received, and the information will be incorporated in the handbook which CAFRA plans to produce in house. Discussions have also been held with publishing houses and publishers' representatives in Trinidad and Tobago.

There will be sections on several different aspects of publishing,

including preparing a manuscript; the responsibilities of the author; copyright, royalties, etc.; tips on creative writing; and a list of publishers interested in women's work. It is hoped to have the

handbook completed by September 1990.

Claudia Kadera and Sybil Seaforth are joint Co-ordinators of the 'Women's History and Creative Expression' project..

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WOMEN AND HEALTH

Key gender issues in health

by Peggy Antrobus

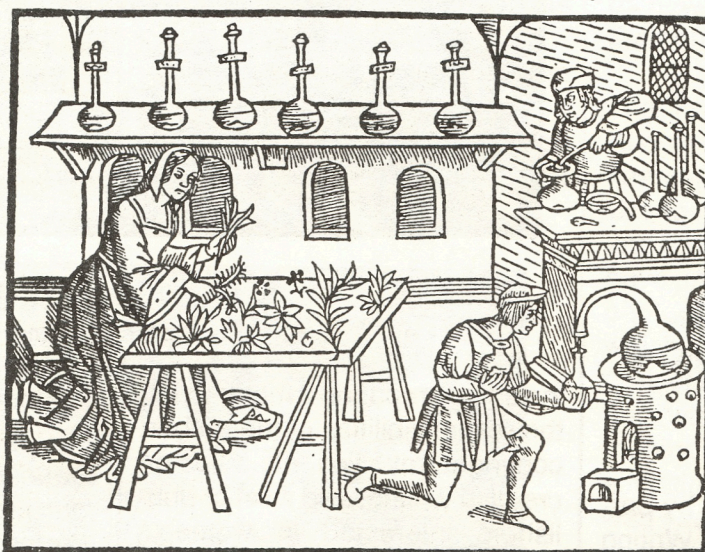
Culturally: Women are the traditional health-providers. Indeed they were the pioneers of modern, scientific medicine in their whole approach to the use of herbs and other remedies, experimenting and building on the indigenous knowledge of their group, until they were supplanted by male scientific and economic interests. Witches were the original midwives, whose power had to be broken to make space for the commercialisation of health care.

Today women, by virtue of gender roles, continue to be health-providers. They take care of children and the elderly, the sick and the disabled. They also pass on the practices of their mothers and grandmothers to their children and neighbours. Women's roles in the health service can be seen as an extension of this 'domestic' role of care-taking.

Socially: Woman's role in the public domain often mirrors her role in the private domain of the household. The sexual division of labour in the household is transferred to the work-place. But the inter-twining of women's roles in production and social

reproduction has implications for their health, and that of those for whose care they are responsible. The failure to recognise women's dual/multiple roles leads to the introduction of health-care technologies which are time-consuming and inappropriate

Moreover, just as women's work outside the household is largely overlooked by the medical hierarchy, much of women's knowledge of health practices is also ignored - that which is good, as well as that which is bad.



Woodcut of an abbess as pharmacist

given the reality of the lives of women, especially poor women.

Indeed, many of the well-known strategies such as Primary Health Care (PHC) and UNICEF's Child Survival package (which includes growth-charts and immunisation) are all time-consuming and dependent on women's time. They are examples of the failure to take account of women's multiple roles: if the chief care-giver is also the income-earner, one of these roles will suffer when the children are ill or in need of special care.

Economically: Within current policies of structural adjustment, women's work as traditional health-care providers is used as justification for cutting primary health-care services: it is assumed (correctly) that women ('households' is the preferred word used) will fill the gaps created by cuts in health services.

Politically: Women's sexuality has been a battle-ground in a war against women's attempt to control their fertility. The whole debate on abortion and reproductive health is embedded in sexual politics. This is also at the heart of the debate on gender relations: much of male resistance to women's empowerment is their unwillingness to give up their own privileged position.

Peggy Antrobus is Tutor/Coordinator of the Women and Development (WAND) Unit of the Extra-mural Department of the University of the West Indies, Cave Hill campus, Barbados.



Gender and social determinants

health

by Alafia Samuels

Adapted from a paper presented to the Caribbean Studies Association Meeting held in Guadeloupe in May 1988.

"Third World" countries, including those in the Caribbean, are characterised by a situation of dependency, powerlessness, vulnerability and inequality of income. There are few instances where these factors have been redressed by voluntary actions of the "First World".

The situation with women in relation to men is remarkably similar - dependency, powerlessness, vulnerability and inequality of income. Similarly also, it is the women themselves who will have to struggle to change this situation.

Worldwide, 70% of adults in poverty are women. Women everywhere share primary responsibility for having and rearing children, care of the young and the old, for forming and maintaining families and for contraception.

Population groupings show strong correlations between health status indicators, e.g. infant mortality rate and life expectancy at birth, and indicators of general development, i.e. adult population literacy, % of dwellings with electricity, G.N.P. per capita, protein and calories eaten per capita. These "non-health" factors, as well as

general environmental factors - quality of housing, water supply, sanitation - contribute to health status even more so that the clinical services of the formal health system.

It follows, therefore, that women's health status would depend on broad consideration beyond clinical medicine.

As one writer has put it: "women menstruate, gestate and lactate; men inseminate." Certain health problems of women are based on the complex processes of gestation and parturition. In addition, there are physical, mental, social, economic and political problems which result in a gender bias in ill health and death.

Female specific problems include reproduction, which encompasses the complications of pregnancy and childbirth; the physical effects of having children too often and too young; the risks of illegal and often insanitary abortions; and lack of knowledge about their own sexuality, menstruation, etc.

Problems that could be listed under 'family life' include having the major responsibility for contraception; the disproportionate burden of child-rearing, caring and socialising; and iron deficiency anaemia precipitated by menstrual blood loss and poor diets.

The area of sexual assault would

cover domestic and sexual violence; the ever present fear of women - rape, and connected to rape the degradation of pornography and forced prostitution; the economic value placed on sexual "favours" of women; and incest.

Cancer of the breast and cervix are specific to women, and together comprise about 50% of cancers in women.

Occupational health hazards, especially female exposure to agricultural equipment and pesticides, factory machines and toxic chemicals, are now on the rise. These can also endanger the health of unborn children. However, the conditions that result in ill health and death that are most prevalent in the Caribbean are hypertension, coronary heart disease and diabetes.

Mentally and socially, women suffer from being second class citizens in their own countries, some being more second class than others. Women have inferior status culturally, and this is a powerful force for keeping women "in their place". It will be a major task to overcome these perceptions.

Alafia Samuels is a doctor attached to the Faculty of Medicine, University of the West Indies, Jamaica campus, and is the President of the Association of Women's Organisations of Jamaica (AWOJA).

T

he question of abortion

health

*The following is extracted from a translation of parts of 'La Cuestion del aborto', by Concha Cifrián, Carmen Martínez Ten and Isabel Serrano (ICARIA Ocho de Marzo, Intituto de la Mujer, Ministry of Culture, Spain) which appeared in Isis International's **Women's Health Journal** 6-7, March-June 1988.*

Abortion is the interruption of a pregnancy before the foetus becomes viable. A foetus is considered viable when it is capable of surviving independently of the mother's body. Viability is generally established at approximately the 28th week of pregnancy.

In reality, however, the limits of foetal viability are the object of intense debate, particularly

among those who champion modern technology and its capacity to assure the survival of fetuses at less than 28 weeks of gestation. While such fetuses may survive, the quality of life they experience may be greatly affected by severe physical or mental handicaps.

Abortions can be either spontaneous or voluntary; a voluntary abortion can be either legal or illegal.

Spontaneous abortion

Spontaneous abortion is produced by natural causes and can be considered a self-defence mechanism of the body which rejects defective embryos. Nevertheless, some spontaneous abortions are not the result of natural causes, but rather are caused by environmental toxins, drugs, etc. It is difficult to estimate how many spontaneous abortions really occur, because in many cases these abortions can be confused with a late period. It is thought, in general, that of each 100 pregnancies, between 10 and 15 end in

spontaneous abortions, with abortion occurring most frequently in the early months of pregnancy.

Voluntary abortion is called many things, from "criminal abortion", with its punitive connotation, to "induced abortion", which also carries negative connotations, to perhaps the most adequate term, "voluntary interruption of pregnancy". Because the latter term is long and complex, in this article the word "abortion" will be used to refer to the voluntary interruption of pregnancy, unless otherwise stated.

Abortion can be classified as legal or illegal according to where it is carried out, i.e. in a country with laws that accept abortion, or in a country where it is illegal. It has been clearly shown that the legality of abortion is a necessary condition for the practice of abortion in favourable medical and psychological conditions. Illegal abortions are synonymous, for many women, with pain, fear and illness, including death, even though in some countries where it is punished by law, an abortion can be secured under good conditions, if a woman has sufficient money to pay for it.

Abortion - always present

Abortion is as old as birth control; in fact, in ancient societies a strict barrier between abortion and contraception did not exist. Whenever the desire to avoid



births has appeared, whether for demographic, socio-economic, cultural or strictly individual motives, methods of carrying out abortions have arisen among different peoples and cultures. These methods have been more or less secret, more or less effective, and more or less dangerous depending on the epoch and culture involved.

An abortion carried out in the first trimester of pregnancy, with sufficient legal and sanitary guarantees, is considered one of the simplest and safest surgical interventions. In those countries where abortion is legal, for example, Canada, England and the United States, deaths due to illegal abortions are practically non-existent, causing less than one death for each million women between the ages of 15 and 44.

Few long-term effects

A long-term study of 1,000 Swedish women showed a low incidence (1-6%) of injuries to reproductive organs (uterus and fallopian tubes) resulting from abortions, an important factor in women's future fertility. Only one woman in the survey later had problems having children.

In some Third World countries, however, abortion is the cause of one in each three or four maternal deaths. Maternal deaths are those that occur as a result of pregnancy and childbirth. One calculation

based on data of the International Planned Parenthood Federation (IPPF), shows that in 65 countries



of Asia, Africa, the Middle East and Latin America, approximately 84,000 women each year die due to complications resulting from clandestine abortions.

In the 20th century, abortion has become a central debate all over the world. The fact that between 30 and 55 million women have abortions every year can no longer be ignored; nor can the fact that approximately half of these are carried out clandestinely.

Society's attitudes with respect to abortion have changed for various reasons. Some of these are: the decline in the mortality rate worldwide and the corresponding increase in life expectancy; progress in scientific and medical knowledge; changes in the family structure; and, above all, the incorporation of women into the labour market and into all spheres

of public life. Feminism has rejected the traditional role that society has assigned to women for centuries, and reclaimed a free and responsible motherhood for all women.

These factors, among others, explain the present tendency all over the world towards a greater permissiveness with respect to abortion. Since 1950, 30 countries have amended their restrictive legislation. Nevertheless, in a large number of countries the law and social reality do not coincide.

Some current figures

At present:

- 9% of the total population of the world live in countries where abortion is permitted, without exception;
- 19% live in countries where abortion is permitted only to save the life of the pregnant woman. In this group are many Muslim countries of Asia, almost two thirds of Latin America and the majority of African countries;
- 24% of the world population live in countries where abortion is permitted for some reasons. The most permissive legislation in this group permits abortion for social causes, for example, poor economic conditions. Among these countries are Japan and England;

- 38% of countries permit abortion for any reason if performed in the first trimester of pregnancy; and

- for 10% of the population, no information is available.

It is true that in the last few decades, a large part of the world's population has been able to learn about and use many methods of birth control, even though these are not totally without risk to women's health. But we should not kid ourselves; even the most reliable methods, like the Pill or the IUD, fail. Sterilization and vasectomies, like any other surgical technique, also sometimes fail. Also, contraceptives are used by people with distinct characteristics, making some methods more or less successful depending on the user, regardless of the theoretical rate of success or failure.

Reasons for abortion

Women abort because birth control methods fail, or are not used correctly; because many of them cannot secure contraceptive devices; and because their economic and social reality does not permit them to support another child. Health professionals who are close to the reality of abortion know that a woman who has an abortion does not necessarily belong to a specific social group. Rather, women who abort can belong to any religious group, economic class or culture.

The attitudes that a person adopts in a specific moment don't always coincide with her regular ways of



Medusa

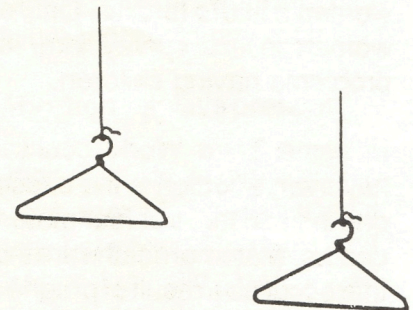
thinking or acting. A man who believes that the only function of his wife is to give him children, a couple with several children who know that they cannot raise another, or an infertile woman who has been frustrated in her attempts to have children will, probably have different attitudes about abortion. Yet it is possible that their thinking would change if their personal circumstances were different. It is pretentious to assume that there are only two possible options - of defending or rejecting abortion - when an

individual's decision is always based on her own personal circumstances.

As long as sexuality is linked to reproduction, and as long as unwanted pregnancies exist, abortion will also exist. Fortunately, more and more people are adopting tolerant postures towards the problem of abortion, recognising that it must be an option to be chosen according to an individual's own conscience.

Feminist mobilisation

In most parts of the world, feminist movements have succeeded in mobilising women to work on various problems which affect them, including abortion. Women have been able to change laws that have failed to correspond to their needs and realities. This solidarity among thousands of women has made real victories possible, victories that are beneficial for everyone. These achievements should encourage us to continue working together on the question of abortion.



Connections

The most neglected social problem

by Mary Rivera Montalvo

Illegal abortion and its tragic consequences is and always has been one of the major causes of death in women of reproductive age in developing or under-developed countries. It is probably the most neglected social and health problem of our century.

The World Health Organisation (WHO) has estimated that yearly some 200,000 deaths occur from the complications of illegal abortion. Most of the women who survive illegal abortion end up victims of its morbid effects. These include pelvic infections, hemorrhages, shock, uterine perforation, damage to the intestines and bladder, tetanus and, unfortunately, many women are left sterile in their reproductive years.

When a woman finds herself with an unwanted pregnancy, and if besides that she does not have the support of her family, partner, friends, etc., and even more if her personal circumstances of being young, single, unemployed and poor make pregnancy unattractive, it is most probable that she will find a way of terminating her pregnancy, whether it is legal or illegal to do so.

The search for ways of getting rid of undesired pregnancies is nothing new to our times. About 5,000 years ago, women in China would swallow 14 live guppies for

three straight days when they skipped a period, or they would drink liquid silver mixed with oils as a means of aborting. Women in Russia would squat over pots of boiling water with onions, and in certain African tribes they would climb to the top of a palm tree and, as they slid down, bang their abdomen against the tree in an attempt to abort.

In developing countries, between 1/3 and 1/2 of all pregnancies are unwanted. In many of these countries, where there exists a harsh struggle for self-sufficiency in basic needs (housing, education, health care, etc.), women - besides being second class citizens with little human rights - have to dedicate most of their lives to survival. In a desperate act to control their reproductive lives, they turn to unscrupulous persons who will terminate a pregnancy no matter how. The use of homemade remedies such as herbs, many poisonous, is common. Other persons use monetary or sexual exchange. In the Philippines, a particular practitioner demands intercourse under the excuse that this will dilate the cervix. In Asia and Africa, twigs or small sticks are introduced into the uterus with the intention of producing contractions that will abort the pregnancy.

In the past, and even today in Puerto Rico and many other countries, the vaginal canal is



Sister Links

stuffed with newspapers or rags. This produces an infection severe enough to cause contractions and the woman can get admitted into a hospital under the pretence of suffering a spontaneous abortion.

In Puerto Rico, about 50-60,000 legal abortions are performed yearly. Of these, 92-93% are performed in the first trimester of pregnancy and more than half of these are of about 6 weeks gestation. During this period, the embryo is barely human in shape, has something similar to a small rudimentary tail, weighs less than 1/30th of an ounce and its length is smaller than an inch. Medically speaking, abortion during the first trimester is ten times safer than a normal delivery, and during the second trimester it is seven times safer. It is considered the most frequent surgical procedure, and the risk of death during the first trimester under normal

circumstances is less than 1 in 100,000 abortions. Only 0.5% of all women that have abortions experience major complications.

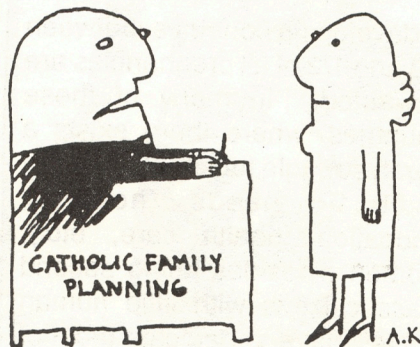
There exists a generalised idea that abortion automatically causes permanent emotional harm. My professional experience of working 10 years in a Family Planning Clinic that offers the option of abortion, an exhaustive revision of abortion literature and my research into the psychological effects of legal and illegal abortions in Puerto Rico have made me conclude that the real factor of stress and crisis in a pregnant woman is the pregnancy being unwanted or unplanned. Abortion has none or less adverse effects on the woman.

Personally, I wish that we, the women of the world, did not have to go through the experience of an unwanted pregnancy and, as a result, an abortion. I wish that we all had the availability and easy access to neutral and scientific information about contraception and sex education. Therefore we would have the tools and the power necessary to decide if we wanted to get pregnant or not, and we would also have the option to choose and control our sexuality.

At the same time, we desperately need new methods of birth control and we need them now. Progress in this field has been very slow,

and most probably one of the reasons may be the anti-abortion politics of a few developed nations including the United States since Reagan.

START OFF WITH EIGHT OR NINE
AND HAVE THE REST LATER..



Women's News

Religion is also a major obstacle that birth control confronts. Ironically, some of the early Christian theologians, including St. Augustine and St. Thomas Aquinas, believed that the soul was given late in pregnancy, and that the foetus really became "alive" when movement was first felt in the uterus (around the fourth or fifth month). In fact, it was only in 1869, 120 years ago, that abortion was declared a mortal sin and homicide. History has shown us that religions have made changes and adjustments in their positions about social issues, usually because of internal pressures from dissatisfied

members. It is time for religions to reevaluate their positions about human sexuality and procreation. When a human being can apply her or his religious principles to the practical aspects of everyday life situations free of pressure and condemnation, then s/he can be a spiritual being.

Dr. Mary Rivera Montalvo is a Clinical Psychologist and Social Worker with the Clínica Ginecoquirúrgica y Planificación Familiar, Rio Piedras, Puerto Rico.

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AIDS: women at risk

health

by Jennifer Alexander-Terry

Over the past decade, the AIDS virus has silently swept across the globe, devastating families and communities in its wake. It has swiftly eclipsed other public health issues and emerged as a global priority in public health care. At present health care workers are looking for viable methods of gaining access to target populations and involving them in prevention and control programmes.

Public education is critical to combatting AIDS because it is most often transmitted through conscious behaviours. In fact, education may be the only alternative for years to come as scientists have yet to develop a vaccine for any human retrovirus and there are at present no cures for viruses. Recent comparisons between the AIDS virus and hepatitis B in terms of the role of belief and behaviour in modes of transmission, or comparison of AIDS with past public health efforts to control syphilis are further testament to the limitations of biomedicine in this battle.

Unfortunately the call for public health care officials to take on this prodigious new task has come just when primary health care is moving from theory to practice. Already, overburdened health care workers are searching for ways to engage communities at risk in the prevention and control of a stigmatizing disease. In order

to slow the transmission of AIDS, methods of prevention must be understood and embraced. One of the biggest challenges of health care workers has been gaining access to marginalised populations that have been identified as high risk, initially homosexual males and prostitutes, and progressively the underclass who are disenfranchised or on the periphery of their communities.

A new population at risk that has been ignored until recently is women of the general population. While homosexual and bisexual males still comprise the majority



Wiser Links

of people with AIDS in the Western hemisphere, women and children have become the fastest growing population of AIDS cases in Latin America and the Spanish-speaking Caribbean. In the

Dominican Republic, the ratio of male to female AIDS cases is now 4:1. In Trinidad and Tobago and the Bahamas, more than half of the reported cases are now heterosexual men and women.

Women are at risk in areas where homosexual and bisexual males are likely to marry to circumvent social stigma; in regions where male non-monogamy is cultural accepted or results from a migratory labour pool; when they or their partners have engaged in intravenous drug use; and where serial consensual unions predominate. Where subsistence survival is commonplace, women are jeopardised because they often engage in prostitution. All of the above are characteristic to one degree or another of Latin America and the Caribbean.

Apart from their personal risk, women are important to AIDS prevention because of their role in primary health care and health education. Their personal beliefs and practices have a daily effect on family health. These learned practices comprise the sum of health education received by most children in developing countries. Women also perform the vital role of caring for infirm and elderly family members. Their understanding of how the AIDS virus is transmitted could have a multiplier effect. It would help them not only protect themselves, their children and teenagers, but would also mitigate the social repercus-

Around the region

sions of a disease which has been devastating to the social fabric of communities.

Unfortunately, women have fewer opportunities for education and limited access to new knowledge when limited to the domestic sphere. Women have traditionally assumed subordinate roles in the political, legal, religious and cultural institutions which shape their lives. Their limited bases of power in formal organisations further hampers efforts to involve them. Lower income women, in particular, are disproportionately affected by AIDS because they are the least likely to be reached by education campaigns and will not have access to health clinics or family planning advice.

In sum, women are the cornerstone to family health. But they live on the periphery of the information networks and formal institutions of their community. Given the fact that their understanding of AIDS is central to not only their own survival but their family, community and the social fabric of that community as well, it is imperative that health care workers identify new methods of involving and educating women, and particularly lower income women, in AIDS prevention and control programmes.

Jennifer Alexander-Terry is a doctoral student at Virginia Polytechnic Institute and State University, U.S.A.

Jamaica

Birthing pains at the maternity hospital

by Joan Ross-Frankson

*The following article was adapted from "Birthing Pains at Victoria Jubilee", **Sistren** Vol. 11, No. 3, 1989.*

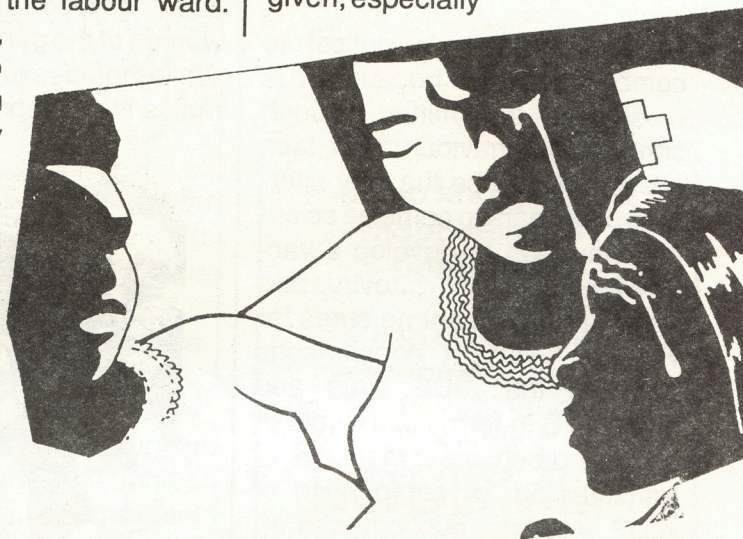
"It's very rough here. Is you alone have to be in the labour ward.

You be calling, 'Nurse', and no nurse, just you alone. Is only God help mi. When I feel like the baby's head was coming, I decide mi mind: if is death, is just death. So I push and the baby born. Then me never know wha' fi do and di baby lay down same place. One long time after, the nurse come and cut the navel string ..."

Charlene's experience at the Victoria Jubilee, Jamaica's only specialist obstetrics hospital, is far from being unique. At present, 40 or so babies are being born each day at VJH. Estimates vary as to how many are born unattended - some sources say it is as

high as 65%. The shortage of nursing staff at VJH is chronic. It should have a nursing cadre of 167; it now supports only 88 nursing staff. There should be 70 Registered Nurse-Midwives; there are only 20. The result? Observation and supervision of mothers during labour is insufficient.

Matron Roselyn Flash notes that, "It is demoralising when you know the type of care that should be given, especially



Sistren

to the young ones having their first babies. It is traumatic for them and traumatic for us." The desperate staff shortage at the institution means that no amount of juggling from one area to the next can alleviate the situation.

Apart from the mental trauma women suffer when they have to go through the birth process by

themselves, they and their babies are at great physical risk. For the mother there is the risk of haemorrhaging; for the baby, brain damage. Proper supervision means constant monitoring of the unborn baby's heartbeat for any irregularity, at which point, intervention by caesarian section or forceps could be prescribed. When the baby's heart is not monitored, asphyxia, a general term which describes the interruption of oxygen to the baby's brain, may result.

Jamaica's high maternal and infant mortality rate brings the issues into focus even more sharply. "We lose a fair number of babies at VJH," says Dr. Heather White, the Resident Consultant Pediatrician. "This is very demoralising for us all. It's a big part of the frustration among staff members."

Babies die at the rate of 27 out of every one thousand live births islandwide, according to a recent Ministry of Health survey. This compares with about 5 deaths per thousand live births in the U.K. Mothers are dying at the rate of 11.5 per 10,000 live births, compared with 2 per 10,000 in the industrialised countries. The main causes of death are hypertension, haemorrhaging and infection.

But there's another side to the story. An examination by the Ministry of Health of all maternal deaths between 1981 and 1983

found that one or more 'avoidable' factors were present in 68% of cases. Avoidable factors included inadequacies in the health system, but also women's own lack of motivation in seeking adequate ante-natal care. Conditions at many ante-natal clinics are hardly encouraging, however. In any given day, the clinic at VJH is crowded with an average of 45 mothers-to-be, and they start queuing from as early as 4 o'clock in the morning.

After delivery, on-going patient care is another headache for nurses and patients alike. There are two wards for post-natal care in the new wing of VJH, each of which has 56 beds. Both run the entire length of the building, and more often than not, there's only one nurse available for afternoon and night shifts.

The right of women and their babies to the best possible attention during the birthing process is not merely women's business. It is very much the business of the nation. The question that begs an answer is, what are the government's priorities? And, indeed, what are the priorities of all citizens of Jamaica? Can we afford the birthing pains at Victoria Jubilee? The simple answer must be a very loud No!

*Joan Ross-Frankson is the Editor of **Sistren**., newsletter of Sistren Theatre Collective, Jamaica.*

Is the media involved?

by Judith Wedderburn and Hilary Nicholson

There are some distinct connections between the effect of the media and the images of women portrayed in the media, and the health of women.

We start by reminding ourselves that health is not just the absence of illness, but refers to one's general state of mental, physical and psychological health. This means that women's health status depends on many considerations beyond clinical medicine, three of the most important ones being employment, education and social and economic status. Linked to social and economic status is the way in which women



Mujeres en accion

see themselves, through the images of themselves which are portrayed in the media.

The most common effect of nega-

tive media images such as, for example, the stereotyped sex object, is that women grow to see themselves as objects to be used/abused, as passive recipients of media messages which tell them how to dress to be acceptable and "with it", i.e. how to "catch a man". These messages ignore the real possibilities that high heel shoes, certain cosmetics, plastic surgery, diet pills and diuretics may make women look "right", while putting their health at risk.

Media messages which frequently portray women as objects to be abused/used also lead to more ready acceptance by women of their being abused (emotionally and physically), without feeling that they have the right to seek medical help or counselling, or that they have the right to demand better treatment, much less, to fight back.

There is also more ready acceptance that the male-dominated,

profit-motivated world of "mysterious modern medicine" has the right to know much more about women's bodies than women do. The belief that they have the answers and women do not frequently inhibits women from developing the self-confidence to find out more about their own bodies, and then respect their own knowledge about their bodies.

This often leads women to accept treatments that are unsafe (certain contraceptives) and women's health - like women's fashions - becomes another area to be exploited for major profits at the expense of their physical and mental health. The world of "mysterious modern medicine" has its origins in the 19th century in the West, which is the period in which doctors (all male) became important spokesmen in social and cultural debates on the origin of sexual differences, women's education and women's right to vote. Extending their role beyond

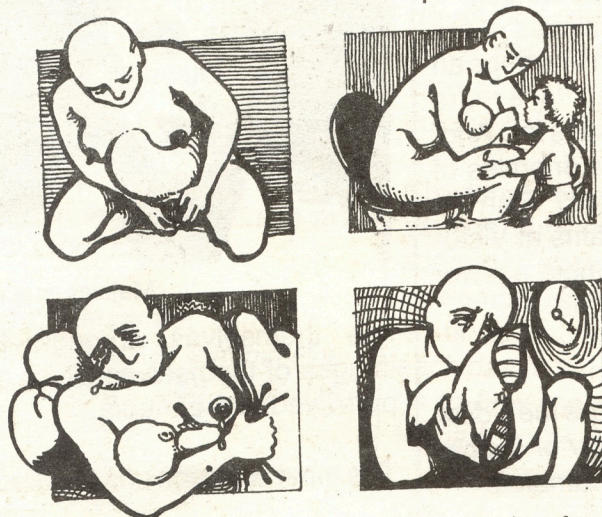
the confines of the "clinic", these male doctors became highly influential in parliamentary and intellectual discussions on population growth and women's affairs. Central to these discussions was the view that women's social

contribution was unavoidably limited because of the great influence of the female reproductive function, an influence so great that women were constantly in need of medical supervision.

The frequency and persistence of media images which portray women overwhelmingly as passive, dependent housewives encourage women to feel that it is their duty to carry a disproportionate burden (vis-a-vis men) of child-rearing, caring and socialising; this in addition to being the major income earner. Women end up being perpetually tired, harassed, distressed, unable to provide quality care for children or themselves. This frequently leads to feelings of guilt, frustration and, as statistics now indicate, a higher prevalence of anxiety and neurotic illnesses among women.

We conclude by repeating that women's health status depends on many considerations beyond clinical medicine. The socialisation process, in which the media and the messages and images it produces are highly influential, is one that demands far more careful monitoring in order to minimize any negative effects on women's health, and to assist women in making more informed decisions about their own bodies and their health.

The writers are both members of Women's Media Watch, Jamaica.



Annalou

What a system! a dub poem

by Lana McFarlane

Dis ya system a get
to everybody head
For di time is hard
and di whole a wi
a baal ...

But sometime some
a wi mek it look
extra hard

(chorus):

*Lawd what a system
Lawd what a system*

Wen mi look
in the hospital an
see the condition
how di nurses
dem scarce an
di doctor dem nuh
dey!

An de worst part of it
di people dem a sick
(chorus)

In di casualty place
there a woman
well sick, an she
calling fi help
but no doctor never
hear ...

an di one lilly nurse
who pass her along
she hold up her head
and she tek the corner
straight!

an di woman baal
(chorus)

Mi seh mi look pon her
an di way how she baal
it mek mi heart dis a move ...
Mi seh di woman baal,
an she baal, til she
tif tone dead.

den yu know what appear
in mi sight?
de same lilly nurse come
wid ten more doctor
an surround the woman
quickly. Mi seh mi bus out
a laugh! ah .. ah .. ah

For mi neva know, seh
a dead house di nurse and
doctor work
mi think a hospital dem
come, fi save life ...
(chorus)

Lana McFarlane is a Ward Assistant in a Jamaican Hospital. She attended CAFRA's Creative Writing Workshop in May 1990

Gugana

**Women have an exceptional
task to survive**

by Janet Jagan

An important aspect of women's rights concerns their health and the health of their families. Unless women and children are provided with the basics to achieve good health, there can be no progress. These, of course, must include good nutrition because without the means of good

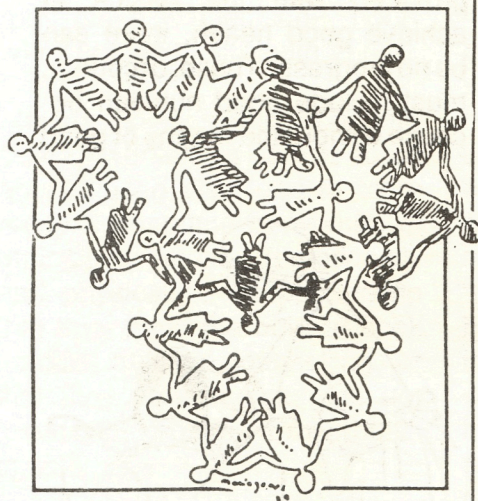


Medicina Natural Popular

nourishment, a woman cannot be expected to give of her best, to achieve, or to enter motherhood with confidence. Thus the economic issue pervades, since there must be a sufficient income to purchase the basic necessities of life, afford decent housing and be provided with adequate medical facilities.

In a country like Guyana, which is suffering from an economic crisis

of the gravest proportions, compounded by lack of democracy and the denial of the people to vote for the government of their choice, health, nutrition, education and care of the aged are enormous problems. The severe economic crisis has caused the government to cease even its limited public housing programme, and cut deeply into the



Luna Nueva

medical and educational services. Such fundamental services as water and electricity are in jeopardy.

Thus women have an exceptional task to survive. Already the infant mortality rate has moved upwards from 30 to 50 per thousand births in the last decade and malnutrition is on the rise. This means in simple terms that creeping poverty is affecting the lives of the nation's children. Women are

giving birth to smaller babies. The extra foods that expectant and lactating mothers need to maintain good nutrition are lacking - too expensive for the lower and middle income groups.

Many Guyanese women who go to the public hospitals to give birth suffer the indignity and discomfort of having to be accommodated two to a bed in open wards, without decent toilet and bathing facilities plus shortages of the most basic requirements like cotton wool, gloves for doctors and nurses and the needed medicines.

Better care for pre and post natal women is a necessity, particularly in a country like Guyana which has a vast interior where people live in small settlements, along the rivers and in the hinterland. Our Amerindian women, most of whom live in the interior, have little access to birth control knowledge or application, and not enough health care during the important periods of a woman's life. Birth control education generally is limited and not enough women are informed on this subject in order to protect themselves. Far more needs to be done in this direction. Abortions are, generally, easily available in Guyana, but for low income women it remains a real problem to pay the fees demanded.

There is a need for legislation to give better protection to the victims of rape, and quicker justice

as well as heavier penalties for the perpetrators.

These are matters which engage the attention of many in Guyana, which has a long way to go to make a reality of the many claims by the government to have greatly improved and elevated the rights of women.

Janet Jagan is one of the founders and the President of the Women's Progressive Organisation. She is a Member of Parliament, and is also the Editor of the 'Mirror' newspaper and President of the Union of Guyanese Journalists.

Cuba

Some facts and figures

Sent to CAFRA by the Federation of Cuban Women (FMC)

The medical services in Cuba operate on 3 different levels: Primary health care, which includes family doctor programmes; polyclinics; and rural hospitals and dental clinics. In 1958, there was one doctor for every 1,076 inhabitants, while in 1988 there was one per 333 inhabitants. The family doctor usually works and has his/her office in the same building and deals with the health problems of the community. This includes visiting elderly persons or anyone who cannot come to the office for some reason.

In the area of maternal-child care, there is one gyno-obstetrician for each 2,508 women of fertile age and a doctor in each pediatric specialisation per 713 children. Programmes of importance to the health of mother and child include pre-natal genetics programme; an allergy research programme for each newborn child; and a vaccination programme for every child.

The promotion of giving birth in health institutions was a joint task of the Ministry of Health and the FMC, and such births currently account for 99.8% of all births. In 1989, the infant mortality rate was the lowest registered in our history, that is 11.1 deaths per 1,000 live births.

The FMC has also participated in the programme for the detection of cervical cancer. During 1988, 800,000 women had pap smears taken. 95% of those which were found to be positive were detected in the first clinic stage which emphasised the importance of this programme.

Barbados

What the papers say

The following press clippings were sent in by Cecilia Babb, CAFRA's National Representative in Barbados.

Former Education and Health

Minister, Billie Miller, called for safer and reliable contraceptive methods which are easy for young



Sauti ya Siti

women to administer.

"Abortion persists as an unacceptable method of contraception which does violence to the minds and bodies of girls and women. There must be a more humane way to postpone pregnancy ...," she said.

"Science and technology must recognise that girls without safe means of birth control constitute a neglected majority among the young. Women need to continue pressuring the pharmaceutical industry, the medical profession and governments on this issue."

Ms. Miller urged the regional

media to play a meaningful role in educating the population on such issues.

Barbados Advocate, 27/10/89

In Barbados in 1982, 20% of schoolgirls were found to be obese. The rate for women (especially after pregnancy and over 40) was 50%.

Together Magazine, 24/11/89

For prostitutes, AIDS is an occupational hazard, and (the tough-talking sex traders of The Garrison, St. Michael) have accepted that fact.

"You can only die once," said one, tossing off further questions about whether the women had regular medical tests for the killer virus.

Ginger's tale is one of uniquely feminine misery.

"I have three children for three different fathers and none of them support them," she said.

"Things hard. I applied for jobs on several occasions and was turned down. I can make over (BDS) \$200 every night and if you multiply that by seven nights per week, you would understand."

A simple case of mouths to feed and no work to be found, forcing her onto her back to make a living for herself and her children.'

Sunday Sun, 10/12/89

Psychologists and psychiatrists in Barbados say the majority of those visiting their offices are women.

"Men do have psychological problems too," says Victor Forde, "but men feel they are not the ones who are supposed to cry out for help." Last year, Forde saw 39 males and 82 females. Psychiatrist Richard Corbin says that 75% of persons visiting him are women.

The experts say that they are dealing with more drug-related cases than before. Forde says the men outnumbered the women in taking illegal drugs."

Sunday Sun, 25/2/90

Trinidad and Tobago

A conspiracy of secrecy

by Daphne Phillips

The following is extracted from a study on the impact of health care delivery on women with gynaecological and obstetric problems, conducted in late 1989.

A total of 80 women were interviewed and observed. In particular, what was investigated was how much they knew about their conditions; what were some of their experiences with doctors and

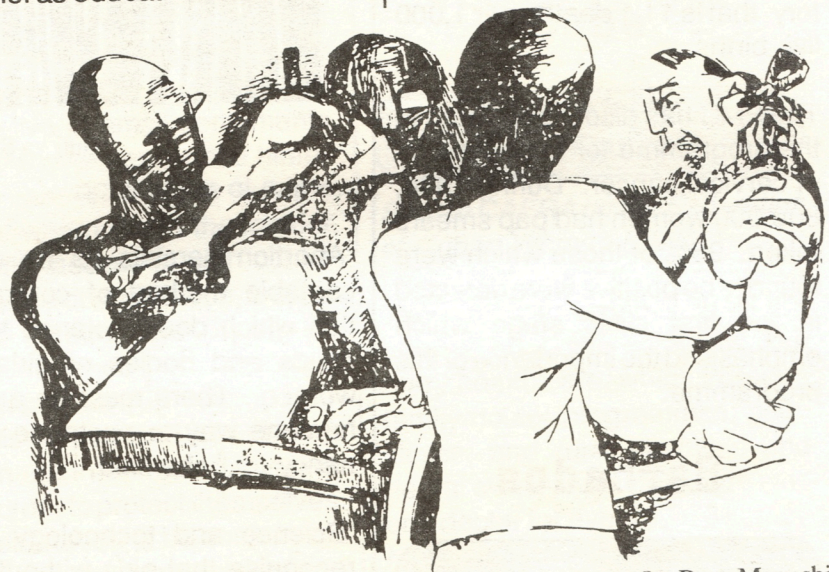
nurses in relation to their conditions; and whether they were better able to avoid, cope with, or prevent the same conditions from recurring in the future.

The general experience of the women interviewed was overwhelmingly negative, especially so in relation to their stated lack of knowledge - of their conditions, treatment, tests, what was to be done with or to them, or why what was being done was done.

The vast majority of women did not see their present or past encounters with health care personnel as educative and informa-

patients' conditions were terminal or when they suspected them to be (as in the case of cancer of the cervix or uterus), but in almost every case this was accompanied by a fear of asking the doctor or a perceived unwillingness of doctors to inform. There was also a high degree of mistrust of doctors among patients based on poor past experiences with them.

The level of education of the client/patient did not seem to be a major determining variable in the patient's knowledge of her condition. What was more important was whether the patient knew the doctors (and, to a lesser extent,



Ira Roy, Manushi

tive because they either did not know what their problem was (except for some of the symptoms) or did not know if or how such problems could be avoided in future. Everywhere there was a cry for information, even when

the nurses) socially.

There was also a tendency for doctors to recommend the removal of the uterus for whatever complaint of women over the age of 40-45 on the basis of their

having passed the reproductive period.

Nurses featured much lower in importance than the doctors in the patients' perception of personnel crucial to their health, and they tended to be seen as carrying out the doctors' orders, protecting the doctors' business (which is the patient's diagnosis and treatment), or generally complying with the doctors in keeping information from the patient.

A general unwillingness on the part of both doctors and nurses to communicate meaningfully with patients was observed.

Overall, less than 20% of the women interviewed gave an informed explanation of their obstetric or gynaecological problems. In Trinidad, only 16% were fully aware of their conditions and in Tobago 20% were. 81% of patients were either wholly or partially incorrect about their medical conditions.

The undisputed power of the doctor, and the 'conspiracy of secrecy' which seems to govern his relationship with the patient, has given rise to a number of very severe problems, all with important policy implications:

- the view that health care is something that is 'given' and not something in which the patient participates, both inside and outside of the hospital situation,

contributing to the high degree of pathological dependence of the patient upon the doctor;

- the fact that the patient does not participate in the determination of



her care, nor in understanding or even knowing what her problem is, ensures that she is unable to avoid, cope with or prevent the same conditions arising again, thus increasing dependency on the public health system, increasing costs and distorting the use of staff time;

- the level of dissatisfaction of the patients is vastly increased in these circumstances because the patients perceive medical personnel to be unwilling to inform. They are suspicious of diagnoses and treatment, of the accuracy of decisions; they mistrust, fear and are uncooperative; and, most of all, they are made to feel badly about themselves, which may further aggravate their health problem;

- though the nurse is trained to be fully aware of the range and type of problems encountered and is acquainted with the tests, diagnoses and treatment ordered for the patient, she is duty bound to withhold all of these from the patient because it is not defined as her role. She therefore develops an attitude to the patient in which the latter is seen as 'picking everything from your mouth'. She contributes, wittingly or unwittingly to the 'conspiracy of secrecy'; and

- finally, the lack of involvement of the patient may sometimes lead to incomplete or faulty diagnosis and/or mis-management of the patient's condition, which then increases the level of distrust and dissatisfaction experienced by the patient, to complete this vicious circle of poor health care.

Each of these problems and difficulties holds severe implications for use of staff time and costs. In the context of the Structural Adjustment Policies of the 1990s, when the state has already embarked on budgetary cuts to social services, including health services, one could expect that frustrations and dissatisfactions would mount for patients as well as for some sectors of the health care personnel.

Daphne Phillips is a lecturer in Sociology at the University of the West Indies, St. Augustine, Trinidad and Tobago.

The Bahamas

An experience of breastfeeding

by Marion Bethel

At eighteen and a half months, my daughter Lfe is still breastfeeding, or rather enjoying the comfort and security of being able to order "instant food" at almost any time of day.

No-one could have told me that we'd continue for this long. Nothing before prepared me for this very intimate relationship.

Initially, I was committed to breastfeeding for many reasons: the health factor for the baby, i.e. the natural antibodies found in breastmilk, particularly the colostrum; the perfect composition of breastmilk for the total needs of a baby up to four months; and the emotional bonding. I was very resistant to the idea of formula and vowed to avoid it if at all possible. To me, it was not only an inferior substitute for breastmilk, but also a colonisation of women's bodies, yet another form of dispossessing women of our control over the reproductive process.

But I had no clear concept of what to do or how. I thought it would come fairly easily, naturally, so to speak. I also felt I could count heavily on the generous wisdom of my mother and many surrogate

mothers whom I thought were successful at breastfeeding their children.

Nothing had prepared me for the anxiety of waiting for the 'real' milk to come; the feedings every two hours day and night; my limited mobility; two very painful engorgements; raw, sore nipples on two separate occasions for a week each time; the rushing home from work and during work to supplement a low milk supply; the breast-pumping at work, late at night, early in the morning; and more. Nothing prepared me either for the ecstatic periods of watching my daughter develop and the intense feelings of love and admiration for this little person.

Returning to work was formidable. Pumping milk to freeze was taxing and time-consuming. I was never able to build up the recommended 'milk bank' that could have saved me from some very close moments of just arriving in time or minutes late to feed a hungry and screaming child.

Lfe is still a very demanding breastfeeder and has never slept straight through the night. I knew I needed rest, but due to my daily work (9-5.30), my fairly active participation in our women's organisation and a number of community associations and most of all due to a physical constitution which has always worked for me,

I wasn't aware or perhaps was unwilling to take notice of my physical trauma. Extreme physical fatigue, accompanied by a low white blood cell count, substantial weight loss and anaemia has recently forced me to take two weeks sick leave.

I have come to understand that reproductive health for women is a vast and far-reaching issue which encompasses health from at least the point of menstruation right through menopause, and includes among other things, issues of reproductive, contraceptive and abortion technology; infertility; menstrual problems; emotional health; and breastfeeding, childcare, etc.

At this point, I am an active member of a recently-founded support group for breastfeeding women. There is no doubt in our minds that we in the Bahamas must lobby for an extension of the 8-week statutory period for maternity leave (recently enacted) to at least four months with full pay. Based on my own experience and that of other women, I know that post-partum women need time - time to recuperate emotionally and physically; time to nurture our babies fully; and time to take care of ourselves.

Marion Bethel is a Crown Counsel in the Attorney General's Office and a founder member of Development Alternatives for Women Now (DAWN), Bahamas.

A ge brings reasoning

a short story

by Anselma Morgan

One hot July morning, the outpatient clinic was crowded with patients from all over the country waiting too see the doctor. The limited seats available were all occupied, while twice the number were standing around. Some of them were leaning their heads against the brick wall and gasping as though it was their last hour, while others groaned and prayed.

"Me pressure gone up high," said one woman to another.

"Mine ah de low one way does mek yo head spin like ah tap and throw yo down," replied another.

Then 'CREEK!' went the brakes of a red van as it pulled up at the entrance of the hospital. All heads turned at once. No sooner was the door opened than a woman crawled out of the van, holding her side as though she was about to fall down. It was Dina.

"Ah way yo ah do ya again?" asked the security guard who sat in his little guard-house at the entrance of the hospital compound, scrutinizing everyone who entered the premises.

Dina was a familiar face because she had just recently been discharged from the hospital. She walked past him as though she hadn't heard the question, her face grim with pain, then responded when she was a few yards away from him, "Me tek sick again, so me come see doctor."

It was only nine o'clock in the morning, and Dina's clothes clung to her skin as if she had just come out of the river.

"Ah how yo ah sweat so?" asked the inquisitive

guard, as he glanced at her enquiringly.

"When me pressure high and de nerves dem pon me, me ah get bad feeling an so me skin wet down."

Dina looked at the crowds of people already waiting to see the doctor, and realised that she was late and so would have a long wait. "Dis a whole day, today," she murmured. "Me carn stand up fo so long." She beckoned to her friend, the guard, to lend her a chair which he did promptly.

"Lard Jesus, don't give me more dan what I can bear doh ah deserve of all," cried Dina wincing with pain as she tried to ease herself gradually into the chair.

While Dina sat there trying to gain some control over her mind, up came her "macomay" Issie. "Dina!" she exclaimed, "Me jus pass an call yo. After me na hear no answer, me say dat yo must be garn ah mountain, me na no dat yo sick again. And jus me mind tell me fo pass and see if me could see doctor today. Me nah

Sharon Chacko
no yo dah ya."

"Yes, macomay," answered Dina, "me dey yah ah dead. Me nah sleep las night, pain nearly kill me." She stopped as though trying to catch her breath, and then went on, "Not a soul to me assistance, not even to han' one drap ah water fo me drink. Up tonow me know see de nigger man. Me had to drag pon me bottom till me reach ah road, me could hardly walk."

"Miss Lady, yo ah study dat man too much," cautioned Issie. "Look how yo' bring yo'self when he dey hearty and strong. Try and pull yo'self together udderwise yo' go dead. Since yo husban get in wid Janice, yo start to grieve. What happen to yo, yo stap pray. Put your case to God and he will give you



short story

jus' reward. Don't worry wid yo' husban'. God will deal wid him in His own time."

Dina listened carefully to her friend's words of advice. For a moment she seemed choked for words. Eventually she said, "Tank yo, me dear. Ah no dis is de work of Satan. He is trying me fo' me sin me soul."

Then her thoughts seem to drift away from the present and into the past. "Look at me," she pointed to herself. "Watch how me come till man ah mek style pon me - me, Dina, who was the hottest girl around. Me had fellows like bush running after me. Me jus' use to mek style pon dem." A smile came over her face as if to hide the pain within her.

"Ah mek me nine pickney fo' nine different man," she went on. "Me never used to stand nonsense from none ah de man dem. Dem only ha' fo act funny and me finish wid dem, wedder me belly big to me troat or not.

"Ah wuk real hard. Ah ha' pickney, cut de nable string fo' meself, go ah river and wash de bed, mek up de bed ah floor, rest de pickney dey, den go back to wuk. Now an den me go peep pon um fo' see if e ahright or leh de rest ah dem look pon um.

"Ah carn lie down, cause me nah ha nobody to gih me ah dollar fo' buy sugar, much more fo' pay midwife. Not a cent fo' none ah me pickney dem from dem dardy." She paused for a while and then continued, "Ah meet hell for mine all dem pickney but ah stick it out."

There was a dead silence, no more moans or groans, as everyone was attracted by the tale of Dina's life. Some of the women nodded their heads as if they could identify with some of the things she had said. But Dina remained unperturbed by the silence around her as she continued her story.

"Now dat dem come big people ah decide ah change me life, cause ah want to se an example for me

pickney dem. Ah went and ah join de Church. An dey me meet dis man, Mr. George Jingles, so me decide dat if me is to tek anmore man in me life, me have fo' do what is right and pleasing in God's sight. To tell yo' de truth, me nah bin keen 'bout no married but de man insist.

"When we get married we didn't have a ting, so me wuk hard and help him. Me suck salt fo' food cause de preacher say that God say ah woman mus' be she husban' helpmate. An' now, after me done wuk so hard, me husban wait till now fo' get into keeper and neglect me and God. You tink dat right in your sight, God?"

Then suddenly Dina's face hardened as she said, "If now bin long time, God no God, me bin done run ah knife thru' de two ah dem long time and leh dem hang me."

Issie was astonished because she had never realised that her friend had a violent side to her. When Dina spoke about killing, Issie realised that it was time for her to intervene and disrupt her friend's train of thought which was getting a bit too dangerous for Issie's comfort. She had never known that all these things had happened in her friend's life.

She put her hands around Dina's shoulders and said, "Tek it easy, no badder wid dat talk dey, do away with evil thoughts. Yo' must pray very hard. Read de hundred and sixteen Psalm every night before yo' go to bed," was the solemn advice she gave her friend.

Dina looked at her friend with a wry smile on her face. "I surprise at you, Issie. Ah talk 'bout when ah was young. Now ah old ah would never do such ah ting, cause age brings reasoning."

Ancelma Morgan is an ex-WICA researcher who is currently writing short stories based on participant observation and interviews conducted in St. Vincent and the Grenadines as part of that project.

Consultative committee meets

May 25-26 saw the first meeting of CAFRA's Consultative Committee at Pax Guest House, Mount St. Benedict, Trinidad and Tobago. This Committee is one of the four decision-making bodies of the association (the others being the Secretariat, the Regional Committee and the Biannual General Meeting) and is comprised of the Secretariat, Project Co-ordinators and one representative of each of the four major language groups of the region. These representatives are Astrid Elstack, Suriname (Dutch); Cecilia Babb, Barbados (English); Eugenie Rezaire, French Guiana (French); and Elsie Doñe Molina, Dominican Republic (Spanish).

Unfortunately, problems with flights prevented Astrid and Eugenie from attending, which highlighted one of the reasons that the Committee was formed in the first place - i.e. to examine the geographic, diplomatic and linguistic factors that inhibit the territories of the region from working together. Its other main purpose is to take programme decisions between meetings of the full Regional Committee.

Joan French (WICA Co-ordinator) warmed up the group on the first morning with a musical game, and then it was down to business. Rawwida Baksh-Soodeen presented her report as the Co-ordinator, following which Ann Marie Sinkia, the Financial Offi-

cer, went through the 1989 Financial Statements. CAFRA's main projects (WICA, 'Women's History and Creative Expression', 'Women and the Law', **Creation Fire: A CAFRA Anthology of Caribbean Women's Poetry** and the English and Spanish newsletters) were then reported on and decisions taken for the future.

Elsie and Cecilia shared information on what was happening in the women's movement in their countries and sub-regions and some of the language problems were discussed. Plans for setting up a computerised listing of materials held by documentation centres and women's organisa-



off our backs

tions in the region; for getting information on the activities of women's groups on-the-ground; and for the Summer University for Activists (1991) were also looked at.

Participants worked on a tentative agenda for the Biannual General Meeting of CAFRA's membership. This is planned for October 27 and 28, 1990 in Jamaica (arrivals on 26 October) and will be preceded by a Regional Committee Meeting on October 25. An important component will be an assessment of CAFRA's functioning within the context of the Caribbean women's movement, and the development community as a whole. The agenda will be sent out shortly for comments.

Two visitors also made their way up to the Mount: Peggy Antrobus to talk about DAWN's move to the Caribbean (see page 30); and Ingrid Skerrit of St. Lucia to talk about the visit to Orange Hill, St. Vincent and the Grenadines by participants in the Photography Workshop (see p. 6). On Saturday night, some of the participants shared a meal with women attending the Women for Caribbean Liberation meeting that was being held in Trinidad and Tobago over the same weekend, and later went to a combined fete at Workingwomen where they danced till the early hours of Sunday.

A report of the Consultative Committee Meeting will be sent to National Representatives by the end of June, and it is expected that they will be calling meetings of their membership to discuss the national and regional implications.

We, Women

by Cornelia Frettlöh

The flood
of oppression and hunger

The flood
of starvation and war

The flood
of misery and deforestation

The flood
of chemical suicide and radiation

The flood
of injustice and exploitation

The flood
of malnutrition and poverty

The flood
of all human disasters

The new flood
caused by man

Who will stop it?

Who will build the ark?

Who if not we?

We,
the experts
of discrimination and sorrow

We,
the experts
of inequality and pain

We,
the experts
of suffering and sacrifice

We,
the viceroys for one decade
losers for centuries

We,
obtainers of rights on paper
receivers of prejudice every day

We,
who will not be contented with
becoming an engineer

We,
who will not be deluded
by the magic of participation

You who are too busy
with power and violence
with build-up of weapons
with maintaining the status quo

You who even think of bringing
eternal death to the stars and the moon
we don't want to become shareholders
of your monster of a future

We,
who are pregnant
with a vision of the future

We,
who are pregnant
with a vision of hope

We,
who are pregnant
with a dream of Utopia

We,
who else if not we
will build the ark.

Cornelia Frettlöh wrote this poem in 1985 when she was living in Barbados, at which time she attended CAFRA's launching. She now lives in Germany.

M Meetings, courses, fellowships, etc.

The Blanche, Edith and Irving Laurie New Jersey Chair in Women's Studies at Douglass College - a person of significant achievement is sought for this cycle (Sept. 1991-June 1993). The University is particularly interested in a candidate whose work is focused primarily on women outside of the U.S.A. The applicant's background and training can be in any field but she/he must have made an important contribution to our understanding of women's studies in the world.

The holder of the Laurie New Jersey Chair is required to conduct one interdisciplinary research seminar each academic year. The seminar focuses on a particular theme of interest to the Chair and meets weekly throughout the term. The Chair will also be expected inter alia to participate in the activities of the Centre for Global Issues and Women's Leadership and to give several public lectures.

Nominations and applications will be accepted until October 1, 1990. For further information, write to: Laurie New Jersey Chair in Women's Studies Search Committee, c/o Ferris Olin, Voorhees Chapel, Lower Level, Room 4, Douglass College, Box 270, New Brunswick, New Jersey 08903-0270, U.S.A.

Women's Leadership Institute, Centre for Global Issues and Women's Leadership, Douglass

College, New Jersey, U.S.A. This Institute will bring together 25-30 participants (1/3 from the U.S.A. and 2/3 from outside) from 28-31 May, 1991 who are taking leadership in the area of violence and human rights. Participants will be drawn from many fields and may be policy makers, public officials, activists and scholars, but all will be women who have influenced this theme and/or have potential for moving into significant decision-making roles in the area.

The Centre's goals include: developing ways of bringing women's perspectives and strategies into greater visibility in public policy deliberations nationally and internationally; to identify means of increasing the participation and influence of women leaders in



decision-making roles in their countries and in global institutions; and to build international linkages that enhance women's effectiveness and increase their global consciousness.

For further information, contact Charlotte Bunch, Director, Box 270, Douglass College (address above)

Women for Caribbean Liberation (WCL) has launched a permanent Scholarship Fund in commemoration of the life and work of Arah Hector, the organisation's first co-ordinator who was brutally murdered in Antigua on 28 May, 1989.

The Scholarship is for a two year course of study, and is initially tenable at the School of Continuing Studies of The University of the West Indies campuses, commencing September 1990, and will be offered to an Antiguan national woman.

WCL, which was founded in February 1987, can be contacted c/o Workingwomen, Carter's Lane, off Evans St., Curepe, Trinidad and Tobago.

N ews, news, news

Survey Findings

Unmasking the Barriers: A survey on the Place and Role of Women in Organisations in St. Vincent and the Grenadines is a report of the findings of a survey carried out in 1989. It is published by the Committee for the Development of Women (CDW), the National Council of Women (NCW), the National Youth Council (NYC) and Projects' Promotion (PP) and is available from Nelcia Robinson, P.O. Box 1443, Kingstown, SVG.

T he voice of women of the South

DAWN's Interregional Meeting, Rio de Janeiro, Brazil, May 6-11, 1990.

by Tina Johnson

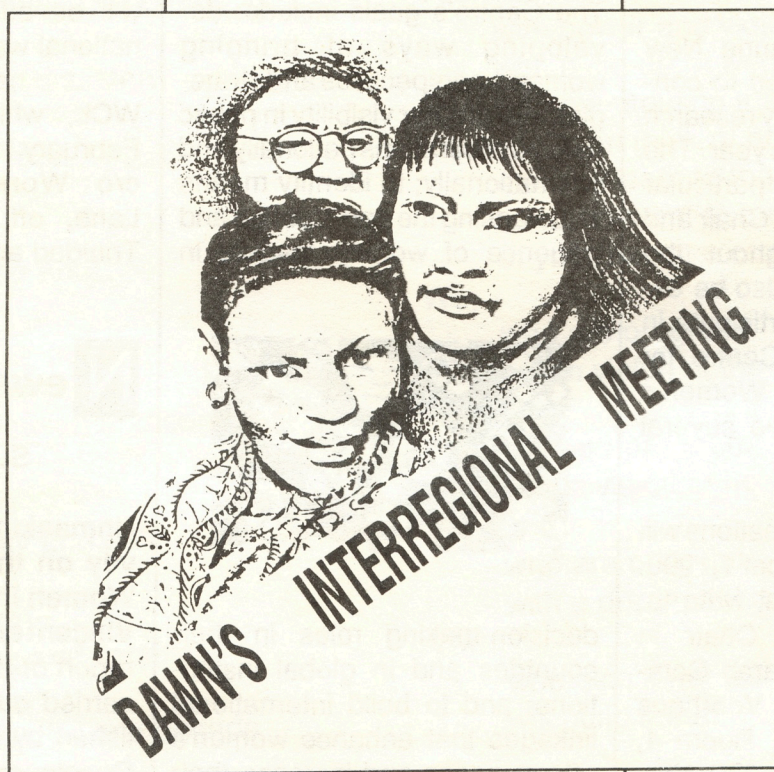
The DAWN grouping - Development Alternatives with Women for a New Era - is an autonomous organisation of women from the South which was founded in Bangalore in 1984. It acts as a catalyst in development efforts at the international level with a view to propose and implement new alternatives for the future through influencing policy changes, research and community action, and provides an analysis of the economic crisis from a feminist perspective incorporating race, class and gender.

It was intended from the first meeting that the Secretariat would move every three or four years so that no one region would be able to monopolise the organisation. Having been based in Rio de Janeiro, Brazil since its inception, under the general co-ordination of Neuma Aguiar, DAWN is now poised to move to the Caribbean. The new General Co-ordinator is Peggy

Antrobus, Tutor/Co-ordinator of the Women and Development Studies Unit (WAND), Barbados, and the move will take place within the year.

In the meantime, regional meetings will be held to choose co-ordinators who will be responsible for developing inter-regional links and making contact with national and regional communications networks. These co-ordinators form DAWN's Steering

Rio de Janeiro, Brazil from May 6-11, 1990. The meeting looked at the organisation's structure and programme, and attempted to answer three basic questions posed by Peggy: what is the centrality of gender to development issues?; what is the relationship between the issues of the crisis and women's visions and movements (DAWN's two major research areas until now)?; and what should be the agenda for the future?

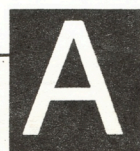


There were panel presentations of research papers, and three new research areas were identified: Reproductive Rights, Alternative Economic Systems and the Environment. There were also some small group discussions, including one on communications which included DAWN's Information Officer, the Editors of **Sistren** and **CAFRA News**, the President of TAMWA (the Tanzanian Media Women's Association) and feminist

Committee.

These were some of the decisions reached by members of DAWN who gathered in Niteroi,

publishers Kali for Women (India) and Rosa dos Tempos (Brazil). Plans were made for **DAWN In-forms**, the group's newsletter, which will draw material from

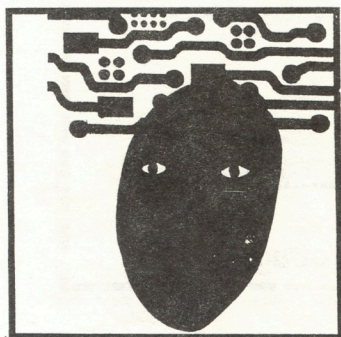


African/Caribbean popular education link-up

national and regional organisations that it can then share internationally, focussing on the group's main research themes.

It was generally agreed by the meeting that although the crises in the various regions might differ in form, they were all different manifestations of the economic growth model. The DAWN vision of equality of opportunity for each individual to achieve her/his full potential is still very relevant, despite the changes that have taken place in the world since 1984. These include the changes in Eastern Europe (and one representative of a funding agency noted that because of these, "the South is now absolutely marginal in Europe, except for problems of immigration.") It was agreed that it is necessary to work out structures that can make this vision a reality.

In the Caribbean, DAWN's programme will be closely linked with the work of CAFRA, since the association is already working on the same issues and trying to bridge the gap between intellectual analysis and action. CAFRA has therefore been asked to select the Caribbean Co-ordinator.



Annika B, The Tribune

By Sobers Esprit

Caribbean Popular Theatre Animators, Michelle Barrow of the Eastern Caribbean Popular Theatre Organisation (ECPTO) and Owen 'Blacka' Ellis of the Groundwork Theatre Company (GTC) of Jamaica recently returned from a five-week workshop in Zimbabwe.

The two animators participated in a workshop on 'Developing African strategies for training grassroots community workers', which was organised by the Organisation of Rural Associations for Progress (ORAP), an NGO which does development work in rural communities in the provinces of Matebeleland North and South and the Midlands of Zimbabwe.

The February 26-March 30 workshop brought together participants from South Africa, Botswana, Uganda, Zambia, ANC representatives based in Zambia, the Caribbean and the host country Zimbabwe, as well as observers from Kenya and Bangladesh, and focussed on the sharing of approaches to development and training methods.

The ECPTO and GTC representatives shared how Popular Theatre methodology is being used in the Caribbean region as a development tool.

The workshop also allowed participants to spend several days in some rural communities where

ORAP works, to take time off to commemorate the independence of Namibia and the Sharpeville Massacre with cultural activities, and to participate in a Pan Africa day where traditional meals were cooked, traditional dress was worn, and cultural items from the various countries were performed.

The participation of the Caribbean at this latest African workshop is part of an ongoing link-up between popular educators from the two regions. Further efforts will be made in the coming months to strengthen these contacts and, it is hoped, to see an increase in the amount of exchanges between animators leading to a further sharing of skills and passing on of experiences.

Sobers Esprit is the Co-ordinator of ECPTO, a sub-regional organisation based in the Commonwealth of Dominica.

**Are you doing research on
and/or have
an interest in
the Debt Crisis or
Structural Adjustment
Policies in the Region?**

**if so, CAFRA wants
to hear from you.**

**Please write to us at
P.O. Bag 442, Tunapuna,
Trinidad and Tobago**

Carifem update

Jamaica

Sistren Theatre Collective has now been in existence for 13 years - and 13 is a lucky number for Sistren as it was 13 working-class women who came together in 1977 to perform 'Downpression Get A Blow' for Workers' Week.

They have been working towards social change ever since. Sistren has become a major force in the Caribbean popular education network and in the regional women's movement. During this time, Sistren has conducted hundreds of workshops with women from different social strata on a variety of themes, e.g. teenage parenthood, migration, sexual violence, and unemployment and women's work.

Within the workshops, song,

dance and games linked to the theme are used along with drama and personal testimony to ensure the highest level of participation. Plays are built through improvisation, scripted into short dramatic pieces and developed further in subsequent workshops. Some have been made into full-length productions, such as 'Muffet inna all a wi' (1986).

During the 80s, Sistren set up a Textile Printing project, a Research Department and a publications division. Sistren Textiles are reproduced on wall-hangings and practical items such as cushions, bags and T-shirts. Sistren screen prints honour the strength and hidden history of Jamaican women.

Sistren Research carries out participatory research into the past

SISTREN

and present conditions of life and work of Jamaican women. Topics include women's work in the sugar industry, female labour and the 'free trade zones' and 'women's work and organisation in Jamaica, 1900-1944'. A video on two Jamaican feminists, 'Miss Amy and Miss May', was recently completed (see **CAFRA News**, Vol. 4, No. 1).

Sistren has also produced other audiovisual material and several publications - including **Lionheart Gal**, a book based on the testimonies of Sistren members, and a quarterly newsletter, **Sistren**.

For further information, contact Sistren Theatre Collective, 20 Kensington Crescent, Kingston 5, Jamaica. Tel: (809) 92-92457.

SUBSCRIPTION RATES

**RETURN THIS FORM TO US TODAY
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Caribbean: Individual: 30 units of local currency
Organisation: 35 units of local currency
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(payable in U.S. currency or local equivalent)

NAME

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Return to CAFRA, P.O. Bag 442, Tunapuna, Trinidad and Tobago

Caribbean Association for Feminist Research and Action (CAFRA)

We are a network of individual researchers and activists and women's organisations who define feminist politics as a matter of both consciousness and action. We are committed to understanding the relationship between the oppression of women and other forms of oppression in the society, and are working actively for change.

Membership spans the Dutch, English, French and Spanish-speaking countries of the region as well as the diaspora. It is open to women living in the Caribbean and Caribbean women living abroad who support CAFRA's general aims and objectives.

A brochure outlining the aims and objectives of the association is available on request.

Structure of the Association

The decision-making bodies of CAFRA are: (i) The biennial **General Meeting** of the membership of the association; (ii) The annual meeting of National Representatives, a representative of the diaspora, Project Co-ordinators and the Secretariat (also called the **Regional Committee**); (iii) Bi-annual meetings of a **Consultative Committee**, made up of one representative from each of the four major language groups in the region, the Project Co-ordinators and the Secretariat; and (iv) **The Secretariat**, made up of the Co-ordinator, the Financial Officer, the Administrative Assistant and a few members of the feminist movement in Trinidad and Tobago.

Annual Membership Fee

Individuals: 25 units in currency of residence

Organisations: 35 units in currency of residence

(Payable by cheque, money order or cash in currency of residence or US\$)

Founding members

Peggy Antrobus

Sonia Cuales

Joan French

Rawwida Baksh-Soodeen

Honor Ford-Smith

Rhoda Reddock