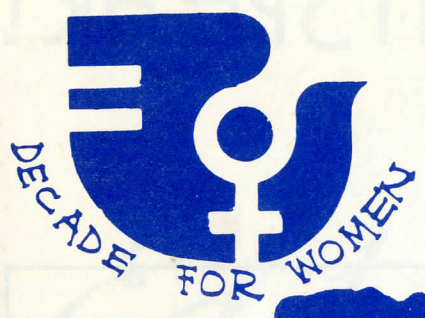


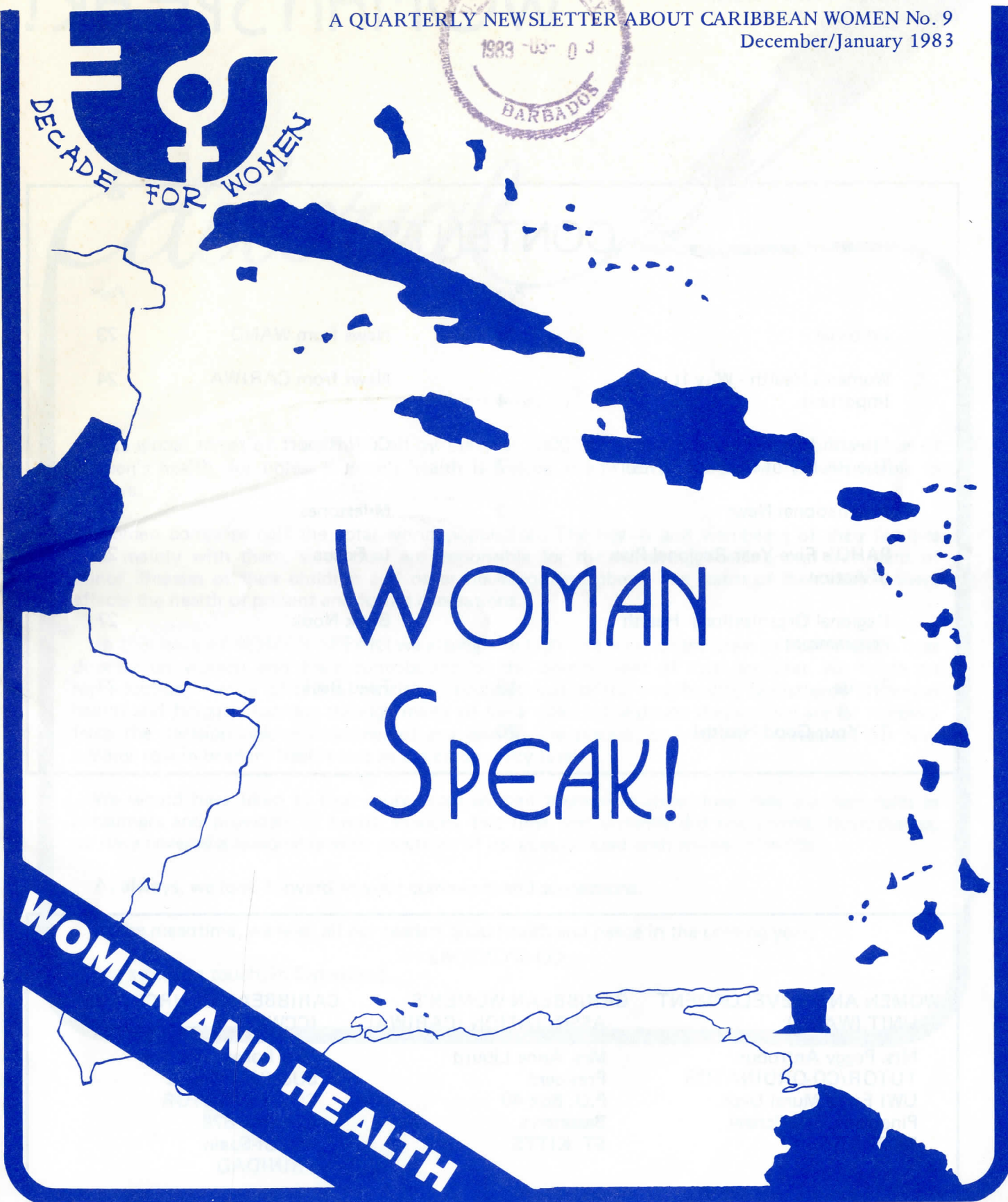


A QUARTERLY NEWSLETTER ABOUT CARIBBEAN WOMEN No. 9
December/January 1983



WOMAN SPEAK!

WOMEN AND HEALTH



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WOMAN SPEAK!

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Editorial

The global target of "Health for all by the year 2000" gives added significance to the status of women's health, for unless women's health is treated as a priority this goal will be impossible to achieve.

Women comprise half the total world population. The health and well-being of their families rests mainly with them, since they are responsible for the nurturing, feeding, and treatment of minor illnesses of their children and other household members. The status of their health, then, affects the health of present and future generations.

In this issue of WOMAN SPEAK! we attempt to highlight some of the areas of health which bear directly on women and their contribution to the development of their societies. We touch on reproduction, family planning, nutrition, occupational safety and health, breastfeeding, mental health and fatigue. Running through many of the articles is the theme that women are far removed from the decision-making processes of any health care system, or involved in research, but play a major role in primary health care at the community level.

We would have liked to hear more from women themselves about how they see their roles as consumers and providers of health services, but time and distance did not permit. Nevertheless, we have covered a reasonably wide spectrum of issues associated with women's health.

As always, we look forward to your comments and suggestions.

In the meantime, we wish all our readers good health and peace in the coming year.

Let's keep in touch, in Sisterhood.

FEATURE

WOMEN'S HEALTH

Why it is important

by Annette Howell



Health is an important factor in the economic and social development of any country. Thus, if any country is to achieve the World Health Assembly target of "Health for all by the year 2000", priority must be given to women's health for a variety of reasons.

The main reasons are: women make up half the total population; the better health of women is in itself a considerable step in development; healthy women can make a more useful contribution to their families and communities; women are, by and large, responsible not only for their own health, but for that of their children, families and communities and of future generations; without attention to women, attempts to achieve health for all will fail.

Women generally tend to live longer than men and outnumber them at all adult ages, despite the fact that more boys are born than girls.

Women's major health problems are caused by many factors too difficult to measure. More attention needs to be focussed on woman-specific morbidity, nutrition preferences, and the effects of stress, fatigue, anaemia and infections on women's health.

For example, women generally tend to live longer than men and outnumber them at all adult ages, despite the fact that more boys are born than girls. This is because, given equal environmental conditions and care, there are built-in factors which make women more resistant to some health hazards than men. But, when other social factors militate against women this differential narrows or switches over.

For instance, in developing countries, especially Asia, a woman's chances of living through the years from 15 to 45 are lower than those of a woman in a developed country. Maternal mortality is one of the leading causes of the high death rates among these women. Childbearing is spread over a longer period of their lives, thus they undergo a higher risk per pregnancy. On the whole, half a million women die in most of Africa and West, South and East Asia, leaving behind at least one million motherless children of various ages.

Women's health needs are cyclical; each process of growth, development and reproduction is interrelated, each stage builds on the one before and influences the next. The health of each generation affects that of the upcoming one.

Cultural norms and attitudes in some societies result in parents preferring boys to girls, a preference that is expressed in many ways. In certain societies, especially at times of food shortages, women and girls receive only the food

left over by the male members of the family. This custom results in severe malnutrition in women.

Reports from several parts of India indicate that girls are more affected by kwashiorkor (a protein-deficiency disease), but are less often taken to hospital for treatment. They therefore succumb to illness due to starvation and infection.

The high prevalence of anaemia among women of childbearing age is one of the biggest problems confronting women in both developed and developing countries.

Inequality in nutritional and health attention during childhood brings problems in later life for women. Lack of essential nutrients causes deformities in bone structure, especially in the pelvic bones, which result in difficulties in childbirth.

The physiological demands of menstruation also require that a woman's diet during the reproductive years be adequate, especially in iron. The high prevalence of anaemia among women of childbearing age is one of the biggest problems confronting women in both developed and developing countries. In the latter it is accompanied by infections, susceptibility to fatigue and other diseases.

Anaemia also has far-reaching ill effects during pregnancy, childbirth and lactation.

Childbearing itself places four demands on a woman. She must have all essential nutrients for the baby to grow within her during pregnancy and afterwards, until the baby is weaned; she must be in the best of physical health during pregnancy and lactation; her mental and emotional health should be adequate to provide the child with love; and, she has to sacrifice time and energy to take care of the child.

During adolescence, women are a special risk group, for the physical and social changes they undergo in this period will have an impact on their health in adult life.

Serious physiological risks are involved in pregnancy, abortion and contraception during this time. A greater risk of complications of pregnancy and childbearing occurs for the adolescent mother, and of death or poor health for her infant. Abortions, especially repeat abortions, may lead to problems in later pregnancies, since young women usually have

limited access to health care and family planning services.

Furthermore, childbearing at an early age interferes with the young woman's options in later life and may result in limited educational, employment and social opportunities.

Since women play an essential role in maintaining the family, and therefore the community, they must be acknowledged as the main agents of primary health care. Primary health care is simply essential health care delivered to all the people with their full partici-

pation, and at costs they can afford.

Such health care could be achieved through an adequate water supply, adequate nutrition, safe sanitation and immunization against major diseases - all areas which bear on women's health, in particular. The inclusion of women through community participation in deciding on and supporting preventive health plans, is therefore necessary.

Annette Howell, a Barbadian, is a graduate of the UWI.



DID YOU KNOW...

- There are some 260 million anaemic women in Third World countries?
- Maternal deaths are 100 - 200 times more common in rural areas of the Third World than in industrialised areas, and about one half of these are due to illegally induced abortions?
(Source: **Ideas and Action**, bulletin of the FAO, #145 '82/1 - 2.)
- Women are particularly vulnerable to diabetes, one of the few diseases for which female mortality rates exceed those of the male in most of Latin America and the Caribbean?
- Women, 19 years old or younger, give birth to 13 per cent of children in Latin America and of those births 15 to 23 per cent occur to teenagers less than 15 years old?
(Source: PAHO Five-Year Regional Plan of Action.)

FEATURE

Health issues must deal with the reality of women's lives!

by Dame
Nita
Barrow

Many official statements continue to assume that women's health problems will be solved by 'someone else' and ignore the contribution which women have made, and are making, to their own health and that of the family, the community and the nation.

Forty young women, representing 36 countries and six continents, were once asked what came to mind when health was mentioned. It is significant that the recurring words were mother, grandmother, sanitation, housing, environment, nutrition, agriculture, food and water.

This response may have been the result of a film the women had seen, because it is rare for women's role in health to be recognised through their involvement in all the areas vital to health. The ways in which women carry out the activities in these areas can have far-reaching effects on health, both positive and negative.

Despite the concern voiced about women's health needs, targets and priorities relate mostly to research programmes and still fail to focus on the women themselves.

Sanitation is one of the health-related areas where there is failure to understand the realities of women's lives. Much conventional health teaching about cleanliness of the home and personal hygiene, is given to rural women, but much of it also totally ignores the difficulties in getting clean water. In urban slums, added to the problem of water supply is overcrowding, lack of food since none can be grown, and a

scarcity of cash to buy any. Such constraints make conventional health teaching at best irrelevant, and at worst a slap in the face of the woman who is unable to follow the directions given.

Despite the concern voiced about women's health needs, targets and priorities relate mostly to research programmes and still fail to focus on the women themselves.

The solutions offered come mainly 'from above', continue to look at the situation in general, and prescribe solutions to be done for others.

What is needed is an approach which enables women to search for solutions to their health problems and do what they have always done — better. Once women are recognized as the providers of health care, changes will begin where they are — changes that will take them into account in decision-making, and that will reveal what large or small inputs are required of them.

The need for education is often cited when people talk about participation, but education for its own sake without being related

to the people's needs, is irrelevant. Education is doomed to failure when it does not consider cultural and social factors. This has been seen, for example, in efforts to educate people in family planning.

Another element to be considered is 'who is being educated?'

A simple increase in the number of prepared professional personnel does not, in itself, answer all health needs. Where the need for health care



is greatest — the village, the urban slums and among people who are socially and geographically isolated — experience and research has shown that the woman on the spot is often closest to the need.

The traditional birth attendant is such a woman. Education to improve her skills has greatly benefitted the health of the community wherever such education has been given.

Women in rural areas are the pivot of the family. Every day they must take decisions affecting the family's welfare. Education on hygiene, safe water, good nutrition and their effect upon the health of the family — if appropriate to the realities of rural women's lives — relates naturally to their concern for their families' welfare. This concern can be developed, and women's knowledge and skills increased, as a means of improving the community's health

and of securing people's involvement in their own health care and in the decision-making process.

If women's existing knowledge and skills are adequately assessed and used as a basis for further learning, the human resources thus released for improved health become almost limitless.

Official recognition of this potential offers the hope of the goal of "Health for all ..." becoming a reality. For, while the other partners in the health team — professionals and staff with other levels of medical training — can ensure medical and other interventions, it is the first level of care, with its combination of curative, preventive and promotive health activities, which women could contribute to achieving a complete health care system for all.

Extracted from a paper by Dame Nita Barrow on Women and Health, presented to the Sixth Commonwealth Health Ministers' Meeting, Tanzania, 1980, and appearing in Convergence, journal of the International Council for Adult Education, Vol. XV #2, 1982.

DID YOU KNOW...

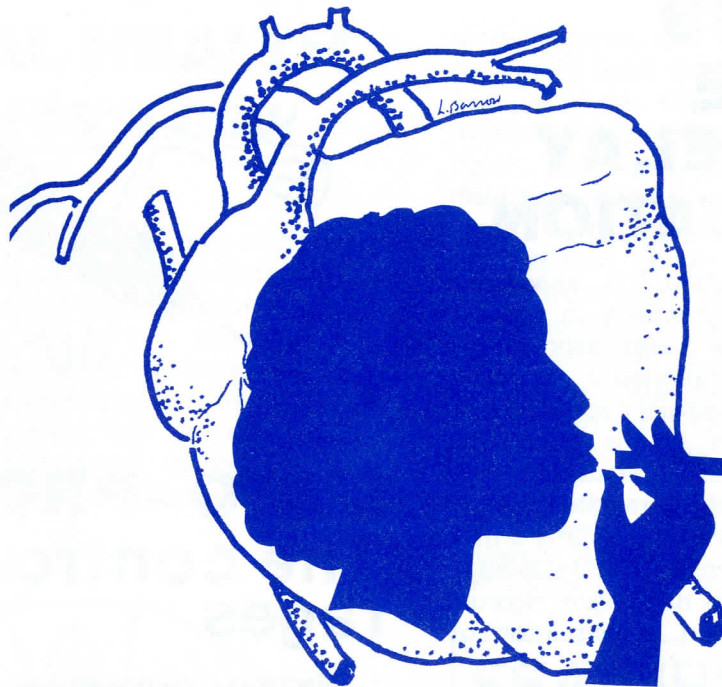
- Eighty per cent of health budgets in the Third World are used to cure the illnesses of a minority through the training and equipping of doctors who are usually men while 80 per cent of those illnesses could be prevented by better nutrition, water supply, sanitation, immunization and preventive health care education - the responsibility for which is usually taken by women!
- Research and advice on family planning is usually directed towards women but decisions on family size are usually taken by men!!

(Source: **Women - the Facts**, U.N. Decade for Women factsheet.)

- Toxic Shock Syndrome (TSS) is extremely rare, affecting perhaps three women in 100,000, but can be very severe, even fatal? The primary symptoms of TSS are a sudden high fever, a drop in blood pressure, a sunburn-like rash and, about one to two weeks later, peeling of the hands and feet. A study in the U.S. in 1980 showed that a high percentage of women affected by TSS had been using a new type of tampon or the super absorbent varieties of more familiar brands!!!

(Source: **How to Stay Out of the Gynecologist's Office**, Federation of Feminist Women's Health Centers.)

... INTERNATIONAL NEWS ...



SMOKING YOUR LIFE AWAY ?

Current findings in the U.S. predict that, if present trends continue, by 1983 the death rate from lung cancer among women will exceed that of deaths from breast cancer.

Since women started smoking in large quantities about 25-30 years after men (during World War II and immediately after), these trends are expected to continue and to increase especially as more young women are now smoking.

These findings, published in the U.S. Surgeon-General's most recent report on "The Health Consequences of Smoking for Women," serve to highlight the dangers to women smokers.

Women smokers are also more susceptible to respiratory diseases such as chronic bronchitis and emphysema, which are sometimes fatal, and have an increased risk of coronary heart disease, over non-smoking women. The greatest risk is among women who smoke and take oral contraceptives, since the risk of heart attack for them may be 20-fold greater than for non-smokers.

Babies born to smoking mothers are approximately seven ounces lighter than those born to

non-smoking women, and they run the risk of dying at birth or of suffering complications in early childhood. Pregnant smokers also increase their risk of spontaneous abortion and other complications such as premature and prolonged rupture of membranes or the placenta.

Research has shown that women are likely to smoke for reasons of stress, but there has also been a change in women's smoking habits whereby more female adolescents and teenagers smoke now than previously. In the age group, 18-24, a higher percentage of women smoke than do their male counterparts.

Perhaps the biggest influence on the increase in women smokers has been the all-pervasive cigarette advertising. In 1980, the tobacco industry spent U.S. \$880 million on advertising alone, while anti-smoking campaigners have very limited funds for this medium.

Edited from the WHO Radio Series "Talking of Women", June 1980.

...INTERNATIONAL NEWS...

VIGOROUS EXERCISE COULD DELAY MENSTRUATION

Studies carried out at two U.S. universities indicate that girls who participate in vigorous athletic training, such as ballet dancing and swimming, commonly experience a delay in the beginning of the menstrual cycle.

According to a report in the New York Times of September 1, 1982, one study carried out at Harvard Medical School revealed that 10 per cent of ballet dancers at age 18 and a half, had not yet begun to menstruate. On average, among those whose periods had begun, rigorous ballet training had delayed menstruation by about one year.

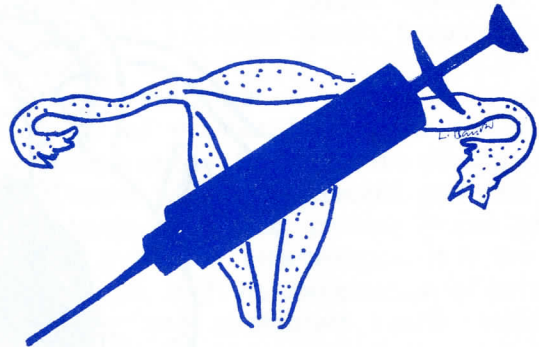
Meanwhile, at Colorado State University, researchers found a similar delay in the start of the menstrual cycle among young female swimmers.

Dr. Rose Frisch, who did the Harvard study, estimates that at least 17 per cent of body fat is needed for normal reproductive cycles to begin. This, she figures, is nature's way of assuring that a woman cannot get pregnant while she lacks enough stored energy to support the growth of a healthy foetus.

She explains that estrogen, an essential female reproductive hormone, may be in short supply when body fat stores are low, and athletic women may have as little as 10 per cent fat.

The problem has also been reported among women figure-skaters, gymnasts, body-builders, cyclists and runners.

Extracted from WIN News Vol. 8, No. 4, Autumn 1982.



DEPO - PROVERA The controversy rages

Injectable contraceptives are the most recently developed form of birth control, and of these drugs Depo-provera accounts for about 98 per cent of the total being used worldwide.

But, Depo-provera has also become the centre of controversy in many countries.

In a recent issue of *World Health*, published by the World Health Organization (WHO), two officials of WHO's programme of Research, Development and Research Training in Human Reproduction report that the most common side-effect of Depo-provera is disruption of the normal menstrual cycle.

No serious or irreversible long-term effects of the drug have yet been found, the report states, although studies in animals have aroused concern about a possible increased risk of cancer. The WHO is currently conducting a major project in 11 countries to examine the use of Depo-provera and other contraceptives in relation to the development of cancer.

Another area of concern is the possible effects of the drug on children, through breast milk. The report notes that studies of such children have shown normal physical growth and development up to at least 13 years.

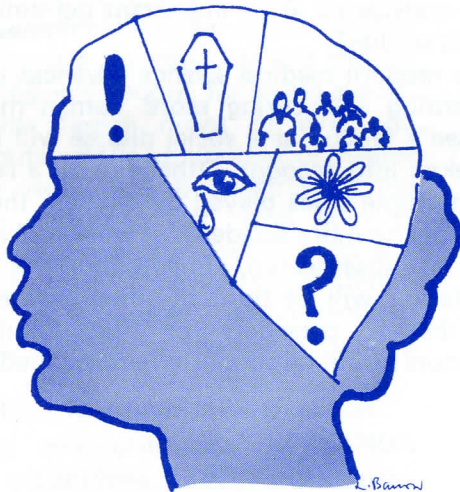
The report stresses that Depo-provera should only be given to women who choose it voluntarily, after being fully informed of its side effects and other available options.

... INTERNATIONAL NEWS ...

MENTAL HEALTH —Towards a new Definition

“Mental health is more than not being insane or not being depressed, it means having the ability to function well, having a sense of self-esteem, being able to feel, knowing appropriately what one’s feelings are, being able to do, being able to think and being able to belong.

“This is particularly true for women, who sometimes are brainwashed to feel that their being, their femaleness, is something not to be valued.



“If we looked at all those aspects of human life, we can see that in many ways, although they are part of mental health, the world we live in today makes problems in each of these areas - problems not only for men, but for women. Women are limited in their opportunities by the devalued position in which they’re held socially. Their belonging is often linked to their reproductive roles only. Society accepts that women belong to families, but any larger group of women is questioned.

“If you look at the whole life cycle of women, partly in regard to our reproductive functions, partly in regard to all the work we do at home and abroad, we have a great risk of being struck down by all the burden of the heavy work. If we move to industrialisation,

more factories, one might say that women will be able to leave the home and move elsewhere. But we know that what will happen is that women will just have two burdensome jobs to do . . . and we’re going to have all the stress disorders. Women are drinking more in many countries, physicians are pushing drugs: if you feel stressed, take some Valium, the most prescribed drug in the world.

“In addition, we as women have to keep the emotionality of us, the sensitivity which men and women both have, in check all day long, maybe allowing it to come out as we blow up at our children, but not anywhere else.”

Dr. June Jackson Christmas, psychiatrist, psychoanalyst and Director of Behavioural Science, City College, City University, New York - in an interview on the WHO Radio Series “Talking of Women.”

FEATURE

FATIGUE IN WOMEN—A product of hard work, long hours by Krishna Ahooja-Patel

Very little research has been done on the physical effects of women’s work in the production process and its influence on the mental health of women.

Whether this work is classified as paid or unpaid, marketable or non-marketable, its links with the work environment have not yet been adequately analysed. For example, what is the cause-and-effect relationship of job dissatisfaction, cultural alienation and social stress on women, in contrast to male workers with whom they share some general characteristics?

The specific concern for women’s health arises from the fact that more women than men are working in low-wage, low-skill, low-status jobs. The nature of these jobs, whether typist, sales clerk, telephone operator, nurse’s aide, waitress or cleaner, requires additional physical efforts which seriously endanger women’s health and cause excessive fatigue.

... INTERNATIONAL NEWS ...

As more and more women - many of them married with small children - work outside the home, the totality of their daily tasks multiply and thus proportionally increase their workload. And, as more scientific and technological equipment is brought into the factories, more and more of them find themselves in monotonous, repetitive and unimaginative jobs on the assembly line.

Similarly, in rural regions, as mechanization is introduced on farms the residual work for women (picking, collecting, packaging and its variants) increases in intensity, covers larger areas and demands higher input of energy resources. Over and above this work are women's routine daily tasks of fetching water over long distances and carrying heavy loads of produce to market, with children in their arms or strapped to their back.

The available information gleaned from time-budget and time-use studies in urban and rural areas shows that in all societies, compared to men, most women work harder and for longer hours, and have relatively less leisure, recreation and rest. More important, since they are generally outside the decision-making processes, they do not have any meaningful control over the nature of their work environment.

Women are further drained throughout their life by the reproductive processes. The fatigue factor - an important determinant of decision-making in the reproductive process - is frequently ignored in various programmes and projects. Thus, women's creative role as the generators of the human race becomes even more of a physical burden when it is downgraded from being a privilege to being a punishment.

Another dimension of women's personal services is their household tasks.

The significant feature of housework is that the continual and repetitive nature of household tasks, performed mostly in isolation, results over a long period in physical and mental fatigue.

In industrialised countries, although various 'labour-saving' devices may be available to women, they still often complain of inadequate leisure and rest. There exists, of course, an in-built bias in the design of household equipment which requires regular cleaning.

A number of studies have attempted to assign economic values to household tasks. Their results show that, as part of daily routine, women carry heavy loads which permanently twist their spinal column and endanger their health status. Yet, fatigue as a factor has not been considered as an important determinant in health studies!

As modern medical science advances towards preventing and curing more human maladies, women's fatigue as a social disease will have to be taken into account. Otherwise, as a result of the multiple roles played by women, there will probably be more accidents at work and a higher rate of absenteeism. Furthermore, a whole generation will be born of ailing mothers, and the health providers of the family and community will be seriously handicapped.

Krishna Ahoja-Patel is editor of the ILO Bulletin Women At Work. The above article is extracted from World Health, June 1980.





PAHO'S FIVE - YEAR REGIONAL PLAN OF ACTION

A Five-Year Regional Plan of Action on Women in Health and Development (WIHD) has been prepared by the Pan American Health Organization (PAHO), for the second half of the U.N. Decade for Women.

The goals of the Plan are to: provide guidelines and mechanisms whereby PAHO and member governments can successfully integrate the activities of the U.N. Plan of Action into health and developmental programmes of the Region; help improve the physical and mental health of the Region's people, by giving special attention to the health needs of girls and women; contribute to the attainment of Health for all by the year 2000, by buttressing the primary health care approach with complementary strategies focussed on WIHD; increase awareness of sex roles, behaviours and stereotypes in order to formulate more integrated attitudes and approaches to the use of human resources.

The Plan outlines four main areas of action:

1. **Strengthening and utilization of PAHO's institutional capabilities** through: utilization of PAHO's regular programme to develop WIHD activities; increasing the focus on the involvement of women in programme areas; development of a coordinating mechanism to integrate the promotion and monitoring of WIHD activities into all appropriate programmes.
2. **Research and analysis of women's health problems** through: identification of the main

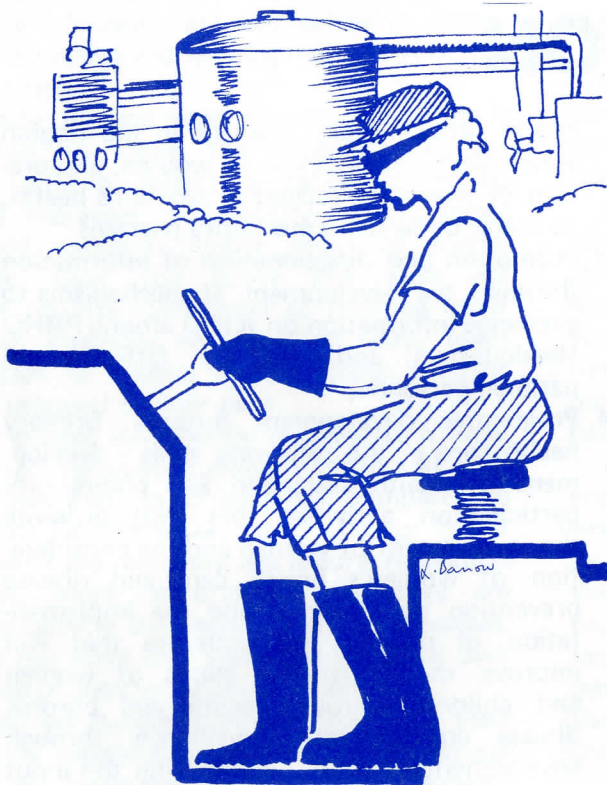
health problems and changes in the Region which particularly relate to women; exploration of new areas related to women's health, to better understand morbidity patterns.

3. **Promotion and dissemination of information** through: the development of mechanisms to exchange information on WIHD among PAHO Headquarters and Country Offices and national personnel.
4. **Programme development** through: primary health care in the following areas - development of health education and community participation activities that will promote the involvement of women and the consideration of women's health care and disease prevention programmes, and the implementation of policies and activities that will improve the nutritional status of women and children; through acute and chronic disease control and surveillance; through environmental health - maximising the input of women in water supply and sanitation projects, and implementing activities to improve occupational health of women; through human resources development - increasing women's ability and opportunity to participate in preventive health care activities; through support services - development of appropriate services for women's problems resulting from migratory and urbanization patterns.



REGIONAL ORGANIZATIONS: HEALTH PROGRAMMES

Women and occupational health hazards



Although health is not the major focus of the International Labour Organization (ILO), this U.N. agency does work in the area of occupational safety and health.

In many developed and developing countries industrial expansion has occurred without the development of sufficient protective measures for workers. Women suffer most from this oversight, since they are commonly employed in small industries where there is no occupational health and safety service.

Conventions and recommendations of the ILO which refer specifically to the health of women workers, cover maternity protection, childbirth, lead poisoning, benzene poisoning - to mention a few.

In the Caribbean, the ILO Regional Office, along with other regional agencies, has called on regional governments to prevent the importation

of dangerous chemical products banned elsewhere.

This call was the result of a seminar/workshop on occupational health, safety and the working environment held in March 1981, between ILO, CARICOM and PAHO/WHO. A Plan of Action for Occupational Safety and Health in the region was prepared at the meeting.

Aspects of this Plan include a regional project on "Methods and techniques of safety training in workers' education" which aims at strengthening general workers' education, and providing training in safety, health and related aspects of the working environment. This project has already started and will run until March 1984.

Other projects include: the "Programme for the training of instructors in the field of working conditions and environment", currently being developed; and, a Workers' Education Seminar on Occupational Safety and Health, which was held in Barbados last month and co-sponsored by the Caribbean Congress of Labour.

Baseline survey of nutrition needs

The Antigua-based Caribbean office of Meals for Millions/Freedom from Hunger Foundation (MFM/FFHF) is coordinating a baseline survey in the different areas of the organization's applied nutrition programme.

The survey is part of the activities of the Nutrition Education Sector of the programme and is being conducted by Carolyn Harris, Nutrition Educator with MFM/FFHF.

Other activities of the Sector include: nutrition education classes involving parents of pre-schoolers, children and members of different communities; home visits to families, in collaboration with the community health aides; and, needs assessment sessions with groups at health clinics.

The Sector also assisted in the formation of the Porters Food and Nutrition Group, a 25 member group which is striving to be the model for the promotion of breastfeeding in Antigua.

Food, nutrition and women's health

Food and nutrition are areas which primarily involve women, and it is in these two areas that the Caribbean Food and Nutrition Institute (CFNI) plays a major role.

Founded in 1967 and administered by the Pan American Health Organization, CFNI serves 17 Caribbean countries through the provision of information and advice, training and research in food and nutrition.

Reflecting the areas identified as problems by its member countries, CFNI focuses on and assists in attempts to eradicate under-nutrition; anaemia; and, obesity, diabetes and hypertension - all aspects of poor health in women.

The Institute also stresses the need for an adequate and stable supply of nutritious, safe and acceptable food available to all.

CFNI's work involves making people aware of problems associated with food and nutrition; the education and training of technical persons in related fields, as well as students and the general public; the development of food and nutrition policy and support to nutrition units and individual workers; the establishment of food and nutrition councils and the formulation of national and regional strategies and action plans.

So far, strategies and action plans have been developed in the areas of breastfeeding, weaning and use of the mass media. The Institute is also involved with governments of its member countries in developing food and nutrition surveillance systems.

CFNI supports all of its major activities through research, and the production of education and training materials.

YWCA focuses on women's health.



In the Bahamas, the YWCA has cultivated a herb garden and produced a booklet which identifies the herbs and their uses in treating health problems.

Over in Jamaica, adolescent girls benefit from a 'Y' programme called Now Entering Education for Tomorrow (NEET) which is aimed at reducing teenage pregnancies through such methods as family life education, counselling on birth control and developing self-esteem.

The Grenada 'Y' ran a health week in September, aimed at school children, and the 'Y's of Trinidad and Barbados are planning health seminars for next year.

These programmes have been developed with the assistance of the YWCA Caribbean Area Health Coordinator, one of five regional coordinators appointed by the World YWCA to hasten implementation of its Primary Health Care Project.

The Project specifically aims to: promote awareness of the health needs of women and children in their communities; encourage participation of communities in solving their own health problems; draw attention to the interaction between the socio-economic aspects of health and the situation of women; increase women's awareness of, and evaluate possible existing services and resources in, their own communities; integrate and strengthen inter-relationships with local NGO's, schools, churches and local government in a primary health care network; and, promote and facilitate a networking process through YWCA's around the world to share experiences and resources.

The world body appointed coordinators for each of the regions of Africa, Asia, the Caribbean, Latin America and the Middle East. Doreen Boyd, Health Coordinator for the Caribbean, was first to be appointed.

In addition to responding to requests from national 'Y's for assistance in programme development, Ms. Boyd will be responsible for organizing regional workshops.

Research Sheds Light on Contraception



The recently concluded research project on Women in the Caribbean, conducted by the Institute of Social and Economic Research (ISER), UWI, Cave Hill, Barbados unearthed some data on contraception and fertility in Barbados, Antigua and St. Vincent.

The project's findings were based on responses from 602 women in Barbados, 470 in St. Vincent, and 504 in Antigua.

In these countries knowledge of family planning was widespread, with approximately 90 per cent of the respondents claiming such knowledge.

An examination of the responses revealed that many women were ignorant about certain factors, such as how a particular method worked or how it should be used. Only an average of half of the respondents admitted to having used contraception at some time. St. Vincent recorded the highest level, with 54.4 per cent, followed by Antigua with 52.4 per cent and Barbados at 49.5 per cent admitting to having used contraceptives.

However, the project also discovered high incidences of non-use of birth control currently, as follows: St. Vincent, 67.7 per cent; Barbados 63.5 per cent; and, Antigua, 61.4 per cent. In all three countries, the majority of non-users was between 20-29 years old.

Among the reasons cited for non-use were the unreliability of some methods, danger to health, fear because of other women's bad experiences, and inability to control fate.

Project researchers observed that the high rate of non-use might be due to the value placed on women's childbearing role, since most of the respondents perceived this childbearing role as being important for reasons such as self-fulfil-

ment, duty, security and companionship.

Among users, the Pill was the most popular method, followed by sterilisation/tubal ligation. The highest level of sterilised women was recorded in St. Vincent.

Project findings also reinforced evidence of the high level of teenage mothers in the Caribbean, as roughly half of all the women interviewed had their first child while still teenagers.

According to project data, teenage childbearing was highest in St. Vincent at 59.3 per cent. Barbados follows with 52.3 per cent, and Antigua with 47 per cent.

The predominant feeling among the respondents was that women should bear children early and cease by about age 39. Under 20 per cent preferred the teenage years for childbearing, while the majority favoured an age over 21.

The level of motherhood was found to be high for all three territories. The average number of children per mother in St. Vincent was almost seven; in Antigua, 6.1 and in Barbados, 5.4.

Project research was also conducted in Guyana where a sample of 62 farmers were interviewed in four separate farming areas.

Researchers found that all respondents in Guyana had been exposed to family planning information, the main source being the local midwife at the area health clinic; had practised or are practising family planning, and the average number of children per respondent was four.

A major health need expressed by the women was in the area of guidance and advice in explaining menstruation and sexuality to their daughters. The general feeling was embarrassment and ignorance about what to say to their daughters.

CARICOM SECRETARIAT on Women as Health Providers and Consumers



The 1980 CARICOM Health Ministers Conference adopted a resolution requesting the CARICOM Secretary-General, in part, to "promote the greater involvement of women in the decision-making process in health."

Bearing this resolution in mind, the Secretariat prepared a paper on "Health and the Caribbean Woman" for presentation at the Health Ministers Conference the following year. One part of the paper reviews the role of women as health providers and consumers.

The paper notes that if women occupied a stronger position in policy making and priority determination in the health services, there would be more dynamic programmes to resolve some of their specific health problems.

"The agencies that are now responsible for stimulating and assisting the governments in such areas as maternal and child health, would be more energetic and productive," states the paper.

Touching on the area of trained health personnel, the paper points out that the more remunerative professions are still male-dominated and that the largest of the health professions, nursing, comprises mainly women.

It adds, "It would appear that the higher the remuneration, status and kudos enjoyed by the medical profession, the smaller the proportion of women and vice versa."

The paper specifies five areas in which women have a major role to play: community health, disease control, food and nutrition, environmental health, and maternal and child health.

Of these areas, the Secretariat sees the role of

women in community health as the most significant.

According to the paper, "Women have a key role in the task of helping the people of the Caribbean to decide for themselves what their health problems are, to feel responsible for solving these problems, to make the changes in their attitudes, behaviour and habits that are needed to solve these problems, to make use of the existing health services, so that in the end community health is achieved by the efforts and the actions of the people themselves."

The paper concludes that many other factors regarding women's health will have to be considered, when the Secretariat is ready to prepare a comprehensive action programme to improve the health status of women and girls, as an integral part of social and economic development.

PAHO- Women in Health and Development Priorities

The Pan American Health Organization (PAHO) signalled its formal commitment to the issue of Women in Health and Development (WIHD), with the implementation of its Five-Year Regional Plan of Action on WIHD for the second half of the U.N. Decade for Women.

The main goal of the Plan is to provide guidelines and mechanisms whereby PAHO, the Pan American Sanitary Bureau and member governments, could successfully integrate the WIHD activities proposed by the U.N. World Plan of Action into ongoing and new health and development programmes in the region. (See page 13 for details of the Plan.)

PAHO has established focal groups at its Washington headquarters and at area level, to coordinate activities in the area of WIHD and to establish an information system through which to channel data about these activities.

In November 1981, a Focal Group was appointed in the Office of Caribbean Program Coordination, Barbados, with Dr. Kenneth Antrobus, PAHO Family Health Adviser, as convenor. The Group decided that PAHO should initiate a meeting of the regional agencies and organizations actively involved in programmes for the development of women in the Caribbean.

The objectives of the inter-agency meeting were: to determine what development inputs could reasonably be incorporated into programmes of health activities promoted or executed by PAHO; and, to promote or strengthen health inputs into development programmes designed for women.

The meeting also sought to identify appropriate subjects for operational research on issues related to WIHD in the Caribbean; and, to develop a suitable coordinating mechanism among agencies involved in WIHD.

Agencies represented at the meeting were — CARICOM Secretariat, CARIWA, ECLA, ISER and WAND.

The meeting agreed that all persons involved in PAHO programme planning, implementation



and training, and health personnel and community groups should be sensitised to the developmental needs and roles of women. To this end, WAND should prepare a training manual and, along with CARICOM and ECLA, provide information and publications on women in development issues.

Participants agreed that efforts should be made to influence government and non-government programmes to assume a health component geared specifically to women.

It was also felt that women should be used more to carry out the research on health services provided for, and health problems pertaining to, women. Such research should seek to provide better data by sex on morbidity and mortality.

PAHO agreed to establish mechanisms for the exchange of information on WIHD; to seek funds for training, production and distribution of material; and to include WIHD as a specific agenda item on all future PAHO/CARICOM coordination meetings.

THE PUBLIC HEALTH NURSE: WORKING WITH THE WHOLE FAMILY



"When you're working in public health, you are working with the whole family rather than with the individual. You're working in preventive medicine rather than curative - that is the difference between public health and other areas.

"Public health personnel are being accepted more, as years go on. We have built up a reputation with our clients. When they come to the clinic, some of them might say 'Nurse, I have something to tell you' and you stop and listen, even if you are in a hurry. They know they can come to us anytime.

"There is still a lot of room for improvement, in that we could do more if people would support us. In some ways people are still a bit sceptical about this area of nursing. I feel a lot of them don't understand what we are about. True, we are not always as good listeners as we could be, but we are people . . . we too have our problems and you've got to be really big to cope with your problems or to put them aside so that you can help somebody else.

"But, there are some of us that can do it and we try."

An impression of public health nursing, as seen through the eyes of Pat Wickham, a public health nurse - or health sister, as they are called in her native Barbados.

Pat has worked in almost every area of public health. Stationed at the Enmore Health Centre since 1968, she now divides her time between the Centre and the Wildey Polyclinic. Maternal and child health clinics are held at Wildey, but Enmore handles the bulk of services offered under the public health programme of the Barbados Ministry of Health.

The programme incorporates an ophthalmic and a dental service, and a school health service. Clinics are held for the treatment of venereal diseases (v.d.), tuberculosis and other contagious diseases.

The public health nurse in Barbados does not often encounter cases of illness related to poor sanitation. Explains Pat, "We have a very efficient public health inspectorate and we work closely with them. You'll find public health inspectors attached to each health centre. Once we are notified of a disease, for example gastroenteritis, the nurse and the inspector visit together and while the latter examines the outside of the house the nurse inspects the interior and questions the family."

The work of the public health nurse may seem routine and unexciting, but it is vital to the proper functioning of the public health programme.

In the maternal and child health clinics, in particular, the nurse is often wholly responsible for the clients, except in those cases where she believes a doctor is required. She weighs the babies, interviews the mothers and carries out immunizations where necessary.

TO YOUR GOOD HEALTH!



DOMINICA: Cansave's Contribution

Three field workers of CANSAVE Dominica, who were trained in primary health care, work closely with the village nurses in rural Dominica, as part of the organization's efforts to contribute to the country's health needs.

This contribution goes as far back as two years ago when CANSAVE secured the services of a nutritionist and immediately made her available to the Dominica Government, to assist in the development of a national nutrition programme.

The nutritionist, Clare Davies, was sent by the British Save the Children Fund to assist CANSAVE in its own nutrition programme.

During her stint in Dominica, she introduced the child health passport, developed a School Nutrition Programme from grades I to II at the primary schools, conducted education programmes for district nurses in breastfeeding, and coordinated the production of a series of leaflets on nutrition and posters on breastfeeding.

At the end of her contract in July this year Ms. Davies was replaced by a Dominican nutritionist, Paula Trotter.

CANSAVE has also called on the government to enact legislation for the proper protection of all children against dangerous diseases. This follows the recent death of a child from diphtheria. The organization is now working closely with the Dominica Social Workers Association to draft recommendations for such legislation.

DOMINICA: Primary Health Care Promoted

Early this year, the Dominica Government organized an Inter-Ministerial Workshop on Primary Health Care, as the first step towards its goal of "Health for all Dominicans by the year 2000."

The workshop aimed to: establish a broader understanding of the role of primary health care in national development; highlight the need for a coordinated approach for the successful implementation of a primary health care programme; identify constraints which may hinder such a programme; and develop a system to overcome these constraints.

In identifying the constraints, the workshop raised the following questions: Is the programme really multi-sectoral or only of the Ministry of Health? Is there an effective national machinery to monitor the programme? Are change agents geared to meet the needs of their clients? Are the meagre resources evenly spread? Do the health personnel fully support the programme? Will the programme meet the people's needs?

Other constraints identified were the effect of bureaucracy on such programmes and people's work attitudes.

Resource persons were drawn from the CARICOM Health Desk, PAHO and the local medical profession. Another workshop was expected to be held to determine strategies for a multi-sectoral approach to health at community level, and to find solutions to the constraints identified.

DOMINICA: The Family Nurse Practitioner

The Dominica Government has also been providing training opportunities for family nurse practitioners. There are now six such nurses in the island.

Each family nurse practitioner is assigned to a zone serving about 5,000 - 6,000 people, to bring health care as close as possible to residential areas.

This category of nursing is relatively new to Dominica, and at present all family nurse practitioners are trained in St. Vincent.

"The family nurse practitioner is a registered nurse/midwife who has completed an approved formal nurse practitioner's education programme," explains Hyacinth Thomas, a Dominican family nurse practitioner.

"She is prepared to take decision-making responsibilities in promotive, preventive, curative, and restorative patient care . . . while recognizing and fostering the concept that each individual is responsible for his or her health."

ANTIGUA: Free Health Care

In Antigua, free health care is being offered at a clinic run by a group of nurses from the Spring Gardens Moravian Church. The clinic, which has been in operation since July this year, is sponsored by the Spring Gardens Women's Fellowship.

Head nurse at the clinic is Sister Doreen Mason.

DOMINICA: Pre-schoolers' Health

The Dominica Social Centre continues its focus on child care through the health programmes of two of its projects: the Pre-

School Education Programme (PEP) and the St. Ann's Day Nursery.

In the PEP, the pre-school nurse carries out periodic physical examinations of the children, attends to their minor injuries, keeps records and charts on them and interviews and advises parents when necessary.

The most needy children receive free medical attention, and each child in the programme is given a glass of milk every day.

Other aspects of the health programme of the PEP include: an immunization programme through which parents are taught about the causes of ill health, particularly communicable diseases, and persuaded to immunize their children free of charge at the child welfare clinics.

Government district health nurses visit the programme each month to check the children. The PEP has also started a dental health programme.

At the monthly parent/teachers meetings, various topics on health are discussed to encourage parents in good health habits and basic hygiene.

At the St. Ann's Day Nursery, which cares for approximately 100 children, the breastfeeding drive is continuing with mothers coming in during their breaks from work to feed their babies.

The Nursery serves three full meals daily, including vitamins for the malnourished children. It also runs an immunization programme similar to that of the PEP.

GUYANA: Focus on You and Your Body

"You and Your Body" is the theme of a course being sponsored by the Department of Extra Mural Studies of the University of Guyana. The course consists of body-toning exercises, taught by a dance tutor and conducted to music.

The course organizers plan to include sessions on simple anatomy to enable the participants to appreciate the relationship of the exercises to the various parts of the body. Lectures on nutrition will also be included.

In Guyana also ... the Guyana Responsible Parenthood Association and the Ministry of Health recently concluded a 12-week training programme on primary health care and family life education, in the rural community of Ann's Grove.

The programme was designed to equip the participants, all women, with skills which would allow them to form a vital link between the community and other health personnel who are not always available to the community.

TRINIDAD: Encouraging Breastfeeding

The Informative Breast-feeding Service (TIBS) in Trinidad, has been operating since January 1977 with the aim of encouraging mothers to breastfeed their babies.

A non-profit, voluntary organization TIBS now has six breastfeeding counsellors who give help and non-medical advice to mothers and prospective mothers. The group holds monthly morning sessions where mothers receive information and ask questions. Each counsellor is a mother who has breastfed at least one child.

TIBS has also set up a small milk bank to which breastfeeding mothers donate their milk, for use by sick or premature babies and babies

with gastroenteritis.

TIBS News, the group's newsletter, is published six times a year to inform the public about new research and opinions relating to breastfeeding.

BELIZE: Rural Health Workshop

Seventy-two women from 12 villages in Belize turned out to a workshop on rural health held early this year by the Belize Committee for Women in Development, in collaboration with the Ministry of Health.

The workshop was a follow-up to a previous one on the same theme "Women Working Towards Our Own Solutions."

In opening the workshop, Fred Hunter, Minister of Health, said his ministry would assist in transporting rural health nurses to the villages.

Four speakers addressed the workshop on infant and child feeding, first aid, and hygiene. Group discussions were also held to consider what improvements could be made in the villages, and how the participants could help.

Among problems identified by participants were the lack of: a full-time nurse, good roads, a water system, a telephone and first-aid kits.

... NEWS FROM WAND ...

Advisory Committee Endorses WAND

WAND's Advisory Committee has recommended that the Unit pursue financial programmes which can generate stable sources of income, to maintain its operations over the next three years.

The Committee's advice comes in light of the present international economic recession and the proposed restructuring of the UWI within which the Unit is located. WAND is funded by grants from international funding agencies.

During its two-day meeting in Barbados in October, the Committee reviewed WAND's programme over the past year and endorsed the Unit's policy of:

- selective technical assistance to governments and non-governmental women's groups and organizations in the areas of staff training, project development and community development;
- supporting and facilitating the integration of rural women into the development process;
- engaging in development support and mass communications strategies which seek to inform, educate and raise consciousness.

The Committee also recommended that WAND continue its work in the areas of curriculum development, and in the development and implementation of pilot projects to improve the quality of life for low-income rural women.

Workshop on Organizational Roles

"Women and Men in Organizations" was the theme of a recent two-day seminar sponsored by WAND and the Extra-Mural Department of the UWI, in Barbados.

The seminar aimed to help participants examine the changing roles and relationships

between women and men, within their organizations, and the implications of these for their personal lives and their work.

Participants discussed the use of power and authority, and how socialization patterns and agents influence attitudes to male and female roles and behaviour. They also explored such areas as leadership, responsibility, decision-making, problem solving, and conflict and crisis management.

Participants also shared their common experiences and work situations through role plays, discussions and lectures.

Sessions were conducted by Norma Shorey-Bryan, WAND Programme Officer and Personnel Development Trainer; and Bert Thompson, Psychologist and Lecturer at Erdiston Teachers' College, Barbados.

Adult Women and Education

The triennial conference of the International Council for Adult Education (ICAE) has recommended that a task force be set up to advise the Council on how it should respond to the needs of women adult educators throughout the world.

The proposed task force will be made up of women adult educators who attended the conference in France, from October 24-31.

Pat Ellis, WAND's Programme Coordinator, and herself an adult educator, was among the more than 500 people attending the conference. Of these, approximately 140 were women.

Pat was one of the coordinators and the official rapporteur of the working group on women's issues, one of 12 policy working groups which conducted workshops to outline the Council's major emphasis for the next three years.

According to Pat, women delegates to the conference organized a caucus to try to perceive whether and how women's issues were being raised in other working groups. The women also organized a collective song-writing workshop and a dance workshop.

Theme of the conference was "Towards an Authentic Development: The Role of Adult Education."

(See Milestones, also.)

NEWS FROM CARIWA

CARICOM TALKS

At its October meeting in Guyana, the Executive of CARIWA held talks with officials of the CARICOM Secretariat on the subject of reduced air fares within the Region to facilitate inter-regional meetings.

CARIWA will collaborate with the Secretariat and non-governmental organizations in the Region in drafting recommendations for a travel strategy.

The two organizations also discussed funding for CARIWA projects.

In other business, the Executive proposes to set up a scholarship in memory of the late Shirley Field-Ridley who was also Deputy President of CARIWA. Plans were also made for filling the vacancy left by Ms. Field-Ridley.

Other areas discussed included fund-raising in member territories and the admission of new territories to the organization.

CCW REPORT

The Jamaica Sub-Region

The CCW-sponsored Market Women's Educational and Recreational Project in Jamaica recently held a field day at Best Care Lodge, a home for severely mentally retarded children.

During the day the women also learnt how to keep the children busy and amused.

The Market Women's Project, which began in 1976, is designed to build awareness and develop a sense of dignity and self-hood among market women. It is coordinated by Dorrit Bent, CCW Coordinator for the Jamaica Sub-Region.

In West Jamaica, the CCW has been conducting a series of seminars on "The Role of Men in the Family." And, at the Housecraft Training Centre, Kingston, the organization has sponsored discussions on "Work Attitudes" with the trainees.

The CCW has also run skills training programmes for women prisoners in the rehabilitation programme of the St. Lago Correctional Centre.

MILESTONES

First Woman Head of International Body

Barbadian Dame Nita Barrow is the first woman to be elected president of the International Council for Adult Education (ICAE).

She was elected during the triennial conference of the ICAE in October. She is also the first woman to hold an executive position on the Council.

Dame Nita is currently President of the World YWCA and a former Director of the Christian Medical Commission of the World Council of Churches.

Director of Public Prosecutions

In St. Lucia, for the first time, a woman has been appointed Director of Public Prosecutions. She is Suzie Agnes-Ida d'Auvergne, a former Castries magistrate.

In another first for St. Lucian women . . . Charmaine Carasco-Gardner, business-woman, has become the first woman to be appointed President of the St. Lucia Chamber of Commerce.

Sea-going Women

And, in Jamaica . . . two women have become the first female cadets in the country's Merchant Marine. The cadets - Elizabeth Murray, engineer, and Moya Ramsay, navigational officer - were trained at the Jamaica Maritime Institute.

INFOCUS

GRENADA: First NWO Congress

Under the theme "Women for Education, Training and Production," the National Women's Organization of Grenada opened its first Congress on December 6.

During the Congress, the NWO was expected to report on its work, outline its programme for the next three years and elect a new national executive. The official opening of the Congress was preceded by rallies in all parishes and Carriacou, at which feature addresses were delivered by overseas delegates.

Delegates from countries throughout the world - from as nearby as Trinidad, to as far away as Afghanistan - attended the three-day Congress.

ANTIGUA: Consumer's Guide

The Antigua Women's Desk has compiled a "Consumer's Guide for Antigua and Barbuda."

In the foreword to the Guide, Gwendolyn Tonge, Director of the Desk, explains that the information is to assist consumers wishing to improve their shopping knowledge by helping them differentiate between quality and quantity.

The Desk was assisted in production of the Guide by other government departments, the Coordinating Council of Women, the media and the Peace Corps.

Melanie Poirier, an undergraduate of the University of Rhode Island, who worked as an Intern at the Desk for one semester, assisted the production of the Guide, and other programmes sponsored by the Desk. Marilyn Newfield, a Canadian volunteer, organized and edited the material.

ST. LUCIA: Education for Self-Development

The three-year Administrative Professional Secretaries Course coordinated by the National Secretaries Association of St. Lucia, ends this year. However, the Association is hoping to continue the course with the assistance of the Departments of Extra Mural Studies of the UWI in St. Lucia and Trinidad.

Meanwhile, the Association has started a lecture series covering a range of subjects including "Aspects of law affecting women in St. Lucia" and "Effective speaking."

As part of its educational programme, the Association recently held a panel discussion between managers and secretaries. The topic was "Secretaries - An aid to management." The purpose of the discussion was to help identify problems existing between bosses and their secretaries. It was well received by the managers.

ST. KITTS: Trade Union Project Advances

The Project for the Development of Caribbean Women in Trade Unions has now reached the halfway mark, with three of the six regional seminars completed.

With the completion of the third regional seminar, which ended in St. Kitts in October, the Project moves to the next stage — the conducting of national seminars by the participants themselves, in their individual territories. This aspect is part of the "multiplier effect" which the Project is intended to achieve, with an ultimate target of reaching some 2,000 women in the regional trade union movement.

Marva Phillips, Project Coordinator and representative of the Trades Union Congress of Jamaica, explained that the uniqueness of the Project lay in it not being a one-shot, one-time training session, but a structured programme aimed at taking the participants through a course of development in personal and professional skills, over a three-year period.

"We are really pleased with the level of personal growth which has been displayed by the participants," she said. "We came into the Project at various levels of personal development, work experience and knowledge of the trade union movement.

"In these seminars, we have been working together to create something which is unique — a model of training designed especially for the women in the Caribbean trade union movement, and the creation of that design is being achieved by the women themselves."

The Project, which is sponsored by the Inter-American Foundation and the UWI, aims at assisting women in the regional trade union movement to improve their skills and awareness as trade unionists, persons and citizens.

The fourth regional seminar is scheduled for early 1983 in Trinidad, to be followed by the fifth in Barbados. The final seminar will be held in Jamaica.

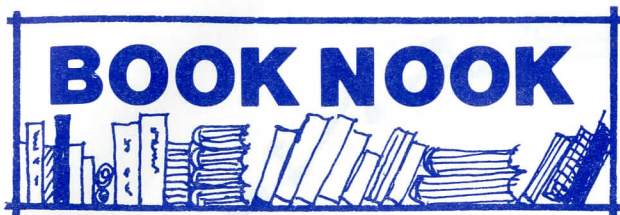
DOMINICA: Skills Training Thrust

In Dominica, the Northern District Progressive Women's Club aims to develop the talents and skills of women and young girls in the northern district, through a number of training programmes.

Already, some previously unemployed girls have found jobs after participating in the Club's Home Management Training Programme.

Workshops have also been held in craft designing, small business management, leadership skills and marketing. These workshops are part of the Club's ongoing skills training programme.

The Club soon hopes to open an outlet for organized marketing of crafts for its eight branches. Other plans include the establishment of a small training centre in the north; and a multi-purpose centre, on lands already purchased, to house a supermarket, snackette and petroleum station. The latter project is expected to employ about 25 people, in the first phase.



How to Stay Out of the Gynecologist's Office by Federation of Feminist Women's Health Centers, presents information about prevention and treatment of common health problems of women. It emphasises that most women who visit a gynaecologist's office are well, and that many of their problems are minor and better dealt with through natural methods and prevention. Includes 80 photographs and illustrations. Available from the Peace Press, 3828 Willatt Ave., Culver City, CA 90230, USA.

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Women, Health and Development is a kit of educational materials intended to draw attention to the essential role of women in the development process, particularly in the area of health. Available from Development Education Centre, UNICEF Office for Europe, Palais des Nations, CH-1211 Geneva 10, Switzerland. A limited amount of copies are also available from WAND.

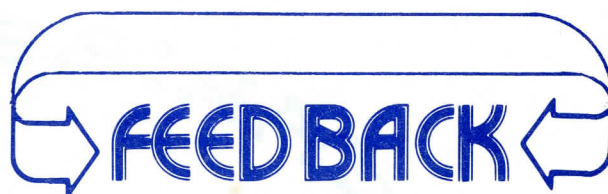
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A picture story of reproduction from a woman's view is the **Universal Childbirth Picture Book** by Fran Hosken. Addressed to the community health worker or educator, this book takes the reader from the illustration and function of the female and male bodies, through development of the embryo and foetus, to nutrition and family planning. It is available from Women's International Network, 187 Grant Street, Lexington, MA 02173, USA.

* * * * *

Our Bodies, Ourselves. A guide to all aspects of women's health, written by women for women. It contains sections on women's sexual and reproductive functions, violence against women, sexuality and relationships, and health and medical care. The guide is published by the Boston Women's Health Book Collective and may be obtained from them at P.O. Box 192, West Somerville, MA 02144, USA.

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WOMAN SPEAK!

I have received my copy of WOMAN SPEAK! and have found it interesting. I look forward to the next issue.

Magda Pollard
Women's Affairs Officer, CARICOM
Secretariat

We were most interested to read this magazine. Would you send a copy to the Chairman of the Pre-Conference Workshop. It would be most helpful to her.

Miss H. McGrigor
General Secretary, Associated Country
Women of the World

Kindly add our name to your mailing list for WOMAN SPEAK! and send us a single copy of all available back issues.

Pablo Stone
Rural Development Specialist,
Inter-American Institute for
Cooperation on Agriculture

NEXT ISSUE

Our next issue, scheduled for March 1983, will focus on Violence Against Women. Among areas expected to be covered are rape, wife-battering, verbal abuse, sexual abuse of children (including incest) and violence against women in films.

As usual, there will be room for news of general interest as well as information from WAND and our co-sponsors, CCW and CARIWA.

Please let us know what you, your organization or group and its affiliates, are doing to stamp out violence against women. If you run a rape-crisis centre, a counselling service for victims of any kind of abuse, etc., we want to hear about you. And, don't forget to send news of activities, projects or programmes not related to the theme.

Deadline for submission to the editor is February 14, 1983.

