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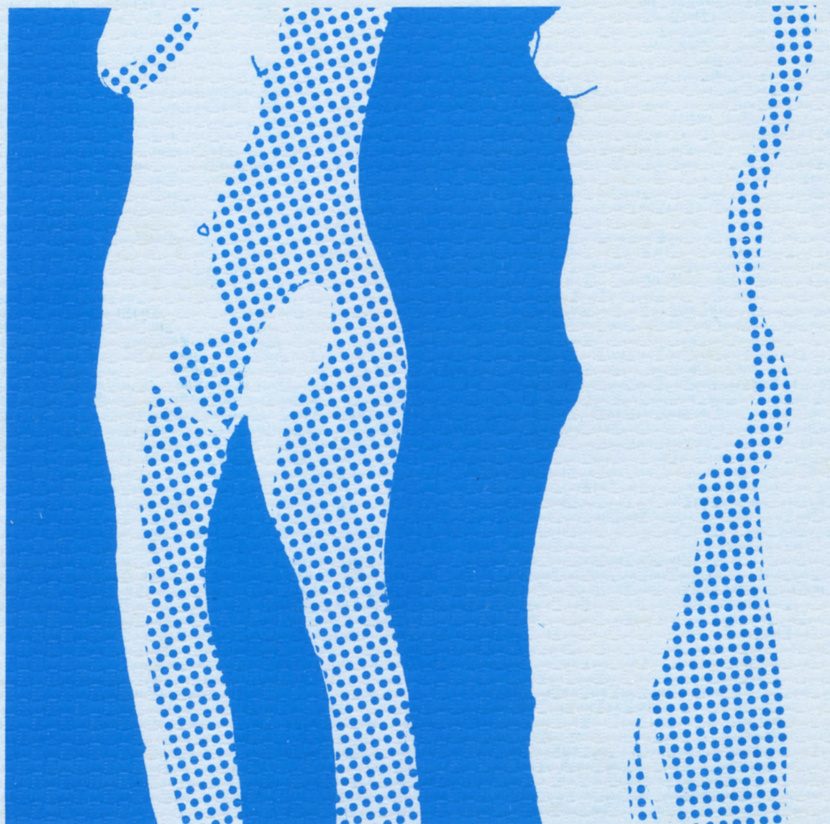

CAFRA News is the quarterly newsletter and primary networking tool of the *Caribbean Association for Feminist Research and Action (CAFRA).*

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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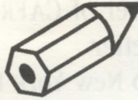

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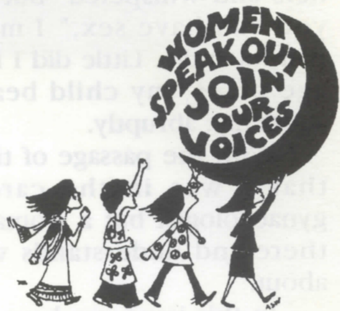

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EDITORIAL

When my trusted female gynaecologist woke me up in the recovery room and said she had to do a hysterectomy to save my life and in the next breath bent low near my bedside, took my hands in hers and whispered "but I've left in your ovaries, you can have sex," I managed something of a painful smile. Little did I know then, at the tender age of 23, my child bearing years had ended, suddenly, abruptly.

With the passage of time, I've come to realize that I was in the care of not just a good gynaecologist but a woman who had herself been there and understands what womanhood is all about.

In this issue, we have attempted to share with our readers facts, figures, views and experiences on Women's Health and Reproductive Rights since this is one of the new programme areas of CAFRA for the next three years. Many women who have had hysterectomies may not have been as fortunate as I have been. You would hear their stories too.

Abortion. Should the medical termination of pregnancy be decriminalized? Should women be allowed to exercise a basic human right to make intelligent decisions for their health and well being and that of their families? In the Caribbean, Barbados has legalized abortion and word is that Guyana has a draft Bill.

We take a sneak look at a new immunological "vaccine" now being researched that has the power to alter women's as well as men's reproductive capacity to the point of possible sterility. Government policies on contraception and population control that exclude consultation with the users of contraceptives, mainly women, is also examined.

Coping with the "change of life." In this issue, CAFRA NEWS attempts to lift the veil on menopause to help women appreciate who they are as they experience the natural passage from one stage in life to another. A stage which holds possibilities almost as limitless as the one before.

As we move toward the 1994 International Conference on Population and Development, CAFRA NEWS will continue to sensitize our readers on some of the major issues that impact women's lives.

Avian Joseph
In sisterhood

LETTERS TO EDITOR

Dear Sisters,

I am an "old" subscriber of CAFRA News and it is really getting better and better.

I moved temporarily to New York from Brazil. I got a Rockfeller grant to develop a study on gender and race at unions and the affirmative action process. It is called "Up to what point the oppressed get united: gender and race sensibility at unions in the US and in Brazil (Puerto Rican women union leaders testimonies)." The research will be developed at the Centre of Puerto Rican Studies/Hunter College-CUNY.

I will stay in New York from now up to October 1993, and I do not want to miss the next numbers of CAFRA News. So please let me know if my subscription is still on, or if I should renew it.

Cordially
Mary Garcia Castro

Dear CAFRA NEWS,

This poem, "Rites of Respect," was inspired by your theme - Reproductive Rights and my personal involvement in the recent Medical Termination of Pregnancy (Abortion) Hearings, here in Guyana.

In anticipation, it is a pleasure for me to share my thoughts in this way with readers.

Sincerely .....**Kay Coates**

RITES OF RESPECT

Respect
that notable virtue
yet to encapsule the loci of women's preferences
Usually misunderstood, long distrusted
oftimes disdained, unheard
a woman's choice!

Respect
the pregnancy of my choice
designed, cultured by circumstances
the future of humanoid's destiny
Qualified authority, moral, sexist reign
the body politic - ethics of maternity!

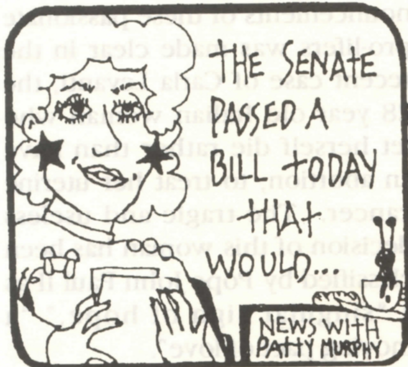
Respect
unlike old attitudes govern
modern medicine now crafted
twist as Nature vs Status of being born
should be or will not
Fruits of conception - autonomous, independent.

Reproductive Rights as HUMAN RIGHTS

by Denise Paiewonsky

We live in a world in which man is the paradigm for what is human. Even the language with which we think and articulate our ideas confirms this with its false reductionism of the universal to the masculine. Inevitably, human rights have been defined from the perspective of men's rights; they have been conceived in relation to public life which has traditionally been excluded and exclusively masculine.

The idea of rights seen from the male point of view is part of the reason why reproductive rights have never even been conceived as such. When speaking of reproductive rights, we refer to matters relating to the most idiosyncratically "private"



spheres, such as sexuality, the family, maternity. As a result of this, our public policies view contraception basically in terms of demographic goals and development, and maternal and child health as a matter of public health.

In our country, as in many others, the concept of women's health does not detach women from the condition of motherhood. For that reason maternal and child health programmes are the primary source, if not the only source, of health care for women, with important consequences. First, they focus on infant care, with women as a means to this end and not as a subject of health care in their own right. Secondly, they exclude from the health care system women who

are childless, as well as those who have passed the age of fertility. The latter gives us a clue as to why uterine cancer has the highest incidence with the greatest mortality rate in the country, although it is one of the most preventible forms of cancer, once detected early.

When demanding the right to have children - when and how we choose - we are defying a complex constellation of beliefs and practices which are ultimately based on generic roles and hierarchies. One cannot speak of contraception or abortion without confronting the cultural axiom of maternity as woman's destiny and supreme source of fulfillment. We cannot speak of freely chosen maternity without defying the instances of androcentric power that limit and instruct our sexual and reproductive options.

The dismantling of patriarchal norms and powers becomes more urgent when we realize that control of our reproductive rights is, literally, a matter of life and death. The fact that maternal mortality rates are 200 times higher in poor countries than in the industrialized countries gives us an idea of how preventable these deaths are.

It is estimated that between 25% and 50% of maternal deaths are the result of illegal abortions.

We do not know how many women die from illegal abortions every year in the Dominican Republic, but we do know that at least 70,000 risk

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Photo by:
Sagrada Bujosa
CIPAF

Reproductive Rights as Human Rights
cont'd from page 2

their health and their lives in back-street procedures. We also know that 40% of births in our country in the last 5 years were unwanted, and that 17% of women in a relationship have an unsatisfied demand for contraceptives - all of which translated into absolute terms means that at least 180,000 Dominican women, at risk of pregnancy and who do not wish to have children, dispose of the means to avoid them.

Comparative statistics place the Dominican Republic among the developed countries with better levels of access and a greater prevalence of contraceptive use. However, the most recent Demographic and Health Survey (ENDESA-91) reveals that 84 per cent of peasant women in a union, live more than 5 km. (and 38 per cent, more than 15 km.) from the nearest health centre where contraceptive services are offered. Two thirds of contraceptive users have to resort to the private sector to obtain services. The public sector attends to less than a third of Dominican contraceptive users.

The rate of contraceptive use from the 56 per cent referred to by ENDESA-91 would be encouraging if we did not know that two-thirds of these "users" are in fact, sterile women and that 40 per cent of them had never used a modern contraceptive prior to sterilization. Sixty per cent of sterile women had the procedure before the age of 30 (including 25 per cent who were sterilized before the age of 25).

Forty three per cent of Dominican women who have given birth are anaemic which is the principal cause of maternal mortality. Nearly half of these maternal deaths, through infection, occur in women who have undergone Caesarean sections.

But we must not lose sight of the fact that the anti-woman campaigns of the guardians of the patriarchy, with their hypocritical pretense of defending life, are as criminal and irresponsible as government indifference. The mysoginist agenda behind the pronouncements of these passionate pro-lifers was made clear in the recent case of Carla Levanti, the 28 year old Italian woman who let herself die rather than have an abortion, to treat her uterine cancer. The tragic and useless decision of this woman has been classified by Pope John Paul II as a "singular sign of hope," "a moving pact of love".

Translated by Ann Garcia, from an article in Quehaceres (April 1993, newsletter of CIPAF, Dominican Republic.

Health and Sexuality of Older Women

by sociologist Joan Rawlins, PhD student, Institute of Social Studies, The Hague, The Netherlands.

To midlife and older women,their health and sexuality are as important to them as they are to any group of younger women. However, while these issues are often considered for younger women, they are rarely topics raised in public with regard to older women.

This article makes some general comments on women's health, drawing on material collected in Jamaica for research towards the PhD thesis entitled "Women from midlife : Coping in Jamaica" and from casual conversations with women from this age group in Jamaica, The Netherlands and Trinidad.

Women of this age group (50-74) are often neglected when women's issues are discussed. We need to remind ourselves though that within the Caribbean, women of this age group are a significant and growing number of the population, and that their needs and concerns deserve similar consideration as that given to younger women.

The concerns of midlife and older women in the Caribbean have at times been sidelined by those not sensitized to their needs, because they have been erroneously perceived as dependent, and as a liability to family and society (especially those 60-74 years) rather than as the resource they usually are. However, the research from the Women in the Caribbean Studies Project done in the 1970s and the research which I did more recently in Jamaica, showed that women of this age group make a significant contribution to the society.

In the Jamaican research, one specific concern was that of the health of midlife and older women. What generally was their health status; what did they know about preventive health and what was the response of the health service to their specific needs.

The main problems the Jamaican women in the study mentioned concerning their health, were hypertension and diabetes. Some women were also anaemic and a small number of the 60-74 year olds were arthritic. Very few of the women (less than eight per cent) were in what we might refer to as poor health.

An important concern of midlife and older women is that of their gynaecological health. The growing literature on women's health. (See for example, "Our Bodies Ourselves and Ourselves Growing Older) tells us that women see as very important to their health and well-being what happens to them during the period which is referred to as "the change of life."

From the literature I came upon during this recent research mentioned above and from the

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Health and Sexuality of older Women

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conversations with other women, it is obvious that this "change" is not something which happens at age 45, but is rather a gradual process which begins around age 35 and continues for the next 20 years or so. The change of life is not something dramatic which happens overnight, rather, women begin to notice changes in their monthly cycle over time. The difference might be heavier periods, irregular periods where formerly there was regularity, and pain and discomfort when there had been none previously.

Invariably, midlife and older women will consult their family doctor and then their gynaecologist in relation to the changes which take place during this time. Women who are health conscious and preventive health-minded would however have been consulting their doctors, at least annually, for pap smears and breast examinations. Health-conscious women would also do monthly breast self examination.

For many women, it is the discomfort and inconvenience of heavy or irregular periods which lead them to seek advice. My recent research in Jamaica and the literature I read in relation to that research showed that women will tolerate heavy periods for years without complaining , but what drives them to serious discussion about the possibility of surgery or other drastic treatment are periods which last 12 days and then begin again after a break of a week or so, to go on for another 12 days. This is what women seem to find most disconcerting.

Women who seek advice about such problems might be given hormone treatments or they might be offered surgery. Volumes could be written about the counselling or lack of counselling which women experience as they seek advice on what for some of them was the only serious health "problem" they had experienced to date. This gynaecological "problem" and its need for medical or surgical intervention sometimes take on a certain magnitude at a psychological level, because it affects not only women's general health but also their sexuality.

It affects how they feel about themselves and how they relate to their partners; their friends and their co-workers. Many women do not feel comfortable to discuss their gynaecological problems with their partners. This lack of discussion may sometimes lead to problems of mis-communication and sexual frustration on both sides. Additionally, women will sometimes have the need to take the odd day-off from work at that time of the month, but unless their supervisors or co-workers are aware of their difficulty, they may be labelled as unreliable or be seen as indifferent to their work.

Some of the women of this age group complained about the insensitivity with which doctors treated this aspect of their health care. For example, where surgery was contemplated, doctors might say "don't worry about it, we will whip out your womb and forget about it" or "What good is a womb to you any way. You don't want to have any more children." One grassroots woman retorted to such callousness by noting that it was not a tooth she was about to extract. Other examples relate to doctors not informing women of possible changes in hormonal conditions and sexual desire as a consequence of having a total hysterectomy (removal of uterus and ovaries), perhaps revealing a view on the part of some male doctors that women do or should engage in sexual activity only for procreation purposes.

Women complained about the insensitivity of doctors....where surgery was contemplated doctors might say,"don't worry about it, we will whip out your womb and forget about it...."

The women with whom I spoke hoped that doctors (male doctors especially) would take more time to explain to them what exactly was involved in the hysterectomy procedure; what were the differences between a partial and a total hysterectomy and what, if any, were the side effects associated with the removal of the ovaries. Some women with whom I spoke were not sure whether or not their ovaries had been removed.

One woman, a health worker, felt that from her personal experience with hysterectomy surgery and her conversations with other women on the subject, removal of the uterus and two ovaries was a very destabilizing experience. She felt "quite unlike myself for many months following the operation." She stated that she had been very pro

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ON BEING MENOPAUSAL

by Elaine Hewitt, Programme Officer, Women and Development Unit (WAND) UWI, Barbados

As I reflect on being menopausal, I look back and forward constantly. I know menopause has a beginning, middle and end - an approximate five-year period. Looking back I remember I was expected to look appealing and attractive but not whorish or desperate. After marriage, I had to prove my ability to reproduce not only to others but to myself as well. I was expected to be nurturing, to forget myself, go to work and work in my home, forever pleasant, a strong heart, shoulders and back. I spent the time then mainly on others.

I am not the woman today, I will be tomorrow. My self esteem finds it difficult to understand and tolerate changes. Society doesn't appreciate the older woman. We are seen as no longer desirable - appealing.

Dealing with change is often frightening. We watch our bodies change, the drooping, the bulges, its hard to talk about it. We remember yesterday, our early change waiting to menstruate, grow breasts and pubic hair. We've been through some very significant changes that have affected us socially, physically, emotionally. Menopause is no different from menarche, the first period and the last period, they both have a beginning, middle and end. Yet menopause is a new experience. With our first period, everybody is excited. With our last, we tell nobody. Aging is not acceptable for women. We devalue ourselves and so some of us respond weirdly.

Some women become wiser, stronger, more experienced, more nurturing. We women, regardless of what happens to us, tend to outlive men. Our lives have been filled with stress, so we need at this stage to take care of ourselves and we have the time, at last to do just that.

When my periods decreased and finally stopped, I was very happy as I was free from monthly backaches and discomforts of tender nipples and premenstrual tension. I haven't feared becoming pregnant for years as I had a sterilization in 1970 at age 30, following five pregnancies. Yet, in 1976, I had an ectopic pregnancy that almost proved fatal.

My hair has been greying for years. In the beginning, I dyed my hair to match its original colour blue black. However, over the years I have changed the colour and toned it down. I don't hide the fact my hair is dyed as I dislike my grey hair.

I am not the woman today, I will be tomorrow. My self esteem finds it difficult to understand and tolerate changes. Society doesn't appreciate the older woman. We are seen as no longer desirable - appealing.

When the symptoms of menopause started hot flashes - it was mild and manageable, but in 1990, the sweating and hot flashes became unbearable (living in the sun doesn't help). Our office is not airconditioned but we have fans which help somewhat. I have fans at home too. I started to become irritable with myself, nervous and weepy, very emotional, easily hurt and sensitive, lacking the inner strength I had come to rely and depend on.

I was getting very forgetful and becoming anxious about it. I lacked my joy and energy. I'm a hyper person when it comes to walking and going to the beach, extra curricular activities in the evenings and weekends. I had looked forward to being 50 but I was becoming fed up. After discussing with friends, I went on a high vegetable/fruit/vitamin diet for three months. I found no change. I agreed to try replacement hormone therapy but delayed as I was adamant I would never take hormones again as I had taken DES in 1962 to save my pregnancy and my daughter's cancer death in 1975 was attributed to this.

Finally, in 1991, in desperation, I went to my family doctor, a woman who knows me and my medical history. She was aware of my menopausal systems. I have yearly checks, pap, etc, and had my first mammogram in 1989. She put me on the mildest dosage of oestrogen, by patches, on the rump twice weekly and then by

cont'd on page 10

WHAT IS MENOPAUSE

Menopause is that period in a woman's life when her periods start acting up, arriving unannounced, at odd moments,eventually disappearing entirely because the ovaries have stopped producing oestrogen. This also signals the end of her fertility. The process takes place over a period of 15 years or more, generally between the ages of 40 and 55.

Every female child is born with the hormone oestrogen in her body. As the child gets older, the level of oestrogen increases, until, at puberty, signals are passed from the hypothalamus to the pituitary gland (both located at the base of the brain). They, in turn, signal the ovaries to start the menstrual cycle. A woman's hormone levels increase until she is between her late 20s and her mid-30s. Then her oestrogen levels begin a slow decline. When a woman is near age 50, her oestrogen may reach a level which is too low to maintain her regular menstrual cycle. This is menopause.

Signs

The three most characteristic signs are:

- Changes in the length, amount and frequency of the menstrual period at around the age of 40;
- Bursts of soaring internal temperature or hot flashes (or flushes) lasting from 15 seconds to an hour and causing profuse sweating;
- Changes in the vagina (decrease of moisture and elasticity).

Other signs may include emotional changes (temporary depression, crying easily, irritability) and minor physical changes such as weakened eyesight, weight gain, facial hair and insomnia.

Medical Treatment

Hormone (Oestrogen and Progesterone) Therapy:

Advantages

- possible reduced risk of osteoporosis
- elimination of hot flashes and sweating associated with menopause
- reduction of vaginal dryness

Disadvantages

- increased risk of heart disease and stroke
- increased risk of breast cancer
- increased risk of gall bladder disease
- accelerated growth of uterine fibroids
- more medical procedures at greater expense
- dependency on hormones
- continuation or resumptionof periods in women who have not had a hysterectomy.

Non-medical Approaches

- daily moderate exercise
- a low-fat, high-fibre diet
- herbal therapy
- relaxation techniques
- vitamins and minerals:-

  for depression, fatigue and irritability: Vitamin B6

  for osteoporosis: Calcium and Vitamin D

  for hot flashes: Vitamin E

Further Reading

Boston Women's Health Book Collective.
The New Our Bodies, Ourselves . New York: Simon & Schuster, 1992.

Sandra Coney.
The menopause industry: a guide to medicine's "discovery" of the mid-life woman . New York: Penguin, 1991.

Adriana Gómez.
"Celebrating change of life." Women's Health Journal 1 (1993): pp. 31-50.

Germaine Greer.
The change: women, ageing and the menopause . London: Hamish Hamilton, 1991.

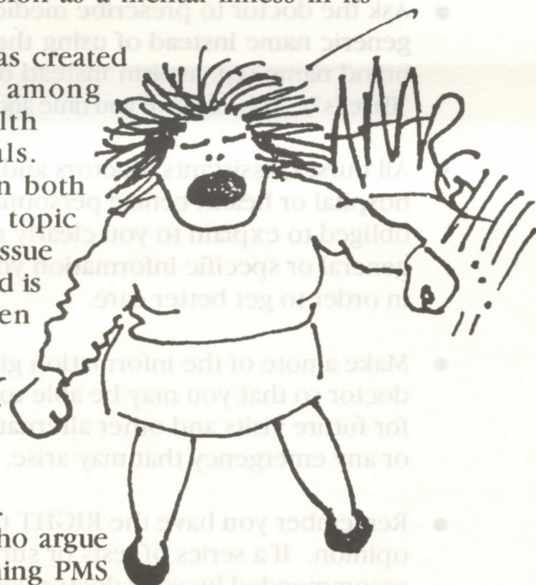
Rosetta Reitz.
Menopause: a positive approach. New York: Penguin, 1979.

Gail Sheehy.
The silent passage New York: Random House, 1991.

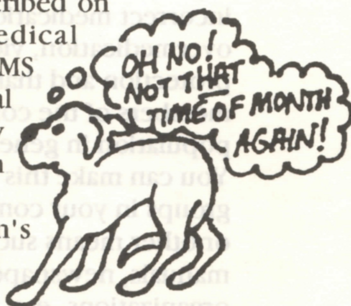
Is PMS a mental illnes?

excerpted from Sojourner: The Women's Forum (June 1993) : 11

The American Psychiatric Association's efforts to label premenstrual syndrome (PMS) depression as a mental illness in its diagnostic handbook has created a furor among mental health professionals. Feminists on both sides of the topic say the real issue being debated is how women will be ultimately regarded and treated by health care workers.



Those who argue against defining PMS depression as a mental illness say that the disorders listed in The Diagnostic and Statistical Manual of Mental Disorders are inscribed on insurance forms and medical claim records. Defining PMS depression as "premenstrual dysphoric disorder" may unnecessarily label women as ill or incapacitated.



The Boston Women's Health Book Collective and Paula J Caplan, a University of Toronto psychologist and feminist who is vehemently opposed to the new definition, said that since there is no good evidence to show that any such disorder exists, women should not be labeled as mentally ill.

Describing some women who have mood swings as suffering from a mental disorder, Caplan said, will harm all women, whether they are seeking custody in divorce disputes, applying for jobs, or working for promotions. The fear is that all women might some day be asked about their moods during their menstrual cycles.

Caplan also suggested that the new PMS definition serves as a smokescreen for the real causes of depression in many women. "Social and interpersonal causes (of women's depression) like violence against women, low pay and double work loads will be overlooked," Caplan said, "because women's depression will be blamed on their hormones."

Judith H. Gold, a Halifax psychiatrist and chairperson of the committee that weighed the evidence for labeling PMS depression a disorder, said that the new label will help women, not hurt them. Gold argues that a small minority of women, perhaps three to five percent, have debilitating mood swings in the days before menstruation. These women can often be helped by medication, she said, including several kinds of antidepressants. Furthermore, by defining and thereby legitimizing the cyclical mood problems some women experience, can help remove the stigma around depression and PMS.

The question of whether to list PMS depression as a disorder or simply leave it in the index of the handbook will be debated in late May and approved in July.

WHAT TO DO FOR BETTER HEALTH CARE

by WOMAN & HEALTH COLLECTIVE AND CIPAF

BEFORE SEEING THE DOCTOR

- Try to talk to other women about your health problem. Ask what methods they have used to deal with their problem, if they have attended a health centre or hospital in which they received good attention, the practical results, the cost in relation to your economic situation, etc. Also, speak with other women and ask them about doctors or community health workers who can help you.

- Get in touch with organized groups, collectives or community health projects in order to obtain more information about the services they offer or the possibility of referral.

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cont'd from page 8.... **What to do for better Health Care**

If you attend a private health centre you should ask for:

- The cost of visits and any possible examinations.
- Doctor's experience (field of specialization and years of working experience).
- Other places (hospitals/ clinics) where this doctor works.
- Get information from other women that will allow you to judge the doctor's attitude, until you are able to find a good doctor you can afford, is within easy travelling distance from home and suits your particular health problem.
- Know your own and your family's medical history.
- Note when the problem started, its symptoms, etc.

DURING THE DOCTOR'S VISIT

- Explain the conditions of your life which, in your opinion, have caused or contributed to your illness. These range from housing, community sanitation, nutrition, leisure time, education, transport, violence, domestic work, office work, equal opportunity, water supply, electricity and many other things that can cause us to fall ill or be disturbed.
- Note any questions you may have concerning your health problem which you may want clarified.
- If you wish, for whatever reason, you may take a friend, relative or spouse with you.
- Make sure the doctor explains his/her diagnosis, that is to say his/her opinion concerning the characteristics, origin and treatment of the problem in clear, simple and understandable language.
- Make sure the doctor explains the specific need and reasons for any clinical or laboratory test which he/she may order.
- The doctor must tell you the name of each medicine prescribed and the possible side-effects, as well as the possibility of using other treatment or alternative medication in the event that the first is unavailable or you are unable to buy it.
- Ask the doctor to prescribe medication by its generic name instead of using the commercial brand name (eg. aspirin instead of prescribing "Bayer's"). This can save you time and money.
- All nurses, assistants, doctors and other hospital or health centre personnel are obliged to explain to you clearly nd precisely general or specific information you may need in order to get better care.
- Make a note of the information given by the doctor so that you may be able to use it again for future visits and other alternative services or any emergency that may arise.
- Remember you have the RIGHT to a second opinion. If a series of tests or surgery is recommended by your doctor you can tell him/her to wait until you consult with another doctor since this can avoid unnecessary treatment.

AFTER THE VISIT

- If you receive poor quality treatment, incorrect medication, (unnecessary surgery, overmedication, violence, etc), for your own protection and that of other women, members of the community and the population in general, you should PROTEST. You can make this protest through organized groups in your community, through the media or other means such as bulletin boards, manuals, newspapers, or progressive popular organizations, etc. The report should recount the events as they happened, the name of the doctor or persons involved, date, place, etc.

REMEMBER: WE ARE ENTITLED TO:

- Free or low-cost medical services since we pay the government for them with our taxes, rates, etc
- Be accompanied by someone, either a friend, relative or spouse.
- Receive complete information about our bodies, examinations, treatment and medicines prescribed.

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...........On Being Menopausal

mouth, a similar regime to the "pill." I felt better almost immediately. I accepted the five-day "period." The second regime started after that month but I noticed the patches and patch area "weeping" but I persisted as I felt the heat and the plaster were to blame. When I applied the next set of patches, my rump area was unbearably itchy, red and weepy. My face broke out into large dark blemishes on the forehead, cheeks, nose and top lip. As more friends and colleagues commented I went to my doctor and stopped the patches and medication. I had to use a facial fade cream and my complexion has improved, leaving some brown marks. The patch area had to be treated by a very mild hormonal cream and finally healed in a fortnight. All this happened in March - April/May 1991.

The cost was approximately $US60 per month - which is very expensive. Since my hormone regime, I have spoken to several women who have had similar adverse experiences and a few who have tolerated the hormones "by mouth." I have not suffered from depression, sleeplessness or excessive weight gain. Many have taken and are "on and off" anti-depressants. Most of these women are from the middle and upper class brackets - nevertheless - working women.

I am now trying to cope with each symptom and dealing with it individually. I plan my extra curricular activities better and have dropped any unnecessarily pressured activities. I have increased my leisure time activities - reading, gardening, walking, going to the beach, meditation and prayer, and visiting friends. I have found that talking to and counselling myself, analyzing my worries, anxieties and concerns has helped. I carefully plan my work schedule making notes and diary entries to aid my forgetfulness and reduce my anxiety in trying to remember everything. I am coping so far.

As things start changing, we have to change too. We can't give up. Menopause is not a disease. It's the most normal thing that's going to happen to all women. We just have to prepare ourselves for it and don't stop living.

Needless to say, in conclusion, I don't want to speed up my life but I want this "happy time" to be over fast, as I live my life to the full and want to enjoy it.

cont'd form page 5

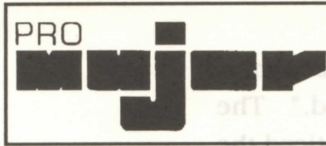
...Health and Sexuality of Older Women

hysterectomy prior to her surgery and had encouraged other women to have the operation. However, she concluded that the effects on her body had been more traumatic than she had been led to believe it would be. She was convinced more detailed counselling might have reduced the emotional suffering experienced.

Generally, the women in the Jamaican study felt their local health clinic or women's group should be encouraged to have discussions on "the change of life" and other related topics. Such discussions would give women a better appreciation of what they would encounter during these years and that being informed would help women to feel better about themselves.

With regard to the overall health of the women I interviewed during the survey, the majority was an active and healthy bunch who were continuing to make a contribution to their society. More than half of the women with whom I interacted were still in paid employment; others kept house for family members and were very involved in the social activities of their communities.

The Truth about ABORTION in Puerto Rico by



In Puerto Rico, there is as yet no reliable data on abortions performed or on the numbers of pregnancies which are terminated, since no public or private agency has compiled statistics of this kind.

However, since 1989, the Women's Studies Project of the University of Puerto Rico (PRO MUJER) initiated a number of activities and projects in the area of women and health aimed at contributing to the development of adequate public policies. In keeping with this commitment, PRO MUJER embarked on a study in 1991 on abortion in Puerto Rico using 349 women who attended 10 of 13 abortion clinics in Puerto Rico. The findings are consistent with a similar study in Puerto Rico in 1988.

Women who Use Abortion Services in Puerto Rico

Age

Ten percent of all abortions in Puerto Rico is performed on women below the age of 20, one of the lowest percentages for women in this age group, in the world.

Religion

Seventy-four per cent of the women are Catholics, 18 per cent are from other religions and 8 per cent are atheists.

Marital Status

Two-thirds (67%) of all abortions in Puerto Rico are performed on ever-married women (women who are married, separated, divorced or widowed). Puerto Rico has one of the lowest proportions of abortions in the world among women who have never been married.

Number of Children

The majority (66 per cent) of women who use abortion services in Puerto Rico have had at least one child. This fact is consistent with the other characteristics of the majority of women using abortion services in Puerto Rico (aged 20 years and over and ever-married). Puerto Rico has one of the highest proportions of abortions among women with one or more children.

Why an Abortion

For the majority of women in Puerto Rico, the cost of having a baby (74 per cent) and taking care of a baby (58 per cent) were the most common reasons for an abortion. Some women did not want to remain pregnant and many (34 per cent) felt they already had all the children they wanted or were too old (10 per cent) to have a child at the time.

Others (33 per cent) said it was more responsible to postpone having children until they had a better relationship with their partners; or until they (27 per cent) were older. Some (12 per cent) wanted to have children, but developed serious health problems; some (29 per cent) were afraid of or knew of possible fetal abnormalities; or were experiencing other personal problems (24 per cent).

Abortion and Contraceptive Use

Ninety-three per cent of the women who use abortion services have used some form of contraceptive. Some couples discontinued usage due to side effects experienced by the woman.

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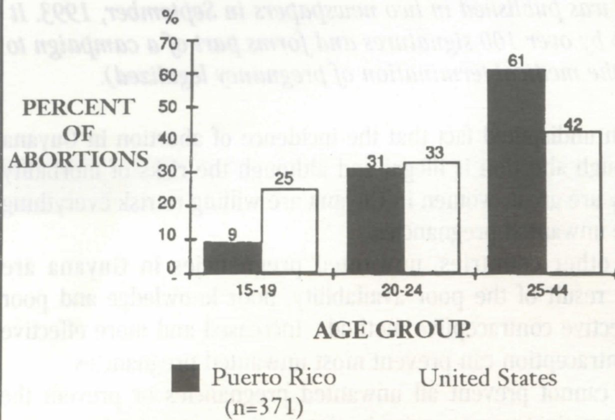
What to Do For Better Health Care

- See another doctor for a second opinion.
- Protest, denounce or take legal action concerning inadequate treatment or care or any abuse by the doctor.
- Deny permission for our body to be used for any type of research or educational purpose.
- Confidentiality concerning our medical records, as well as personal access to it.
- Be completely informed about the cost of care before being hospitalized or accepted into a health centre, and have access to all the results.

Remember: We have the right to make decisions concerning our lives and our bodies which may involve any treatment, birth control methods, surgical operations, etc. and that health is a struggle. Try to join or form health groups in your community, since everyone's health will depend on the collective struggle for better living conditions which will make possible new forms of existence based on equality and the equal distribution of existing benefits such as work, education, decent housing, environmental sanitation, supply of drinking water, free time, that is to say, equality among all humans regardless of class, age, race, sex, religion, etc.

Adapted from Taller Salud's What can a woman do? 3 Steps towards better health care, by Dinnys Luciano.

ABORTIONS BY AGE GROUP:
PUERTO RICO AND THE UNITED STATES



*Source: Yamila Azize and Luis A. Avilés, ***La Realidad del Aborto en Puerto Rico***, Women's Studies Project, Cayey University College, University of Puerto Rico

Source: Rachel Benson Gold, ***Abortion and Women's Health: A Turning Point for America?*, The Alan Guttmacher Institute, New York, 1990

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The Truth about Abortion in Puerto Rico

Other couples did not have contraceptives available or accessible at the time of conception. In addition, some couples had used them incorrectly and there were those who used appropriate contraceptive methods but, not being 100 per cent effective, the methods failed.

Abortion Health and Health Policies

Abortion is one of safest medical procedures.If done during the first three months of pregnancy, it is less risky than giving birth.

Mortality Associated with Abortion

Although death associated with abortions is extremely rare, abortion - as with any other surgical procedure - carries risks. However, it is eleven times less dangerous than childbirth. Deaths from abortions are 0.6 for every 100,000 cases while deaths from childbirth are 6.6; from penicillin injection, it is 1.1.

The only reliable study on death due to abortions in Puerto Rico and published in 1985, documents 45 deaths related to pregnancy, 31 of which were related to delivery and 2 to abortions (it did not specify if the abortions were induced or spontaneous). Based on this, one can estimate that abortion in Puerto Rico has been from 2 to 30 times safer than childbirth.

Dangers of Illegal Abortions

Before the legalization of abortion, thousands of women died or had serious health problems as a result of an abortion. These deaths and complications were the result of clandestine abortions, conducted by the women themselves or other untrained persons and in unhygienic conditions. Many women come into emergency rooms with such serious problems as perforation of the uterus, retained tissue (incomplete abortion), excessive bleeding, cervical tears, severe infections, shock and gangrene. Since the legalization of abortion in Puerto Rico, USA and in other countries, the number of deaths associated with abortion has declined considerably.

Risk Factors For Abortion Complications

How advanced a pregnancy is when abortion is performed, is one of the most important factors affecting the likelihood of complications. The later the abortion, the greater the risk. Eighty-two per cent of abortions in Puerto Rico are done during the first eight weeks, when the procedure is safer.

As with any other patient who has had some type of surgery, women who have an abortion can develop complications. Complications associated with abortion include: pelvic infections, high fever for three or more days, major surgery and extensive bleeding requiring a blood transfusion.

Abortion Methods

Risks vary according to the method used. The majority of abortions in Puerto Rico use the vacuum aspiration (suction) procedure which carries the least risk. Abortions performed after 20 weeks (such as an induction abortion, rarely used in Puerto Rico) carries greater risks.

Psychological Problems

It is sometimes argued that abortion provokes psychological problems. To date, there is no scientific evidence to support this. The American Psychological Association affirmed that if abortion provoked severe psychological reactions, there would be an epidemic of women seeking treatment. There is no evidence of such an epidemic in Puerto Rico. The only Puerto Rican study on the psychological effects of abortion on a group of Puerto Rican women, concluded that in cases where there was some emotional disturbance as a

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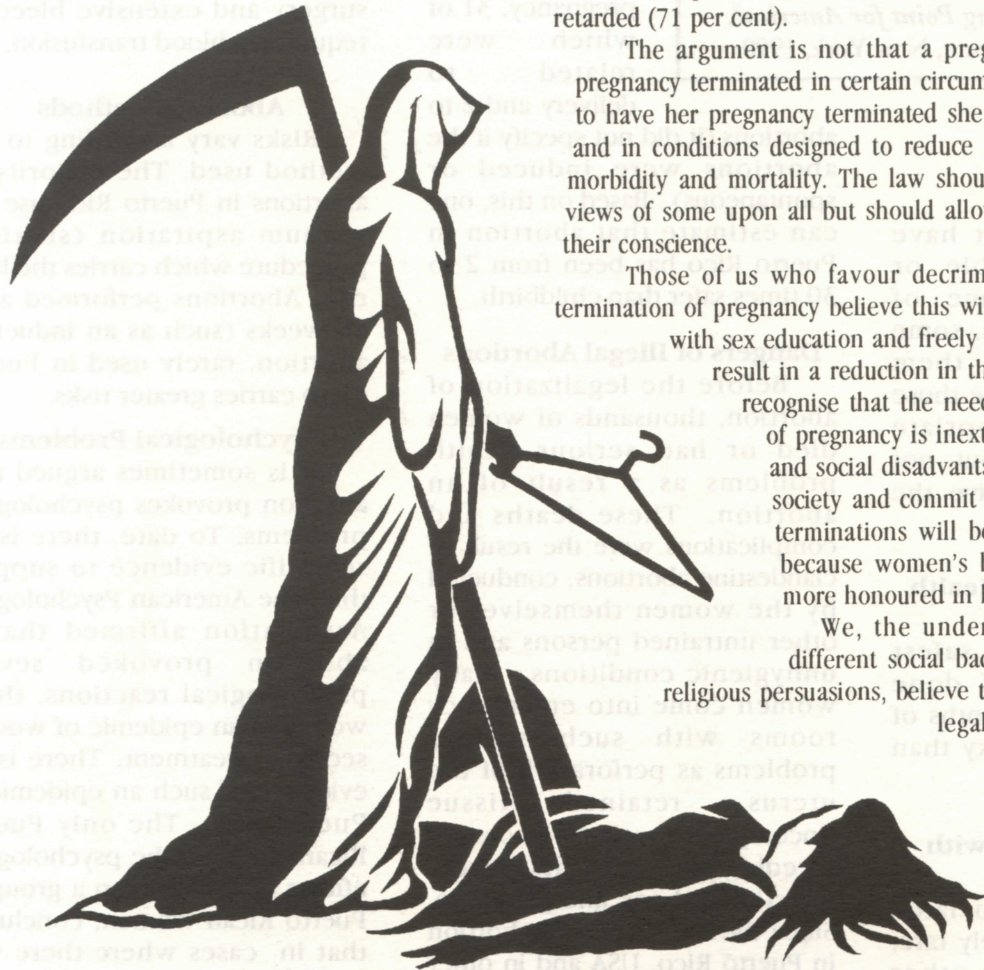
Guyana: LEGALISE ABORTION

(This statement was published in two newspapers in September, 1993. It was assented to by over 100 signatures and forms part of a campaign to have the medical termination of pregnancy legalized).



It is an undisputed fact that the incidence of abortion in Guyana is high. Although abortion is illegal and although the risks of morbidity and mortality are great, women in Guyana are willing to risk everything to terminate unwanted pregnancies.

As in other countries, unwanted pregnancies in Guyana are largely the result of the poor availability, poor knowledge and poor use of effective contraceptive methods. Increased and more effective use of contraception can prevent most unwanted pregnancies.

But it cannot prevent all unwanted pregnancies or prevent the need to terminate pregnancies in certain circumstances. In a recent survey among men and women in Georgetown, the Ministry of Health found that respondents believed that medical termination of pregnancy should be legally permitted to protect the mother's life (86 per cent in favour), if the mother is HIV positive (76 per cent), if the pregnancy results from rape (75 per cent) or incest (71 per cent) or if the child would be seriously deformed or retarded (71 per cent).

The argument is not that a pregnant woman must have her pregnancy terminated in certain circumstances. It is that if she needs to have her pregnancy terminated she must be able to do so legally and in conditions designed to reduce as far as possible the risks of morbidity and mortality. The law should not be used to impose the views of some upon all but should allow everyone freedom to follow their conscience.

Those of us who favour decriminalizing the timely medical termination of pregnancy believe this will save life and that, combined with sex education and freely available contraceptives, it will result in a reduction in the number of terminations. We recognise that the need and demand for termination of pregnancy is inextricably linked to the economic and social disadvantages suffered by women in our society and commit ourselves to a future in which terminations will become less and less necessary because women's basic rights will be more and more honoured in law and in living.

We, the undersigned women and men of different social backgrounds, political beliefs and religious persuasions, believe that the availability of safe and legal termination of pregnancy is an urgent priority and we affirm our individual support for the introduction of legislation decriminalizing the medical termination of pregnancy as soon as possible.

THE ABORTION DEBATE

(a press release by Women Working for Social Progress, October 1991)

The issue of abortion is not to be placed in the context of birth control. Education and prevention are the means by which birth control is best achieved. Yet it may not be possible to entirely eradicate unwanted pregnancy, and so abortion under safe conditions should be made available to those who need it.

The decision to have an abortion is a personal one. Those who believe that abortion is wrong simply do not take such a decision. To make abortion available is not to force it on anyone. The tendency is, however, for anti-abortion groups to seek to impose their view on others, often through violent methods, as we have seen in "Pro-Life" campaigns in the United States.

Here in Trinidad and Tobago, as elsewhere, the loudest voices against abortion are those of people who are the least likely ever to need an abortion. They are people who cannot understand the trauma of unwanted pregnancy. Women do not take abortion lightly. When a woman decides to seek abortion, it is because she finds herself in a situation of sheer crisis.

Unwanted pregnancy is not only a crisis for the individual woman. There are social repercussions as well which ultimately affect us all. The birth of an unplanned child may cut short the education of the mother and severely reduce her earning power. Both mother and child thus join the ranks of the disadvantaged - the ever-growing army of people who cannot adequately provide for themselves and for whom, today, the society is taking less and less responsibility.

We have no welfare state, nor are we likely to build one. The facilities in place for the care of disadvantaged children are hopelessly over-stretched. It might cost the society less in the long run to make abortion available where all else has failed.

The question of abortion highlights social disadvantage and inequality in our society, for it is a question of choices. People in the more comfortable social classes have more choices, for they are also likely to have education about, and access to birth control, and they have access to safe abortion when all fails, because they have money. It is a well-known fact that even where abortion is illegal, it can easily be bought.

We advocate education against unwanted pregnancy and responsible sexual behaviour. There is a great deal of evidence that many teenaged girls are unaware of what causes pregnancy. It is our view that education about human sexuality should be part of the school curriculum from Form One.

Proper education should reduce the demand for abortion, but there will always be some incidence of unwanted pregnancy, so abortion should be made safe and accessible for those whose consciences allow them to resort to this measure.

GLOBAL CAMPAIGN AGAINST ANTI-FERTILITY "VACCINES"

The Women's Health Action Foundation (WHAF) plans to embark on a global campaign to stop the research on anti-fertility "vaccines," now being conducted by five major research institutions including the National Institute of Immunology, New Delhi, India and WHO, Geneva, Switzerland. The campaign will begin with the publication on November 8, 1993, of an open letter to researchers and funders of anti-fertility "vaccines." It would call for a radical re-orientation of contraceptive research and an immediate halt to the development of immunological contraceptives.

Clinical trials have been carried out in India, Brazil, Sweden, Finland, the Dominican Republic, Chile, Australia. Trials are currently taking place in India and perhaps also in the USA. According to WHAF which is based in Amsterdam, The Netherlands, the aim of researchers working on the new class of contraceptives - immunological contraceptives or anti-fertility vaccines - is to induce temporary infertility by turning the immune system against body components which are essential for human reproduction.

A variety of immunological contraceptives, mainly for women, are now being tested in clinical trials.The "vaccine" which is the most far advanced aims to neutralize the human pregnancy hormone hCG (human chorionic gonadotrophin), a hormone produced in a woman's body shortly after conception. The hormone is altered then coupled to a bacterial or viral

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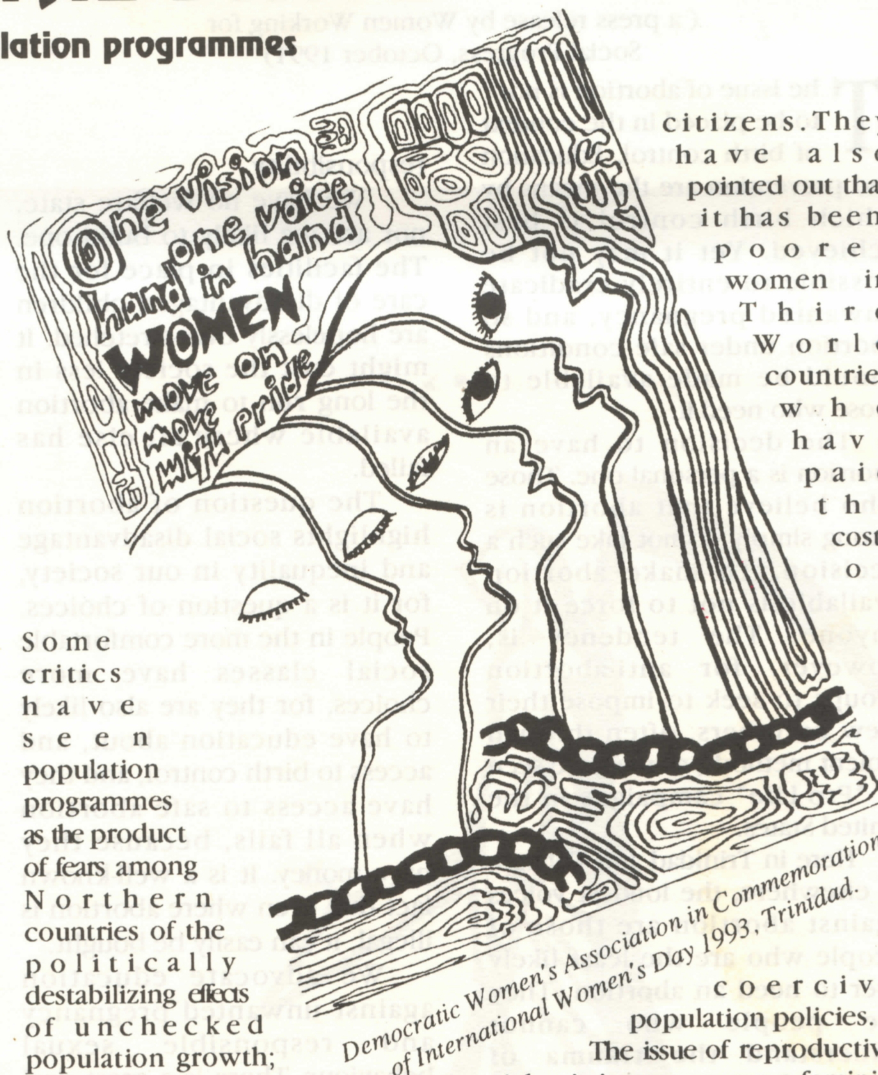
BRIDGING THE DIVIDE

- healing divisions on population programmes

(Excerpts of a viewpoint presented by Naila Kabeer, Fellow of the Institute of Development Studies, Brighton, UK, at a Day of Dialogue, organised by the London Population Council ahead of the International Conference on Population and Development, Cairo, Egypt, September 1994).

Intervention by the population establishment in the sphere of reproductive behaviour has long been dogged by controversy. This is not surprising since public attempts to shape behaviour in an area as deeply personal as the bearing and spacing of children carry a real risk of infringing a basic human right. However, the provision of reproductive technology can - and is- also viewed more positively as an enhancement of choice and has not, in itself, been the main source of controversy.

Rather the controversy has stemmed from the motives imputed by various groups in society to those who make and implement population policy and from the ways in which these motives have shaped the delivery of contraceptive methods. I say "various groups" because the opposition to population policies has not been the sole monopoly of feminists, although theirs has been the most articulate and persistent voice in the debate. Some of the opposition within the US and Britain came because of eugenicist associations with the birth control movement in these countries. In the Third World context, opposition has often taken a radical anti-imperialist stance.



Democratic Women's Association in Commemoration of International Women's Day 1993, Trinidad.

Some critics have seen population programmes as the product of fears among Northern countries of the politically destabilizing effects of unchecked population growth; others as an attempt by the north to deflect attention from the fact that if under- development resulted from an imbalance between consumption and resources, overconsumption was a characteristic of the wealthy elites and nations rather than of the world's poor. While many feminists working in the field of development agreed with anti-imperialist, anti-capitalist critique, they have also pointed out that Third World nations and socialist countries have proven equally capable of exercising coercion when it came to the reproductive behaviour of their citizens. They have also pointed out that it has been poorer women in Third World countries who have paid the costs of coercive population policies.

The issue of reproductive rights is in many ways a feminist issue par excellence. It crystallizes sharply the implications of patriarchal power for women's life choices. Women's control over their own bodies is critical to their sense of self-hood. To be denied control over our bodies is to be denied control over ourselves: our bodies are ourselves.

While the population establishment is not monolithic, there does appear to be a shared emphasis on the urgency of fertility reduction as a route to poverty alleviation and environmental sustainability. Feminists also differ among themselves.

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.....Bridging the Divide

While most feminists are unlikely to subscribe to the casual interlinking of poverty and environmental degradation, on the one hand, and population growth on the other, many acknowledge that the decision to bear or not to bear children can have profound social implications.

As DAWN, a group of Third World feminists have pointed out, "Women know that childbearing is a social, not purely personal phenomenon; nor do we deny that world population trends are likely to exert considerable pressure on resources and institutions by the end of this century." But, they go on to say, unless women's bodies cease to be treated as pawns in the struggles among states, religions,male heads of households and private corporations, and unless women's needs and interests are taken into account, family planning programmes are unlikely to succeed.

If feminist interpretations of women's reproductive needs were adopted, the provision of reproductive technology would be geared to enhancing women's reproductive choices and health and supporting their reproductive rights. This would entail a recognition that as bearers and carers of children, women have a particular stake in the conceptualization, formulation and implementation of family planning programmes. The idea of the user's perspective in the planning of contraceptive provision would help to highlight that different groups of women have different needs at different stages of their lives so that reproductive choice requires a range of family planning methods.

Critical to effective choice is information: about what is available, the risks in terms of women's health and of probabilities of contraceptive failure, the screening check-up and follow-up practices which should accompany each form of contraception. Evaluation methods which encourage sensitivity to women's needs would need to replace those which are merely acceptance-related. Finally, it would be important to broaden the focus of family planning programmes to encompass men. Women's reproductive rights should not be premised on the denial or neglect of men's reproductive responsibilities.

However, it is important to move beyond family planning support to the broader context of women's health, to the question of women's access to general health care and the appropriateness of health care provision to women's health needs. Why is this essential to the question of reproductive rights? Because one of the key obstacles to women exercising rights over their own bodies is their empowered status in family and community decision-making processes. Development policies and practices which treat women as competent and valued social actors whose needs must inform the development agenda can help to create an enabling infrastructure for women's empowerment. A health service that focuses only on family planning or on women as mothers and as "at-risk reproducers" is unlikely to contribute to their emergence as empowered social actors.

The final dimension in the struggle over needs interpretation in population policy is the struggle over resources. A sustainable family planning programme which is

However, it is important to move beyond family planning support to the broader context of women's health, to the question of women's access to general health care and the appropriateness of health care provision to women's health needs.

predicated on a respect for women's reproductive health, rights and choices cannot be done cheaply. The argument that women's health advocates frequently encounter is that resources are scarce and there are many competing demands on the budgets of national and international agencies.

However, scarcity of resources is not the main problem. National governments could release valuable resources if they chose to shift away from wasteful military expenditures and show-piece projects to a greater concern with human resource development. Donors could assist by untying tied loans and allowing poorer countries to shop around for their needs, by easing up on debt repayments and by subjecting their own spending in Third World countries to stricter principles of accountability. What is lacking for a feminist population policy is not economic resources, but political commitment.

Women's Declaration on Population Policy

In preparation for the 1994 International Conference on Population and Development, women's health advocates and alliances around the world have drafted a **"Women's Declaration on Population Policies"** document that is now being circulated for endorsement by women's groups, inside and outside of government.

The group felt a strong, positive statement from women would make a unique contribution to "reshaping a population agenda" to better ensure reproductive health and rights.

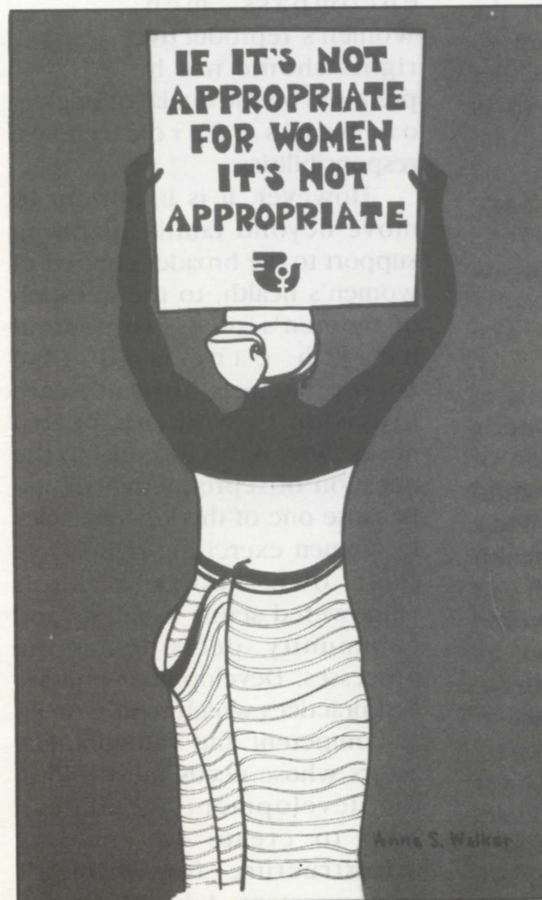
The Population Conference will be held in September in Cairo, Egypt, under the auspices of the UN Funds for Population Activities (UNFPA). Just like at UNCED '92, there will be an NGO forum on population and development at the same time and location as the main conference.

The fundamental principles of the declaration are as follows:

- *women can and do make responsible decisions for themselves, their families, their communities, and, increasingly, for the state of the world. Women must be subjects, not objects, of any development policy, and especially of population policies.*

- *women have the right to determine when, whether, why, with whom, and how to express their sexuality. Population policies must be based on the principle of respect for the sexual and bodily integrity of girls and women.*

- *women have the individual right and the social responsibility to decide whether, how, and when to have children and how many to have; no woman can be compelled to bear a child or be prevented from doing so against her will. All women, regardless of age, marital status, or other social conditions have a right to information and services necessary to exercise their reproductive rights and responsibilities.*



- *men also have a personal and social responsibility for their own sexual behaviour and fertility and for the effects of that behaviour on their partners' and their children's health and well-being.*

- *sexual and social relationships between women and men must be governed by principles of equity, non-coercion, and mutual respect and responsibility. Violence against girls and women, their subjugation or exploitation, and other harmful practices such as genital mutilation or unnecessary medical procedures, violate basic human rights. Such practices also impede effective health-and-rights-oriented population programs.*

- *the fundamental sexual and reproductive rights of women cannot be subordinated, against a woman's will, to the interests of partners, family members, ethnic groups, religious institutions, health providers, researchers, policy makers, the state or any other actors.*

- *women committed to promoting women's reproductive health and rights, and linked to the women to be saved, mustbe included as policy makers and program implementors in all aspects of decision-making including definition of ethical standards, technology development and distribution, services, and information dissemination.*

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...Global Campaign Against Anti-Fertility "Vaccines"

carrier so that the immune system mistakes the natural pregnancy hormone for an infectious germ and reacts against it and the fertilized egg is expelled. Other immunological contraceptives are being developed to interfere with the production of sperm, maturation of egg cells, the fertilization process or the implantation and development of the early embryo.

Instead of giving women greater control over their fertility, WHAF says immunological contraceptives cannot be "switched off." In fact, they will be long-acting. Depending on the type, they may last from one year to a life time. They are also easy to administer, either as injectables or as a pill. They present no advantage for women over existing contraceptives. Because they use the immune system, they are inherently unreliable. For women and men with a predisposition to allergies and auto-immune diseases, the "vaccine" may cause life-long sterility.

WHAF says the development of contraceptives should enable women to exercise greater control over their fertility without sacrificing their integrity, health and well being.

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The Truth about Abortion in Puerto Rico

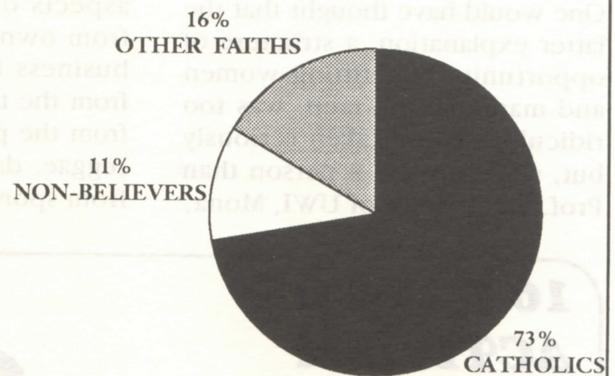
result of voluntary abortion, it was of a temporary nature.

Public Health Policy

As long as there is no clearly defined public policy on sex education and on the promotion of contraceptives, there will be no hope of substantially reducing unwanted pregnancy. High rates of teenage pregnancy, increases in the incidence of infant mortality, infants with low birth-weight, school drop-outs, and the increasingly visible problem of child abuse and neglect become more acute as a result of unwanted pregnancy. It is important to stress that extensive use of contraceptives does not completely eliminate the need for abortion, although it reduces it substantially. Demographers estimate that seven out of ten couples will need an abortion at some point in time, if they plan to have two children and assuming a 95 per cent contraceptive effectiveness rate.

Given the fact that abortion services are health services, there must be a public policy which seeks to guarantee accessibility of this service to the whole population. There is need to publicize this service; its availability outside the San Juan metropolitan area and assure financial aid for women who cannot afford it. In fact, in the United States, public funds are used in all states to pay for abortions in cases where the mother's life is threatened; 20 states provide funds in cases of rape or incest, 15 when there are birth defects and 12 for practically all kinds of abortions.

ABORTIONS BY WOMEN'S RELIGIOUS BELIEFS PUERTO RICO



*Source: Yamila Azize and Luis A. Avilés, *La Realidad del Aborto en Puerto Rico*, Women's Studies Project, Cayey University College, University of Puerto Rico

From: La realidad del aborto en Puerto Rico: guías para la elaboración de políticas públicas. Cayey: PRO MUJER, 1992.

Afro Caribbean Male Youth:

A Feminist analysis of the "problem"

(by Gemma Tang Nain. First published by Caribbean Contact. (Vol. 19, No. 9, Sept. 1993)

Throughout the English-speaking Caribbean, from Bahamas in the north to Guyana in the south, commentators of various disciplines have been articulating that a problem exists with respect to Afro-Caribbean male youth. It is alleged that the problem manifests itself in deviant behavior, especially involving drugs and other criminal activities, and in poor performance in the education system.

Among the more popular explanations for the phenomenon are : the absence of adult male role models in the home and school and a structure of opportunity which benefits women and marginalises men. One would have thought that the latter explanation, a structure of opportunity benefitting women and marginalising men, was too ridiculous to be taken seriously but, since no less a person than Prof. Errol Miller of UWI, Mona, Jamaica, has been propagating this view up and down the region, one simply cannot dismiss it lightly.

While Miller does not clearly define what is meant by marginalisation, one can glean from his writings and speeches that he is referring to men's increasing ineffectiveness in the home, school and formal labour market. One can certainly take issue with this assertion, especially with respect to the formal labour market. However, even if we assume for a moment that it has some validity, one can argue quite convincingly that women are equally if not more marginalised from political power at the level of the state where decisions affecting all aspects of our lives are made, from ownership and control of business in the private sector, from the trade union movement, from the popular music forms of reggae, dance-hall and calypso, from sports, and from organised crime. This is not to suggest that they are not involved in these spheres but, rather, that they are marginal to the effective functioning of these areas. What we see, then, is a rigidity of segregation along gender lines.

I am advancing the view that it is this segregation along gender lines, rooted in the construction of masculinity and femininity, that must be analyzed to explain what is manifesting itself as "the problem" of Afro-Caribbean male youth. I support the view, advanced by others before me, that the construction of masculinity and femininity, at least in the Western world, involves demarcating certain societal activities along gender lines and, in turn, according to the masculine activities a higher status or value. This means that not only is manhood positively associated with the performance of activities not carried out by women, but that some threat to manhood is involved in undertaking activities which are considered to be feminine.

Some may question whether women do not face a similar threat to their femininity by performing activities designated as masculine. Indeed they do, and many women will attest to this, but the cross-over is easier for women on two counts: (1) because masculine activities are accorded higher status, it is easier to move from low status to high status activities; (2) the effect of the women's movement has actively encouraged and supported women in attempting the cross-over. Not only has very little attempt been made to encourage men to do likewise into traditional feminine areas, but until such activities are accorded higher status and are compensated more attractively, men are hardly likely to undertake the cross-over.

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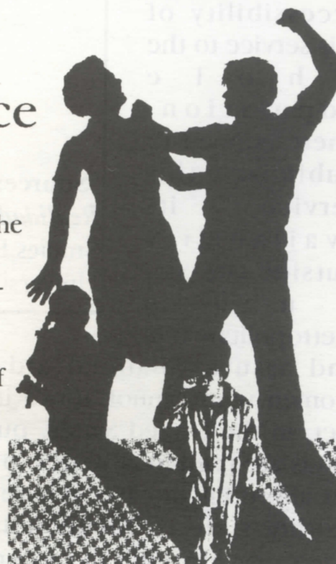
16 DAYS OF ACTIVISM

against gender violence

The third annual 16 Days of Activism Against Gender Violence, sponsored by the Center for Women's Global Leadership, will be held this year from November 25 - December 10. The 16 Days campaign highlights the prevalence of gender violence globally, creates an awareness of such violence as a violation of human rights and promotes women taking leadership on the issue. Women's groups all over the world are invited to plan activities to highlight the cause.



Afro Caribbean Male Youth

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It is within this context that I can agree with Dr Elsa Leo-Rhynie, also of UWI, Mona, that boys are increasingly viewing education as feminine, and the more girls succeed there, the more it will be perceived by boys that to succeed in education is to be feminine and to behave like a "sissy." This is already happening among boys of the lower socio-economic groups. Relatedly, it needs to be borne in mind that the vast majority of both girls and boys experience failure in an education system designed to benefit the top 20 per cent of students. Kathleen Drayton, formerly of UWI, Cave Hill, Barbados, asks whether boys react differently from girls to failure given that society has a lower achievement expectation of girls than of boys.

I want to conclude by stating that the bottom line to understanding most activities in modern Western societies is money. Value is attached to money either for its own sake or for what it can be used to access: power, respect, status. Indeed, a recent (1993) study in Jamaica found that a man's role in the home is directly linked to economic support and even his manhood may depend on it.

Afro-Caribbean male youth certainly understand, then, the role of money in achieving upward social mobility and in this they are no different from the rest of society. The difference lies in the means to the end and, for most of them, the means lie in the vocational areas of education: plumbing, carpentry, masonry, electrical installation, auto mechanics, etc,; in the maxi taxi/mini bus trade; in the dance-hall, reggae and calypso culture; and in criminal activity, to name but some of the key areas. Most of these activities can yield money without much formal education and do not involve deferring gratification to the extent that formal education does. Further, and perhaps more importantly, few women are involved in these areas.

Solutions lie, then, in changing the way that masculinity and femininity are constructed so as to avoid demarcation of activities into masculine and feminine with their concomitant high and low status. While this is no simple task, a multi-faceted approach involving parenting in the home, the media, the education system, religion and the state will be needed. Further, education must become more relevant to the majority of girls and boys and strategies will have to be employed to de-value violence and crime. With respect to the latter, the media may, perhaps, have the biggest role to play, along with appropriate state policy.

REPORTS OF CONFERENCES/MEETINGS/COURSES

MARIA BAAH AT ECUMENICAL GLOBAL GATHERING

My name is Maria Baah. I became a member of CAFRA this year. I have received all the issues of CAFRA NEWS and reading the articles has prompted me to share an article with you and the other readers.

I had the privilege of attending the Ecumenical Global Gathering of Youth and Students (EGGYS), July 10 - 26, 1993, at Mendes, Rio de Janeiro, Brazil. As a young woman interested in issues affecting women, I participated in the women's forum.

At this forum, women from different countries gathered together - South Africa, Nigeria, Indonesia, Japan, Ghana, St Vincent, Jamaica, North America, India and Trinidad and Tobago. It was a learning and sharing experience for all of us. We expressed our frustrations, our hopes and our visions. During the gathering we produced a report which I would like to share with you. The information collected identified different aspects of women's lives in society and strategies for change.

Social:- ethnic-racial- within the social structures in which we live, ethnic-racial recognition and respect is needed for individuals. We realized that in our church organizations and ecumenical groups, there is a lack of concrete, specific policies and programs that lead us to racial equality, as there is triple discrimination for black, indigenous and rural women. We must respect and preserve the cultures of each race and region.

Religion:- churches participate in politics of oppression by not providing leadership role models for young women, by excluding Biblical stories of women or Biblical stories about the liberation of women, and by appreciating women only for their contributions as caregivers and fund raisers. The church is often the main element in reinforcing the patriarchal family structure that convinces women they are inferior to men in the home, in their financial life, etc.

Education:- this has become an element for continuing the roles that society, through the media, has established for us in the family. Women in certain countries have little access to technical, professional training that could help them raise their status in the political, economic and social areas.

Family and raising Children: men are charged with economically maintaining the home. Today, this picture is being increasingly questioned with the presence of women in many professions. Women are caught in the contradiction between the desire to work and the "obligation" to care for the home. Disturbing questions are raised when these contradictions come up: why is the responsibility of caring for children an exclusive task of women? How do we balance the demands of a profession with the exhausting tasks of housework? The growing need for more childcare centres is stimulating a discussion surrounding who should care for the children in the family.

Health:- there are numerous social ills that affect a women's health. These may have a negative impact on her mental and physical well being. Many women are not adequately educated on health issues. Of specific concern to us in the Women's Forum were the issues of women with AIDS, adequate pre-natal care for pregnant women, breast cancer, access to safe and legal abortion, access to and information about different methods of contraception, menopause, substance abuse and breast feeding.

Homophobia:- which are the fears and hatred of gays and lesbians. Homophobia hurts all people because it denies the opportunity for dialogue.

Violence:- violence against women is a reality that crosses all races, class, ethnicity, sexual orientation and culture. All women are vulnerable. Sexual harassment is behavior of a sexual nature that is unwanted - looks, touching, jokes, showing sexual materials. Women have the right to object and to be understood - no means NO. We also looked at the issue of incest, rape and prostitution.

Sexuality:- all things are connected. We are part of God's creation. To deny our connection is to deny our humanness. We are also created as sexual beings. To deny our sexuality is to deny our humanness. We come from many cultures, but generally, sexuality (particularly women's sexuality) has been pushed out of our society and churches. We deny our sexuality and we are broken.

con'd on page 22

MARIA BAAH AT ECUMENICAL GLOBAL GATHERING

cont'd from page 21

We must urge our churches and movements to help young people make responsible decisions regarding their sexuality.

Political:- We have personally experienced the empowering effect that leadership training has had on our own lives. Women often bring new ideas and experiences into their leadership positions based on their own personal experience and their situation as a woman in the world. Women are often seen as second class citizens. Laws that discriminate against women or are harmful to women are ignored or justified.

It is important to understand that struggles for women's rights are struggles for human rights and that the struggle is for justice and equality and not a struggle for special status or for superiority.

Economics:- Many women in all cultures are still bound by traditional roles that do not allow women (or make it harder for women) to pursue careers in fields that have been dominated by men. Women have the additional problem of sexual harassment in the workplace, often with no support or avenues for justice. Sexual harassment and low wages hurt poor women harder because they are often more dependent on their jobs and thus more vulnerable to exploitation without having access to any recourse for justice.

People often do not appreciate or fully comprehend the workload that women face. They take for granted the tasks that go unnoticed every day but that would shut down society if women refused or could not perform them. Another employment issue is the fact that men and women rarely receive equal pay for equal work.

With the demands from the international economy, the impact of the economic crisis on the quality of family life has been great. Women have had to integrate themselves in great numbers into the informal economy which offers no social guarantees.

After addressing the various issues that affected us as women we arrived at the following strategies for change:-

Regional strategies:- creating regional networks; planning leadership training events; establishing monitoring agencies; advocating issues that affect women; organizing regional dialogues on issues; and networking with non-church organizations.

International strategies:- networking:- create an international ecumenical network of young women; explore connections with established women's groups; network with non-church organizations.

Leadership development:- plan leadership training events for young women; plan for a world meeting for young women in 1995/1996; use creative methodologies.

Resources:- create a newsletter; create a clearing house for resources; create training and educational videos; create an inclusive - - resource. In conclusion, as women we realized that there is a lot of work to be done. We realized that issues that affect women are present throughout all regions and as women we must strengthen each other and be committed towards the development of women.

I thank CAFRA NEWS for giving me the privilege to share the topics that were discussed at EGGYS gathering, from a young woman's perspective.

GLOBALISATION?

Globalisation connotes operations within the whole globe, the interconnectedness between entities and a process of economic production which affects all aspects of life: social, physical and psychological.

That's the view of Dr Dorith Grant Wisdom, International Relations Specialist, Jamaica/USA, who was the featured speaker at a CUSO-Caribbean seminar held from July 2-3, 1993, at the Medallion Hotel, Kingston, Jamaica.

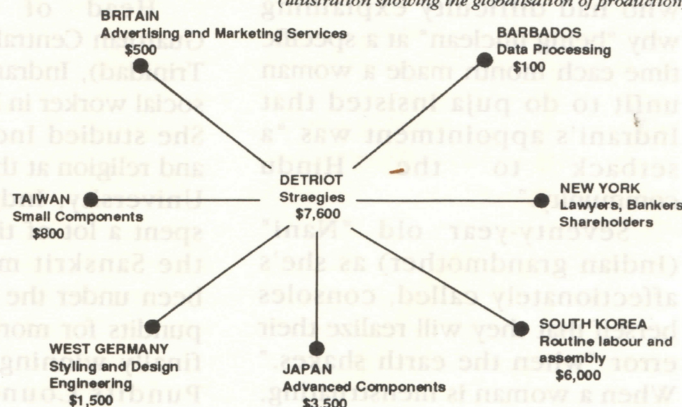
A number of key regional NGOs were represented at the seminar, including CAFRA which was represented by Acting Coordinator Gemma Tang Nain.

The seminar aimed to help NGOs understand the concept and reality of globalisation and its impact as well as prioritise what Caribbean NGOs could do about this phenomenon.

Dr Wisdom identified a number of manifestations of globalisation in the Caribbean including the adoption of a free market ideology, the openness of economies, structural adjustment problems, the erosion of social programmes, the development of an ethos of narrow individualism and a reduced attachment to the nation as a unifying force.

Dr Wisdom concluded by assessing the implications of Caribbean integration and how common problems between the Caribbean and Central America could foster cooperation.

(illustration showing the globalisation of production)



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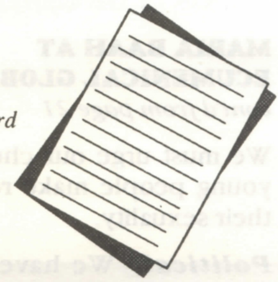
compiled by Cathy Shepherd



CONTROVERSY OVER APPOINTMENT OF FIRST FEMALE PUNDIT

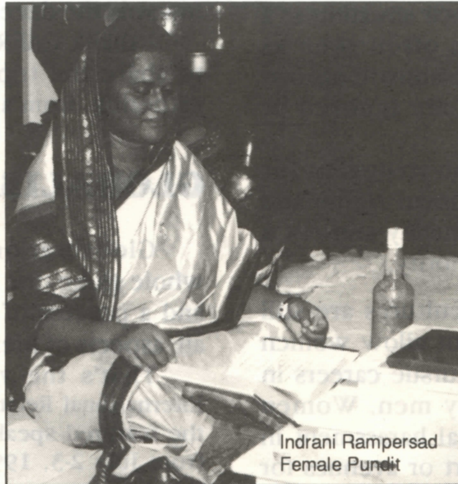
Since her induction as a Hindu priest on September 15, in an impressive deekshant samaroh ceremony, under the auspices of the country's second largest Hindu body - the Arya Pratinidhi Sabha - journalist Indrani Rampersad has been the subject of much controversy. She is the first Hindu woman to be officially invested with the holy orders in Trinidad and Tobago, after more than a century of Hinduism.

Sat Maharaj, general secretary of the Sanatan Dharma Maha Sabha, has denounced Rampersad: "The Maha Sabha does not recognise women in the priesthood, just as the Roman Catholics and the Anglicans."

Two other women reportedly practise as panditas but outside the sanction of the Maha Sabha. And there is talk of another one now that Indrani has gone public. Female pundits also operate in neighbouring Guyana where there is an equally strong East Indian community.

A devout 22-year old Hindu who had difficulty explaining why "being unclean" at a specific time each month made a woman unfit to do puja insisted that Indrani's appointment was "a setback to the Hindu community."

Seventy-year old "Nani" (Indian grandmother) as she's affectionately called, consoles herself that they will realize their error "when the earth shakes." When a woman is menstruating, she is considered to have "the curse". She cannot touch any "dachima" (gifts) prepared as



Indrani Rampersad
Female Pundit

offerings to God. She is not even allowed to ascend the altar to perform puja, Nani said.

But Indrani's electrical engineering husband has been very supportive and congratulatory letters have come in from Hindu organizations as far as Signapore, India, Holland and the USA. At home, Indrani's induction to the highest level of a Hindu organization, was seen as a signal victory for women by the Inter Religious Organization and Confederation of Africans of Trinidad and Tobago.

Head of the Trinidad Guardian Central Bureau (Central Trinidad), Indrani is known as a social worker in her community. She studied Indian philosophy and religion at the Benares Hindu University, India. She has also spent a lot of time "perfecting" the Sanskrit mantras and has been under the tutelage of local pundits for more than one year, finally winning the nod of the Pundits Council to practise unaided.

BRITISH VIRGIN ISLANDS

Health Education for Women

Earlier this year, the Women's Desk introduced a Know Your Body lecture series to empower women, to take responsibility for their own health. Since the series began talks have been organised in various communities on such topics as menopause, sexually transmitted diseases and their effect on pregnancy and breast and cervical cancer. The series is also expected to help participants become more aware of disease prevention strategies and treatment options. Forthcoming talks will focus on heart disease, AIDS, diabetes and domestic violence.

The Women's Desk also sponsored an eight-week self-defense course for women, in mid-August. (Caribbean Week; CANA)

ST. LUCIA

Minister Kicks Wife

St Lucia Prime Minister John Compton has scoffed at suggestions that he fire his Women Affairs, Youth and Ecclesiastical Affairs Minister, Desmond Brathwaite, at the centre of a much-publicised dispute with his wife (see CN Vol. 7, no. 2, pp. 16-17). Mr. Brathwaite admitted in court, to kicking his wife down a flight of stairs with gun in hand as his two sons looked on helplessly.

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News

ST. LUCIA

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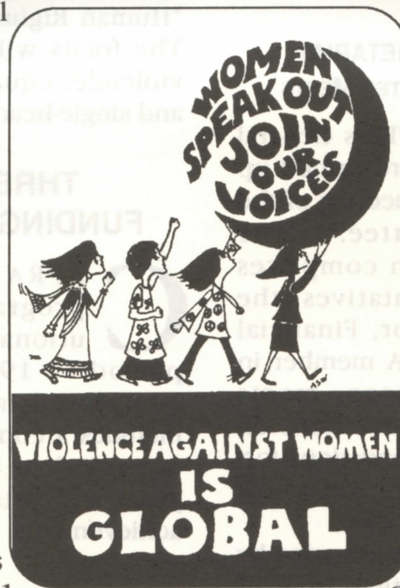
Responding to the June 23 petition sent by a group of non-governmental organisations, Mr. Compton said: "It will be a sad day for St. Lucia if this rather unsavoury practice now sweeping the USA and which appears to have reached the United Kingdom of trial by media and the invasion of privacy, should contaminate public life."

Compton's letter dated July 1, drew scathing condemnation from the media and members of the public, who roundly criticised him for failing to discipline his Women's Affairs Minister.

The St. Lucia National Youth Council, one of the signatories to the petition sent a strong letter to Compton expressing "utter disgust" at his "pettiness and lack of respect" for the president of the NYC and for young people generally. The three-page letter refuted the Prime Minister's "frivolous" response and renewed the call for Minister Brathwaite's resignation.

Commenting on "Compton's arrogant, facetious reply" an "affronted St. Lucian woman" challenged the country's three women senators to resign in protest at Desmond Brathwaite's holding on to his ministerial post.

Atlanta-based St. Lucian journalist, Nicholas Joseph argued that the Minister must be dismissed "for the simple reason that he can no longer exercise sound judgement on matters pertaining to women.



The Prime Minister's failure to act was indicative of a government which "upholds no moral standards."

The media has been extremely critical of the silence of both the Women's movement and the Catholic Church on the whole affair.

President of the St. Lucia Crisis Center, Ione Erlinger-Forde stated in August: "If the women in St. Lucia had any guts there would not only be a massive demonstration but a call of no confidence against the government of St. Lucia. The government has failed us!" However, in listing the areas inwhich the government had failed, she failed to mention the gross misconduct of the Minister of Women's Affairs.

TRINIDAD AND TOBAGO

A Star Has Fallen

Pan arranger, soloist and composer, Len "Boogsie" Sharpe was placed on a one-year probation and ordered to attend a residential drug rehab programme as punishment for beating his wife at their New York City apartment, two months earlier. The sentence was imposed by a Queens District Court judge on July 27. The judge also maintained a restraining order which was enforced after the assault and which debars Sharpe from entering the matrimonial home.

Sharpe was arrested, following a brutal, "drug-induced" attack on his wife of 17 months at their apartment in Queens on May 21. He was charged with criminal assault in the first degree but pleaded guilty to a lesser charge of criminal assault in the third degree.

Pat Sharpe sustained a broken nose and received 33 stitches to her face. Her husband beat her with an ornamental brass duck, while she was ironing his shirts because "he claimed he had seen her being unfaithful to him in a video in his wristwatch."

Surprised by the number of young men who either shrugged off the attack on Pat Sharpe or blamed it on her, one editorial noted that "clearly there are many sick men out there and they, too, need counselling if we are to rid society of this heinous attitude which assumes that there is nothing wrong with beating a woman."

Journalist Terry Joseph, saw the incident as putting the issue of domestic violence squarely on the agenda and noticed, somewhat belatedly, an emerging groundswell of concern for "the welfare of the woman."

Women, on the other hand, were unimpressed by Boogsie's crocodile tears and were secretly grateful that the assault happened in a country where wife beating is regarded as a crime and justice is swift.

cont'd on page 25

News

TRINIDAD AND TOBAGO
SEX, BOOKS AND VIDEOTAPE
cont'd from page 24

Journalists had a field day when an early morning police raid on the home of Zoo Curator, Hans Boos, yielded hundreds of pornographic movies, photographs and literature. The June 29 raid was a follow-up to investigations into an international pornography ring by the United States Federal Bureau of Investigation.

Headlines such as "Blues for Boos" and "Porno Pen-pal Ring Cracked" attracted public debate on the issue. Morgan Job, the controversial host of a popular call-in radio show, lucidly argued for the decriminalization of pornography "and all attempts to use the law to impose religious beliefs in the guise of protecting society."

Opposed to the pornography-as-free-expression view was the pornography-as-insidious-virus view. Those holding this view, urged the Church to publicly condemn pornography and blamed the mass media for disseminating "soft porn." Others defended the good character and professional ability of the curator, a well respected environmental activist.

Columnist Donna Yawching detected an odor of hypocrisy since most of the men "pointing disdainful fingers at Hans Boos would probably give a month's salary to gain access to his collection of smut." She wondered whether there was any truth in the theory being advanced by Boos' supporters that he was being scapegoated for his anti-government stand on environmental issues.

The debate confirmed the existence of a child pornography ring in Trinidad and Tobago and the immediate need to enact legislation to protect women, children and animals from abuse and exploitation.

CAFRA SECRETARIAT
REGIONAL COMMITTEE MEETS

Plans for CAFRA's General Meeting were firmed up at the July meeting of the Regional Committee. The Committee, which comprises National Representatives, the CAFRA Coordinator, Financial Officer and a CAFRA member in Trinidad and Tobago, meets annually and takes decisions on and makes recommendations for, the implementation of programmes and policies.

The meeting was attended by National Representatives from 13 territories: the Bahamas, Barbados, Belize, Cuba, Dominica, the Dominican Republic, Guyana, Jamaica, the Netherlands Antilles, Puerto Rico, Suriname, Trinidad and Tobago and the US Virgin Islands.

WOMEN'S RIGHTS ARE HUMAN RIGHTS

Also in July, women's human rights activists from the Bahamas, Belize, Barbados, Dominican Republic, Suriname and Trinidad and Tobago, attended a two-day meeting, convened by CAFRA to formulate an action plan for integrating a gender perspective into human rights work in the region. Proposed activities include the hosting of a meeting on Critical Perspectives on Human Rights in the Caribbean (1994); a survey of human rights organizations active in the region to inform a directory of such organizations; and the development of a general human rights training programme.

The meeting also agreed that the theme for International Women's Day, 1994 should be "Human Rights and the Family." The focus will be on domestic violence, equality in the family and single-headed households.

THREE-YEAR FUNDING PROPOSAL

CAFRA's proposal for programme and institutional support for the period 1994-1996, was completed in September. It includes a comprehensive report of work done over the last three years and lists among CAFRA's achievements:

- a membership that is reflective of the cultural and linguistic diversity of the Caribbean region;
- a decision-making structure that is regional in nature;
- the completion of three major research/action projects;
- a documentation centre offering reference services to the public;
- the provision of training in feminist theory to grassroots women;
- an effective system of networking, both regionally and internationally.

CAFRA's plans are to continue work in the areas of Institutional Development, Networking and Research/Action Projects and to undertake 2 new projects: Women, Health and Reproductive Rights; and Gender Relations among Youth.

News

REGIONAL COMMITTEE ON WOMEN AND GENDER

Also in September, CAFRA was invited to be a member of a Regional Committee on Women and Gender Issues. The Committee, which was set up to assist in the promotion of a regional approach to gender planning and programming, is chaired by the Caribbean office of the United Nations Development Fund for Women (UNIFEM). It's primary focus over the next two years will be preparations for the 4th World Conference on Women to be held in Beijing in 1995.

CARICOM HEADS COMMENDED ON CUBA STAND

(The Barbados Women's Forum has issued a press statement commending CARICOM governments for seeking to normalize trading relations with Cuba)

The Women's Forum of Barbados commends the Heads of CARICOM Governments for the recent decision to press for normalized trading relations with Cuba, and their reiteration of this position in face to face talks between five of the Heads and President Clinton on August 30.

On the 20th anniversary of the Treaty of Chaguaramas which established CARICOM, we believe it is imperative that Caribbean Governments seek to reassert the sovereignty of the region by determining the conditions under which it would trade with Cuba.

With the collapse of the Soviet Union, the existence of a single European Market and the end of bipolar international relations, CARICOM Governments must strengthen regional linkages for the benefit of all Caribbean peoples.

We welcome the distancing of the Clinton Administration from the arrogant Toricelli position. It would be hypocritical for the United States to insist that CARICOM Governments require a return to western democratic structures and US measures of human rights in Cuba as a precondition for trade relations. The US has again granted communist China "most favoured nation" status and continues to deepen and expand trade and cultural exchanges with that country despite its objections to Chinese human rights policies. Furthermore, the US has not insisted that Mexico, a major trading partner with the US in NAFTA, meet stipulated human rights and democratic conventions.

We have always needed to engage in trade and cultural relations with Cuba. The Women's Forum supports Caribbean Heads in their public recognition of this need and urges them to actively demonstrate commitment by early implementation of this protocol with Cuba.We also urge CARICOM Governments to consider that in spite of harsh economic conditions the Cuban Government is maintaining social programmes, and to support this ordering of priorities.

SUPPORT ENCUENTRO IN EL SALVADOR

The Central Linking Committee in charge of organizing the Sixth Latin American and Caribbean Feminist Encuentro is calling for letters of support to ensure that the Encuentro does take place later this month in El Salvador.

The Encuentro is scheduled to be held from October 30 to November 5. Over 1,000 feminists from the region and further afield are expected to attend.

Since the staging of the Encuentro in El Salvador became public knowledge, there has been a well orchestrated campaign to shut down the proceedings and some of the organizers have also received death threats.

In a letter to CAFRA NEWS, dated September 30, the Inter Women's Tribune has pointed out that local newspapers such as El Diario de Hoy have started issuing advertisements linking the Encuentro to the FMLN forces and describing them as supporters of homosexuals and lesbians.

In addition, a hotel where the meeting is to be held is threatening to cancel the contract.

The Linking Committee is calling on the Salvadorean government to respect the rights of women involved in realizing the event. They describe it as "political persecution" against feminists, an issue denounced at the Global Tribunal on Violation of Women's Human Rights. Should the event come off in El Salvador, the Linking Committee sees that as an "important precedent of all feminists throughout the world."

Support letters should be sent to the Comite Regional de Enlace, V1 Encuentro, Fax (503) 26-18-70 with a copy to Feminist International Radio Endeavour, Fax (506) 49-10-95, in case these letters to El Salvador do not reach their destination.

ASSEMBLY OF CARIBBEAN PEOPLE

Approximately 30 countries of the region including Haiti, Cuba, Belize and French Guiana will meet in Trinidad and Tobago from August 19 - 21, 1994, for what has been billed the Assembly of Caribbean People.

Initiated by the Trinidad and Tobago Oilfield Workers Trade Union (OWTU), the Caribbean Assembly's main thrust is to create an opportunity, for the first time, for ordinary people to "... speak to our common concerns and common aspirations and focus our energies on a common agenda." According to a bulletin put out by the Assembly Secretariat, mothers, teachers, the

unemployed, youth , professionals, disabled people, trade unions, religious and political activists, to name a few, will all have a chance to have their voices heard.

Preceding the Assembly, each territory will have a local assembly to develop an agenda of local and regional issues for presentation at the major assembly.

The Steering Committee for the Assembly is chaired by OWTU President Errol Mc Leod and is comprised of representatives from several NGOs - Caribbean Association for Feminist Research and Action (CAFRA), Caribbean Federation of Youth Councils (CFYC), Windward Island Farmers Association (WINFA) and the Caribbean Policy Development Centre (CPDC). The Spanish, French and Dutch-speaking Caribbean are also represented on the Steering Committee.

February 12-17

Women Empowering Communication Conference, Bangkok, Thailand. Representatives of women's networks and development groups, women working in alternative and mass media and academics and researchers interested in the theme are invited to attend this conference which will offer a wide array of talks and discussions, activities and presentations, displays and showcases, field trips to women's groups and opportunities for meetings and networking. The main conference themes are: women, media and power; women and communication alternatives; women, communication and development; and, women, communication and socio-cultural identity. Late registration fee (after October 31, 1993, but no later than January 15, 1994): US$300.00. Request conference guide and registration form from, the Conference Secretariat, World Association for Christian Communication, 357 Kennington Lane, London SE11 5QY, UK. Fax: (44-71) 735-0340.

February 17-22

2nd Continental Congress of Women of the Americas, Crystal Gateway Marriott Hotel, Washington, D.C. Following the success of the first Congress held in Santo Domingo, in October 1992, the 2nd Congress is being coordinated by the Isabella International Institute and has as its theme "Strength through Communications." It will include plenary, general and topic specific sessions on subjects such as women and education training, health, public administration and politics, environment, community, business and industry, self-determination and policy making. For additional information contact: Isabella International Institute, 4600 East West Highway, 3rd floor, Bethesda, Maryland 20814, USA. Fax: (301) 656-0240.

March 5-8

1st Commemorative Seminar, 5th International and Interdisciplinary Congress on Women: "Women and Peace," Ciudad Colón, Costa Rica. Keynote speakers and experts will address such topics as: preparatory sessions for Beijing 1995; women's rights in Central America and the Caribbean; the role of women in the construction of a culture of peace; political participation of women in Central America and the Caribbean; action proposals for a just distribution of political power in Central America and the Caribbean, from a gender perspective. Details available at the CAFRA Office or from Dra. Mirta González, PRIEG-UCR, 2060 San Pedro, Costa Rica, C.A. Fax: (506) 341495.

April 19-23

1st Congress on Caribbean Legal Studies: "Globalization, Law and the Contemporary Caribbean, San Juan, Puerto Rico. The Congress will discuss the legal implications for the Caribbean region of the so-called "globalization" process. For further information contact the Organizing Committee, P.O. Box 23349, San Juan, Puerto Rico, 00931-3349. Fax: (809) 764-2675.

May 9-19

Women Working for Change: an International Seminar on Strategies for Advancing the Status and Contribution of Women, London, England. Intended for women active in the areas of women's development, the seminar will cover such topics as gender and development, women and management, women's businesses and enterprise development, equal opportunity policies, women's networks and campaigns, trade unions and political parties. The approach will be active and participative with a mix of formal lectures, group work, visiting speakers and attachments. The seminar will be limited to 30 places and the total fee (inclusive of the academic programme, accommodation and all meals) is £1420. Applicants are advised to apply before 24 January 1994. Application forms may be obtained from your nearest British Council Office or from International Seminars Department, The British Council, 10 Spring Gardens, London SW1A 2BN, UK. Fax: (44-71) 389-4154.

1995

May 11-14

The Dawning of a New Millennium: Men; Research, Knowledge and Action, Ottawa, Canada. This conference will seek to establish an international scholarship and understanding about being human which is sensitive to the cultural integrity and needs of both men and women. For more information, contact International '95, Men's Clinic, Dept. of Psychiatry, Ottawa Civic Hospital, 1053 Carling Avenue, Ottawa, Ontario, Canada, K1Y 4E9. Fax: (613) 761-1787.

COURSE

July 11 - September 16, 1994

Gender Training for Development, Overseas Development Group, University of East Anglia, Norwich, NR4 7TJ, UK. Aims to train women and men in gender analysis and enable them to train others. During the course, participants will prepare an action plan applying gender analytical skills to developing a future work programme. The programme also includes a training workshop in which participants prepare gender training materials for use in their own professional circumstances. Places: 15; Fee: £6,275; Admission: education to degree level and/or relevant experience. Further information and application form available at the CAFRA Office.

WANTED: BLACK WOMEN WRITERS

We are a new, small publishing house seeking the work of emerging artists. We want honest, poignant stories, poems and visuals for possible inclusion in our forthcoming collection of personal stories of black women writers. Humourous. Serious. Insightful. Send SASE for guidelines to JP Holliman, Publisher, 703 Bryden Road, Suite 2, Columbus, Ohio 43205.

"BAD ATTITUDE" LAUNCHED

bad Attitude
RADICAL WOMEN'S NEWSPAPER

"Bad Attitude," is a radical newspaper started in Britain last year. The focus is on international news of interest to women - the struggle against capitalism and patriarchy, reproductive rights, labour struggles, violence against women, religious fundamentalism and imperialism.

They need articles, news clippings and information from individual women and progressive/revolutionary organizations. The aim is to build greater links between women around the world and improve understanding of one another. They would also like to exchange subscriptions with similar publications.

Address: Bad Attitude, 121 Railton Road, London SE24 OLR, Britain.

ON THE BOOK SHELF

1. Alternative Women-In-Development. **Breaking boundaries: women, free trade and economic integration.** Washington, D.C.: ALT-WID, 1993. 12 p.

2. Baksh- Soodeen, Rawwida. *"Is there an international feminism?"* **Alternative Approach** (Summer 1993): 22-32.

Links the politics of race and class in the contemporary Caribbean feminist movement to the discourse on 'difference' in the international feminist movement.

3. Barrett, Jacqueline A. and Jane A. Malonis, eds. **Encyclopedia of women's associations worldwide: a guide to over 3,400 national and multinational nonprofit women's and women-related organizations.** London: Gale, 1993. lxvi, 471 p.

Contains a main body of descriptive listings arranged into 8 separate chapters by geographic region in which the organization is listed and 2 indexes: an Alphabetic Name Index and an Organizations' Activity Index (lists organizations alphabetically under subject terms relevant to the organizations' activities). Includes 168 Caribbean organizations.

4. CUSO. **CUSO women and development directory.** Kingston: CUSO, 1993. [50 p.]

Provides information on the qualifications, work experience and skills of 49 women working in the field of women and development in the English-speaking Caribbean.

5. Foster, Eudine Barriteau. *"Feminist perspective on structural adjustment policies in the Caribbean and alternative approaches to development."* St. James, Barbados: The author 1992? 29 p.

Uses a feminist perspective to discuss the effects of structural adjustment policies in the Anglophone Caribbean and to explore the need to construct alternative approaches to development.

6. French, Joan. "Approaches to women: some implications for programme direction." Bridgetown: Caribbean Policy Development Centre, 1993. 7 p.

Analyzes the strengths and weaknesses of five approaches to development programmes for women.

7. Heise, Lori, comp. **Fact sheet on gender violence**. New York: IWTC, 1992. (Statistics for Action Fact Sheet). 6 p.

8. Mordecai, Pam and Betty Wilson, eds. *"Women poets of the Caribbean."* **Literary Review** 35.4 (Summer 1992). Special issue.

Anthology of poems by 58 women poets from the Dutch, English, French and Spanish-speaking Caribbean.

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BOOKSHELF

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9. Pat Ellis Associates. **Assessment of gender training in the Caribbean.** St. Philip, Barbados: Pat Ellis Associates, 1993. [185 p.]

Reviews and examines the extent and quality of gender training in the English-speaking Caribbean; the types and levels of training being provided and conducted; the individuals, organizations and institutions providing and participating in gender training; and the materials that are being developed and used in this type of training.

10. Rodríguez, Regina, ed. **Fin de siglo: genero y cambio civilizatorio.** Santiago: Isis Internacional, 1992. 148 p. (Ediciones de las Mujeres, no. 17).

Theoretical perspectives on women and sustainable development; women, culture and development in Latin America; feminist culture; strategies for articulating the public and the private; gender studies; and masculinity.

11. Rodríguez, Regina and Tezak Shallat, eds. **Despejando horizontes: mujeres en el medioambiente.** Santiago: Isis Internacional, 1993. 174 p. (Ediciones de las Mujeres, no. 18)

Theoretical perspectives from the South on women, the environment and sustainable development.

12. Sheila Stuart. **Whither the family?** Pinelands: WAND, 1993. 8 p. (WAND Occasional Paper 3/93)

The designation by the UN of 1994 as the International Year of the Family is cause for some concern given the role that women play in the family. Alternatives to existing family forms may need to be considered.

13. UNFPA. **Population issues: briefing kit 1993.** New York: UNFPA, 1993. 21 p.

Examines 10 key issues in the field of population and development including, population growth; family planning; population policy; gender equality; the environment; and migration and urbanization.

14. WAND. **Historical profile of the Women and Development Unit.** Pinelands: WAND, 1993. 18 p.

Provides information on the history, programmes and management structure of the Women and Development Unit.

VOLUNTEERS FOR WOMEN'S ENVIRONMENTAL ORGANISATION

The US-based Women's Environment and Development Organisation (WEDO) is looking for country volunteer coordinators for WEDO's Community Healthy Planet Network. Coordinators will help to organise the environment groups and report progress to WEDO. In turn, they will receive training, networking materials and assistance based on the groups' needs.

WEDO is a programme of the Women USA Fund Inc., an educational organisation aimed at making women more visible as participants, experts and leaders in policy-making on international affairs and in formulating alternative, peaceful solutions to world problems.

For further information : contact WEDO, 845 Third Ave.,15th Floor New York, NY 10022, USA. Telephone - (212) 759 7982 Fax - 759 -8647.

CAFRA GOES TO GUYANA

CAFRA's Third General Meeting will be held in Guyana at the Forte Crest Hotel from Wednesday, November 17 to Saturday, November 20, 1993. The formal opening is on Wednesday evening with Professor Dessima Williams of Brandeis University, Massachusetts, as the key note speaker. Professor Williams will focus on Beijing 1995 and its relevance to the Caribbean women's movement.

Approximately 80 participants from the and Dutch, English, French and Spanish - speaking Caribbean are expected to attend the Guyana meeting.

The meeting will ratify CAFRA's programme for the next three years which includes issues such as women and reproductive rights; gender relations among youth; women, development and sustainable livelihood; women and politics; and violence against women.

Participants will also share their experiences to facilitate growth and solidarity for the strengthening of CAFRA's work. CAFRA's position for the 1995 World Conference on Women will be discussed and the organization's Regional Committee will be selected during the course of the meeting.

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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 General Meeting of the membership of the association;
(ii) The Regional Committee of elected national representatives and members;
(iii) The Continuation Committee, a sub-committee of the Regional Committee;and
(iv) The Secretariat, comprising programme and administrative staff headed by the Coordinator.

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