

Where Women Have No Doctor:

A health guide for women

A. August Burns

Ronnie Lovich

Jane Maxwell

Katharine Shapiro

Editor: Sandy Niemann

Assistant editor: Elena Metcalf

Hesperian Foundation
Berkeley, California, USA



Hesperian Foundation and the contributors to *Where Women Have No Doctor* do not assume liability for the use of information contained in this book. This book should not replace properly supervised, hands-on training. If you are not sure what to do in an emergency situation, you should try to get advice and help from people with more experience or from local medical and health authorities.

This health guide can be improved with your help. We would like to hear about your experiences, traditions and practices. If you are a midwife, traditional birth attendant, village health worker, doctor, nurse, mother, or anyone with suggestions for ways to make this book better meet the needs of your community, please write to us. Thank you for your help.

Copyright © 1997 by Hesperian Foundation. All rights reserved.

Hesperian Foundation encourages others to copy, reproduce or adapt to meet local needs any or all parts of this book, including the illustrations, provided the parts reproduced are distributed free or at cost—not for profit.

Any organization or person who wishes to copy, reproduce or adapt any or all parts of this book for commercial purposes must obtain permission from Hesperian Foundation.

Before beginning any translation or adaptation of this book or its contents, please contact Hesperian Foundation for suggestions about adapting the information in the book, updates on the information provided, and to avoid the duplication of efforts. Please send Hesperian Foundation a copy of any materials in which text or illustrations from this book have been used.

First edition: June 1997

Third printing: June 2006

Printed in Berkeley, California by Consolidated

ISBN: 0-942364-25-2 paper

Library of Congress Cataloging-in-Publication Data

Where women have no doctor : a health guide for women / by A. August Burns ... [et al.] ; edited by Sandy Niemann, assistant editor, Elena Metcalf.

p. cm.

Includes bibliographical references and index.

ISBN 0-942364-25-2 (pbk. : alk. paper)

I. Women--Health and hygiene. 2. Women's health services.

3. Community health aides. 4. Medicine, Popular. I. Burns, A.

August (Arlene August), 1952- . II. Niemann, Sandy.

RA564.85.W46 1997

97-19421

613'.04244--dc21

CIP

Hesperian Foundation

PO Box 11577

Berkeley, California 94712-2577 USA

Credits:

Project coordinator: Jane Maxwell

Art coordination:

Deborah Wolf and August Burns

Design and production:

Elena Metcalf and Jane Maxwell

Book format: Laughing Bear Associates,

Montpelier, Vermont

Cover design: Sara Boore

Cover scans and layout:

Paul Marcus and Shareen Harris

Field testing coordination:

Katharine Shapiro, Deborah Wolf,

August Burns, and Elsa Aegerter

Medical editor: Melissa Smith

Additional writing:

Susan McCallister, Elena Metcalf, Sandy

Niemann and Sarah Shannon

Additional research: Ronnie Lovich

Additional medicines research:

Todd Jailer and Brian Linde

Additional production: Lora Santiago,

Christine Sienkiewicz

Copy editor: John Kadyk

Proof readers: Marc Polonsky, Lorraine

Mann, and Rose Hauer

Index: Ty Koontz

Production manager: Susan McCallister

Illustrations

The artists deserve special mention. The skill and sensitivity with which they have so gracefully illustrated this book gives it a quality that we hope will allow women all over the world to feel connected with each other. The artists are:

Namrata Bali (India)

Silvia Barandier (Brazil)

Jennifer Barrios (USA)

Sara Boore (USA)

Mariah Boyd-Boffa (USA)

Heidi Broner (USA)

May Florence Cadiente
(Philippines)

Barbara Carter (USA)

Yuni Cho (Korea)

Elizabeth Cox (Papua New
Guinea)

Christine Eber (USA)

Regina Faul-Doyle (USA)

Sandy Frank (USA)

Lianne Friesen (Canada)

Jane Wambui Gikera (Kenya)

Susie Gunn (Guatemala)

May Haddad (Lebanon)

Janie Hampton (UK)

Anna Kallis (Cyprus)

Ceylan Karasapan-Crow (USA)

Delphine Kenze (Central
African Republic)

Susan Klein (USA)

Joyce Knezevich (USA)

Gina Lee (USA)

Bekah Mandell (USA)

June Mehra (UK)

Naoko Miyamoto (Japan)

Gabriela Núñez (Peru)

Sarah Odingo (Kenya)

Rose Okong'o Olendi
(Kenya)

Rosa Oviedo (Nicaragua)

Kate Peatman (USA)

Sara Reilly-Baldeschwieler
(UK)

Diana Reiss-Koncar (USA)

Petra Röhr-Rouendaal
(Germany)

Leilani Roosman (UK)

Lucy Sargeant (USA)

Felicity Savage King (UK)

Carolyn Shapiro (USA)

Akiko Aoyagi Shurtleff
(Japan)

Pat Siddiq (Afghanistan)

Nisa Smiley (USA)

Fatima Jubran Stengel
(Palestine)

Suma (India)

Dovile Tomkute-
Veleckiene (Lithuania)

Andrea Triguba (USA)

Anila Vadgama (India)

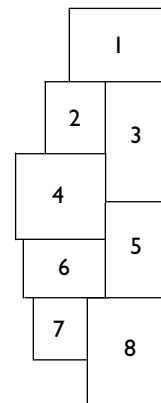
Leah Lihua Wang (China)

Liliana Wilson (USA)

Fawzi Yaqub (Turkey)

Cover Photographs:

1. *Mauritania* by Lauren Goodsmith



2. *India* by Renée Burgard

3. *China* by Guo Hui Fen

4. *Uzbekistan* by Gilberte Vansintejan

5. *Papua New Guinea* by Elizabeth Cox

6. *Morocco* by Lauren Goodsmith

7. *Democratic Republic of Congo* by
Gilberte Vansintejan

8. *Mexico* by Suzanne C. Levine

Thanks:

It is impossible to adequately thank all the people who made *Where Women Have No Doctor* a reality. This book started as a good idea shared by a small group of women and ended up as a remarkable international collaboration spanning 5 continents. Now we find ourselves wanting to thank everyone who helped, but simply listing their names does not do justice to the tremendous and generous contributions so many have made: from the groups of women who met early on to discuss topics related to women's health care, and who later reviewed chapters we wrote based on what they told us; to others who sent us original materials or reviewed (often several times) different sections of the book; to others who wrote drafts of chapters; to the specialists in women's health care who reviewed parts of or the entire manuscript; and to the artists—women from 23 countries—whose illustrations reflect just how diverse a project this was. We thank you all, for through your combined efforts, this book now rightfully belongs to any woman who reads or uses it.

Wholehearted thanks to the following friends of Hesperian for their work on writing specific chapters, or for contributing the time or ideas that helped complete them:

Abortion: Judith Winkler of IPAS, and Judith Tyson

Breastfeeding: Felicity Savage King, Helen Armstrong, Judy Canahuati, and Nikki Lee

Female Genital Cutting: Jane Kiragu, Leah Muuya, Joyce Ikiara, the women of Mandaeleo Ya Wanawake, Nahid Toubia and Zeinab Eyega of Rainbo, Grace Ebum Delano, Abdel Hadi El-Tahir, and Inman Abubakr Osman

Mental Health: Carlos Beristain

Pregnancy: Suellen Miller

Rape and Violence: Elizabeth Shrader Cox

Sex Workers: Eka Esu-Williams

Women with Disabilities: Judith Rogers, Pramila Balasundaram, and Msindo Mwinyipembe

For the 2006 reprint, we thank Pam Fadem for coordination, research, writing, and editing; Susan McCallister and Kathleen Vickery for writing, editing, and support; Shu Ping Guan, Sarah Wallis, and Iñaki Fernández de Retana for design and production; and Jane Maxwell and Todd Jailer for final preparation of this edition. Comments from Alan Berkman, Kathy DeRiemer, Brian Linde, Jonathan Mermin, Syema Muzaffar, Melissa Smith, and Elliot Trester have been incredibly helpful, as have the 4 authors.

In addition, we are deeply indebted to Deborah Bickel, Sara Boore, Heidi Broner, Regina Faul-Doyle, Susan Fawcus, Blanca Figueroa, Sadjá Greenwood, May Haddad, Richard Laing, Lonny Shavelson, Richard Steen, and Deborah Wachtel, for their constant availability and selfless efforts in ways too diverse and numerous to mention. It's hard to imagine what we would have done without them.

Thanks also to the following groups of women in different countries who contributed so much of their time, hearts and minds to review these materials and enrich the book: in Bangladesh: The Asia Foundation; in Botswana: Thuso Rehabilitation Centre, Maun; in Brazil: the Association of Community Health Workers of Canal do Anil, and the health educators of Itaguaí; in Cyprus, Egypt, Jordan, Lebanon, Palestine, Syria and Yemen: the many groups of women who are members of the Arab Resource Collective; in El Salvador: the women of Morazán and Chalatenango; in Ethiopia: the groups of women who met in Addis Ababa; in Ghana: The Association of Disabled Women, Dorma Ahenkro, the school girls of Wa, and the women of Korle Bu; in Honduras: the women of Urraco Pueblo; in India: CHETNA, SEWA, Streehitikarini, the women of Bilaspur, Madhya Pradesh, and the exiled women of Tibet; in Kenya: Mandaeleo Ya Wanawake—from the districts of Machakos, Kitui, Kerugoya and Murang'a—the Dagoretti Clinic Community Health Workers, the Mwakimai Self Help Group of Kisi, Crescent Medical Aid, the women of Population and Health Services (PHS) of Nairobi, and the women of VOWRI, Nairobi; in Mexico: the women of Ajoya, and the community health promoters of Oaxaca; in Nigeria: the Nigeria Youth AIDS Programme; in Papua New Guinea: the East Sepik Women and Children's Health Project; in the Philippines: GABRIELA, HASIK, LIKKHAN, REACHOUT, and the People's Organizations for Social Transformation; in Sierra Leone: the women of Matatie Village; in the Solomon Islands: the women of Gizo; in Uganda: the Kyakabadi Women's Group, and WARAIDS; and in Zimbabwe: the Women's Action Group.

And heartfelt gratitude to the countless others who gave so freely of their time and talents, especially:

Hilary Abell	Rosita Arvigo	Denise Bergez	Sandra Tebben	Casmir Chipere
Jane Adair	Leonida Atieno	Stephen Bezruchka	Buffington	Lynne Coen
Niki Adams	Kathy Attawell	Pushpa Bhatt	Sharon Burnstien	Louise Cohen
Christine Adebajo	Nancy Aunapu	Amie Bishop	Mary Ann Burris	Mark Connolly
Vida Affum	Elizabeth de Avila	Edith Mukisa Bitwayiki	Elizabeth Bukusi	Karen Cooke
Stella Yaa Agyeiwaa	Enoch Kafi Awity	Michael Blake	Elliot Burg	Kristin Cooney
Baldrelddeen Ahmed	Marie Christine N.	Paulina Abrefa Boateng	May Florence	Chris Costa
Felicia Aldrich	Bantug	Simone Bodemo	Cadiente	Elizabeth Cox
Bhim Kumari Ale	David Barabe	Nancy Bolan	Indu Capoor	Clark Craig
Jennifer Alfaro	Naomi Baumslag	Peter Boland	Ward Cates	Betty Crase
Sandra Anderson	Barbara Bayardo	Bill Bower	Mary Catlin	Mitchell Creinin
Susan Anderson	Carola Beck	Christine Bradley	Denise Caudill	Marjorie Cristol
Thomas Allen	Rayhana Begum	Paula Brentlinger	Barbara Chang	Bonnie Cummings
Adrienne Aron	Medea Benjamin	Verna Brooks	Amal Charles	George Curlin
Fred Arradondo	Marge Berer	Mary Ann Buckley	Andrew Chetley	Philip Darney

About this Book:

This book was written to help women care for their own health, and to help community health workers or others meet women's health needs. We have tried to include information that will be useful for those with no formal training in health care skills, and for those who do have some training.

Although this book covers a wide range of women's health problems, it does not cover many problems that commonly affect both women and men, such as malaria, parasites, intestinal problems, and other diseases. For information on these kinds of problems, see **Where There Is No Doctor** or another general medical book.

Sometimes the information in this book will not be enough to enable you to solve a health problem. When this happens, get more help. Depending on the problem, we may suggest that you:

- **see a health worker.** This means that a trained health worker should be able to help you solve the problem.
- **get medical help.** This means you need to go to a clinic that has trained medical people or a doctor, or a laboratory where basic tests are done.
- **go to a hospital.** This means you need to see a doctor at a hospital that is equipped for emergencies, for surgery, or for special tests.

If you need to get help immediately, this picture will also appear.



TRANSPORT!

How to Use this Book:

Finding information in the book

To find a topic you want to know about, you can use either the list of Contents or the Index.

The Contents, at the front of the book, lists the chapters in the order in which they appear. There is also a list of contents at the beginning of every chapter. Each topic on this list appears on the numbered page listed as a large heading (words in big, dark letters).

The Index, or Yellow Pages at the back of the book, lists all the important topics covered in the book, in the order of the alphabet (a, b, c, d...).

To find information about the medicines used in this book, look in the **Green Pages** toward the back of the book. Page 485 gives more information about using medicines and the Green Pages.

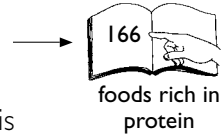
If you do not understand the meanings of some of the words used in this book, you may find them in the **List of Difficult Words** that starts on page 548. The first time these words appear in a chapter, they are *printed in slanted letters, like this*. You can also look up the word in the index to see if it is explained in another part of the book.

Many chapters end with a section called 'Working for Change'. These sections give suggestions for working to improve women's health in your community.

Finding information on a page

To find information on a page, first look over the whole page. You will see that the page is divided into 2 parts: a large, main column and a small column on the outside of the page. The main column gives most of the information about a topic. The small column has additional information that can help you better understand the topic.

Whenever you see a picture of a book in the small column, this means more information about a topic can be found in another part of the book. The words under the book say what the topic is. The page number on the book says where that topic can be found. If there are several topics, the book is shown once and the topics and their page numbers are listed below.



What the different things on a page mean:

Most pages have several **headings**. The headings in the small column give the general topic that is being discussed on that page. The headings in the main column give more specific topics.

chapter title

page number → **74** Pregnancy and Childbirth

general topic → **Danger Signs during Pregnancy**

specific topic → **SWELLING OF THE HANDS AND FACE OR SEVERE HEADACHE AND BLURRED VISION (TOXEMIA)**

See this page ... for more information about this topic → foods rich in protein

Some swelling in the legs and ankles is normal in pregnancy. But swelling of the hands and face can be a sign of toxemia, especially if you also have headaches, blurred vision, or pains in your abdomen. Toxemia can cause fits, and both you and the baby can die.

What to do:

- Find someone who can check your blood pressure. Go to a health center or hospital if necessary.
- Rest as often as possible, lying down on your left side.
- Try to eat more foods with a lot of *protein* every day.
- Plan to have the birth in a health center or hospital.

this word is explained in the List of difficult words

Danger signs of toxemia

- swollen hands and face
- dizziness
- blood pressure 160/100 or higher (see page 528)
- severe headache
- sudden, severe pain high in the stomach
- blurred vision

Get help right away! → **TRANSPORT!**

Very important information → **IMPORTANT** If a woman has *any* of the danger signs of toxemia, she needs medical help fast. If she is already having fits, see page 87.

Some pages also contain **medicine boxes**, which look like this:

These boxes tell you the amount of medicine to give, how often to give it, and for how long. Sometimes we recommend medicines without putting them in a box. In either case, **look up each medicine in the Green Pages before using it.**

Medicine for Breast Infection		
Medicine	How much to take	When and how to take
dicloxacillin	250 mg	4 times a day for 10 days.
If you cannot find this or are allergic to penicillin, take:		Take at least 30 minutes before eating food.
erythromycin	500 mg	4 times a day for 10 days.

Important: If a breast infection is not treated early, it will get worse. The hot and painful swelling will feel as if it is filled with liquid (abscess). If this happens, follow the treatment described here, AND see a health worker who has been trained to drain an abscess using sterile equipment.

Contents:

Thanks

How to use this book

Chapter 1: Women's Health Is a Community Issue	1
What is women's health?.....	1
Women are more at risk for disease	2
Causes of poor health in women.....	6
Working for change.....	12
Chapter 2: Solving Health Problems.....	18
Juanita's story.....	20
What is the best treatment?.....	22
Working for change.....	26
To the health worker	30
Chapter 3: The Medical System	32
The medical system	34
How to get better care.....	36
If you need to go to the hospital	38
Working for change.....	40
Chapter 4: Understanding Our Bodies	42
A woman's reproductive system	44
A man's reproductive system.....	46
How a woman's body changes.....	47
Monthly bleeding.....	48
Chapter 5: Health Concerns of Girls.....	52
Changes in your body (puberty).....	54
Changes that can lead to a better life.....	56
Deciding about boyfriends and sex.....	59
Pressured or forced sex.....	62
Getting help from adults	65
Chapter 6: Pregnancy and Childbirth	66
Staying healthy during pregnancy	68
Common problems of pregnancy.....	69
Risks and danger signs	72
Prenatal care.....	76
Preparing for labor and birth	78
Giving birth	80
Difficult births.....	88
Danger signs for the baby at birth.....	94
Caring for the mother and baby.....	95
Women with extra needs.....	98
To the father.....	100
Working for change	101
Chapter 7: Breastfeeding.....	104
Why breast is best	105
Why other feeding can be harmful	106
How to breastfeed.....	107
Advice for the mother.....	109
When the mother works	111
Removing milk by hand.....	112
Common concerns and problems.....	114
Special situations	118
Babies with special needs.....	118
When the mother is sick.....	120
HIV/AIDS and breastfeeding	120
When a woman becomes pregnant.....	120
Working for change	121
Chapter 8: Growing Older	122
The end of monthly bleeding	124
Taking care of your health.....	126
Sexual relations.....	128
Common health problems with aging.....	129
Working for change	136
Chapter 9: Women with Disabilities.....	138
Self-esteem.....	140
Taking care of your health.....	141
Sexuality and sexual health	144
Personal safety.....	146
Working for change	147

Chapter 10: Staying Healthy	148
Cleanliness.....	150
Community sanitation.....	151
Special needs of women.....	158
Working for change	163
Chapter 11: Eating for Good Health	164
Main foods and helper foods	166
Eating better for less money.....	170
Harmful ideas about eating.....	171
Poor nutrition can cause disease.....	172
Ways to work toward better nutrition.....	176
Chapter 12: Sexual Health	180
Sex and gender roles	182
How gender affects sexual health.....	184
How to improve your sexual health.....	186
Working for change	194
Chapter 13: Family Planning	196
Benefits of family planning.....	197
Choosing to use family planning.....	199
Choosing a family planning method.....	200
Barrier methods of family planning	202
Hormonal methods	207
The IUD.....	216
Natural methods of family planning.....	218
Traditional and home methods.....	222
Permanent methods	223
Emergency methods.....	224
Choosing the best method	226
Working for change	227
Chapter 14: Infertility.....	228
What is infertility?.....	230
What causes infertility?	230
Dangers at work or at home that can hurt fertility.....	232
What to do for infertility	233
Losing a pregnancy.....	234
Living with infertility.....	236
Working for change	237
Chapter 15: Abortion and Complications of Abortion.....	238
Why some women have abortions.....	239
Safe and unsafe abortion.....	241
Deciding about an abortion.....	243
Safe methods of abortion.....	244
What to expect from safe abortion	248
What to expect after an abortion.....	249
Family planning after abortion	250
Complications of abortion	251
Preventing unsafe abortion	259
Chapter 16: Sexually Transmitted Infections (STIs) and Other Infections of the Genitals.....	260
Why STIs are a serious problem for women.....	262
How to know if you are at risk for an STI.....	263
What to do if you have signs of an STI.....	263
Taking medicines to treat STIs.....	264
Abnormal discharge.....	265
Growths (warts) on the genitals.....	269
Sores on the genitals.....	270
Complications of STIs (PID).....	274
Other STIs (HIV/AIDS and Hepatitis B)	277
How to feel better	278
Working for change	279
Chapter 17: HIV/AIDS	282
What are HIV and AIDS?	284
Why HIV and AIDS are different for women.....	286
Preventing HIV/AIDS.....	286
The HIV test.....	288
Living positively with HIV and AIDS.....	290
Pregnancy, childbirth, breastfeeding.....	292
Care for persons with AIDS.....	294
Staying healthy as long as possible.....	296
Common medical problems.....	297
Caring for someone near death	309
Working for change	309

Chapter 18: Violence Against Women.....	312
The story of Laura and Luis.....	314
Why does a man hurt a woman?.....	316
Kinds of violence.....	317
Warning signs.....	318
The cycle of violence.....	319
Harmful effects of violence.....	320
Why women stay.....	321
What to do.....	322
Working for change.....	323
To the health worker.....	325
Chapter 19: Rape and Sexual Assault.....	326
Kinds of rape and sexual assault.....	328
How to avoid rape.....	330
Self defense for women.....	332
If you are sexually assaulted.....	333
What to do if you have been raped.....	334
Health problems of rape.....	336
Working for change.....	338
Chapter 20: Sex Workers.....	340
Why women become sex workers.....	342
Health problems of sex workers.....	344
STIs, including HIV/AIDS.....	344
Pregnancy.....	345
Violence.....	345
How to protect yourself from STIs.....	346
Working for change.....	348
Negotiating condom use.....	348
Chapter 21: Pain in the Lower Abdomen.....	352
Sudden, severe pain.....	354
Kinds of pain in the abdomen.....	354
Questions about pain in the abdomen.....	357
Chapter 22: Abnormal Bleeding from the Vagina.....	358
Problems with monthly bleeding.....	360
Bleeding during pregnancy or after childbirth.....	362
Bleeding after an abortion or miscarriage.....	363
Bleeding after sex.....	363
Bleeding after menopause.....	363
Chapter 23: Problems of the Urine System.....	364
Infections of the urine system.....	366
Blood in the urine.....	369
Need to pass urine often.....	370
Leaking urine.....	370
When you have problems passing urine or stool.....	372
Chapter 24: Cancer and Growths.....	374
Cancer.....	376
Problems of the cervix.....	377
Problems of the womb.....	380
Problems of the breasts.....	382
Problems of the ovaries.....	383
Other common cancers.....	384
When cancer cannot be cured.....	385
Working for change.....	385
Chapter 25: Tuberculosis.....	386
What is TB?.....	388
How TB is spread.....	388
How to know if a person has TB.....	389
How to treat TB.....	389
Preventing TB.....	391
Working for change.....	391

Chapter 26: Work	392
Cooking fires and smoke.....	394
Lifting and carrying heavy loads.....	398
Work with water.....	401
Work with chemicals.....	402
Sitting or standing for a long time.....	404
Repeating the same movement.....	405
Crafts.....	406
Unsafe working conditions.....	406
Sexual harassment.....	407
Migration.....	408
Forgotten workers.....	409
Working for change.....	410
Chapter 27: Mental Health	412
Self-esteem.....	414
Common causes of mental health problems in women.....	416
Common mental health problems for women.....	419
Helping yourself and helping others.....	422
Mental illness (psychosis).....	432
Ways to improve your community's mental health.....	433
Chapter 28: Alcohol and Other Drugs	434
Use and misuse of alcohol and drugs.....	436
Problems from alcohol and drugs.....	438
Overcoming problems with alcohol and drugs.....	440
Problems from tobacco.....	443
Living with someone who has a drinking or drug problem.....	444
Preventing drug and alcohol abuse.....	445
Chapter 29: Refugees and Displaced Women	446
Flight and arrival.....	448
Basic needs.....	448
Reproductive health.....	452
Mental health.....	454
Women as leaders.....	456
Chapter 30: Female Genital Cutting	458
Types of female cutting.....	460
Health problems from cutting.....	460
What to do for health problems.....	461
Working for change.....	466
Chapter 31: Use of Medicines in Women's Health	468
Deciding to use medicine.....	470
How to use medicine safely.....	472
Using the medicines in this book.....	473
Kinds of medicines.....	480
Medicines that can save a woman's life....	484
Table of Medicines: Green pages	485
Health Care Skills	525
Preventing infection.....	525
How to take temperature, pulse, respiration, and blood pressure.....	530
How to examine the abdomen.....	534
How to examine a woman's genitals.....	535
Caring for burns.....	538
How to give fluids to treat shock.....	540
How to give an injection.....	542
Acupressure massage.....	546
Vocabulary: List of difficult words	548
Where to get more information	561
Index: Yellow pages	565

Chapter 1

Women's Health Is a Community Issue



When a woman is healthy, she has the energy and strength to do her daily work, to fulfill the many roles she has in her family and community, and to build satisfying relationships with others. In other words, a woman's health affects every area of her life. Yet for many years, 'women's health care' has meant little more than maternal health services such as care during pregnancy and birth. These services are necessary, but they only address women's needs as mothers.

In this book we offer a different view of women's health. First, we believe that every woman has a right to complete health care, throughout her life. A woman's health care should help her in all areas of life—not just in her role as a wife and mother. Second, we believe that a woman's health is affected not just by the way her body is made, but by the social, cultural, and economic conditions in which she lives.

While men's health is also affected by these factors, women as a group are treated differently from men. They usually have less power and fewer resources, and lower status in the family and community. This basic inequality means that:

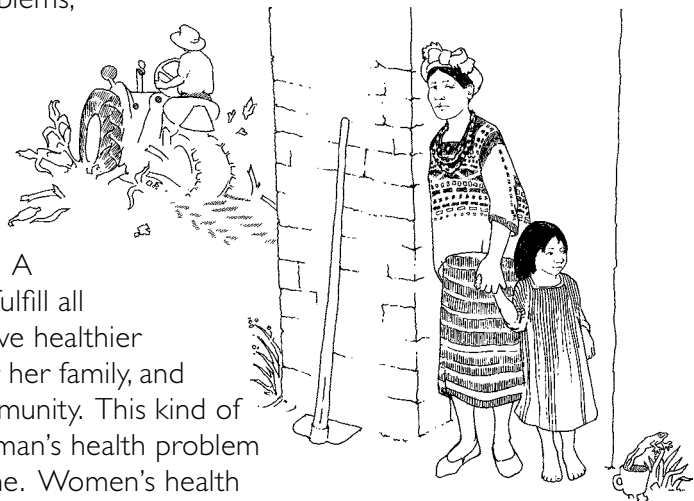
- more women than men suffer from poverty.
- more women than men are denied the education and skills to support themselves.
- more women than men lack access to important health information and services.
- more women than men lack control over their basic health care decisions.

This larger view helps us understand the underlying (root) causes of women's poor health. Improving women's health includes treating their health problems, but it also requires changing the conditions of their lives so they can gain more power over their own health.

When this happens, everyone—the woman, her family and community—benefits. A healthy woman has a chance to fulfill all of her potential. Plus, she will have healthier babies, be better able to care for her family, and can contribute more to her community. This kind of view also helps us see that a woman's health problem is almost never her problem alone. Women's health is a community issue.

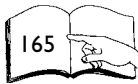
What Is 'Women's Health'?

► *Good health is more than the absence of disease. Good health means the well-being of a woman's body, mind, and spirit.*



Women Are More at Risk for Disease and Poor Health

► *Not getting enough good food can keep a girl from growing properly, and can lead to serious health problems.*



eating for good health

Because a woman's body is different from a man's, and because of the basic inequalities between men and women, women face a greater risk of disease and poor health. Here are some of the health problems that affect women most:

Poor nutrition

Poor *nutrition* is the most common and disabling health problem among women in poor countries. Starting in childhood, a girl is often given less food to eat than a boy. As a result, she may grow more slowly and her bones may not develop properly (which may later cause difficulty during childbirth). The problem worsens as she becomes a young woman, because her need for good food increases as her workload increases, and as she starts her *monthly bleeding*, becomes pregnant, and breastfeeds.

Without enough good food, she may begin to suffer from general poor health, including *exhaustion*, weakness, and *anemia*. If a woman who is already *malnourished* becomes pregnant, she is more likely to have serious complications with childbirth, such as heavy bleeding, *infection*, or a baby that is born too small.



The health worker told me I should drink more milk and eat green leafy vegetables. But I save all our milk for my husband and son, and we don't have the money to buy vegetables.

A woman's health cannot be isolated from her social status. In most of rural India, women drink less milk than their husbands and sons and they eat only after the men have been served. This usually leaves women with a limited diet, and it also tells about how she is valued.

—CHETNA, Ahmedabad, India

Reproductive health problems

Sexually transmitted infections (STIs), including HIV/AIDS. A woman is physically more at risk for getting STIs and AIDS than a man. This is because a man's *semen* stays inside her and the *germs* it carries can pass through the lining of the *vagina* into her blood. And, since a woman often has no signs of infection, she may not get treatment.

But the problem is really a social one. Women often have little control over decisions about sex and often cannot refuse *unsafe sex*. As a result, 165 million women get an STI every year, and more than 17 million are already infected with HIV. Without treatment, STIs can cause disabling pain, severe *pelvic inflammatory disease (PID)*, *infertility*, problems during pregnancy, and an increased risk of *cervical cancer*. HIV/AIDS causes death.

Frequent pregnancies. In many parts of the world, a third to half of young women become mothers before they are 20 years old. Without *family planning*, many of these women will not have time to get strong again between births. This puts a woman at risk for poor health and complications of pregnancy and childbirth. Frequent childbirth also means she is less able to control her own life, to get an education, and to learn skills to support herself.

Complications from pregnancy and birth. In the last 30 years, the number of infant deaths has been greatly reduced. Yet the number of women who die from pregnancy and birth has not. Every minute, one woman dies from a problem related to pregnancy. Every minute, 40 women develop a lasting health problem related to pregnancy. This means that over time, about a quarter of all women living in poor countries will be seriously affected by *complications* from pregnancy and birth.

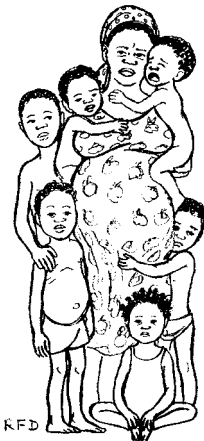
Unsafe abortion. When a woman tries to end a pregnancy by having an *unsafe abortion*, she risks her life. But every day about 50,000 women and girls try to end their pregnancies in unsafe ways because they have no way to get a safe abortion. Many are left unable to have children or with lasting pain, infection, and other health problems.

Female genital cutting. *Female genital cutting*, in which part or all of a girl's outer *genitals* are cut off, can cause serious health problems. These include *pelvic* and *urine* system infections, sexual and emotional problems, and difficulties during childbirth. Yet despite these problems, it continues to be widely practiced. Every year about 2 million girls are cut, mostly in Africa, but also in the Middle East and Asia.



STIs and other infections of the genitals

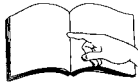
► Because women most often have unsafe sex against their will, STIs are a social issue.



► Every minute, one woman dies from a problem related to pregnancy.

► Every year 75,000 women die from unsafe abortions.

► *Men and women get many of the same diseases, but women can be affected differently.*



TB, 387

alcohol and other drugs, 435



work

► *A woman faces health risks from her work inside and outside of the home. Working long hours, the 'double work day', can make her body too tired to fight disease.*

► *Problems with mental health can be as serious as other health problems.*



mental health

General medical problems

Women are more likely than men to suffer from certain health problems because of the work they do, because of poor nutrition, or from being too tired. A disease can also cause a different kind of harm to a woman than a man. For example, a woman who suffers from a disease which weakens her or makes her look ugly may be rejected by her husband.

Once they are sick, women are less likely to seek and receive treatment until they are seriously ill. For example, *tuberculosis (TB)* is spreading among both men and women, but fewer women than men get treatment. Almost 3000 women die every day from TB—at least 1/3 of whom did not receive proper treatment or never even knew they had the disease. Other health problems that in the past affected mostly men are now risks for women, too. For example, more women are suffering from problems related to smoking cigarettes or drinking too much alcohol.

Work hazards

Women face health risks every day from the work they do. At home, lung diseases from smoke or burns from cooking fires are so common that they are considered the main work-related health problem for women. Diseases spread through water are also common, because of the amount of time women spend washing clothes, hauling water, or standing in water while farming.



Millions of women who work outside the home suffer health problems due to unsafe conditions in the workplace. And when they come home from their jobs, they usually continue to work at home, so they end up with twice as much work. This leads to exhaustion and an increased risk of illness.

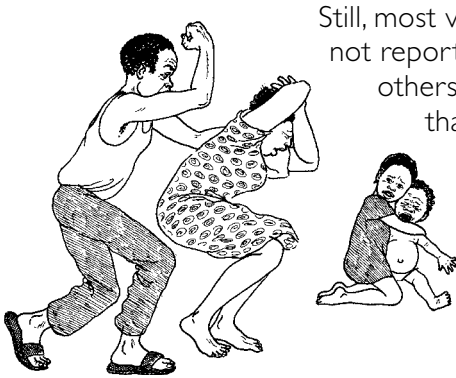
Mental health problems

Women and men have about the same risk of developing a mental health problem. Severe depression, however, affects many more women than men. It often affects women who are poor, who have experienced loss or violence, or whose communities have been destroyed or undergone great change. But women who suffer any kind of mental health problem are much less likely than men to get help.

Violence

Violence is often overlooked as a health problem. But violence can lead to serious injuries, mental health problems, physical disabilities, and even death. Many girls are sexually abused by family members or friends. Many women are forced to have sex or are physically abused by their partners. Rape and sexual harassment are a constant threat to all women. These kinds of violence happen in almost all parts of the world, and under all social conditions.

► Women usually suffer violence from men they know. But most violence is not reported, and the men are not punished.



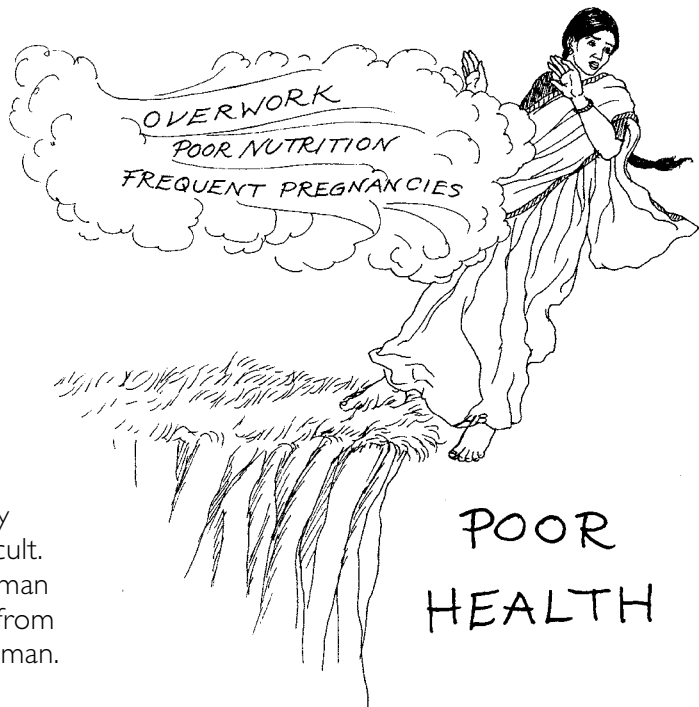
Still, most violence against women is not reported, because the police and others often blame women rather than men for the problem. The men causing the violence are rarely punished.



violence, 313
rape and sexual assault, 327

How women are forced into a life of poor health

Although not all women suffer from the health problems described above, most will suffer from 3 of them: poor nutrition, pregnancies that are too close together, and overwork. Each of these problems affects a woman's general health and wears her body out, making her more likely to get sick. Pregnancy also makes certain medical problems—like malaria, hepatitis, diabetes, and anemia—worse, just as they make pregnancy more difficult. All these things make a woman much more likely to suffer from general poor health than a man.



Causes of Poor Health in Women

It is easy to name the direct causes of most of women's health problems. For example, we can say that STIs are caused by different germs, poor nutrition comes from not eating enough good food, and problems during pregnancy are often caused by a lack of prenatal (before birth) care. But beneath these direct causes are 2 root causes—poverty and the low status of women—that contribute to many of women's health problems.

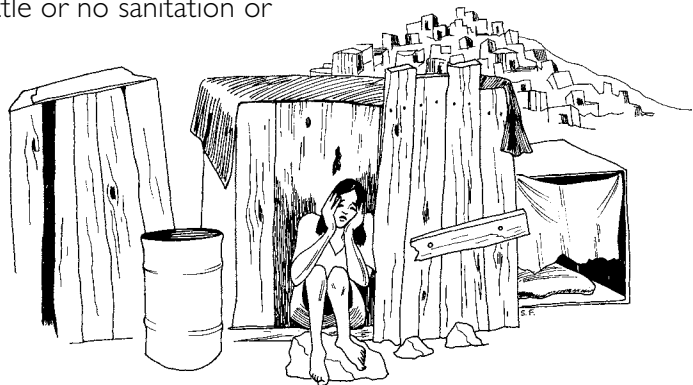
POVERTY

Two out of three women around the world are poor. Women are not only much more likely than men to be poor, but are most often among the poorest of the poor.

Millions of women are caught in a cycle of poverty that begins even before they are born. Babies born to women who did not get enough to eat during pregnancy are likely to be small at birth and to develop slowly. In poor families, girls are less likely than their brothers to get enough to eat, causing their growth to be further stunted. Girls are often given little or no education, so as women they must work at unskilled jobs and receive less wages than men (even if they do the same kind of work). At home, their daily work is unpaid. Exhaustion, poor nutrition, and lack of good care during pregnancy place the woman and her children at risk for poor health.

Poverty forces her to live under conditions that can cause many physical and mental health problems. For example, poor women often:

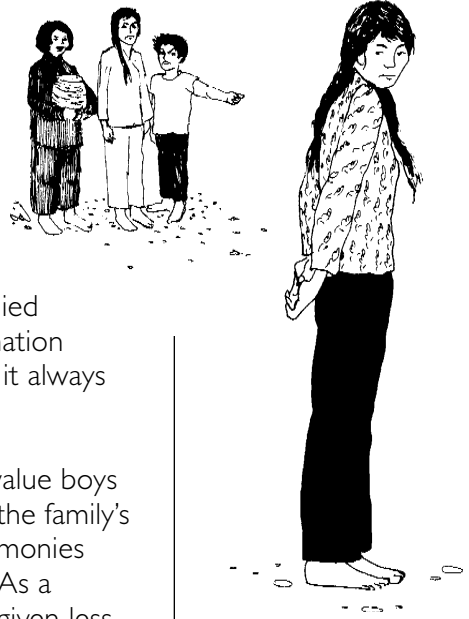
- live in bad housing, with little or no sanitation or clean water.
- do not have enough good food, and must spend precious time and energy looking for food they can afford.
- are forced to accept dangerous work, or to work very long hours.
- cannot use medical care, even if it is free, because they cannot afford time off work or away from their families.
- are so busy struggling to survive that they have little time or energy to take care of their own needs, to plan for a better future, or to learn new skills.
- are blamed for their poverty and made to feel less important than those with more money.



Poverty often forces women into relationships in which they must depend on men for survival. If a woman depends on a man for her—or her children's—support, she may have to do things to keep him happy that are dangerous to her health. For example, she may allow him to be violent or to have unsafe sex because she fears losing his economic support.

LOW STATUS OF WOMEN

Status is the importance that a person has in the family and community. Status affects how a woman is treated, how she values herself, the kinds of activities she is allowed to do, and the kinds of decisions she is allowed to make. In most communities in the world, women have lower status than men. Women's lower status leads to discrimination—that is, being treated poorly or denied something simply because they are women. Discrimination may take different forms in different communities, but it always affects a woman's health.



Wanting sons rather than daughters. Many families value boys more than girls because boys can contribute more to the family's wealth, support their parents in old age, perform ceremonies after their parents die, and carry on the family name. As a result, girls are often breastfed for a shorter time, are given less food and medical care, and receive little or no education.

Lack of legal rights or power to make decisions. In many communities, a woman cannot own or inherit property, earn money, or get credit. If she gets divorced, she may not be allowed to keep her children or her belongings. Even if a woman has legal rights, her community's traditions may allow her little control over her life. Often a woman cannot decide how the family's money is spent or when to get health care. She cannot travel or participate in community decisions without her husband's permission.

When women are denied power in these ways, they must depend on men to survive. As a result, they cannot easily demand things that contribute to good health, like family planning, safer sex, enough food, health care, and freedom from violence.

Having too many children, or having children too close together. Discrimination against women can also lead them to get pregnant more often, because bearing children may be the only way that women can gain status for themselves or their partners.

Under all these conditions, women live less healthy lives and get less health care. They also often accept their low status, because they have been raised to value themselves less than men. They may accept poor health as their lot in life and seek help only when health problems are severe or life-threatening.

► Because so much of the work that women do is not recognized, they often lack legal protection in the workplace.

► Women make up half of the world's population, but work 2 out of every 3 hours worked in the world, receive only a tenth of the world's income, and own only a hundredth of the world's property.

The medical system does not meet women's needs

Poverty and discrimination in the family and community not only lead to more health problems for women, they also make the medical system less likely to provide the services women need. Government policies and the global economy may add to this problem.

In poor countries, many people do not have access to health services of any kind. (The box below explains one reason why this problem has become worse in recent years.) And because of discrimination against women, the little money that does exist will probably not be spent on women's health needs. So a woman may not be able to get good care even if she can afford to pay for it. Some reproductive health services may be provided, but to meet all of her health needs, she would have to travel to the capital city or perhaps even leave her country.

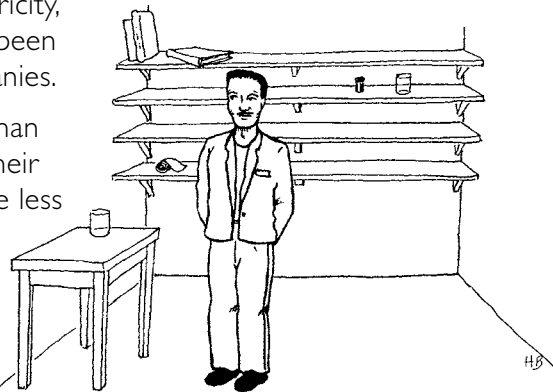
In many countries, the skills needed to care for women are considered 'special' and are provided only by doctors. Yet many of these services could be provided at lower cost by trained community health workers.

Debt and structural adjustment: keeping the poor poor

During the 1970s, many poor countries were pressured to borrow money from banks in rich countries. Although there was a lot of corruption, some countries used this money to try to improve the lives of their people and develop their economies. Many new schools, hospitals, clinics, and other projects were started.

But as the banks demand that their money be paid back, the poor countries have been forced to change or "adjust" their economies in ways that make life harder for poor people. These countries are forced to use much of the wealth the people produce to pay the banks, and to change their laws to make it easier for foreign companies to make money by using the poor countries' resources and labor. Basic services like water, electricity, communications and pensions have been sold to profit-seeking, foreign companies.

As a result, people work harder than ever but still have trouble meeting their basic needs. Governments now have less money for schools, health centers, hospitals, and programs that help people get food and fuel at a fair price. The health of all poor people suffers from these changes, but the health of poor women and children suffers most of all.



Many public health centers lack even the most basic medicines, supplies and equipment.

Mira's Story

When Mira was a little girl, she dreamed of living in a big house, with electricity and a tile floor. Her husband would be handsome and kind, and she would be able to do whatever she wished. But Mira's family was poor, and she was the youngest of four daughters. Sometimes, when her father was drinking, he would beat her mother, and weep at his misfortune of having so many girls.



When Mira was 14, and old enough to be married, she cried when she learned her dreams would never come true. It was already arranged: Mira would marry a man whom her father had chosen. He had some land, and Mira's father thought the family would benefit from their marriage. Mira had no choice in the matter.



With the birth of Mira's second child—a son—her husband stopped insisting on sex so often. Mira was very glad for that. Although he did not hurt her, he had warts all over his penis that disgusted her. Over the next 20 years, she had 6 more children, including a little girl who died at age 3, and a boy who died at birth.

One day, Mira was using the latrine and she noticed a bloody discharge coming from her vagina when it wasn't time for her monthly bleeding. She had never had a health exam, but now Mira asked her husband if she might see a health worker. He replied that he didn't trust doctors, and besides, he didn't have the money to spend every time she felt worried about something.

Mira was 40 when she began to suffer constant pain low in her belly. The pain worried her, but she didn't know who to talk to about it. Some months later, Mira finally decided she had to go against her husband's wishes and get medical help. She was frightened for her life, and borrowed some money from a friend.

At the health center, Mira got some medicine for the vaginal discharge, although the health worker did not examine her first. Mira returned home that night, exhausted and upset that she had defied her husband and spent her friend's savings. As weeks passed, Mira's health continued to worsen, and she became discouraged, realizing that something was still wrong.

Finally, Mira became so weak that her husband believed she really was ill, and they begged a ride to a hospital in the big city far away. After waiting several days, Mira was seen at the hospital. Finally, she was told that she had advanced cancer of the cervix. The doctor said they could remove her womb, but that the cancer had already spread. The one treatment that might save her life was available only in another part of the country, and was very expensive. The doctor asked, "Why didn't you get regular Pap tests? If we had found this earlier, we could have treated it easily." But it was too late for that. Mira went home, and in less than two months, she died.



WHY DID MIRA DIE?

Here are some common answers to this question:

A doctor may say...

Mira died of advanced cervical cancer because she did not get treatment earlier.



Or a teacher...

Mira died because she didn't know she should have a Pap test done.



Or a health worker...

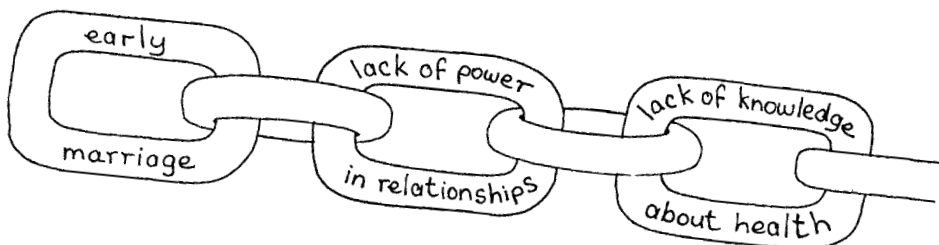
Mira died because her husband exposed her to genital warts and other STIs. These put her at high risk for developing cancer of the cervix.



► For more information about cancer of the cervix, see page 377.

All these answers are correct. Women who start having sex at a young age and are exposed to genital warts **are** at a greater risk for cancer of the cervix. And if the cancer is found early (usually by having a *Pap* test), it can almost always be cured.

Yet these answers show a very limited understanding of the problem. Each of them blames one person—either Mira or her husband—and goes no further. Mira was at greater risk of dying of cervical cancer because she was a poor woman, living in a poor country.



How poverty and the low status of women worked together to cause Mira's death

Mira and her family were poor, so she was forced to marry and start having sex when she was very young. As a woman, she lacked power in her relationship with her husband. She had no control over when and how many children to have, or over her husband's relationships with other women. Her family's poverty meant that she suffered from poor nutrition her whole life, which weakened her body and left her more at risk for disease.

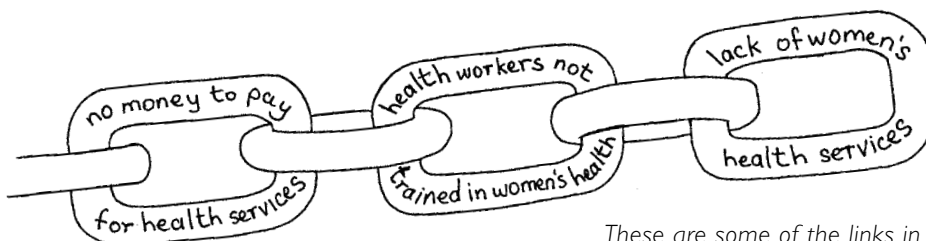
Although **Mira's community** lacked health services, the nearest health center did have some women's health services, like family planning and information about preventing HIV/AIDS. But the health workers had no information or training about other women's health problems, even such serious ones as cancer of the *cervix*. They did not know how to do a pelvic *exam* (to look at the vagina, cervix and other reproductive parts) or a Pap test. So even if Mira had gone for medical care sooner, the health worker would not have been able to help her.

As a result, Mira had to travel a long distance at great cost to see a doctor who could tell her what was wrong. By that time it was too late.

Finally, **Mira's country** was poor, with little money to spend on health care. Like the governments of many poor countries, her government chose to focus on other important health services, but not on women's health. What money her government did spend on women's health went to expensive hospitals in the big city instead of community health programs that women like Mira can get to. This meant that the services to find and treat cervical cancer—and many other women's health problems—early were not available.

Poverty and the low status of women worked against Mira at all 3 levels—in her family, in her community, and in her country—to create the health problem that caused her death.

► You can explore the root causes of Mira's death or other health problems by using the exercise called "But Why?" on page 26.



These are some of the links in the chain of causes that led to Mira's death. They are the same links that cause many of women's health problems.

Working for Change

► For other ideas of how your partner can help, see page 14.

IT DOES NOT HAVE TO BE THIS WAY

The way societies are organized forces most women into lives of poverty and poor health. But societies could be organized in a way that favors health instead of disease.

Since the causes of poor health exist at the family, community, and national levels, changes to improve women's health must happen at each of these different levels.

Working for change in your family

You can improve your health by learning about women's health problems and by making changes in your own life and in your family. Talk with your partner about what you each need to have better health, including practicing safer sex and sharing the workload fairly. You can also work to improve the health and future of your children. Here are some ideas:

Raising our children for a better world

How we raise our children, from the moment they are born, will determine much of what they believe and how they act as adults.

As mothers, we teach our children every day of their lives:

- When we feed our husbands and sons first, we teach our children that girls' and women's hunger is less important.
- When we send only our sons to school, we teach our children that girls do not deserve the opportunities that come from an education.
- When we teach our sons that it is manly to be violent, we raise violent men.
- When we do not speak out against violence in our neighbor's house, we teach our sons that it is acceptable for a man to beat his wife and children.

As mothers, we have the power to change who our children will become:

- We can teach our sons to be kind and compassionate, so they will grow up to be kind and compassionate husbands, fathers, and brothers.
- We can teach our daughters to value themselves, so they will expect the same from others.



- We can teach our sons to share and take pride in household work, so their sisters, wives and daughters do not suffer the burden of overwork.
- We can teach our daughters to be more independent by finishing school or learning a skill.
- We can teach our sons to respect all women and to be responsible sexual partners.



We can raise our children for a better world.

Working for change in your community

You can improve your health and the health of other women in your community by sharing this book and by talking with them about women's health problems.

Talking with others can be hard. Women often feel shame (for example, when talking about parts of the body) or fear about what others will think. Yet talking with others is the only way to learn more about health problems and to discover their causes. Often you will find that other women are worried about the same things, and want to discuss them.

Get a small group of women together to talk about health problems in your community. Try inviting women who are friends of your friends, neighbors, or women you work with. Once you have identified a health problem that many women share, it is often helpful to meet again and invite others to discuss it and learn more. When you meet, think about the root causes of the health problem, and plan the changes you can make in your families and community. For ways to work with a group to plan and carry out actions for change, see pages 26 to 31.

► Because social conditions affect them differently, women and men may need to find different solutions for the same health problems.

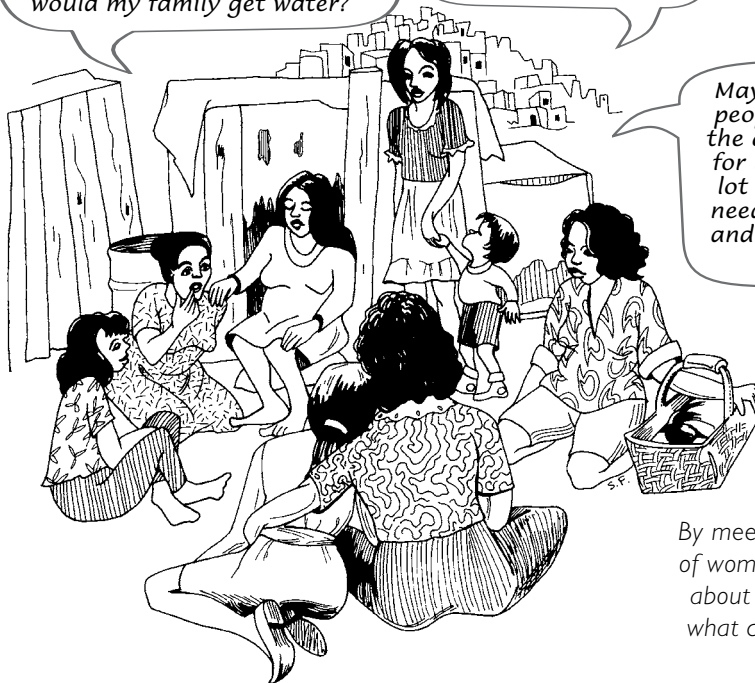
My back hurts so much these days from having to carry water all the way up the hill to my house. The health worker says I shouldn't carry heavy loads when I'm pregnant—that's how Mari lost her pregnancy. But how else would my family get water?

It isn't a problem just for women who are pregnant! My back is always hurting too. I finally got my husband to start helping me carry water every day.

I was visiting my sister the other day, and where she lives they got the city to put in some water taps close to the houses. It's great, she doesn't have to carry water very far at all. Everyone loves it.

Maybe we could get enough people together to convince the city to do the same thing for us. But we would need a lot of people. And we would need to know who to talk to, and decide where we wanted the water taps.

Well, we could talk with José. He's a teacher and everyone respects him. He could probably help.



By meeting with a small group of women, you can learn more about a health problem and what can be done to solve it.



Think about involving men as well as women in discussions about women's health. It may seem difficult to talk about women's health problems with men, because this kind of talk is considered taboo, or 'women's secrets'. But since men are often in positions of power, their help can be very important. Look for men who are supportive of women, are good role models for boys, or who treat women as their equals.

HOW MEN CAN HELP

Any man can help improve women's health by:

- raising his children to respect women, and treating boys and girls as equals.
- asking women what they think, and listening to them. A man can listen to his partner's and daughters' concerns and needs, and see if together they can find a way to meet the needs of everyone in the family.
- talking with his partner about how many children they each want to have, and then taking equal responsibility for family planning.
- encouraging his partner to go for regular health exams, and helping find the money and time for her to go.
- taking turns caring for the children and doing house work.
- being faithful to his partner or, if he cannot, being honest with her and practicing safer sex when he is not with her. If a man ever gets an STI, he should tell all of his sexual partners right away, so everyone can get treatment.
- encouraging his partner to take a fair share of the food that there is to eat—even if nobody is getting very much.
- encouraging all of his children to stay in school as long as they can. The longer they can stay in school, the more choices they will have as adults, and the better their health will be.

A man can also set a good example in his community by:

- encouraging women in his community to come to meetings, and making sure that they have a chance to speak. Or by encouraging women to hold their own, separate meetings, where men will not speak.
- encouraging women to become involved in planning and running community projects.
- encouraging others to limit their use of alcohol and drugs—these contribute nothing to the community and waste money and energy. Try to plan celebrations that do not involve alcohol.
- not tolerating **any** kind of violence against women.
- teaching children how to care for their physical, mental, and sexual health and how to prevent common illnesses.
- working to change the image that a strong man is one who has sex with many women. **A strong man is a strong partner.**

Here are some other activities that can help improve health in a community:

- **Share information.** Find ways to spread information about the common health problems in your community, so that everyone will know about them.
- **Form support groups.** Women who share common problems—such as women who have survived rape or abuse, breastfeeding mothers, women with disabilities, or *sex workers*—can form groups to support each other and work together to overcome their problems.



starting a support group

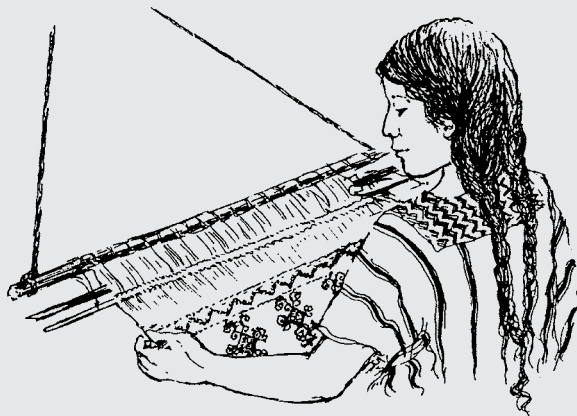
In Zimbabwe, the Musasa Project was created to help women who suffered from violence, particularly violence in the home and sexual assault. Musasa found that women who were beaten by their partners were not protected by the law. Many people said that men should have power over women because that was the way it had always been, or because it was part of their community's beliefs. These people also said that regular beatings reminded women of their 'place'.

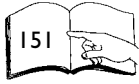


Musasa's goal is to change this attitude through public education and by counseling those who have survived violence. In this way, women, men, teachers, students, police, and health workers are learning that violence is an abuse of power. Musasa plans to set up a house where women and children can stay when they are in danger.

- **Work toward more independence.** Projects that help women earn money and improve their working conditions also help women start to make their own decisions and gain self-esteem.

In a tiny Mayan village in Guatemala, a group of women formed a weaving group. They sold their weavings through a cooperative store for women's crafts in the capital city. The women now earn more income than most of the men in their area. As a result, women have gained new status in their families and communities and have more opportunities in their lives.



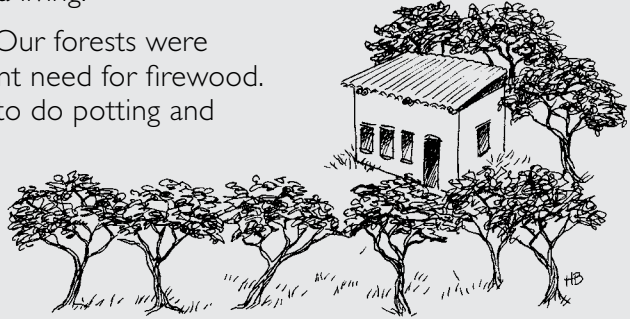


community sanitation

- **Develop community projects.** For example, try to find ways for every family in the community to get enough to eat, or to improve community *sanitation* and access to clean water.

The Green Belt movement in Kenya has involved many women in planting and protecting trees, which prevent soil erosion and provide fuel. The women's success at protecting the environment and providing fuel for their families has built their confidence and helped them earn a living.

As one Green Belt member said, "Our forests were running out because of our constant need for firewood. We meet weekly to collect seeds, to do potting and fencing, and tend the trees in our nursery. We also talk to groups and schools about the environment. In this way, we are both helping ourselves and bettering the environment."



Simple and low-cost community efforts can make a difference

When you first look at a problem, it often seems very hard to make changes. But, in fact, communities can make many improvements that do not cost too much. For example, here are some of the suggestions this book contains for preventing or helping solve women's health problems:

- Start a community stove project. Women often suffer from lung infections, burns, and back problems. Low-cost cook stoves that are safer, use less fuel, and produce less smoke can prevent many of these problems (see page 394).
- Establish an emergency transportation system. Many women die from complications of pregnancy, childbirth, and unsafe abortion. These deaths could often be prevented by reaching medical care quickly (see page 101).
- Low-cost cancer screening can prevent many women from dying from cervical and breast cancer. Cancers are much easier to treat if they are found early (see page 375).
- Make family planning services and good *prenatal* care accessible to all women. Doing so can prevent many deaths due to complications of pregnancy, childbirth and unsafe abortion.
- Train health workers to care for women's health. They should be trained in pelvic exams, Pap tests and visual inspection, manual vacuum aspiration (MVA), breast exams, and *counseling*. They should also learn how to use medicines for women's health.

Many women's health problems could be prevented or treated early if more health workers were trained to care for women's health.



Working for change in your country

You can improve your health, and the health of many other women in your country, by working together with other groups in different parts of the country. By working together, you can make important changes in the way your government treats women and women's health. For example, community groups can pressure the government to punish men who rape or abuse women, or to make safe abortion available. Or you can get laws passed to allow women to own or inherit property—so that women are not forced to depend on men.

Many women and men are struggling to get their governments to:

- equip rural clinics and train health workers to treat common women's health problems. This way, rural women will not be forced to go to urban hospitals for care.
- pay for people—especially women—from poor areas to get health training. That way there will not be such a shortage of trained health workers.
- keep companies from damaging the environment and advertising products that harm people's health.
- force companies to provide fair working conditions and decent wages for women and men.
- make it easier for people to grow food for their communities, not for export.
- distribute unused land to those who have been forced from their land.



GAINING POWER OVER OUR OWN HEALTH

Just as 'women's health' means more than maternal health, it also means more than access to health care. To be truly healthy, women need the chance to make the decisions necessary for good health. And they need access to a fair share of the resources in their communities and in the world.

By joining other women and men in the struggle for health, we can demand the chance to live healthy, full, and joyful lives—free of disease, pain, and fear.