

FOOTSTEPS

No.24 SEPTEMBER 1995

WOMEN'S HEALTH ISSUES

FROM THE EDITOR

THE TABOO SUBJECTS:

Women's health

IN THIS ISSUE of *Footsteps*, we look at a number of health issues concerning women, that are not often discussed openly. Though the issues are all directly to do with women's health we trust they will also be of interest to our male readers, as these are all issues which men need to understand, care about and, in some cases, to act upon. Some, like female excision, raise important issues of social change in beliefs and custom.

'Women make up half the world's population, yet they receive one tenth of the world's income, provide two thirds of the world's working hours and own only one hundredth of the world's property.'
(International Labour Conference 1980)

As babies and young girls, they often receive poorer diets and less medical care than their brothers. Many women in developing countries suffer from poor health, inadequate diets and overwork. Women's health needs are often given very low priority by health officials. We hope that by raising some of the more 'taboo' health matters in this issue we can encourage awareness, discussion and openness. Unlike most issues, we have used few diagrams this time to avoid offense. Sometimes it has been necessary to use difficult medical terms and on page 3 we have

introduced the idea of a regular glossary to help readers understand some of the more difficult terms used in this issue.

The issue of female excision is one that can raise strong feelings. Over 110 million women are excised – mostly in countries in East and West Africa. In countries such as Ethiopia, Somalia, Sierra Leone and Sudan, over 80% of women are excised. It is also practised in South East Asia and Latin America. We raise the health problems this practice can cause and use one girl's story as an example of how difficult it can be to go against traditional custom. For many women excision is still regarded as vital to maintain purity, gain respect and reach full maturity. It is usually women who make

the decisions about excision. Only through open discussion of this practice will come an understanding of the risks to health and well-being. Only then will women be able to make their own free and balanced choice.

Women are often regarded as second class citizens, taught to feel ashamed of their bodies and normal needs and functions. Yet in God's eyes we are all of equal value and concern. We hope this issue will help readers to discuss embarrassing subjects more openly and provide more understanding of women's health needs.

Future issues will look at fish farming, income generating projects and street kids.

Isabel Carter

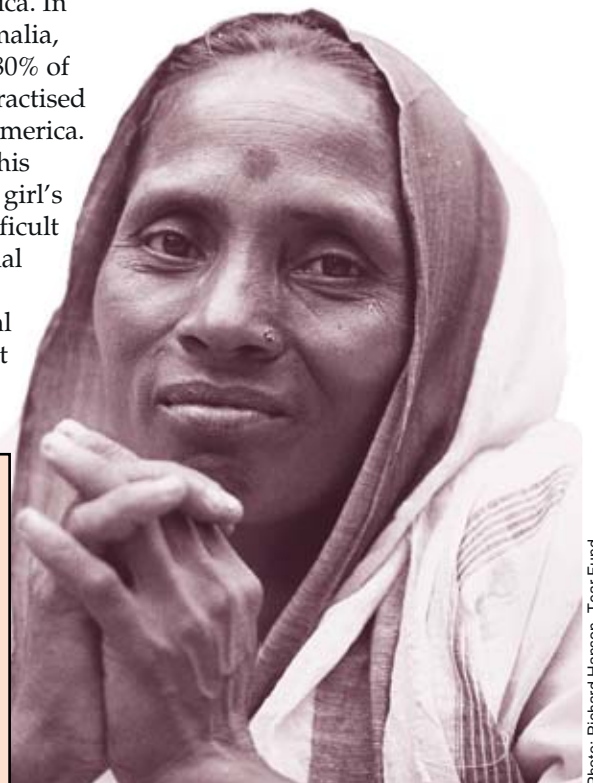


Photo: Richard Hanson, Tear Fund

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FOOTSTEPS

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Footsteps is a quarterly paper, linking health and development workers worldwide. Tear Fund, publisher of *Footsteps*, hopes that it will provide the stimulus of new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

Footsteps is free of charge to individuals working to promote health and development. It is available in English, French, Portuguese and Spanish. Donations are welcomed.

Readers are invited to contribute views, articles, letters and photos.

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When possible, rags should be washed with water from tubewells.



Menstruation issues in Bangladesh

by Allison Mathews

MENSTRUATION IS A NATURAL EVENT, affecting women and girls of reproductive age. For most women it occurs once a month. Each month the uterus produces a special lining, rich in blood, which will protect and feed the fertilised egg if the woman becomes pregnant. If the egg is not fertilised, this lining is no longer needed, and is discharged. A menstrual period marks the beginning of a new monthly cycle, and the formation of a new egg. A regular menstrual cycle indicates a fertile, healthy, and well-fed woman.

The average age for girls in Bangladesh to start menstruating is twelve. A woman's reproductive life lasts until the age of 40 or 45.

What is sanitary protection?

This refers to the materials and methods a woman uses to avoid staining her clothes during menstruation. The ways in which women cope with this monthly need vary greatly. Upper middle class women in urban areas rely on disposable sanitary towels. Poor women use a variety of inexpensive, reusable materials.

Cotton cloth torn from an old sari is the most widely used material. These rags are usually held in place with string, and are washed and reused for up to three years. Because of the recent expansion of the clothing industry, panties are now widely available and affordable. A growing number of women find them more comfortable and secure for holding rags in place.

Do poor women want disposable sanitary towels?

Most women are not able to spend money on sanitary protection. Sabiha, a village woman from Sylhet commented, 'Disposable sanitary towels would be convenient for any woman as they do not need to be

washed and stored, but we cannot think of spending money for menstruation. For us there is no cost involved with menstruation, as we use old clothes.'

What are menstruation myths and restrictions?

In Bengali culture, women are generally considered unclean during menstruation. A menstruating woman is thought to have the power to pollute or destroy. She is also considered to be at risk from evil spirits. Because of these beliefs, a woman is expected to alter her movements and behaviour when she is menstruating. She should not eat certain foods, such as meat, eggs, fish and leafy vegetables at this time since they are believed to increase her polluted state.

People commonly believe that a menstruating woman...

- should not sleep with her husband as this would harm him.
- must not touch a holy book or say her prayers.
- must not go near cows. If she does, it is believed that the cows will produce less milk and become ill.
- must not visit ill people or mothers with new-born babies. This would bring harm or cause illness.
- must not touch the container where rice is stored. This would destroy

rice production and bring bad luck to the family.

- should not leave her home because she may be attacked by evil spirits which can make her infertile.

How are menstrual rags cleaned?

Menstrual rags are considered to be harmful and shameful, and therefore must not be seen by men or boys. Most women rinse the rags in the latrine and then wash them more thoroughly outside, sometimes with soap. After washing the rags they then dry them inside, hidden in a narrow corner, under the bed or in the rafters. After each menstrual period the rags are washed, dried, and stored in a secret place.

What health problems do women face?

Because cultural restrictions require rags to be dried indoors, they may not dry completely. Washing rags in river or pond water without soap, drying them in damp and dark conditions encourage mildew and bacteria. When rags are stored between periods, they are sometimes infested with insects. Repeated use of such rags causes rashes that lead to more severe health problems such as infections.

Menstruation often causes physical discomfort, cramps and tiredness. Food restrictions imposed on menstruating girls and women, such as forbidding them meat, fish, eggs, and certain vegetables, may increase feelings of tiredness and add to their overall poor nutrition.

What cultural problems do women face?

The cultural taboos surrounding menstruation and sanitary protection impose many restrictions on a woman, disrupting her regular activities. The belief that menstrual blood and menstruating women are polluted reinforces a woman's own feeling of shame and low self-image.

What can be done?

Education and awareness raising The first step towards addressing the problems is education and awareness-raising. Unless parents and husbands

appreciate and understand the normal functions of a girl's body, she is unlikely to feel good about herself. Adolescent girls must be given pride in the normal functions of their bodies. Both men and women should be reached by educational campaigns. Many organisations run health extension programmes. Menstruation and sanitary protection should be a specific focus in these programmes, and the following areas should be covered...

- An explanation of the physical aspects of the menstrual cycle, and the reasons for menstruation.
- Menstruation is a natural, healthy, and positive event.
- It is important to eat nutritious foods during this time.
- Many taboos are restrictive and negative.

Health and hygiene Health education programmes should also address the hygienic care of sanitary protection materials. Women should be made aware that...

- the repeated use of unclean rags can lead to infections
- rags should be washed with tube-well water
- rags should be washed with soap or washing soda
- rags should be dried in the sun
- storing rags in a plastic bag will avoid insect infestation (but they should be properly dried first)
- using panties to hold rags in place may be more comfortable than string.

Other ways of addressing the problems include campaigning for more hygienic facilities for women, such as bathrooms at schools and work places.

The belief that menstruation is unclean strengthens a woman's feelings of shame and low self-esteem.



Questions for Group Discussion

- Are there similar taboos concerning menstruation in your own culture?
- Are girls encouraged to take pride in the functioning of their bodies – or are they made to feel ashamed?
- Where can women discuss these issues openly? Where can they obtain medical advice without feeling ashamed?
- How can men become more understanding of the needs of women?

Allison Mathews prepared this report while working with poor women in Bangladesh for two years. She now works with Intermediate Technology, who would be interested to hear from other groups raising awareness of these issues. Please contact Mahjabeen Chowdhury, IT Bangladesh, GPO 3881, Dhaka 1000, Bangladesh.

Words used in Women's Health

CAESAREAN SECTION – an operation to remove a baby through a cut in the mother's abdomen

CLITORIS – tiny sensitive organ in women that gives feelings of sexual pleasure

EXCISION – removing the outside parts of a woman's genitals

FISTULA – hole in the urethra or rectum, causing urine or faeces to leak through the vagina

GENITALS – sexual organs

INFIBULATION – severest kind of excision, sewing up the woman's vagina

LIPS – soft folds of skin around the outside of the vagina

OBSTETRIC – relating to childbirth

OBSTRUCTED LABOUR – when the baby is stuck and cannot be born normally

PERINEUM – skin and muscle around the vagina which stretches during childbirth

PUBERTY – time when hormonal changes resulting in sexual maturity begin

RECTUM – tube carrying faeces

URETHRA – tube carrying urine

UTERUS – the organ where a baby grows

VAGINA – passage leading from the uterus to outside the body



Experiments to control whitefly

WE FIND that by growing tomatoes and sweet potatoes together, we obtain good control of whitefly.

We have carried out experiments in two areas using different varieties of sweet potatoes and tomatoes. Tomato seeds are planted 3–4 weeks earlier in a nursery. The tomato plants and sweet potato cuttings are then planted in alternate rows. We have tried different spacings and different varieties – but each time the results have been very encouraging, giving good control of whitefly.

*Miguel Rodríguez
Vecinos Mundiales
Apartado Postal 3385
Tegucigalpa
Honduras*

USE OF FOOTSTEPS FOR TRAINING AND LITERACY

DO YOU use *Footsteps* for producing training materials or for literacy work? Do you translate parts of it into other languages? The *Footsteps* survey showed that a surprising number of readers were doing this. The Editor is carrying out research into how people are making use of *Footsteps* and would be very interested in hearing from you if you are producing any materials using ideas from *Footsteps* or other similar newsletters.

The research aims to make *Footsteps* as useful as possible for such work. If you would like to help take part in this, please write to: Isabel Carter, editor of *Footsteps*, with brief details of the kind of materials you produce, the languages you use and the kind of articles you use.



All that's left of the health resource centre in Rabaul, Papua New Guinea!

Volcanic disaster

OUR RESOURCE CENTRE has carefully collected *Footsteps* copies for several years and kept them in a file for quick reference. We have found *Footsteps* a valuable resource and often copied parts and sent them to relevant health officers.

As you may be aware, a double volcanic eruption took place in Rabaul last year. It totally destroyed two thirds of Rabaul town and many nearby villages. Fortunately, only four people were killed and rehabilitation work is slowly taking place.

Our health resource centre and offices were totally destroyed. One of the many valuable documents lost was our *Footsteps* file. Could you please send us a complete collection of past issues. Any other material from other groups would be very much appreciated as we are now very short of materials and funds.

*Bernard Lukara
Assistant Health Secretary
PO Box 464
Rabaul
ENBP
Papua New Guinea*

EDITOR

Copies of Footsteps were sent. Can any other readers help them out?

Moringa project

THE *FOOTSTEPS* ARTICLE in Issue No 20 on the *Moringa oleifera* tree was greeted with great interest here. We now have 21 seedlings growing well. They grow very fast, yet need little water. After only three months some are already 1½ metres high and

people are showing great interest. What could be better for this semi-arid part of the world? Especially when they produce cooking oil, can be used to purify water and provide both human and animal food!

We are planning a larger project where about 5 hectares of moringa will be planted. Consultants from Leicester University (who wrote the original article) are providing advice. We will experiment with using moringa for oil extraction, water purification and animal feed. The university here will help with the research.

*Revd John P Medcraft
Ação Evangélica
CP 23
58.700-970 Patos
Paraba State
Brazil*



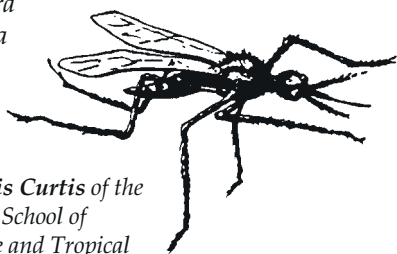
Moringa oleifera.

Malaria control

THANK YOU for the good work you do in *Footsteps*. I would like some more information on malaria control. We know about clearing the bush around houses and not having any standing water. However, it is very difficult in the rainy season as it is so wet.

I understand there is a fish which eats mosquito larvae. Can you tell me more about it? Also what plants could be used to keep mosquitoes away from homes?

Mrs Elizabeth Paterson
East Ankole Diocese
PO Box 14
Mbarara
Uganda



Dr Chris Curtis of the
London School of
Hygiene and Tropical
Medicine comments...

Most fish will in fact eat mosquito larvae, but there is one that is particularly effective, called *Gambusia*. It comes originally from the Americas, but is now found all over the world. It does have disadvantages in that it eats the eggs of other fish. Your local Government Department should have information on how to obtain fish fry of *Gambusia*.

There is no proof that any plants are effective in keeping mosquitoes away from around homes, but some people claim that neem trees are helpful.

Incinerator

WE FIND *FOOTSTEPS* a useful source of practical ideas. We want to design and build a cheap incinerator for the hygienic burning of our rubbish. Can any *Footsteps* readers give us suggestions or advice?

Dr A Sangowawa
PO Box 1627
Ijebu-Ode
Ogun State
Nigeria

New resource centre

AAILD (The Support Association for Development Initiatives), an NGO, began two years ago aiming to collect information and spread it to groups of

Harvesting fruit the easy way

Harvesting fruit from tall trees can be a problem. Some people ask young children to climb the trees and harvest ripe fruit. If the children don't have a basket, they throw the fruit to the ground. The children may fall and injure themselves as they try to reach out for the fruit. Other people throw stones or sticks at the ripe fruit. This can also be dangerous if people are hit – either by the fruit or the stone or stick. Some people shake the tree, especially if it is small, and sometimes branches break as a result. Both ripe and unripe fruit fall to the ground and the family will quickly run out of fruit to harvest. Also, when the fruit hits the ground it is bruised and damaged. The fruit rots more quickly and is hard to sell.

Here is a method that can help to harvest clean, undamaged fruit. Mrs Chikowore of Harare, Zimbabwe uses a stick with a container to harvest avocados.

The harvested fruit is not bruised and there are no dangers to other people. You need a stick that is long enough to reach the tree top and a container that is big enough to hold your biggest fruit – an empty tin is ideal. The container should be open at one end. Place some crumpled paper in the base to prevent any bruising to the fruit. Tie the container very firmly to the end of the stick with rope or thin wire.

To harvest fruit, lift the stick and peck the ripe fruit with the container. The fruit will fall into the container. Mrs Chikowore can pick two or three avocados in her container before she lowers the stick to collect the fruit.

Livai Matarirano, Zimbabwe

DCFRN Notes



peasant farmers. We are now setting up a resource centre. Our aims are to pass on information to leaders of grassroots groups, spread the news of useful new ideas, provide useful books and magazines and bring together (network) similar groups.

We would like contact with other French speaking development organisations and would be grateful both for resource materials and information on seminars, conferences and training days which would help raise the awareness of peasant farmers in our country.

M Jean-Marie Bougma
AAILD
01 BP 3368
Ouagadougou
Burkina Faso

AIDS information in French

I AM TRYING TO FIND basic training materials about AIDS in French written for Africans – especially video material. People here in Chad know very little about the situation and the

church is doing nothing in the way of an education programme. Can any readers help with information and resources?

Pauline Wager
B P 127
NDjamena
Chad

Too many bats!

FOOTSTEPS is really appreciated here in Southern Sudan. We recently held a community health workshop for health workers, church leaders and opinion leaders. We were able to provide copies of *Footsteps* for all the participants.

Bats are a real problem in the area where we work – even in the new building work we are carrying out. Do any *Footsteps* readers have any ideas for ways of controlling bats?

Barry Hughes
ACROSS
PO Box 44838
Nairobi
Kenya

Obstetric Fistula: an unknown tragedy

by Dr Steven Arrowsmith

RECENTLY, WOMEN'S HEALTH ISSUES have begun to receive long-deserved attention from the international community. However, one of the greatest tragedies facing women in the developing world today remains relatively unknown. It is well known that women in poorer countries in the world face an appalling risk of death during childbearing. However, for every woman who dies in labour, many more are injured.

Danger in childbirth

Among childbirth injuries, the most devastating is obstetric fistula. This injury occurs when a long labour, for whatever reason, goes untreated. For many hours or even days, the baby's head grinds against the pelvic tissues of the mother, eventually interrupting the blood flow to these tissues. Soon these tissues die, leaving a large hole leading directly from the vagina to the bladder or even the rectum. Permanent, constant leakage of urine (from the bladder) or stool (from the rectum) results.

Rejection

In over nine out of ten cases, the baby does not survive this long labour. Because the victim of this horrible injury smells of urine all the time, she is often rejected by her husband and family. Obstructed labour is more common in young women who have not yet reached adult size. So often these women find themselves in their mid-teens, mourning the loss of their first baby, deeply hurt from their rejection by husband and family, cast

off to an uncertain future of looking after themselves and facing a long life in complete isolation from all that was once dear to them.

Medical advances

No one really knows how many fistula victims there are in the world. There are thought to be at least 1.5 to 2 million sufferers in Africa alone. Up until the beginning of this century, obstetric fistula was feared all over the world. The first fistula hospital built especially for these women was in New York City, where thousands of women were cured in the late 1800s. But as medical advances in childbirth improved, this problem all but disappeared from wealthier nations in the world. Sadly, these advances have passed the developing world by. In poorer areas of Africa, Asia, and South America, there are millions of women quietly suffering this tragedy.

The costs of caring

Why is this problem so common? Global economics are very important. Many countries simply cannot afford to have enough well equipped, well

staffed centres where women in obstructed labour can go to have a caesarean section. Neither can they afford the huge cost of developing good highways and transport systems that allow these women to reach a hospital for emergency help.

Pressures

Cultural factors are very important as well. Some ethnic groups practice early marriage, which increases the risk of obstructed labour. When the mother has not grown to full size, there is often simply not enough room in the pelvis for the baby to be delivered normally. Some cultures apply tremendous pressure on the pregnant woman to deliver at home. Those who go to the hospital to deliver are often considered to be weak or abnormal. So they choose to suffer in obstructed labour at home. Female excision, when practised in the severe form of infibulation, can cause terrible scarring which leads to obstructed labour.

Meeting the needs

Repair of obstetric fistula can be difficult, but in the hands of experienced surgeons, success rates of over 90% are possible after a single operation. Successful repair requires both the closing of the hole created during the long labour and the restoring to normal function of the bladder. Fistula patients often suffer from other complications of their long labour, including difficulty from nerve injury in walking, infertility because of damage to the uterus, and inability to have sexual relations with their husbands because of the damage and scarring to the vagina. So the fistula surgeon must be ready to try to meet all of these special needs that fistula victims have. A major effort is underway to organise a network of training centres which would allow physicians working in fistula areas to be properly trained in this special technique.

A handful of hospitals

Although fistula surgery is being performed in general hospitals throughout the developing world, there are very few centres in the world today which are dedicated to the care

of these special patients. Fistula hospitals are currently in operation in Ethiopia, Sudan, and Nigeria. Why are there so few fistula hospitals? Most often the women are so poor that they are completely unable to pay hospital bills, so special help with the costs is usually necessary. This means that fistula hospitals must be constantly seeking assistance from government and private donors to give care to their patients. These hospitals can never hope to be financially self-supporting.

At the Addis Ababa Fistula Hospital we have performed more than 11,000 fistula repairs since 1974. Our highly efficient staff is made up almost entirely of patients who stayed with us when they could not be completely cured. Our patients come from all over Ethiopia and from other countries in the Horn of Africa, often walking for many days just to reach the nearest road to journey to Addis Ababa. We train gynaecologists from our local medical school and physicians who come from all over the world to learn fistula surgery.

The hope of health

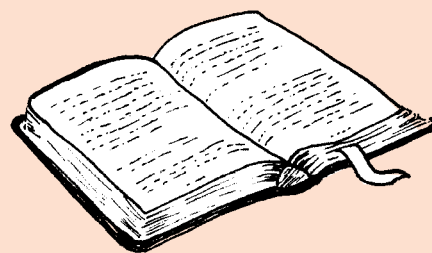
No work could be more rewarding than to reach out in love to these women who for so long have had no hope. With just a single trip to the hospital, the vast majority of these women can be restored back to a normal life. We hope and pray that the new attention focused on the plight of women in the developing world will bring about improvements in childbirth services throughout the world that will make fistulas a thing of the past. As we wait for this to happen, we also hope that this new attention will enable many more hospitals like our own to be established, and that thousands of surgeons throughout the world would have the training and resources to deal with this great human tragedy.

*Dr Steven Arrowsmith
Addis Ababa Fistula Hospital
PO Box 3609
Addis Ababa
Ethiopia*

BIBLE STUDY

Women at wells

by David Partington



EVERY DAY hundreds of millions of women draw water from wells for their family's needs. This water does not come easily. Some women pump water from bore wells, some draw water from ancient wells by hand and some in dry areas must dig their own wells in dry river beds and wait several hours for enough water to collect. This water is precious. It is life giving and life sustaining. The women who collect this water are the poorest of the poor. Oppressed, exploited, often illiterate and in poor health, these women work hard to look after their families and communities. What hope does Jesus offer these women?

Read John 4:1-30, the story of Jesus and the Samaritan woman.

This woman is like many poor women today. She is utterly broken, full of guilt and rejected by her own people. How does Jesus relate to her? He doesn't condemn her as others do, but meets her in her need and gives life.

Jesus begins by speaking with her, out of his own need of thirst. The woman is shocked that a Jewish man is not only talking to her, but also asking for her help. In this simple act of asking for water, Jesus challenges many of the social customs of his day. In his humble request for water, Jesus shows that he regards the woman as someone created and loved by God – not a social outcast. As Jesus shares his hope of living water, the woman's response is overwhelming.

Read John 4:39-42.

These four verses are often forgotten when we read this story. As a result of Jesus's meeting with the woman at the well, many Samaritans came to believe in Jesus.

We need to take Jesus as our model. Our motivation must be love – a love that overcomes social, cultural and

religious barriers. We need to see those on the margins of society, those who are oppressed and exploited, as God does. We need to see God's image in poor rural women, widows, outcasts.

This may be seen as 'unacceptable' behaviour by those around us. Family, community, church and government may oppose us and challenge our actions. Our closest friends may create trouble. In verse 27 even Jesus's own disciples were 'astonished' to find him speaking with the woman.

When we understand the ways in which we are part of oppressive social structures, we then realise our need to change. We need to change our attitudes and behaviour. Our God is a God of liberation – a God who wants to free us, both men and women, from the ties of injustice and oppression that bind us, so that we can be his people in the world. We need to take Jesus as our model and pray for the coming of the Kingdom of God.

First published in Drishtikone Magazine, EFICOR, New Delhi, India.



Gelatine Tray Duplicator

A LOW-COST COPYING SYSTEM

LARGE PROJECTS usually have duplicating machines or photocopiers when written material such as letters, booklets or notes needs to be copied. But small projects often lack funds for a duplicator. They are unable to copy written materials to help

them communicate. Here is a very simple way of making copies. No electricity, typewriters or expensive materials are needed. Maybe you could start a simple news-sheet or make copies of notes for your group.

This duplicator is very simple to use. It's rather slow but it's much cheaper than a duplicating machine. Each stencil will give about 50 copies each time.

These instructions sound very complicated, but it's not difficult and it really does work!

1

Preparing the gelatine

Put the brine in the larger tin. Place the smaller tin inside the large tin. All mixing is now done in the smaller tin. The tin with brine prevents the mixture burning. Put the water in the smaller tin; place the larger tin over a source of heat and bring both brine and water to the boil.



Now dissolve the gelatine in the water, adding it very slowly and stirring constantly. When the gelatine has dissolved, add the glycerine.

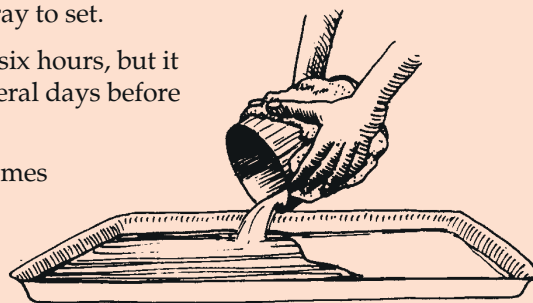


Continue heating for three hours – the brine should be gently boiling. It will be necessary to add water to the brine occasionally.

Pour the mixture into the tray. Be careful to wipe off brine to prevent it dripping into the tray while pouring. Immediately after pouring, pop any bubbles of air on the surface of the gelatine. Cover and leave the tray to cool. Be sure it is level. It takes about three to six hours for the tray to set.

The tray can be used after six hours, but it is better to let it set for several days before use if possible.

If the gelatine surface becomes damaged, the gelatine can simply be melted (using the brine bath) and re-used.



2

Making a stencil

First you will need a duplicating type used on spirit duplicators. The ink can be transferred, by pressure, to a sheet of paper. This comes in different colours. Good stencils you cannot find any, order them from a specialist.

These are **not** the type of stencils used in a duplicator.

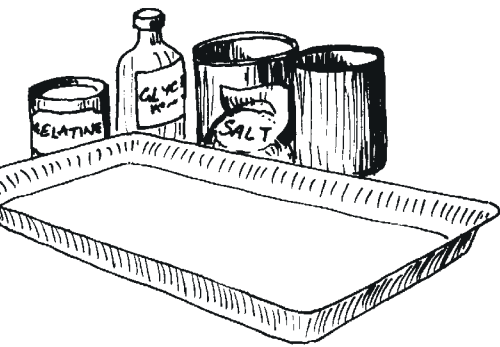
Place the spirit carbon (with the ink on the hard surface). Place a sheet of good paper on top. The paper will become the stencil. (Typing paper and other soft papers absorb ink.) Use a ballpoint pen, write clearly. You can do this in different colours. Purple carbons are the best. They give about 50 copies.

Drawings are best done using tracing paper and a pencil (with no carbon below!) then a ballpoint pen.

If typing, place the spirit carbon on top, above – with paper on top and carbon on bottom.

Caution! Do not touch the carbon or your skin may stop ink from passing on to the paper.

When you have finished writing, the paper will be the stencil. Check underneath the paper and your paper wherever you have written on. Press the paper two or three times, until most of the ink has been transferred to the paper.



What you will need

Once bought, the ingredients should last for many years. This is what you need...

- **a tray:** preferably metal, about 30cm x 22cm x 2cm (or large enough to take the size of paper commonly used)
- **plain gelatine crystals:** 35 gram (3½ tablespoons) – try a good chemist shop
- **water:** 145 ml (¾ cup)
- **glycerine (glycerol):** 180ml (1 cup)
- **salty water (brine):** dissolve a handful of salt in 3 cups of water
- **two large empty tins or pots,** one larger than the other.

Stencil

indicator carbon or Hecto carbon – the stencils. This is coated in a thin layer of carbon. These sheets are available from stationery shops should stock these. If you cannot find them, write to the address below.

used on ink duplicating machines.

ink surface facing up) on a smooth quality smooth paper on top – this duplicating paper is ideal, but duplicating with it can be a bit tricky (don't press the ink too deeply.) Using a ball point pen, change the carbon if you want to use a different colour. The carbon is the best, as they give many more copies.

ing paper. Make the original in the typewriter just as you would a normal page (ink surface up) underneath.

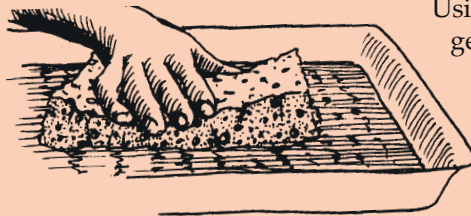
and paper in the typewriter just as you would a normal page (ink surface up) underneath.

stencil ink surfaces, as oils from the typewriter can get on to the gelatine.

the paper stencil is ready for action. You will see the ink has stuck to the stencil. This stencil can be used for as many copies as the ink has been exhausted.

3

Now try out duplicating!

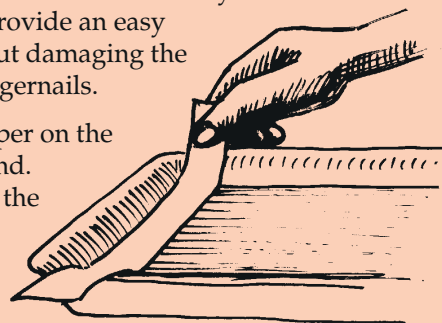


Using a sponge, dampen the gelatine surface with a little water.

Place the paper stencil, ink down, on the surface and press firmly all over. Leave for two minutes, then remove.

Place a narrow strip of paper at one end of the tray (but not covering the ink), to provide an easy way of removing copies without damaging the surface of the gel with your fingernails.

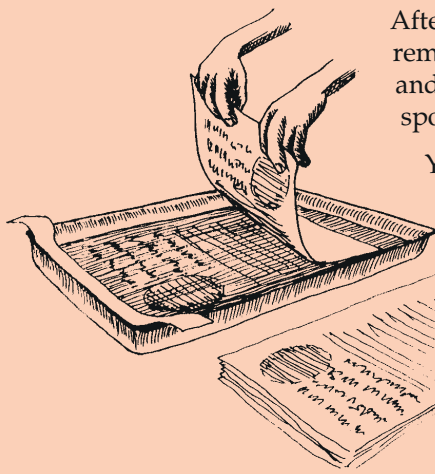
Place a sheet of duplicating paper on the surface. Quickly press all around. Remove the finished copy. For the first few copies this should be done quickly, but later copies must remain increasingly longer on the surface in order to get enough ink for a clear copy.



After enough copies have been made, remove the protective strip of paper and rub the surface lightly with a damp sponge.

You cannot use the tray again immediately. Just cover it and it will be ready for use in two hours.

If you will often need to do another page immediately, consider making a second tray.



Hecto Duplicator Company

If you find it impossible to find the right carbons, here are some details to order carbons and other equipment.

Hecto carbons come in packs of 20 in any one colour – purple, green, red or black. Purple ones give the most copies and black the least. Each pack costs £9.00, including postage.

You can also buy writing pens and shading pens in the same four colours for use with diagrams. These cost £2.00 each, including postage.

Hecto also supply other goods – including their own duplicating compound (if you cannot find the ingredients to make your own). This costs £20, including postage.

To order, please send a sterling cheque payable to...

Hecto Duplicator Company
Mawdesley
Ormskirk
Lancs
L40 2RL
UK.



EXCISION

What should we think?

by Dr Halimatou Bourdanne

EXCISION is a common ritual practice in certain African countries, especially the Ivory Coast where I live. It is carried out by certain ethnic groups. It consists of removing a greater or lesser part of the lips (the fleshy folds of skin around the vagina) and clitoris of women and young girls. The clitoris corresponds to the man's penis.

There are four kinds of excision:

First degree – removing the top of the clitoris (this is similar to male circumcision).

Second degree – total removal of the clitoris, and part of the small lips.

Third degree – total removal of the clitoris, the small and the large lips.

Fourth degree or infibulation – this consists of sewing together the two edges of the vulva after removing the clitoris, the small and large lips. A small hole is left to allow menstruation.

From the second degree onwards, one is talking of mutilation. Huge health problems can result from excision – especially during childbirth.

The age of excision varies depending on the ethnic group. It can be as early as seven days old or as late as when giving birth for the first time. Generally, older women take responsibility for this ritual. They use sharp objects such as knives, razor blades or certain plants.

The reasons for excision

There are many reasons given. However the essential aim is to keep the woman in submission to the man. Excision prevents women from enjoying sex to the full, so women have a sexual life of complete resignation. They are more docile because they feel less pleasure. Some people say that non-excised women cannot conceive.

In the case of infibulation, it is to guarantee the woman's faithfulness. In fact, each time the husband goes on a journey he carries out infibulation, and on his return he 'tears apart' the stitches.

The complications

Immediate...

- severe bleeding, sometimes resulting in death
- damage to neighbouring organs such as the urethra or the rectum
- infection through lack of hygiene, the most serious being tetanus.

Later...

- severe pain during sexual intercourse
- sexual problems because the woman feels neither desire nor pleasure
- repeated vaginal infections
- fistulas.

Risks during childbirth

With excised women, we are often forced to make large cuts (episiotomies) during childbirth because the opening of the vagina is so reduced in size. We then risk damaging the rectum or the urethra.

One particularly tragic case affected me during my work. One day a young woman arrived, 18 years old and in the first stage of labour. It was her first pregnancy. On examining her, we found that she had a second degree excision. We felt that normal birth should be possible since the baby was

small in size. However, when the labour took much longer than normal we realised there was a problem. Since there was no progress, we decided there was a need for a caesarean section. Unfortunately, while waiting for the operating equipment (which has to be paid for) the baby died.

Excision had made the skin so narrow and rigid that childbirth was impossible. In removing the dead baby, the mother's vagina was completely ruined and we had to sew her up. In the days following childbirth, the mother had losses of urine that made us fear the later appearance of a fistula.

Our response

How should we react when faced with this practice? Excision is an important problem and a much deeper one than is believed. Anyone attacking this problem is confronted with several obstacles – the silence of the women concerned being the major one.

Excision represents a taboo subject, like anything related to sexuality. It is very rare for a woman to consult a doctor about a problem linked to her excision. It is the intellectual Moslem women who have begun to lift the veil on this practice.

Another problem we find is that uneducated women do not always

agree that excision should be banned. In fact, they often want their daughters to be excised. They are convinced that this act is beneficial, in spite of the dangers they risk.

A third problem is our own ignorance about the ethnic groups concerned. Any effective action must be carried out with great sensitivity. This means long and difficult work in understanding their beliefs.

As Christians, we can make our sisters aware of the effects and health risks linked to this practice. We know that sexuality for the Christian couple is a gift of God for their delight. With our non-believing sisters, we can only raise these issues later when we have gained their confidence.

If the number of educated women increases, it is certain that this practice will go into decline.

The struggle to be waged against excision is certainly a long-term one, but it is worth it. It is only then that certain women will know the happiness of married intimacy and be free of the risks to their own and their babies' health.

Dr Halimatou Bourdanne is a medical doctor. Her address is 22 BP, Abidjan 22, Ivory Coast, W Africa.

Howa's difficult decision

IN WEST AFRICA there is an ethnic group that has always excised nearly 100% of its girls. This ethnic group practises a type of excision that removes the clitoris as well as the two small lips. This practice continues in spite of government measures to eradicate it. Today it is the influence of the local church that is beginning to challenge this practice.

What follows is the true story of a young woman who has dared to resist

this practice. To prevent adding to her troubles, not only have we changed her name, but we have also not used the name of her country or the name of her friend who wrote this article.

A few years ago Howa returned from a neighbouring country to her home region. At that time she was of an age to be excised but was not yet engaged to be married. According to tradition, a girl must be excised before the arrival of her first baby, otherwise the child's health will be at risk if the clitoris touches the baby during the birth.

Normally it is the girl who decides and asks to be excised. She goes to her father or her husband who must then arrange this with the old women who are responsible for carrying out excisions. Some years ago members of

this ethnic group became Christians. The question of excision was discussed and, like the government, the church has taken up a position against it. In recent years young Christian girls have tried to resist excision but one after another they finally failed. Social pressure is too strong.

Howa is the only one until now who has held out. What she has suffered because of her decision is difficult to imagine for those of us who are used to our 'human rights'.

But back to the story... When her mother's relatives understood that Howa had no intention of being excised, her uncle gave her in a forced marriage to a non-Christian man. He thought that once married, Howa's excision would be more certain



How can we encourage more open discussion of these issues, to allow these young girls to grow up without fear of excision?

Photo: Richard Hanson, Tear Fund

because her husband would have power to influence her. However, Howa had her own ideas about marriage. She also saw the trap and ran away to hide in the home of Christians who protected her.

All this led to quite a lot of persecution. She was beaten more than once. Finally she found help and protection from the government. With the help of the local authorities, she was free to return to her village but she preferred to stay closer to the Christians.

One year later she married a young man from the church. Eight months later Howa received a visit from her mother. Howa was now pregnant. Her mother could not believe that Howa had married a Christian and was ready to have a baby without first being excised. That had never been done in the past and the mother did not want her daughter to be the first to spoil a tradition! All the maternal family would be ashamed.

Howa resisted her mother in all her attempts to trick her to go to her parents' village. She now feared for her own safety (from beatings) as well as the very strong pressure of her parents – insults, curses etc. During the weeks before the birth the pressure grew. Her mother took the problem to the chief for him to judge. Howa and her husband were called to a meeting with the chief, the mother, and many of the old people. Howa's husband was accused of stealing his wife because he had not received permission or blessing from the mother's family.

Howa's mother begged and cried before the chief, asking him to help her force Howa to be excised. The chief could do nothing for the mother, however, because of the law of the land which he knew very well. He advised the mother not to force her daughter but, if necessary, to curse her (and, in fact, to disinherit her). The mother followed his advice and in front of the other people, she told Howa that she regretted the day she had brought her into the world.

Later, Howa gave birth to a beautiful, healthy boy. All the Christian community rejoiced. However word went round that the people who were against the young couple had asked

the fetishes (special objects believed to have magical powers) for the life of either Howa, her husband or her baby.

Howa's maternal relatives now contacted her husband's extended family. Both of these two large family groups acted together against the young couple. It was very difficult for them to live normally. They were often threatened and insulted. More than once the parents came to kidnap Howa but they failed. The neighbouring Christians supported Howa and her husband, and the police and local government came to give protection when asked.

The officials saw their task as bringing peace between the two groups. As Howa's marriage was official, and recognised by the state, in principle the government was on the side of the young couple. The maternal relatives insisted that the marriage was no longer valid and demanded a divorce and the return of their daughter.

And then, while all this was going on, Howa's baby died after an illness lasting two days!

The story still continues today. For the moment, Howa has returned to her father's home to show that she was not stolen but that she decided to marry the young Christian. She has still not been excised. But one of her Christian friends has just been excised three days ago...

Notes for discussion...

- Some of our readers might perhaps say to themselves, 'I really do not understand at all how this pressure can push a girl to ask for excision.' But in Africa, group pressure is very strong – the 'group' is more important than the individual. In a case like that of Howa, she wants to do something that the group has not accepted and the group will do everything it can to force her to conform.

What kind of influences may alter group beliefs in the case of vital issues such as excision?

- Excision is often taken as proof that a woman is brave. It may be thought of as a question of pride. Women do not wish to be known as weaklings. They want people's respect. Insults and other pressures can push a girl to have an excision.

How can women like Howa be supported through this kind of continual pressure?

- Old people claim that after excision a girl becomes docile and will stay faithful to her husband.

What kind of answers can we give in reply to this claim?

- The old women who carry out excisions think they are modern because they have replaced the traditional knife and now use a new blade for each operation.

These old women are often vital in maintaining customs such as excision. Can you think of helpful ways in which they could be encouraged to look at other points of view?

- Some say that men encourage excision as a means of exercising power and control over women.

What can men do to encourage discussion of these issues?

Menopause

ANOTHER CHANGE IN OUR LIVES

by Sandra Michie

THERE ARE SEVERAL IMPORTANT CHANGES in a woman's life that include:

- puberty
- childbearing
- menopause.

The start of puberty is seen by the physical changes in a girl's body, leading to her first period. In the same way there are physical changes when the time of reproduction comes to an end. Many women scarcely notice the changes, except for relief that monthly bleeding stops. For others there are various symptoms that can result from the hormonal changes in their body.

Some women celebrate this change with joy, just as the first signs of maturity were celebrated as a young girl. The end of the reproductive years can bring a new sense of freedom. It brings relief from the fear of further pregnancies and relief from the problems that may have been associated with menstruation. Many women welcome the freedom to spend their time caring for grandchildren or in other activities.

Other women feel ashamed by the menopause. They feel less of a woman because they can now no longer have children. In societies where child-bearing is the main role of a woman, this can be a particular problem.

However, one thing is common throughout the world. This is that many men and women understand very little about the effects of the natural changes taking place in a woman's body around the time of the menopause. These changes are slow. They usually take place between 45 and 55 years of age. They are a result of the changes in the sex hormones in her body. The most obvious and permanent change is when her periods actually stop. That usually happens after they have been different for a few months: perhaps less bleeding each time; or much heavier bleeding; or not so regular. It is only

■ In some cultures men believe that women can no longer have sex after the menopause. If they do, they will swell up as if pregnant and then die. Because of this men take young girls as second or third wives.

Are there similar beliefs in your culture? How and when can these beliefs be discussed openly?

after a full year without a period that a woman can be sure she has left her child-bearing years behind her. Until that time there is still the possibility of a pregnancy.

Other temporary signs of the menopause affect all women differently. Some women notice very little change. Others notice various effects:

- hot flushes
- night sweats
- disturbed sleep
- tiredness
- various aches and pains in joints
- dry vagina

The end of the menopause can bring a new sense of freedom.

- difficulty in concentrating
- moodiness
- depression.

These various signs will all pass eventually. The woman can then begin to enjoy her new freedom. For some women it can mean considerably more strength for daily living as they no longer have the regular monthly bleeding of heavy periods or frequent pregnancies.

A long term effect of the menopause is that bones can become weaker and break more easily. Many women grow shorter as they become older. Sexual relationships may be affected by the dryness of the vagina, but this can be helped by a simple lubricant. The freedom from any fear of another pregnancy can make sexual relationships much better than before.

During this time of change women should try to have a little more sleep than before, continue with plenty of exercise and eat healthy food. During times of frustration with hot flushes, the feeling of tiredness or poor memory, she needs to remember that in a short time it will pass and she will feel much better. The support, care and gentleness of her husband is especially important during these years.

Sandra Michie is a nurse who spent over 20 years working in Zambia in health care.



Photo: Richard Hanson, Tear Fund

Women's Groups, NGOs and Safe Motherhood

by Marge Berer

Reference WHO/FHE/MSM/92.3

A description of the different ways in which health care for women can be improved at grass roots level. It is full of case studies, practical examples of the problems faced and action taken by NGO groups around the world. It contains useful address lists for groups working to promote women's health and resources. It is available, free of charge, in English only, from: WHO
1211 Geneva 27
Switzerland.

Female Genital Mutilation

A briefing pack containing background information, details of further reading, some case studies and contacts of organisations throughout Africa active in awareness raising of these issues. Available free of charge, in French and English, from WHO at the above address.

Obstetric Fistulae: a review of available information

Ref WHO/MSM/91.5

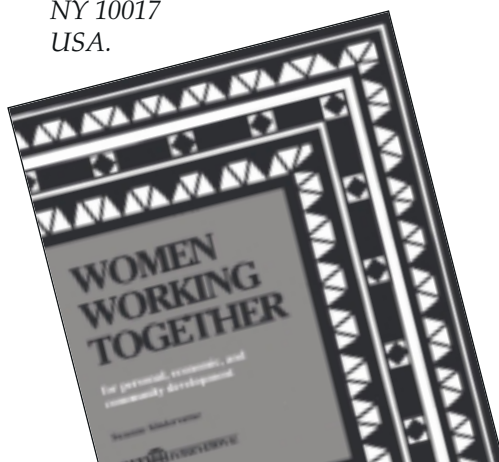
For surgeons and medical experts only! Useful information on the surgical treatment of fistulae worldwide. Free of charge in French and English from WHO at the above address.

Women Working Together for Personal, Economic and Community Development

A manual developed through years of practical experience in working with women. It begins with setting up groups, assessing women's needs and ideas. Each section is divided into sessions which makes it easy to use. Over 40 participatory learning activities are included for use in the sessions. It looks at many subjects, including local resources, work options, basic record keeping, loans, legal rights and family relationships.

A very useful, practical and well presented book. It is available in English, French and Spanish and costs \$16.75 (including postage). Available from:

Women Ink
777 United Nations Plaza
New York
NY 10017
USA.



Safe Motherhood Programs: Options and Issues

A detailed account of safe motherhood programmes around the world. Useful for health planners and administrators. Free to developing countries, \$10 elsewhere. Available in English, Spanish and French (shortly). Write to:

Ana Pagan
Center for Population and Family Health
60 Haven Avenue, B-3
New York
NY10032
USA.

Safe Motherhood

This newsletter is published three times a year in English, French and Arabic. It looks at a variety of women's health issues. It is sent free to people concerned with maternal health. Write to:

Safe Motherhood
WHO
1211 Geneva 27
Switzerland.

Nigerian booklets

Several voluntary organisations in Nigeria would like to offer their services more widely. They are offering free copies of an informative booklet providing teaching about AIDS, called *AIDS – Your Responsibility*. Information about Nigerian newsletters is also available. Write to:

Health is Wealth Organisation
PO Box 296 Oraifite
Nnewi North
Anambra
Nigeria.

A further booklet, *How to Stay Healthy* by Dr Chirtaco, is available free of charge from Roseline N Igwililo at the same address, but with a different PO Box – Box 45.

Setting Up Community Health Programmes

A practical manual for use in developing countries

by Dr Ted Lankester

Ted is an active member of the Footsteps Committee with many years experience in North India. This is a new, revised Indian Edition of his book, originally published in the UK (available through TALC).

NEWS

FOR TWENTY YEARS an Indian researcher, Dr Gursaran Talwar, has been working hard on developing a vaccine to prevent pregnancy. Many scientists felt his work was pointless, that what he was trying to do was impossible. However, after ten years of trials with animals, 88 women have now taken part in a successful trial for the new vaccine. Women who take the vaccine need a dose once a month for three months (during which they can still become pregnant). After three months they simply need a booster dose once a year and are then very unlikely to become pregnant. The vaccine

prevents a fertilised egg from implanting in the uterus. It does not affect a woman's normal cycle and does not change her hormonal balance, so there do not seem to be any side effects. When a woman wishes to become pregnant she simply stops taking the yearly injection.

It all sounds very encouraging. All trials for the vaccine should be complete by the end of 1995. However, it will probably still take 2-3 years before it becomes widely available.

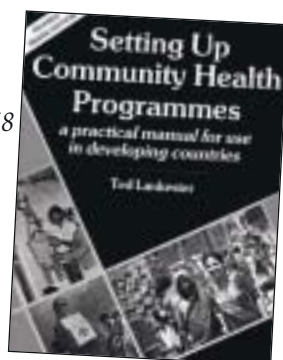
From IDRC Reports, January 1995.

This practical manual covers all aspects of setting up and running community health programmes. Particular emphasis is given to the need to consult the local community long before the programme begins. The community should be centrally involved in the planning, running and monitoring of the programme rather than simply receiving injections, medicines and advice from health workers. Later chapters look at working with partners in the community, decision making, monitoring and evaluation. The management of immunisation, TB, AIDS, maternity, family planning, and malnutrition programmes is covered, with plenty of practical tips.

The book is written in simple English and well illustrated. We thoroughly recommend this book to anyone concerned with community health care.

It is available at the price of 95 Rupees from:

CMAI
Plot 2 A-3 Local
Shopping Centre
Janakpur
New Delhi 110 058
India.



Agrodok Series

Several new booklets are now available in the useful *Agrodok* series...

No.12 Preservation of Fish and Meat

No.16 Agroforestry

No.14 Cattle Raising

No.15 Fish Farming

These booklets are always very practical and well illustrated. The cost of the booklets has risen to Dfl 12.50 (including postage). However, readers in Africa, the Caribbean and Pacific can ask for one or two of these booklets free of charge from:

CTA
BP380
6700 AJ Wageningen
The Netherlands.

All *Agrodok* booklets are available in French and English. However, several previous booklets are now also available in Spanish (S) and Portuguese (P), including...

No.4 Poultry Production (S) (P)

No.7 Goat Keeping (P)

No.8 Compost (S)

No.9 Vegetable Gardens (S) (P)

No.31 Storage of Agricultural Products (S)

No.34 Hatching Eggs by Hens or Incubator (S)

IIRR Courses

The International Institute of Rural Reconstruction (IIRR) offers regular short (2-4 week) courses on various development subjects including:

management, sustainable agriculture, development communication, community based health care, indigenous knowledge, home gardens and gender issues. These courses are designed for leaders and managers. They focus on practical and participatory approaches and draw on IIRR's 35 years of development experience. Courses are offered at IIRR's headquarters in the Philippines and in other countries on request. Full details are available from:

Mila Resma
Training Division - IIRR
Silang
Cavite 4118
Philippines.

Green Mango Chutney

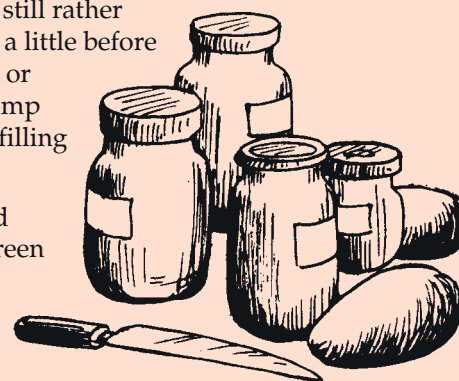
THE HOSPITAL OF ST FRANCIS, KATETE, in Zambia's Eastern Province, is well supplied with mango trees. This is typical of hundreds of other hospitals throughout tropical Africa, Asia and Latin America. What may not be so typical is the waste of mangoes at the beginning of the season. Small boys knock down unripe mangoes by throwing stones or sticks. A few are edible but most are bitten once and then thrown on the ground. A good solution for this waste (and a way of making money) is to use them for making chutney.

Chutney is a semi-sweet Indian preserve that is usually eaten with the main course to provide more interest and flavour. In cookery books you can find all sorts of complicated recipes for different chutneys using a wide range of fruits and spices. Our recipe is very straightforward. Where there is an Asian community they will readily buy chutney if it contains the spices they like.

Green Mango Chutney can be made very simply. Put 3 cups of vinegar and 3 cups of sugar into a pan and heat until the sugar has dissolved. Peel the green mangoes and cut the flesh into small cubes or slices until you have about 10 cups. Add these to the pan with 1 cup of chopped onion if available. Boil for 20-30 minutes, stirring occasionally. When the mangoes are soft add salt, pepper, chopped mint and 2 teaspoons each of ground ginger, cinnamon or any other spices that you like. More sugar can be added if it is still rather runny. Otherwise, allow to cool a little before bottling in clean jars and selling or eating. (Wrap each jar with a damp cloth to prevent cracking when filling with warm chutney).

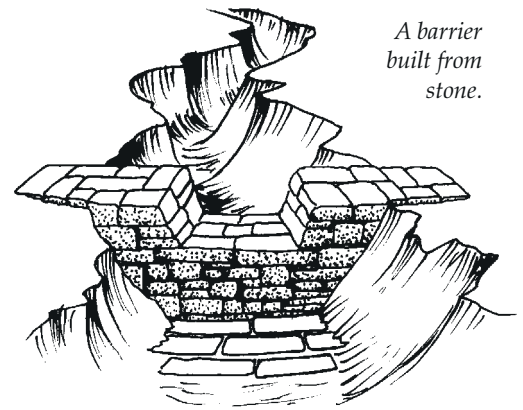
The same recipe can be followed with almost any unripe fruit. Green tomatoes make excellent chutney.

Ronald Watts



Gully erosion

Do you have gullies like this growing on your land?

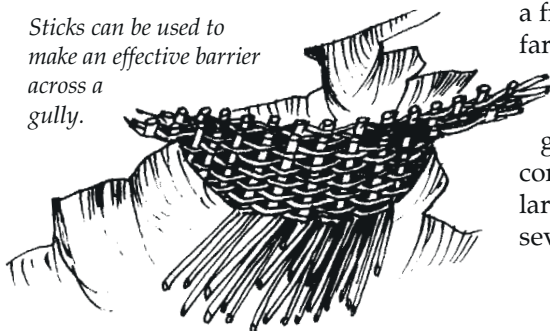


A barrier built from stone.

AFTER HEAVY RAINFALL, water will drain away. If soil conservation methods – such as barriers and plant cover – are not used, the rain water may carry soil with it. Small channels begin. As these grow, they are known as gullies.

Large gullies often develop along the sides of paths and roads. Small gullies (less than 25cm deep) can usually be controlled by making contour ditches and ridges. With large gullies this is not enough. They must be blocked to stop the erosion. Gullies that are not blocked will continue to grow deeper, causing more and more good soil to be washed away during heavy rain.

Sticks can be used to make an effective barrier across a gully.



1. Find where the gully begins

This is very important. Stop the erosion where it begins. Walk up the gully. Find out the source of the water that flows down the gully during heavy rain. It is very difficult to stop gully erosion just by blocking gullies. So much water may flow down the gully during a storm, that all the barriers may be washed away. First make cut-off drains, contour ditches and grass strips and plant trees to reduce the amount of rainwater that runs into the gully.

2. Encourage your neighbours

Often the water may be coming from land that belongs to other farmers. In a friendly way, explain to these farmers how important it is to control soil erosion. Farmers must work together to stop gullies from growing. Gully control needs community co-operation because a large gully usually passes through several people's land.

3. Build strong barriers

- Build barriers in the dry season. Use local materials – sticks, branches and rocks. (Very large gullies need wire, cement and special designs, and you will need expert help.)
- Build strong barriers every 4–5 metres. If using sticks, make two rows of strong sticks about ½ metre apart in the gully sides and floor. Bang them in at an angle, sloping towards the top of the gully. Put branches or stones between the two rows, pushing them down very firmly.
- Make the centre of the barrier lower than the sides of the gully. Water will then flow over the barrier during a very heavy storm. Otherwise it would flow around the barrier, weakening it.
- Put large, flat stones below the barrier. If water does flow over the barrier, the stones will stop any erosion inside the gully.
- Plant grasses such as vetiver behind the barrier and on the gully sides.

Soil will slowly collect behind the barriers. Over several years, the gully will fill up with soil again. Don't let new gullies begin! Control soil erosion everywhere on your land.

A farmer's wealth is in the soil. Don't lose it!

Published by

TEAR FUND



CHRISTIAN CONCERN IN A WORLD OF NEED

100 Church Road, Teddington, TW11 8QE, UK

Editor: Isabel Carter, 83 Market Place, South Cave, Brough, East Yorkshire, HU15 2AS, UK