

Women's Health Exchange

A resource for education
and training

A HESPERIAN FOUNDATION PUBLICATION



Issue No. 1, 1997

For better health, better education

by Sarah Shannon

Down a dusty road in a drought-stricken rural area, a group of women gathers expectantly in their village school to listen to the doctor who has come to give them a health class. They are there to learn how to care for themselves, tired of having their energy drained by illness. The doctor begins by talking about vaginitis, yeast and other infections of the genitals. Sitting in rows of desks, the women seem interested, but it's hard to tell because they are never asked to speak or react. The doctor continues, saying that women get these problems because they do not keep themselves clean. She also warns them about what they must do to keep from spreading the diseases when they have sex. The women begin to fidget—they've heard this before....

This doctor may mean well, but in her class she tells the women only how they are to blame for their health problems. By teaching in this way, she distances herself from the women and loses an opportunity to involve them in thinking about the causes of—and solutions for—their health problems. Many of us make this mistake when doing health education, particularly about women's health issues: in the way we present health information, we blame the woman and fail to recognize the underlying social, economic, political, and cultural conditions which affect her health.

Too often, health education is directed mainly at solving health problems by getting individual women to make changes in their behavior. Unfortunately, focusing only on changes that each woman must make individually seldom addresses the root causes of most health problems. Likewise, important barriers to good health are often difficult to address on one's own. Women are told to prevent sexually transmitted diseases by getting their husbands to use condoms. And to prevent vaginal infections, the doctor above simply said the women must bathe more often. But a woman's husband may beat her or cast her out for suggesting he use a condom. And water may be too scarce for her to bathe often.

If that same doctor had instead acknowledged the shortage of water and the difficulties of keeping clean in drought conditions, and invited the women to think about how to do so, the health class might have turned into a discussion. This might have encouraged the women to think about realistic and practical ways to improve their hygiene. By helping the women to come up with their own solutions, the same health class could have been an empowering experience that might even have led into a larger process. Although it rarely seems so at the time, when a group of

women decides upon a common action to solve common problems, this is community organizing!



But we should not be too harsh with the doctor in this example. More and more, health workers are understanding the importance of root causes—especially poverty—in causing health problems. But even with that understanding, it is a much greater challenge to take into account the impact of the woman's lack of power in her relationships and in society.

Like poverty, this lack of power not only affects a woman's health but severely limits her ability to change her circumstances by herself. Without a better understanding of this reality, it is difficult to develop and carry out truly effective health education programs.

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A new fund for creative health education projects

Profile: Arab Resource Collective

by Elena Metcalf

The Arab Resource Collective (ARC) was founded in Cyprus in 1988 to develop and produce Arabic language books, teaching aids, and other educational resources for use in community-based health education and development projects, and to facilitate communication and networking among individuals and programs throughout the Arab World.

The idea for creating ARC arose during a 1987 regional workshop held in Cyprus. Many of the participants, who had gathered to talk about rewriting the Arabic version of *Where There Is No Doctor*, agreed there was a need for better education and training resources to support local health workers.

As in most regions of the world, the Middle East is undergoing a "period of transition" that features an increase in social and economic inequality. After decades of wars and misuse of natural resources, the imposition of market-led economic measures is now adding to the social pressures. More and more groups of people are being alienated and marginalized—deprived of the means to have a decent life and control over their lives.

May Haddad, ARC's medical director, explains: "In times of economic recession, already tight health budgets are the first to be slashed, and plans for expanding health services abandoned. In almost all

of these countries, health policy is still biased in favor of expensive curative and high-tech Western medical models that cannot be sustained. Limited budgets are spent on modern hospitals in urban areas that (when functioning) serve only a very small percentage of the population.



"The entire Arab World suffers from an approach that defines health in terms of medicine and medical care while clean water, adequate food and sanitation—basic requirements for health maintenance—are put aside.... Women, in the Middle East as elsewhere the major consumers of health services, are the prime victims."

In this context, ARC's ultimate purpose is to empower people through knowledge and communication. Their immediate objective is to help equip community health workers and NGOs with the tools and skills they need to be more efficient. This includes supporting them with:

- organizing self-help initiatives
- resources that respond to their needs
- training to use these resources
- regional workshops to exchange work experience, identify common needs and challenges, and enhance the understanding of their role within society.



ARC's primary focus is, and always has been, primary health care. But they have become especially active in some specific areas of work, including disability, the rational use of drugs, and projects aimed at improving the lives of children. A major focus is on improving the skills that *murshidat* (rural women health workers) can use to provide care to their rural and poor urban communities. As May Haddad emphasizes, the need for this kind of program is urgent.

"The medical hierarchy in Middle Eastern countries today reflects the sexual hierarchy of Arab societies: women, historically providers of health, have been marginalized, and men have taken over. Women's skills in healing and health provision are devalued, and traditional midwives are often cast aside. The monopoly of expensive medicine continues as few question the reasons for medical management of childbirth, the increasing numbers of cesarean sections and hysterectomies, and overuse of medicines."

This drawing is from the chapter titled "Growing Older" from *Where Women Have No Doctor*. ARC has already begun translating the book into Arabic. They plan to use it as part of their women's health training program.



تمشي مدة ٢٠ إلى ٣٠ دقيقة يوميا.
التمشي يقوي العظام.

[Walk for 20 to 30 minutes every day.
Walking makes the bones stronger.]

You can contact the Arab Resource Collective at: ARC, PO Box 7380, Nicosia, Cyprus
Tel: (357-2) 476741, Fax (357-2) 476790
e-mail: arccyp@spidernet.com.cy

Cancer of the cervix

A training guide to promote awareness

Cancer of the cervix—a leading cause of death for women everywhere—can be treated and cured if it is found early. It can be prevented by reducing a woman's exposure to the virus that causes it, as well as to other conditions that make cancer more likely to develop.

About this training guide

An important first step in preventing deaths from cancer of the cervix is to raise awareness about how the disease develops and what increases a woman's risk for getting it. Knowing this can help individual women protect themselves, and helps communities improve treatment.

The center of this training guide contains suggested activities for learning about cancer of the cervix. We start (on this page) with some basic information which you may find useful as you work with women. The last page has information for working to prevent death from this kind of cancer.

Please feel free to adapt the activities so they are appropriate for your situation or community.

Other resources

This guide uses ideas from the Hesperian Foundation book, *Helping Health Workers Learn*, which includes many more ways to teach health information and encourage thought and discussion. Hesperian's new book, *Where Women Have No Doctor* (available now in English and 1998 in Spanish) has more information about women's health, including cancer.

PATH (Program for Appropriate Technology in Health), which contributed information to this guide, has contact with many programs around the world that work to prevent cancer of the cervix. PATH can be reached at:

4 Nickerson Street
Seattle, Washington 98109 USA
Tel: (206) 285 3500

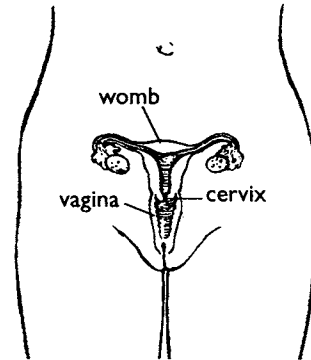
Facts about cancer of the cervix

What is cancer of the cervix?

Cancer is a disease in which cells that used to be normal change so they begin to grow and multiply in an uncontrolled way. Cancer of the cervix starts in the opening of the womb (the cervix) and in later stages may spread through the womb and to other parts of the body.

Cancer of the cervix is...

- ... the most common cancer for women in poor communities.
- ... cured fairly easily if it is discovered early.
- ... painless at first, and slow growing, often taking 10 years to become advanced.
- ... more likely to be found in women older than 35 years than in younger women.
- ... often not found until it has spread and becomes more difficult to treat.



What causes cancer of the cervix?

Most cancer of the cervix is thought to be caused by a sexually transmitted disease (STD) called human papilloma virus (HPV). HPV is the same virus that causes genital warts. So, a woman who has had genital warts is more at risk for developing cancer of the cervix. A woman can be exposed to HPV any time she has sex (or has any genital contact) without using a condom with a man who has the virus. Men and women both can be infected with HPV without having any signs.

Things that may increase a woman's risk

- Unless a woman has *always* used a condom during sex, she is more at risk if she...
- ... started having sex during the first few years after her monthly bleeding began.
- The cervix goes through certain changes during those years that make it easier for a young woman to become infected with HPV.
- ... has had more than one sex partner.
 - ... has or had a partner with more than one sex partner.

Although the reasons are not all understood, a woman may also be more likely to develop cancer of the cervix if she...

- ... has had other sexually transmitted diseases.
- ... smokes tobacco or breathes tobacco smoke at home or at work.
- ... has poor nutrition.
- ... has relatives who have had cancer.
- ... has had many pregnancies.

Possible signs of advanced cancer of the cervix

Please note: these signs may also be caused by other illnesses. They do not always mean a woman has cancer.

- Unusual bleeding from the vagina.
- A pinkish or bad-smelling discharge, or a bad smell, from the vagina.
- If the cancer is very advanced, signs may include pain in the legs, lower belly, or back, or pain while passing urine.



Learning activities guide:

Maya's story

When Maya 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 Maya'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 Maya was 14, and old enough to be married, she cried when she realized her dreams would never come true. It was already arranged: Maya would marry a man who her father had chosen because he would be a good husband. He had some land, and offered Maya's family the best economic possibility. Maya had no choice in the matter.

With the birth of Maya's second child—a son—her husband stopped insisting on sex so often. Maya 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, Maya was using the latrine and she noticed a bloody fluid coming from her vagina when it wasn't time for her monthly bleeding. She had never had a health exam, but now Maya 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.



Maya was 40 when she began to suffer constant pain low in her abdomen. The pain worried her, but she didn't know who to talk to about it. Some months later, Maya 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, Maya got some medicine for the vaginal discharge, although the health worker did not examine her first. Maya returned home that night, exhausted and upset that she had defied her husband and spent her friend's savings. As weeks passed, Maya's health continued to worsen, and she became discouraged, realizing that something was still wrong.

Finally, Maya 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, Maya was able to be 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. Maya went home, and in less than two months, she died.



Using Maya's story to promote awareness about cancer of the cervix

Health educators can help women become aware of the importance of reducing the risk for cancer of the cervix, and why finding it early can reduce deaths of women in their community. Sadly, Maya's story is not unusual. Each year, thousands of women needlessly die of cancer. By looking into the many factors that contributed to Maya's death, we can consider ways to prevent other deaths.



Reflecting about Maya's story

Maya's story is a good place to begin thinking and talking about how to find and prevent cancer of the cervix. Use the story as a learning tool, either by having women read the story themselves, or listen to someone tell it.

Make Maya's story come alive by telling it with pictures, to help people "see" what is happening, and adding details to make the story more appropriate for your community. You can use photos and drawings from magazines or photonovels, or other materials such as puppets or dolls. Then, encourage thought and discussion by asking questions about how people think the characters might feel in each situation and how the listeners felt as the story unfolded.

cancer of the cervix

Building a chain of causes

Why did Maya die? As we look closely at the story, we see that there are many reasons why cervical cancer is a leading cause of death among women throughout the world.

But why...? is a question game that helps people recognize the complex chain of causes that lead to illness and death. In this activity, ask the group for ideas about what led to Maya's death. Each time an answer is given, ask "But why?", guiding the group to explore as many causes as possible. For example:

Q: What caused Maya's death?

A: She died from cancer of the cervix.

Q: But why did the cancer become strong enough to kill her?

A: She didn't get the medical attention she needed to find the cancer early.

Q: But why didn't Maya get the health care necessary for finding the cancer early?

A: Because she was too poor to go to a health center.

Continue the "chain" until you run out of questions. Then you can return to an earlier link and ask for more underlying causes. For example:

Q: But why else didn't Maya get the necessary health care?

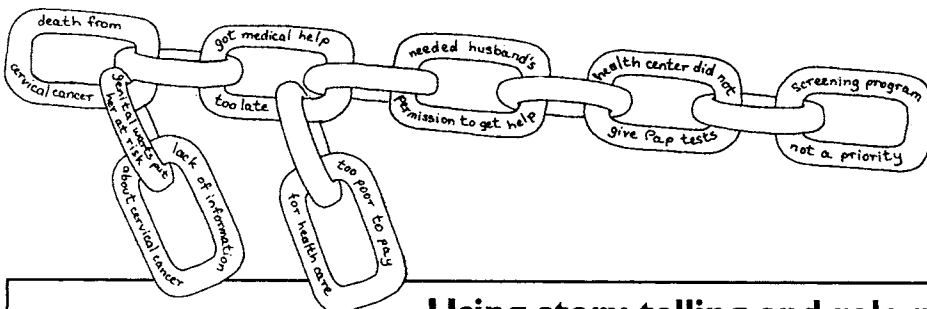
A: Because the health center did not give Pap tests.

and

Q: But why did Maya get cancer of the cervix?

A: Because her husband had warts on his penis, which put her at higher risk.

The "but why" game continues, as people contribute the reasons for Maya's death. An actual chain of causes, drawn on a blackboard, or made of cardboard or flannel can be used to illustrate the causes that led to Maya's illness and death. Every time another reason is suggested, a new link is added to the chain. In this way, people can analyze the biological, physical, and social (cultural, economic, and political) causes of illness, showing that social causes usually lie behind and are more numerous than other reasons. (More details about this activity appear in Chapter 26 of *Helping Health Workers Learn*.)



Sharing experiences, knowledge and insights

As they deepen their understanding of the many causes of Maya's death, encourage the group to think about how their own situation is similar, or different. You might start a discussion by asking if anyone has had a similar experience with illness in their family or community. By including a discussion of common experiences and feelings, as well as learning facts about cancer of the cervix, women learn that they are not alone and that emotional support and solidarity can help ease the fear and isolation of illness.



Beginning to make changes

Encourage the group to begin thinking of actions they can take to help reduce deaths from cancer of the cervix. For example, start by looking again at the chain of causes leading to Maya's death, and have the group try to find links that could be changed to make Maya's story have a happier ending. Tell the story again, incorporating the actions that would make a positive difference.

Using story telling and role playing

Story telling is a traditional and effective tool for learning, especially when followed by discussion to deepen understanding.

There are many ways to tell and use stories. For instance, role playing is a simple way of telling a story actively, and is especially useful with people who are more used to learning from life than from books. Each player takes on a role, and tries to act and speak the way that person would, or should.

There is no script or memorizing parts. Try building a role play based on the story of Maya, adding characters (such as a health worker, Maya's friend, other family members) to make the story more complete. This method works well with audience participation, as people give their suggestions to the players.

Many more ways to use stories as a learning tool may be found in Chapters 13 and 14 of *Helping Health Workers Learn*.

Reducing deaths from cancer of the cervix

Many deaths from cancer of the cervix could be prevented. Slow-growing warning signs of cancer can be seen on a woman's cervix, which is relatively easy to examine. Early signs of cancer of the cervix are usually found using a *Pap test*. This is a simple, painless test using a few cells taken from a woman's cervix, which are then put on a slide and looked at under a microscope for abnormalities. Some even simpler new methods, which do not require a microscope, are being tried in some communities where resources for Pap tests are scarce. These tests are called *visual inspection* (see box).

How often women should be tested

To find cancer of the cervix early enough to treat it simply, women should get a Pap test every 2 to 3 years, or if this is not possible, at least every 5 years.

Caring for women with early signs of cancer

For good cancer prevention, women with unusual cells should be tested again in 6 months or a year to see if the cervix is worse. Sometimes a special tool called a *colposcope*, which magnifies the cervix, is used to examine these women more closely. Treatment, if it is done in the early stages, can be quite simple, using methods that remove or destroy the abnormal tissue.

Community actions to prevent cancer of the cervix

Many people do not know about the risks for cancer of the cervix, and how finding it early can prevent death. To change this:

- Teach women, men, and health workers about how they can prevent cancer of the cervix by reducing risk factors women face, especially their exposure to HPV. It is most important for women to be able to protect themselves from STDs, and to wait until they become older to begin having sex.
- Teach women, men, and health workers how cancer of the cervix is found, and how finding it early can prevent death. Encourage women older than 35 to be examined for signs of cancer of the cervix at least every 5 years.

In many parts of the world Pap tests are not available, or are not available for those women most at risk. This may be because health services are not delivered well, especially in very poor or rural areas, or because many governments and international health agencies have given women's health problems less attention than other health concerns, such as controlling certain diseases that spread between people.

Effective screening programs may seem very costly, but they are cheaper than treatment. Programs can help the most women while costing the least if they:

- target older women. Women over 35 are more at risk.
- test as many women as possible, even if this means testing them less often. Testing all women at risk every 5 to 10 years will find many more cancers than testing only some women more often.

Local health workers can also be trained to give Pap tests, or can learn a visual inspection method for examining the cervix.

With more information about the problem and ways to examine more women, communities could prevent many women from dying of cancer of the cervix



Cervical cancer screening programs are most effective when they target women over 35.

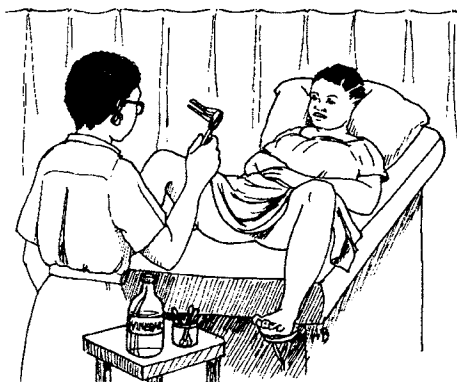
— New developments in women's health —

Visual inspection: a new way to screen women for early signs of cancer of the cervix

In many poor communities, screening programs for finding early signs of cancer do not exist or are not very effective. Screening for cancer of the cervix is an example.

Until recently, Pap tests have been the only screening method available for cancer of the cervix. Although Pap tests are not expensive, they require someone trained to take cells from a woman's cervix, and access to a laboratory where cells can be examined under a microscope. Because women must wait or even return to get the results of the test, ensuring follow-up care can be difficult.

A promising new method being studied involves putting a vinegar solution (acetic acid) on the cervix and looking at it, sometimes with the aid of a low-power magnifying tool.



The vinegar makes tissue that is not normal turn white, so it becomes easier to see.

This method is called visual inspection. Especially where health care resources are scarce, visual inspection could be very helpful for introducing or expanding screening

programs, since it requires training only in recognizing what normal and abnormal tissue look like. It does not require slides, dye, a microscope, or a laboratory. A recent study in Indonesia showed that this method was effective at finding a large percentage of developing cancers, and that many types of health care workers—nurses or midwives for instance—could be trained to use it.

Thanks to PATH for the information presented here.

Better education

continued from page 1

In the process of writing *Where Women Have No Doctor* we have learned a tremendous amount from groups around the world who have shared with us many successes and challenges. These groups are working to present women's health issues in ways that empower women—and men—in their communities to take active steps to improve their health. We have been inspired by their creativity and determination and believe that many others could learn from them.

In order to provide a forum for all of us to share our practical experiences and insights as organizers and educators around women's health issues, we are launching this participatory newsletter. In the current global climate of reduced services and increasing poverty, building on each others' knowledge and expanding our connections are more necessary than ever. We invite you to contribute your experiences, achievements, and current challenges in women's health and health education. By helping each other learn we will be able to strengthen our efforts to improve women's health everywhere.

Sarah Shannon is the Executive Director of the Hesperian Foundation.

Translations of *Where Women Have No Doctor*

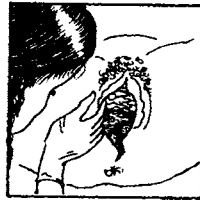
Hesperian has always encouraged local communities to adapt and translate its books. This makes the information in them as widely accessible as possible. *Where There Is No Doctor* for instance has been translated into more than 80 different languages.

We are pleased to say there are already more than 15 groups interested in translating *Where Women Have No Doctor* into local languages. Translations have already begun in Arabic (see the article about ARC on page 2), Chinese, Burmese, Haitian Creole, and of course Spanish, which will be available directly from Hesperian in 1998.

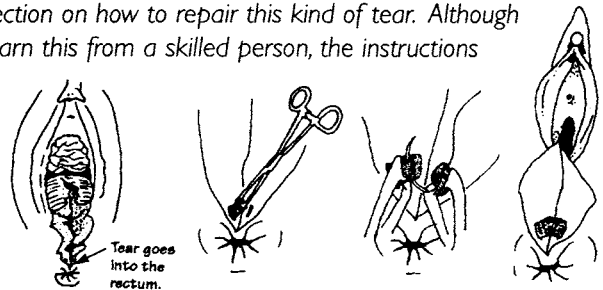
Using books to improve women's health

by Jane Maxwell

In the middle of the night, in a remote region of Goroka, Papua New Guinea, a woman is giving birth, and it is not going well. She is very weak from many hours of labor, and cannot push with the contractions anymore. Suddenly, the baby comes out very quickly, and the mother's skin tears open from the birth canal through the anus and rectum. Her birth attendant, who has been delivering babies for 15 years, has never had a woman tear this badly before.



Once the afterbirth comes out, she begins looking through a book she received recently, written especially for midwives and birth attendants, and finds a section on how to repair this kind of tear. Although the book says it is easiest to learn this from a skilled person, the instructions that follow are clear. With the help of the many illustrations, she is able to sew the wound correctly, saving the woman from a lifetime of serious health problems.



This true story is only one example of how books can provide a crucial medical service in a community. The book the midwife in Papua New Guinea used is *A Book for Midwives*, a comprehensive guide to caring for women and babies before, during and after birth, published by the Hesperian Foundation. That book and the newly-published *Where Women Have No Doctor* were written to address a growing need for easy-to-understand health care information for women. Communities and individuals without access to doctors or other health professionals can take care of many common health problems, even serious ones, if they have appropriate information.

But Hesperian's goal is not just to provide information about how to treat medical problems. We believe that good health care is a basic human right and that people can and should take the lead in their own health care. We want to help people know and understand their bodies during sickness and health, and be able to use all their available resources for making good decisions about their health.

People also need information to decide how to prevent health problems from happening again. This often means thinking about the underlying causes of those problems, and working with others to create lasting solutions.

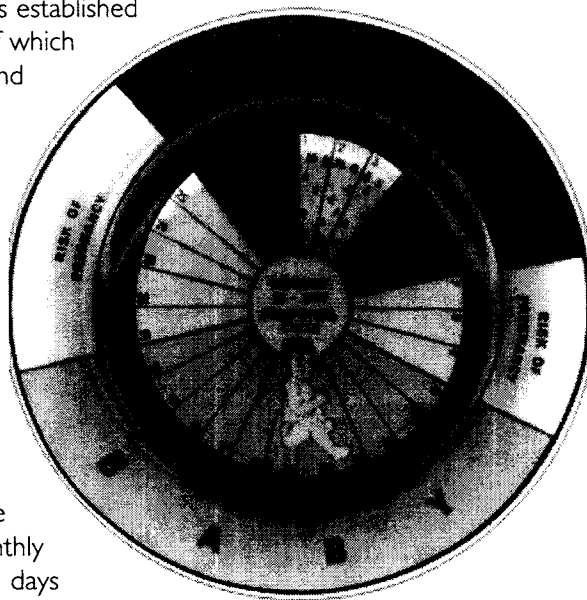
Hesperian books have always been written with an understanding of the way conditions like unequal distribution of land and wealth affect health. But in working with many women around the world to develop *Where Women Have No Doctor*, we have become more aware of the ways a woman's health and her ability to care for herself are connected to her status in her family and community.

Improving women's health depends on more than just medical information and community development. It requires challenging many social, cultural and political obstacles that stand between women and good health. Hesperian books provide information about overcoming both the medical and social causes of sickness—because knowledge and empowerment go hand in hand on the road to better health.

For information about Hesperian books, write to us at the address on the back page.

Creative education fund

The Hesperian Foundation has established a Creative Education Fund out of which we will give small grants (of around \$1,000 each) to assist grassroots health organizations in adapting *Where Women Have No Doctor* and *A Book for Midwives* into video; radio, street theater, flip charts, popular art, simple printed materials, and other means of educating women with few or no literacy skills. For example, the illustration here shows a plate produced by a group in Sri Lanka that shows the different parts of a woman's monthly cycle. The plate is divided into 28 days with the fertile days colored green, and the "safe" days, when a woman is much less likely to get pregnant, colored reddish brown (the days with little drops are the monthly bleeding).



We expect to award 20 to 30 grants, beginning at the end of 1997 and continuing throughout 1998. If you are interested in receiving more information and a grant application form, please write to us at the Hesperian Foundation.

The *Women's Health Exchange* is a publication of the Hesperian Foundation. The Hesperian Foundation is a non-profit organization committed to improving the health of people in economically poor communities throughout the world by providing tools and resources for informed self-care. We believe that people can and should take the lead in their own health care.

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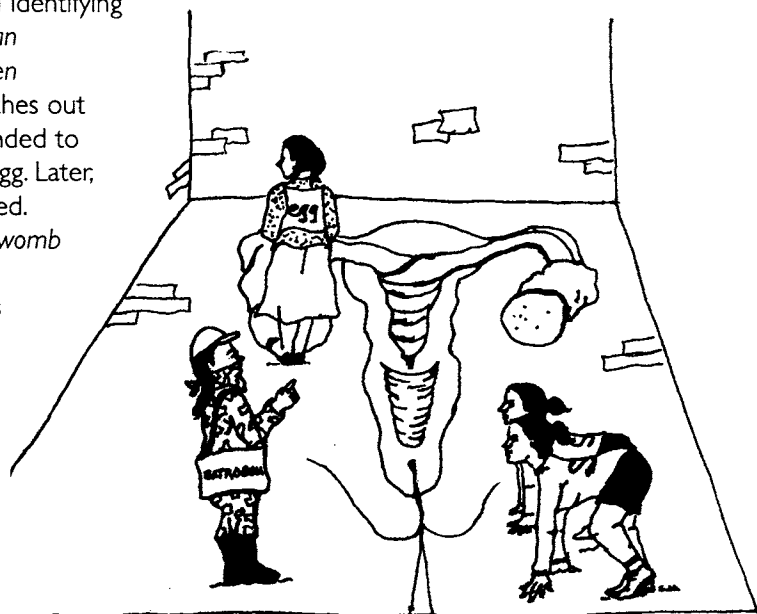
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Sharing solutions

Many women's groups have contacted us requesting simple and fun ways to teach women about their bodies. Here is a great example sent to us by the Commission for the Indigenous in Oaxaca, Mexico. They have used it to teach about menstruation and pregnancy. The ski masks and military names use the local popularity of the Zapatista struggle in southern Mexico.

To teach menstruation, draw a huge pelvis, ovaries, tubes, and uterus on the patio... Have everyone wear ski masks and identifying names... as *Comandante Hipofisis*, *Capitan Estrogen*, *Capitan Progesterone*, etc. *Com. Hipofisis* commands *Capt. Estrogen* to order the ovary to release an egg. The egg then marches out and waits in the tube while *Capt. Progesterone* is commanded to order the uterus to prepare the lining for the fertilized egg. Later, *Com. Hipofisis* checks to see if the egg's partner has arrived. Hearing a negative reply, she commands the lining of the womb to leave the uterus, making menstruation. The cycle is repeated, but this time there is fertilization. Many actors labeled as *acid* and *mucus* wait in the vagina while many called *sperm* fight to pass them and finally arrive in the tube. One meets the egg and there is great jubilation...



If there is a problem you or your group would like help with, or if you have solved one and would like to share your solution, please write to us at the Exchange, care of the Hesperian Foundation.