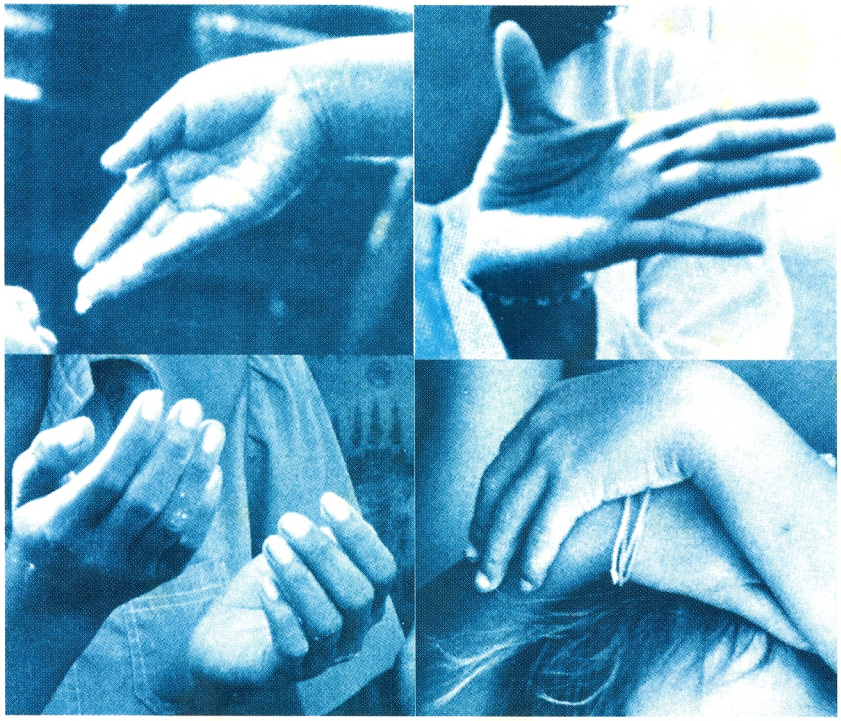

SECTION 6

ANNOTATED BIBLIOGRAPHY

WOMEN-CENTRED AND GENDER-SENSITIVE EXPERIENCES

CHANGING OUR PERSPECTIVES, POLICIES AND PROGRAMMES ON WOMEN S HEALTH IN ASIA AND THE PACIFIC

A RESOURCE KIT PRODUCED BY THE
ASIAN-PACIFIC RESOURCE & RESEARCH CENTRE FOR WOMEN (ARROW)

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ARROW is a non-profit, non-governmental organisation based in Malaysia which provides practical information, resources and research findings on women and development in the Asia-Pacific region. ARROW's programme focus is on women and health. ARROW aims to strengthen initiatives to reorient health, population and reproductive health policies and programmes with women's and gender perspectives. At the same time, it also intends to improve women NGOs' capacity to influence health, population and family planning organisations at all levels. This ARROW achieves through the collection, generation and dissemination of timely, relevant and action-oriented information on women's health to key organisations and individuals.

The opinions expressed in the case studies of this resource kit are the authors' own responsibility and do not necessarily reflect the views of ARROW.

INTRODUCTION

This bibliography is a selection of abstracts of key materials from ARROW's Documentation Centre related to the themes of the resource kiT. The materials thus focus on change in conceptual frameworks, perspectives, policies and programmes towards more appropriate and responsive policies and programmes to meet women's health needs. Practicality was a main selection criteria, thus abstracts of a number of handbooks and manuals on gender planning or gender training have been included. Several key monographs on women's health and women's perspectives on population and fertility regulation are also included. The bibliography has been organised according to the four sections of the resource kit: 1) Framework for Change; 2) Perspectives for Change; 3) Policies for Change; and 4) Programmes for Change, indicated by the running titles on the side of each page. Materials are listed alphabetically according to the author. Many more abstracts of materials on these themes are available in other ARROW publications — *Gender and Women's Health, Information Package No.* 2,1996, *Reappraising Population Policies and Family Planning Programmes: An Annotated Bibliography. ARROW Bibliography Series: 1* (1994), *Towards Women-Centred Reproductive Health, Information Package No. 1* (1994) and "From the Documentation Centre", in ARROW's bulletin, *ARROW's For Change,* all issues. Photocopies of materials listed can be obtained as an information service of the Documentation Centre (subject to copyright laws) or more details of the publisher source can be provided.

Asian-Pacif ic Resource & Research Centre for Women (ARROW). **1996. *Gender and Women4 Health: Information Package No. 2*.** Kuala Lumpur: ARROW. v. p.

Both the ICPD Programme of Action and the Beijing Platform for Action stress the importance of gender relationships as a determinant of women's health status. These documents also highlight concepts such as "gender equality", "gender sensitisation", "male responsibility", "women empowerment" and "women's rights, including "reproductive rights". As relatively new concepts and terminology, many of those working in the areas of health, population and family planning have been asking questions like, "How do we link these concepts to the area of women's health?", "What is so critical about women's health status from a gender standpoint?" or "How do we translate gender analysis into action?" In order to address these questions and many more, the Information Package is put together to provide conceptual clarity on the issue of gender and women's health, and guidelines and models to follow in carrying out gender analysis in health policies and programmes, within the context of the Asia-Pacific region.

The package is arranged into three booklets: "Conceptual frameworks", "Ideas for action", and "An annotated bibliography". These booklets consist of important and recent articles written by researchers, health professionals, women's health advocates and gender specialists. All materials in the package are available at the ARROW Documentation Centre.

The Canadian Council for International Co-operation (CCIC); MATCH International Centre; The Comite Quebecois Femmes et Development (CQFD). **1991. Two *Halves Make a Whole: Balancing Gender Relations in Development.*** Ottawa: Canadian Council for International Co-operation. 174 p.

Around the world, activists, academics and development practitioners are shifting from the "women in development" (WID) framework to "gender and development" (GAD). The shift reflects a change in focus from women and their exclusion from development initiatives to one of gender and the mechanisms underlying the inequalities between women and men. The move from WID to GAD represents a change of approach and a new challenge to the development process as a whole. Two Halves Make a Whole presents an overview of the GAD approach and was written primarily for Canadian NGO managers, staff and volunteers interested in increasing their effectiveness in international development work.

This handbook is divided into five parts. The first part examines the emerging GAD theory, GAD analytical tools, and the implications of GAD analysis for Canadian NGOs. Part II focusses on GAD training, from tips on designing a GAD training programme, to recurring GAD training issues, and even sample workshop training formats. Part III looks at the concepts of using case studies as a GAD learning tool. Part I V provides detailed GAD case studies including actual field work studies from Indonesia and Niger. Finally, Part V discusses the evolution and theories and practices in GAD. This well-organised and written handbook although targetted for Canadian development workers provides valuable insight, analytical tools, and examples that may be used by GAD workers around the world.

Annotated Bibliography

Correa, Sonia ; Reichmann, Rebecca. 1994. *Population and Reproductive Rights: Feminist Perspectives from the South.* New Delhi : Kali for Women ; London : Zed Books. (Published in association with Development Alternatives with Women for a New Era (DAWN)). xiii, 136 p.
Source: Kali for Women (South Asia), Zed Books (rest of the world)

This book examines the intersection of conventional thinking on population and development with feminists' critical perspectives on reproductive health and rights. The volume draws upon the Development Alternatives with Women for a New Era's (DAWN) extensive regional consultations, organised in preparation for the International Conference on Population and Development (ICPD), 1994. The book begins with an introductory overview focussing on the population and development debate from the First World Population Conference in 1974 up to the ICPD 1994 preparations, where the feminist reproductive rights movement challenged conservative religious forces and fundamentalism.

The first chapter looks at the history of state intervention in human reproduction through fertility management policies since the 19th century. It reviews the international family planning system including the International Planned Parenthood Federation (IPPF) network, population aid and contraceptive markets and then outlines the cost to women of the state-led policies including countries in Asia and the Pacific.

The second chapter presents the sexual and reproductive health and rights' framework of the international women's movement, which places women's reproduction in the larger context of equitable development policies. Aspects highlighted are: the evolution of the framework over the last 15 years; the importance of promoting the indivisibility of the concepts of reproductive health and reproductive rights; and challenges posed to the implementation of the framework by cultural biases, state systems and the market places.

The last chapter discusses strategies beyond Cairo to ensure implementation and enforcement of the reproductive health and rights framework. These are: strengthening the international women's movement; transforming cultural systems that oppress women; seeking dialogue with states and holding national governments accountable for the design and implementation of policies affecting reproductive rights; identifying alternative development strategies to market mechanisms which guarantee total security, employment, income opportunities and basic services. Concisely presented, this slim volume is essential reading for people looking for new insights population, family planning and women's rights post-Cairo.

Germain, Adrienne ; Ordway, Jane. 1989. *Population Control and Women's Health : Balancing the Scales.* New York : International Women's Health Coalition and Overseas Development Council, 15 p.
Source: IWHC

The population problem is for many people an "overpopulation", a situation mainly existing in developing countries, where three-quarters of the world's five billion people live. Population growth, along with poorly planned industrialisation and environmental destruction, are seen as threats to sustaining life at acceptable levels in the future. After defining "the population problem", the authors address the issue of why birth rates are so high, discuss strategies to date, and explain, that solving the "population problem" requires more than simply provision of contraceptives.

In order to control their own reproduction, women must be able to achieve social status and dignity, to manage their own health and sexuality, and to exercise their basic rights in society and in partnership with men. The authors proceed with the needs of women from developing countries, and list public policies and the politics of population in ths

US and their influence on family planning programmes in developing countries. The last part of the paper deals with issues of reproductive health care. Women in developing countries are calling for more comprehensive services that provide them with reproductive choices, and that reduce ill health and death resulting from their sexual and reproductive roles.

In conclusion, the authors state that for both humanitarian and political reasons, those concerned about population growth need to reaffirm their commitment to individual well-being. The woman's needs must be central in any family planning programme, not just those of her children, family, and the society at large.

Macdonald, Mandy (ed.). 1994. *Gender Planning in Development Agencies — Meeting the Challenge: A report of a workshop held at The Cherwell Centre, Oxford, England in May 1993.* Oxford: Oxfam. 229 p.

This publication is the report of a three-day workshop called *Enhancing Our Experience: Gender Planning in EUROSTEP Agencies*. The workshop brought together 13 non-governmental development organisations (NGDO:) belonging to EUROSTEP (European Solidarity Towards the Equal Participation of People) and other European networks to discuss and develop common strategies for integrating gender-fair policies and practices to apply to their own organisations and in their work with women in poor communities of the South.

The publication begins with highlights of the various issues arising from the workshop, followed by the keynote papers, thematic papers and case studies presented at the workshop. The keynote and thematic papers focus on gender-aware policy and planning issues and ideas for consideration in development programmes, and include such topics as "planning from a social-relations perspective", "planning for the other half", to the more specific such as "planning in situations of conflict" and "involving local women in project design". The publication concludes with nine case studies prepared by the different European NGDOs, each sharing some of their own ideas and experiences in gender policy and planning.

Mackenzie, Liz. 1992. *On Our Feet, Taking Steps to Challenge Women's Oppression: A Handbook on Gender and Popular Education Workshops.* South Africa: Centre for Adult and Continuing Education (CACE) University of the Western Cape. 171 p.

The *On Our Feet* handbook is a resource tool for educators, trainers, organisers and facilitators interested in conducting workshops on gender and women's oppression. The handbook is an easy to read, "How to" manual on planning and designing your own workshop for (mainly) women to learn new toolsandtechniquestochallengegender oppression. Although the author has used a South African model, the principles and guidance offered in the manual may be used in any country. The handbook provides all the necessary components to run an effective workshop. From preliminary background information/definitions on gender, examples of women's oppression around the world, to planning and designing the workshop, through to workshop exercises and activities, recommended readings, and finally, ideas for new strategies to strengthen women's positions in their own organisations. The author has included quotes, stories, riddles and illustrations throughout the publication, giving it a personal touch as well as providing "food for thought" for the workshop sessions.

Annotated Bibliography

Moser, Caroline O.N. *1993. Gender Planning and Development: Theory, Practice & Training.* London: Routledge. *285* p.

Gender planning is a new tradition whose goal is to ensure that women through empowering themselves, achieve equality and equity with men in developing societies. This book describes the development of gender planning as a legitimate planning tradition. The author explores the relationship between gender and development, the formulation of gender policy and the implementation of gender planning practice, and provides a comprehensive introduction to Third World gender policy and planning practice.

The book is divided into two parts, reflecting stages in the gender planning process. Part One, *The Conceptual Rationale for Gender Planning in the Third* Worldexamines feminist theories and Women in Development/Gender and Development (WID/GAD) debates in terms of their relevance for gender planning, and discusses some of the concerns of "gender-blindness" in current policy formulation and planning procedures. Moser's analysis of Part One provides the conceptual framework for Part Two of the book, *The Gender Planning Process and the Implementation of Planning Practice,* which describestheconceptualrationaleforanew gender planning tradition based on gender roles and needs. Part Two provides methodological procedures, tools and techniques, and training strategies, to better integrate gender into the planning process. The theory, practice, and the training ideas provided in this book will be useful to WID/ GAD practitioners and academics alike, in understanding more fully the new tradition in gender policy and planning processes.

Mosse, Cleves Julia. *Half the World, Half a Chance: An Introduction to Gender and Development.* Oxford: Oxfam. *229* p.

Half the World, Half a Chance explains how and why women are disadvantaged, not only by social and economic structures but also by many current development initiatives. Oxfam's Gender and Development Unit (GADU) commissioned this book to explore the ways in which gender inequalities are constructed and the impact of mainstream development on gender relations. It tries to explain how discrimination actually operates within different societies, the reason why women are disadvantaged in so many ways, and why development initiatives have often failed to help women. The book moves from problem identification to resolution by offering numerous examples of Oxfam's experience with partners in the South of successful action by women's organisations working together to overcome the obstacles they face. The book closes by reconfirming the importance of a strong and united women's movement to initiate social change and improve gender relations throughout the world.

Parker, Rani A. *1993. Another Point of View: A Manual on Gender Analysis Training for Grassroots Workers.* New York: United Nations Development Fund for Women (UNIFEM). *106* p.

Many methods have been developed to raise awareness on the importance of considering gender in development programmes. However, most of these methodologies have focussed primarily on policy makers and planners with limited application at the grassroots level. The author, recognising a need for more practical methodologies in gender and development work, and using the principles of existing methods developed a new tool called the Gender Analysis Matrix (GAM). The GAM serves two purposes; firstly, it provides a community-based technique for the identification and analysis of gender differences and secondly, it initiates a

process of analysis that identifies and challenges assumptions about gender roles within the community.

This publication is a practical training guide designed to help development practitioners, grassroots workers, and trainers learn about and use the GAM. The manual provides basic instructions, supplementary materials, handouts, questionnaires, examples, recommended readings, and alternative ideas for participants interested in using this technique. The most effective way to learn about GAM and use the training material available in this manual is in a workshop setting and co-ordinated by a facilitator well-versed on the GAM technique. The manual is well planned out, easy to read and offers grassroots workers a new and alternative approach to gender analysis training.

Rao, Aruna; Anderson, Mary B.; Overholt, Catherine A. (eds.). 1991. *Gender Analysis in Development Planning: A Case Book.* Connecticut: Kumarian Press. 103 p.

The Gender Analysis Framework, designed by Overholt *et al* in 1985 is an analytical technique for understanding the roles of men and women in society and the external forces that may affect development project planning. This publication is a teaching aid for gender and development practitioners interested in learning more about the Gender Analysis Framework as well as six case studies to learn from. The case studies, two from India, and one each from Bangladesh, Indonesia, the Philippines and Thailand, describe actual development projects but have been reformatted for teaching where they contain no analysis. Rather, they provide the raw material from which participants can engage in their own analysis, apply the concepts of the gender analysis framework, and draw their own conclusions on gerider analysis.

The publication includes separate teaching notes that offer some guidance and suggestions to the instructor to facilitate the discussion of each case. The practical approach of this book is well suited to both group discussions or individual study and encourages you to use your problem-solving skills and reach your own conclusions.

Wallace, Tina; March, Candida (eds.). 1991. *Changing Perceptions: Writings on Gender and Development.* Oxford: Oxfam. 324 p.

This publication features a wide-ranging collection of articles on gender and development issues focussing on Asia, Africa and Central and South America. The 40 articles, both practical and theoretical, are arranged by topical area and include: the *Impact of Global Crises on Women,* discusses particular international crises such as debt, pollution, war and hunger, and how they impact women; *Barriers to Women's Development,* looks at specific experiences of women in different countries and some of the barriers they face, for example, poor health and limited educational opportunities to name just two; *Gender Aware Project Planning and Evaluation,* looks at new methodologies and ideas to consider for development project planning that are more responsive to women's needs; *Case Studies of Ways of Working with Gender,* provides a variety of ways of working with gender relations, highlighting both the successes as well as the lessons still to learn; and finally, *Gender Debates,* examines some of the basic beliefs and "myths" that underpin approaches to development work in gender. As well, this section examines the role of NGOs in raising gender issues and discusses the many dilemmas arising from development workers' position within or outside the system of gender roles. The book closes with a call for a wider and more radical vision of the future, where women are enabled to play their full part in a world where gender discrimination no longer operates.

Annotated Bibliography

World Health Organisation. ***1995. Women's Health : Fourth World Conference on Women Beijing, China, 4-15 September 1995: WHO Position Paper.*** Geneva : World Health Organisation. 20 p.

Inequitable relationships between women and men, poverty, women's unequal access to health care and education, and social and cultural factors that discriminate against girls and women still prevent the attaining and maintaining of health for millions of women globally. These factors lead to pervasive neglect of women's health which are discussed at length in this publication.

The first part, "Why women's health," identifies reasons why promoting and ensuring women's health is very important. The second part, "What factors affect women's health?" discusses, through a gender perspective, factors that threaten women's health. Such factors include: poverty; lack of personal and social status in terms of legal status, and decision-making power and participation at the household level and beyond: and lack of access to health care due to cultural factors, deficiencies in the health system etc. Part three, "What are the major issues in women's health today?" considers some major health problems and issues which particularly affect women such as nutrition, maternal mortality and morbidity, sexually transmitted diseases including HIV/AIDS, communicable and noncommunicable diseases, and mental health. In the fourth and concluding part, "The role of WHO in women's health," presents a summary of programmes being implemented by WHO.

Williams, Suzanne; Seed, Janet; Mwau, Adelina. ***1994. The Oxfam Gender Training Manual.*** Oxford : Oxfam. **634** p.
Source: Oxfam, 274 Banbury Road, Oxford OX2 7D2, United Kingdom

This comprehensive manual on gender issues was developed by gender trainers and writers, together with development practitioners worldwide, as a positive action to promote the full participation and empowerment of women in all sectors of society. The manual is designed for the use of staff of NGOs who have some experience in running workshops or training courses, as well as for experiencec gender trainers. **I t** provides practical tools for influencing development programmes and offers an introduction to the basic concepts used in gender analysis and how to apply them to practical work.

The manual begins with a brief summary and key concepts related to "gender" and "gender and development" (GAD). A distinctive feature of this manual is that **it** combines self-awareness work with training in methods of gender analysis. Thus, after discussing "Getting started for the workshop", activities on "Gender awareness" and "Self-awareness for women and men" follow. The next sections move into gender analysis with "Gender roles and needs", followed by "Women in the world", "GAD" and "Gender-sensitive appraisal and planning". Various analytical gender frameworks and case studies are then presented. The following section on "Gender and global issues" is on how to apply analysis and awareness with a gender perspective to key issues like conflict, environmental problems, economic crisis and culture. This global outlook is followed by narrowing the focus on working with those in NGOs at the community level. "Gender and communications" is on images and text to communicate gender-sensitive messages, and "Strategies for change" helps participants to formulate concrete plans using insights and skills learned. The manual concludes with activities for the evaluation of the workshop.

_____. ***1995. Women's Health and Development : An Annotated Bibliography.*** Geneva : World Health Organization. ***56*** p.

The abstracts (descriptions of texts) in this bibliography are short, about 100 words on average, and well focused. Each entry is indexed with MeSH (Medical Subject Heading) terms, but these subject headings are not limited to "medical" categories in the strictest sense. For example, headings include "Domestic Violence/Women's Rights/

Treaties/Gender Identity". The sections titled South-East Asian Region and Western Pacific Region are in this final 20 percent without abstracts. Other section headings are: Women's rights and gender issues, Development and poverty, Women's health - general and adolescent, Women and reproduction, Tropical diseases, Work and environment related health problems, Mental health and substance abuse, Old age and disability, Women's information centres, Resources and statistics, and Country studies by WHO region categorisation. This shows WHO's broadened concept of women's health.

Unfortunately, the final 20 percent of entries are given subject headings only and not abstracts. Then there are lists of relevant journals and forthcoming documents from WHO programmes, and a substantial index. The bibliography is largely drawn from the collections of the WHO headquarters Library in Geneva, with a consequent bias towards English language publications and global issues. The authors suggest that the libraries of WHO's regional off ices are likely to be better sources for regional and national material. For the reader, this concise bibliography is probably of most use as a list of relevant texts to be referred to, rather than as a source of richly informative abstracts.

Raj-Hashim, Rita. 1994. "Voices of the unheard women on reproductive health and rights", in China Preventive Medical Association. *International Seminar on Women's Reproductive Health: Articles.* Beijing: China Preventive Medical Association. pp. 174-186 (Chinese translation, pp. 165-173).

There has been a growing concern that the women who are affected by reproductive health and population policies are not consulted on their needs and rights. The paper presents a research which aims to give voices to these women. It presents the collaborative (the Philippines, Malaysia, Egypt, Nigeria, Mexico, Brazil and the United States) ethnographic international research project of the International Reproductive Rights Research Action Group (IRRRAG). The paper outlines the process, methodology, respondents and concern of IRRRAG focussing on the Malaysian research. The women of the study are talking about their relationships with their husbands and how this affects their decisions on either to have children or not, their fears of side-effects of contraceptives, their desire for more children, and whether they feel they have a right to make some of these decisions independent of their husbands. Poor and disadvantaged women either never have had or have had fewer chances and channels to express themselves on these issues. This type of research will provide support to advocacy activities to include the voices of the women in policy-making and implementation related to reproductive health, reproductive rights and population programmes.

Rashidah Abdullah. 1990.. "Towards gender-sensitive health services for Malaysian women: women's perspectives and priorities". *Journal of the Malaysian Society of Health* Vol. 8, No. 1. pp. 19-22.

This paper aims to begin a gender analysis of the delivery aspects of specific health services for women in Malaysia, and to promote dialogue with health professionals as to how services can be appropriately modified to be more sensitive to women's needs. It is addressed to all health care providers. While health services focus on women's biological needs like pregnancy, childbirth, lactation and reproductive health, there are a number of gender needs — deriving from the social roles of women — which are only beginning to be recognised. Some examples are: nutrition (quantity and quality of food), access to health services, fatigue and stress (overwork due to dual roles), and childbearing (pressure of husband and society). These gender problems arise from the belief that women's roles and status are lower than men's. Therefore, health services should take a more holistic approach to address women's overall well-being.

Some characteristics for a gender-sensitive approach would be: (1) Respect for the individual woman's right to decide when and whether to conceive children, (2) Equal information and access to both male and female methods of contraception, (3) Information on all family planning methods and free choice of methods, (4) Family planning services available at times and places suitable to both men and women, and (5) A gender-sensitive birth process, including sufficient information to give women and informed choice. The author makes several suggestions on how policies can be adapted: review health policies to include the concept of women's total well-being and increase women's participation in decision-making; and ensure that women's needs are more personalised, not just numbers to be serviced. To conclude, the author provides a checklist for service delivery including access, range of services, impact of services on women's status, and personnel issues.

Reproductive Health Matters. [Journal]. **1993/1996.** Vol. 1, No. 1-8
Source: RHM

The journal provides in-depth analysis of reproductive health matters from a women-centred perspective, written by and for women's health advocates, researchers and scientists, health service providers, health policy-makers and those in related fields with an interest in women's health. Its aim is to promote laws, policies, research and services that meet women's reproductive health needs and support women's right to decide whether, when and how to have children. Contents include: feature papers on the main theme, timely papers on other subjects, issues in current policy, round-up of research, law, policy, service delivery, new publications, commentary and in-depth reviews.

The first issue (number *1,1993)* is on the theme *Population and Family Planning Policies: Women-CentredPerspectives.* This includes articles on India, South Africa, Mexico and Malaysia. The second (number *2,1993)* issue's theme is *Making Abortion Safe andlegal: the Ethics and Dynamics of Change* and contains articles from Columbia, Tanzania, Brazil, Ireland, Australia and Fiji. Issue number *3, 1994* focuses on *Contraceptive Safety and Effectiveness.* The fourth, issued in *1994* concentrates on *Motherhood, Fatherhoodand Fertility.* Issue number *5,1995* highlights the theme *Pregnancy, Birth Control, STDs and AIDS: Promoting Safer Sex* RHM's sixth issue is on the theme *Women's Health Policies: Organising for Change,* while the seventh issue probes the theme *Men.* The last issue for *1996,* that is issue 8, has the theme *Fundamentalism, Women's Empowerment and Reproductive Rights.*

Tuyet, Le Thi Nham [et al.]. 1994. "Women's experience of family planning in two rural communes (Thai Binh Province), **Vietnamese-**Swedish Joint Programme on Health Systems Research — Stockholm, Hanoi — **1993".** ***Vietnam Social Science*** Vol. **1,** No. 39, 1994. pp. ***55-72.***

This article is a field survey report on a study which is part of the project "Reproduction and Fertility regulation in social change". The project as a whole deals with the conditions for reproduction over the last 50 years in the province of Thai Binh. The study presented here focuses on women's experience of family planning. This study focus on a group of rural women, family and household characteristics, reproductive events, contraceptive use and abortion and on the women's experience and use of the family planning services available to them, and what problems they meet in using the services. The study reports facts abouthouseholdsandfamilyrealities, women's reproductive lives and women's use and experience of family planning. One conclusion to be drawn is that research on fertility regulation and contraceptive use, seen from the user perspective, must widen its approach beyond medical and service aspects, and look at the broader socio-economic and cultural context. It also concluded that research into changing marriage patterns, family structures and households economics is at the core of the understanding of fertility dynamics and the way couples and individuals plan their families in the broad sense of the word.

Tuyet, Le Thi Nham; Johansson, Annika; Lap, Nguyen The. 1994. "Abortion in two rural communes in Thai Binh Province". *Vietnam Social Science* **Vol. 1, No. 39. pp. 73-90.**

This article is about a study on abortion in two rural communes in Thai Binh, carried out in *1992.* It is part of the research project "Reproduction and fertility regulation in social change" in Thai Binh province. The specific aims of this study were to: *(1)* describe the extent and type of abortions made during one year; *(2)* explore the causes of the unwanted pregnancies leading to the abortions and their consequences, as experienced by the women; and *(3)* look into some aspects of support and decision-making within the family and the wider social network with the regard to family planing and abortions.

Free abortions are a constitutional right of Vietnamese women. On the whole the abortion pattern among women in the survey seems relatively uncomplicated. However, the survey revealed quite a strong discomfort and fear among many women related to the decision to terminate the pregnancy, and experiences of ill health and fatigue as a consequence of the abortion. The two communes experience high and rapidly increasing rates of abortions. The reasons for unwanted pregnancies were found to be to a large extent related to problems of IUD use, and to the lack of alternative contraceptive methods. A high rate of abortion can become a threat to women's physical and psychological health and to social life at large. A right for women should not become "the only solution". A change in policy is needed. Abortion cannot be used as a method of population control but only as a back-up to contraceptive services.

Uprety, Aruna [et al.]. 1994. ***Report of the Gender and Women's Health Workshop, Nepal, 7-9 July 1994. 52*** **p.**

The workshop on Gender and Women's Health was held July *7-9, 1994,* in Kathmandu, Nepal. The primary objective of the three-day workshop was to clarify and analyse the state of women's health in Nepal and to develop guidelines to sensitise Nepalese government organisations and grassroots service providers on ways to improve women's health in Nepal. This publication is a report on the proceedings of the workshop.

The first two days of the workshop focussed on the health of Nepalese women, highlighting the poorer health status of the female vs. the male population and outlining some of the determinants or "psycho-social" factors causing this gender inequality. On day three of the workshop, the findings from the previous two days were summarised and presented, then integrated into developing guidelines for the "Sensitising training programmes for Nepalese GO/NGO Grassroots Service Providers on Gender and Women's Health". The guidelines are included in the report and offer some assistance to others who are interested in developing a gender sensitising training programme on women's health.

World Health Organisation. Special Programme of Research, Development and Research Training in Human Reproduction. 1994. ***Creating Common Ground in Asia: Women's Perspectives on the Selection and Introduction of Fertility Regulation Technologies ((Report of a meeting between women's health advocates, researchers, providers and policy-makers,*** **Manila, 5-8 October, 1992). Geneva: WHO. 45 p.**
Source: WHO

This report is the third in a series of dialogues, aimed to give voice to women's concerns, and to create common ground between women's health advocates, policy-makers, researchers and service providers. The first section on women's realities contains viewpoints of women's health advocates from Bangladesh, India ard the Philippines on the issues of: (1) The attitudes of the community towards having children and controlling fertility; (2) The extent of women's autonomy; *(3)* Women's

health status; and (4) The quality of family planning services available.

The section on policy considerations includes discussion on taking users into account, family planning programme objectives, women's participation in decision-making and men's responsibility. Issues discussed on reproductive technology research are about the involvement of women's groups in introductory trials, the need to redefine safety and acceptability of contraceptives and the need for a wider range of contraceptive options, particularly better female barrier methods. The third section focusses on women's views on health and family planning services, providing evidence on why women are not using services even when they are accessible and even when women know about contraception and want to plan their families. Examples of positive initiatives of both government and NGOs are described, such as, the Indonesian National Family Planning Programme attention on quality of care; the client-centred educational and motivational services projects of the Indonesian Planned Parenthood Association in Jakarta and Lombok; and the Bangladesh Rural Advancement Committee (BRAC). The components of women-centred services are then outlined, featuring the Philippines NGO, GABRIELA's health clinics for women. The report concludes with specific proposals for action in Bangladesh, India, Indonesia and the Philippines, and recommendations for family planning programmes and international organisations wishing to strengthen reproductive health perspectives in Asia and elsewhere in the areas of policy, research and services.

Asian-Pacific Resource & Research Centre for Women (ARROW). 1994. *Reappraising Population Policies and Family Planning Programmes: An Annotated Bibliography.* Kuala Lumpur: ARROW. 101 p.

The first in a series, this annotated bibliography on the theme of population policies and family planning programmes is published after the 1994 International Conference on Population and Development (ICPD) in Cairo. The publication seeks to serve as a practical resource, providing pertinent information for those who are looking for more materials and information towards reappraising population policies and family planning programmes, particularly in the Asia-Pacific region.

The bibliography is arranged in three sections of "Population and Development", "Family Planning Programmes", and "Reproductive Health and Reproductive Rights". I n each of these sections, critiques are included, together with overview of country situations, evaluation of policies and programmes in Asia and the Pacific and conceptual materials providing theoretical frameworks. The collection of materials annotated in the bibliography have been written by women's groups, health professionals and demographers, taken from books and from published and unpublished seminar papers and articles.

Berer, Marge. 1993. "Population and family planning policies: women-centred perspectives". *Reproductive Health Matters* No. 1. pp. 4-12.
Source: RHM

The author maintains that multi-faceted solutions are needed for population problems, as they are far deeper than just the problem of numbers and growth rates, as shown by the features in this issue. There are a number of important questions waiting to be answered: is population growth a problem? Who will decide how and how much to reduce population growth, nationally and globally? Then there is the problem of pro-natalism versus anti-natalism. Some governments have decided on pro-natalist policies when more working adults are needed to support an ag ng population or for economic development. Policies are usually implemented without discussing the consequences for women of having or not having children for the sake cf political, economic or population goals. Questions of what the ultimate goals are, where the problems and therefore solutions are located, who decides the policies and programmes, need to be discussed and answered. The first principle for policies and programmes on fertility should be to increase women's currently limited life choices as well as women's reproductive rights. The author concludes by stating that this journal on Reproductive Health Matters not only makes women's problems and lives visible, but also hopes to offer far-reaching proposals and challenges for reflection and future action on behalf of women.

Commission of Population. 1995. *Inroads to Gender Sensitivity: The POPCOM Experience.* Manila: POPCOM. 81 p.
Source: POPCOM

In tandem with global concerns on the empowerment of women and reproductive health, the Commission on Population (POPCOM), the co-ordinating agency for the Philippines population programme, conducted a gender awareness assessment in 1994 for its Board members and staff and their local government counterparts at the provincial and city levels. The major thrusts of the assessment's findings are elaborated in this publication.

The underlying message from the assessment is tha POPCOM personnel, generally, are still not as gender-sensitive as they could be, given the organisation's efforts in identifying gender-related issues within the programme. The majority of the survey respondents were found to be concerned with poverty and deteriorating quality of life, but did not view gender relations and dynamics within the

family in this context. Respondents were also found to understand the concept of reproductive health in a narrow way and did not place importance on men in family planning.

The publication is divided into three sections. For those not familiar with the Philippine population programme, Section *1* gives a quick run-through of its evolution from *1969* to the present *(1995).* Section *2* embodies the assessment findings and also gives a useful but brief analysis of three population documents from a gender perspective. Section 3 offers recommendations to improve gender awareness and sensitivity from two perspectives: *(1)* institution-building; and *(2)* policy formulation and advocacy.

The *1992* Local Government Code, by "devolving" the implementation of and responsibility for the population programme to the provincial level, has presented the POPCOM with new challenges, as the programme positions itself as a more human-centred one. This assessment is timely in that it enables POPCOM, as a co-ordinating agency, to enhance its mandate and role (in Section 3) in advocating for greater awareness as an effective tool to strengthen programme implementation.

Commonwealth Department of Community Services and Health. 1988. *National Policy on Women's Health: A Framework for Change, a Discussion Paper for Community Comment and Response.* Canberra: Australian Government Publishing Service. 73 p.

This document was published in the process of the consultation with the population in Australia to develop the National Policy on Women's Health. This National Policy establishes national objectives, principles and guidelines on women's health policy and defines the role of the government in achieving the objectives and implementing the principles. This paper presents a framework for policy which lays the basis for more detailed recommendations and implementation strategies in the final report. The paper was made to be circulated for public comment and discussion on the direction and priorities that have been identified for the development of the National Policy on women's Health. The emphasis is on outlining a framework within which strategies for change can be developed. The paper proceeds explicitly from a social model of health. Two chapters provides draft recommendations to establish the framework for the National Policy and its background. Principles, objectives, priority issues and strategic areas identified for action in the recommendations then follows in three chapters.

Commonwealth Department of Community Services and Health. 1989. *National Women's Health Policy, Advancing Women's Health in Australia: Reportpresented at the Australian Health Ministers in Burnie, 21 March 1989.* Canberra: Australian Government Publishing Service. 165 p.

This publication is the resulting synthesis of ideas and suggestions for consideration by government and decision makers at all levels of the health system in Australia, in relation to the National Women's Health Policy adopted in *1989.* The document is structured to meet the needs of those who are well informed on women's health issues and for those who have interest but limited knowledge. After the introduction, chapter two summarises the significant World Health Organisation policy issues of "Health for all by the year 2000", primary health care and the social health perspective. It also notes the link between socioeconomic status and the health of women. Other chapters then provide details of specific health care concerns which women confirmed as priority issues in the consultation and submission process; address the areas for action within the health system which were identified in a previous draft recommendation; provide the statement of the National Women's Health Policy developed on the basis of the consultation process in the context of

current international and national health philosophies and initiatives; outline the proposed implementation of the National Women's Health Policy; provide the recommendations and implementation mechanisms which recognise the contribution of the consultation process proposed for each component of the national policy.

Commonwealth of Australia, Department of Health, Housing, Local Government and Community Services. **1993.** ***National Women's Health Program, Evaluation and Future Directions.*** Canberra: Australian Government Publishing Service. **164** p.

This report of the Evaluation Steering Committee documents the implementation of the Australian National Women's Health Policy through the National Women's Health Programme and makes recommendations for future action. This report records the achievements of the National Women's Health Programme to date. Projects have been funded to provide services by women for women. The goal of the Policy is to improve the health and well-being of women in Australia with a focus on those most at risk and to encourage the health system to be more responsible to women's needs. The National Women's Health Programme has been in operation since August *1989.*

This report found, regarding the status of the National Women's Health Policy; that the Policy remains relevant and is complementary to other major policy and programme directions, particularly in primary health care; the overriding goal of the Policy is a long-term one which can only be achieved by a sustained commitment; the endorsement of the Policy by all State and Territory governments has had a positive impact on the development of their health policies; and the Policy retains a s'trategic role in addressing the health needs of groups of women who are most at risk. The Evaluation Committee found, regarding the implementation of the National Women's Health Programme; that the Programme has demonstrated the capacity to reach the targetted population; the Programme is yet to focus more systematically on the needs of young unemployed women, women with low incomes, women who are health carers, and ageing women; the priority must be given to developing a data collection strategy for the Programme; training and education priorities need to be met to ensure continuing best practice standards for women's health; and the lack of funding for research and data collection on women's health and women's participation in decision-making on health has meant that crucial gaps remain in this area.

This report by the Evaluation Steering Committee is divided into three sections. Part *1* provides the background and the goal for both, the Policy and the Programme. Part 2 focusses on the findings with chapters on the structure for implementation, on the prior ty issues funded under the National Women's Health Programme, and on the broader response to the National Women's Health Policy. The last and third part focusses on the future directions for the second National Women's Health Programme. Recommendations are made regarding the necessity of extending the Policy and the Programme; the Programme must include strategies for addressing the links between health status and broader cultural and socioeconomic factors; and many structural changes in terms of organisation can be done to develop better strategies to implement the Policy.

Drage, Jean; Lynch, Jo (eds.). **1989.** ***Think Women's Health: A Checklist for Area Health Board Members.*** Wellington: Ministry of Women's Affairs. **25** p.

Published by the New Zealand Ministry of Women's Affairs, this booklet is intended to guide all Area Health Board members in carrying out their functions under the Area Health Boards' Act *1983.* Through the Area Health Boards, the New Zealand government is making regional authorities direcl-ly responsible for the provision of services

which efficiently and appropriately reflect consumerdemand. Theoldsystemofhealth management has not generally been sensitive to the needs of women, particularly Maori women. Under the new system; the Boards must develop policies, structures, plans and processes which ensure that the different health needs of women are identified and provided for as far as possible. The booklet encourages board members to consult with women, find out about women's health needs, cooperate with women's health initiatives, encourage women to become involved in the planning and delivery of services, grant financial assistance to community health projects and publicize the health services available in their area.

The first five basic questions in the booklet relate to evaluating a policy proposal: (1) What direct involvement have different groups of women (providers and consumers) had in the development of this proposal? (2) What impact will the policy have on the well-being of women in the area? (3) What impact will the policy have on Maori women? (4) What implications does this policy have for equal employment opportunities, as required under the Area Helath Board Amendment Act 1988? (5) What involvement will there be in different groups of women in the further development of this policy proposal?

Beyond the five questions, the actual checklist consists of questions relating to policy, planning and procedures. A diagrammatic representation of the ideal relationship between the board and the female community is also presented. Although the checklist is intended specifically for New Zealand Health Board members, its core structure could be built upon or modified to fit different needs.

Kotuku Partners. 1994. *Haurora Wahine Maori: Recent Directions for Maori Women's Health 1984 - 1994. A Report to the Population Health Services Section.* Ministry of Health. Wellington : Kotuku Partners. xxx. 170 p.
Source: Te Puni Kokiri, P.O. Box 3943, Wellington, New Zealand.

This two-part report provides the results of a survey of the last 15 years of hui (gatherings), conferences and significant reports on Maori Health. It brings together in one document the wide variety of data pertaining to Maori women's health. The first part provides an overview to the report and some background information, presents government policy statements and research papers and describes five important health huis. Part two starts with an overview of the Maori women's movement which started to be politically active in the early eighties. The next chapters are on the health status of women, women and smoking - a serious problem among the Maori women who have the world's highest rate of lung cancer - women and housing, and health services for women. The last chapter presents the findings and recommendations of a number of significant Maori women's hui. This report gives a comprehensive overview of Maori health issues, in particular women's health issues.

Penny, Kane. 1991. *Researching Women's Health: An Issues Paper.* Canberra: Department of Health, Housing and Community Services, Australian Government Service. 31 p.

This publication analyses women's health research particularly in relation to the recommendations of the National Women's Health Policy launched in 1989 in Australia, following consultations with over a million women around the country. The policy called for action in five key areas including research and data collection on women's health. The policy promotes a social health perspective as the basis for improving the health of Australian women. Accordingly, this Issues Paper examines current research on women's

health within a social health framework and makes recommendations for future research in line with the seven priority health issues identified during the consultation: reproductive health and sexuality; the health of ageing women; women's emotional and mental health; violence against women; occupational health and safety; the health needs and carers; and the health effects of sex role stereotyping.

The issue of women's health as a separate, concrete area of concern is one which has only emerged comparatively recently. Real differences between the health of men and women have been ignored by studies which group diseases into broad diagnostic categories and use overall rates of incidence. There are more women than men in almost every community, and in particular more older women than older men. Thus rates of illness per 1,000 population, for example, are likely to bias the female contribution upwards. When the age and sex structure of the population are taken into account, apparent excesses in women's ill health often decrease or even disappear. This — *Issues Paper, Researching Women's Health* — comprises a background section followed by a consideration of the importance of a research focus for women's health and a review of what women themselves have said about the subject. The paper then presents a detailed picture of recent Australian women's health research before moving to a discussion of issues in women's health research. A number of recommendations are made regarding policy co-ordination, addressing data inadequacies and research priorities in women's health.

The Policy Core Group; Commission on Population; Ford Foundation. *Circa* 1995. "A Gender-responsive Population Policy Framework with a Reproductive Health Perspective". 49 p. [unpublished draft].
Source: POPCOM

The Commission on Population (POPCOM), established in 1969, has undergone several changes through the years. This paper chronicles those changes while leading intc the nineties' focus on a gender-responsive population policy framework with a reproductive health perspective. Statistics on the health of Filipino women of reproductive age (15-49) has given rise to the gender and reproductive health approach. I n 1993, an alarming 54.7 percent of pregnant mothers suffered from iron deficiency and 35.3 percent were affected with goiter. Only 62 percent of deliveries were attended by medically qualified doctors. About 11 women died every day of of pregnancy-related illnesses. Also the number of women infected with AIDS was fast growing. Family planning methods were also not widely used.

I n this context, any population policy formulated should not merely be aimed at a numerical target through a reduction in fertility, but must be directed toward achieving a better quality of life. The framework discussed in the paper consists of principles, assumptions, goal and objectives, strategies and levels of policy direction. The goal of the framework is to enable men and women to live self-determined, productive, satisfying and fulfilled lives at various levels—individual, family, local, national and international. The framework is guided by principles such as gender equity and democracy and built on assumptions that: (1) unchecked population growth is not the only cause of poverty, environmental degradation and depletion of resources; and (2) attempts to lower fertility rates outside of the entire development process may be able to control the rate of population growth, but does not enhance the quality of life, particulary for women.

The paper defines gender as a social construct consisting of psychological and social differences that stem from one's sex, which have systematically subordinated women. The impact of violence, unequal status and deprivation of basic human rights on women's health is being increasingly recognised. The paper uses the 1994 International Conference on Population and Development's definition of reproductive health to mean the state of complete

physical, mental and social well-being, and not just the absence of illness, in the functioning of the reproductive system.

As such, the paper posits that reproductive health is inextricably tied to the right to food, education, shelter, decent wages, land and other resources. The objectives of the framework are: (1) to improve women's reproductive health; (2) to increase women's control over their bodies; and (3) to create the socio-economic, cultural, political, physical or environmental conditions which enable women to exercise their sexual and reproductive choices. The strategies embraced in the framework revolve around: (1) gender specific needs and inequities; (2) broadening family planning programs to focus on women's sexual and reproductive health as well as their overall health and development; (3) stressing the responsibility of men in family planning and caregiving; (4) providing information and counseling services to young adults regarding contraception and protection against STDs; and (5) ensuring that human and reproductive rights underlie any policy. The paper also details the different levels at which a population policy must be directed and presents a three-dimensional figure for easy reference.

Sen, Gita ; Germain, Adrienne ; Chen, Lincoln C. 1994. *Population Policies Reconsidered : Health, Empowerment, and Rights.* Cambridge, MA: Harvard University Press. 280 p.
Source: Harvard University Press

This volume brings together writings of scholars, senior policy makers, and women's health advocates who have rich experience in population policy and family planning implementation. They explore future directions for population policy centred on health, women's empowerment, and human rights. The underlying premise is that public policy should assure the rights and well-being of people already born and those who will inevitably be born, rather than simply attempt to limit the ultimate size of the world's population. The contributors discuss why such a shift in population policies is necessary, and propose how policies can be transformed to honour human rights, especially women's rights.

The book delineates policy changes needed to ensure that women can act on their own behalves. It also analyses the practical aspects of achieving the proposed reproductive health and rights agenda. Sections include the following: Premises Re-Examined, which contains chapters on population and ethics, sexual and reproductive rights, development, population and the environment; Human Rights and Reproductive Rights, Gender and Empowerment; and Reproductive and Sexual Health, which includes chapters on services, approach, reaching young people, fertility control technology and financing.

Wainer, Jo; Peck, Nancy. 1995. "By women for women: Australia's National Women's Health Policy". *Reproductive Health Matters*. NO. 6. pp. 114-120.

The women's health movement in Australia continued as it started, as a grassroots movement reflecting the determination of women to change the way the health system interacted with them, and to work within a social health perspective rather than the dominant medical model. This paper is based on the experience of two women who have been involved with the women's health movement for more than 25 years. It is not a definitive history but rather a paper which tells a part of the story of how change was created and manifested.

This paper explains how, through the women's liberation movement, a conceptualisation of women's health began to develop and the energy to demand and work for political change was created. A part of the results can be seen in the National Women's Health Policy. Australia is now in the sixth year of its National Women's Health Policy Programme. Change started when the women's movement broke its silence on women's experiences,

fuelled by women's determination to do things for themselves as society was not providing what was needed. The knowledge base on women's health and the demands for change developed by women's health activists, were taken up by a government with a strong social justice policy. This led to a national consultation process with Australian women beginning in 1988 which lasted nearly two years. Groups and individuals representing more than a million women defined what they considered to be priority women's health issues.

A wide variety of services for women are now funded, including centres for victims of sexual assault, health information, education and training programmes, and research and clinical services. Health services policy and delivery of services are undergoing radical change in Australia. The women's health movement must adapt itself to these changes and reposition itself to lead the field again in the conceptual analysis of the meaning of health for women. This includes acknowledging the successes of the health system and making a commitment to doing more about the still unacceptably poor health status of many people in the society.

Centre for Health Education, Training and Nutrition Awareness (CHETNA); Rajasthan Voluntary Health Association (RVHA). ***Circa 1994. Report on a Training on Health and Development of Adolescents.*** **Jaipur, India: CHETNA; RVHA. 27 p.**

This publication reports on a four-day training programme organised by two NGOs in India focussing on the need to enhance the capabilities of the functionaries or organisations working with/for adolescents in the states of Gujarat and Rajasthan. In India, in spite of several efforts of the Government as well as non-governmental organisations to ensure the well-being and development of the population, adolescents are always neglected. There are hardly any schemes or programmes addressing the health and developmental issues of adolescents. The reasons for this might be the lack of sensitivity and awareness and ignorance about the needs of adolescents, as well as the lack of knowledge and skills to change this situation. Recently, there have been some efforts in the direction to improve this situation. However, due to a lack of clear perspectives and proper understanding of strategic objectives, these programmes have failed to fulfil the needs of adolescents.

The overall objective of this training was to enhance capabilities of NGOs/functionaries to implement effective programmes for health and development of adolescents. To achieve its objectives, the five-day training programme was implemented in three modules. The first one "Perspective building and conceptual clarity", focusses on problems and areas of intervention for adolescents in general. The second module gives inputs on health, nutrition, sex education, personality development and life useful education for adolescents. The third one focusses on designing programmes. The training was conducted using a participatory approach which included methods like small group discussions, structured exercises, case studies, role play, games, songs, etc. Audio-visual aids were extensively used to make the sessions lively and interesting. The detailed proceedings of this training are given in the report. This publication could be very useful for other organisations who plan to carry out such a programme.

CHETNA. 1989. ***Sowing Seeds of Fertility Awareness (1988-1989): A Documentation of Experiences of Imparting Education to 5000 Adolescent Girls and Women.*** **Ahmedabad, India: CHETNA. 14 p.**

CHETNA is a non-governmental organisation based in Ahmedabad, in the Gujarat State of India, whose focus is to assist in empowering disadvantaged women and children to live healthier lives. In 1988-89, as one of its programmes, CHETNA developed and implemented an education programme on fertility awareness for adolescent girls and women. This short publication documents the experiences of the programme. A total of 5000 girls and women, aged between 15- 50 years participated in the programme. CHETNA set up a series of one day educational camps in the urban slums and rural areas in and around Ahmedabad over a six month period, to educate on anatomy, physiology, the functions of male and female reproductive systems and the importance of nutrition. The education programme used at the camps is provided in the booklet. During the camp discussions, the educators learned of a number of "myths" relating to women's fertility that have been passed on from older generations. For example, the majority of participants believed that "menstruation is related to religion and is considered an impure phase of women's lives". This and other myths are descibed in the booklet. What emerged from the six month programme was the disturbing lack of fertility awareness among the girls and women. Fertility awareness education must certainly continue to denounce some of the harmful myths affecting women's health in India today.

CHETNA. 1992. "Seminar on Adolescent Girls' Health", as part of the celebration of the International Day for Action on Women's Health, 27-28 May 1992, Ahmedabad, India. 17 p.

This paper is the report of a seminar organised by CHETNA, a non-governmental organisation committed to the empowerment of disadvantaged women and children by assisting them to gain control over their own health, and that of their family and community. The seminar focused on the importance of the health of adolescent girls. The objectives of the seminar were to create a platform to share experience amongst government and non government organisations, to share experience of the Adolescents Girls' Camp organised by CHETNA in 1991, to develop a strategy for programmes to improve the adolescent girls' health and to celebrate the International Day for Action for Women Health. Beginning with a summary on the health scenario of the adolescent girl, the seminar focused then on the Adolescent Girls' Camp, organised in 1991. This Camp was an innovative effort to improve the health of adolescent girls, focusing on aspects of girls' development like social, cultural, and economical as well as education, and providing also a platform for adolescent girls to share experiences, problems, and aspirations. Strategic and action planning, information on educational material, and presentations of different experiences constitutes the other parts of this seminar. Many recommendation emerged from the seminar such as: (1) need for sex education integrated with vocational training for better economic opportunities especially for girls; (2) need for gender based research and documentation; and (3) need for strict implementation of laws such as of marriage, dowry, and medical termination of pregnancy.

CHETNA. 1993. *A Decade of Health Education: Experiencesof CHETNA, Centre for Health Education, Training and Nutrition Awareness.* Ahmedabad, India: CHETNA. 27 p.

CHETNA, the "Centre for Health Education, Training, and Nutrition Awareness" is a health communication resource centre based in Ahmedabad, in the Gujarat State of India. Since its inception in 1980, CHETNA's primary focus has been to address the health concerns of disadvantaged women and children and empower them to take care of their own health, and the health of their families and the community. CHETNA has worked to raise awareness on health and nutrition through training and resource materials dissemination to government and non-government organisations and the community at large. This publication highlights the evolution and achievements of CHETNA from 1980 to 1993.

CHETNA spent its first few years interacting with villagers thoughout Gujarat, Rajasthcn and Uttar Pradesh States and at the same. time, preparing health education material for dissemination. During the mid 1980's, CHETWA entered a new phase to "promote, health and nutrition education among poor people" through training. CHETNA organiszd short term "issue specific" training sessions for government and non-governmental organisation (NGO) workers to take to the field and share amongst the Indian community. By the late 1980's, CHETNA redirected its efforts from short term project commitments to longer term programme oriented work. At the same time, they chose to focus on women and children's health specifically. As a result, The Child Resource Centre (CRC) and Chaitanyaa Women's Health and Development Resource Centre (WHDRC) emerged in the early 1990's and together they form the backbone of CHETNA today.

CHETNA. *1993.* A *Report of the Expert Meeting on Building NGO's Organizational Capacities for Women's Health: Women and Health Training Programme India.* Ahmedabad, India: CHETNA. *90* p.

I n 1992, women's groups in India and Nepal recognised a need for a long term training programme for women working in NGO primary health care. The training programme would aim to strengthen primary health care worker's organisational and management capabilities, in order to make women's health services more effective. By 1993, a draft module of the training programme was ready for review. *The Expert Meeting on Building NGO Organization Capacity for Women's Health* held in Bangalore India, from 16-22 July 1993, brought together 36 health care, education, and women in development workers from across India and Nepal to review and critique the draft training module. This publication presents the draft modules (as an appendix), the module critiques made during the Bangalore meeting, and finally, a report on the follow-up meeting held in Bombay, 17-18 August 1993.

The proposed Women and Health (WAH!) training programme comprises three draft modules, namely, "Module on Women's Health Concerns", "Module on Building Women's Capacities to Preserve Health", and the "Module on Management of WAH!". Each module includes a series of training units; for example, "Conception: Birth and Infancy" and "Occupational Health" are two training units included in the Women's Health Concerns module. The units are presented in a standardised format for consistency and include: objectives, expected outcome, content, methods, resources, and estimated time required. The participants at the Bangalore meeting scrutinised the content and structure of the modules and integrated some of the overlapping subjects appropriately. The modules presented in this publication have incorporated these changes. After Bangalore, a follow-up meeting was held in Bombay to finalise the draft and propose a pilot training programme. The Women and Health training programme is now set to make adifferenceinwomen'shealthandprimary health care in India.

CHETNA. *1993. Towards... Empowerment of Women & Children.* Ahmedabad, India: Mapin. 40 p.

CHETNA is the "Centre for Health Education, Training and Nutrition Awareness", a non-governmental organisation based in Ahmedabad, in the Gujarat State of India. CHETNA's mission is to assist in the empowerment of disadvantaged women and children to gain control over their own health and the health of their families and the community. The organisation operates two resource centres, namely the Child Resource Centre (CRC) and the Women's Health and Development Resource Centre (Chaitanyaa) and supports various governmental organisations and non-governmental organisations (NGOs) in Gujarat and Rajasthan States, India. This short publication is about the goals and programme strategies of the CRC and Chaitanyaa.

CRC and Chaitanyaa envisages an egalitarian and just society where empowered children and women live healthy lives. To realise their vision, the Centres' assist governmental organisations and NGO's with the development, implementation and management of effective health and development programmes for children and women. Their programmes focus on awareness raising and gender sensitising, building of organisations, documenting experiences, developing/ disseminating education and training material, networking and advocating on issues related to children and women. The booklet, rather than providing programme details, instead highlights some of the cultural issues that have adversely affected the health of children and women in India today.

Kamara, Siapha; Denkabe, Aloysius. 1993. ***Gender in Development: A Handbook on the Participatory Approach to Training, Volume II.*** Ghana: Freedom Publications. 35 p.

Volumes I and II of the *Handbookon the Participatory Approach to Training* is based on the training experiences of the CUSO-CCPD Training Programme for NGOs in northern Ghana from *1988* to *1992.* Volume II specifically, is targetted for local gender and development field workers interested in acquiring or improving their training skills using the participatory approach. The basic premise of participatory training is to improve the effectiveness of development project workers through interaction with others. The workers or "trainees" learn both technical and social skills in a training environment such as how to be more interactive and participatory with fellow development workers and community members in their project area. The participatory approach should help workers approach social development work in a more integrated manner.

The handbook provides guidance on how to organise and run a participatory training session as well as three different participatory training sessions specific to gender and development issues. They include *Understanding Gender Concepts, Gender Roles and Responsibilities of Farm Family Members,* and finally, A *Gender-Oriented Agricultural Extension Strategy.* The concepts, training activities and procedures suggested in the examples may be quite helpful to gender and development workers interested in using this methodology.

University of the Philippines. University Center for Women's Studies. 1994. ***Women's Health: Realities and Prospects. 3 vol.*** [Quezon City] : University Center for Women's Studies, University of the Philippines. **Vol.1** : A Research Report. xii, 142 p. ; **Vol.2:** Life Herstories. xii, 45 p. ; Vol. 3: Focused Group Discussions. xii, 75 p. Source: University Center for Women's Studies, University of the Philippines, Magsaysay Avenue corner Ylanan St. Diliman, Quezon City, Philippines.

This research report was published as a: (1) research agenda focusing on issues affecting women's health; *(2)* documentary of the findings of feminist research methodology which would reveal the actual conditions of the current women's health status in the Philippines, and (3) framework for addressing the issues of women's health, using the findings of previous researches and the current findings as a basis for the framework.

The first volume of the research report starts with the background of the study. This is followed by detailed descriptions of the factors affecting Filipino women's reproductive health and analysis of primary data on violence against women and women of post-reproductive age. An assessment of the state of legislation vis-a-vis women's reproductive health follows. The volume concludes with a research agenda and pol cy recommendations towards a gender-fair reproductive health policy. The second vclume documents the life stories of seven Filipino women which show clearly that women still lack basic education and information on their rights and are thus unable to make informed choices about their own life. The third vc lume presents several focused group discussions on the health problems of married rural women, women's health in an Ayta tribal community, women's health in a mountain village, and health problems of urban poor women. Findings from interviews with key informants on abortion, rape, incest and wife-batter ng are also presented, along with two other discussions, one with single migrant workers in Cebu City, the other on adolescent reproductive health. The three volumes are a good example of research which is feminist and holistic in approach, apart from providing a good overview of the situation of women's health in the Philippines.

Webster, Kim ; Wilson Gai ; Women's Health Resource Collective. 1993. *Mapping the Models : The Women's Health Services Program in Victoria.* Melbourne : Centre for Development and Innovation in Health. 92 p.

This report has been produced with the aim of recording the approaches to service delivery of the Victorian Women's Health Services (VWHS) Program, to explain the ways in which the programme works, why it exists and what it does. The VWHS Program has established itself as an innovative and integrated statewide programme in just over five years. The programme has a dual strategy approach to improve the health status of women. On the one hand, the services in Victoria attend to the health needs of individual women directly. On the other hand, they also work on improving the responsiveness of other health care agencies to the needs of women, so that due consideration is given by mainstream health providers to the special needs of women. Following the introduction and overview, the second part of this report describes several case studies of particular projects under two main headings Women's Health Information Services and the Regional Women's Health Services. These programmes are doing innovative work in modelling new, efficient and effective ways of addressing women's health issues. Each case study includes an eight point "strategies checklist". Each programme described is looked at in relation to these checklist points. Monitoring and evaluation of the priority issues and action strategies adopted within the National Women's Health Program in 1989 are an important part of ensuring their continued relevance. After a summary of achievements, several appendices provide descriptions of individual services in the Women's Health Services Program, give an inventory of projects undertaken by the Program, and provide other information on women's health issues in the form of tables and figures.

Wilson, Gai; and Wright, Maria. 1993. *Evaluation Framework for Womenk Health Services and Centres Against Sexual Assault.* Northcote, Australia: Centre for Development and Innovation in Health. 81 p.

In 1990/91, Victoria state (Australia) received funding from the National Women's Health Program to evaluate women's health and sexual assault services and programmes throughout the state. The evaluation framework outlined in this manual is both the tool and the strategy used by the Victorian Women's Health program to conduct its evaluation. The evaluation framework involves: reflecting and planning, gathering information, analysing and interpretating, feedback and reporting, and finally, follow through action. The manual covers each of these steps in the context of women's health and sexual assault services and programmes, citing some examples. The evaluation calendar is the final component of the Evaluation Framework. The calendar was designed to assist health services/centres in establishing an evaluation schedule, using daily, weekly, monthly, and yearly timelines. The manual also provides three case studies to assist users in understanding the evaluation framework. The manual is very practical and is an effective tool in developing a "culture of evaluation" for women's health services and centres.

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