

## **Where Women Have No Doctor - A Health Guide for Women (Hesperian Foundation, 1997, 600 p.)**

### **Health Care Skills**

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#### **Preventing infection**

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 **Washing your hands**


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#### **How to take temperature, pulse, respiration, and blood pressure**

 **(introduction...)**

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## **Health Care Skills**

**In many parts of this book we refer to certain skills that can help a person give the best care to someone who is ill, These skills include preventing infection, giving an exam and getting information about a person's body, giving life-saving fluids, and giving injections.**

**This section gives more complete information about these skills. You may think of these as 'doctor's' or 'nurse's' skills, but they are all skills that anyone can learn with time and practice. Some skills, like giving an *exam* or an *injection*, are best learned by having a skilled person show you how. Once learned, all of these skills can make a careful person better able to help others safely.**

## **Preventing infection**

***Infections* cause many kinds of sickness. People who are already sick or hurt are often more at risk for getting an infection, and getting one can make them much sicker. So it is important to do everything you can to keep infections from developing. It is also important to protect yourself from getting an infection from those you care for.**



***Figure***

**Infections are caused by germs, such as bacteria and viruses, that are too small to see. Every person carries bacteria on her skin, and in her mouth, *intestines*, and *genitals* all the time. These germs do not usually cause problems, but they can cause infections if passed to sick people. Germs also live on the equipment and tools used when caring for a sick person and can easily be passed to others you help.**

**You can prevent infection by following the guidelines in this chapter. For other ways to prevent infection.**

## **IMPORTANT**

***You must follow these guidelines every time you help someone, whether you use your hands, tools, or special equipment. If you do not, you may get a dangerous infection, or pass an infection to the people you are helping.***

### **Washing your hands**

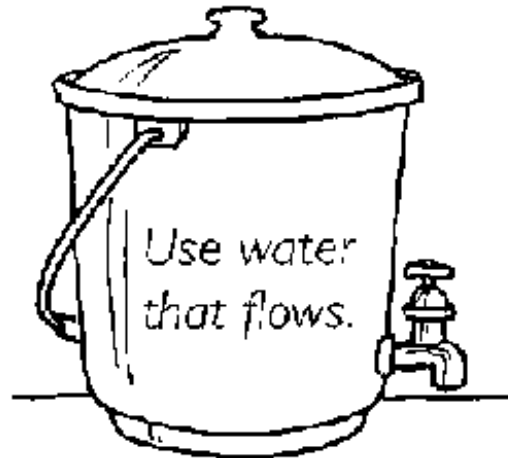


***Let your hands dry in the air instead of using a towel. Do not touch anything until your hands are dry.***

**Wash your hands before and after caring for another person. It the most important way to kill germs living on your skin. You need to wash your hands even more thoroughly and for a longer time:**

- **before and after helping someone give birth.**

- **before and after touching a wound or broken skin.**
- **before and after giving an injection, or cutting or piercing a body part.**
- **after touching blood, *urine, stool, mucus*, or fluid from the *vagina*.**
- **after removing gloves.**



**Figure**

**Use soap to remove dirt and germs. Count to 30 as you scrub your hands all over with the soapy lather. Use a brush or soft stick to clean under your nails. Then rinse. Use water that flows. Do not reuse water if your hands must be very clean.**

Try making a Tippy Tap. It will save water and will make it easy to keep a supply of clean water for washing hands.

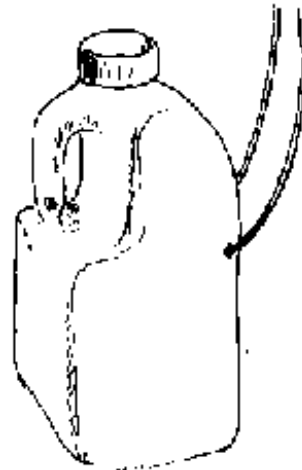
Use a large, clean plastic bottle with a handle.

1. Pinch the handle together here with a pair of hot pliers or a hot knife.



**Figure**

2. Make a small hole in the handle, just above where you sealed it.



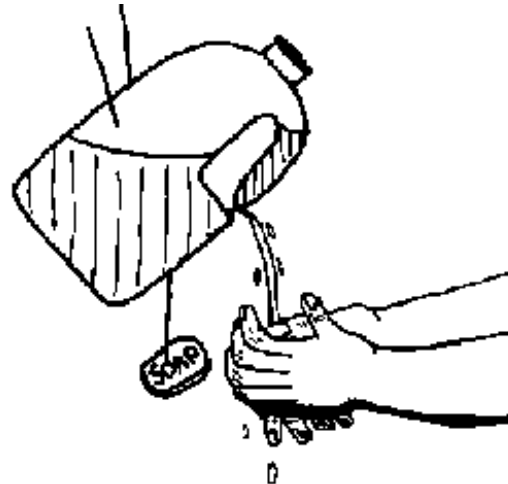
**Figure**

3. To hang the tippy tap, make 2 more holes in the other side of the bottle and pass a string through them. Now you can hang it on a peg or tree branch.

4. Fill the bottle with clean water and replace the lid.

5. When you tip the bottle forward, the water will flow out, so you can wash your hands. Do

not make the hole too large or it will waste water.



**Figure**

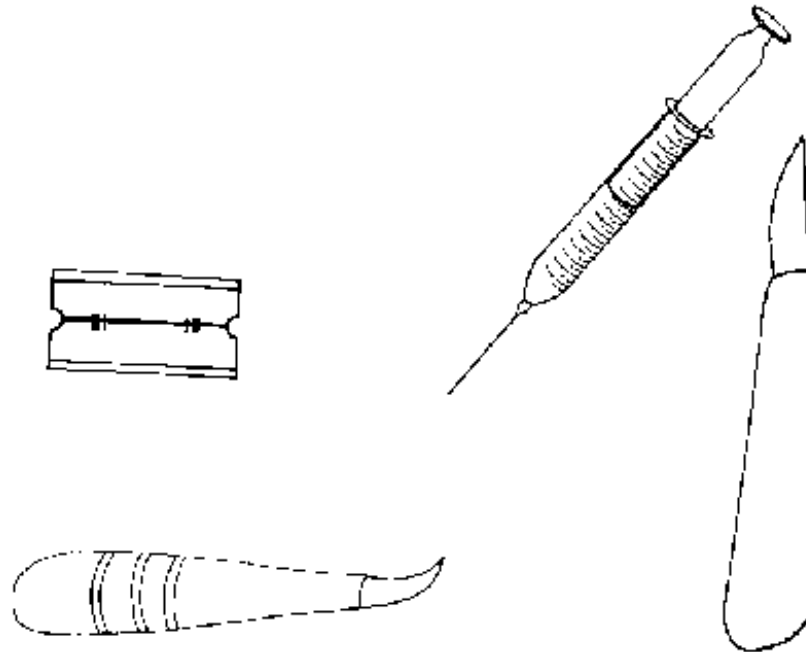
You can also hang a bar of soap from the string.

## **How to disinfect equipment and tools**

**Cleaning tools and equipment to get rid of nearly all the germs is called *high-level disinfection*.**

**Tools must first be washed and then disinfected if they are used to:**

- **cut, pierce, or tattoo skin.**
- **give an injection.**
- **cut the cord during childbirth.**
- **examine the vagina, especially during or after childbirth, a *miscarriage*, or an *abortion*.**
- **when giving fluids in the *rectum*.**



**Figure**

### **High-level disinfection: 3 steps**

**Steps 1 and 2 should be done right after using your tools. Try not to let blood and mucus dry on them. Step 3 should be done right before you use the tools again. All the steps can be done together if you can store your tools so they will stay disinfected (see the next page).**

**1. Soaking: Soak your tools for 10 minutes. If possible, use a 0.5% solution of bleach (*chlorine*). Soaking your tools in bleach solution first will help protect you from infection when cleaning the tools. If you do not have bleach, soak your tools in water.**





**Figure**

### **How to make a disinfecting solution of 0.5% bleach:**

*If your bleach says: Use:*

2% available chlorine 1 part bleach to 3 parts water

5% available chlorine 1 part bleach to 9 parts water

10% available chlorine 1 part bleach to 19 parts water

15% available chlorine 1 part bleach to 29 parts water

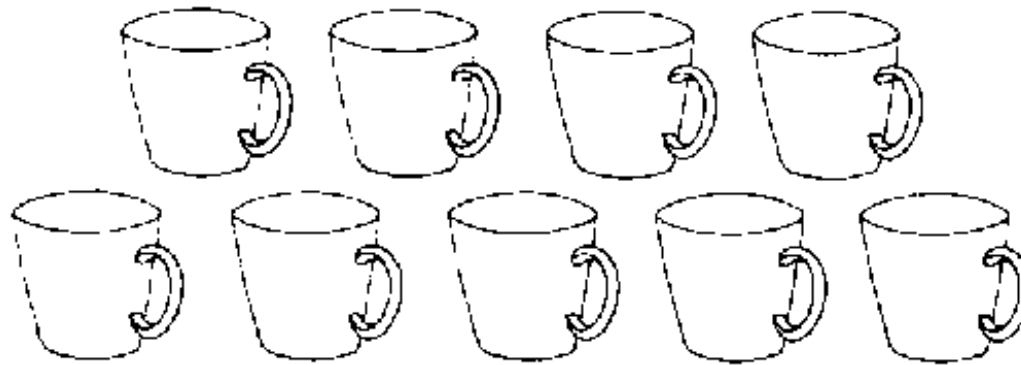
***For example:***

***If your bleach says 5% available chlorine, use this much bleach:***



**Figure**

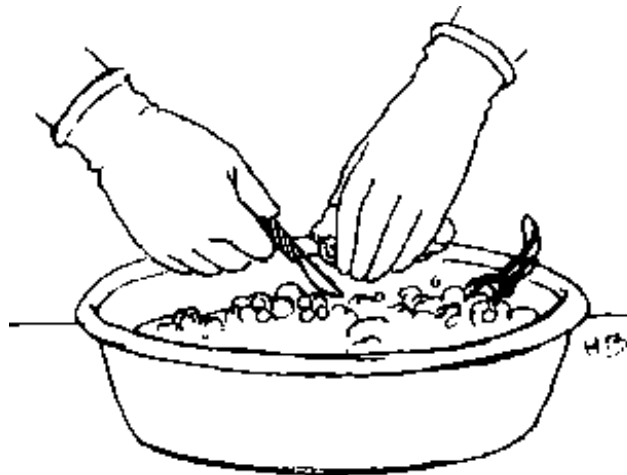
***and this much water:***



**Figure**

**Mix just enough solution for one day. Do not use it again the next day. It will not be strong enough to kill germs anymore.**

**2. Washing: Wash all tools with soapy water and a brush until each one looks very clean, and rinse them with clean water. Be careful not to cut yourself on sharp edges or points. If possible, use heavy gloves, or any gloves you may have.**

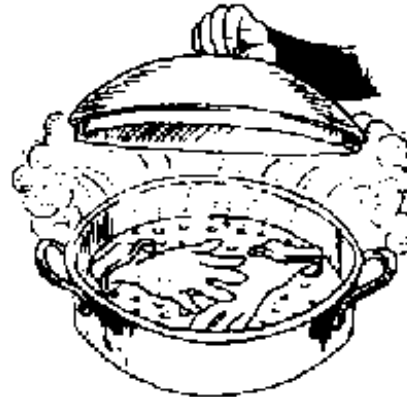


**Figure**

**3. Disinfecting: Steam or boil the tools for 20 minutes (as long as it takes to cook**

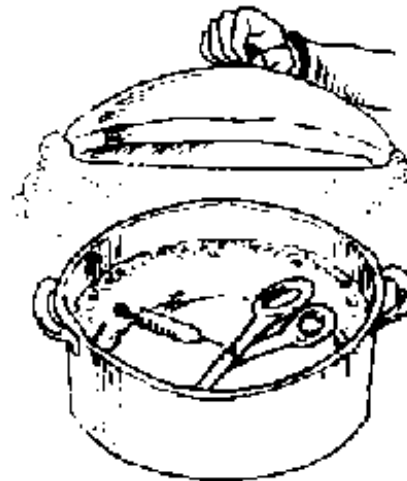
rice).

**To steam them, you need a pot with a lid. The water does not need to cover the tools, but use enough water to keep steam coming out the sides of the lid for 20 minutes.**



**Figure**

**To boil them, you do not need to fill the whole pot with water. But you should make sure water covers everything in the pot the entire time. If possible, put a lid on the pot.**



## Figure

**For both steaming and boiling, start to count the 20 minutes after the water is fully boiling. Do not add anything new to the pot once you begin to count.**

### **IMPORTANT**

***Never use a tool on more than one person without washing and disinfecting all the parts between each use.***

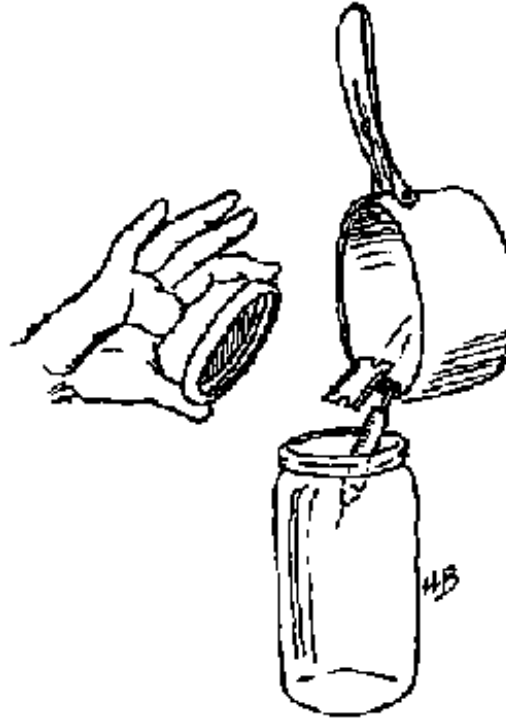


**Figure**

### **Storing your tools**

If you store your tools properly you can do Steps 1, 2, and 3 at one time, and the tools will be ready to use whenever you need them. To store tools:

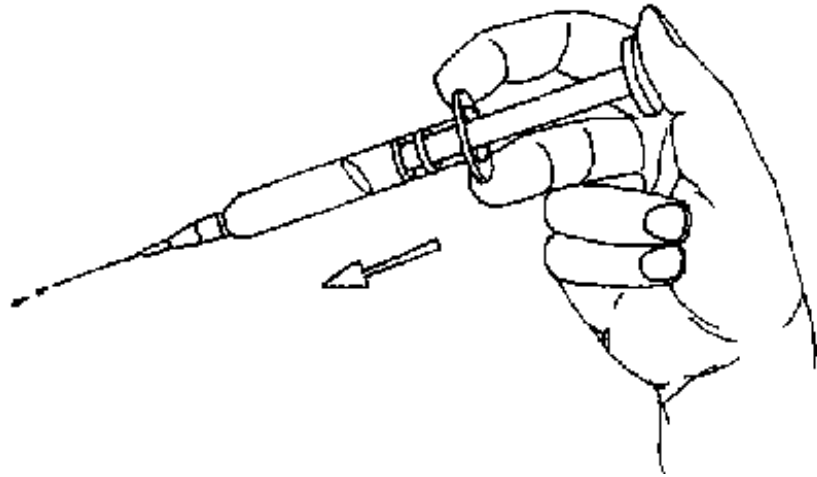
- After boiling, pour off the water and let the tools dry by themselves. Do not dry them with a cloth. Put a lid or a thin, clean cloth over the pot to prevent flies and dust from getting in. Be sure to let the tools dry completely. Metal objects will rust if they are not dry.
- Do not let the tools touch your hands or anything else.
- Store the tools in a covered pot that has been disinfected. You can use the pot that was used for boiling with a lid, or the steamer that was used for steaming, or a glass jar and lid that have been boiled. If possible, put everything in a clean plastic bag to protect from dust.



***Make sure the pot and lid where you store the tools have also been disinfected.***

## **Disinfecting needles and syringes, gloves, and bandages**

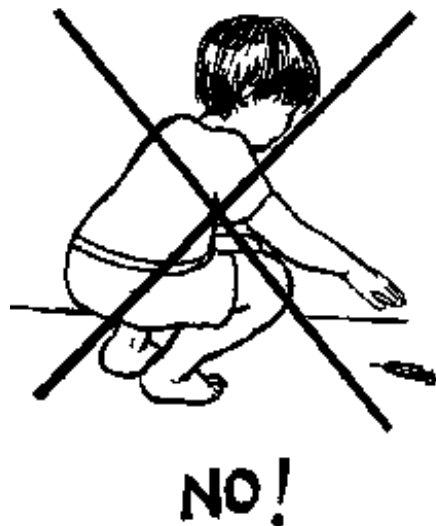
**Needles and syringes. If a needle and syringe can be used more than once (reusable), squirt bleach or soapy water through the syringe 3 times right after using it. Then take everything apart and follow Step 2 and then Step 3. Carefully store the syringe until the next use. Be sure not to touch the needle or the plunger.**



**Figure**

**If you are not able to store things in a clean and dry place, boil or steam them again before use.**

**If a needle and syringe can be used one time only (disposable), carefully put them in a covered container that cannot be pierced by the needle, and bury the container deeply. If you cannot dispose of the needle safely, squirt bleach solution through it 3 times.**



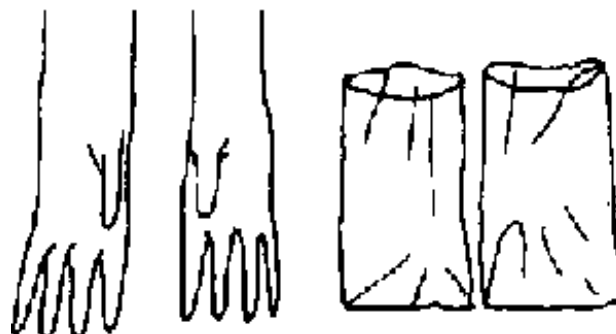
*Used needles  
are dangerous!*



**Figure**

## Gloves

**Gloves protect both you and the people you help against the spread of infection. If you do not have gloves, use clean plastic bags to cover your hands.**

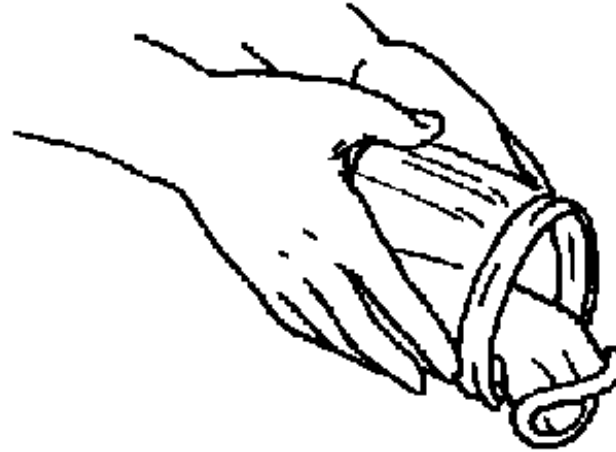


***If you do not have gloves, you can use dean plastic bags to cover your hands.***

**Sometimes it is OK to use gloves that are clean but not disinfected - as long as you are not reusing them. But you should always use high-level disinfected gloves when:**

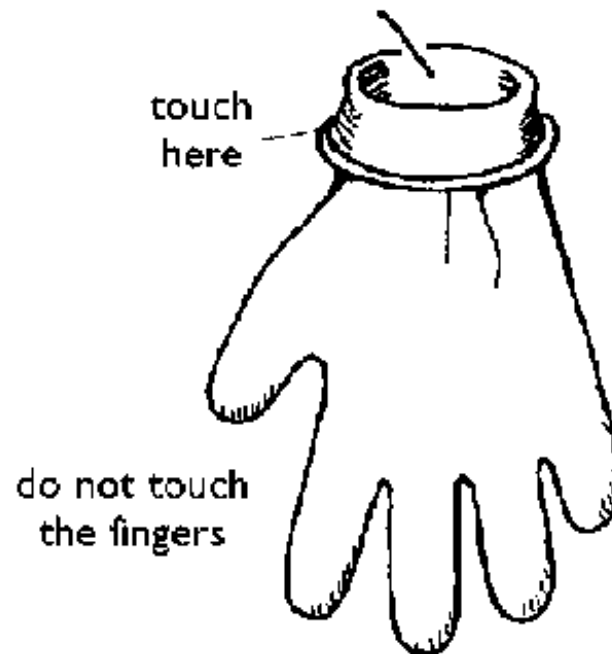
- **putting your hand inside the vagina during an emergency exam before or after childbirth or abortion.**
- **touching broken skin.**

***Using high-level disinfected gloves:***



***Be careful not to touch other gloves as you remove a pair from the jar or container where they have been stored.***





***When putting the gloves on, be careful not to let anything touch the part of the gloves that is going to touch the person.***

◆ *If you have a pair of 'sterile' gloves in a package, save them for a time when you must be especially careful not to spread infection.*

**If you use gloves more than one time, they should be cleaned, disinfected, and stored following the instructions. Always check washed gloves for holes, and throw away any that are torn.**

**If possible, it is best to steam gloves rather than boil them because they can stay in the pot they were steamed in until they are dry. If you are unable to steam gloves and must boil them, try to dry them in the sun. You will probably have to touch them to do this, so they will no longer be disinfected, but they will be clean. Keep them in a**

**clean, dry place.**

## **Cloth dressings**

**If you do not have sterile *gauze*, use cloth dressings. Follow the instructions for disinfection and storage. Dry the dressings in the sun, but be sure to keep them off the ground, and to protect them from dust, flies, and other insects.**



**Figure**

*Any items that have touched blood or body fluids (urine, stool, semen, fluid from the bag of waters, pus) should be burned, or disposed of carefully so that children or animals will not find them. This includes supplies that are no longer useful but are contaminated, such as syringes, torn gloves or gloves that can only be used once, gauze, or cotton.*



## Figure

### How to take temperature, pulse, respiration, and blood pressure

**When a person is sick or has a health problem, her basic physical signs may change. The next few pages tell how to measure these signs to know if a person has a problem.**

#### Temperature

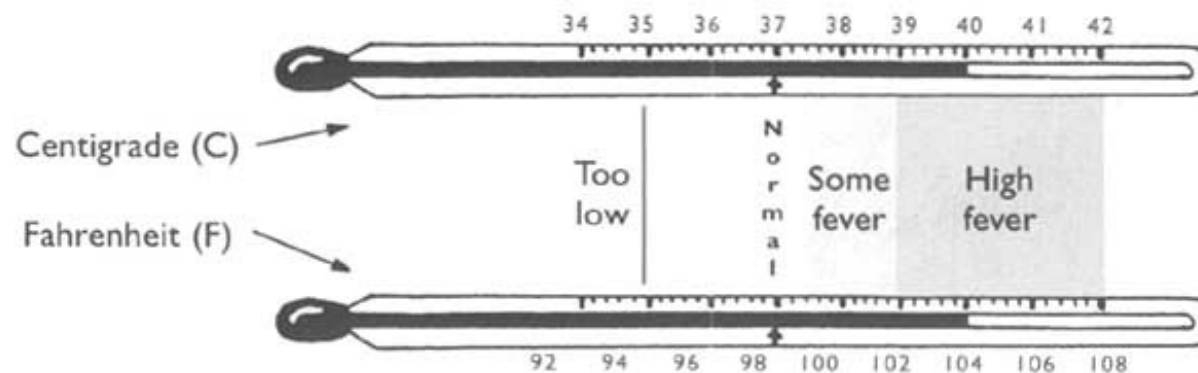
**If you need to know a person's temperature and do not have a thermometer, touch the back of your hand to the person's skin, and compare it with your own skin. If her skin feels much warmer, she probably has a fever. To learn what to do for a fever.**



**Figure**

**If you have a thermometer, you can take a person's temperature in the mouth, armpit, or rectum. A person's temperature is normally cooler in the armpit, warmer in the mouth, and warmest in the rectum. There are 2 kinds of thermometer scales.**

**Either can be used to measure a person's temperature. Here is how they compare:**



***The levels listed here for normal and fever temperatures are for the mouth.***

### **How to take the temperature**

(using a thermometer marked in degrees centigrade - °C)

**1.** Clean the thermometer well with soap and cold water, or alcohol. Hold it at the end without the silver (or red) and shake it hard, with a snap of the wrist, until it reads less than 36 degrees.

**2.** Put the thermometer...

*under the tongue (keep the mouth dosed around it)*



**Figure**

OR

*in the armpit if there is danger that the person might bite the thermometer*



**Figure**

OR

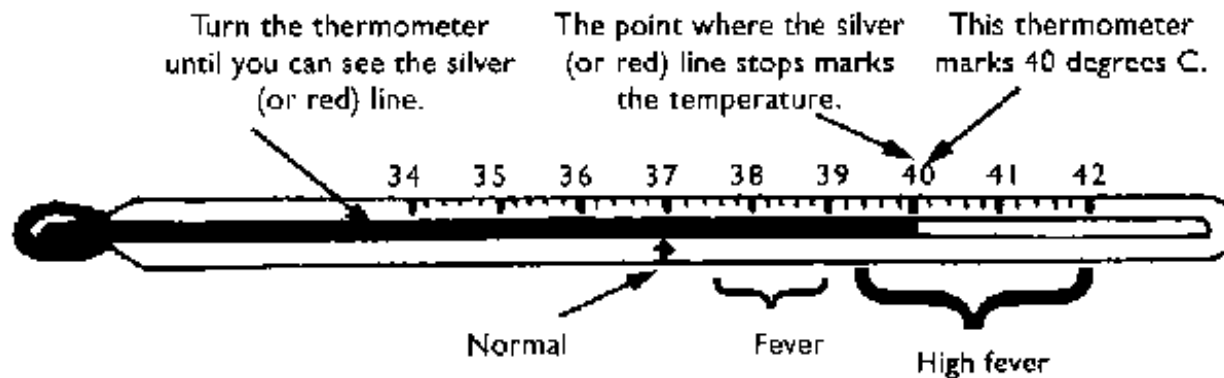
*carefully, in the rectum (wet or apply petroleum gel first).*



**Figure**

**3.** Leave it there for 3 or 4 minutes.

**4.** Read it.



**Figure**

**5.** Wash the thermometer well with soap and cold water. Then, if you can, soak it for 20 minutes in a bleach solution and rinse with clean water.

## **Pulse (heartbeat)**

**The pulse tells how fast the heart is beating and how hard it is working. After hard**

**work or exercise, the heart of a healthy person beats fast, but slows back to normal in a few minutes. The heart usually increases 20 beats a minute for each degree (C) rise in fever.**

**A normal pulse in an adult is between 60 and 90 beats per minute. A fast pulse can be a sign of:**

- **blood loss or fluid loss, or shock.**
- **fever and infection.**
- **problems with the lungs and breathing system, or with the heart.**
- ***thyroid* problems.**



***To take the pulse, put your fingers on the wrist as shown (do not use your thumb).***



***If you cannot find the pulse in the wrist, feel for it in the neck beside the voicebox,***



***or put your ear directly on the chest and listen for the heartbeat.***

## **Respiration (breathing rate)**

**The breathing rate tells you about health of the lungs and breathing system. It can also give information about a person's general health. To take the breathing rate, watch the chest rise and fall when a person is at rest. Normal breathing in an adult is 12 to 20 total breaths per minute (a complete breath equals one breath in and one breath out).**



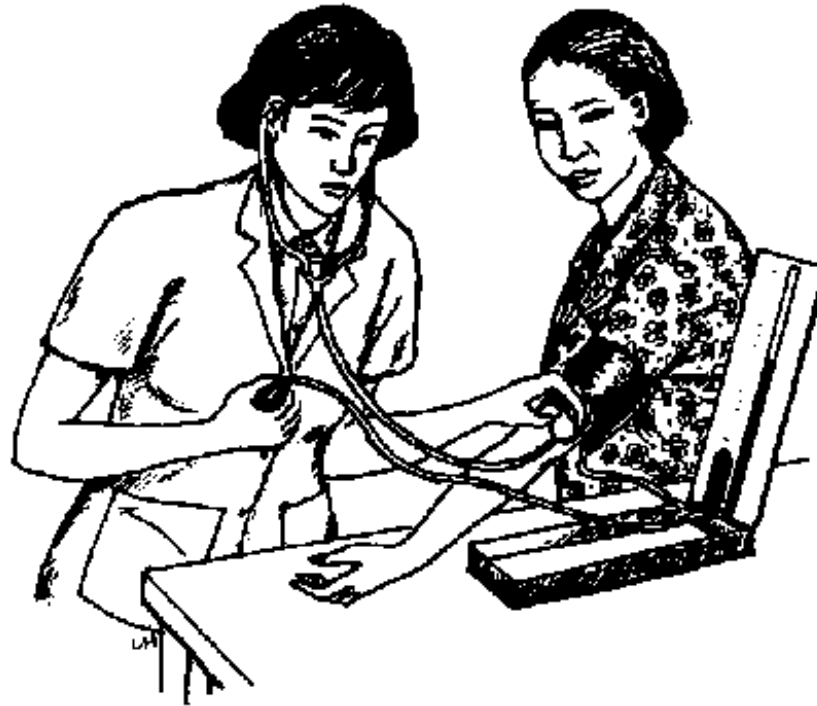
**Breathing usually speeds up (along with the pulse) when there is infection, fever, blood loss or *dehydration*, shock, lung problems, or other emergencies.**

**Very slow pulse and breathing in a very sick person can mean she is near death.**

**Fast, shallow breathing can be a sign of infection of the breathing system. A breathing rate of more than 30 breaths per minute may be a sign of *pneumonia*.**

### **Blood pressure**

**Blood pressure is a measure of how hard the blood presses on the inside of the blood vessels.**



**Figure**

## **It is useful to know a woman's blood pressure at these times:**

- **during pregnancy, childbirth, miscarriage, or abortion.**
- **if she is using or planning to use birth control pills.**
- **in emergencies, such as shock, severe abdominal pain, or a difficult childbirth.**

## **What the numbers mean**

### **A blood pressure measurement (BP) has two numbers:**

*120 is the top (systolic) reading*

BP  $\frac{120}{80}$  or BP 120/80

*80 is the bottom (diastolic) reading*

**Normal blood pressure for an adult is usually around 120/80, but anything from 90/60 to 140/85 can be considered normal.**

**The bottom number usually gives more information about a person's health. For example, if a person's blood pressure is 140/90, there is not much need for concern. But if it is 225/110, a person has seriously high blood pressure and should lose weight (if she is fat) or get treatment. A bottom number of over 100 usually means the blood pressure is high enough to require attention (diet and perhaps medicine).**

**If a person regularly has low blood pressure, there is no need to worry. In fact, blood pressure on the low side of normal - 90/60 to 110/70 - means a person is likely to live long and is less likely to suffer from heart trouble or stroke.**

**A sudden drop in blood pressure is a danger sign, especially if it falls below 90/60. Watch for any sudden drop in the blood pressure of persons who are losing blood or at risk of shock. If you get an abnormal blood pressure reading and you do not think the person is in shock, wait a few minutes and take the blood pressure again.**

**You will often need to watch a person's blood pressure overtime (for example, during a woman's pregnancy) to see how it changes. It will help to keep a record:**

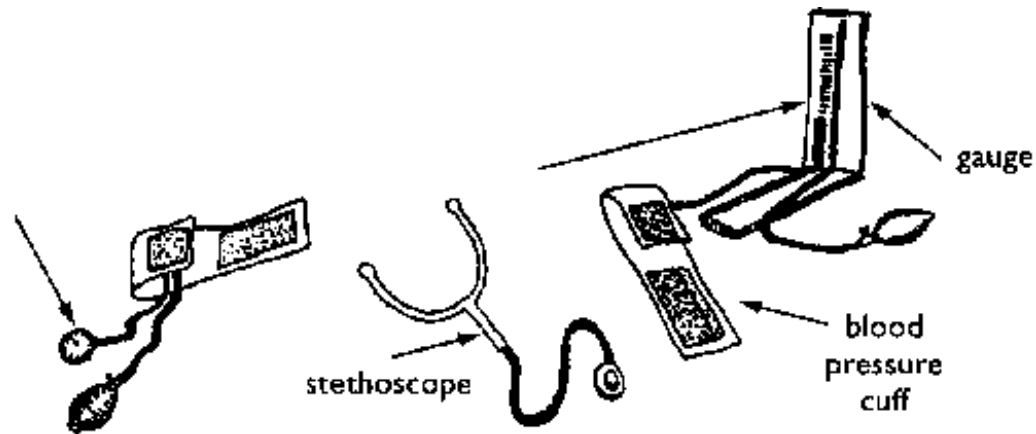
Sept 13	$\frac{100}{60}$
Oct 12	$\frac{110}{62}$
Nov 15	$\frac{90}{58}$
Dec 10	$\frac{112}{60}$
Jan 12	$\frac{110}{70}$

***This woman's blood pressure goes up and down a little from month to month. This is normal.***

## **How to take blood pressure**

**There are several types of blood pressure equipment Some have a tall gauge that looks like a thermometer. Others have a round dial.**

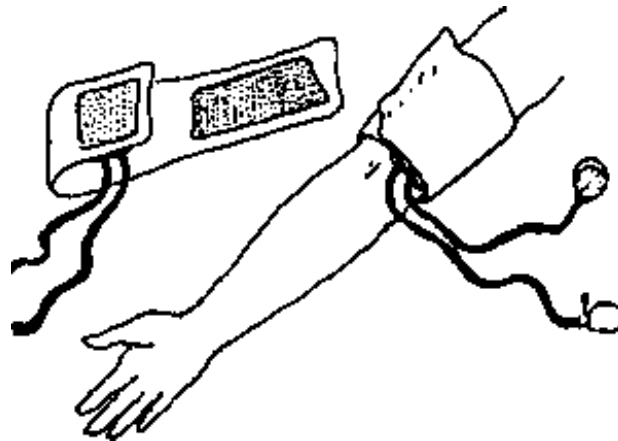
## Blood pressure equipment usually comes with a stethoscope.



**Figure**

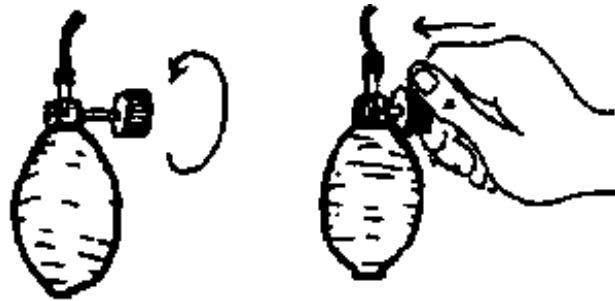
To take a person's blood pressure, first tell her what you are going to do. Then follow these steps:

- 1.** *Fasten the cuff around the bare upper arm.*



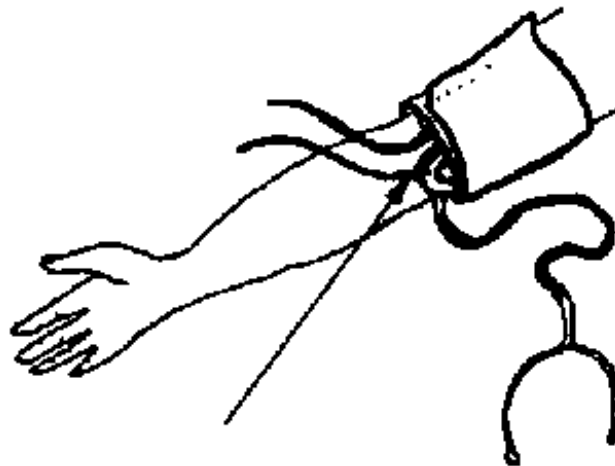
**Figure**

**2.** Close the valve on the rubber bulb by turning the screw to the right. The valve will get shorter.



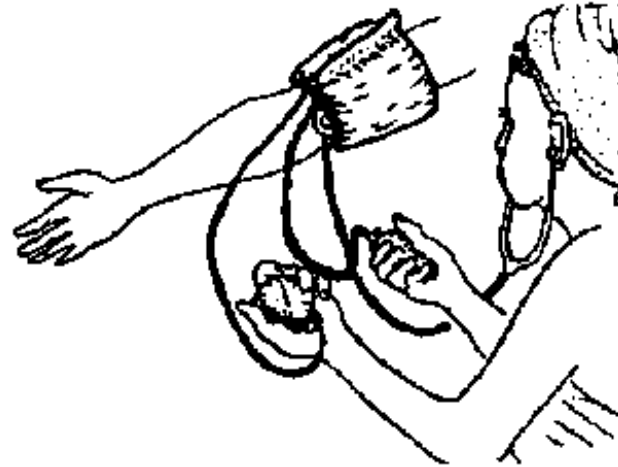
**Figure**

**3.** Feel for a pulse just below the elbow, on the Inside of the arm, and put the stethoscope over the pulse. Sometimes you may not feel the pulse. If you cannot, put the stethoscope over the center of the skin crease inside the elbow.



**Figure**

**4.** Pump the cuff up by squeezing the bulb.



**Figure**

**5.** *As you pump, the needle will move.*

*When it reaches 200, stop pumping.*



**Figure**

**6.** *Then release the valve a little so that the air leaks out slowly.*



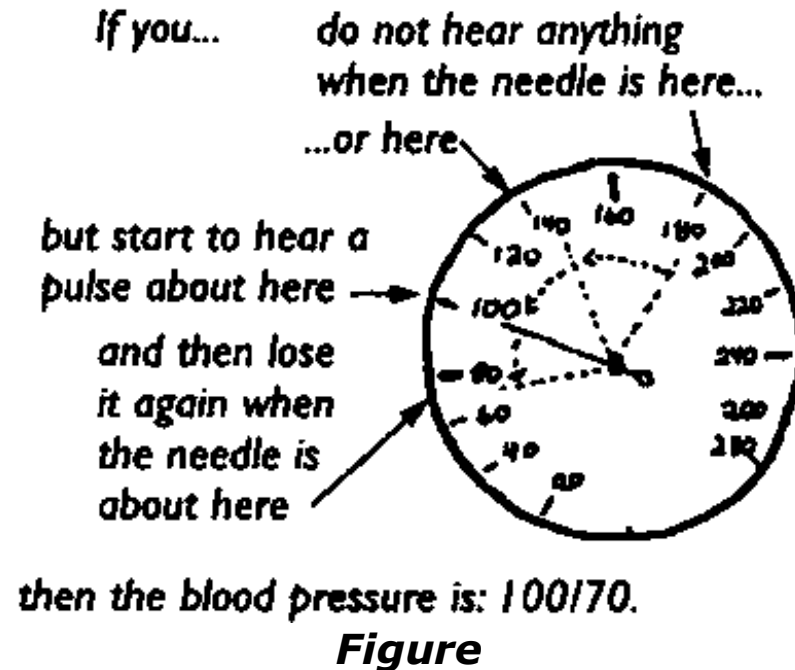
**Figure**

**7.** *The needle will begin to go back down. (If the valve is closed, it will stay at 200.)*



**Figure**

As the air leaks out, you will start to hear the person's pulse through your stethoscope. Notice where the needle or the silver bar is when you start to hear the pulse (this will be the top number) and when the pulse disappears or gets very soft (this will be the bottom number).



## How to examine the abdomen

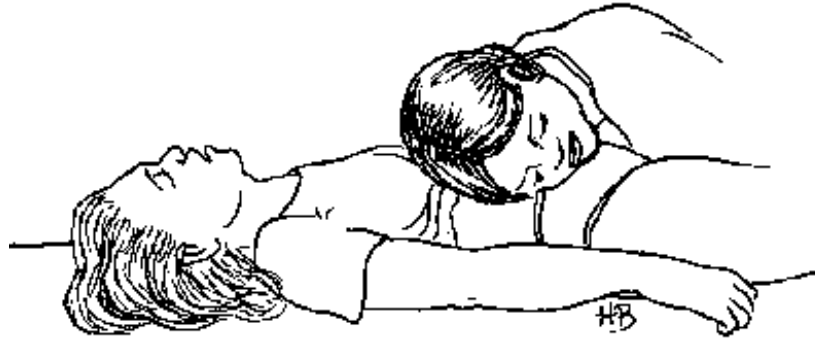
If a woman has pain in the lower *abdomen*, first read the chapter on "Pain in the Lower Abdomen".

Then examine her abdomen:

1. Ask her to undress so that you can see her abdomen from just below her breasts down to the hair between her legs.
2. Ask her to lie flat on her back on a firm bed, a table, or a clean floor with her knees bent and her feet close to her buttocks. Ask her to relax her abdominal muscles as much as she can. This may be difficult for someone who is in pain.



**3. Listen for bubbling and gurgling noises by putting your ear on her abdomen. If you do not hear anything for 2 minutes, this is a danger sign.**



**Figure**

**4. Ask her to point to where it hurts most. Then begin pressing gently on the other side. Keep pressing gently as you move around her abdomen to see where it hurts most.**

**5. As you press her abdomen, feel for lumps. Also, see if her abdomen is soft or hard, and if she can relax it under your hand.**



**Figure**

**6. To make sure she does not have another problem like *appendicitis*, an infection in her gut, or a *pelvic infection (PID)*, slowly but firmly press on her abdomen on the left side, just above where the leg joins the body (the groin). Press until it hurts a little. Then quickly remove the hand. If a very sharp pain (rebound pain) happens when the hand is removed, she may have a serious infection. Take her immediately to a health center or hospital to see if she needs surgery. If she does not have rebound pain, continue to examine her by looking at the outside of her genitals for sores, *discharge*, bleeding, or other signs of *sexually transmitted diseases (STDs)*. For signs and treatment of STDs. If you know how, do a pelvic exam (see the next page).**

### **How to examine a woman's genitals (the pelvic exam)**

**Knowing how to examine a woman's genitals can save lives. It is necessary for giving some *family planning* methods and for finding out about many serious women's health problems, such as pregnancy *in the tubes*, *cancer* of the *cervix* and of the *womb (uterus)*, many *STDs*, and complications from abortion. It is not difficult to learn, and with practice, most women or health workers can:**

- **examine the outer genitals.**
- **feel the *reproductive parts* inside the abdomen.**

**But only do a pelvic exam if it is really necessary. Any time you put something inside a woman's vagina you increase her risk of infection.**

### **IMPORTANT**

***Do not do a pelvic examination:***

- ***when a woman is pregnant and bleeding, or if her waters have broken.***
- ***after a normal birth or uncomplicated abortion.***

**Before you start:**

**1. Ask the woman to pass urine.**



***Figure***

**2. Wash your hands well with clean water and soap.**

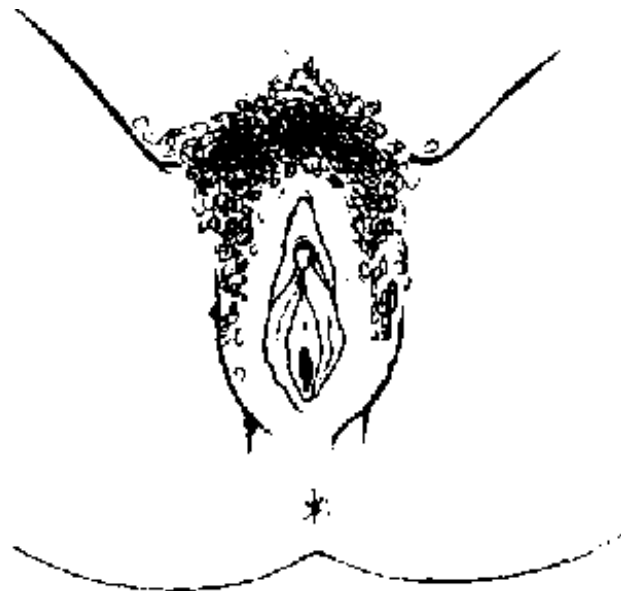


***Always examine a woman where others cannot see.***

- 3. Ask her to loosen her clothing. Use a sheet or her clothing to cover her.**
- 4. Have her lie on her back, with her heels close to her bottom and her knees up. Explain what you are about to do.**
- 5. Put a clean glove on the hand you will put inside the vagina.**

**Look at the outside genitals:**

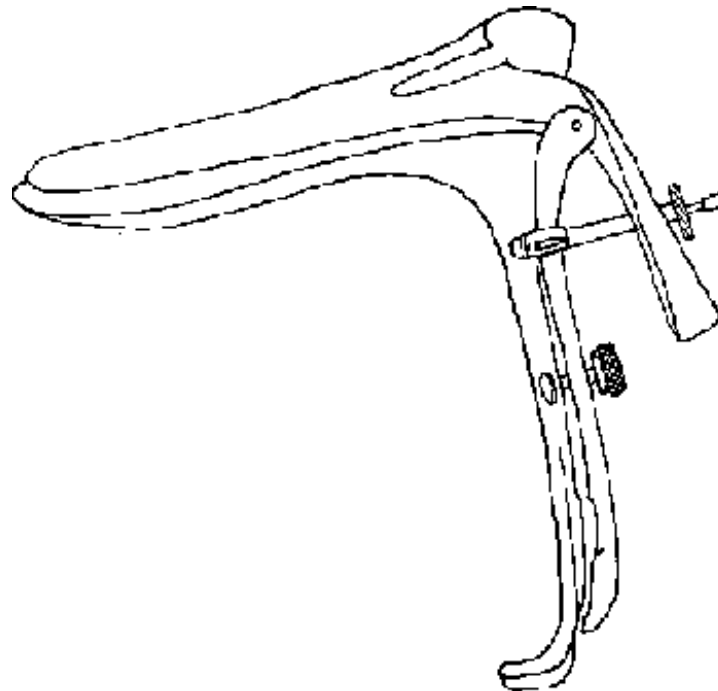
**Using the gloved hand to gently touch the woman, look for lumps, swelling, unusual discharge, sores, tears, and scars around the genitals and in between the skin folds of the *vulva*. Some diseases have signs that appear on the outside of the genitals (see the chapter on STDs).**



**Figure**

### **How to do a speculum exam**

A speculum is useful for looking at the cervix and vagina. If you have one, follow the steps below and then continue with the exam on the next page. If you do not have a speculum, you can get much of the same information by following the steps on the next page.

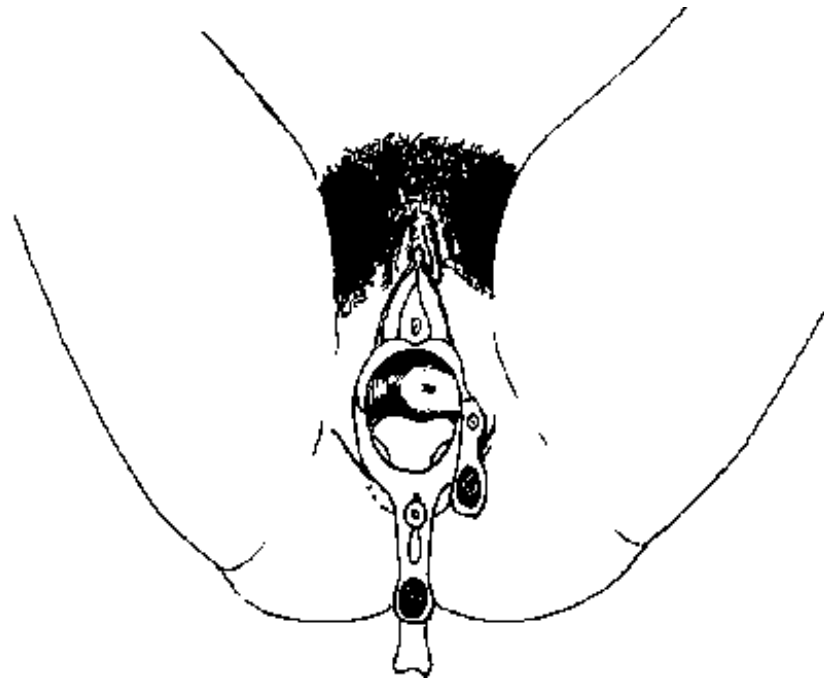


**Figure**

- 1.** Be sure the speculum has been disinfected before you use it. Wet the speculum with clean water before using it.
- 2.** Put the first finger of your gloved hand in the women's vagina. As you put your finger in, push gently downward on the muscle surrounding the vagina. (Work slowly, waiting for the woman to relax her muscles.) Use this finger to find the cervix, which feels like the tip of the nose.
- 3.** With the other hand, hold the speculum blades together between the pointing finger and the middle finger. Turn the blades sideways and slip them into the vagina. (Be careful not to press on the urine hole or *clitoris*, because these areas are very sensitive.) When the speculum is halfway in, turn it so the handle is down. Remove your gloved finger.

**4.** Gently open the blades a little and look for the cervix. Move the speculum slowly and gently until you can see the cervix between the blades. Tighten the screw on the speculum so it will stay in place.

**5.** Check the cervix, which should look pink and round and smooth. Notice if the opening is open or closed, and whether there is any discharge or bleeding. If you are examining the woman because she is bleeding from the vagina after birth, abortion, or miscarriage, look for flesh coming from the opening of the cervix. If you think she may have an infection, check for green or yellow discharge, or bleeding from the cervix. If the woman has been leaking urine or stool, gently turn the speculum to look at the walls of the vagina. Bring the blades closer together to do this.



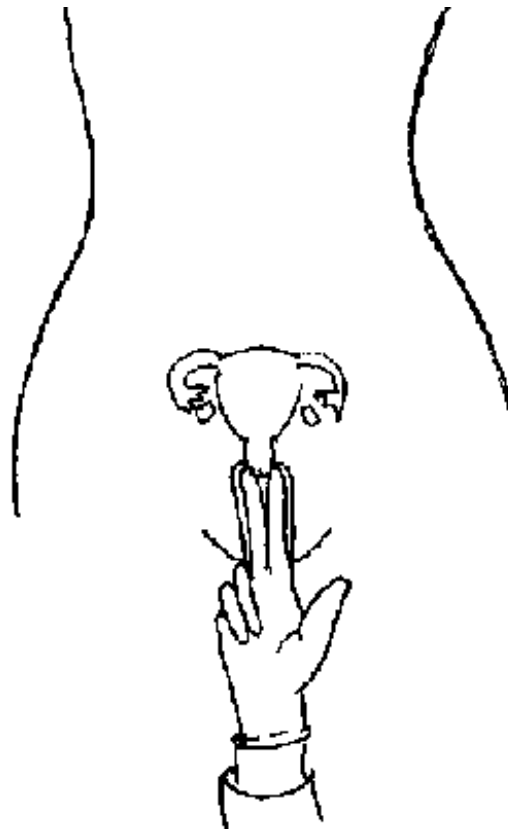
**Figure**

**6.** To remove the speculum, gently pull it toward you until the blades are clear of the cervix.

Then bring the blades together and gently pull back. Be sure to disinfect your speculum again.

## How to feel the reproductive parts inside the abdomen

**1. Put the pointing finger of your gloved hand in the woman's vagina. As you put your finger in, push gently downward on the muscle surrounding the vagina. When the woman's body relaxes, put the middle finger in too. Turn the palm of your hand up.**



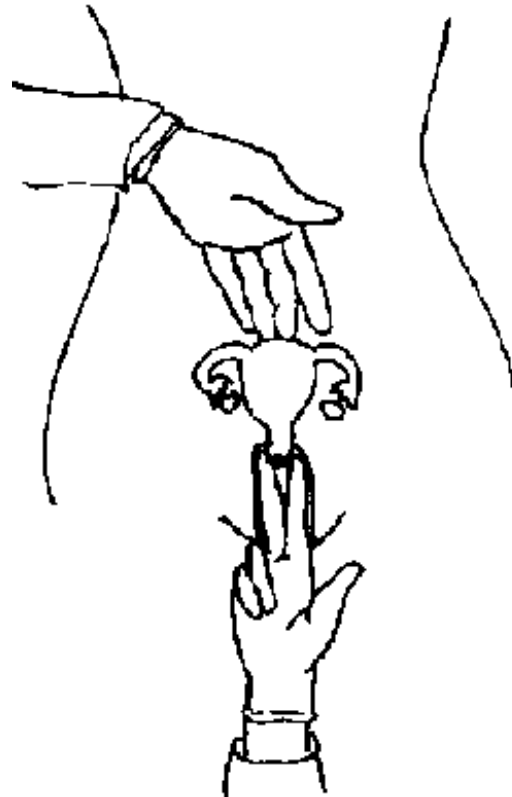
***Move the cervix gently from side to side.***

**2. Feel the opening of her womb (cervix) to see if it is firm and round. Then put one finger on either side of the cervix and move the cervix gently. It should move easily,**



**without causing pain. If it does cause pain, she may have an infection of the womb, tubes, or ovaries. If her cervix feels soft, she may be pregnant.**

**3. Feel the womb by gently pushing on her lower abdomen with your outside hand. This moves the inside parts (womb, tubes, and ovaries) closer to your inside hand. The womb may be tipped forward or backward. If you do not feel it in front of the cervix, gently lift the cervix and feel around it for the body of the womb. If you feel it under the cervix, it is pointed to the back.**



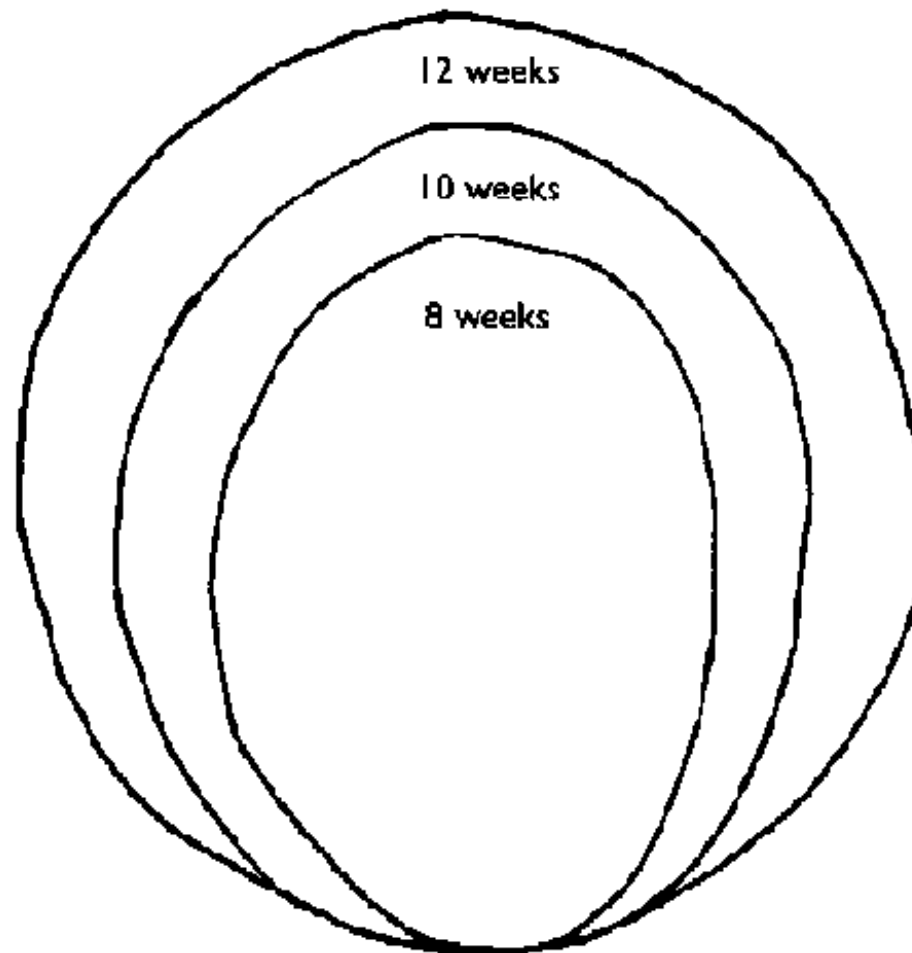
**Figure**

**4. When you find the womb, feel for its size and shape. Do this by moving your inside fingers to the sides of the cervix, and then 'walk' your outside fingers around the**

**womb. It should feel firm, smooth, and smaller than a lemon.**

**If the womb:**

- **feels soft and large, she is probably pregnant.**
- **feels lumpy and hard, she may have a *fibroid* or other growth.**
- **hurts when you touch it, she probably has an infection inside.**
- **does not move freely, she could have scars from an old infection (*pelvic inflammatory disease - PID*).**



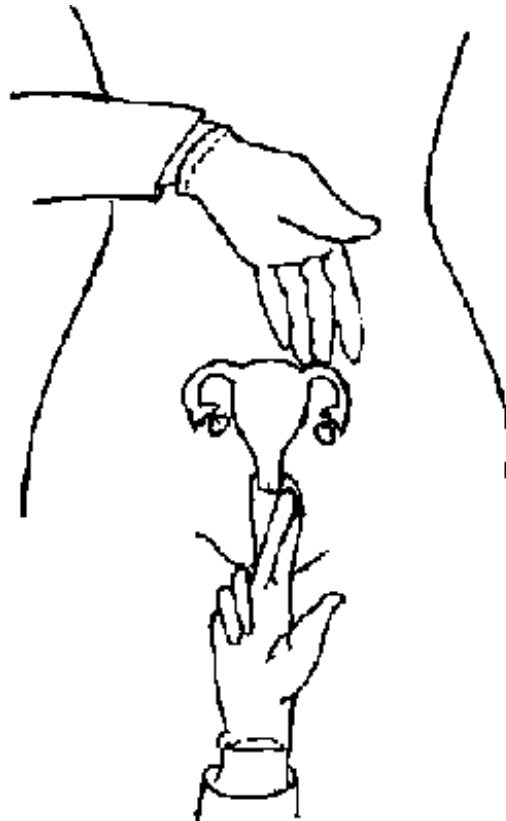
***Size of the womb during pregnancy***

**5. Feel her tubes and ovaries. If these are normal, they will be hard to feel. But if you feel any lumps that are bigger than an almond (this size) or that cause severe pain, she could have an infection or other emergency. If she has a painful lump, and her monthly bleeding is late, she could be pregnant in the tube. She needs medical help right away.**



*Figure*

**6. Move your finger and feel along the inside of the vagina. If she has a problem with leaking urine or stool, check for a tear. Make sure there are no unusual lumps or sores.**



**Figure**

**7. Have the woman cough, or push down as if she were passing stool. Watch to see if something bulges out of the vagina. If it does, she could have a fallen womb or fallen bladder.**

**8. When you are finished, clean and disinfect your glove. Wash your hands well with soap and water**

### **Caring for burns**

**Burns are a common injury for women and children. All burns should first be cooled**

**for 15 minutes with ice, cold water; or cloths soaked in cold water. After cooling, treatment depends on how serious the burn is. It is very important to keep burns as clean as possible. Protect them from dirt, dust, flies, and other insects. For better healing, never put grease, fat, animal skins, coffee, herbs, or stool on a burn. It is important for persons who have been burned to eat body-building foods (*protein*). There is no type of food that needs to be avoided.**



**Figure**

**There are 3 basic kinds of burns:**

## **1. Minor burns (1st degree)**

**These burns do not form blisters, but the skin will get darker or red. After cooling, no other treatment is needed. Use aspirin or paracetamol for pain.**

### **IMPORTANT**

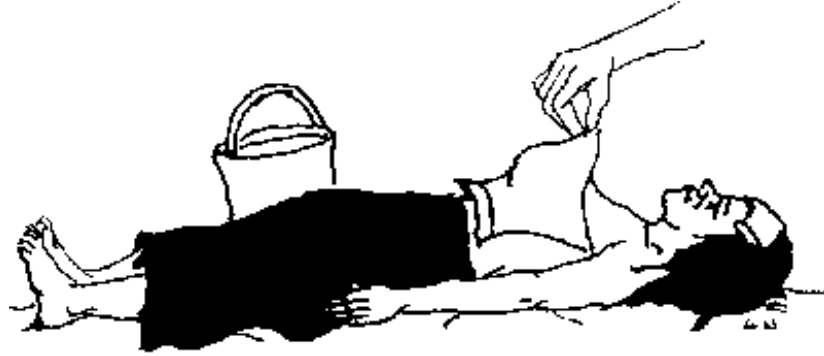
***Wash your hands carefully before caring for burns to prevent infection.***

## **2. Burns that cause blisters (2nd degree)**

**After cooling, do not break the blisters. Do not make a hole in the blister or take out the liquid inside - not even with a needle and syringe that has been disinfected. If the blister does break, use scissors that have been disinfected to gently remove all the dead skin. Then use mild soap and boiled, cooled water on sterile cotton or gauze, or disinfected cloth, to gently clean the burn. You can also use *hydrogen peroxide*. Remove any remaining burned skin on and around the burn until you see the fresh pink skin underneath. Cover this fresh skin with a piece of sterile gauze or disinfected cloth. If the cloth sticks to the burn when you want to remove it, wet it with water that has been boiled and cooled.**

**To prevent infection in the burn area, apply a sterile gauze or disinfected cloth that has been soaked in a salt water solution for 15 minutes, 3 times a day. Each time you change the cloth, remove the dead skin and flesh carefully with very clean tweezers, until you see fresh pink skin.**

***To make a salt solution:***



***Use 1 teaspoon of salt for 1 liter or quart of water. Boil both the cloth and water before use and cool before putting on the burn.***

**If the burn does become infected, it will be even more painful, more swollen, and the skin spreading out away from the burn will become hard and red. Use an *antibiotic*, such as penicillin or ampicillin, 250 mg, 4 times each day for 7 days. But if the infection has not gone away after 5 days, change to dicloxicillin or erythromycin, 250 mg, 4 times a day for 7 to 10 days. Give the person plenty of liquids.**

### **3. Deep Burns (3rd Degree)**

**These are burns that destroy the skin and expose blackened and charred flesh. These burns are always serious. Take the person for medical help at once. In the meantime, wrap the burned part with a disinfected damp cloth or towel. Make sure the water used to dampen the cloth has been boiled and cooled. Give the person plenty of fluids.**

**If it is impossible to get medical help, treat the burn as you would a 2nd degree burn. To protect the burn from dust and insects, cover it with a loose, sterile cotton cloth or sheet. Change the cloth at least 4 times a day, or 2 times a day if the cloth stays dry.**

**Give 'rehydration drink' as often as possible, until the person passes urine frequently. If the person is *unconscious* or cannot swallow, give the rehydration drink in the**



**rectum.**

**Any person who has been badly burned can easily go into shock, caused by the loss of body fluids from the oozing burn.**

**Comfort and reassure the burned person, and treat her or him for shock if necessary. Give any strong pain medicine you have. Bathing open wounds in slightly salty cold water also helps ease pain.**

**How to give fluids to treat shock**

**If a woman loses a lot of blood - for example, during childbirth after a complicated miscarriage or abortion, or if she is badly burned - she may go into shock.**

**When this happens a woman needs fluids fast in order to save her life. If she is awake and can drink fluids, let her do so. Also, if you know how, you can start an *intravenous drip* (IV). In an emergency, an enema can be used instead (see the next page). But enemas should be used for emergencies only. Using too many enemas can be harmful.**



**Figure**

## How to make rehydration drink

### **2 ways to make rehydration drink**

If you can, add half a cup of fruit juice, coconut water, or mashed ripe banana to either drink. These contain potassium, a mineral which helps a sick person accept more food and drink.

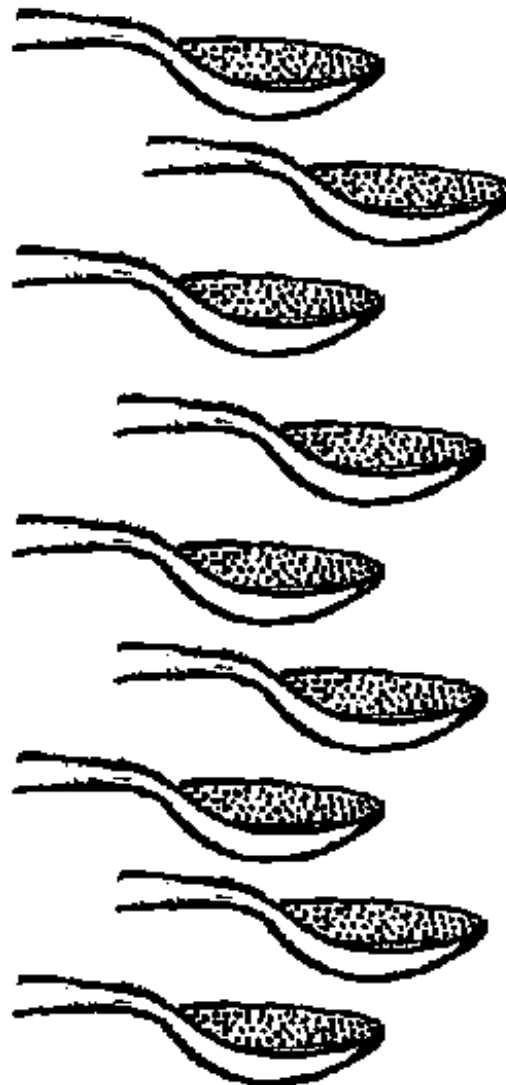
**1. With sugar and salt.** (You can use raw sugar or molasses instead of sugar.)



***In 1 liter of clean WATER***



***put half of a level teaspoon of SALT***



***and 8 level teaspoons of SUGAR***

***CAUTION:*** Before adding the sugar, taste the drink and be sure it is less salty than tears.

## **2. With powdered cereal and salt.**

(Powdered rice is best. But you can use finely ground maize, wheat flour, sorghum, or cooked

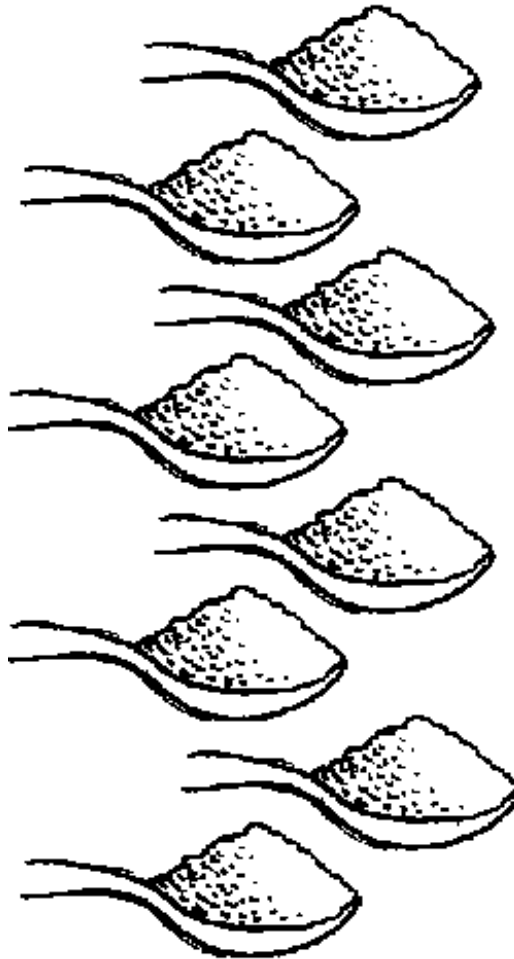
and mashed potatoes.)



***In 1 liter of clean WATER***



***put half of a level teaspoon of SALT***



***and 8 level teaspoons of SUGAR***

Boil for 5 to 7 minutes to form a liquid gruel or watery porridge. Cool the drink quickly and begin to give it to the sick person.

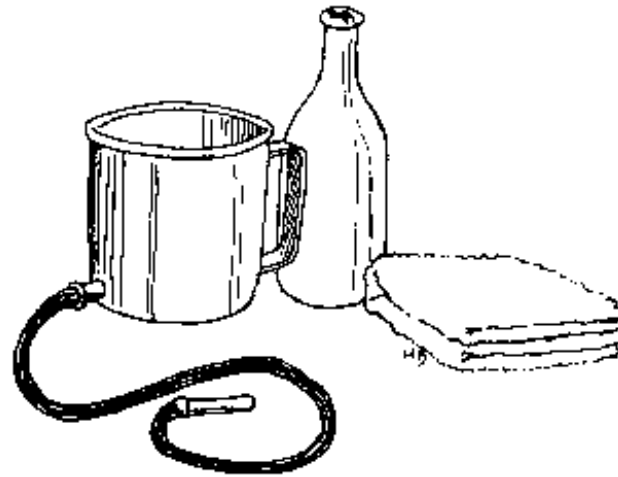
***CAUTION: Taste the drink each time before you give it to make sure that it has not spoiled. Cereal drinks can spoil within a few hours in hot weather.***

**Rehydration drink will also help treat and prevent dehydration, especially in cases of severe watery *diarrhea*.**

## **How to give rectal fluids**

### ***You will need:***

- **a clean enema bag, or a can or tin with tubing.**
- **a cloth to place under the person.**
- **600 ml (a little more than  $\frac{1}{2}$  a liter bottle) of warm (not hot) drinking water**  
**If you have them, sugar and salt rehydration drink or a bag of IV solution can be used instead.**



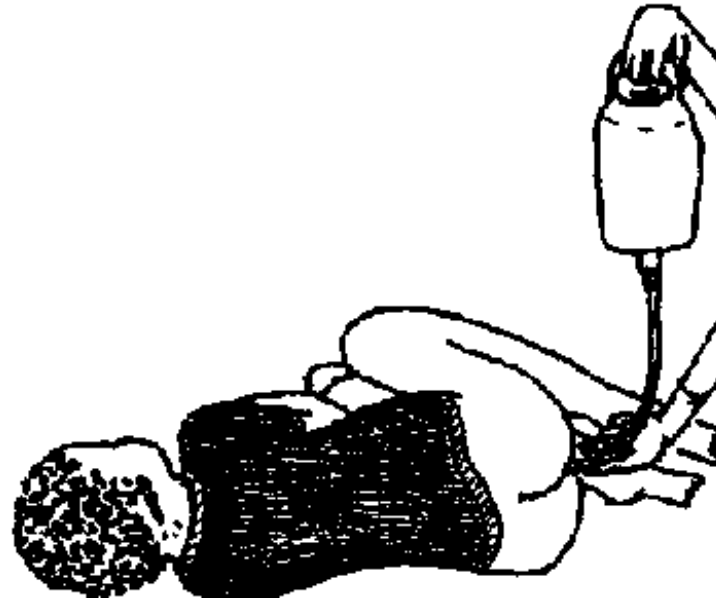
***Figure***

### ***What to do:***

- 1. Tell the woman what you are doing and why.**

**2. Wash your hands.**

**3. Ask her to lie on her left side if she can. If possible, her body should be a little higher than her head.**



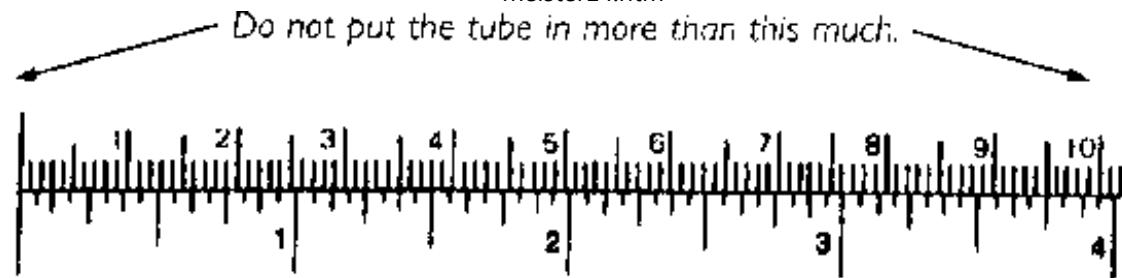
***Make sure her body is higher than her head.***

**4. If you have them, put on clean gloves.**

**5. Let the water come down to the end of the tube to get the air out. Then pinch the tubing to stop the flow.**

**6. Wet the end of the tube with water, and slide it into the anus. Ask her to take slow, deep breaths to help her relax.**





**Figure**

**7. Hold the bag or can just high enough for the water to run in very slowly (about the level of the woman's hips). It should take about 20 minutes. If the water runs out of her body, the bag may be too high. Lower the bag so the water runs in more slowly.**

**8. Gently remove the tube. Tell her to try and keep the water inside, and that the urge to pass stool will go away soon. If the woman is unconscious, you can hold her *buttocks* together.**

**9. Clean and dry the woman. Then remove your gloves and wash your hands.**

**10. Transport the woman for medical help right away. If the woman is still in shock, you can give another enema one hour later. If she is not in shock, try to give sips of rehydration drink as you transport her.**

## **How to give an injection**

**Injections are not needed often. Many medicines sometimes given by injection are safer when given by mouth. But it can be necessary to give an injection:**

- **when the medicine does not come in a form that can be given by mouth.**

- **when the person cannot swallow or keep medicine down without *vomiting*.**
- **in some emergencies, such as bleeding or infections after childbirth or abortion.**

**It is important to give injections properly. They can be dangerous when given in the wrong place, in the wrong way, or without properly cleaning the syringe, hands, and injection site. Carefully follow all of the instructions on 'How to inject'.**

### **Preventing infection**

**Needles and syringes that are not cleaned and disinfected properly can pass a disease like *HIV/AIDS* or liver disease (*hepatitis*) to another person. They can also cause a serious infection at the injection site or in the blood.**

- **Never use the same needle and syringe to inject more than one person without cleaning and disinfecting the needle and syringe first.**
- **After the needle has boiled, do not touch it with anything that has not been disinfected.**
- **If needles are for one-time use only.**

### **Where to give an injection**

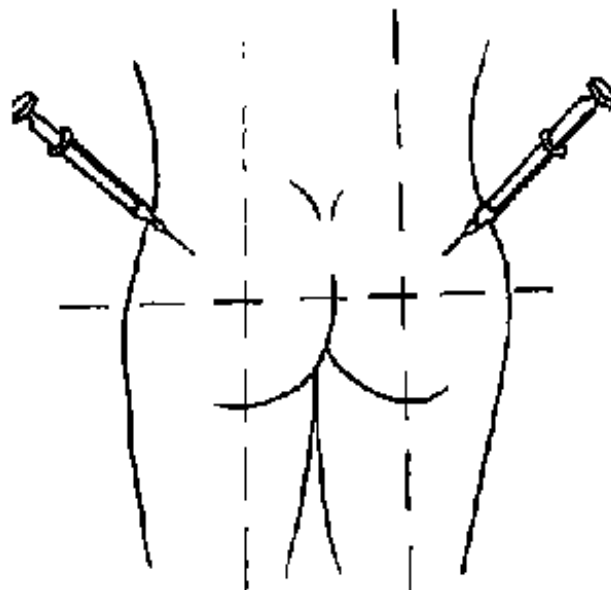
**There are 2 basic kinds of injections:**

- **injections that go into a muscle (intramuscular or IM)**
- **injections that go into the fatty layer under the skin (subcutaneous).**

**Where you choose to inject depends on how much medicine you need to inject, the size of the person receiving the injection, and what kind of medicine you are using. For information about how to give both kinds of injections.**

**Most of the medicines in this book that need to be injected should go into the muscle. IM injections can be given in a large muscle in the buttock, upper arm, or thigh. It is best to use the buttock or thigh instead of the arm if:**

- **the amount to inject is more than 2 ml (2 cc). (But you should never inject more than 3 ml (3 cc) in a single dose. Use 2 injections instead.)**
- **the medicine is likely to cause pain when injected.**
- **the person being given the injection is very small or poorly nourished.**



***In the buttock, always inject in the upper, outer quarter.***

***In the upper arm, keep the arm relaxed against the body. Measure 2 finger widths down from the bone at the edge of the shoulder.***

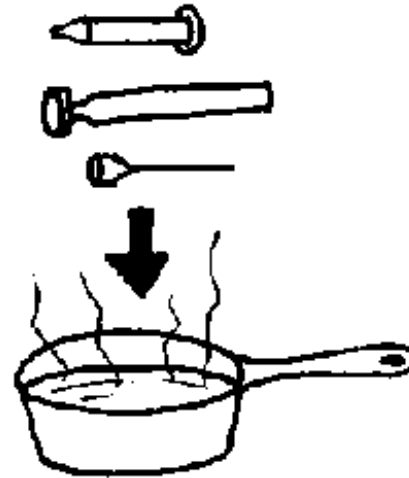


***In the thigh, inject into the upper outer part. (This is the best way to inject babies.)***

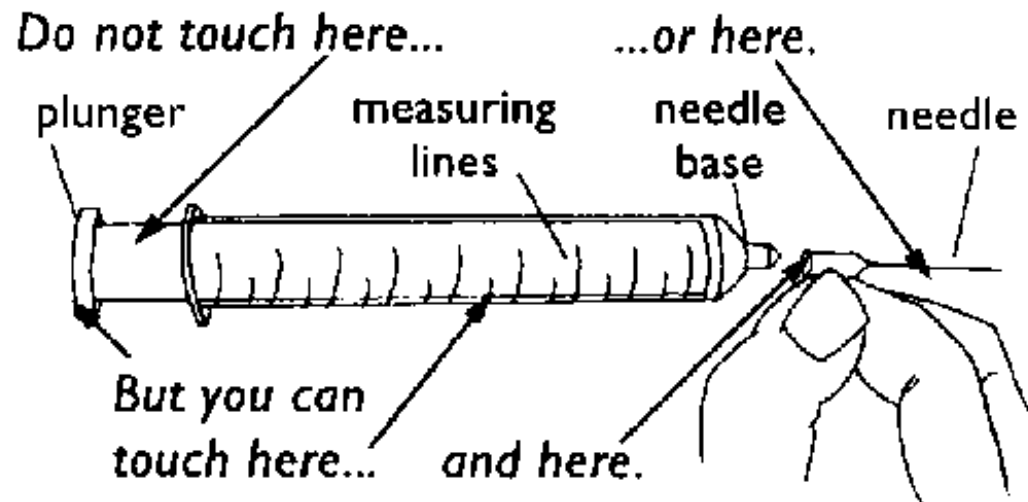
### **How to prepare a syringe for injection**

Before preparing a syringe, **wash your hands with soap and water**. If the syringe is reusable, start with step I. If you have a disposable syringe, open the package carefully and start with step 2.

- 1.** Follow the instructions for disinfecting syringes.

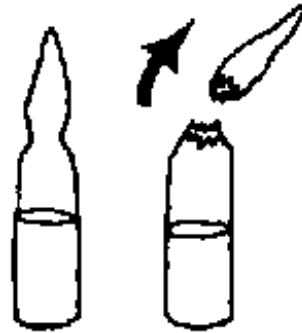
**Figure**

**2.** Put the needle and syringe together, touching only the base of the needle and the end of the plunger.

**Figure**

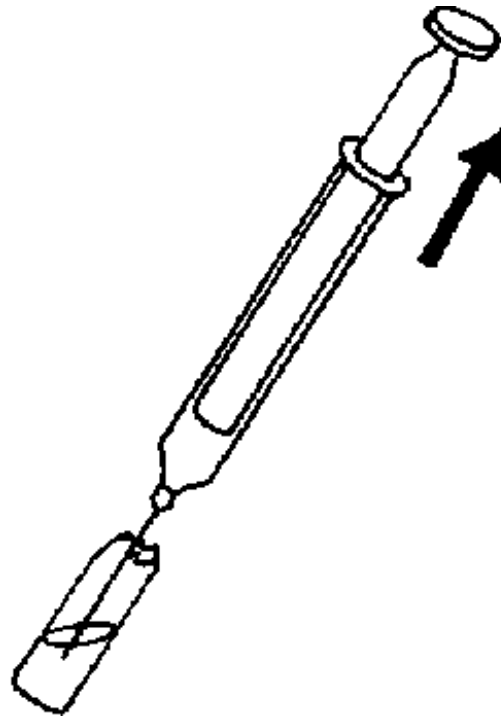
**3.** Some medicines come ready to use. If you have this kind of medicine, follow steps 4, 5, and 10. If the medicine needs to be mixed with distilled water, follow steps 4 through 10.

4. Clean the glass container (ampule) of medicine or distilled water. Then break off the top.



**Figure**

5. Fill the syringe. Be careful that the needle does not touch the outside of the ampule.



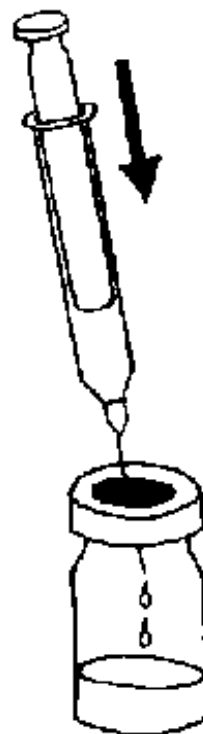
**Figure**

**6.** Rub the rubber top of the medicine bottle with a clean cloth or cotton that is wet with alcohol or boiled water



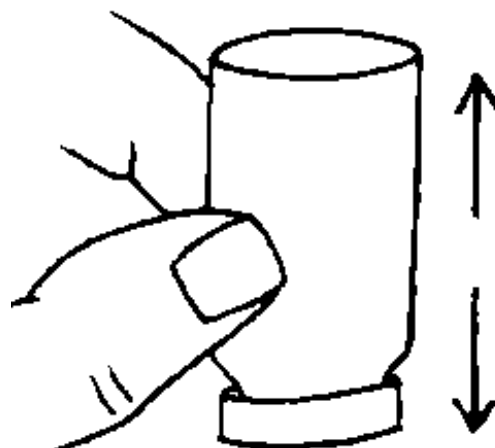
**Figure**

**7.** Inject the distilled water into the bottle with the powdered medicine.



**Figure**

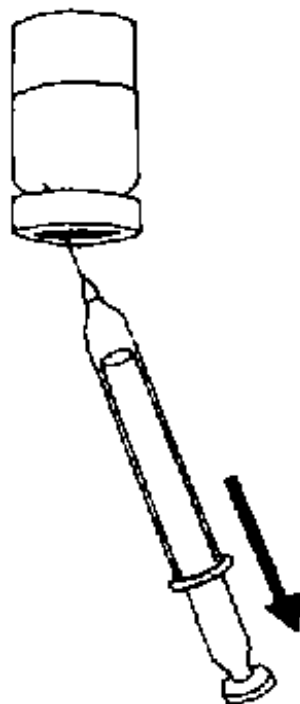
**8.** Shake until the medicine mixes completely with the water.



**Figure**



**9.** Fill the syringe again.



**Figure**

**10.** Remove all air from the syringe. To do this, hold the syringe with the needle upright and tap it lightly here to make any air bubbles rise to the top. Then slowly push a little on the plunger until all the air comes out through the needle.



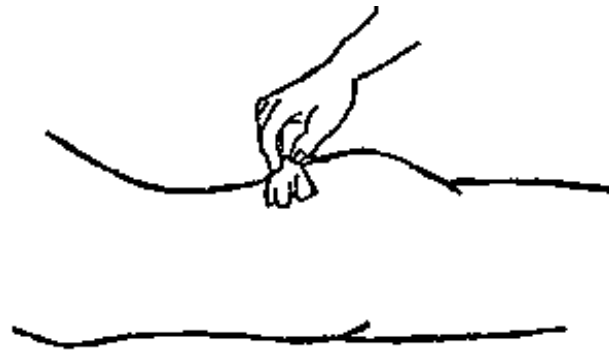
**Figure**

**Be very careful not to touch the needle with anything - not even the cloth or cotton that is wet with alcohol. If the needle touches anything, boil it again.**

### **How to inject into the muscle (intramuscular, or im)**

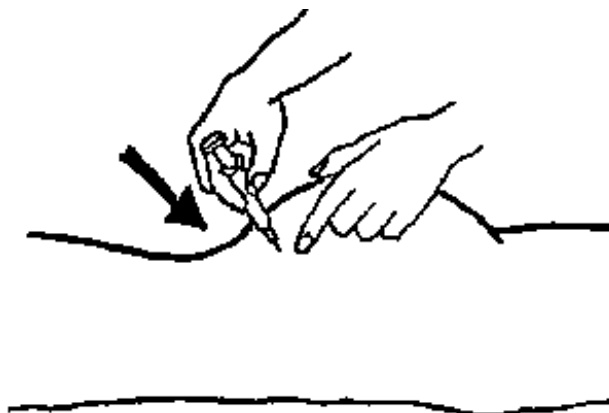
**The pictures below show how to inject into the buttock. Steps 2 through 6 are the same for injections into the arm or thigh.**

- 1. The person should sit or lie down. Pointing the toes together will relax the muscle to be injected.**
- 2. Clean the skin with alcohol, or soap and water (it will hurt less if you let the alcohol dry before injecting).**



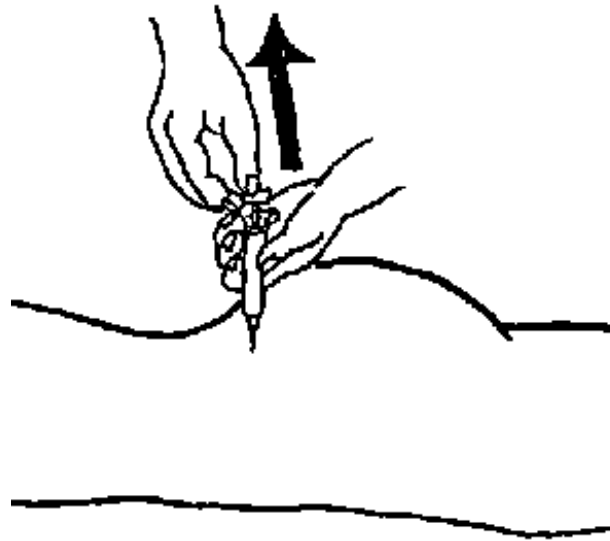
**Figure**

**3. Put the needle straight in, all the way. If it is done with one quick movement, it hurts less.**



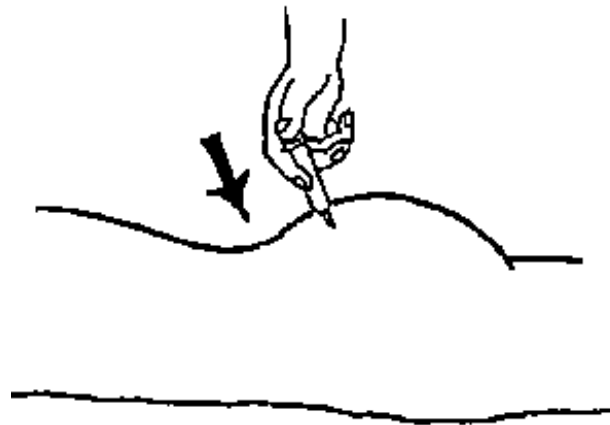
**Figure**

**4. Before injecting the medicine, gently pull back on the plunger a little bit (do not pull until the plunger falls out). If blood enters the syringe, take the needle out and put it back in somewhere else close by in the area you have cleaned.**



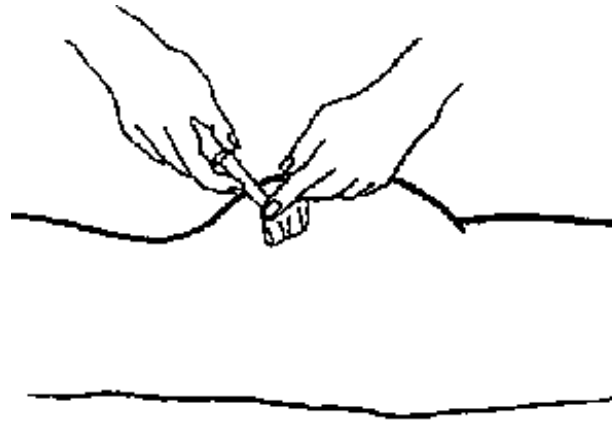
**Figure**

**5. Pull back on the plunger again. If no blood enters, inject the medicine slowly.**



**Figure**

**6. Remove the needle and clean the skin again.**



**Figure**

### **How to give an injection under the skin (subcutaneous injection)**

- **Grab the fatty part on the underside of the arm. Hold the skin like this:**
- **Put the needle under the skin at this angle. Make sure the needle does not go into the muscle.**



**Figure**

## **Be prepared to treat allergic reaction and allergic shock**

**Some medicines, especially antibiotics like penicillin and ampicillin, can produce an allergic reaction, usually within 30 minutes after an injection. An allergic reaction can progress to allergic shock, which is an emergency. To prevent allergic reaction and allergic shock, before giving an injection ask the person: "Have you ever had a reaction to this medicine - like hives, itching, swelling, or trouble breathing?" If the answer is yes, do not use that medicine in any form, or any medicine from the same family of medicines. Whenever you inject medicines, watch for signs of allergic reaction and allergic shock and have medicines for treating them nearby.**

## **Mild allergic reaction**

### ***Signs:***

- **itching**
- **sneezing**
- **hives or rash**

### ***Treatment:***

**Give 25 mg diphenhydramine by mouth 3 times a day until the signs disappear.**

***Pregnant or breastfeeding women may find the discomfort of a mild allergic reaction better than the risks of taking an antihistamine.***

## **Moderate to severe allergic reaction**

### ***Signs:***

- **itching**
- **swollen mouth and tongue**
- **difficulty breathing**
- **hives**

### ***Treatment:***

**1. Inject 0.5 mg of epinephrine immediately under the skin. Give a second injection in 20 minutes if the signs do not get better.**

**2. Give 25 mg diphenhydramine or promethazine by mouth or by injection into a**

**muscle. Repeat in 8 hours or less if the signs do not get better.**

**3. Watch the person for at least 4 hours to make sure the reaction does not progress to allergic shock.**

## **Allergic shock**

### ***Signs:***

- **itching or hives**
- **swollen mouth and tongue**
- **weak, rapid pulse or heartbeat (more than 100 beats per minute)**
- **sudden paleness or cool, moist skin (cold sweats)**
- **difficulty breathing**
- **loss of consciousness**

### ***Treatment:***

**1. Inject 0.5 mg of epinephrine immediately under the skin. Give a second injection in 20 minutes if the signs do not get better.**

**2. Inject 50 mg diphenhydramine or promethazine into muscle. Repeat in 8 hours or less if the signs do not get better**

**3. Inject 500 mg hydrocortisone (cortisol) into muscle and repeat in 4 hours if needed. Or inject 20 mg dexamethasone into muscle and repeat in 6 hours if needed.**

**4. Watch the person for 8 to 12 hours to make sure the signs do not come back. Leave her with steroid medicines to take by mouth if her signs return. She should take 500**



**to 1000 mg of hydrocortisone and repeat after 4 hours if needed. Or she can take 20 mg of dexamethasone and repeat after 6 hours if needed.**

## **Acupressure Massage**

**Pressing on special 'points' on the body can help relieve some of the common health problems of women. These points come from an ancient Chinese way of healing called acupressure. Local healers may know other kinds of massage.**

**Use your own sense of how long and how often to press on these points (an average amount of time is 3 to 10 minutes). Many women feel tender at these points. If a point is very tender, be careful not to irritate it. If there is an injury, do not use acupressure in that area.**

**Sometimes there are several points to help the same problem. You can try all these points. If one seems tender or makes you feel better, focus on that point. If not, use all of the points in any order.**

### **IMPORTANT**

***Pressing on some of these points can cause problems during pregnancy. If you are pregnant, watch for the warnings mentioned below.***

**General pain from monthly bleeding  
(For information about monthly bleeding,)**

**1. To help prevent general discomfort during monthly bleeding, such as sore breasts, feeling tired, and a full feeling in the lower abdomen:**



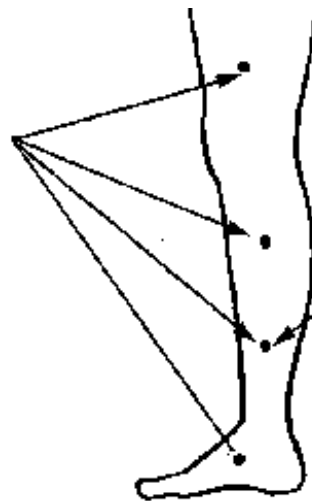
**Figure**

**2. To lessen pain and cramps during monthly bleeding, firmly hold and massage the tender place on your hand you will find between your thumb and first finger. Pressing hard on this spot can ease many kinds of pain.**



**Figure**

You can also press on these points on the inside of the foot and leg.



But do not press too hard on this point or it will cause injury. Do not press on this point if a woman is pregnant. This point can cause labor to begin.

**Figure**

**The following massage is also useful to relieve pain and *cramps*, as well as signs of pre-menstrual syndrome (PMS).**

**Massage in between the toes, around the ankle bones, and up the ankles on the outside of the feet. Look for areas that are sensitive and massage these places longer. For a pregnant woman, do not massage the outside of the big toe, the arch or the middle of the bottom of the foot or above the outside of the ankle. It can make labor start.**

**Hand, wrist, and ear massage can also help with pain or signs of PMS.**

**Pregnancy and childbirth  
(See the chapter on "Pregnancy and Childbirth")**

To relieve nausea  
(morning sickness):

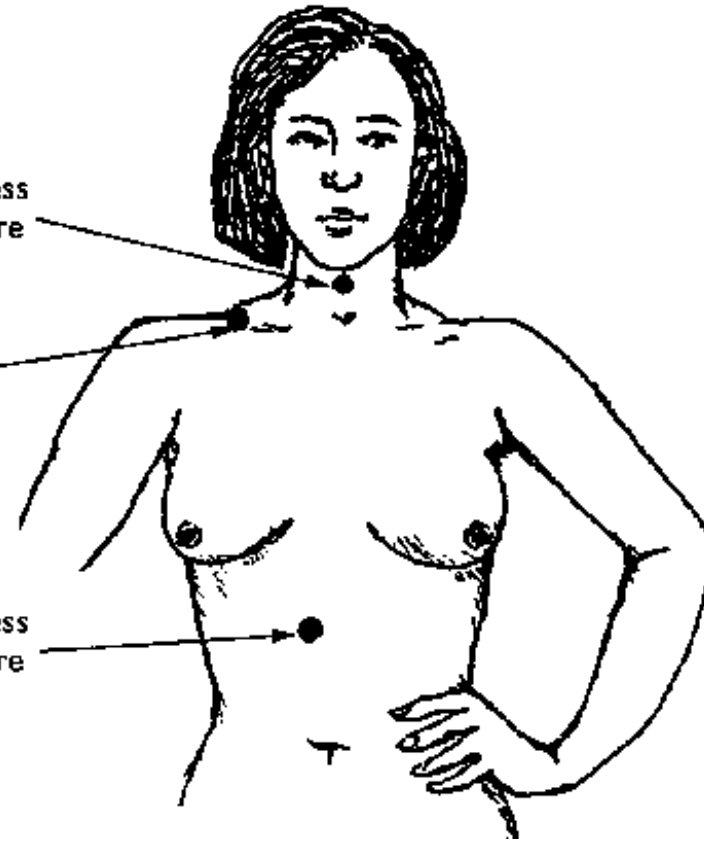
press  
here

To help with a  
difficult or  
painful birth:

press  
here

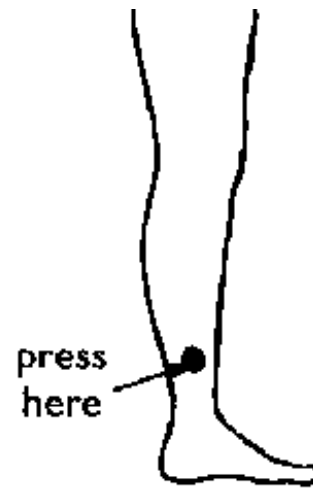
To help stop  
bleeding after birth:

press  
here



**Figure**

**To bring on labor, or to make a weak labor stronger:**



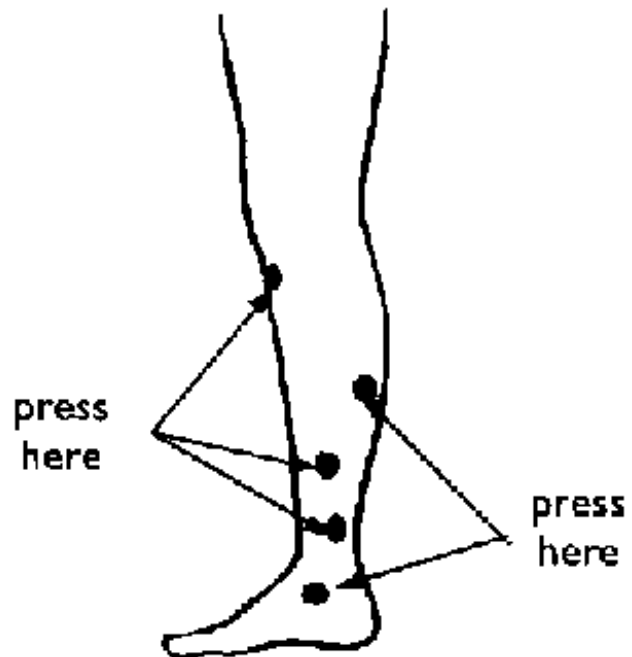
press  
here

**Figure**

## **Menopause**

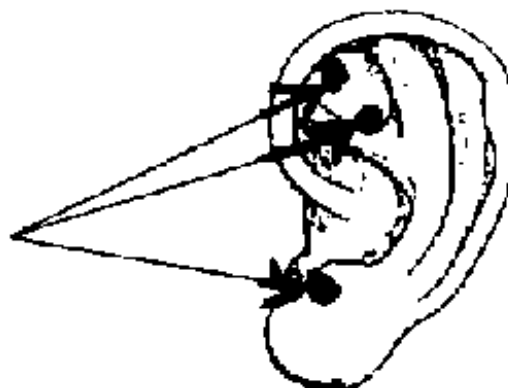
**(See the chapter on "Growing Older")**

**To help relieve general discomfort, press the following points about once a day for 10 minutes:**



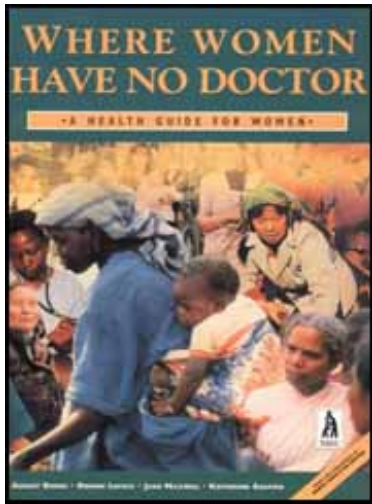
**Figure**

**It can also help to press these points on the ear:**



**Figure**





 **Where Women Have No Doctor - A Health Guide for Women (Hesperian Foundation, 1997, 600 p.)**

 **(introduction...)**

 **Women's health is in your hands**

 **Thanks**

 **About this Book**

 **How to Use this Book**

**Chapter 1: Women's Health Is a Community Issue**

**Chapter 2: Solving Health Problems**

**Chapter 3: The Medical System**

**Chapter 4: Understanding Our Bodies**

**Chapter 5: Health Concerns of Girls**

**Chapter 6: Pregnancy and Childbirth**

**Chapter 7: Breastfeeding**

**Chapter 8: Growing Older**

**Chapter 9: Women with Disabilities**
























**Chapter 10: Staying Healthy**

**Chapter 11: Eating for Good Health**

**Chapter 12: Sexual Health**

**Chapter 13: Family Planning**

**Chapter 14: Infertility (When You Are Not Able to Have a Baby)**

-  **Chapter 15: Abortion and Complications from Abortion**
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## **Vocabulary: List of difficult words**

**Here is a list of words that may be difficult to understand. Knowing what these words mean can help you use the book better.**

**Some of the words included here are explained in the chapters, but many are not. The first time they are used in a chapter, the words are written in *slanted letters*. Some of the explanations here in this vocabulary also contain words written in *slanted letters*. This is because an explanation for these words can be found somewhere else in this list.**

**This vocabulary is listed in the order of the alphabet:**

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

### **A**

**abdomen** The part of the body that contains the *stomach, liver, guts and reproductive organs*. The belly.

**abnormal bleeding** Bleeding that is different from what is usual, natural, or average. Not normal.

**abortion** When a woman does something to end a pregnancy.

**abscess** A raised, red, painful lump on the skin that is filled with pus (for example, a boil).

**abuse** When someone hurts another person's body (physical abuse), humiliates or

**insults a person (emotional abuse) or makes a person do sexual things against her will (sexual abuse).**

**access (to health services) When health services are available, and a woman has the freedom, the money, and the time to use them.**

**acute When something happens suddenly, lasts for a short time, and is usually serious or strong - for example, acute pain or acute *infection*. Compare with *chronic*.**

**addiction When the body feels a strong need for alcohol or a *drug*.**

**afterbirth See *placenta*.**

**AIDS (acquired immune deficiency syndrome) A *sexually transmitted disease* caused by the *HIV virus*. A person has AIDS (rather than just being infected with HIV) when the *immune* system gets so weak it can no longer fight off common *infections* and illnesses.**

**allergy, allergic reaction, allergic shock A problem - such as itching, sneezing, hives or rash, and sometimes difficult breathing or shock - that affects certain people when specific things are breathed in, eaten, *injected*, or touched. Allergic shock is a severe form of allergic reaction.**

**anal sex Having sex in the anus.**

**anemia A disease in which the blood gets weak and thin because it lacks red blood cells. This happens when blood is lost or destroyed faster than the body can replace it.**

**anesthesia** General anesthesia is when you are given medicine to make you sleep during an *operation* so you will not feel pain. Local anesthesia is when you are given an *injection* in one place so that you will not feel pain in that area.

**antacid** Medicine used to control too much stomach acid and to calm stomach upset  
See heartburn.

**antibiotic** Medicine used to fight *infection* caused by bacteria.

**antibodies** Substances the body makes to fight *infection*.

**anus** The opening of the *intestine* where waste (*stool*) leaves the body.

**anxiety** Feeling nervous or worried.

**appendicitis** An *infection* of the *appendix*.

**appendix** A finger-like sac attached to the large *intestine*.

**areola** The dark, bumpy area around the *nipple*.

**artery** A thin, tube-like vessel that carries blood from the heart through the body. Arteries have a *pulse*. *Veins*, which return blood to the heart, have no pulse.

**arthritis** Pain and swelling in the joints.

**asthma** A disease of the lungs, which causes attacks of difficult breathing. There is often a hissing or wheezing sound when a person breathes out.

## B

**bacteria** *Germs* that cause many different *infectious diseases*. Bacteria are too small to see without a *microscope*.

**bacterial vaginosis** An *infection* of the *vagina* caused by bacteria.

**bag of waters** The sac (or amniotic sac) inside the womb that holds the baby. When the sac breaks and releases fluid, this usually means that *labor* has begun.

**balls** Part of the man's outer *genitals*. Also called the *testicles*.

**barrier methods** *Family planning methods* that prevent pregnancy by keeping the *sperm* from reaching the egg.

**Bartholin's glands** Small *glands* on either side of the vaginal opening that make a liquid to keep the *vagina* wet.

**benefit** The good that something may bring.

**bile** A liquid found in the *gallbladder* that helps digest fatty foods.

**bilharzia** An *infection* caused by a kind of worm that gets into the bloodstream.

**biopsy** When a piece of *tissue* or fluid is taken from somewhere on or in the body and examined to see if it is healthy or diseased.

**birth canal** See *vagina*.

**birth control** See *family planning*.

**birth control pills** A *hormonal family planning method*.

**birth defects** Physical or mental problems a child is born with, like a *deft lip* or *cleft palate*, or an extra finger or toe.

**birth spacing** Using *family planning methods* to space your children.

**blackouts** When you are using too much alcohol or other drugs and wake up not knowing what happened.

**bladder** The bag inside the *abdomen* that stores urine. As the bladder fills, it stretches and gets bigger.

**blood clots** Soft, dark red, shiny lumps in the blood that look like liver.

**blood pressure** The force or pressure of the blood upon the walls of the blood vessels (*arteries* and *veins*). Blood pressure varies with the age and health of the person.

**blood transfusion** When someone's blood is given to another person, in a vein and using a special needle, to replace blood the person may have lost.

**blurred eyesight** When the eyes cannot see things clearly.

**bowels** The intestines.

**brand name** The name for a medicine that is given by the company that makes it. Compare with *generic*.

**breast exam** Checking the breasts for lumps that might be a sign of *cancer*.

**breast infection (mastitis)** An *infection* inside the breast that can be very painful for the mother, and make it difficult for the baby to suck the *nipple*.

**breech** When a baby is born feet or buttocks first, instead of head first This can be dangerous for the baby.

**bronchitis** An *infection* of the large tubes in the lungs.

**buttocks** The round, fleshy part of the body a person sits on.

## C

**caffeine** A *drug* found in coffee, tea, and cola drinks that causes the heart to beat faster and makes a person feel more awake, **calcium** A *mineral* found in some foods that helps make bones and teeth strong.

**cancer** A serious disease that causes *cells* to change and grow in an abnormal way, causing growths. Cancer can affect many different parts of the body.

**cannula** A small tube used to suction out the contents of the *womb*.

**cassava (manioc root)** A starchy root grown in the tropics.

**cataracts** An eye problem in which the lens or covering of the eye becomes cloudy, making it more and more difficult to see. The dark, round, center part of the eye (pupil) looks gray or white when a light is shined on it.

**cell** The smallest unit of living matter in the body.

**cervix** The opening of the *womb* at the back of the *vagina*.

**cesarean section (c-section)** When it is dangerous for a baby to be born through the *vagina*, the woman can have an *operation* in which her *abdomen* is cut open and the

**baby is taken out.**

**chart A file where information about a person's illnesses and treatments is kept.**

**chemicals Substances found in all living and nonliving things. Many chemicals used in women's work cause harm to the body.**

**child spacing Having children at least 2 or 3 years apart so that a woman's body has a chance to get strong again between pregnancies.**

**chlamydia A *sexually transmitted disease*.**

**chlorine solution A *chemical* liquid that can be used to kill germs. Also known as bleach.**

**cholera A serious *infectious disease* with severe *vomiting* and bloody *diarrhea*.**

**chronic Something that lasts for a long time, or that occurs often. Compare with acute.**

**circulation Blood flowing through the *arteries* and *veins* in the body.**

**circumcision (in a man) When the loose fold of skin at the end of a man's *penis* is cut off.**

**circumcision (in a woman) When part or all of a girl or woman's outer *genitals* are cut off.**

**cleft lip An opening or gap on a baby's upper lip, often connecting to the nostril.**

**cleft palate** A split or abnormal opening in the roof of the baby's mouth.

**climax** When the body reaches its peak of sexual pleasure.

**clitoris** The part of the *vulva* most sensitive to touch.

**clots** See *blood clots*.

**cold sores** See herpes.

**colostrum** The yellow-colored milk that comes from the breasts for the first 2 or 3 days after birth.

**community health workers** Health workers who work in the community and may or may not have formal training.

**complications** Problems or things that go wrong.

**compost** A mixture of plant and animal waste that is allowed to rot for use as a fertilizer. Hay, dead leaves, vegetable waste, animal droppings, and manure all make good compost.

**compress** A folded cloth or pad that is put on a part of the body. The compress may be soaked in hot or cold liquid.

**conception** When the egg and *sperm* join to begin making a baby.

**condom (rubber)** A narrow bag of thin rubber that the man wears on his *penis* during sex. The bag traps the man's *sperm* so that it cannot get into the woman's *womb* and make her pregnant. Condoms also help prevent the spread of *sexually transmitted*



***diseases.***

**condom for women** See ***female condom.***

**constipation** When a person has a difficult time passing ***stool.***

**contagious** An illness that can be spread easily from one person to another.

**contaminated** When medical supplies or food contain harmful germs.

**contraception (birth control)** Any method of preventing pregnancy. See ***family planning.***

**contraceptive gel** A slippery gel or cream that is put into the ***vagina*** before sex to prevent pregnancy.

**contractions (pains, labor pains)** When the ***womb*** squeezes and becomes hard. Contractions open the ***cervix*** and help push the baby out of the ***womb.***

**convulsion** An uncontrolled ***fit*** A sudden jerking of part or all of the body.

**cord (umbilical cord)** The cord that connects the baby at its navel (belly button) to the ***placenta.***

**counseling** When a trained person helps you think about your situation or decisions you need to make. For example, some people are trained especially to help people cope with ***HIV/AIDS.***

**cramps** A painful tightening or ***contraction*** of a muscle. Many woman have cramps that begin just before ***monthly bleeding*** or just after it starts.

**cretinism** When a baby is born mentally slow because its mother did not have enough *iodine* in her diet during pregnancy.

**curette** A small tool used to scrape out the lining of the *womb* during a *dilation and curettage (D and C)*.

## D

**D and C** See *dilation and curettage*.

**date rape** When a woman is forced to have sex by a man she is dating or courting.

**dehydration** When the body loses more liquid than it takes in.

**dementia** When a person has severe difficulty remembering things and thinking clearly.

**dengue fever** A serious illness caused by a *virus* that is spread by mosquitos.

**dependence** When the mind feels an overpowering need for a *drug*.

**depression** When a person feels extremely sad or feels nothing at all.

**diabetes** When a person has too much sugar in her blood.

**diaphragm** A *family planning method* in which a soft rubber cup, usually filled with *contraceptive gel* or cream, is worn over the *cervix* during sex.

**diarrhea** Passing 3 or more loose, watery stools in a day.

**digestion** When food is broken down by the *stomach* and *intestines* to be used by the body or to pass out of the body as waste.

**dilation and curettage (D and C)** To gradually open the *cervix* and then scrape out the *womb*. Often used for an abortion or to find the cause of *abnormal bleeding* from the *vagina*.

**disability** Physical or mental limitations that affect daily living.

**discharge (from the vagina)** The wetness or fluid that comes out of the vagina.

**discrimination** When people are ignored or treated badly because of who they are (for example, because they are women or old or poor).

**disinfection** Cleaning tools and equipment in a certain way to get rid of nearly all the germs. Also called high-level disinfection.

**divorce** To legally end a marriage.

**dizziness** Feeling lightheaded or unsteady.

**dose** The amount of a medicine you should take at one time.

**douche** Washing out the vagina. This can cause harm because it washes out the natural wetness in the vagina.

**drugs** Substances, like alcohol and cocaine, that can be used in harmful ways to alter the mind, to feel good, or to cope with life.

**dysentery** *Diarrhea* with mucus or blood in it, usually caused by an *infection*.

**E**

**ectopic pregnancy** See *pregnancy in the tube*.

**ejaculate** When a man reaches his peak of sexual pleasure and his semen comes out.

**embryo** An unborn baby is called an embryo between the second and eighth weeks after conception.

**emphysema** A serious lung disease.

**enema** A solution of water put up the anus to make a person pass *stool* or to increase the amount of fluid in the body.

**epilepsy** A disease in which a person has, *convulsions* and *loss of consciousness*.

**erection** When a man becomes sexually excited and his *penis* gets hard.

**esophagus** The tube connecting the mouth and the *stomach* that food goes down.

**estrogen** A female *hormone*.

**examination (exam)** When a health worker, nurse, or doctor looks at, listens to, or feels parts of the body to find out what is wrong.

**exhaustion** Extreme tiredness.

**F**

**fainting** See *loss of consciousness*.

**fallen womb. See *prolapse*.**

**fallopian tubes** The tubes that lead from the ovaries to the womb. When the *ovary* releases an egg, it travels down these tubes to the *womb*.

**family planning** When a woman uses methods to prevent pregnancy, so that she can have the number of children she wants, when she wants them.

**farsighted** Being able to see things that are far away but not things close by. Often happens after age 40.

**fats** Foods, like oils and butter, that give the body energy.

**female condom** A thin piece of rubber that fits into the *vagina* and covers the outer folds of the vulva. The condom prevents a man's *sperm* from reaching the woman's *womb*.

**fertile time** The time in a woman's cycle when she can get pregnant. For most women, this time starts about 10 days after the start of the last *monthly bleeding* and lasts for about 6 days.

**fertility awareness (Natural Family Planning)** A *family planning* method that teaches a woman how to know her fertile time.

**fertilization** See concept/on.

**fertilizer** A material used to make the land richer so that more crops can be produced.

**fetoscope** A tool for listening to and counting the heartbeat of the baby inside the

**mother's *womb*.**

**fetus** The baby growing inside the *womb*.

**fever** When the body temperature is higher than normal.

**fiber** Parts of certain plants that when eaten help the body pass stool.

**fibroids** Growths in the womb that can cause abnormal bleeding from the *vagina*, pain, and repeated *miscarriage*.

**fistula** A hole in the skin between the *vagina* and the urine tube or *rectum* that causes urine or *stool* to leak from the *vagina*.

**fit** See *seizure*.

**flashback** When a person suddenly remembers something from the past as if it is happening now.

**flexibility** When the muscles and joints can move easily, without stiffness or pain.

**folic acid or folate** A *B-vitamin* that helps make healthy red blood cells. It is especially important that a pregnant woman get enough folic acid in her diet in order to prevent *birth defects* in the baby.

**fumes** Vapors that can contain harmful *chemicals*.

## G

**gallbladder** A small, muscular sac attached to the *liver*. The gallbladder collects a

**liquid that helps digest fatty foods.**

**gallstones** Hard material that forms in the *gallbladder* and can cause severe pain.

**gang rape** When a woman or girl is raped by more than one man.

**gangrene** When skin and tissue dies because of a lack of blood to that area.

**gauze** Soft, loosely woven kind of cloth used for bandages.

**gender discrimination** See *discrimination*.

**gender role** The way a community defines what it means to be a woman or man.

**generic** The name of the main ingredient in a medicine.

**genital herpes** A *sexually transmitted disease* that produces sores on the *genitals* or on the mouth.

**genital warts** Growths on the *genitals*, which are caused by a virus spread during sex.

**genitals** The sexual parts both inside and outside a woman's body.

**German measles** A disease spread by a *virus* that can harm a baby growing in the *womb*.

**germs** Very small organisms that can grow in the body and cause some infectious diseases.

**gland** A small sac that produces fluid.

**glaucoma** A disease of the eye in which too much pressure builds up inside the eyeball and damages vision. Glaucoma can happen slowly (*chronic glaucoma*) or suddenly (*acute glaucoma*).

**glaze** The liquid coating on a clay pot that hardens when fired and keeps water from seeping through the clay.

**goiter** A swelling on the lower front of the neck (enlargement of the *thyroid gland*) caused by lack of *iodine* in the diet.

**gonorrhea** A *sexually transmitted disease*.

**groin** the very top of the leg where it joins the body in the front, next to the *genitals*.

**gut thread** A special thread for sewing or stitching tears from childbirth. The gut thread is slowly absorbed (disappears) so that the stitches do not need to be taken out.

## H

**hallucinations** Seeing strange things or hearing voices that others do not see or hear.

**health centers** Places that provide a middle level of health care, usually in larger towns. Health centers may have trained nurses and doctors.

**health post** A place that provides health care like *immunizations, prenatal care, family planning*, and health exams.

**heartburn** A burning feeling in the throat that is common in later pregnancy.



**helper foods** Foods that provide *nutrition* - like *protein, vitamins, minerals, fats,* and *sugar* - that are needed in addition to the main food.

**hemorrhage** Heavy bleeding.

**hemorrhoids** Small, painful bumps or lumps at the edge of the anus or inside it They are a type of swollen veins that may burn, hurt, or itch.

**hepatitis A** A serious disease of the *liver* caused by a *virus*. Some forms of hepatitis can be *sexually transmitted*.

**herbicides** Chemicals used to kill unwanted plants.

**herpes** A disease caused by a virus that causes sores on the mouth or *genitals*. Herpes can be sexually transmitted.

**herpes zoster (shingles)** A painful rash caused by the herpes virus, with blisters on the face, back, and chest.

**high blood pressure** When the force or pressure of the blood upon the walls of the arteries and veins is harder than normal.

**HIV/AIDS** HIV, or human immune-deficiency virus, is the virus that causes AIDS. We sometimes use the word 'HIV/AIDS' since *infection* with HIV eventually leads to AIDS.

**HIV virus** See *HIV/AIDS*.

**hives** Hard, thick, raised spots on the skin that itch severely. They may come and go

**all at once** or move from one place to another. A sign of *allergic reaction*.

**home remedies** Traditional ways of healing.

**hookworm** A *parasitic* worm that infects the intestines.

**hormonal methods** *Family planning methods* that prevent the woman's *ovary* from releasing an egg and keep the lining of the *womb* from supporting a pregnancy.

**hormones** *Chemicals* the body makes that tell it how and when to grow. Estrogen and progesterone are the most important hormones for women.

**hospital** A medical center with doctors, nurses, and special equipment for finding or treating serious illnesses.

**hydrogen peroxide** A chemical that kills germs, often used for cleaning wounds.

**hymen** A thin piece of skin that partially closes off the *vaginal* opening. In some communities, a woman is no longer considered a *virgin* if her hymen is torn, even though it can be torn by activities other than sex.

**hysterectomy** An *operation* in which the *womb* is removed. In a 'total hysterectomy', the tubes and *ovaries* are also removed.

## I

**immune system** The parts of the body that recognize harmful germs and try to fight off *infection*.

**immunization** See *vaccination*.

**implantation** When the *fertilized* egg attaches to the womb wall at the beginning of pregnancy.

**implants** A *family planning method* in which small tubes containing hormones are put under the skin.

**impotence** When a man is unable to have sex, usually because his *penis* will not get or stay hard.

**incest** Sexual relations between family members or relatives.

**incision** A cut made into the body.

**incomplete abortion** When part of a pregnancy remains in the womb after an abortion.

**indigestion** See *heartburn*.

**infant formula** Artificial milk for babies used instead of breast milk. Infant formula does not have the same health benefits as breast milk.

**infection** A sickness caused by *bacteria*, *viruses*, or other organisms. Infections may affect part of the body or all of it.

**infectious disease** Diseases caused by germs or *parasites* that can be spread from one person to another.

**infertility** When a woman has had sex regularly during her *fertile time* for one year but has been unable to get pregnant. A woman with repeated *miscarriages* is also

**considered infertile.**

**infibulation** A form of female *circumcision* in which the outside *genitals* are cut away and the opening to the vagina is sewn almost closed.

**inheritance** The possessions, property, or money a person receives after someone dies.

**injections** When medicine or other liquid is put into the body using a syringe and needle.

**inner folds** The part of a woman's *genitals* that lie just inside the hairy outer folds of the *vulva*. The inner folds are soft flaps of skin without hair that are sensitive to touch.

**intestines** The guts or tube-like part of the food canal that carries food and finally waste from the stomach to the anus.

**intimacy** Sharing your private thoughts and feelings with someone.

**intramuscular injection (IM)** *Injection* deep into the muscle.

**intra-uterine device (IUD, IUCD)** A small object that is put into the womb to prevent pregnancy.

**intravenous (IV)** When medicines or fluids are put into a vein.

**iodine** A *mineral* found in the ground and some foods that prevents goiter and mental slowness at birth.

**iron** A *mineral* found in some foods that helps make the blood healthy.

## J

**jaundice** Yellow color of the skin and eyes. Jaundice can be a sign of hepatitis or of newborn jaundice.

**joints** Places in the body where bones come together.

## K

**Kaposi's sarcoma** Brown or purple patches on the skin or in the mouth caused by a *cancer* of the blood vessels or *lymph nodes*. Occurs most often in persons with *AIDS*.

**kidneys** Two large organs in the lower back that make urine by cleaning waste from the blood.

## L

**labia** Large and small folds of skin that are part of the *vulva*.

**labor** The work a woman's body does in childbirth, when her womb squeezes or contracts, causes her cervix to open, and pushes her baby down through the *vagina* and out of her body.

**latex** A material like thin rubber. Condoms and gloves are often made of latex.

**latrine** A hole or pit in the ground for passing urine or *stool*. A toilet.

**laxatives** Medicine used for *constipation* to make *stools* softer and more frequent.

**lice** Tiny insects that attach on the skin or hair of people and other animals.

**ligaments** Strong fibers in a person's body that help hold muscles and bones in place.

**literacy** The ability to read and understand written information.

**liver** A large organ under the lower right ribs that helps clean the blood and get rid of poisons.

**loss of consciousness** When a sick or injured person seems to be asleep and cannot be awakened. Unconscious.

**lubricants** A slippery cream or gel used to make dry surfaces wet. Lubricants are often used on *condoms* during sex.

**lymph nodes** Small lumps under the skin in different parts of the body that trap germs. Lymph nodes become swollen and painful when they get *infected*.

## M

**main food** The main food, usually low-cost, that is eaten with almost every meal. This main food usually provides most of the body's daily food needs. For good nutrition, the body also needs *he/per* foods.

**malaria** An *infection* that causes chills and high fever, which is spread by mosquitos. The mosquito sucks up the malaria *parasites* in the blood of an infected person and injects them into the next person it bites.

**malnutrition** When the body does not have enough of the foods it needs to stay

**healthy.**

**massage** A way of touching the body to relieve pain, tension, or other signs. **Massaging the belly can help the womb *contract* and stop heavy bleeding after birth, *miscarriage* or *abortion*.**

**mastitis** See breast *infection*.

**masturbation** Touching one's own body to bring personal sexual pleasure.

**maternal mortality** When a woman dies due to problems from pregnancy and birth.

**medical abortion** Using certain medicines to end a pregnancy.

**membranes** A thin layer of skin or *tissue* that either covers organs inside the body or lines other parts. An example is the sac that surrounds and protects the baby when it is in the mother's womb.

**menopause** When a woman's *monthly bleeding* stops forever.

**menstrual cycle** See *monthly cycle*.

**menstruation** See *monthly bleeding*.

**microscope** An instrument that makes very tiny objects look larger.

**midwife** Someone with special training or experience to help a woman give birth.

**migraines** Severe headaches with *blurred eyesight*.

**minerals** Substances in foods - like *iron, calcium, and iodine* - that help the body fight disease and recover after injury or illness.

**miscarriage** When a woman loses a developing baby before it is old enough to survive outside the womb.

**monthly bleeding (menstruation, monthly period)** When a bloody fluid leaves a woman's womb and passes through the *vagina* and out of her body. It happens about every 28 days and lasts for a few days.

**monthly cycle** The period of time between the beginning of one *monthly bleeding* and the beginning of the next. About 2 weeks after a woman starts her monthly bleeding one of her *ovaries* releases an egg, and about 2 weeks after that she starts another monthly bleeding.

**monthly period** See *monthly bleeding*.

**morning sickness** See *nausea*.

**mucus method** When a woman checks the *mucus* in her *vagina* every day to find out when she is most fertile.

**mucus** A thick, slippery wetness that the body makes to protect the inside of the *vagina, nose, throat, stomach, and intestines*.

**mumps** A *contagious* disease caused by a *virus* and common in children. Mumps can be *prevented by vaccination*.

## N



**natural methods (of family planning)** Methods of preventing pregnancy that do not require any devices or *chemicals*.

**nausea** When a person feels sick to her *stomach*, as though she wants to *vomit*. This often happens to women during the first 3 or 4 months of pregnancy. Also called 'morning sickness'.

**nipple** The center of the dark-colored part on the outside of the breast where milk comes out.

**nonoxinol-9** A *chemical* that kills sperm and so helps prevent pregnancy. It also provides some protection against *gonorrhea* and *chlamydia*.

**nutrition** Good nutrition is eating enough food and the right kind of food so the body can grow, be healthy, and fight off disease.

## O

**operation** When a doctor makes a cut in the skin in order to repair damage inside, or to change the way the body functions.

**oral sex** When a person uses his or her mouth on a partner's *genitals* to give the partner sexual pleasure.

**organ** A part of the body that is more or less complete in itself and does a specific job. For example, the lungs are organs for breathing.

**orgasm** See *climax*.

**osteoporosis** Weak, brittle bones that break easily. Osteoporosis is more common in older women, because they produce less estrogen after menopause.

**outer folds** The fatty lips of the *vulva* that protect the outside *genitals* and close up when the legs are together.

**ovaries** Small sacs about the size of an almond or grape, one on each side of the womb. Ovaries produce eggs that join with a man's *sperm* to make a baby.

**overdose** Taking too much of a *drug* or medicine at one time. This can cause serious injury or death.

**ovulation** When an egg is released from one of the *ovaries* during the middle of a woman's *monthly cycle*.

**oxygen** A *chemical* in the air that is necessary for life.

## P

**Pap test** A test in which some skin cells are scraped from the *cervix* during a pelvic exam and then examined under a microscope to see if there are any early warning signs of cancer

**paralysis** Loss of the ability to move part or all of the body.

**parasites** Tiny worms and animals that can live in a person (or animal) and cause disease.

**peer counselor** Someone who is trained to talk with another person who is in a

**similar situation.** For example, one young woman may counsel another young woman, or someone who used to drink too much may counsel another person who is trying to quit.

**pelvic area** Everything between a woman's hips. This is where a woman's *reproductive parts* are.

**pelvic exam** An examination of a woman's genitals both inside and outside her body. A pelvic exam sometimes includes a *speculum* exam.

**pelvic inflammatory disease (PID)** An *infection* of the *reproductive parts* in a woman's lower *abdomen*. Also called pelvic infection.

**penis** The male sex *organ*, also used to pass urine. The penis gets hard during sex and releases a fluid called semen that contains *sperm*.

**pension fund** A fund - often set up by a union, employer, or the government - that pays people when they get older and stop working.

**period** See *monthly bleeding*.

**permanent methods (of family planning)** See *sterilization*.

**pesticides** Poisonous *chemicals* used to kill insects that destroy food crops.

**PID** See *pelvic inflammatory disease*.

**piles (hemorrhoids)** Swollen *veins* around the anus, which can itch, burn, or bleed.

**pimp** A man who finds clients for a *sex worker* and who often keeps all or part of her

**money.**

**pimple** A spot or small *infected* swelling that grows, often on the face, due to extra oil on the skin. Common in adolescent girls and boys. Also called acne.

**placenta (afterbirth)** A spongy organ in a woman's *womb* that gives the baby everything it needs to grow during pregnancy. The baby is connected to the placenta by the cord. After the baby is born, the placenta also comes out of the *womb*.

**plant medicines** Flowers, leaves, roots and other parts of plants that can be used to treat diseases.

**pneumonia** An *infection* of the small breathing tubes deep in the lungs.

**polyps** Growths found usually in the *womb*. Polyps are almost never caused by cancer.

**pregnancy in the tube** A pregnancy that grows in one of the *fallopian tubes*, instead of in the *womb*.

**prenatal** The time between when a woman gets pregnant and when she gives birth.

**prenatal care** Checkups during pregnancy, when a midwife or specially trained health worker examines a pregnant woman to make sure the pregnancy is going well.

**premature** When a baby is born too early.

**prevent** Stopping something before it starts.

**pressure sores (bed sores)** Sores that form over bony parts of the body when a

**person lies or sits on that part of the body for too long without moving.**

**privacy** When a person gives information to a health worker, nurse, or doctor and knows it will not be overheard by, or repeated to, others.

**progesterone** A female *hormone*.

**progestin** A hormone made in a laboratory that is similar to the *progesterone* made naturally in a woman's body. It is found in some hormonal *family planning methods*.

**progestin only pill** A method of *family planning* that contains one *hormone* - *progestin* - but no estrogen.

**prolapsed uterus** When the muscles that hold up the *womb* become weak, causing it to fall or drop down into the *vagina*.

**prostitute** See *sex worker*.

**proteins** Body-building foods necessary for proper growth and strength.

**puberty** The time when a girl changes into a woman and her *monthly bleeding* begins, or when a boy changes into a man.

**pubic bone** The front part of the *pelvic* bones, just beneath the hair on a woman's *genitals*.

**pulse** The heartbeat, which tells how fast and how hard the heart is working. The pulse can be felt at certain points on the body, like the inside of the wrist or the neck.

**purification** Killing harmful germs in water before drinking it.

**pus** White or yellow fluid that is filled with germs, often found inside an *infected* tear or wound.

## R

**radiation** Rays of energy given off by certain elements. Radiation is harmful because it kills cells in the body. But it can also be used to treat cancer by killing cancer cells.

**radiation treatment** When a machine sends rays of energy into a person's body to kill *cancer cells*. The rays cannot be seen or felt.

**rape** When a man puts his *penis*, finger, or any object into a woman's *vagina*, *anus*, or mouth without her consent.

**rectal exam** Checking the rectum for growths or other problems. A rectal exam can also give information about the wall or lining of the *vagina*.

**rectum** The lower part of the *intestine* that is connected to the anus.

**rehydration drink** A drink to treat *dehydration*. The drink can be made with boiled water, salt, sugar, or powdered cereal.

**reproductive health** Health services like *family planning* services or *prenatal care*, that help *prevent* or treat health concerns connected to a woman's *reproductive parts*.

**reproductive parts** The parts of a man's and a woman's body that allow them to make a baby.

**resistance** The ability of something to defend itself against something that would

**normally harm or kill it. Many *bacteria* become resistant to the effects of certain *antibiotics*.**

**rhythm method A *family planning method* in which a woman counts the days of her *monthly cycle* to find out when she is most fertile. She then avoids having sex during her fertile time.**

## S

**safer sex Avoiding direct contact with a sexual partner's *genitals*, blood, semen, or *vaginal wetness*.**

**saliva A person's spit.**

**sanitation Public cleanliness to prevent disease, such as providing clean drinking water and keeping public places free of waste.**

**scabies A *contagious* skin disease caused by a *parasite*.**

**scar A cut or wound that leaves the skin or tissue rough and raised after it has healed.**

**scrotum The bag between a man's legs that holds his *testicles* or *balls*.**

**seizures See convulsion.**

**self-esteem How a woman feels about herself, and about her role in her family and community.**

**semen The liquid containing a man's *sperm*, which is released from his penis during**

***ejaculation.***

**sepsis** A serious *infection* that has spread into the blood.

**sex worker** Anyone who exchanges sex for money or other favors, goods or services.

**sexual abuse** See *abuse*.

**sexual assault** Unwanted sexual contact.

**sexual harassment** Unwanted sexual attention from anyone who has power over a woman.

**sexual health** When a woman has control over her sexual life.

**sexual intercourse** Sex with the penis in the *vagina*.

**sexual roles** The way a community defines what it means to be a woman or a man.

**sexually transmitted diseases (STDs)** *Infections* passed from one person to another during sex.

**shock** A dangerous condition with severe weakness or loss of consciousness, cold sweats, and fast, weak *pulse*. It can be caused by *dehydration*, heavy bleeding, injury, burns, or a severe illness.

**side effects** When medicines or *hormonal methods* cause changes in the body other than those needed to fight disease or *prevent* pregnancy.

**speculum** A small metal or plastic tool that holds the *vagina* open.



**sperm** Tiny cells in a man's semen that can swim up a woman's *vagina* and fertilize an egg. This is how a pregnancy starts.

**spermicide** A slippery, *lubricating* cream or gel that helps prevent pregnancy by killing sperm, and may help prevent some STDs.

**squeezing exercise** An exercise to help strengthen weak muscles that cause a woman to pass *urine* often or to leak urine.

**status** The importance a person has in her or his family and community.

**STDs** See *sexually transmitted diseases*.

**sterile** When something is completely free from germs.

**sterilization** A permanent way of making a woman or man unable to have children.

**steroids** A class of medicines used to treat many different health problems. Steroids can have serious *side effects* if used for a long time.

**stethoscope** An instrument used to listen to sounds inside the body, like the heartbeat.

**stomach** The sac-like *organ* in the belly where food is *digested*.

**stool** The waste that passes from the anus during a bowel movement.

**stress** Any activities or events that put pressure on a woman, causing tension in her body and mind.

**stroke** A sudden *loss of consciousness*, feeling, or ability to move caused by bleeding or a *clot* inside the brain.

**subcutaneous injection** An *injection* into the fatty *tissue* under the skin, not into the muscle.

**sugar** Sweet foods, like honey or sugar cane, that give energy.

**support groups** When people with a common problem meet together to help one another.

**surgery** When a doctor cuts into the body to find out what is wrong or to treat an illness. An *operation*.

**syphilis** A *sexually transmitted disease*.

**syringe** An instrument used to inject medicine.

## T

**tampons** Cotton, cloth, or sponges that are put inside the *vagina* to catch *monthly bleeding* before it leaves the body.

**temperature** The degree of heat of a person's body.

**testicles** The part of the male *genitals* that is inside the *scrotum* and makes the *sperm*.

**testosterone** The main *hormone* in a man's body.

**tetanus** A serious disease caused by a germ that lives in the *stools* of people or animals. Tetanus enters the body through a wound.

**thrush** A fungal *infection* that causes white patches and soreness on the skin inside the mouth, on the tongue, and the tube that connects the mouth with the *stomach*.

**thyroid gland** A *gland* in the front of the throat that makes *hormones* that affect growth and development. The thyroid needs *iodine* to work properly.

**thermometer** An instrument used to measure how hot a person's body *temperature* is.

**tissue** The material making up the muscles, fatty areas, and *organs* of the body.

**toxemia** A dangerous condition during pregnancy, which can lead to *seizures*.

**toxic** A harmful substance that can cause disease or death when it enters the body is said to be toxic.

**toxicity** When a person takes too much medicine and it builds up to a dangerous level in the body.

**traditional healers** Healers who use methods based on beliefs that have been passed down from generation to generation.

**trauma** When something horrible happens to a person or to someone the person is close to.

**trichomonas** A disease of the *genitals* that is usually *sexually transmitted*, but not

**always.**

**tubal ligation** An *operation* in which the *fallopian tubes* are cut or tied so the egg cannot travel to the *womb* to be *fertilized*.

**tubal pregnancy** See *pregnancy in the tube*.

**tuberculosis** A serious *infection* caused by a *germ* that usually affects the *lungs*.

**tubes** See *fallopian tubes*.

**tumor** Abnormal growth.

## U

**ulcer** A *chronic* open sore of the skin, the *stomach*, or the *intestines*.

**ultrasound** A machine that uses sound to take a picture of the inside of the body without cutting it open. It is often used during pregnancy to see the baby inside the *womb*.

**unconscious** See *loss of consciousness*.

**unsafe sex** Direct contact with a sexual partner's *genitals*, blood, semen or *vaginal wetness* - if there is any chance you or your partner has a *sexually transmitted disease (STD)*.

**urethra** A short tube that carries *urine* from the *bladder* to the hole a person urinates from.

**urine** Liquid waste that collects in the *bladder* and leaves the body through a hole just above the *vagina*.

**uristix** Special paper strips that change color when dipped in *urine* that has sugar in it. Uristix can be used to find out if a person has *diabetes*.

**uterus** See *womb*.

## V

**vaccinations or vaccines** Medicines that are *injected* to give protection against specific diseases like *tetanus*.

**vagina (birth canal)** A tube made of muscle that goes from the opening of the woman's *genitals* to the *cervix*.

**varicose veins** Abnormally swollen *veins* - often blue, lumpy, and winding - on the legs of older people, pregnant women, and women who have had a lot of children. Pregnant women also sometimes have varicose veins in the *genitals*.

**vasectomy** A permanent method of preventing pregnancy, in which the tubes that carry *sperm* from the *testicles* to the *penis* are cut.

**veins** Thin, tube-like vessels that carry blood back to the heart. Also see *artery*.

**virgin** A person who has not had sex.

**virus** Germs smaller than *bacteria*, which cause some *infectious diseases*.

**vitamins** Foods that the body needs to work properly, to fight disease, and to get

**better after a sickness or injury.**

**vomiting** Throwing up the contents of the *stomach* through the mouth.

**vulva** All the parts of a woman's *genitals* that can be seen on the outside of her body between her legs.

## W

**withdrawal** The period of time in which the body gets used to being without a *drug or alcohol* to which it is physically *addicted*.

**womb (uterus)** A sac of strong muscle inside a woman's belly. *Monthly bleeding* comes from the womb, and the baby grows inside the womb during pregnancy.

## X

**x-rays** Pictures of parts of the inside of the body, like the bones or the lungs, which are created by rays sent through the body. The body does not need to be cut open.

## Y

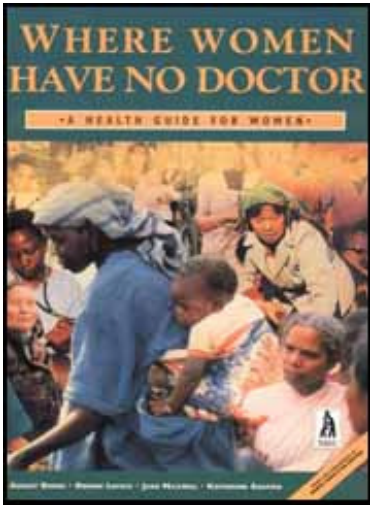
**yeast infection** A vaginal *infection* with white, lumpy *discharge*, itching, and burning. These infections are common during pregnancy and when taking *antibiotics*.



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**Where Women Have No Doctor - A Health Guide for Women**



**(Hesperian Foundation, 1997, 600 p.)**

 **(introduction...)**

 **Women's health is in your hands**

 **Thanks**

 **→ About this Book**

 **How to Use this Book**

**Chapter 1: Women's Health Is a Community Issue**

**Chapter 2: Solving Health Problems**

**Chapter 3: The Medical System**

**Chapter 4: Understanding Our Bodies**

**Chapter 5: Health Concerns of Girls**

**Chapter 6: Pregnancy and Childbirth**

**Chapter 7: Breastfeeding**

**Chapter 8: Growing Older**

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**Chapter 10: Staying Healthy**

**Chapter 11: Eating for Good Health**

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**Chapter 15: Abortion and Complications from Abortion**

**Chapter 16: Sexually Transmitted Diseases and Other Infections of the Genitals**

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- Chapter 31: Use of Medicines in Women's Health**
- Table of Medicines: Green Pages**
- Health Care Skills**
- Vocabulary: List of difficult words**
- Where to get more information**
- Back cover**

## **About this Book**

**This book was written to help women care for their own health, and to help**



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

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

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

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

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



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**TRANSPORT!**

*Figure*

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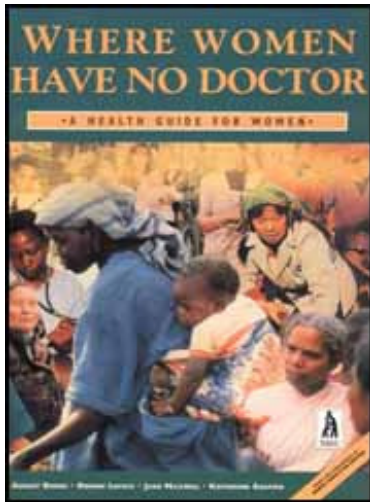
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-  **Back cover**

## **Where to get more information**

**Here is a small selection of organizations and printed materials that can provide useful information about women's health care. We have tried to list organizations and materials covering as many of the topics in this book as possible, and to include groups working in all areas of the world. Many of the printed materials are easy to adapt and often include other helpful resource lists.**

### **Organizations**

#### **AHRTAG (Appropriate Health Resources and Technologies Action Group)**

**Farringdon's Point, 29-35 Farringdon Road, London**

**ECIM 3JB, UK. Tel: (44-71)242-0606;**

**Fax: (44-71)242-0041; Email: [ahrtag@gn.apc.org](mailto:ahrtag@gn.apc.org)**

***Information on primary health care in developing countries. Publishes several newsletters and resource guides on health topics.***

#### **Alcoholics Anonymous**

**World Services Incorporated, PO Box 459, Grand Central Station, New York, NY 10163, USA**

***Information about alcoholism and materials on how to start community support groups for persons with drug or alcohol problems. Contact them for information about groups in your area.***

**Aprovecho Research Center  
80574 Hazelton Rd., Cottage Grove, Oregon  
97424, USA**

**Tel: (1 -541)942-8198; Fax: (1 -541)942-0302**

***Information and training in organic gardening, sustainable forestry, and appropriate technology. Publishes an excellent book called Capturing Heat - illustrated, easy to follow instructions for making 5 simple cooking stoves that use less fuel and produce less smoke. Useful for any community.***

**Arab Resource Collective  
PO Box 7380, Nicosia, Cyprus**

**Tel: (357-2)476-741; Fax: (357-2)476-790;**

**Email: arccyp@spidernet.com.cy**

***Written and audio-visual materials in general health care, community development, skills training, and promotion of networking among grass-roots organizations in the Middle East***

**Disabled People International (DPI)  
101-7 Evergreen Place, Winnipeg, Manitoba, R3L 2TS Canada**

**Tel: (1-204) 287-8010; Fax: (1-204)453-1367;**

**Email: dpi@dpi.org; Web: <http://www.dpi.org>**

***Information on a wide range of issues and concerns for persons with disabilities, including women's health care, human rights, independent living, and social justice. Special focus on grass-roots development Has local offices in many countries.***

**English Collective of Prostitutes  
PO Box 287, London, NW6 5QU, UK**

***Information and health education materials for women who exchange sex for money***

***or services. Has international connections with other similar groups.***

### **Gender and Learning Team**

**Policy Department Oxfam UK/Ireland,**

**274 Banbury Road, Oxford, OX2 7DZ, UK**

**Tel: (44-1865) 31 1311; Fax: (44-1865)31 3133**

**Email: ssmith@oxfam.org.uk**

***Provides advice and support on gender and learning issues, including health, natural resources, capacity building and rights. Networks with groups worldwide to exchange experiences and offer mutual support Also publishes a newsletter called "Links."***

### **Global Fund for Women**

**425 Sherman Ave., Suite 300, Palo Alto, California**

**94306-1823, USA**

**Tel: (1-415)853-8305; Fax: (1-415)328-0384;**

**Email: gfw@igc.apc.org;**

**Web: <http://www.globalfundforwomen.org>**

***Gives small grants to community-based women's groups, especially those working on controversial issues and in difficult conditions. Areas of special interest are human rights, communications technology, and economic independence. Contact them for grant request information.***

### **Health Action Information Network (HAIN)**

**PO Box 1665, Central Post Office, Quezon City,**

**Philippines**

**Tel: (632)978-805; Fax: (632)721-8290**

***General health care information. Networking with many general and women's grass-roots health groups, especially in Pacific Island countries.***

**Health Action International****Jacob Van Lennepkade 334T, 1053 NJ Amsterdam, The Netherlands****Tel: +31 (0)20 683 3684; Fax: +31 (0)20 685 5002****Email: hai@hai.antenna.nl*****Network of 200 consumer, health, development, and other public interest groups involved in health issues and the rational use of drugs. Has contacts in over 70 countries. Contact Amsterdam office for local groups that can help.*****Inter-African Committee on Traditional Health Practices Affecting Women****c/o Economic Commission for Africa.****ATRCW, PO Box 3001, Addis Ababa, Ethiopia****c/o Inter-African Committee.****147, rue de Lausanne, CH-1202 Geneva,****Switzerland*****Monitors world-wide practices harmful to girls and women, including female circumcision.*****International Development Research Center (IRDC)****PO Box 8500, Ottawa, Ontario, K1G 3H9 Canada*****Magazines, brochures, films, and other publications on health, agriculture, and development Materials in English, Spanish, French, and Arabic, some at no cost. Write for a catalogue.*****International Labour Organization****4, rue des Morillons, CH 1211, Geneva 22, Switzerland****Tel: (41 -22)799-7940; Fax: (41 -22)788-3894*****An agency of the United Nations that promotes international workplace standards for: equality, justice, human rights, worker safety and health, job protection and safety***

***for pregnant women, and the hours children work.***

**International Planned Parenthood Federation**

**International Headquarters, Regent's College; Inner Circle, Regent's Park, London NW14NS, UK**

**Tel: (44-171) 486-0741**

***IPPF promotes and supports family planning activities worldwide. They also publish information on all aspects of family planning.***

**International Women's Tribune Center**

**777 United Nations Plaza, New York, NY 10017, USA Tel: (1-212) 687-8633; Fax: (1-212) 661-2704**

***Works to empower women. Some IWTC publications include: The Tech and Tools Book: A guide to technologies women are using worldwide; Women Organizing; Women and Small Business.***

**ISIS International**

**Ricardo Lyon 1735, Casilla 2067, Correo Central  
Santiago, Chile**

**or**

**85-A East Maya Street, Philamlife Homes  
Quezon City, Phillipines**

***Information and communication services. Has contact with many women's groups worldwide. Publications, technical assistance and training in communication skills and management***

**Musasa Project**

**112 Harare Street, Box A172, Avondale, Harare,**



**Zimbabwe. Tel/Fax: (263-4) 794983**

***Provides information and support to abused women. Also provides education programs to women, girls and others on domestic violence and rape.***

**TALC (Teaching Aids at Low Cost)**

**PO Box 49, St. Albans, Herts, ALI 4AX, UK Tel: (44) 1727-853869; Fax: (44) 1727-846852**

***Publishes low-cost books, slides and accessories in English, French, Spanish and Portuguese in health care and development for use in poor communities. Free booklist.***

**Voluntary Health Association of India (VHAI)**

**40, Institutional Area, South of NT, New Delhi  
110016, India. Tel: (91-11)668071 or 668072;  
Fax: (91-11) 6853708**

***Publishes Health for the Millions, a journal about low-cost health care. Also has teaching materials in English and local Indian languages.***

**Women in Law and Development in Africa (WiLDAF)**

**PO Box 4622, Harare, Zimbabwe**

**Tel: (263-4) 752-105; Fax: (263-4)733-670**

***Umbrella organization for many people and organizations using law to promote women's rights.***

**Women's Global Network on Reproductive Rights**

**Nieuwe Zijds Voorburgwal 32, 1012 RZ Amsterdam, Netherlands. Tel: (31 -20)20 96  
72**

***Networking; collecting and sharing information; quarterly newsletter; international***

***campaigns; monitoring research in reproductive health.*****Women's Health Project****PO Box 1038, Johannesburg 2000, South Africa****Tel: (011)489-9917; Fax: (011) 89-9922*****Provides training, research, resource materials, networking, policy development and promotion, and a newsletter on issues concerning women's health. Materials can be adapted for other communities.*****World Alliance for Breastfeeding Action (WABA)****PO Box 1200, 10850 Penang, Malaysia****Tel: (604) 658-48 16, Fax: (604) 657-2655*****A global network of NGOs and individuals whose common goal is to promote, support and protect breastfeeding. Contact WABA for local groups that can help.*****World Neighbors****4127 NW 122 Street, Oklahoma City, OK, 73 120, USA****Tel: (405) 752-9700; Fax: (405) 752-9393,****email: order@wn.org*****Teaching materials designed from program experience for use in the specific country and locality. Topics include health and nutrition, family planning, community development and agriculture. In English and local languages.*****Printed Materials****Across Borders: Women with Disabilities Working Together****Diane Driedger, Irene Feika, Eileen Giron Batres (Eds.), Council of Canadians with Disabilities, gynergy books, PO Box 2023, Charlottetown, PEI, CIA 7N7 Canada**

***Accounts of political activism and personal stories of women with disabilities from around the world.***

**Adding Health to Years**

**Gill Garrett, Health Age International, 67-74 Saffron Hill, London EC1R 0BE, UK**

**Fax: (44-171)404-7203; Email: [helpage@gn.apc.org](mailto:helpage@gn.apc.org)**

***Self-help health guide for older persons. Health Age also has a network of over 50 organizations worldwide, working to achieve a lasting improvement in the quality of life for older persons.***

**AIDS Home Care Handbook**

**World Health Organization, Global Programme on AIDS, 20 avenue Appia, CH-1211**

**Geneva 27, Switzerland. Tel: (41-22)791-4651 or 4745;**

**Fax: (41 -22)791 -4187; Email: [UNAIDS@WHO.CH](mailto:UNAIDS@WHO.CH)**

***Good information about caring for someone sick with AIDS at home. Designed for health workers and trainers, but useful for anyone caring for someone with AIDS. Written for Africa, but easy to adapt for any community.***

**Arab Women: A Profile of Diversity & Change**

**The Population Council**

**West Asia and North Africa Regional Office**

**Cairo, PO Box 115, Egypt**

**Tel: (20-2) 570-1733; Fax: (20-2) 570-1804**

**New York Office**

**One Dag Hammarskjold Plaza**

**New York, NY 10017 USA**

**Tel: (212) 339-0500; Fax: (212) 755-6052**

***This book focuses on women's social and political position in Arab countries. It is a***

***source book for women in the region and a tool for advocacy and change.***

**Asia and Pacific Women's Resource and Action Series: Health**

**Published by Asian and Pacific Development Centre, Persiaran Duta, Kuala Lumpur, Malaysia**

***This book reflects the ideas, perspectives, strategies and action in the 1980s of women from all parts of the Region.***

**Contact**

**Christian Medical Commission, Box 66, 150 Route de Ferney, 1211 Geneva 20, Switzerland**

***Newsletter about appropriate health care, published in French, Spanish, English and Portuguese.***

**South Pacific Community Nutrition Training Project,**

**The Director; Extension Services, The University of the South Pacific, PO Box 1168, Suva, Fiji**

***Publishes a series of books on food and nutrition for Pacific Islanders, but useful everywhere. The books include stories, drawings, summaries, and questions to help educate people on making good choices about food and living healthy lives.***

**Gender and Women's Health**

**Resource Centre for Primary Health Care**

**PO Box 117, Bagbazar, Kathmandu, Nepal**

**Tel./Fax: (977-1)225675**

***A manual describing a workshop in Nepal that takes a holistic approach to women's health. Useful for group discussions and workshops on women's health care. Could be adapted for any community and region.***

**Health Alert**

**Health Action Information Network, PO Box 1665, Central Post Office, Quezon City, Phillipines**

*Journal that provides news on health-related issues, as well as economic and political developments that shape the health care situation.*

**Healthy Women Counselling Guide, and Health Workers Training Guide**

**Gender and Health Research Group, World Health Organization, CH-1211, Geneva 27, Switzerland**

*Written together with women and health workers in Kenya, Nigeria, Sierra Leone and South Africa. Includes topics in all areas of women's health and gender relations. Useful for any community.*

**Healthy Women, Healthy Mothers**

**A.A. Arkutu, Family Care International, Inc. (FCI),  
588 Broadway, Suite 503, New York, NY 10012,  
USA**

*A book on pregnancy and birth for health workers and others who work with women at the community level. Easy to read and well illustrated. Written for Africa, but useful for all communities.*

*Also from FCI: Strengthening Communication Skills for Women's Health: A Training Guide, by Jill Tabbutt, and Getting the Message Out: Designing an Information Campaign on Women's Health, by Ann M. Starrs and Rahna R. Rizzuto.*

**Helping Mothers to Breastfeed**

**F. Savage King, African Medical and Research Foundation, Publishing Department, PO Box 30125, Nairobi, Kenya**

***Summarizes the most current information on breastfeeding, including a section on breastfeeding and family planning.***

**Managing Drug Supply: The Selection, Procurement, Distribution and Use of Pharmaceuticals (Second Edition)**

**Edited by J.D. Quick, et al (Management Sciences for Health). Order from: Kumarian Press, Inc., 14 Oakwood Ave., West Hartford, Connecticut 061 19-2127, USA. Tel: (1-860)233-5895; Fax: (1-860)233-6072; Email: kpbooks@aol.com**

***Information on essential drugs management in developing countries. Illustrated with over 300 figures, tables, 'how-to boxes', sample forms, and address lists, this is an excellent resource for anyone who prescribes and dispenses medicines.***

**Montreal Health Press**

**Montreal Health Press, PO Box 1000, Station Place du Parc, Montreal, Quebec, H2W 2NI Canada Tel: (514) 282-1171**

***Publishes several excellent guides about menopause, birth control, STDs, and sexual assault.***

**Our Bodies, Ourselves**

**Boston Women's Health Book Collective, PO Box 192, West Somerville, MA 02144, USA**

**Published by: Touchstone, Simon & Schuster Building, Rockefeller Center; 1230 Avenue of the Americas, New York, NY 10020, USA**

***This classic book provides complete information on women's health issues.***

**Practical guidelines for preventing infections passed by blood or air in health-care settings**

**AHRTAG, 29-35 Farringdon Road, London**

**ECIM 3JB, UK**

***Easy to understand and useful for home, clinic, and hospital settings. Free to persons in developing countries.***

**Primary Clinical Care Series**

**Health Services Development Unit, Department of Community Health, University of the Witerwatersrand, Medical School, York Road Parktown, Johannesburg 2193, South Africa**

***A series of manuals to train primary health care workers in rural and developing areas. Topics include: urinary and genital problems, sexually transmitted diseases, infectious diseases, family planning, and basic medical sciences. Written for Africa, but useful for any community.***

**Reproductive Health in Refugee Situations**

**United Nations High Commissioner for Refugees Programme and Technical Support Section UNHCR Headquarters, Case postale 2500, CH-1211 Geneva 2 Depot 2, Switzerland Fax: (41 22) 739 73 71**

***Manual to assist any interested person in promoting reproductive health services in refugee and other emergency situations.***

**Safe Motherhood Newsletter**

**World Health Organization, 1211 Geneva 27, Switzerland**

***Published 3 times a year in English, Arabic and French. Information on pregnancy, the health of mothers and newborns, and general health concerns of women. Contains good resource section. Write for a free subscription.***

**Sexual and Domestic Violence: Help, Recovery and Action in Zimbabwe**

**Jill Taylor and Sheelagh, Published by A. von Glehn and J. Taylor in collaboration with**

**Women and Law in Southern Africa, PO Box UA 171, Union Avenue, Harare, Zimbabwe**  
***Designed for people in developing countries to help raise awareness of and develop skills to fight sexual and domestic violence. Can be adapted for any community.***

### **South African Women's Health Book**

**Oxford University Press, Southern Africa, Harrington House, 37 Barrack Street, Cape Town 8001, South Africa**

***Comprehensive information on women's health in South Africa including stories from women in local communities. Includes chapters on gender, culture, healthy living, violence, work, sexuality, and reproductive health.***

### **Training Course in Women's Health**

**Institute for Development Training, 212 East Rosemary Street, Chapel Hill, NC, 275 14, USA Tel: (1-919) 967-0563; Fax: (1-919) 929-2353**

***A series of easy-to-read, adaptable clinical training manuals in women's health services for health workers. Series includes trainings in: The Female Reproductive and Sexual System, Communication and Counseling Skills, Infection Control, Gyn Exams and Common Problems, Urine System and Problems, Family Planning, Breastfeeding, Sterilization, Reproductive Tract Infections, FGM, and Abortion.***

### **Understanding and Reacting: Women Partners in Health**

**Association Genevoise d'Entraide aux Refugies (A.G.E.R.), route de Bardonnex 27b, CH-1228 Geneva, Switzerland**

***Illustrated, simply-written first aid manual for women in exile.***

### **Women & Health**

**Patricia Smyke, Zed Books Ltd, 57 Caledonian Road, London NI 9BU, UK**

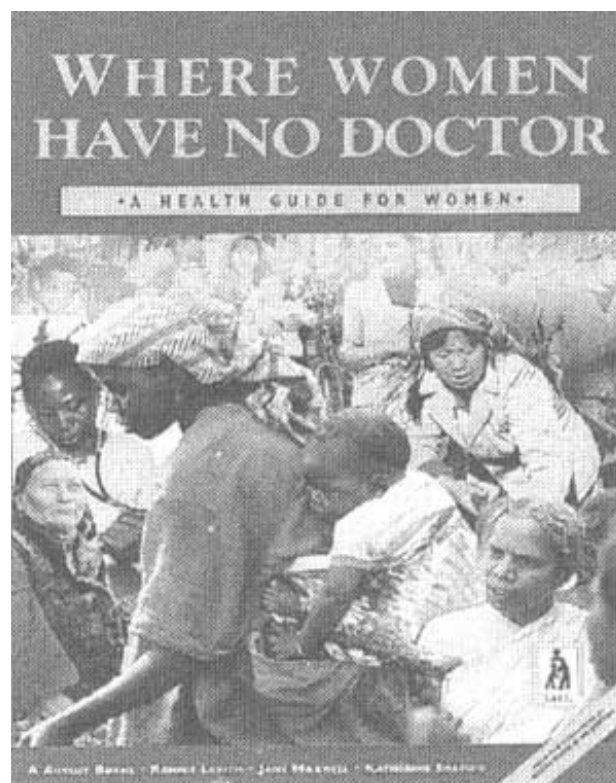
***An overview of women, health and development One book in the "Women and***



***Development" series. Other books in the series are on: economics, disability, the environment, refugees, literacy, work, and the family.***

### **Other Books from Macmillan**

**Where There Is No Doctor, by David Werner with Carol Thuman and Jane Maxwell, is perhaps the most widely used health care manual in the world. The book provides vital, easily understood information on how to diagnose, treat and prevent common diseases. Special importance is placed on ways to prevent health problems, including cleanliness, a healthy diet and vaccinations. The authors also emphasize the active role villagers must take in their own health care. *512 pages.***



**Figure**

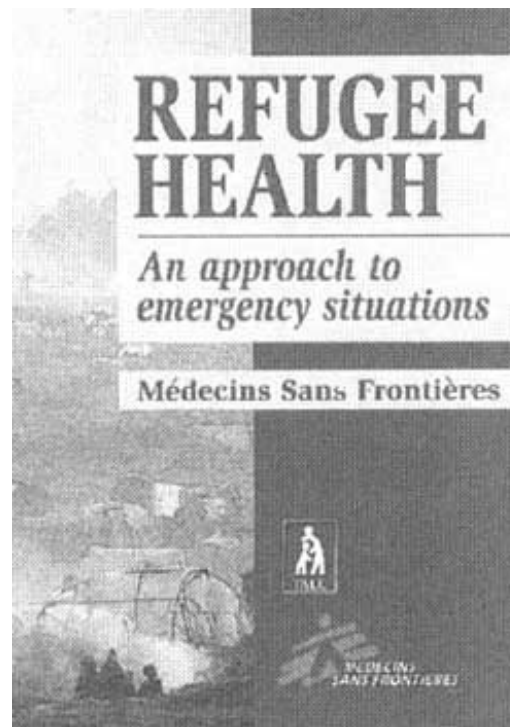
ISBN: International Edition 0-333-51651-6

African Edition 0-333-51652-4

## **Refugee Health**

**During recent refugee crises, relief workers have faced rapidly changing and complex environments, new disease patterns, enormous humanitarian needs and relatively limited resources. MSF have drawn on their extensive experience of working with refugees to produce this comprehensive operational manual of the issues which arise during refugee health programmes.**

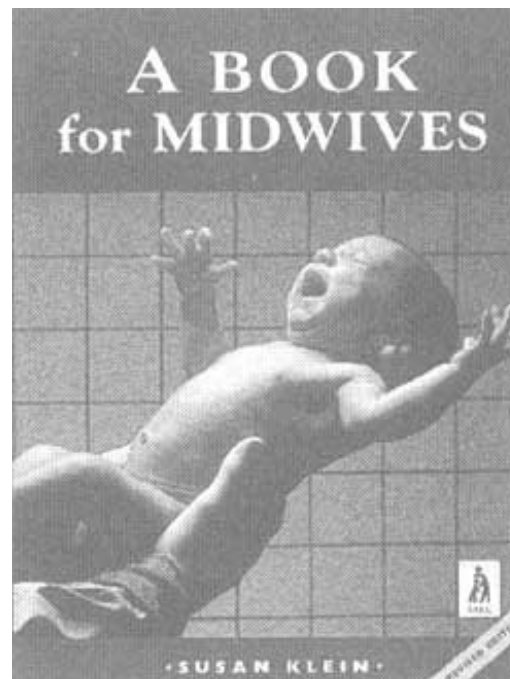
**Written by Mdecins Sans Frontires, *Refugee Health* is intended for professionals involved in public health assistance to refugees and displaced persons. It deals with a wide variety of specific refugee health issues at decisional level, and discusses the priorities of intervention during the different phases of a refugee crisis, from emergency to repatriation. *384 pages.***



**Figure**

ISBN: 0-333-72210-8

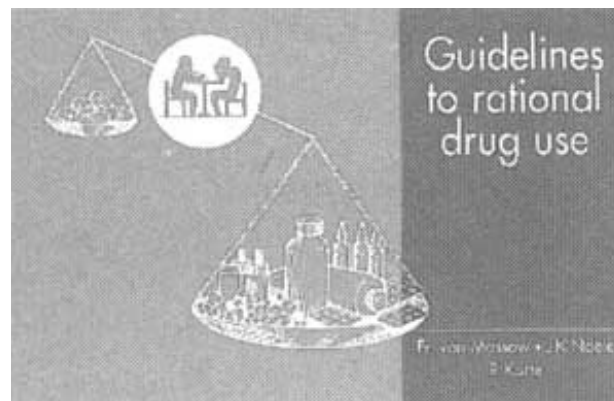
**A Book for Midwives, by Susan Klein, is written for midwives, traditional birth attendants, community health workers and anyone concerned about the health of pregnant women and their babies. The book is an invaluable tool for midwives facilitating education and training sessions as well as an essential reference for practice. The author emphasizes helping pregnant women stay healthy; giving good care and dealing with complications during labor, childbirth and after birth; family planning; breastfeeding; and homemade, low cost equipment. 528 pages.**



**Figure**

ISBN: 0-333-66059-5

**Guidelines to Rational Drug Use provides up-to-date unbiased information on the rational prescription of drugs in developing countries. It gives details of the uses of a broad range of available drugs, how to administer them, their contra-indications and side effects. Disease coverage is wide and special emphasis is given to diseases that are particularly important in tropical countries.**




**Figure**

**The book gives the comparative costs of different drugs which will enable doctors, nurses and medical supply officers to minimize expenditure. Designed in tabular form, it will prove invaluable to hospitals and general practitioners throughout the world. 264 pages.**

ISBN: 0-333-69922-X



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 **Where Women Have No Doctor - A Health Guide for Women (Hesperian Foundation, 1997, 600 p.)**

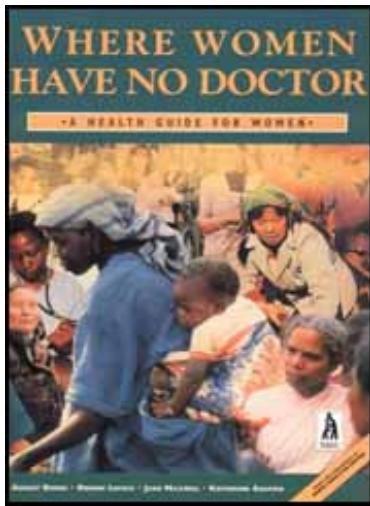
 **(introduction...)**

 **Women's health is in your hands**
















 **Thanks**

 **About this Book**





- How to Use this Book**
- Chapter 1: Women's Health Is a Community Issue**
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-  **Vocabulary: List of difficult words**
-  **Where to get more information**
-   **Back cover**

## Back cover

**Weight** (how heavy something is)

16 ounces (oz) = 1 pound (lb)

1 pound = 454 grams (g)

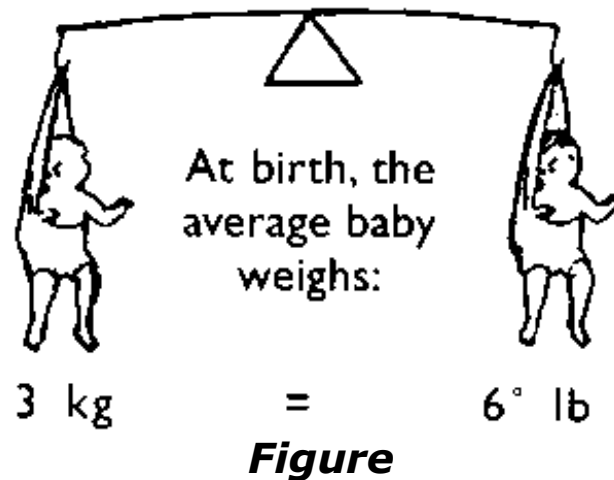
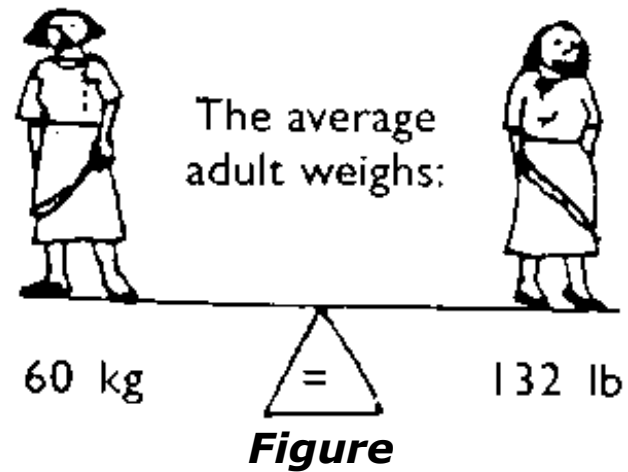
1 000 grams = 1 kilogram (kilo, kg)

1 kilo = 2 1/5 pounds

1 ounce = 28 grams

1 gram = 1000 milligrams (mg)

1 grain (gr) = 65 mg



*Here is an example of how a girl's and woman's body can change over the years:*





**19.8 lbs = 9 kilos**



**44 lbs = 20 kilos**



**77 lbs = 35 kilos**



***132 lbs = 60 kilos***

## **Volume (how much space or bulk something has; for measuring liquids)**

1 000 milliliters (ml) = liter

1 milliliter = 1 cubic centimeter (cc)

3 teaspoons (tsp) = 1 Tablespoon (Tbs)

1 teaspoon = 5 milliliters

1 Tablespoon = 15 milliliters

30 milliliters = about 1 ounce (of water)

8 ounces = 1 cup

32 ounces = 1 quart (qt)

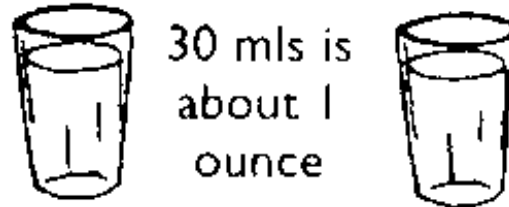
1 quart = 0.95 liters (l)

1 liter = 1.06 quarts

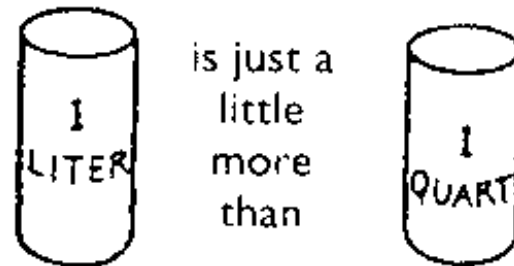


3 tsp = 1 Tbs

**Figure**



**Figure**



**Figure**

## **WHERE WOMEN HAVE NO DOCTOR**

### **A health guide for women**

**All over the world women rise to their daily work, care for their families and participate in community life. Too often, women must face these challenges while struggling against illness - lacking even basic information about their health.**

**Where Women Have No Doctor combines self-help medical information with an understanding of the ways in which poverty, discrimination and cultural beliefs limit women's health and access to care. Developed with community-based groups and medical experts from more than thirty countries, this book can help anyone understand, treat and prevent many of the health problems that affect women.**

**Clearly written with over 1000 drawings, Where Women Have No Doctor is an essential resource for any woman who wants to improve her health. It is also invaluable for health workers who want more information about the problems that**


**affect only women, or that affect women differently from men. It helps women identify the obstacles to good health in their communities and shares ideas on how to overcome them.**

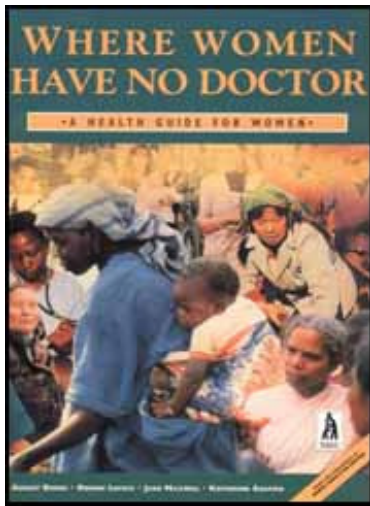
**Topics include:**






- **how to solve health problems**
- **ways to stay healthy**
- **understanding the reproductive parts of women's bodies**
- **sexual health**
- **HIV/AIDS and other sexually transmitted diseases**
- **pregnancy, birth and breast feeding**
- **mental health**
- **health concerns of women with disabilities, girls, older women and refugees**
- **the politics of women's health**
- **rape and other violence against women**
- **the use of medicines in women's health**






















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** Where Women Have No Doctor - A Health Guide for Women  
(Hesperian Foundation, 1997, 600 p.)**



-  **(introduction...)**
-  **Women's health is in your hands**
-  **Thanks**
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## **How to Use this Book**

### **Finding information in the book**

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



**The Contents, at the front of the book, lists the chapters in the order in which they appear. There is also a list of contents at the beginning of every chapter.**

***To find information about the medicines used in this book, look in the Green Pages toward the back of the book.***

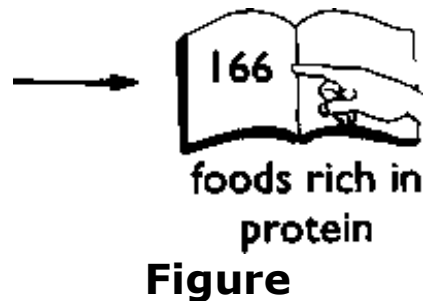
***If you do not understand the meanings of some of the words used in this book, you may find them in the List of Difficult Words. The first time these words appear in a chapter, they are printed in slanted letters, like this. You can also look up the word in the index to see if it is explained in another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

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

### **Finding information on a page**

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

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



***What the different things on a page mean:***

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

page number → **74** **Pregnancy and Childbirth** ← chapter title

general topic → **Danger Signs during Pregnancy**

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

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



**What to do:**

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

this word is explained in the List of difficult words

See this page ...  
... for more information about this topic



→ foods rich in protein

**Danger signs of toxemia**

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

Get help right away!



**Very important information**

**TRANSPORT!** If a woman has any of the danger signs of toxemia, she needs medical help fast. If she is already having fits, see page 87.

**Figure**

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

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

each medicine in the Green Pages before using it.

<b>Medicine for Breast Infection</b>		
<b>Medicine</b>	<b>How much to take</b>	<b>When and how to take</b>
dicloxicillin	250 mg	4 times a day for 10 days. Take at least 30 minutes before eating food.
<b>If you cannot find this or are allergic to penicillin, take:</b>		
erythromycin	500 mg	4 times a day for 10 days.
<b>Important: If a breast infection is not treated early, it will get worse. The hot and painful swelling will feel as if it is filled with liquid (abscess). If this happens, follow the treatment described here, AND see a health worker who has been trained to drain an abscess using sterile equipment.</b>		

**Figure**



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 **Where Women Have No Doctor - A Health Guide for Women**  
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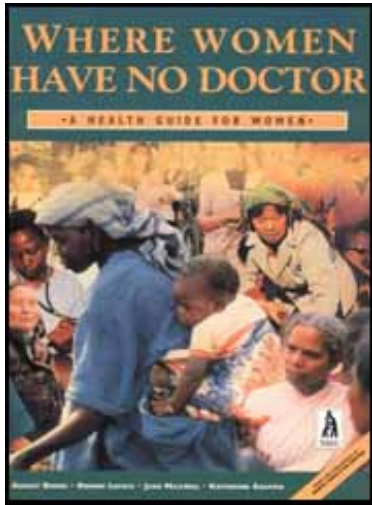
➔  **Chapter 1: Women's Health Is a Community Issue**

 **(introduction...)**

 **What Is 'Women's Health'?**

 **Women Are More at Risk for Disease and Poor Health**

 **Causes of Poor Health in Women**



## Working for Change

**Where Women Have No Doctor - A Health Guide for Women (Hesperian Foundation, 1997, 600 p.)**

**Chapter 1: Women's Health Is a Community Issue**



**Figure**

## **What Is 'Women's Health'?**

**When a woman is healthy, she has the energy and strength to do her daily work, to fulfill the many roles she has in her family and community, and to build satisfying relationships with others. In other words, a woman's health affects every area of her life. Yet for many years, 'women's health care' has meant little more than maternal health services such as care during pregnancy and birth. These services are necessary, but they only address women's needs as mothers. Except for the ability to produce babies, a woman's health needs have been treated as no different from a**

**man's.**

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

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

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

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

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



**Figure**

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

### **Women Are More at Risk for Disease and Poor Health**

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

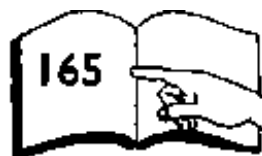
#### **Poor nutrition**

**Poor *nutrition* is the most common and disabling health problem among women in**



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

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



**eating to stay healthy  
Figure**

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



**Figure**

### Reproductive health problems

A woman's health cannot be isolated from her social status. In most of rural India, women are **sexually transmitted diseases (STDs), including HIV/AIDS**. A woman is physically more at risk for getting STDs and AIDS than a man. This is because a man's semen stays inside her and the germs it carries can pass through the lining of the vagina into her blood. And, since a woman often has no signs of infection, she may not get treatment.



STDs and other  
infections of the  
genitals

## Figure

◆ ***Because women must often have unsafe sex against their will, STDs are a social issue.***

**But the problem is really a social one. Women often have little control over decisions about sex and often cannot refuse *unsafe sex*. As a result, 165 million women get an STD every year, and 1.65 million became infected with HIV in 1995 alone. Without treatment, STDs can cause disabling pain, severe *pelvic inflammatory disease (PID)*, *infertility*, problems during pregnancy, and an increased risk of cervical *cancer*. HIV/AIDS causes death.**

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



**Figure**

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

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

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

## **problems.**

◆ ***Every year 75,000 women die from unsafe abortions.***

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

## **General medical problems**

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

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

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



**TB, 387**

**alcohol and  
other drugs, 435**

**Figure**

## **Work hazards**

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



**work  
Figure**

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



**Figure**

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

### **Mental health problems**

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

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



mental health  
Figure

## Violence

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

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



violence, 313

rape and sexual  
assault, 327

Figure





**Figure**

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

### **How women are forced into a life of poor health**

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



**Figure**

## **Causes of Poor Health in Women**

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

**POVERTY**

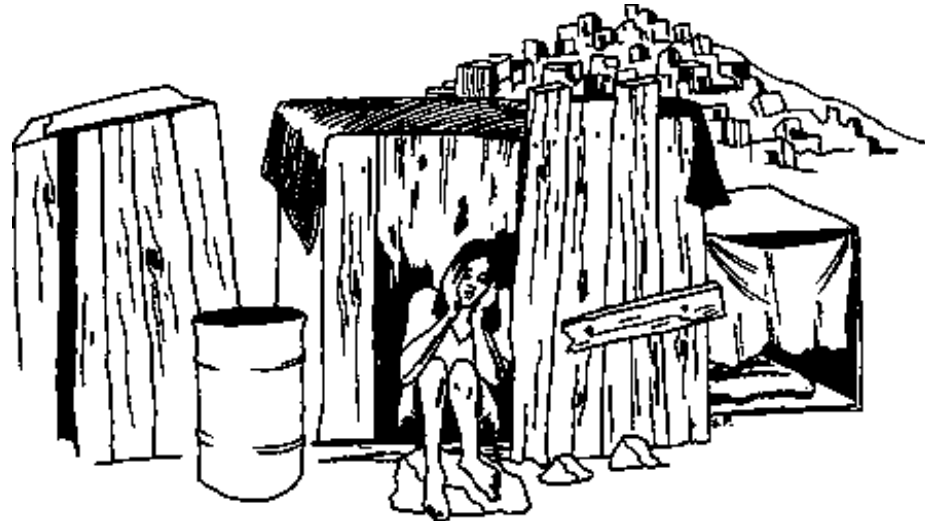
Two out of three women around the world are poor. Women are not only much more likely than men to be poor, but are most often among the poorest of the poor.

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

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

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

- are blamed for their poverty and made to feel less important than those with more money.



**Figure**

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

## **LOW STATUS OF WOMEN**

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

**communities, but it always affects a woman's health.**



**Figure**

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

**Lack of legal rights or power to make decisions. In many communities, a woman cannot own or inherit property, earn money, or get credit. If she gets divorced, she may not be allowed to keep her children or her belongings. Even if a woman has legal rights, her community's traditions may allow her little control over her life. Often a woman cannot decide how the family's money is spent or when to get health care.**

**She cannot travel or participate in community decisions without her husband's permission.**

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

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

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

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

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

**The medical system does not meet women's needs**

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

**problem.**

◆ ***The medical system does not provide all the services women need.***

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

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

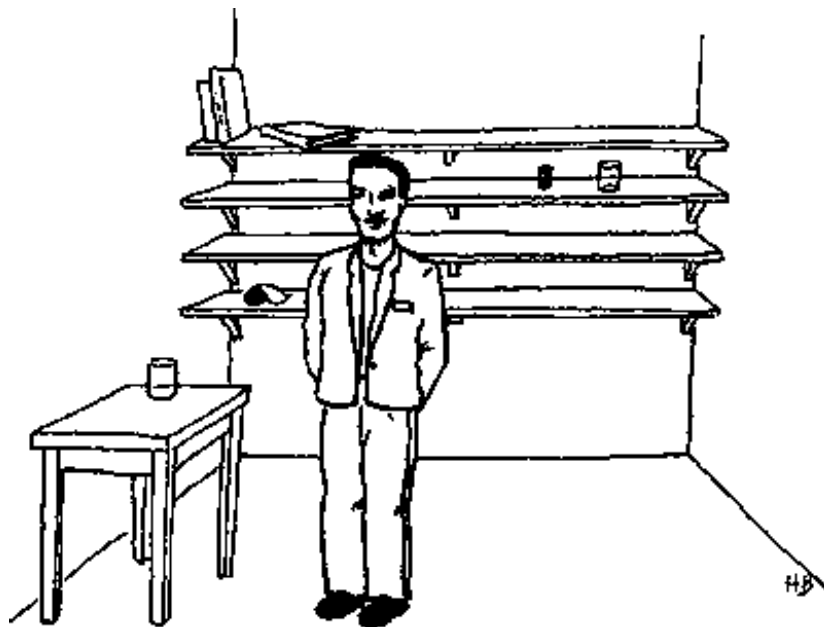
**Debt and structural adjustment: keeping the poor poor**

During the 1970s, many poor countries were pressured to borrow money from banks in rich countries. Some poor countries used this money to try to improve the lives of their people. Many new schools, hospitals, clinics, and other projects were started.

But as the banks demand that their money be paid back, the poor countries have been forced to change or "adjust" their economies. They are forced to pay these banks much of the wealth the people produce, and to make it easy for foreign companies to make money by using the poor countries' resources and labor.

As a result, poor countries can no longer spend as much money on programs that help the poor - such as schools, health centers, hospitals, and programs that help people get food and

fuel at a fair price. Governments now are left with less money to pay doctors, nurses, and other health workers, or to provide medical supplies or equipment. The health of all poor people suffers from these changes, but the health of poor women and children suffers most of all.



**Figure**

### **Mira's Story**

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





**Figure**

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

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

One day, Mira was using the latrine and she noticed a bloody discharge coming from her vagina when it wasn't time for her monthly bleeding. She had never had a health exam, but

now Mira asked her husband if she might see a health worker. He replied that he didn't trust doctors, and besides, he didn't have the money to spend every time she felt worried about something.

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

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

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



**Figure**

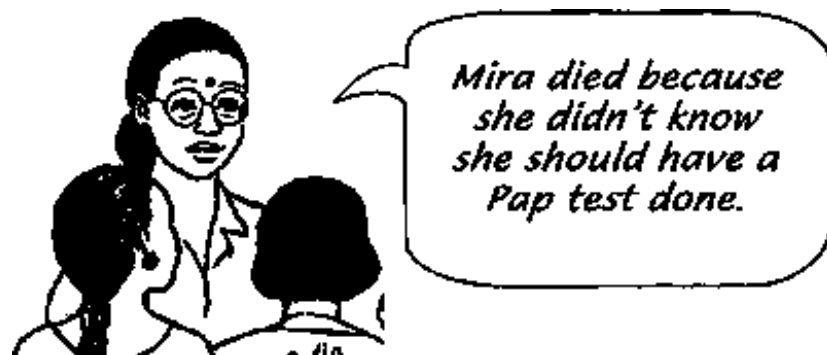
## **WHY DID MIRA DIE?**

◆ ***There are many reasons why poor women get - and die from - diseases that can be prevented or cured.***

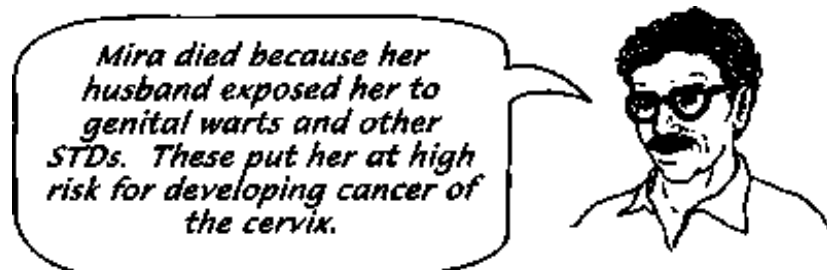
**Here are some common answers to this question:**



**A doctor may say...**



**Or a teacher...**



**Or a health worker...**

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

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

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

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

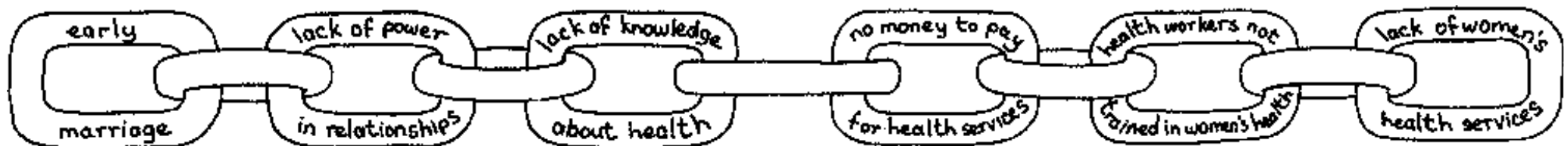
**◆ *You can explore the root causes of Mira's death or other health problems by using the exercise called "But Why?".***

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

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

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

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



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

## **Working for Change**

### **IT DOES NOT HAVE TO BE THIS WAY**

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

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

## **Working for change in your family**

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

### **Raising our children for a better world**

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

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

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



**Figure**

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

- We can teach our sons to be kind and compassionate, so they will grow up to be kind and compassionate husbands, fathers, and brothers.
- We can teach our daughters to value themselves, so they will expect the same from others.
- We can teach our sons to share and take pride in household work, so their sisters, wives and daughters do not suffer the burden of overwork.
- We can teach our daughters to be more independent by finishing school or learning a skill.
- We can teach our sons to respect all women and to be responsible sexual partners.





**Figure**

**We can raise our children for a better world.**

◆ ***For other ideas of how your partner can help, see HOW MEN CAN HELP***

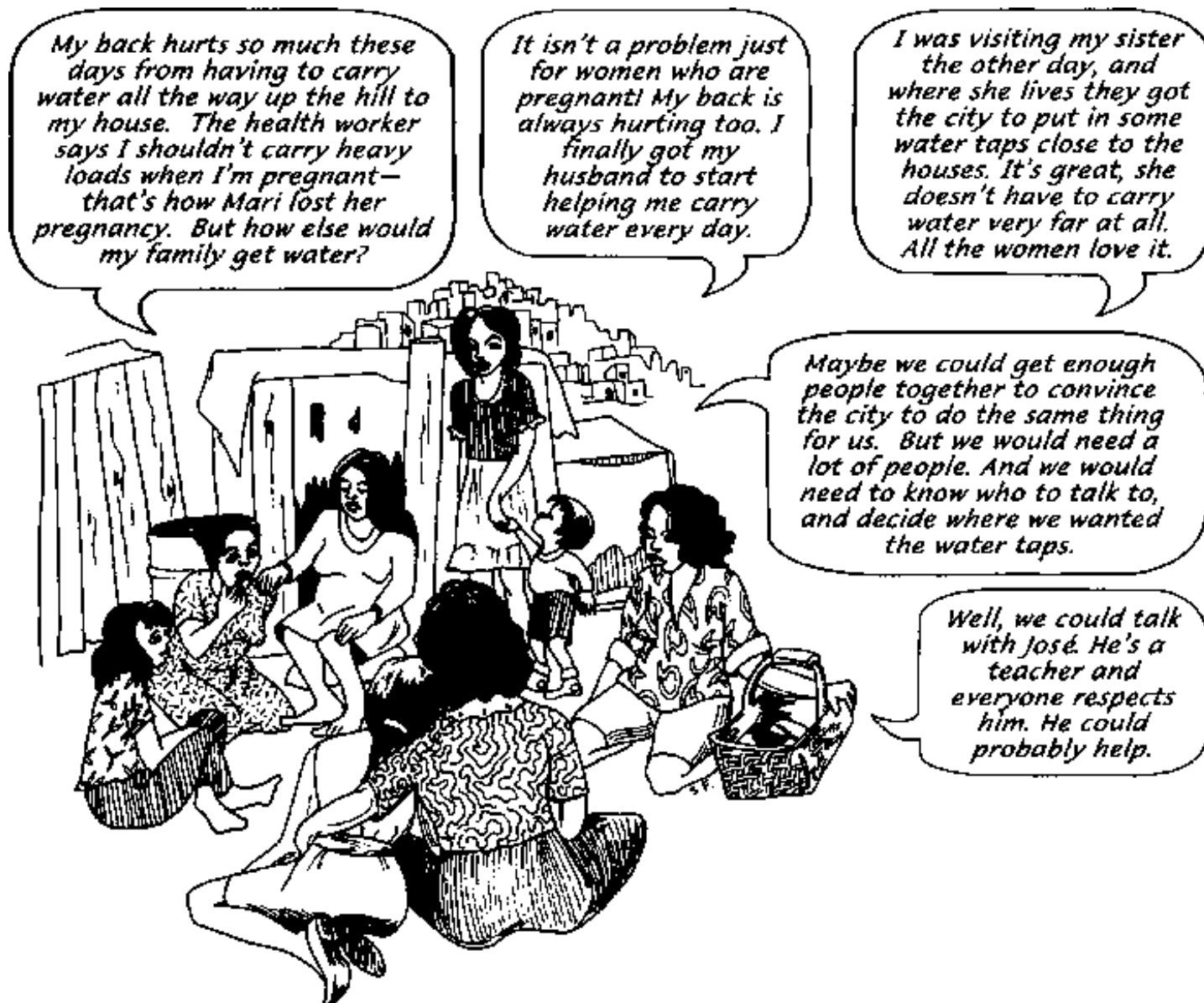
### **Working for change in your community**

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

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

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

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



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

**Think about involving men as well as women in discussions about women's health. It**

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



**Figure**

## **HOW MEN CAN HELP**

***Any man can help improve women's health by:***

- raising his children to respect women, and treating boys and girls as equals.
- asking women what they think, and listening to them. A man can listen to his

partner's and daughters' concerns and needs, and see if together they can find a way to meet the needs of everyone in the family.

- talking with his partner about how many children they each want to have, and then taking equal responsibility for family planning.
- encouraging his partner to go for regular health exams, and helping find the money and time for her to go.
- taking turns caring for the children and doing house work.
- being faithful to his partner or, if he cannot, being honest with her and practicing safer sex when he is not with her. If a man ever gets an STD, he should tell all of his sexual partners right away, so everyone can get treatment.
- encouraging his partner to take a fair share of the food that there is to eat - even if nobody is getting very much.
- encouraging all of his children to stay in school as long as they can. The longer they can stay in school, the more choices they will have as adults, and the better their health will be.

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

- encouraging women in his community to come to meetings, and making sure that they have a chance to speak. Or by encouraging women to hold their own, separate meetings, where men will not speak.
- encouraging women to become involved in planning and running community

projects.

- encouraging others to limit their use of alcohol and drugs - these contribute nothing to the community and waste money and energy. Try to plan celebrations that do not involve alcohol.
- not tolerating **any** kind of violence against women.
- teaching children how to care for their physical, mental, and sexual health and how to prevent common illnesses.
- working to change the image that a strong man is one who has sex with many women. **A strong man is a strong partner.**

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

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



**starting a support  
group  
Figure**

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



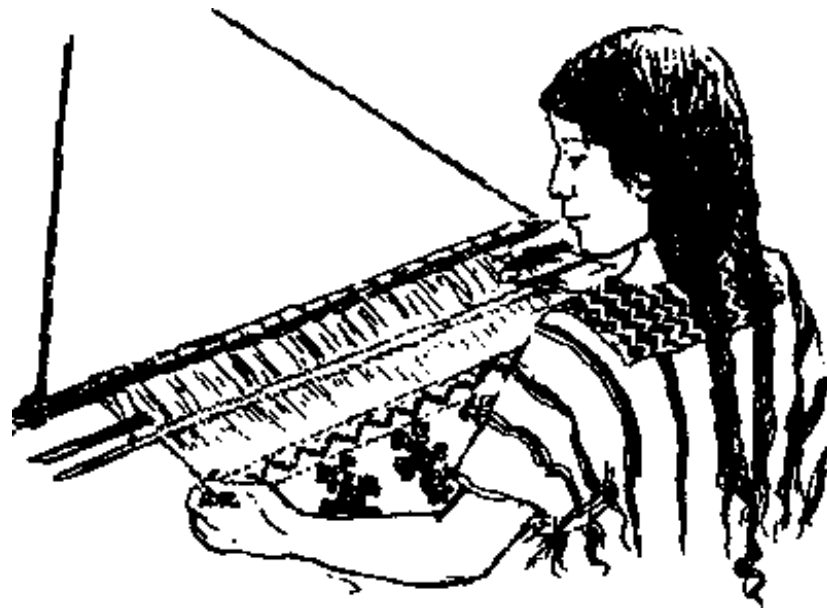
**Figure**

Musasa's goal is to change this attitude through public education and by counseling those who

have survived violence. In this way, women, men, teachers, students, police, and health workers are learning that violence is an abuse of power. Musasa plans to set up a house where women and children can stay when they are in danger.

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

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



**Figure**

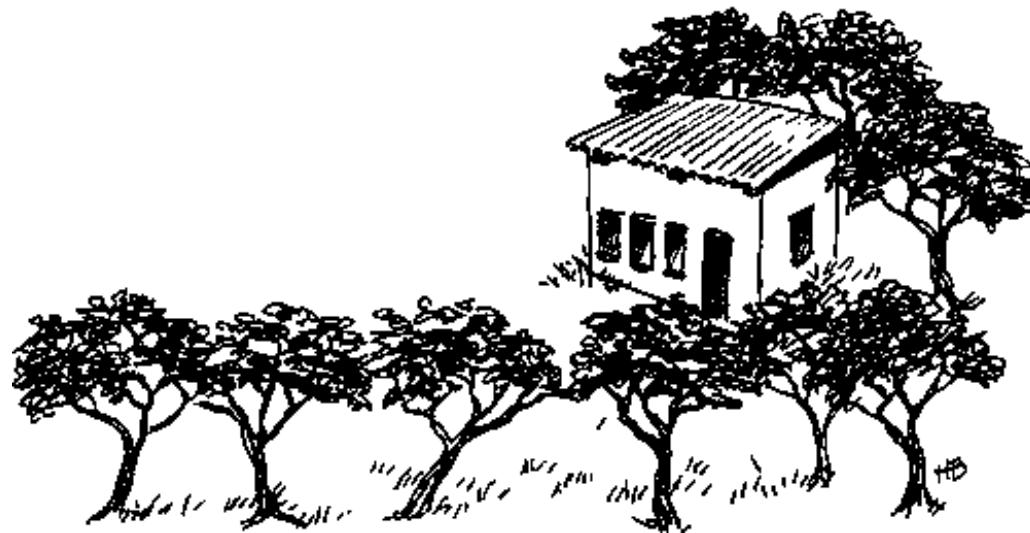




**community sanitation**  
**Figure**

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

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



**Figure**

As one Green Belt member said, "Our forests were running out because of our constant need

for firewood. We meet weekly to collect seeds, to do potting land fencing, and tend the trees in our nursery. We also talk to groups and schools about the environment In this way, we are both helping ourselves and bettering the environment."

## Simple and low-cost community efforts can make a difference



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

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

**Working for change in your country**

**You can improve your health, and the health of many other women in your country,**

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

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

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



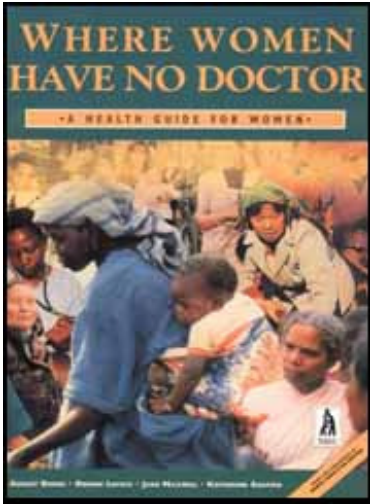
*Figure*

## **GAINING POWER OVER OUR OWN HEALTH**

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

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





 **Where Women Have No Doctor - A Health Guide for Women (Hesperian Foundation, 1997, 600 p.)**

➔  **Chapter 2: Solving Health Problems**

 **(introduction...)**

**Juanita's Story**

 **(introduction...)**

 **What is the problem?**

 **Some illnesses are hard to tell apart**

 **What is causing the problem?**

**What Is the Best Treatment?**

 **Is a treatment helpful or harmful?**

 **Risks and benefits**

**Working for Change**

 **(introduction...)**

 **Looking for the root causes of health problems**

 **Organizing to solve community health problems**

**To the Health Worker**

 **Helping women help themselves**

**Where Women Have No Doctor - A Health Guide for Women (Hesperian Foundation, 1997, 600 p.)**

**Chapter 2: Solving Health Problems**



**Figure**

**Whenever a woman has signs of a health problem, she needs information in order to solve it. She needs to know what the problem is, its cause, what can be done to treat it, and how to prevent it from happening again.**

***◆ Some problems must be treated with skilled medical care. But most health problems can be treated at home or can be prevented by healthy living.***

**In this chapter we tell the story of one woman, Juanita, and how she solved her health problem. Although the details apply only to Juanita, the way she thinks about her problem and works to solve it can apply to all health problems. You can use this method to solve a health problem yourself or to make decisions about getting good medical care.**

**Juanita discovered that a lasting solution to her health problem involved looking beyond her own situation. She also had to identify the root causes of the problem in**

**her community and country, and work to change them. Like Juanita, you and your community can use this method to identify all the causes of women's poor health - and to plan ways to make your community a healthier place for women.**

## **Juanita's Story**

**Juanita lives in a small village in the mountains of western Honduras where she and her husband grow corn on a small plot of land. Their land does not produce enough to feed their 3 children, so several times each year Juanita's husband, Raul, goes off to the coast with other men from the village to work on the banana plantations.**

**About 3 weeks after the last time her husband returned home from the coast, Juanita began to notice more *discharge* than usual from her vagina. Then she started having pain when passing *urine*. Juanita knew that something was wrong, but she had no idea what it was.**





## **Figure**

**Juanita decided to ask her friend Suyapa for help. Suyapa suggested drinking teas made from corn silk, because this had helped her when she had had pain passing urine. So Juanita tried the teas - but the pain and discharge did not go away. Suyapa then recommended the remedy her friend Mara del Carmen had used for pains after childbirth. The local midwife had given Mara a cotton cloth filled with *plant medicines* to wrap around her belly. When Juanita tried the remedy and it didn't work, she thought putting the medicines inside her vagina might be better. But nothing helped, and her signs kept on bothering her.**

**Finally Juanita decided to go to see the health worker, Don Pedro. She felt shy about having a man examine her, but by this time she was scared that something serious was wrong.**

**What is the problem?**

***Step 1: Start with doubt. This means admitting you do not know the answer yet***

**Don Pedro told Juanita that in order to help her he needed to learn as much about the illness as possible. So he asked Juanita these questions**

***Step 2: Find out as much as possible about the problem. Ask questions like these:***



**Figure**

## Some illnesses are hard to tell apart

***Step 3: Think about all the different illnesses that could be causing the signs.***

After listening carefully to Juanita describe her pain and discharge, Don Pedro explained that signs often tell us the general kind of health problem someone has. But sometimes several different illnesses can cause the same signs. For example, a change in the amount, color, or smell of a woman's vaginal discharge could be caused by:

- ***a sexually transmitted disease (STD).***
- ***an infection of the vagina that is not an STD.***
- ***pelvic inflammatory disease (PID), which is an infection of the womb and tubes, often caused by an STD.***

- **cancer of the cervix.**

***Step 4: Look for clues that can tell you which answer is most likely.***

**To get a better idea about which of these problems was causing Juanita's signs, Don Pedro needed to know whether Juanita and her husband used condoms, and whether either of them had had other sex partners. Juanita admitted that she suspects her husband has sex with other women, since he is gone for months at a time to work. But they had never discussed it, so she did not know for sure. The last time her husband came home, however, he had complained of some pain when passing urine. He blamed it on the foods he ate at the coast.**

***Step 5: Decide which answer is probably the right one.***

**With this added information, Don Pedro said he suspected Juanita had an STD, probably gonorrhea or chlamydia. Because it is difficult to tell these diseases apart, it is better to treat both of them.**

**What is causing the problem?**

Infectious diseases are those that are spread from one person to another. They can be spread through touching infected people or objects, or through the air or water. The germs Don Pedro thinks are causing Juanita's illness are spread through sexual contact.

Non-infectious diseases (not spread between people), may be caused by:

- something that goes wrong in the body, such as weak bones from aging.

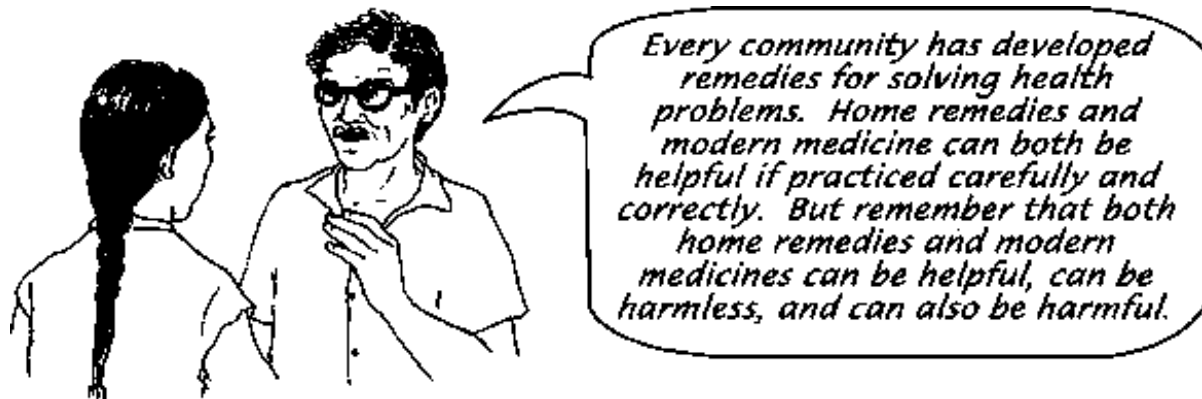
- something that harms the body from the outside, such as back problems from carrying heavy loads.
- something the body lacks, such as *nutrition*. By eating too little food or the wrong kinds of food, a person can become malnourished.

But illnesses rarely have just one cause. Often people's beliefs and cultural practices contribute to disease, as do conditions in their surroundings, and the way that land, wealth, and power are distributed.

## What Is the Best Treatment?

### Is a treatment helpful or harmful?

**Although Don Pedro was certain that medicines would solve the problem, Juanita wanted more information before deciding on a treatment. She knew, for example, that home remedies had often helped her mother and grandmother when they were ill. Why, then, did the remedies she had tried fail to work? Here is Don Pedro's explanation:**



**Figure**

**In Juanita's case, she had used all 3 kinds of remedies:**

**Corn silk tea would have been very helpful if Juanita had an infection of the urine system. This is because corn silk tea makes a person pass urine more and so flushes germs out of the body. But these teas probably did not help Juanita because her infection was not in the urine system.**



**Figure**

**Wrapping *plant medicines* around the belly is a harmless remedy. It will not make a health problem worse, because the medicines stay outside the body, but it will not help, either.**



**Figure**

**Putting plant medicines into the vagina is harmful and should never be done. Plant medicines can irritate the vagina and cause dangerous infections.**



**Figure**

**Don Pedro told Juanita that she could learn about a particular treatment and how well it works by talking to many different people who have used it. Here are some questions to ask:**

- **Why do you use this method?**
- **When do you use it?**
- **How do you use it?**
- **What happens when you use it?**
- **How often does it help the problem?**
- **Do things ever go wrong?**

**Think carefully about what different people say about treatments they have used. Then, when you try a remedy yourself, pay attention to what happens to your signs to see if the remedy helps you. Be careful about trying too many remedies at once.**



**Figure**

To decide if a treatment will be helpful, harmless, or harmful, learn all you can about it first. If you are still unsure whether a treatment is harmless or harmful, consider these things:

- 1.** The more remedies there are for any one illness, the less likely it is that any of them works.
- 2.** Foul or disgusting remedies are not likely to help - and are often harmful.
- 3.** Remedies that use animal or human waste rarely do any good, and often cause dangerous infections. Never use them.
- 4.** The more a remedy resembles the sickness it is said to cure, the more likely that its benefits come only from the power of belief. For example, a red plant will not necessarily stop bleeding.
- 5.** Methods that deny people food, exercise, or rest usually make them weaker, not stronger.
- 6.** Methods that blame people for their problems usually add to their suffering and pain.

***Step 6: Decide on the best treatment Always remember to think about possible risks and benefits (see below).***

**When Juanita felt satisfied that modern medicines were the best treatment for her health problem, Don Pedro gave Juanita some pills called doxycycline and co-trimoxazole and told her to come back in a week, after she had taken them all. He also explained that her husband, who was away again, must be treated with the medicines when he comes back, and that they must begin to practice safer sex.**

***Step 7: See if there is some improvement. If there are no results, start over again.***



**When Juanita returned to see Don Pedro the next week, she told him that she had taken all the pills he gave her but her signs had not gone away. She also said her discharge was getting worse and becoming yellow in color. So Don Pedro asked Valeria, a health worker with more training, for help.**

**Valeria agreed that Juanita had an STD. But because the medicines had not helped, Valeria suspected that Juanita may have a form of gonorrhea that is *resistant* to co-trimoxazole. Valeria explained that many resistant forms of gonorrhea had come from foreign soldiers at the military base on the coast, who have been infecting the local women when they had sex. Valeria recommended that Juanita go to the city where she could get a more complete exam and be tested for gonorrhea, syphilis (another STD), and cancer. She could also get newer; more effective medicines, if needed.**



**Figure**

## **Risks and benefits**

**Juanita went home to think about what to do. She would have to spend most of her family's savings to pay for a trip to the city and the medicine. Since she would be gone at least two days (the trip is almost 6 hours each way by bus and walking), and**

**her husband was still away at the coast, she would also have to find someone to watch her children while she was gone.**



**Figure**

**Juanita was afraid that her husband would be angry if he came back and found out**

**that she had spent so much money to see a doctor But she was also scared that if she did not go she would get worse. Valeria told her that without treatment she could pass the infection on to a new baby if she became pregnant. With time she would probably become unable to have more children, would develop severe pain in her lower belly, and would have problems with her urine system and *monthly bleeding*. Her husband could also develop many serious health problems.**

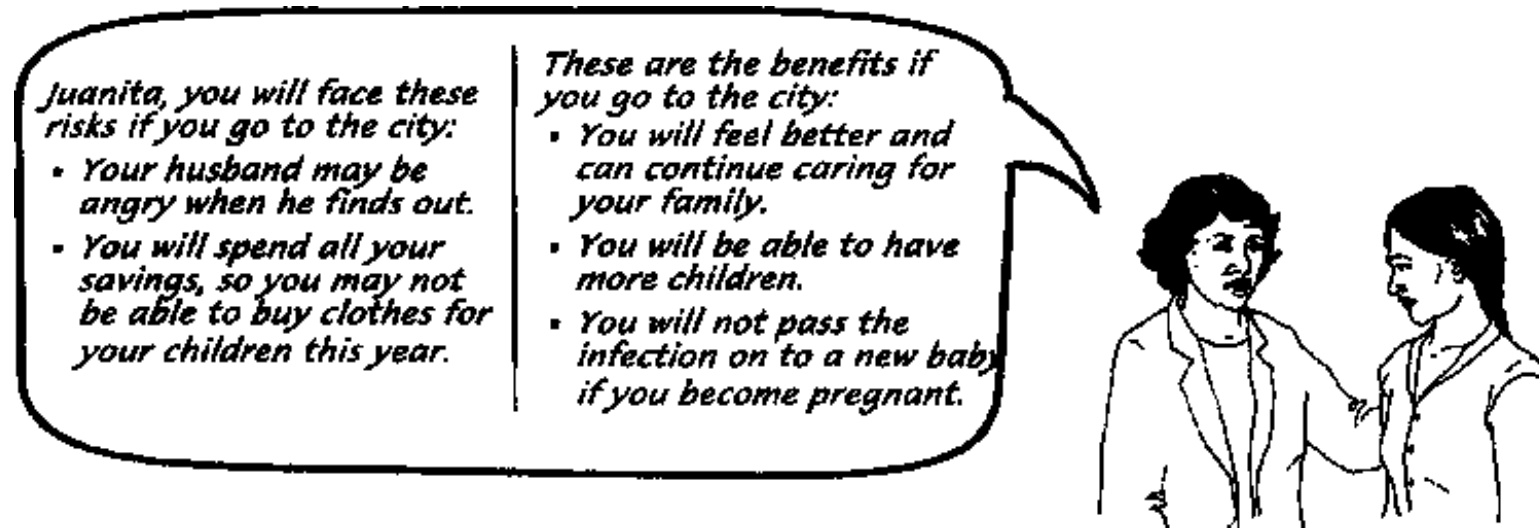
**Juanita felt so uncertain about what to do that she went to see Valeria again. When Juanita explained her fears, Valeria suggested thinking about the problem this way:**

Every treatment has **risks** and **benefits**. A risk is the chance that something may cause harm. A benefit is the good that something may bring. The best choice is to do something that will cause the greatest benefit and the smallest risk.



## Figure

It may help to think about scales you use to weigh food in the market. When one side weighs more than the other, that side of the scale tilts downward. If the benefits weigh more than the risks, that means the action is worth doing. If the risks weigh more, then the action is not worth doing.



Figure

**Juanita decided that the benefits of going for treatment weighed more than the risks.**

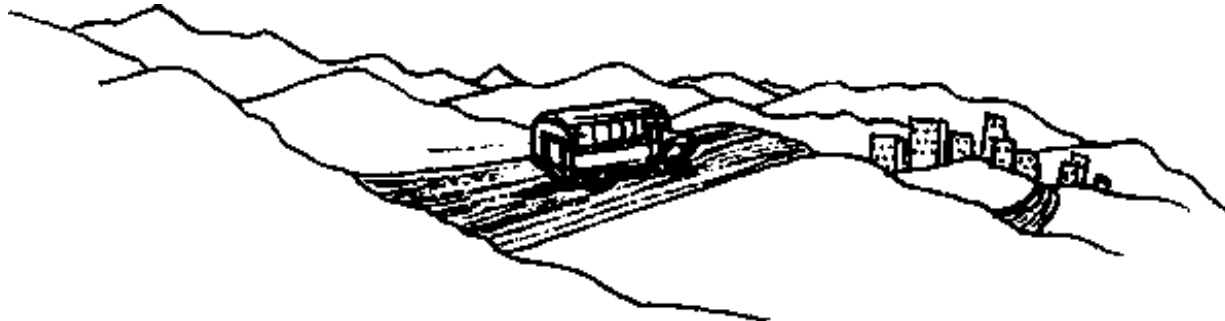


Figure



**Figure**

**So Juanita went to the city for treatment, where the doctors said it was true that she had gonorrhea and probably chlamydia, but no signs of other STDs or problems. They explained that the medicine she took no longer works in her country. They gave Juanita a newer medicine for both her and her husband.**



**Figure**

## **Working for Change**

**When Juanita had taken the medicine and was feeling better, it was tempting to think that her health problem had been solved. But she knew this was not true. When her**

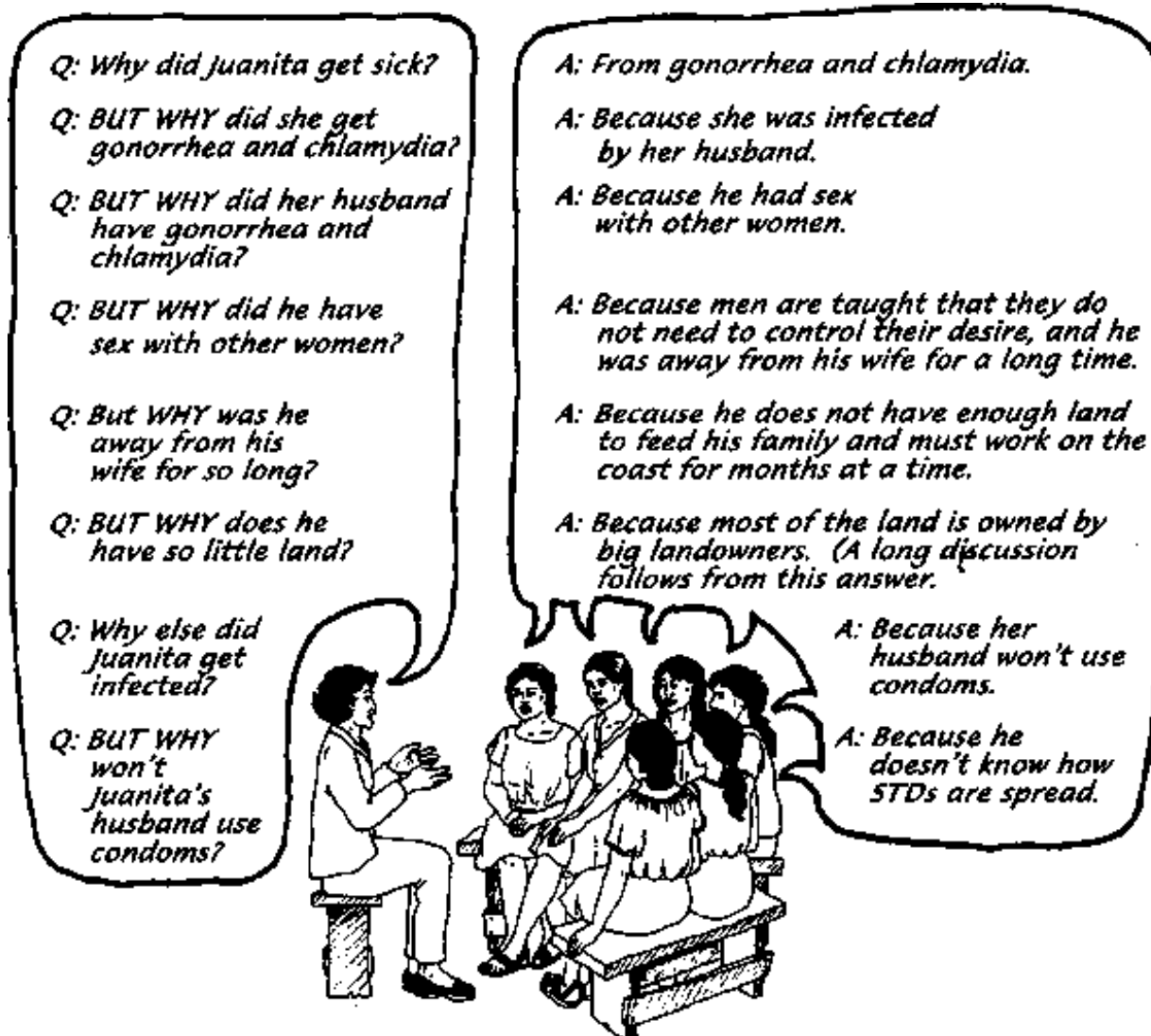
**husband returned from the coast, she would get infected again if he did not take the medicine and use condoms. She discussed the problem with Suyapa and other women whose husbands work at the coast, and together they decided to ask Valeria for advice.**

**Looking for the root causes of health problems**

***Step 8: Look for the root causes of the problem.***

**Valeria agreed that Juanita's health problem was not yet solved, because many of the conditions that created the problem still existed. She suggested playing a game called "But why....?" to help everyone identify all the conditions that created the problem.**

**Valeria gathered the women in a circle, and asked them to try and answer her questions:**



**Figure**

**And so on.**

**Step 9: It may help to group the causes together to think about what can be done to address them.**

**When the women had named a long list of causes, Valeria suggested putting the causes in groups. This way it is easier to see the different kinds of conditions that cause health problems:**

**Physical causes: germs or parasites, or something that goes wrong in the body or that the body lacks**

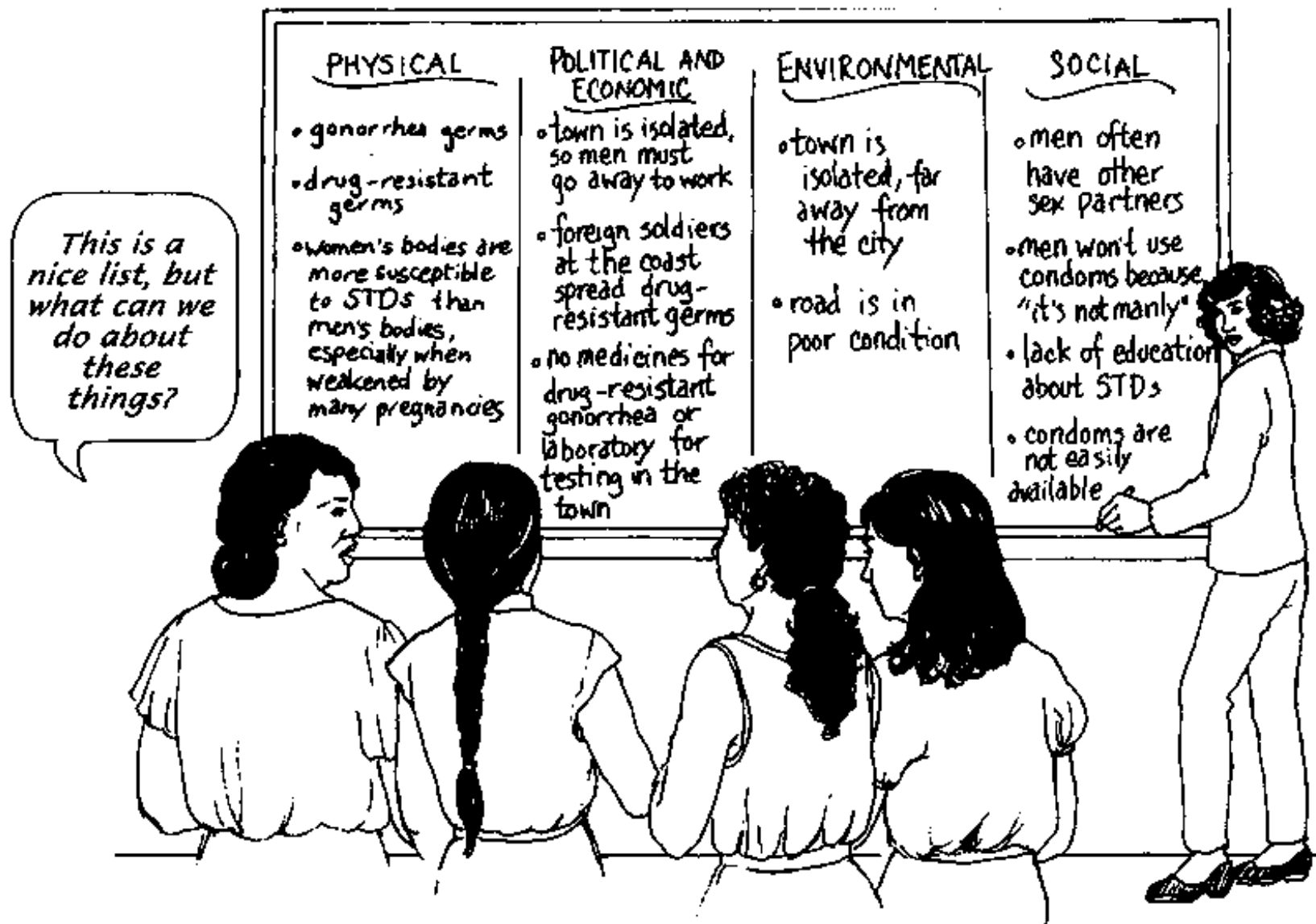
**Environmental causes: conditions in the physical surroundings that harm the body, such as cooking smoke, lack of clean water or crowded living conditions**

**Social causes: the way people relate to or treat each other, including their attitudes, customs, and beliefs**

**Political and economic causes: causes having to do with power - who has control and how - and money, land, and resources - who has them and who does not**

**When the women put the causes of Juanita's problem into these groups, they came up with the following list:**





**Figure**

## Organizing to solve community health problems

***Step 10: Decide which causes you and your community can change.***

**The next step, Valeria told the women, is to look at the different causes and decide which ones you and others in the community can change. Then think about what actions must be done to make the changes happen.**

***Step 11: Decide what actions can make those changes happen.***

**Juanita and Suyapa thought they could get their husbands to use condoms if their husbands understood more about STDs, and if the condoms were not so costly. The actions they decided to take were:**



**Figure**

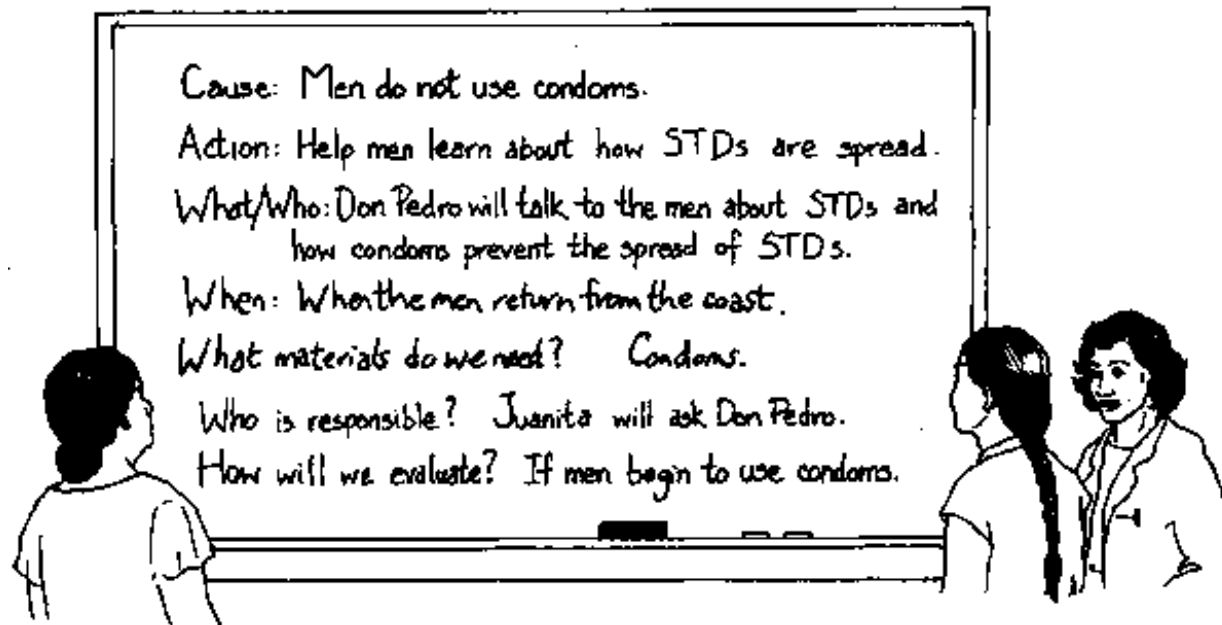
**Other members of the group suggested these actions:**

- **Organize a community group to talk about health problems, and include STDs in the topics discussed.**
- **While women are washing clothes at the river, talk to them about STDs and how to prevent them.**
- **Talk to their sons about STDs before they leave the village to go to the coast.**

## **Step 12: Make a plan for carrying out the actions.**

The last step, said Valeria, is to make a plan to carry out each of these ideas for action. The plan, she said, should answer each of these questions:

- What are we going to do? What steps will we take?
- When are we going to do these things?
- Who are we going to do them with?
- What materials will we need?
- Who is responsible for making sure that the plan is carried out?
- How will we evaluate whether the plan is working?



**Figure**

To help you use this method of solving health problems yourself, here is a chart with a list of all of the steps. On the left are the steps and on the right are the parts of

**Juanita's story that go with each step. Any time you have a health problem you can use this chart to help you remember this method for thinking about and taking action to solve the problem.**

<b>The Steps</b>	<b>Juanita's Story</b>
<i>1. Start with doubt.</i>	<i>1. Juanita noticed unusual discharge from her vagina and pain when passing urine. She asked friends and a health worker for help.</i>
<i>2. Find out as much as possible about the problem. Ask questions.</i>	<i>2. Don Pedro asked her questions to find out what could have caused the problem.</i>
<i>3. Think about all the different illnesses that could be causing the signs.</i>	<i>3. Don Pedro thought about all the illnesses with these signs.</i>
<i>4. Look for clues that can tell you which answer is most likely.</i>	<i>4. Don Pedro tried to find out if an STD could have caused Juanita's illness.</i>
<i>5. Decide which answer is probably the right one.</i>	<i>5. Don Pedro decided Juanita probably had an STD.</i>
<i>6. Decide on the best treatment.</i>	<i>6. Don Pedro chose a treatment that works for several STDs.</i>
<i>7. If there are no results, start over again.</i>	<i>7. Juanita took the pills but did not improve and developed new signs. Valeria thought Juanita had a new form of gonorrhoea, and that she should go to the city for an examination, tests, and other medicine.</i>
<i>8. Look for the root</i>	<i>8. Juanita and her friends thought about the reasons why there was</i>

<i>causes of the problem.</i>	<i>this kind of STD in their community.</i>
<i>9. Put the causes into groups to think about what can be done.</i>	<i>9. The women put the causes into physical, environmental, social, political, and economic groups.</i>
<i>10. Decide which causes you and your community can change.</i>	<i>10. Juanita and Suyapa think they can get their partners to use condoms.</i>
<i>11. Decide what actions can make those changes happen.</i>	<i>11. They decided to practice how to talk to their partners about using condoms, to see if the health center will give out free condoms, and to ask Don Pedro to talk with their partners about STDs.</i>
<i>12. Make a plan for carrying out the actions.</i>	<i>12. They made a plan for each action they decided to take.</i>

## **To the Health Worker**

### **Helping women help themselves**

**In this chapter Don Pedro and Valeria played an important role in helping the women in Juanita's community solve a health problem. The reason that Don Pedro and Valeria were so effective was that they did not tell Juanita and her friends what to do. Rather, Don Pedro and Valeria helped the women learn how to help themselves.**

**You, too, can help the women in your community by following Don Pedro's and Valeria's example. You can:**

- Share your knowledge. To help themselves, women need information. Many**

**health problems can be prevented if people know how. But remember that you do not have to have all of the answers to help people. Many times there are no easy answers. It is fine to admit when you do not know something. The people you work with will be glad for your honesty.**



**Figure**

**◆ Share your knowledge with other women, other health workers, and with the people who make decisions in the community.**

- Treat women with respect. Each person should be treated as someone who is capable of understanding her health problems and of making good decisions about her treatment. Never blame a woman for her problem or for past decisions she has made.**
- Keep health problems private. Health problems should not be discussed where others can hear. Never tell anyone else about a problem someone has unless the person with the problem says it is OK.**



**Figure**

- **Remember that listening is more important than giving advice. A woman often needs someone who will listen to her without judgment. By listening, you let her know you care and that she is important. And as she gets a chance to talk, she may find that she has some of the answers to her problem.**
- **Solve problems with others, not for them. Even when a woman's problems are very large and cannot be solved completely, she usually has some choices she can make. As a health worker, you can help her realize she has choices, and help her find the information she needs to make her own decisions.**
- **Learn from the people you help. Learning how others solve their own**

**problems can help you to help others better (and sometimes yourself, too).**



***You learn from those you help, and those you help learn from you.***

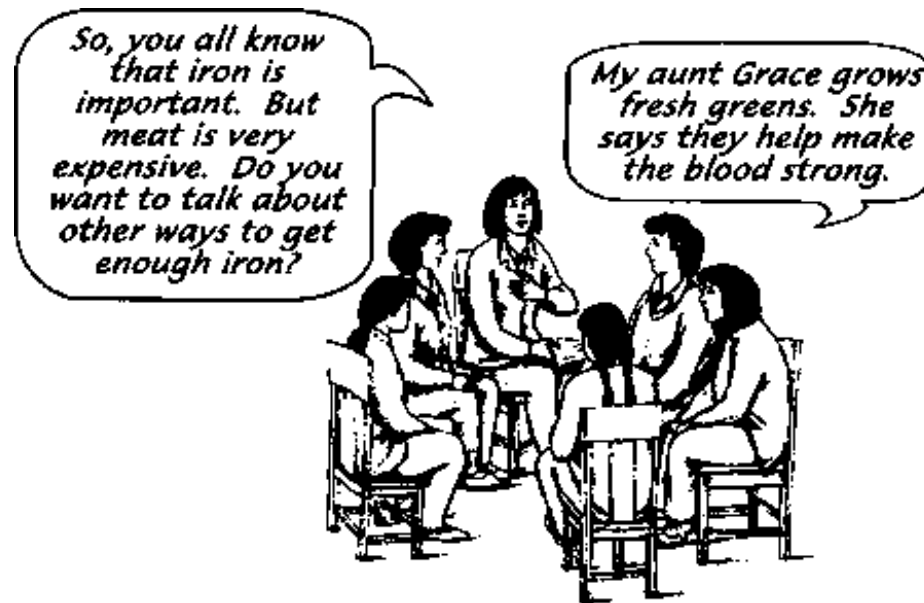
- **Respect your people's traditions and ideas. Modern science does not have all the answers. And many modern medicines come from studying plant medicines and traditional ways of healing. So it is important to respect and use what is good in both methods - and to realize that both methods can cause harm when used in the wrong way.**





**Figure**

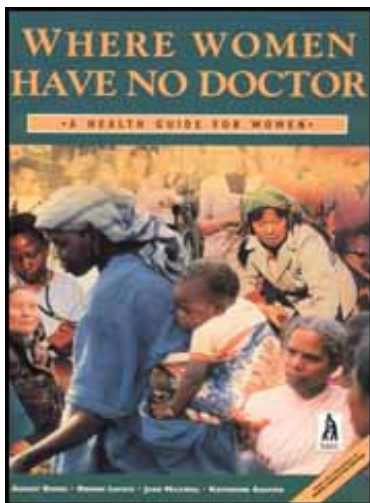
- **Find out what people really want to learn about. It is easy to fall into the trap of giving information without finding out if it will be helpful. This often happens with health workers who give prepared talks. But if you find out exactly what people want to know, they will get knowledge that is useful to them. This also helps them build on their own knowledge.**
- **Plan with people, not for people. When you plan your work, be sure to talk first with women and men in your community. Find out how they view the problem you are working to solve. Together, talk about what they think causes the problem and how they would like to solve it. Working together brings the best results!**



**Figure**



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 **Where Women Have No Doctor - A Health Guide for Women (Hesperian Foundation, 1997, 600 p.)**

  **Chapter 3: The Medical System**

 **(introduction...)**

 **The Medical System**

 **Community health workers**

 **Health posts**

 **Health centers**

 **Hospitals**

- **How to Get Better Care**
  - 📄 **(introduction...)**
  - 📄 **Know what to expect**
  - 📄 **Bring a friend or family member**
- 📄 **If You Need to Go to the Hospital**
- 📄 **Working for Change**

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### **Chapter 3: The Medical System**



**Figure**

**Most people use some combination of modern medicine and traditional remedies to treat their health problems themselves. In many cases, this is all that they need to do. But for some health problems, a woman may need to seek medical advice.**

**◆ *There are times when you cannot treat a health problem yourself. You may need to seek help from the medical system.***

**In most areas of the world, there are 4 different levels of health care: community health workers or traditional healers, health posts, health centers, and hospitals. Together, they are called the medical system. A medical system can include health workers, nurses, doctors, and others. They may be in private practice (charge money for their services), or they may be supported by the community, the government, a church, or another organization. Sometimes they are well trained and equipped - and sometimes they are not,**

**This chapter describes the medical system and how a woman can use it to get help for her health problems. Not every community has each of these 4 levels, and there can be many different combinations of health services that make up the medical system. But no matter what combination of health services is available, women - and all sick people - will get better care if there are good connections between the different levels of health care.**



**Solving Health  
Problems  
Figure**

# The Medical System

## Community health workers



*Figure*

**Some communities have well-trained, skilled health workers. These health workers often work out of health posts or centers, but not all do. Community health workers may or may not have formal training. But by working closely with the people in their communities, they can help prevent many common health problems, and help people treat their problems before they become more serious. A health worker can be trained *to* provide the same services as a health post.**

***◆ When health care is provided by trained health workers within the community, everyone can get better care, for less money.***

### Health posts

**Many communities have health posts. In some places, this level of care is called a**

**clinic or an MCH (Maternal Child Health). A health post should be able to provide:**

- **health information so that everyone can make better decisions about their health.**
- **immunizations or *vaccinations* that can prevent many diseases, including *tetanus*, measles, diphtheria, whooping cough, polio, *tuberculosis*, rubella, and *hepatitis*.**
- **care during pregnancy (prenatal care) that can help a woman find and treat problems affecting her or her unborn baby before they become serious.**
- **family planning services and supplies. Family planning can save lives by helping women control how many children they have, and the amount of time between births.**
- **health exams to help find and treat problems such as weak blood (anemia), high blood pressure, and sometimes *sexually transmitted diseases (STDs)*.**

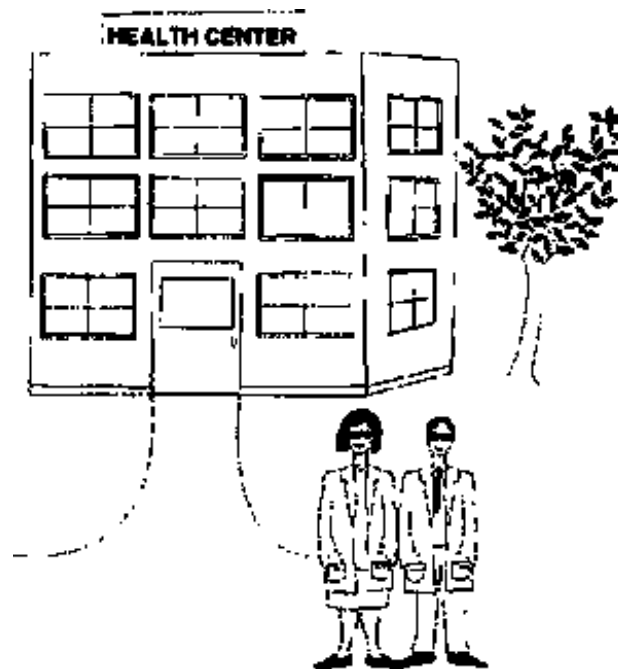


## Figure

### Health centers

Health centers provide a middle level of care. They are usually in larger towns, so people from nearby communities as well as from the town use them. Health centers usually offer all the services a health post offers, and they may also have a few beds where sick people can stay while being cared for.

Health centers are more likely than health posts to have trained nurses and doctors. They are also more likely to be crowded, and the doctors and nurses may know less about the people they see.



Figure

Some health centers have *laboratories* with special equipment. This means they can

**do tests that give more information about the cause of a health problem. Often, however, a person must go to a hospital to have tests done.**

## **Hospitals**

**Hospitals are usually in large towns or cities, and can be expensive. They usually have many doctors and nurses, and special equipment for treating serious illnesses. A person with a serious illness may need to go to a special hospital that can treat certain problems. A woman might need to go to a hospital for:**

- **problems that cannot be treated elsewhere.**
- ***complications* of childbirth or *abortion*.**
- **emergencies such as a pregnancy in the tube.**
- **health problems that require an *operation*.**



**Figure**

***No matter where you go for health care, you should be treated with respect.***



All people who care for your health should do their best to provide you with:

**1. Access.** Everyone who needs medical care should be able to have it. It should not matter where you live, how much money you have, what your religion is, how much status you have in the community, the color of your skin, your political beliefs, or what health problem you have.

**2. Information.** You should be told about your problem and about what the different possible treatments mean for you. The person caring for you should make sure you understand what you need to do to get better, and how to prevent the problem from happening again.

**3. Choice.** You should be able to choose whether or not you are treated, and how. Also, you should be able to choose where to go for treatment.

**4. Safety.** You should be given the information you need to avoid harmful side effects or results of treatment. You should also be told how to prevent dangerous health problems in the future.

**5. Respect.** You should always be treated with respect and courtesy.

**6. Privacy.** Things that you say to a doctor, nurse or other health care worker should not be overheard by others or repeated to anyone else. Exams should be given in a way that other people cannot see your body. If there are other people who need to be in the room, you should be told who they are and why they are there. You have the right to tell them to leave if you do not want them there.

**7. Comfort.** You should be made as comfortable as possible during an exam. You

should also have a good place to wait and not have to wait too long.

**8. Follow-up care.** If you need more care, you should be able to go back to the same person, or be given a written record of the care you have received to take to a new doctor, nurse, or health worker.



**Figure**

## How to Get Better Care

**There are many decisions to make when you have a health problem. One decision is whether to see a health worker, and what kind of health worker you think you need. If there is more than one way to treat a problem, you will need to consider the risks and *benefits* of each kind of treatment before you make a decision. You will be able to make the best decisions - and get the best care - if you can take an active role in working with your doctor, nurse, or health worker to solve your health problem.**



risks and benefits of  
treatment  
**Figure**

## **Know what to expect**

**You will be best able to take an active role in your health if you are prepared and know what to expect when you seek medical care.**

## **Questions about your health**

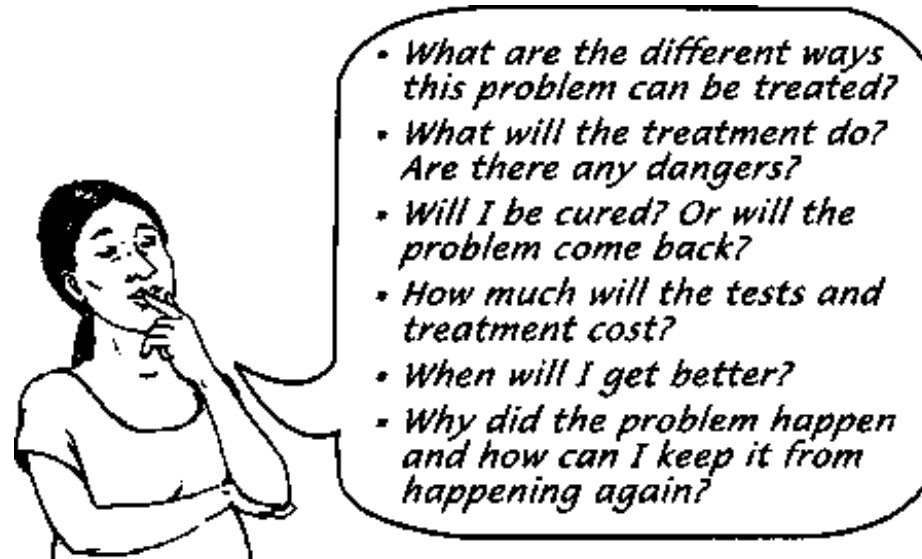
**It is best to learn as much as you can about your health problem before you use the medical system. Reading this book may help you understand your health problem and the possible causes. For help thinking about health problems, see "Solving Health Problems."**

**The doctor, nurse, or health worker who sees you should ask about the problem you are having now and about your past health. Try to give complete information, even if you feel uncomfortable, so that the person asking the questions can learn as much as possible about your health. Always tell about any medication you are taking, including aspirin or *family planning methods*.**

**◆ *It often helps to think of the questions you want to ask before you go for medical care.***

**You should also have a chance to ask any questions you may have. It is very**

**important to ask as many questions as you need to make a good decision about how to solve your health problem. If these questions have not already been answered, you may want to ask:**



**Figure**

**Many doctors and nurses may not be used to giving good information, or they may be busy and not take the time to answer your questions. Be respectful, but firm! They should answer your questions until you understand. If you do not understand, it is not because you are stupid, but because they are not explaining well.**

## **The exam**

**In order to know what is wrong with you and how serious your problem is, you may need an examination. Most exams include looking at, listening to, and feeling the part of your body where the problem is. For most problems you need to undress only that part of your body. If you would feel more comfortable, ask a friend or female health**

**care worker to be in the room with you during the exam.**



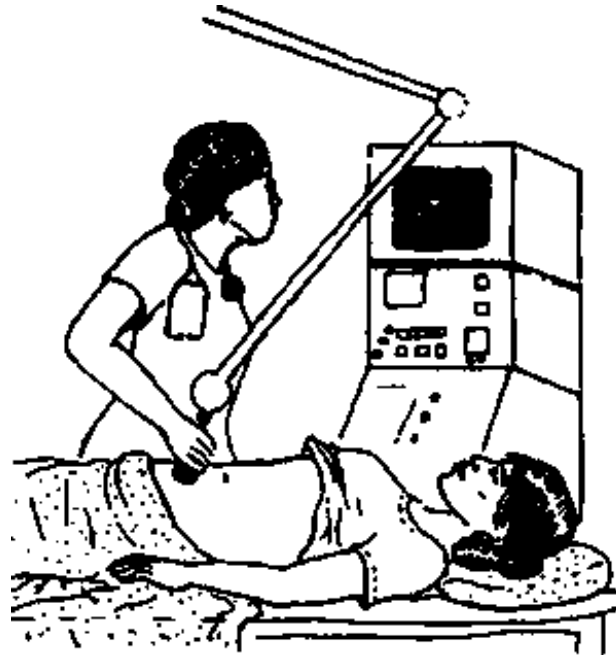
pelvic exam

**Figure**

## Tests

**Tests can give more information about a health problem. Many tests are done by taking a small amount of urine, *stool*, or coughed-up mucus and sending it to a laboratory. Or, a needle is used to take a small amount of blood from your finger or arm. Other common tests include:**

- **taking some fluid from your vagina to test for sexually transmitted diseases (STDs).**
- **scraping cells from the opening of your *womb* (*cervix*) to test for cancer. (This is called a Pap test.)**
- **taking tissue from a growth to test for cancer (biopsy).**
- **using *X-rays* or ultrasound to see inside your body. X-rays may be used to find broken bones, severe lung infections, and some cancers. Try not to be X-rayed during pregnancy. Ultrasound can be used during pregnancy to see the baby inside your womb. Neither of these tests causes any pain.**



***ultrasound machine***

◆ ***X-rays are safe if they are used properly. A lead apron should be used to protect your reproductive organs.***

**Before you have any test, discuss the cost. Ask the doctor, nurse, or health worker to explain what he or she will learn from the test, and what would happen if the test was not done.**

**Bring a friend or family member**

**Many people feel worried about seeking medical care - even for illnesses that are not serious. And when a person is sick, it can be even harder for them to demand the care they need. If another person can go along, it can help.**



***If a woman is very sick, someone who can give information should go with her.***

**A friend can:**

- **watch the woman's children.**
- **help think of questions to ask, remind the woman to ask them, and make sure they are answered.**
- **answer questions if the woman is too sick to talk.**
- **keep the woman company while she waits.**
- **stay with the woman while she is being examined, to support her and make sure the doctor acts in a respectful way.**

## **If You Need to Go to the Hospital**

**If you need to have an operation or you have a serious illness, first find out if it is possible to be treated without having to stay in a hospital. If a hospital is the only place you can get the care you need, this advice may help:**

- **Bring someone with you who can help you get the attention you need and help you make decisions.**
- **Different people may examine you. Each one should write down what he or she did on a card that stays with you. This way the next person who cares for you will know what has already been done.**
- **Before anyone begins a test or treatment, it is very important to ask what they are going to do and why. This way you can decide if you want them to do it and help prevent mistakes.**
- **Try to make friends with the staff at a hospital. They can help you get better care.**
- **If you need to have some kind of operation, ask if it is possible to have an injection to stop pain only in the area being operated on (local anesthetic). It is safer and you will get better more quickly than if you are given medicine to make you sleep during the surgery (general anesthetic).**
- **Ask what medicines you are being given and why.**
- **Ask for a copy of your records when you leave.**



*Operations are sometimes done when they are not necessary, or when a medicine could have worked just as well. Get another medical opinion if you are not sure.*



**Figure**

### **Common operations for women**

An *operation* is sometimes the only answer to a serious health problem. During many operations, a doctor makes a cut in the skin in order to fix problems inside the body or to change the way the body functions. Here are some of the operations women commonly have:

- **Emptying the womb** by either scraping or suctioning (*D and C*, or *MVA*.). Sometimes the lining of the womb must be removed - either during or after an

*abortion or miscarriage, or to find the cause of abnormal bleeding from the vagina.*

- **Birth by operation** (cesarean section or c-section). When complications make it dangerous for a woman or her baby to go through normal labor and birth, a cut is made in a woman's belly so her baby can be born. C-sections can be necessary, but too often they are done for the benefit of the doctor, not the woman. See the chapter on "Pregnancy."
- **Sterilization.** During this operation, a woman's *fallopian tubes* are cut and the ends tied. This prevents her eggs from reaching the womb, so a man's sperm will not be able to make her pregnant.
- **Removing the womb** (hysterectomy). A hysterectomy is a serious operation, so it should be done only when there is no better way to solve your health problem. Ask if you can have your ovaries left in.

## Blood transfusions

A *blood transfusion* may be given in an emergency, when you have lost a lot of blood. It can save your life. But if the blood has not been tested properly, it can carry diseases, such as *hepatitis* or *HIV/AIDS*, that are passed through the blood. Avoid blood transfusions except in cases of life or death emergencies.

If you must have an operation that you know about ahead of time, see if it is possible to have some of your own blood taken in advance and stored at the hospital. Then if you need it, you will get your own blood back. If you cannot have your own blood stored, ask a friend or relative to come with you to the hospital. Be sure she has been tested for hepatitis and HIV,

and that neither she nor her partner has had a new sex partner in the last 6 months. Her blood must also be tested to make sure that it will work in your body.



**Figure**

If you must receive blood from an unknown person and the hospital does not test its blood for HIV, there is a risk that you might become infected. After the transfusion, protect your partner by practicing safer sex for 6 months and then try to get tested for HIV/AIDS. For more information, see the chapters on "AIDS" and "Sexual Health."

## **After you have an operation**

### **Before you leave the hospital, ask:**

- **What should I do to keep the cut clean?**
- **What should I do about pain?**

- **How long should I rest?**
- **When can have sex again? (If you feel too shy to ask this, perhaps the doctor or health worker can talk to your partner.)**
- **Do I need to see a doctor again? If so, when?**



***To keep your lungs healthy and prevent pneumonia, move around if you can. While in bed, take deep breaths and try to sit up often***

**Eat soft, mild foods that are easy to digest.**

**Rest as much as you can. If you are at home, ask your family to take care of your daily chores. A few days spent taking care of yourself can help you get better faster**

**Watch for signs of infection: yellow *discharge* (pus), a bad smell, fever, hot skin near where you were cut, or more pain. See a health worker if you have any of these signs.**

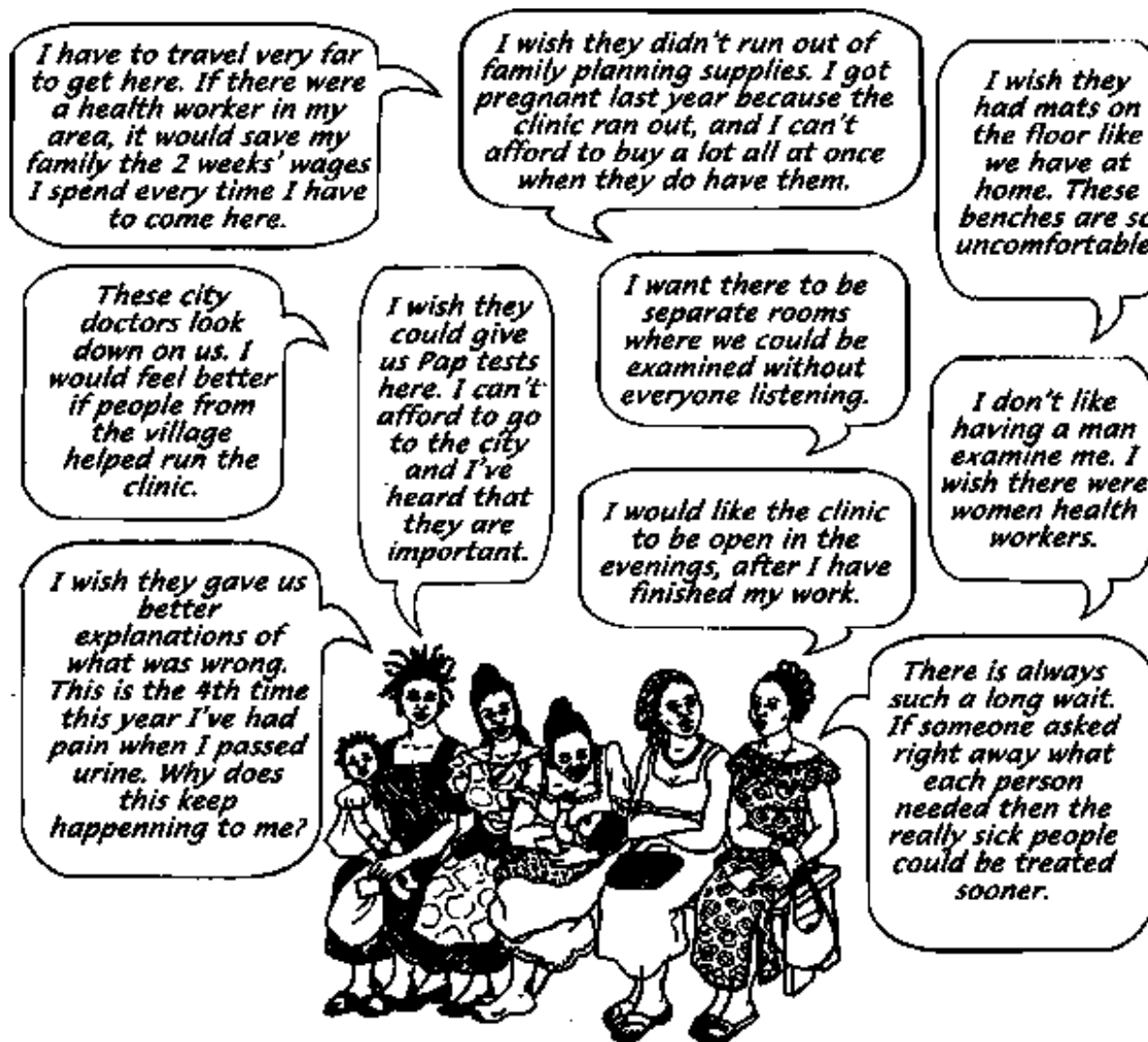
**If your operation was in the *abdomen*, try not to strain the area that was cut. Press against it gently with a folded cloth, blanket, or pillow whenever you move or cough.**

## **Working for Change**

**Millions of people throughout the world suffer and die from illnesses that could have been prevented or treated if they had access to good medical care. And even where health services do exist, there are many barriers that keep women, especially poor women, from using them.**

**But together, health workers and groups of women can change the medical system. They can make it a resource - rather than a barrier - for women as they try to solve their health problems. The medical system will not change on its own, though. It will change only when people demand it, and when they offer creative ways to bring the health care that people need within the reach of all.**

**A good place to begin changing the medical system is by discussing the health care problems that affect people in your community - including lack of access to good care - with other women and men.**



**Figure**

**Women can also work together to:**

- **help every member of the community to learn about women's health problems. For example, you can organize a campaign to explain how important**

**it is that women get good *prenatal* care. If women and their families know about women's health needs, women will be more likely to use the health services that already exist. They will also be more likely to demand that new ones - such as better treatment and screening for cervical and breast cancer - be made available.**



**Figure**

- **see how existing health resources can be improved. For example, if there is already a community midwife, how can she get training in new skills?**
- **find new ways to make health care available. It is important to think about**

**what health services you want to have, and not just what you have now. So, if there is no health worker now, how can one be trained and supported? If there is already a clinic, could it offer new services like workshops or counseling?**

**• share the knowledge each woman has about health care. Women already do much of the 'health work' in the community. For example, it is usually women who care for the sick, teach children to stay healthy prepare food, keep the home and community clean and safe, and help other women have babies. Through this work, they have learned many skills that they can use to care for each other and every member of the community.**

