

# Women's Health Exchange

A resource for education  
and training

A HESPERIAN FOUNDATION PUBLICATION



Issue No. 3, 1998

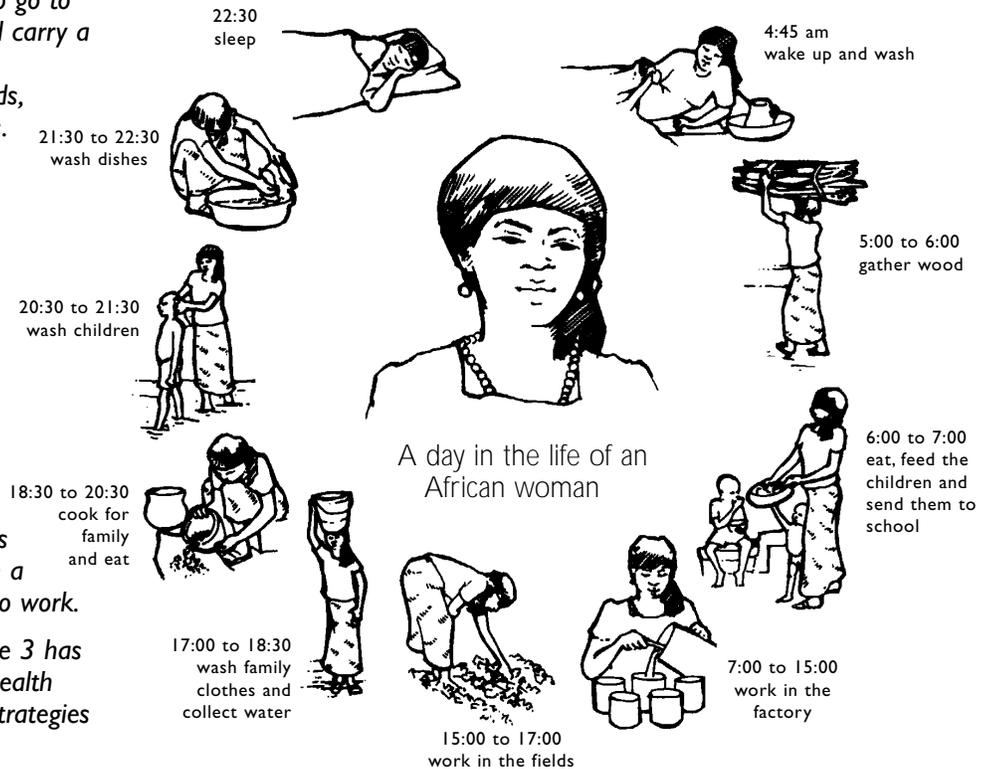
## Women and Work

*A woman's work is never done. Usually the first to get up in the morning and the last to go to sleep at night, women around the world carry a double load, caring for the home and family and working in factories and fields, shops, offices and other people's homes.*

*Everywhere, women's work goes unrecognized and undervalued, and is lower paid than men's (if paid at all). Yet global economic changes—structural adjustment policies, the growing power of transnational corporations, and the economic crises in many poor countries—are forcing more and more women to enter the labor force to support themselves and their families.*

*Naira Khan from Zimbabwe discusses some of the difficult conditions in which a growing number of women are forced to work.*

*The Training Guide that starts on page 3 has ideas to help women workers identify health hazards they face, and includes some strategies for addressing them.*



## Women workers in Export Processing Zones: The impact of work on health

by Naira Khan

Export Processing Zones (EPZs), also called Free Trade Zones, are becoming more common in poor countries. These zones are areas within a country with special import-export rules and other conditions designed to attract foreign investment. Because they can pay very low wages, transnational companies are closing their factories in the industrialized nations and relocating them to these zones. Often, to keep increasing their profits, they move again and again, to whatever zone offers the best deal. Meanwhile, the hoped-for

benefits to the local communities rarely develop. The new factories do not create enough jobs to address massive unemployment, do not pay well enough to support other businesses, and the overall economic benefits, such as transfer of new technology and an increase to a country's total production, are very limited.

Eighty-five percent of the people employed in the zones are single women 16 to 25 years old. EPZ employers believe women are naturally suited for tedious, repetitive, careful work, and are easy to control and manage.

Employers in these factories especially like to hire young women

*please turn to page 8*

### — Inside —

Profile . . . . .	page 2
<i>Women learn to build wheelchairs</i>	
Training guide . . . . .	pages 3 to 6
<i>Workplace health hazards</i>	
New developments in women's health . . . . .	page 7
<i>How soy can help older women</i>	
Creative education grants . . . . .	page 7

# Women learn to build their own wheelchairs in Kenya

by Jane Maxwell

If you have a disability and cannot walk, a wheelchair can change your life! It is a liberating way to move around and have an active life, especially if the wheelchair is easy to use and maintain. But if you live in a community where resources are limited and where wheelchairs are expensive, hard to find, poorly made, and hard to operate (especially in areas where roads are not paved or are not well maintained), an active life for a person who cannot walk can be impossible.

This is even more true if you are a woman. In most poor communities, the few wheelchairs that may be available usually go to boys and men. In Kenya, about 50,000 women need wheelchairs, and only about 5,000 actually have them. And most of the chairs are heavy and hard to move around in, especially on rough roads.

But a group of women in Kenya is trying to change this. Several women



who ride wheelchairs have learned to both build and repair wheelchairs designed especially for their needs.

"A woman needs a chair closer to the ground than a man," says Peninah Mutinda from Kenya. "So much of our daily work is done this way, like sweeping, building fires, cooking, picking up children. But most people who build wheelchairs never think of this. And we need to know how to repair them too. Because if your wheelchair breaks down, you can't go anywhere and you feel like you are sick and helpless."

To help make sure that any woman in Kenya who needs a wheelchair can get one, and that it will be appropriate to where and how she lives, Peninah, together with Jane Kihungi, Florence Migowe and Paul Otando (the only man in the group), all wheelchair builders, started the Handicapped

Mobility Appliances Centre in Nairobi. It's the first disability group in Kenya that is just for women.

At the wheelchair shop, a woman can come and help make her own chair. Her chair will not only be sturdy, but will also be easy for her to maintain and repair using materials available locally. It is also likely to include some special design ideas, such as a shelf between the seat and footrest on which she can carry her child or shopping. The chairs are also lighter and narrower than the usual design so they are easier to get onto buses and trains.

Knowing how to make their own wheelchairs is making the women realize just how capable they are. "I was thinking that I could not manage to do this work because at first I thought it was for men only," said Sherifa Mirembe, who recently made her own chair, "but at last I'm catching up."

And Fatuma Achan, another wheelchair builder, said, "I'm happy that I will not have to take my wheelchair for someone to repair. Now if it is broken, I can repair it myself."

The long-term goal of the Handicapped Mobility Appliances Centre is to see that all people in Kenya who need wheelchairs will have



Fatuma Achan works on a hand rim for her wheelchair

Whirlwind Network News

ones that are suited to their specific needs. And they believe the leadership of women is the key to this. Said Peninah, "If we as women can set an example that women can do this sort of work, then other women will get interested in doing it too, and from there we can work together. We can enable women who have never been mobile to get out of their houses, mix with the rest of society, make a contribution to their families and communities, and fight for other rights."

For information on how to start a wheelchair-building workshop in your community, contact:

**Whirlwind Women International**  
San Francisco State University  
School of Engineering  
1600 Holloway Avenue  
San Francisco, California 94132, USA

Tel: 1-415-338-6277 Fax: 338-1290  
Email: [whirlwind@sfsu.edu](mailto:whirlwind@sfsu.edu)  
Web: <http://thecity.sfsu.edu.wmc>

All people with disabilities need rehabilitation. But disabled women have certain needs because they are women. These needs are rarely included in rehabilitation books. So Hesperian has begun work on a new health care book for women with disabilities. You can help us!

If you are a woman with a disability, someone who cares for a disabled woman, or a health worker who would like to be more useful to the women with disabilities in your community, please let us know the following:

- What topics would you like a health book to include?
- What are the most common disabilities women have in your community?
- What questions do disabled women have about their health?

Also please tell us if you can review or field-test parts of the book. Thank you in advance for your help. We look forward to hearing from you.



# Reducing workplace health hazards

Many dangers on the job are easy to identify, such as falling, being cut or crushed by a machine, or working in extreme heat or cold. Workers may also be aware that they don't feel well because of sore muscles or stress. But other dangers, like chemical hazards or noise, can be less obvious because the harm to a worker's health can be seen only after a long period of time. (See the fact sheet on page 6 for examples of less obvious hazards.)

**Whether they cause problems right away or later, conditions that cause pain, sickness, disabilities or injuries are all hazards.**

It is important for workers to become aware of all the different types of hazards on the job, both obvious and hidden. Then they can identify ways to protect themselves and work together to change the conditions that harm their health.

Women workers are often at greater risk for accidents and injuries on the job because they go to work already tired from many hours of household chores.



## Goals of this training guide

This guide can help an organizer or health educator plan a workshop to:

- raise awareness about hazards to health in the workplace.
- identify ways to reduce workplace health hazards and eliminate or isolate dangerous workplace conditions.

The workshop is best held in the workplace itself. Sometimes employers are willing to help improve worker health and safety. But if the employer is not willing, you can hold the workshop after work or on a day off in someone's home or elsewhere.

It is possible to complete the activities in this training guide in 1½ to 2 hours, especially if the facilitator is well prepared. A meeting will also go faster if the women know how to use maps (see box below), or know solutions to some of the hazards.

Keep the meeting short. This can help persuade an employer to allow a meeting during work time. But even a meeting held outside of work should be kept short, since most women have so little time.



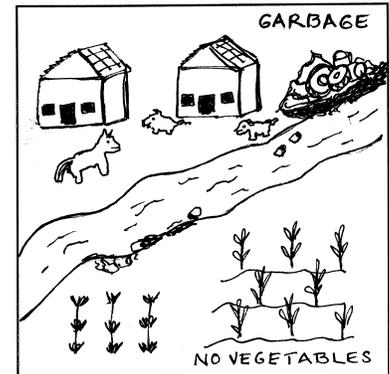
## MAKING MAPS CAN BE A TOOL FOR HEALTH EDUCATION AND ORGANIZING

A map is a picture of a place—a workplace, a community, a country—that uses symbols to show certain things about the place—squares to show houses in a community, blue lines to show rivers in a country, or stars to show dangers in a workplace. Maps can show complex relationships using simple pictures.

Drawing a map that focuses on health is a useful way to collect and share what people in a group know about their health and things that affect it. For example, groups of men, women and youths drew maps

of their village in El Salvador as a first step in a community planning process. By sharing and discussing the maps, the groups identified many issues that affected their health, such as: the lack of clean drinking water and latrines, animals kept in or near the houses, little access to affordable fruits or vegetables most of the year, and men controlling what little cash there was and spending it on their personal needs.

Making maps can also be used to help people plan the way they want their workplaces, communities or countries to look in the future.



For more information about making community maps see:

*Teaching Primary Health Care* Ch. 3 (Uswe, PO Box 13085, Mowbray, Cape Town 7705, South Africa)

For ideas on using maps to discuss women's health issues see:

*Starting the discussion: Steps to making sex safer*, page 53 (Healthlink Worldwide, Farrington Point, 29-35 Farrington Road London EC1M3JB, UK)

Because maps use pictures, making one can include everyone—even those who cannot read or write. And it can be fun!



But sometimes it takes practice for people to feel comfortable drawing maps.



# Learning activities

*This activity works best with a small group of about 5 people from the same workplace. However, it can also be adapted for larger groups, for different workplaces, or for small groups working separately who then come together for a discussion.*

**1. Identify job hazards.** Ask the women to say what specific tasks they do at their jobs. Then ask if anyone has been hurt or has gotten sick from doing these tasks; encourage discussion about this. Then ask the group what they think caused these health problems, introducing the concept of "job hazard" into the discussion (see page 6). Make a list of these job hazards.



I don't draw very well but this actually helps everyone participate. We can all laugh at my simple stick people, and when everyone sees they can draw at least as well as I can, they are more willing to draw too.

**2. Review the hazards** that have been identified and ask the women to organize them, putting together ones that are similar until they have 3 or 4 groups. Write names for the groups of hazards (for example, "Chemical") where everyone can see them.

Ask the women to assign a color to each group or type of hazard and to draw around them with colored chalk or marking pens in the chosen color. Also, draw a simple picture or symbol that represents each group.

Explain that the colors and symbols will be important when they draw the maps. Using different colors and pictures or symbols for each type of hazard makes the different types easier for everyone to remember later, especially for those who do not read well.

**3. Draw a map of the workplace.** Ask the women to describe their workplace in detail and begin sketching a map onto a large sheet of paper. To help the women understand the map, ask them to describe landmarks like bathrooms, furniture, machinery, or where they all sit, and draw those things in as well.

If you have time, you can begin one sample map as a large group activity and then break into smaller groups to draw several maps. This will encourage more discussion and help make sure all of the women can take part in drawing. Leave time for the groups to share their work.

I'm drawing a picture of our work table in blue, because the solvents we use are a chemical hazard. Since all of us are exposed to it during the day I will write in the number 10, for 10 women.

Those solvents cause bad headaches and dizziness so I think you should draw a circle around the table too. And we should circle the drums of solvent in the corner.

Let's draw the supervisor on the map. The way he yells at us and pushes us to work faster makes me nervous, and more likely to have accidents too!



## 4. Draw health hazards onto the map.

Remind the group of the colors and symbols they picked for each type of hazard (in step 2). Ask members of the group to show where a hazard is located in their workplace by drawing its symbol in the right color on the map. If possible, show which hazards are of most concern to the group, either because of the number of workers who are affected or because of the severity of the health problems they cause.

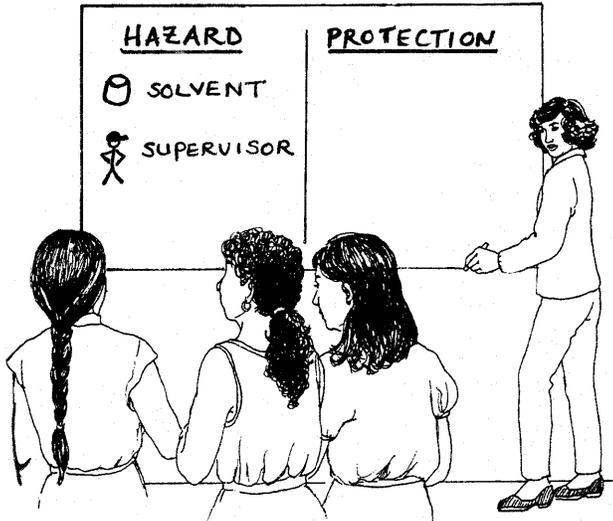
To help identify which hazards are of most concern, ask the group to:

- guess how many workers are affected by the problem and write that number near the drawing on the map.
- draw circles around those problems that concern the group most.

# guide: Making a risk map

## 5. Make a new list of the health hazards.

On a large sheet of paper, make 2 columns. Call one "hazard" and the other "protection." On the hazard side, write or draw a picture to show each of the hazards on the map, starting with the most serious problems.



## 6. Think of ways to protect workers.

Explain that there are different ways to protect workers from a hazard (see the next page for more information). Look at the map and the list of problems of most concern, and ask the group to think of ways to change their workplace or the way they work, to reduce the harm, or practices they could start using to increase their safety. Write or draw pictures of these ideas on the "protection" side of the paper.

## 7. Choose the best means of protection.

If there is more than one idea for dealing with a hazard, ask the group to choose which idea is best. To help the group choose, ask questions such as: "What changes can they make themselves? What changes can they ask their boss, their union, or others to help them make? Which changes will be most effective (usually those that remove the hazard, see page 6)? Which changes will make things more difficult for workers?"

If possible, draw some ideas for protecting workers on the map using a new color.

The group may need help from others to find out how serious a hazard is and what will work best to protect workers. You may want to draw a picture on the map that means "learning more." This is often a first step to protection.



**8. Ask the group to identify steps for making these changes.** Make a plan for when these steps will be taken and who will be responsible for making sure they happen.



When we look at problems together, we can help each other learn. When we act together as a group, we have more power to make changes happen in our workplace!

### Resources for more information about job hazards and making work safer

**Labor Occupational Safety and Health Program at UCLA (LOSH)**  
1001 Gayley Avenue, 2nd Floor, Los Angeles, California  
90024 USA. Tel: +1-310-794-5964 • Fax: +1-310-794-6410

**Labor Occupational Health Program at UC Berkeley (LOHP)**  
2515 Channing Way, Berkeley, California 94720 USA  
Tel: +1-510-642-5507 • Fax: +1-510-643-5698

LOSH and LOHP provide information about job hazards and publish educational materials, including these, from which this training guide was adapted:

- *Risk Mapping: A group method for improving workplace health and safety*, from LOSH.
- *Protecting Workers From Job Hazards*, a Health and Safety Training Kit, one of several available in English, Spanish, Korean, and Chinese from LOHP.
- *The Right to Understand: Linking Literacy to Health and Safety Training*, from LOHP.

**Maquiladora Safety and Support Network**  
Box 124, Berkeley, California 94701 USA  
Tel: +1-510-558-1014 • email: gdbrown@igc.apc.org

Provides information on hazards and organizes health and safety workshops for workers.

**International Labour Organization (ILO)**  
4, rue des Morillons, CH-1211, Geneva 22, Switzerland  
Tel: +41- 22-799-6111 • Fax: +41-22-798-8685 • www.ilo.org

Promotes international standards for worker safety and health.

**Local and international unions, environmental health organizations, and health care providers** may also be able to provide information about specific job hazards and how best to protect workers.

**Chapter 26 of *Where Women Have No Doctor***, available from the Hesperian Foundation, also has information on work-related health problems.

Sarah Shannon worked with the following contributors to develop this guide (also see box above): Marianne Brown from LOSH in Los Angeles; David de Leeuw from Oakland Health Academy in California; Leslie Gates from American Friends Service Committee, Arizona; Michele Gonzalez-Arroyo from LOHP in Berkeley; Reyna Montero from Casa de la Mujer in Colombia; Carlos Porras from Community for a Better Environment in Los Angeles; Dazzle Rivera from Arugaan Ng Kalakasan in the Philippines; and Janie Skinner from Transforming Communities: Technical Assistance & Training, in California.

— WHAT ARE JOB HAZARDS? —

*Job hazards* are conditions at work that can cause harm to workers—pain, injury, sickness, disability.

— 4 BASIC TYPES OF HAZARDS FOUND AT WORK —

<p><b>Chemical</b></p> <ul style="list-style-type: none"> <li>• cleaners or solvents</li> <li>• acids or caustics</li> <li>• dusts (like asbestos, silica or wood)</li> <li>• metals (lead, arsenic, mercury)</li> <li>• pesticides</li> <li>• resins</li> </ul> 	<p><b>Ergonomic</b></p> <ul style="list-style-type: none"> <li>• repeating the same motion too many times</li> <li>• heavy lifting</li> <li>• staying in one position too long or working in a difficult position</li> <li>• having to use too much force, or pressing against a hard surface or edge (as with a tool)</li> </ul>	<p><b>Poor workplace conditions</b></p> <ul style="list-style-type: none"> <li>• noise</li> <li>• vibration</li> <li>• radiation</li> <li>• heat or cold</li> <li>• infectious diseases</li> <li>• mental stress</li> <li>• harassment</li> <li>• too much work</li> </ul>	<p><b>Accidents</b></p> <ul style="list-style-type: none"> <li>• electrical dangers</li> <li>• fire and explosion risks</li> <li>• unsafe or poorly maintained machines or vehicles</li> <li>• poor lighting</li> <li>• poor housekeeping (messy areas, slippery floors)</li> </ul> 
--	---	--	---

— HIDDEN HAZARDS —

Here are some examples of less obvious job hazards:

**Ergonomic hazards (see above):** Poor work design sometimes causes pain that can seem bearable for a short while. But over time it can become severe, causing injuries so serious the person cannot work at all.

**Stress:** Too much frustration, fear or anxiety causes stress, which can lead to high blood pressure, heart disease, and mental health problems. Working conditions that cause stress include too much work, pressure to produce more, discrimination and harassment, fear of losing a job, and being forced to work extra hours or at night.

**Chemical hazards:** Chemicals can have a wide range of noticeable harmful effects, including headaches, dizziness, nausea, shortness of breath, and skin irritation. But they can also cause cancer, seizures and organ failure (especially of the liver and kidneys). Because many dangerous chemicals cannot be smelled, seen or tasted, you cannot rely on your senses alone to tell if you are working with harmful ones.

**Noise:** Too much noise causes hearing loss. If you have to shout to be heard at work, have ringing in your ears, or find that you do not hear as well after work, noise may be a hazard.

— TO PROTECT WORKERS —

First, identify hazards at your workplace:

- Think about health problems you and your co-workers have.
- Learn about the materials used at work (for example, look at chemical container labels and try to find out if any of them are dangerous).
- Learn about working conditions that are common health hazards.

(See the Resources box on page 5 to get more information on how to learn about different types of hazards.)

There are 3 main ways to protect workers from hazards:

- 1. Remove or contain the hazard.** *Examples:* Redesign machines or change the layout of the workplace, use safer chemicals, change how the work is done, install ventilation.
- 2. Reduce exposure to the hazard by managing it carefully.** *Examples:* Rotate jobs so no worker is exposed to a hazard for a long time, vacuum or sprinkle water often to reduce dust, cover chemicals tightly, keep areas tidy, provide rest periods.
- 3. Use protective clothing or equipment.** Protective equipment—including respirators, safety glasses, dust masks, gloves, cover-alls, hard-hats, and other safety gear—is better than nothing. But remember, all it does is put a barrier between the worker and the hazard. This barrier may or may not be effective, and it may not always be available.

The best protections are ones that remove or contain the hazard. Managing the hazard carefully and using safety equipment can provide some protection, but removing or containing the hazard are best, because they make it impossible or very unlikely for a worker to be exposed to the hazard—even if managers or workers do not do what they are supposed to.

For instance, if a safe chemical can do the same job as a dangerous one, this is a better way to protect workers than rules about how to use the dangerous one, or having workers wear gloves or masks. This is what we mean when we say:



# Creative Education Fund's first grants

A wide range of projects has received Creative Education Fund grants in the first period. Many of the groups are fairly new and will benefit greatly from the US\$1,000 grant. Here are brief descriptions of some of the groups and their projects:

## Blossom (for Art, Culture and Human Development), India

Blossom's activities include using clowns (actors with painted faces, and fancy, colorful costumes) who give free public performances to both entertain and educate about social injustice and poverty. The CEF grant will help the clowns give performances in match and firework factories to teach the women working there about ways to stay healthy, and how to prevent sexually transmitted diseases and HIV/AIDS.

## Galayar Namit Group, Thailand

This group's mobile slide show and radio program will bring information on living with HIV and AIDS to people who live in remote villages. Women will benefit, because many of them have HIV and AIDS, and also because women generally take care of people with the disease.

## Evergreen Vegetable Growers Organization (EGEVETO), Ghana

EGEVETO will produce a weekly radio program on women's health in the Akan language using the book *Where Women Have No Doctor*, and will work with local women to develop radio programs on topics such as breast feeding, sexually transmitted diseases, early detection of cervical cancer, and environmental health.

## Gemina, Argentina

Gemina will produce an educational booklet on cervical cancer which volunteers will distribute at a local hospital to women who come in for Pap tests. Gemina hopes that these women will share the booklets with their neighbors and friends and that this will encourage them to also come in for Pap tests.

## Center for Urban and Rural Development (CEPDUR), Peru

CEPDUR will produce a manual and poster on reproductive health, sexually transmitted diseases, and HIV/AIDS. These materials will be used in a 2-month training program on women's health with groups of women, youth and health promoters.

### — New developments in women's health —

## Natural help for problems caused by menopause (the end of monthly bleeding)

Feeling hot or sweaty (also called 'hot flashes') is one of the most uncomfortable signs of menopause for many women. Some women feel so uncomfortable during a hot flash that they cannot continue their activities until it passes.

Menopause can sometimes bring other changes in a woman's body. Her bones may become very weak and break easily, her skin may become dry, and her vagina may become smaller and drier. Some women face an increased risk of heart problems or a stroke.

Some older women are now told to take hormones (estrogen and progestin) when they reach menopause. This is called 'hormone replacement therapy', or HRT. For many women, HRT is helpful. It eases their hot flashes and dryness, and helps them remain active and healthy long after menopause. But sometimes HRT causes side-effects like nausea and headaches, and it can increase some women's risk of getting breast



cancer. Also, the medicine is expensive and women are often told they should take it for the rest of their lives.

### Natural relief

Another way women have been able to get relief from problems caused by menopause is by eating or drinking foods made from soy, a plant that contains natural estrogens.

Many people already drink and eat foods made from soy everyday. These foods include soy milk, tofu (a cheese made from soy milk), soy nuts (roasted soy beans), and soy flour. In some

places, you can also find TVP (textured vegetable protein), a soy food which can be used in place of meat. Soy foods are often not expensive and are good for everyone in the family.

### How much soy do you need each day to help with menopause?

For discomfort from hot flashes and dryness:	1 to 2 portions
To have less risk of breast cancer:	1 to 2 portions
To have less risk of heart problems or stroke:	2 to 5 portions
To keep bones strong:	3 to 8 portions

### How much is a portion?

- 1 portion = 1 cup of soy milk
- 1/2 cup of tofu
- 1/3 cup of soy beans or soy nuts
- 1/3 cup soy flour
- 1/4 cup TVP



## Hesperian releases *Un libro para parteras*

### Spanish edition of *A Book for Midwives*



Hesperian is delighted to announce the release of *Un libro para parteras*. The book covers prenatal care, staying healthy during pregnancy, obstacles to health, normal childbirth, sterile technique, emergencies and complications, problems of the newborn, and breastfeeding. The book also provides information on family planning, the treatment and prevention of sexually transmitted diseases, and includes a special section on making teaching aids.

*"Many rural and poor women in Latin America depend on midwives to fill their prenatal health and birthing needs. But midwives need to be trained. A Book for Midwives is excellent for training because its language is simple, down-to-earth, and it keeps the birthing woman at its center. We need a Spanish version not only for midwives, but for trainers, service providers, and agencies working with midwives in Latin America."*

—Emma Ottolenghi,  
The Population Council, Guatemala

## Women workers and EPZs: The impact on health continued from page 1

from rural areas, believing they are more likely to take orders, accept low pay, have fewer bad habits (such as being late for work), and are less likely to join a labor union. Employers often describe them as docile and cheap workers with nimble fingers. In addition, unmarried women are seen as more productive, because they have fewer responsibilities at home.

On the other hand, factories in EPZs do give young women the opportunity to enter the labor market, which they might not otherwise have done. Traditionally, women have had to stay at home, do domestic work, or farm.

Work in the factories, however, does not usually turn out to be as attractive an alternative as the young women hoped. What they find are low wages, no job security, long hours of work, having to sit for many hours, not being allowed to get pregnant, and not having any chance to better their skills or get more education. Also, these young women often experience sexual harassment from their employers.

Many young women live in unclean and over-crowded dormitories. Combined with bad working conditions (poor ventilation, dim lighting, loud noises, exposure to dangerous chemicals and machines) and a lack of health care services, this puts the women at great risk for many health problems (like back pain, hearing loss, breathing problems, rashes, vision loss, poisoning and stress).

Women are especially at risk for many of these hazards. Because of their low level of education, low status and multiple roles as child bearer, homemaker and provider, women are socialized to accept bad work situations and to neglect their own needs. Few workers get information on job-related health hazards. But even when problems are obvious, or information is available, women are less likely to demand safer conditions. So the woman who irons clothes in a factory 9 hours a day, 6 days a week may understand very well why she has a pain in her back all the time, and the woman who types at a computer all day may know why her wrists have started to hurt. But they also need to know how to protect themselves, and how to convince their employer to allow them to do so.

It is possible to prevent many workplace health problems. Some workplaces have learned about common hazards and have taken steps to protect their workers. For example, they may reduce the amount of time a worker is exposed to a potential hazard, use safer chemicals, or provide protective clothing or safe eye coverings.

It is part of our job as health care workers to raise awareness among workers and their employers since awareness is the first step toward making changes in workplace conditions. With more information about the damage these hazards can

cause, and how workers can be protected, women in the workforce can begin to work together to create and demand safer conditions and better health.

***Naira Khan coordinates research and public education programs on women workers' rights and child sexual abuse in Harare, Zimbabwe.***

**The Women's Health Exchange is a publication of the Hesperian Foundation.**

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

**English-language editor:** Jane Maxwell

**Spanish-language editor:** Elena Metcalf

**Coordinating editor:** Susan McCallister

**Design and Layout:** Lora Santiago

*This issue of the Women's Health Exchange was produced with the help of Hilary Abell, Todd Jailer, and Jenny Kern.*

*Training guide: Sarah Shannon, with Marianne Brown, David de Leeuw, Leslie Gates, Michele Gonzalez-Arroyo, Reyna Montero, Carlos Porras, Dazzle Rivera, Janie Skinner*

*Logo: Sara Boore*

*Artists: Sara Boore, Barbara Carter, Heidi Broner, Regina Faul-Doyle, Susie Gunn, Anna Kallis, Delphine Kenze, Lora Santiago*

**For more information, contact:**

**The Hesperian Foundation**  
1919 Addison Street, Suite 304  
Berkeley, California 94704 USA  
tel: 1-510-845-1447, fax: 1-510-845-9141  
whx@hesperian.org

**Please visit our new website—**

**www.hesperian.org**

