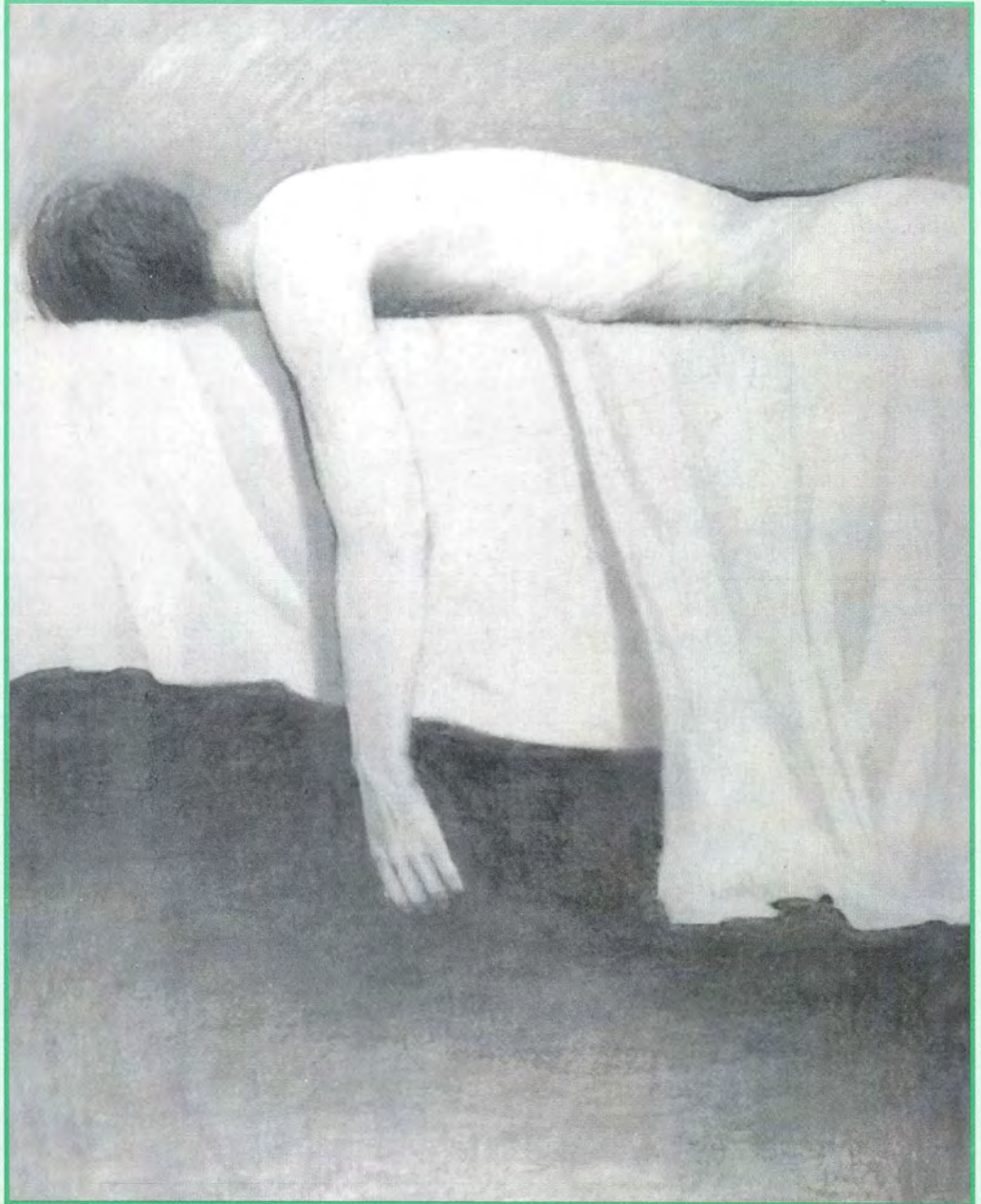


A quarterly journal

AL-RAIDA

**Arab
Reactions to
the Cairo
Conference
on
Population
&
Development**

**Interview
with
ETEL
ADNAN**

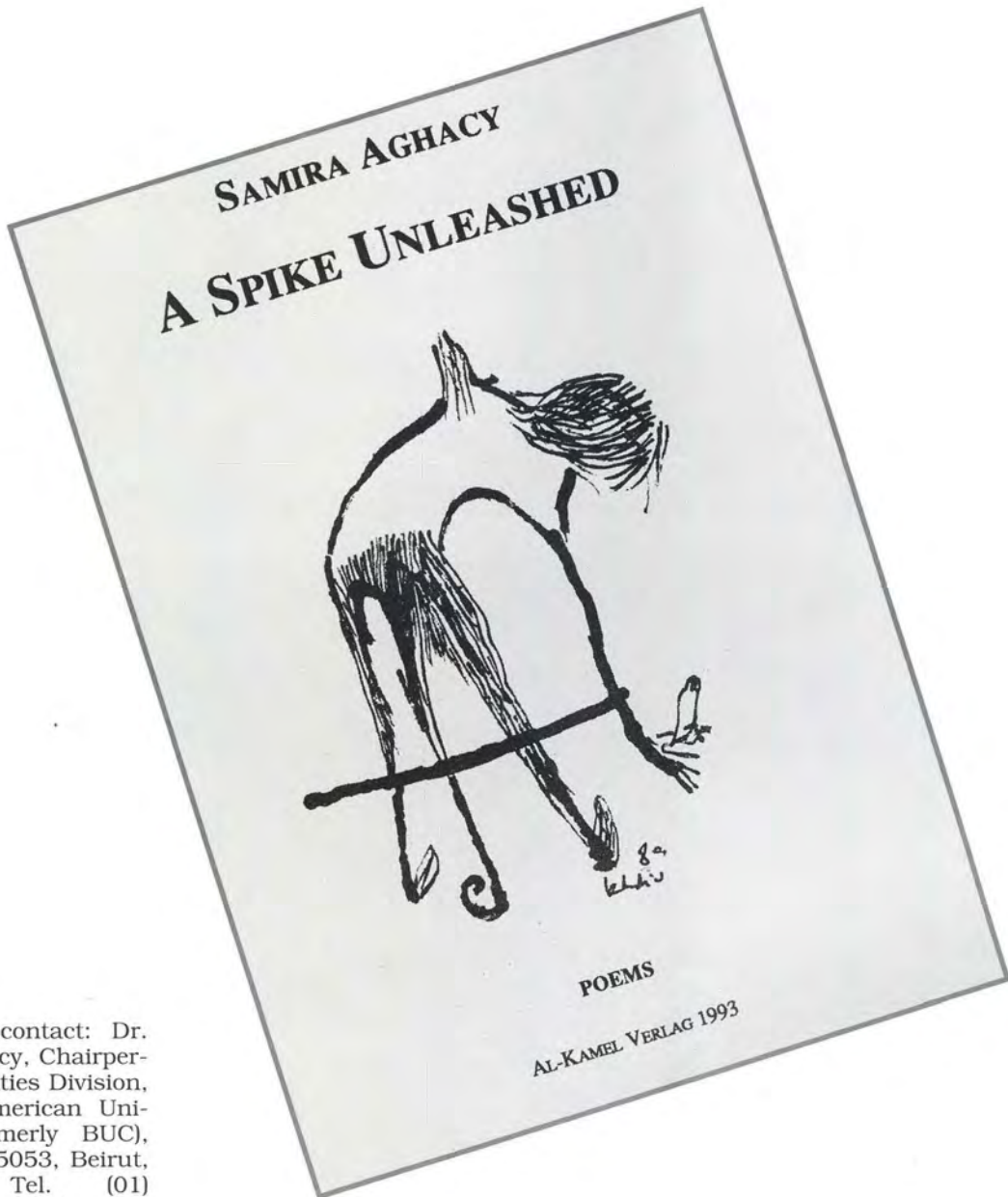


**File:
WOMEN'S HEALTH IN LEBANON**



NEW RELEASE

by a staff member
of the **Lebanese American University**,
(Formerly Beirut University College)



To order contact: Dr.
Samira Aghacy, Chairper-
son, Humanities Division,
Lebanese American Uni-
versity, (formerly BUC),
PO. Box 13-5053, Beirut,
Lebanon. Tel. (01)
867618 ext. 170, 171.
Fax (01) 867098

NewsBriefs

Laws regarding women's rights that have been amended in the Lebanese Legislation

- 1953. The right to vote.
- 1959. Equality in inheritance.
- 1960. The right to choose one's nationality upon marriage.
- 1974. Freedom of movement.
- 1983. Elimination of the penal code attached to use of birth control.
- 1994. The Laws of Medical Ethics on Therapeutic Abortion stipulate strict penalties against the doctor and the patient performing an abortion. The legal exception applies only when the life of the mother is in danger.
- 1994. A woman's legal and public testimony is considered equal to the man's (previously the testimony of a woman was equated with half the man's thus requiring the testimony of two women vis-a-vis one man).
- 1994. The Lebanese Cabinet canceled articles 11, 12, 13, 14, of commercial laws stipulating a married woman's need for her husband's permission to have a business endeavor (article 11). The husband is not bound to this permission and may reverse it. However, according to article 12 he must offer just reasons for this reversal and the wife has the right to request their evaluation by the court (article 12). A woman is legally allowed to carry on the necessary tasks in managing her business once she has received permission from her husband (article 13). The law also stipulates that a woman engaging in business must receive her husband's permission even if the personal status code pertaining to her religion does not stipulate this requirement (article 14).
However, the husband reserves the right to protest.

Kuwait ratified the Convention for the Elimination of All Forms of Discrimination Against Women in a Royal decree but the Cabinet held reservations over some articles:

Article 7(a) stipulating the elimination of discrimination against women in the right to vote in all elections and public referenda and to be eligible for election to all publicly elected bodies.

Article 9(2) stipulating that State Parties shall grant women equal rights with men with respect to the nationality of their children.

Article 16(f) which stipulates the same rights and responsibilities with regard to guardianship, wardship, trusteeship, and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount.

Kuwait declared that it will not be committed to report, to the International Court, any discrepancies or conflicts that may arouse from the understanding or implementation of the convention.

Our source: the newsletter of the Awal Women Society and the Association for the Advancement of Bahraini Young Women (established in 1955).
The Bahrain Young Ladies Association can be reached at:
P.O.Box 26726, Manama, Bahrain. Tel. 262237.



The number of women who are parliament deputies in the world has decreased according to 1993 statistics compiled by the Inter-national Parliamentary Association.

Women occupy an average of 10.1 percent of parliamentary seats, compared to a recorded average 14.6 percent in 1988. There are 35,884 deputies in the world of which 2,626 are women. In the Island of Seashell in Finland, the women-to-men ratio in parliament is almost equal with women averaging 45.8 percent in 1993. Finland is followed by Norway, Sweden, Denmark, Holland, Iceland, Cuba, Austria and China where they form 21 percent of parliament. There are 11 countries who do not have women deputies in their parliaments.

Our source: the newsletter of the Awal Women Society and the Bahrain Young Ladies Association.

AWARD *Riyadh, Saudi Arabia, April 3, 1994. **Wadad El-Qadi, Ph.D., was awarded the King Faisal International Prize for Arabic Literature.** Wadad El-Qadi was honored for her outstanding academic and literary achievements in the study of Arabic and Islamic literature. She is professor of Arabic Language and Islamic Studies at the University of Chicago as well as the Director of the Department of Semitic Languages. Her achievements include teaching positions at The American University of Beirut, Harvard, Columbia and Yale Universities. She is member of a number of international academic associations.

AL-RAIDA

About Al-Raida...

The purpose of Al-Raida:

Al-Raida is published four times a year (quarterly) by the Institute for Women's Studies in the Arab World, Lebanese American University (Formerly BUC), P. O. Box 13-5053/59, Beirut, Lebanon Tel. (01) 867 618 ext. 288 Fax (01) 867 098; or c/o Lebanese American University (Formerly BUC), 475 Riverside Drive, Room 1846, New York, NY 10115, USA. Tel. (212) 870-2592, Fax. (212) 970-2762.

Purpose and Content: To promote networking between Arab women and women all over the world; To research and examine the conditions of women in the Arab world, social change and development; To report the activities of the Institute for Women's Studies in the Arab World and Lebanese American University (Formerly BUC). Each issue includes a File discussing a particular theme, in addition to articles, studies, interviews with prominent women, book reviews, art news, bookshelf, and a news-brief page.

Reprint Rights: All unsigned articles may not be reprinted without proper reference to Al-Raida. Permission to reprint signed articles must be secured from the Institute for Women's Studies in the Arab World, Lebanese American University (Formerly BUC).

Submission of Articles: We seek contributions from anyone engaged in research, analysis, and study on Arab Women. Contributions are not to exceed five double-spaced pages. Please send diskette and hard copy. We reserve the right to edit as needed, in accordance with our space limitations and guidelines. Contributions should not have been published elsewhere.

Subscription: Annual subscription fee to Al-Raida extends from January - December. Upon payment of subscription fee of \$25.

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	Gender, Sickness and Healing in Rural Egypt <i>Cover-Illustration by Doris Mukaba, 1986. Doris is a BUC graduate of Fine Arts. She exhibited this painting at the Pratt Institute in Brooklyn, (1986).</i>	

AL-RAIDA

**Institute for Women s Studies
in the Arab World
Lebanese American University
(Formerly BUC)
P. O. Box 13-5053/59
Beirut, Lebanon
Tel. (01) 867099
Fax. (01) 867 098**

Founder: Dr. Julinda Abu Nasr
Editor-In-Chief: Randa Abul-Husn

Advisory Board:

Dr. Mona Amyuni
American University of Beirut
Dr. Nadia El-Cheikh
American University of Beirut
Ms. Mona Khalaf
Beirut University College
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IWSAW

Editorial

AL-RAIDA

A Platform for Change

The sufferings of battered women in Lebanon have gone beyond the pages of **AL-RAIDA** (Spring/Summer issue (#65/66, 1994). Activists, social workers, concerned humanitarians, as well as otherwise silent victims have voiced their intention to come out together and join the newly established organization for battered women in Lebanon which was announced in the above issue. Battered women in Lebanon may have been given a chance to get heard and the importance of sustaining efforts at raising awareness on the matter has been stressed. The File on "Battered Women in Lebanon" turned out to be an inspiration for more articles and coverage in the local newspapers. Hence, *L'Orient Le Jour* (8/10/94) and *Al-Arwar* (30/10/94) two leading dailies, published a lengthy article, each, about battered women's plights in Lebanon. The File was also reviewed in *Campus*, a rather unconventional weekly for Lebanon's University Community and a publication that successfully reaches the highest number of students. For added emphasis and for your information, we include the United Nations Declaration for the Elimination of Violence Against Women, in this issue.

AL-RAIDA is an active and responsible platform for change dedicated to improving the quality of women's lives in the Arab World. You can be a part of this development and submit addresses, individual and institutional, for greater networking. You can write to **AL-RAIDA**, suggest issues and topics that you feel need to be addressed by Arab women. You can also contribute articles, photographs, and of course in spreading **AL-RAIDA** around.

We invite women, scholars and activists from the Arab World to respond to our call for networking. A regional scope is a must if effective change is to be achieved. We invite those who have important information, data, stories about Arab women to share them with the world through **AL-RAIDA**. Future files will address Arab Women and Education, Arab Women in Agriculture, and Income Generating and Credit Facilities for Arab Women. Join us in our journey.

The present FILE discusses women's health in Lebanon. It includes the testimony of a very close and dear friend of the Institute who suffers from breast cancer. Evelyne Accad shares her experiences with you. "Women know very little about their health. I want to discuss my story because I think it is important for them to know about the dangers of cancer." she said over and over again as she sat writing the article on our Macintosh. The other articles in the file discuss the spread of HIV/AIDS in Lebanon and the Middle East, and the results of a questionnaire that examines health awareness among Lebanese Women. The FILE also contains Arab reactions to the Cairo Conference on Population and Development that took place in September 1994. Non-File articles include the usual variety of topics and, new in this issue, an international calendar of conferences until the Spring of 1995 (excerpted from the Conference Calendar distributed by the International Women Tribune Center).

— Randa Abul-Husn

AL-RAIDA

About (IWSAW)..

IWSAW - The Institute for Women's Studies in the Arab World was established in 1973 at the Beirut University College. It began with a grant from Ford Foundation with Dr. Julinda Abu Nasr as its Director.

Objectives of IWSAW: To serve as a data bank and resource and advance a better understanding of Arab women and children. To promote communication among individuals, groups and institutions concerned with women and children in the Arab world. To improve the quality of life of Arab women and children through educational and development projects. To enhance the Lebanese American University (Formerly BUC).

IWSAW projects:

Conferences: The Institute organizes local, regional and international conferences, seminars and lectures to discuss issues of concern to women in the Arab world.

Women's Documentation

Center: IWSAW houses the Center, in the Stoltzfus Library of BUC. It holds books and international periodicals.

IWSAW publications on women include books, and the status, development and conditions of Arab women in addition to Al-Raida. Eight children's books with illustrations and two guides, one for setting up children's libraries and the second for writing and illustrating children's books have also been published.

Income Generating Project

consists of workshops and job assistance to women in war-stricken families.

The Basic Living Skills

Projects is a non-formal integrated educational program for semi-literate women to be used in development projects.

Additional projects include: **The Rehabilitation Program for Children's Mental Health; Teaching for Peace; and The Portable Library Project** that received the Asahi- Reading Promotion Award in 1994.

ETEL ADNAN

Interviewed by Randa Abul-Husn

In painting
she
expresses
the happy
side of
herself and
in writing
and poetry,
the tragic
side. I did
not paint
the
Lebanese
war, she
explained,
but I wrote
about it.

When she was seventeen she wanted to become an architect, but her mother was horrified, **it's a man's job** she had said. Consequently, Etel Adnan went to L'Ecole Superieure Des Lettres, a literary school in Beirut. Her mother's attitude and concurrently that of society created a barrier between Etel and her parents, and she dreamed of leaving the country.(1) Eventually, she got a scholarship and went to the Sorbone in Paris and then on to Berkeley and Harvard in the United States of America.

Etel Adnan is a writer and a painter. She discovered her talent in painting later in life, for her mother had discouraged her as a child. She had told her that she was clumsy with her hands and Etel believed her.(2) It was not until she was 33 that Etel was introduced, through Ann O'Hanlon, to the experience of painting.(3)

When Etel went to the U.S. she could not speak English so she decided to paint. **They did not teach me Arabic in French school, so I said I would also paint in Arabic. I found painting to be an international language beyond languages.**

Etel Adnan, the writer, is also a novelist, essayist and a poet. She writes in English and has composed in French. She says that she likes writing but

had not planned on a profession in it. **I still like architecture. It is complete, both socially and visually. Writing, although complete in a different way, is sometimes more like storytelling.**

In painting she expresses the happy side of herself and in writing and poetry, the tragic side. If you notice, **I did not paint the Lebanese war, she explained, but I wrote about it.** She is always and constantly negotiating what she calls the two poles,(4) the two cultures of her birth as the daughter of a Greek Christian mother and a Syrian Moslem father, in addition to the heritage of having been brought up in Beirut. She has had some struggle with her Arab identity, and in many ways still does.

Etel writes her discontents with history, wars, society, and gender relations. She uses each language and its corresponding culture as her battle ground. Towards the end of the 50s, she stopped writing in French for a while as a symbol of protest against the French occupation of Algeria and in support of the Algerians in their struggle for independence. **I like English, I prefer it to other languages because I find it more adventurous, and it has a beautiful sound. I like languages just as I like colors.**

Etel told me that when she began writing poetry in the 60s & the 70s, her poems converged on political issues. She addressed herself to the Palestinian issue, **which was an Arab problem**, she said. Her recent poems are more personal. **There isn't much that I can say about politics now. Ten or twenty years in history are not much. Some of the details may have changed, but in general, they do not**, she said. **For instance, the French started the crusade against Islam, followed by the German and British. I don't think this has changed, it is only presented in a different way. Terms may have changed but the facts remain the same.**

It was only recently that Etel made her peace with France, the French language and culture for their colonial overbearing on the cultural identity of their protege. *I wanted to settle my account with France. I loved Paris as a city and I resented it because of its colonial system, a system that destroyed the identity of the people* (that were colonized). *I discovered that it did not have to be a problem. I can enjoy the things that I like about France and reject the things that I dislike.* In her book **Paris, When It Is Naked**, Etel made her peace with France after years of residence in the U.S. (now travels between Paris, the U.S. and Lebanon). **Paris, When It Is Naked** is the testimony of a lover whose conscience is stricken, whose awareness has been pierced by the fruit of other knowledge and experience. The lover is Adnan herself, the object of her desire is Paris and the forbidden fruits are her past and present allegiances.⁽⁵⁾ *I have solved one of the most important problems in my life,* she said at the end.

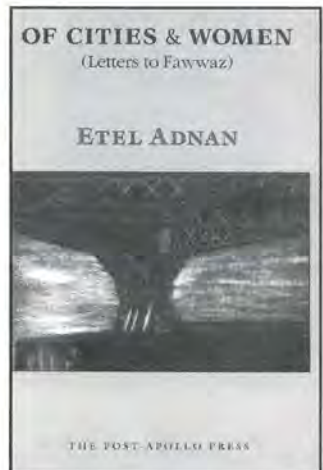
The idea of her other recent book, **Of cities and Women (Letters to Fawwaz)**, reveals Etel's sensual disposition when dealing with international issues. The idea began when Fawwaz Trabulsi, a close friend who had an Arabic magazine in Paris (Zawaya) had asked her to write an article about Feminism. *I told him that I did not want to write an academic paper because women cannot be confined to theory. I told him that I*

was going to Spain and will send him a letter because it is a free form of writing. In a letter you are freer, you can wander around, and you can contradict yourself. So I sent him a letter from Barcelona on June 5, 1990. When I came back to Paris, I discovered that his magazine had gone bankrupt and been shut down, but I was already interested in the project. I told Fawwaz that I would send him letters from different cities as I visit them. Hence, I wrote him from Scapulas, an island in Greece; Moursia, where Ibn Arabi was born; Amsterdam; Berlin; Beirut (2 letters) and Rome on August 7, 1992. These letters compose her book, *Of cities and Women*.

I wanted to know Etel's connection between women and cities: *When you*

write you discover what you think. I think cities are ideal places for women because women are freer and can escape there. In villages, they live under close surveillance by their communities. Cities are more dangerous for women and therefore good experience.

I asked Etel if she was suggesting any specific feminist themes in her book, she replied that in her search about cities, she had not discovered a message. *I discovered that women like men are different. Some are freer than others. Women are oppressed and men too,* she said! *You cannot think of one without thinking of the other. It is a relational problem and therefore, a social problem. If you want to change the life of women you have to change society.*



Al-Raida extends special thanks to Ms. Nadine Bekdash of the Gallerie Janine Rubeiz for making this interview possible, and for helping us make contact with prominent women artists.

(1) Helen Khal. 1987. **The Woman Artist in Lebanon**. Beirut: The Institute for Women Studies in the Arab World, Beirut University College. pp.97.

(2) Ibid.

(3) Ibid.

(4) Ammiel Alcalay. Our Memory Has No Future. **The Nation**. March 7, 1994.

(5) Ibid

Tucker seems to imply that "the emergence of a pan-Arab women's movement, which could give meaning to an authentic indigenous feminism," is possible.

Women in the Arab World

Old Boundaries, New Frontiers

Judith Tucker (ed.)

Reviewed by Wafa Stephan Tarnowski

Women in the Arab World: *Old Boundaries, New Frontiers* is an excellent collection of articles by Western and Arab scholars on the plight of women in the Arab World.

As the title suggests, the lives of women in the Arab World are circumscribed by boundaries such as: the weight of Islamic mores and beliefs, limited access to political power, thus restriction to indirect forms of power and emphasis on female domesticity and modesty. These boundaries are not immutable, although *old* because they are traditional and prevail all over the Middle East. In fact, Arab women are trying hard to change them and create new frontiers, which as defined by Tucker, "are the ways in which these ideas about gender and the realities of women's lives are changing" (introduction, pg. xvii). Tucker seems to imply that the emergence of a pan-Arab women's movement," which could

give real meaning to the dream of an authentic indigenous feminism," is possible. (pg. xvii)

What are the causes that could warrant such optimism? The traditional view portrayed Arab women as victims of society and religious beliefs. A lot of scholarship, says Tucker, has dwelt on this victimization of women and on dramatic aspects of it, such as circumcision, veiling, harem life, arranged marriages, etc., which she says has discouraged feminist scholars (pg. xv). A more careful study of Arab family structure both, in history and at present, says Tucker, would yield different evidence. She demonstrates in her article on "The Arab Family in History" (Ch. X) that

the traditional view has been that of a monolithic institution described as mirror opposite of its European, Western counterpart (pg. 195). The role of women in that family unit was described, generally, as that of victim and the family as an instrument of women's oppression (pg. 196). That, says Tucker, is not the whole truth because "it obscures the multiplicity of ways, in which, she (the woman) did participate in her society" (pg. 196). Tucker calls on scholars to explore the critical role of family and to reclaim the history of the family, "to study it in ways that intersect with the concerns of women's history" (pg. 196).

Tucker shows how the Arab family has been viewed, so far, as other because scholars have generally focused on four aspects of it that differ from its Western counterpart. First the relationship between husband and wife are depicted as being traditionally defined

AL-RAIDA

Future topics in Al-Raida include Arab women's educational status; Arab women in agriculture; Arab women in creative design; Arab women in the media, in addition to a look at Arab women's preparations for the World Summit in Beijing. We invite you to submit articles and share information if you feel you can contribute.

Institute for Women's Studies in the Arab World, Lebanese American University (Formerly BUC)
P. O. Box 13-5053/59,
Beirut, Lebanon.
Fax: (01) 867098.

and not requiring the consent of each member. Second, women in Arab families were always given to bear the burden of family honor, 'ird. Any behavior by the woman more than the man, which may seem, explicitly or implicitly, connected with sexual relations outside marriage reflected negatively on the woman's family bringing shame to it. Third, patrilineal clans are depicted as powerful social units that influence and structure economic and political relations in the Arab World. Endogamous marriage was one of the most important ways of maintaining economic integrity and achieving solidarity of that clan, and the most prevalent form of endogamy was cousin marriage. Fourthly, in the other family model says Tucker, the woman is placed in a basically powerless position within the practice, or even the threat of polygyny, could be used as an ever present threat to the position of a woman inside her own house and therefore as a means of enforcing submission (pg. 198).

By comparing gender relations between upper and lower-class groups in Palestine and Egypt during the 18th and 19th century, Tucker concludes that the Historic Arab family was far from monolithic. That family evolved in response to the variations that accompanied its required roles.

Family politics also operated differently in class terms. Marriage among wealthy classes was indeed a matter of alliances between families, and divorce was almost

inexistent, whereas marriage arrangements among the poorer sections were more flexible and there were changes in marriage partners. The implications of such differences for women, says Tucker, lie at the center of any study of women's history in the region (pg. 206). The implications for us readers and scholars are also important because they make us look at women's lives and gender relations in the Arab World in a whole different way with more sensitivity and discernment. This article sets the tone for the entire book, which tries to look at the issues of gender and Islamic thought (Barbara Stowasser), Post-Islamist and Post-Nationalist Feminist discourses (Mervat Hatem), the issues of women's economic activities (Suad Dajani), of social constraints and marginality of Arab women writers (Evelyne Accad), the issue of political power and the relationship between nationalism and feminism (Sondra Hale on Sudanese women and Rosemary Sayegh on Palestinian women) and the issue of domestic and social relations where the social and psychological aspects of gender relations are developed and lived most concretely (Julie Peteet and Suzan Schaefer Davis). This book is an excellent introduction to the major issues at play in the study of gender relations in the Arab World. Each and every article clarifies an aspect on the gender situation in the Arab World making the book into an informative mosaic of the subject.

Among the most

thought provoking articles I cite that of Margot Badran on the history of feminism in Egypt and those of Stowasser and Hatem on the relationship between Islam and Feminism. Accad's article on Arab women's special contribution to literature helps to personalize women's plight in the Arab World by explaining important novels of key women writers such as Leila Baalbaki, Kulit al-Khury, Emilie Nasrallah, Daisy el-Ameer, Ghada al-Samman, Nawal al-Saadawi and Hana el-Sheikh.

In an article on Post-Islamist and Post-Nationalist Feminist Discourses, Mervat Hatem says that the crisis of Arabic feminists discourses is a reflection of a real crisis facing Arab societies" (pg. 45).

I agree with Hatem wholly. It is indeed difficult for Arab women to develop an independent discourse like their Western counterparts did and are doing. The strongly held idea that feminism came from the West and is not suited to Arab Islamic culture is hard to fight. After reading this book, it seems to me that individually there are lots of very committed Arab feminists but as a movement we're very weak and dispersed and lack a cohesive discourse to unite us across political boundaries, religions and social classes.

— Ms. Tarnowski is a feminist writer and journalist.



OLD BOUNDARIES
NEW FRONTIERS

EDITED BY
JUDITH E. TUCKER

Evelyne Accad
Margot Badran
Sondra Hale
Susan Schaefer Davis
Daisy el-Ameer
Suad Dajani
Mervat Hatem
Maggie L. Meserve
Julie Peteet
Rosemary Sayegh
Julia Tarnowski
Judith E. Tucker

According to Professor Anis Maqdisi, there appeared in Egypt, Lebanon and Syria, about 40 women's magazines between 1890 and 1950.

Afifa Karam:

A Pioneering Lebanese Journalist 1883 - 1924

Rose Ghurayyib

She was born in Aamshit, a village neighboring Jbail (Byblos) and Nahr Ibrahim (Adonis River), a district rich in memories and legends. Her family, known for their advocacy of education for women, sent Afifa to the school of the Holy Family in Jbail, a French school for girls. At the age of 14, she was married to a relative of hers who had emigrated to America. She moved with her husband to the State of Louisiana in the United States of America. There and through the course of their affairs, the couple came in contact with prominent businessmen and journalists from Lebanon, including the well known Na'oum Mukarzel, owner and director of Al-Huda, an Arabic paper published in the U.S.

Afifa, who was fond of reading and interested in journalism felt a vivid desire to join the profession. She began a project of self-education focusing on culture as a subject matter. She read on the subject and made contacts with a number of Lebanese and non-Lebanese journalists. In those days, during the early part of the 20th century, the feminist movement was in full swing in the U.S. Many women had already achieved levels of distinction as journalists and writers, like Ann Royal, who interrupted President John Quincy Adams during his morning swim in the Potomac River for an interview. Afifa was strongly influenced by Ann

Royal and her writings about the feminist movement. Encouraged by Na'oum Mukarzel, Afifa began to write on women's issues in Al-Huda.

During that time, the number women journalists and editors had increased in the Arab World. According to Professor Anis Maqdisi, author of a literary history of the Arab Renaissance, there appeared in Egypt, Lebanon and Syria, about 40 women's magazines between 1890 and 1950. The best known among them were: "Al-Hasna" ("The Elegant" in the feminine tense) in Lebanon, "The Oriental Woman" in Egypt, "Al-Aroos" ("The Bride") in Syria. In 1912, Afifa Karam decided to buy the Arabic paper, "al-Aalam-ul-Jadid" (The New World), owned by a Lebanese emigrant, and turn it into a feminine magazine under the name of "The Feminine New World". This magazine was short lived and published for only two years, like many other women's magazines in the Arab World at that time. Their brevity was probably due to the fact that their ideas and claims were too bold and forward for society to accept them at the time.

Looking at Afifa Karam's publication, for example, a few issues of her magazines -- available at the Library of Congress -- strongly criticize the traditional upbringing of children in the Arab family, which differentiates between

the treatment of boys and girls. In one issue, she addresses the wife of the Lebanese governor under Ottoman rule (al-Mutassarif), asking her to support the set of reforms that women journalists and writers demanded for women. She criticized traditional marriage which takes the form of business deals joining two people who scarcely know each other. She adds that many Arab women, who have come in contact with Western democracy, remain single because they are torn between two contradictory life styles.

Victoria Tannous, a prominent Lebanese journalist, describing the personal life of Afifa Karam, said she gave charity on a large scale and spent a significant part of her income on the education of needy children. In addition to journalism, writing to Al-Huda and other Arabic papers, she wrote fiction and published three original Arabic novels and three translated ones.

Afifa Karam was a strong-willed, ambitious woman, whose ideas were a century ahead of her time.

— Ms. Ghurayyib is a feminist pioneer, a writer of children's book, a literary critic and the founding Editor of Al-Raida

Abridged from an Arabic article "Afifa Karam: A Pioneering Lebanese Journalist, 1883-1924" *Al-Majal Magazine*, March 1994.

Confusion and Panic

Health and Environment

Health concerns have gained proportional attention among the peoples and governments of the world. Or at least it looks that way! Terms like Cholesterol, Triglyceride, Diabetes, Tumor, Benign, Malignant are all too familiar to many. Health food and diets have mushroomed into large money making industries. I wonder if they are life-saving too! Furthermore, it is becoming more difficult to separate between health and environment. Hence, the deterioration of health conditions all over the world is closely associated to impairments in environmental conditions and natural resources.

May be what I am trying to say is that the global tone is frightening. More so, it is actually terrifying, and one is prompted to react with denial. A popular proverb in Arabic says: "If one pays attention to everything being said, one would die of worry." But then again, this proverb could be hazardous to your health if it ends up reinforcing ignorance rather than moderation.

What exactly is the real situation other than global panic over survival of the planet? Information is contradictory. There are opposing reports even in specific health issues. On the one hand, medical research has linked the birth control pill to breast cancer due to high levels of estrogen it subjects women's body to; on another hand, international efforts to control population growth propose easy access to the pill as a form of family planning.

Indeed, it is quite confusing: what we are made to believe speaks world panic over health and survival!

We do know that Lebanon has co-signed the **Alma Ata Declaration** which defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity." (WHO Report: Psychological and Mental Health Aspects of Women's Health, Geneva 1993). Hence, Lebanese health policies must begin to let go of the Medical Model whereby, Health is a state of not being sick/ill, and work towards creating a healthy environment.

We noticed in the course of the preparation for this FILE that specific attention to women's health does not come out as a major focus in existing health policies or patterns. We encountered a specific interest in women's health issues in the National AIDS Control Programme, established by the Lebanese Government and the WHO, who having realized that 50% of AIDS victims are women, is eager to do something about it. NGOs naturally perform their own grass root efforts and scholars their own research on the various issues. All of these efforts must come together with the Ministry of Public Health to formulate a comprehensive health policy in accordance with the Alma Ata Declaration.

— R.A.H

Women's Health in Lebanon

My Journey With Cancer

Evelyne Accad

I decided to hold a journal on my journey through cancer. I need to do it for myself (to exorcise the pain) and for the other women who are going through the same calvary, or for those who will in the future. I also write for those who must become aware of the dangers we face in our post-modern era. I feel I have been made to pay the price for modern civilization. Someone has to pay the price for all the pollutants and chemicals that are thrown into the atmosphere, which affect us through the air we breathe, the water we drink, and the sun our skin receives, the contaminants dumped into the rivers and seas, the pesticides sprayed on the fruits and vegetables, and the hormones fed to animals.

And I became one out of seven women who get breast cancer in their lifetime (these are the latest statistics for the States and Canada, I don't have those for Lebanon, but from my little experience of talking to people around here, I believe it must also be quite high). Yes the figures are frightening and cancer is on the increase, especially breast cancer. I did ask: "Why me?" Yes, I did ask this question. I am not like one of my friends who reversed it and said: "Why not me?" Later, I learned to ask myself: "What can I learn through this ordeal?" But when it hit me (I was diagnosed with lobular carcinoma on March the 2nd, 1994), I was too shell shocked. I was not prepared to live

through that hell. I never thought it would happen to me. I had not been informed, or I had ignored the articles on the topic. If I can help someone through these lines, my suffering would not have been in vain. Here are a few excerpts from my journal:

March 8th 1994:

When life is threatened by death, everything takes on such intensity. I met Caryl who invited me to give a conference and reading of my novels at her University in Mobile, Alabama. I decided not to cancel this trip. My life must go on. I did not want to stop my activities just because I was diagnosed with breast cancer. Caryl told me she had gone

through thyroid cancer several years before (I would most probably not have known about it had I not been hit myself. Because of my illness, many people open up to me and tell me about their experiences. I discovered that the disease was much more prevalent than I thought and that many more people than one could imagine suffer from it). Caryl helped me a lot with her stories of how she overcame it and struggled against the odds. Her stories were so lively. She advised me to be aggressive and not to fall into despair. She warned me against putting myself at the mercy of the medical establishment, which attempts to dominate the situation, neglects to do certain things if one is not cautious, and prevents the patient from taking charge of her own body. Caryl has a friend who recently underwent a bilateral mastectomy and went through immediate reconstruction, asking for her nipples to be made into the shape of hearts. She celebrated by inviting all her friends to look at her new breasts with hearts. The story makes me laugh. I need to hear such stories instead of having people break into tears when they see me, pity me, or act as if I had the plague or a curse. I need to see women like Caryl and her friends, who struggle for their lives and the lives of others. Women

who maintain positive and constructive values, like Caryl who works to revive the memory of forgotten women, Caryl who believes that anger is necessary sometimes and that it helps one be in charge of one's life.

March 12th: I went to see my oncologist today with two of my friends who were taking notes. I liked Dr. Pat Johnson. She reminded me of Huguette, my sister-in-law: direct, full of humor, and humane. She asked a lot of questions about my health and my life. She took notes. Then, she wrote down the diagnosis and treatment: four sessions of chemotherapy, an operation (lumpectomy or mastectomy depending on the reduction of the size of the tumor), and six weeks of daily radiation. It is the usual "poison, cut and burn" treatment that breast cancer patients know only too well. I burst into tears. I suddenly realized I will no longer be able to do the things I usually do like traveling between Paris, Tunis and Beirut, visiting my aging and dying parents in Beirut, seeing my friends everywhere, but specially in Tunisia, writing, and being with my loved ones in Paris. I suddenly felt my life was coming to an end. I was entering a zone of illness, hospitals, doctors. How will my body respond? How will my mind and spirit react? I hoped that this experience would teach me new things about myself and others and that it would help me grow. I stopped crying. Peace settled down deep within me. I must cross this dark valley. There is hope at the end of it, I know.

June 16th: I woke up on the operating table and put my hand on my left chest which was completely bandaged. I immediately realized my breast was gone. I did not cry the way I did three months earlier following the biopsy, when I found out it was cancer. This



time I felt at peace. I knew the surgeon did the best he could to save my breast. It is safer this way. From now on, I belonged to all my sisters who have been mutilated, subjected to a mastectomy, hysterectomy, clitoridectomy, i.e. all the ectomies, the Amazons crossing the Amazon, one breast cut, the other flowing freely in the wind! I felt physical pain. They gave me pain "killers." I noticed that all the treatments had aggressive warlike names and connotations. Chemotherapy was discovered during Second World War with nerve gas. I wish there were softer cures for cancer. My whole body, mind and spirit rebelled against this particular aspect of the treatment since I am a pacifist and hate violence. One of my friends noticed how Barbaric these prac-

tices are. He is so right! The future will look back upon us with contempt and horror as we look upon the way past centuries treated some diseases.

August 4th: I spent a bad night. There was a storm and I could not sleep. I had just read Re-

ynolds Price's book about his own cancer, *A Whole New Life*. When he talks about radiation, it is frightening. And since I was going through radiation myself, I shouldn't read disturbing things about it before sleeping. I learnt not to read anything about cancer before going to bed. It is too upsetting. Otherwise this book is very well written. Reynolds Price is an English professor at Duke University who made a name for himself through creative writing. He was diagnosed with a tumor on his spinal cord at 56. He became paralyzed but instead of mourning his condition, he decided to learn and grow out of it. He became more spiritual, discovered faith and a "whole new life." His creativity increased in spite of continuous pain in his back. He says that he

Caryl has a friend who recently underwent a bilateral mastectomy and immediate reconstruction, asking for her nipples to be made into the shape of hearts.

Women's Health In Lebanon

wrote more meaningful books during his illness than in his whole career. He deepened relationships with the significant people in his life, and, profoundly, addressed important, relevant issues we all need to confront. Price is indeed an inspiration, but that evening, I should not have read about how he mistrusts the medical establishment and his lack of faith in radiation which he believes does more harm than good. In the morning, I had a headache.

Perhaps my mood was also affected by the lecture that Dr. Pat Johnson, my oncologist, gave at the Cancer Center of Urbana Illinois for a conference on women's cancers. I attended it with my friend Nina Rubel who was also treated for breast cancer several years ago. Dr. Johnson started by discussing some statistics: breast cancer is the most prevalent cancer in women but it is also the most treatable. There are 182,000 new cases of breast cancer in the United States every year, and in the year 2,000, there will be 1 million new cases every year. She said it in a very matter of fact tone, but I am shocked and appalled. How can one accept these statistics so coldly?! Of these 182,000 cases, 49,000 end in death, a rate that is higher than the casualties of road accidents. And nobody talks about it!! Nobody does anything about it!! In the case of road accidents,

the law forces people to wear seat belts and speed limits are strictly enforced. But what do they do about breast cancer? Nothing! Only 5% of all cancer research funds are allocated to breast cancer!! (I learned this not through Dr. Johnson's lecture but through a TV show on breast cancer.) I feel very depressed. Dr. Johnson spoke of the risks. She said that women living in North America and Europe are at greater risk, and



then added: "Yes, but the quality of life is so much superior here, who would want to live anywhere else?" I was shocked. I quietly whispered inside myself: "What quality of life is this with breast cancer and other kinds of cancers on the rise? What quality of life is this that has a treatment, which I consider to be twentieth century torture?" When I repeated Dr. Johnson's words to some of my friends, they consoled me that she probably meant it in an ironic way, that she could not have been serious. But no, she was serious. Even the friend who accompanied me agreed she was serious! America is the best country in the world for most Americans,

and they are not willing to change their way of life even when they see it destroying the environment and causing diseases unheard of before. I am tired from thinking and from the radiation.

August 26th, 1994:

Today was my last day of radiotherapy. I couldn't take it anymore. I looked at my chest. On the right side, I still had a soft, tender breast, on the other, my skin was red and burnt. I was angry! I should not have taken these estrogen, the Premarin, my doctor had prescribed for me even though I did not have menopause symptoms yet. She prescribed them because my hormone level was low and because my mother has osteoporosis. These hormones inflamed and proliferated what good and bad cells lay dormant in my body. Doctors in France told me that they do not prescribe Premarin in their country anymore because it is too strong (I found out it is sold all over the Third World, Lebanon included, at a very low price and without prescription. Women take it because they are told it will keep them young, without wrinkles and vaginal dryness, and that it will reduce their chances of heart disease and osteoporosis. They are not told it increases their risk for breast cancer. If only they would read about the side effects on the instruction sheet that comes

in the box.) Doctors in France also said it should be monitored very closely because the hormone level of a woman my age (I am 50) can fluctuate from month to month. I could have lost my life, and I did lose confidence in my body. But is it a bad thing? What can I learn from this experience? Why must I go through this journey? I had a dream I was buying money market shares for a tunnel under the Mont Blanc. I was worried it would be a bad investment and the

mountain would collapse on the tunnel before its completion. I analyzed my dream with a friend, Cindy and my brother, Philippe. The tunnel was my journey through cancer under a high mountain covered with eternal snows. This was my desire for transcendence, for spirituality, for rising above this illness that keeps me down, oppressed and in darkness. I am afraid my desires will crush me but there is light at the end of the tunnel. My friend Cindy

has another interesting explanation: My wanting to buy shares meant I want to own my sickness rather than letting it own me. I want to appropriate this illness leading me to a beautiful sun! As for my brother, more practical, he asked me if I slept well in spite of my dream!

— *Dr. Accad is a Professor of French Literature at the University of Illinois at Urbana Champaign and a feminist writer*

Cancer Registries in Lebanon (*)

National epidemiological registries are not available in Lebanon; neither for cancer nor for any other disease. The only source of data are medical records. Attempts to gather such records in hospitals failed due to disruptions from the civil war and the immigration of a large number of medical researchers. But since the cessation of the war, efforts in setting up these registries have been resumed in large hospitals inside and outside Beirut.

Cancer data from Lebanon published to date reveal that the most frequently reported cancers in Lebanese men are lung and bladder cancers. These cancers are largely attributable to risk factors

such as cigarette smoking and environmental pollutants. Breast cancer has been highly prevalent among women in Lebanon since the thirties. Along with cervical cancer it remains the most prevalent cancer of women in the world today.

The problems surrounding cancer treatment in Lebanon fall within the government's facilities and policies to address these issues and needs. So far, the Ministry of Public Health has concentrated on hospitalization, building new hospitals and designing administrative laws to protect patients, hospitals and medical staff, all of which accumulating more administrative red tape rather than efficient services and especially health awareness. Thus, cancer patients are di-

agnosed and treated medically. An overall policy for preserving a healthy environment between the respective Ministries (Health, Environment, Social Affairs, Water and Electrical Resources, etc..) does not seem to exist although each ministry is attending to its own affairs. Dr. Salim Adib feels the need for health care centers is greater than that for hospitals. He fears that Lebanon is at the verge of a cancer epidemic with the younger generation as the most susceptible, since 40% of the population is below 20 years.

(*) Exerts from a paper by Dr. Salim Adib, Assistant Professor of Epidemiology, Faculty of Health Sciences at the American University of Beirut. The complete text appears in *Sci-Quest*, Number 4, 1994, an Alumni publication by the Science Sub-Committee.

*"Why me?"
Yes, I did
ask this
question. I
am not like
one of my
friends who
reversed it
and said:
"Why not
me?" Later,
I learned to
ask myself:
"What can I
learn from
this
ordeal?"*

Women and HIV/AIDS

A Heterosexual Disease in Lebanon and the Middle East

Randa Abul-Husn

The first case of AIDS was reported in Lebanon in 1988. As of July 1994, 2,402 cases of AIDS, 398 ARC (AIDS Related Complex), and 8,423 HIV positive cases were reported in the region of the Middle East. The disease is heavily under-reported and under-estimated, according to the National AIDS Control Programme in Lebanon. The NACP was established in 1989 by the World Health Organization and the Lebanese Ministry of Health. Nada Aghar Naja, Advisor and Health Educator at the NACP told us the relevant shortcomings that have been identified so far: 1) less than complete diagnosis, 2) less than complete reporting, 3) delay in reporting, and 4) use of different surveillance definitions among countries. The NACP estimates there are 10,000 and more cases of AIDS in the Middle East. However, there are no statistics on HIV or ARC cases.

The Spread of HIV/AIDS in the Middle East and Lebanon

According to an Epidemiology update in May 1994 by the NACP, the reported number of people who are HIV positive in Lebanon is 251. The NACP estimates the actual number at approximately 2,500 of which women form 50 percent. By the year 2,000, an estimated 6,000 Lebanese will be HIV positive, 400 will have AIDS, and 1100 will die. (1)

It is difficult to interpret the increase in HIV/AIDS data, says Dr. Salim Adib, Assistant Professor of Epidemiology at the American University of Beirut. He is concerned whether these figures represent a real increase locally, or delineate infected emigrant Lebanese visiting or returning home after the war. The local population is a low prevalence group, with an infection rate of 1% or less, compared to the Lebanese who work abroad and travel back and forth

to visit their families in Lebanon, confirm Dr. El-issar Radi, Manager of the NACP, and Nada Aghar Naja. Among all HIV/AIDS reported cases, 80% represent a history of residence or travel abroad.(2) There are approximately 500,000 Lebanese emigrants who commute between Lebanon and other countries all over the world (data confirmed by the Ministry of Foreign Affairs). Most of them are males.

The Epidemiology of HIV/AIDS spread in Lebanon and the Middle East has been clearly identified as predominantly heterosexual. It has risen from 61% in the period between 1986-1990, to 76% in 1994. This heterosexual transmission, which threatens to clench the epidemic in Lebanon, makes women the most vulnerable of all groups. **In almost all reported cases of HIV/AIDS among women in Lebanon, transmission occurred through sexual contact with an infected husband (3).**

Women and HIV/AIDS in Lebanon

According to Dr. Elissar Radi, women and HIV/AIDS in Lebanon entails a bi-modal problem: 1) men's lack of disposition to take

precautions because of their patriarchal attitude and upbringing. Thus, men maintain their promiscuity and resist using condoms; and 2) women's persistent submission and passivity to their husband's or male partner's sexual desires because of their traditional upbringing and secondary status in the family.

Married women are passive victims, notes NACP Health Advisor, Nada Aghar Naja. Their greatest dilemma in this pre-epidemic HIV/AIDS situation in Lebanon depends not only on convincing the men in their families to take precautions, but also on their ability to protect themselves from high risk husbands. This is a most difficult task because women have limited control over their sexuality, which is, generally speaking, the unconditional right of her husband. In general, women rarely question their subordinate status and their greatest achievement remains their household duties at the expense of the seemingly less important fulfillment of their affective life and sexuality(4). Furthermore, women are exposed to danger much against their will because they do not have the dominance of men in family affairs especially about matters of sexual performance.

Despite limitations for generalization (due to sampling bias), a study of 500 women surveyed a restricted area in Beirut during the war in 1989, revealed that 42% of women aged 18-25 years and 25% of 34-42 years old were single and sexually active(5). Of these wom-

en, 65% felt that their sexual education had been incomplete and inadequate. A focus group study on immigrant Lebanese in Canada in 1993 revealed that, in general, Lebanese men dislike the use of condoms because it decreases pleasure and attains their virility. More so, they do not undermine women to take the initiative in sexual relations and in condom use. Education, high socioeconomic status and general awareness did not influence the adoption of safer behavior in members of high risk-groups. (6)

Members of lower socioeconomic classes are of particular concern because health education and AIDS awareness is not yet part of their lives. The curriculum of public schools in Lebanon does not include education about the environment, nor drug abuse, nor sexual education. When asked whether HIV/AIDS was a disease of the lower or upper socio economic classes, Dr. Radi replied that it was among all classes, but that the balance is tilting towards poor people. This is largely due to lower levels of awareness and greater helplessness among the poor compared to middle and upper classes who attend better schools and are exposed to awareness campaigns when traveling. Furthermore, Dr. Radi indicated that AIDS is an expensive disease in Lebanon because the health system is not developed enough. Homebound health services and counseling systems to answer patient calls are seriously lacking. Hence, the treatment during the first phase of HIV costs \$300/

month. It increases to \$1,000 in the second phase (ARC) and reaches a minimum of \$2,000/month for the treatment of AIDS victims. So far, the Government has been subsidizing all AIDS patients in Lebanon.

Pre-Marital Testing Is Now Compulsory in Lebanon

As of November 15, 1994, a pre-marital medical exam is compulsory in Lebanon. HIV/AIDS is one of the exams required, in addition to Syphilis, Rubella, Hemoglobin count, blood type, and others. The exam will cost 50,000 in local currency, the equivalent of US\$30. The Decree passed by the Minister of Public Health, Mr. Marwan Hamadeh, on October 31, 1994, stipulates the following procedures for HIV/AIDS testing(7): Private labs may not inform patients of test results within the first ten days of testing. The patient's blood serum should be sufficient to allow for repeating tests with suspicious results. If the patient tests HIV+ the lab is responsible for transferring the positive serum and results to the Central Government's Laboratory, where the test is repeated for further accuracy and confirmation. The Central Laboratory must then return the results in a sealed and confidential envelope to the private lab that performed the original test who must in turn report the results to the patient's physician. The physician is then responsible for informing the HIV+ patient and instructing him/her of telling his/her partner. If the physician suspects that the patient did not tell his/her partner, the phy-

*(Women's)
greatest
dilemma in
this pre-
epidemic
HIV/AIDS
situation in
Lebanon
depends
on their
ability to
protect
themselves
from high
risk
husbands.*

Women's Health In Lebanon

sician must do so and must instruct the couple on the precautions to be taken. The physician must then prepare a report which the couple will have to present to the Priest or Sheikh registering their marriage. Records of the patient and the examining physician are kept by the doctor him/herself and the Lebanese Syndicate of Medical Doctors.

Epidemiologist, Dr. Salim Adib hopes this strategy will be efficient, but fears that the number of "false positive" results will be high due to an expected high margin of error in testing and the lack of an accurate denominator about the size of the population. Hence, the size of the epidemic and its epidemiological characteristics risks being distorted.

Adib feels that women are a vulnerable group and explains that centers for family planning and health care centers are important channels through which women can be reached and educated about STDs and HIV/AIDS. He insists on creating more of these center and use the existing ones for disseminating awareness among women, instead of erecting new hospitals all the time. In other words, Adib is stressing that prevention is as important if not more than post-factum treatment facilities.

WORLD AIDS DAY:
DECEMBER 1, 1994:
AIDS and the Family -
Families Take Care

The impact of an HIV/AIDS infection in Lebanon and similar Arab coun-

tries is disastrous for the family, both nuclear and extended. A Lebanese woman who was infected by her husband (he works abroad and had contracted the disease through risky sexual encounters) was asked to share her story with the public in a Televised program. When she did, her husband and other members of her family and community accused her of shaming them by exposing the problem. Her son was dismissed from school. The financial burden grew as her husband's condition deteriorated and members of the extended family found themselves under pressure to help her and her family. She did not have any skills by which she could earn an income. The social stigma was harsh and atrocious against her and members of her family. In short, the entire family was destroyed. It is estimated there are 2,000 similar cases in the country.

Discussing issues related to HIV/AIDS continues to be difficult in society, despite the revelation of real stories and testimonies through the media and other channels for creating awareness. The difficulties lie in the fact that these issues touch upon sexuality, family honor, and men's virility, especially when they are asked to use condoms or get tested. Based on extensive research and expert counsel, the NACP feels that women and HIV/AIDS can best be addressed through efforts for the empowerment of women. Empowerment through education and activism for legal and human

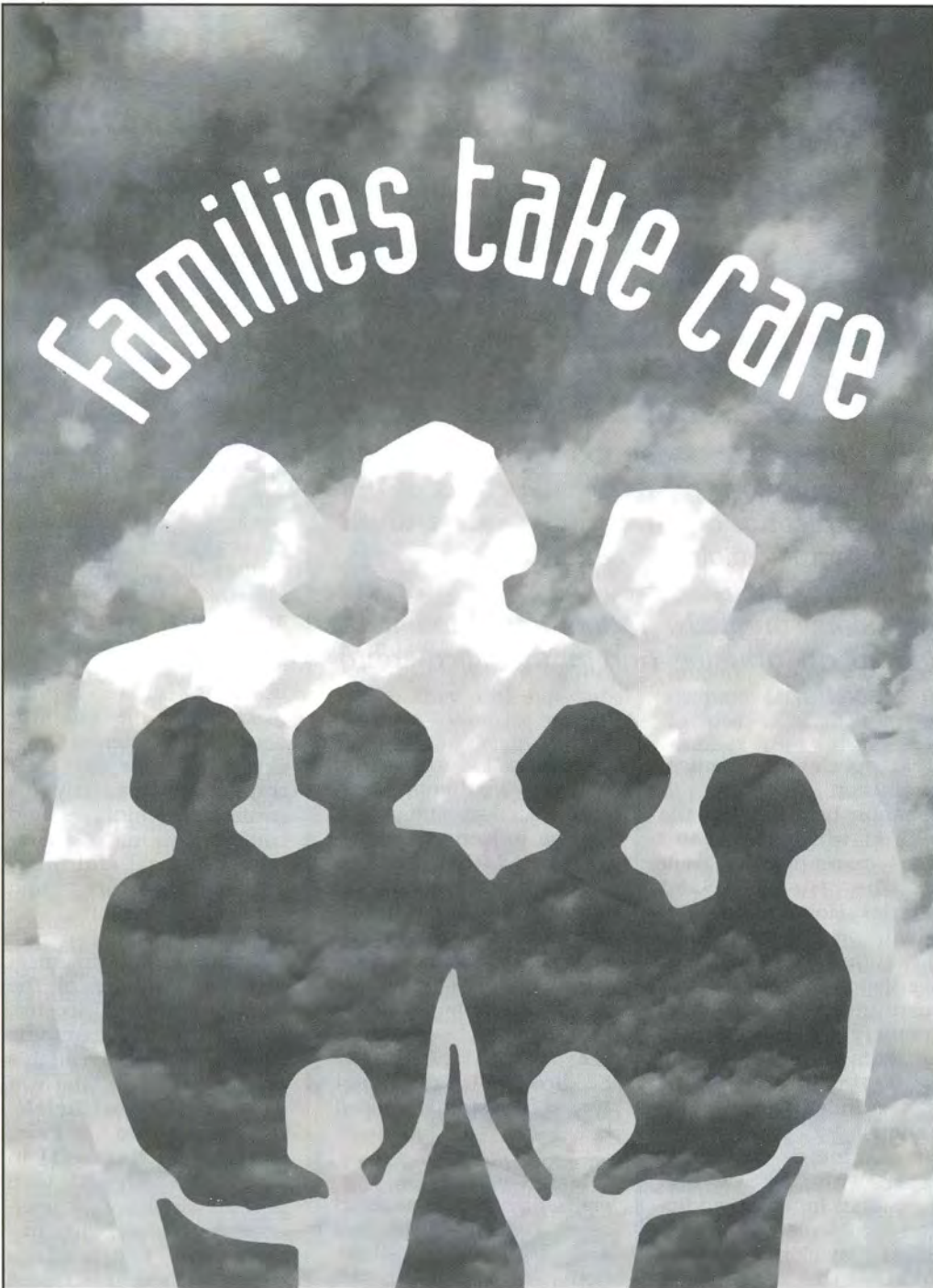
rights are essential for long-term prevention and circumvention of the epidemic.

However, to address women alone may only produce partial results at best because they have limited power over their own sexuality and that of their husbands. The NACP wants to address women and men together. Furthermore, quasi-ethnic differences between the various religious and social communities in Lebanon is an additional difficulty that cannot be overlooked. Each community will need to be addressed in a manner that agrees with its customs.

The family remains the most powerful and primary socio-economic unit of production most likely to control and police its members. Yet the success of **AIDS and The Family - Families Take Care** depends on the family's willingness to listen and interact with the sexual dimension of the problem, or contest it on the grounds that it encourages sexual promiscuity among its young members and threatens the virility and patriarchy of the father.

HIV/AIDS has become the marker revealing all our problems, says Dr. Radi. As a heterosexually transmitted disease it threatens to ignite volatile controversies that will touch on women's rights, reproductive rights, legal rights of women, gender change in knowledge, attitude, practices and behaviors. It would be a shame to find ourselves forced to address these issues after rather than before the fact in order to prevent an epidemic.

Families take care



World AIDS Day 1994 AIDS and the Family

World Health Organization • Global Programme on AIDS • 1211 Geneva 27, Switzerland

- (1) **Epidemiological Status of HIV/AIDS and Expectations for the Future.** Report by the National AIDS Control Programme/World Health Organization, May 1994, in Beirut, Lebanon.
- (2) Jihane Tawilah, MD, MPH, **The Lebanon Report for The Regional Workshop on the Role of Women in aids Prevention and Control.** NACP, Cairo, May 16-18, 1994.
- (3) Ibid
- (4) Appearing in the **NACP Report**, May 1994.
- (5) Appearing in the **NACP Report**, May 1994 from Marie Theresse Khair-Badawi, **Le Desir Ampute, Vecu Sexuel des Femmes Libanaise.** Edition l'Harmattan, 1989.
- (6) **NACP Report**, May 1994.
- (7) **An-Nahar** daily Lebanese Newspaper, November 1, 1994.

A Specialized Medical Center for the Treatment of Drug Abuse and Alcoholism

Mona Takieddine Amyuni

The tragic Lebanese war created among the population a great dependency on drugs, alcohol and tranquilizers. In an increasingly violent environment, personality disorders, varied types of depression, anguish, fatigue and insomnia led to an abusive and pathological auto-medication.

No specialized medical institution existed in Lebanon before 1991, the year in which the center was inaugurated. Built on the site of Saint Charles Hospital in Fayadieh, on a pine hill in the suburbs of Beirut, it overlooks the sea and is surrounded by beautiful greenery. The Center presents an ideal setting for treatment and rest. It was founded through donations by psychiatrist, Dr. Antoine Boustany, expert with UNESCO and specialist in drug addiction problems. The Pontifical Mission in Lebanon, the European Community and others contributed financially to the construction and equipment of the Center.

Restricted to 30 beds, divided into 2 units of 15 beds each, the Center offers an optimum at-

mosphere for interaction between patients and staff. A day and night service welcomes the patients and their families and informs them on admission and treatment. A permanent emergency service is secured and the patient is admitted only after a psychiatrist examines the patient. He/she may be directed to a different type of hospital if need be.

The hospital is specialized in disintoxication cure from drug, alcohol and tranquilizer addictions, as well as in the treatment of some mental illnesses. Various up-to-date techniques are used ranging from chemotherapy, individual and group therapy, to cognitive and ego-therapy. The staff consists of a head-

psychiatrist, assistant doctors, residents, clinical psychologists, social workers and nurses, making a total of 33 specialists for 30 patients. Moreover, the Center is an integral part of the Faculty of Medicine of the Lebanese University. It, thus, offers clinical teaching to medical students and later a specialized Center for their training. It regularly organizes seminars and conferences in collaboration with local and international doctors and medical institutions.

I was happy to meet with the founder of the Center and its Director, psychiatrist Dr. Antoine Boustany. I had read his fascinating book **Histoire des Paradis Artificiels, Drogues de Paix, Drogues de Guerre**(1) in which he shows with multidisciplinary knowledge, but also, with humor, that the need to create one's own paradise through various drugs goes far back to our ancestor Adam!

Dr. Boustany began by saying that the word drug refers to a concept not a substance. A drug is anything, an object, a



belief, an activity, a situation, a person, to which or to whom we are extremely attached and which/who yields tremendous pleasure. When this attachment invades us, mobilizes us, goes beyond control, becomes harmful, we talk of addiction and abuse.

Dr. Boustany added that this kind of dependency is often born out of an emotional void and creates high vulnerability. One then turns to a drug for relief. We cannot neglect, Dr. Boustany said, that there is often a biological proneness to drugs.

Generally speaking, there were 3 types of addicts during the Lebanese war:

- 1) The militia people transgressed all social laws by taking Hashish, Cocaine, Heroin, and other drugs.
- 2) The male civilians, when under great stress and fear, turned to alcohol, a socially accepted drug.
- 3) The female civilians turned to tranquilizers under the same ex-

tremely difficult conditions. Alcohol being a "virile" drug in our society, women chose to take Ativan, Lexotanil, Tranxen and so many other pills without any medical advice while men found it humiliating to take tranquilizers. If they did, they did not talk about it. Women became completely dependent on tranquilizers, which is as harmful an addiction as alcohol. Some were taking 15-30 pills a day when they reached hospital, with all the consequences it entailed: bad need for money, great debts, running away from home, etc... Interestingly, these women came from all social classes.

The disintoxication cure usually takes 3-4 weeks with the common withdrawal symptoms in the first 8 days accompanied by acute pain in the body, irritability, insomnia, and even hallucination. The percentage of the success of the cure is usually high when the reasons for addiction are treatable, chemically and psychologically. If the patient is willing to cooperate with the psychiatrist, he/she

stands a good chance of being cured. Otherwise, a relapse quickly takes place.

The impact of the war, Dr. Boustany said, was certainly traumatic for it was a chronic source of anxiety, fear and even despair. More specifically in the case of married women, the war brought forth to the surface latent problems with their husbands. Stuck together in a house or a shelter without the ordinary routine of work and socializing couples were brutally confronted with deeply hidden conflicts with their corollary ailments.

Drug addiction ensued to escape these problems often leading to hospitalization. The Center for the Treatment of Drug Abuse & Alcoholism is certainly badly needed in our society.

— **Dr. Amyuni is Assistant Professor at the Civilization Sequence Division at the American University of Beirut, and a prominent writer and literary critic.**

**Alcohol
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"virile" drug
in our
society,
women
chose to
take pills
without any
medical
advice while
men found it
humiliating
to take
a
tranquilizer.**

(1) Boustany, Antoine. *Histoire des Paradis Artificiels, Drogues de Paix, Drogues de Guerre (A History of Artificial Paradises, Drugs for Peace, Drugs for War)*. Paris: Hachette, 1993.

Health Awareness Among Lebanese Women

A Random Survey

Randa Abul-Husn

In an attempt to investigate health awareness among Lebanese women, we administered a random sample survey (see below). The size of the sample is 201 women of which the majority are in age bracket between 20 and 30 years old (39.3%), single (58.7%), with a university education (75.1%) and engaged in remunerated work or employment (57.7%).

The questionnaire was devised along four broad categories of health awareness and behavioral attitudes: 1) one part of the questionnaire inquired, notably, about health habits such as smoking, exercising, and undergoing medical examinations. 2) Another part probed into dependency on tranquilizers. It is important to note that mention of substance abuse is recurrent throughout this file because of a hypothesis that the Lebanese war has increased dependency on tranquilizers among women. Our questions query whether the respondents consume tranquilizers, and where it applies, to identify the drug, the frequency of use and if by a doctor's prescription. 3) The questionnaire looked into perceived gender sensitivity in medical treatment by examining preference for a male or a fe-

male gynecologist. Respondents were also asked to indicate whether they have experienced or noticed any sexual discrimination by medical staff and doctors in their treatment of patients. 4) Respondents were also asked to specify health and medical issues they would like to know about more.

HEALTH HABITS:

Smoking, Exercising and Regular Medical examinations

A majority of the sample are non-smokers (71.7%). The proportion of women who follow a fitness program through regular exercise is relatively high (47.8%). However, the number of women who do not exercise is still greater (49.7%), even if only by a small margin (1.9%).

If regular medical check-ups and visits to a

gynecologist indicate health conscious attitudes, practices and behaviors, the women in our sample seem to lack it. Hence, the majority do not uphold regular medical care. A majority of 108 women (53.7%), do not perform annual exams nor check-ups at their doctors' (see Table 1).

In a traditional society like Lebanon, gynecological examinations are limited to married women. In our sample which includes 78 married women (see Table 2), 71 said they visit their gynecologist regularly. Single women, however, do not perform regular gynecological exams, lest they are accused of being promiscuous and engaging in pre-marital sex. It is also highly possible that single women do perform gynecological exams but would not reveal them to us.

SUBSTANCE ABUSE: Tranquilizers

The majority of women in our sample (80.1%), do not take tranquilizers on a regular basis and in many cases do not take any. Lexotanil and Tranxen, popular muscle relaxants, are the common drugs used by the 33 (16.4%), women in our sample (see Table 3) who consume

tranquilizers. Still, the majority of these 33 women cannot be definitely classified as addicts because they resort to tranquilizers only when needed. Nevertheless, "Only when needed" is relative to each woman and therefore a subjective indicator. To reduce the subjectivity, our multiple choice question specified a time pattern: "everyday, more than 3 times a week and less than 3 times a week" (see Table 4). Yet, by answering only when needed, the respondents imply that tranquilizers are taken only in cases of extreme stress and not in a systematic pattern. The number of women who take tranquilizers everyday amounts to 21.2% of our sample, and although they are not the majority of an already small group (12 out of 33) they are proportionately high and cannot be ignored.

Most of the sampled women use these tranquilizers without a doctor's prescription, 14 out of 33 women (42.4%), compared to the 12 (36.4%) who follow a doctor's prescription, and 21.2% who refrained from answering the question altogether. Comparative research and epidemiological reports in Lebanon state that females use illicit drugs less often than males and even more rarely abuse it(1).

PERCEIVED GENDER SENSITIVITY IN MEDICAL TREATMENT

The women's preference, in our sample, is for a male rather than a female gynecologist, although many (34.8%), did not answer the question related to the subject. The pro-

Table 1 Frequency of Regular Medical Check-ups Summer - Fall 1994		
	Number of Respondents	Percentage
Have Regular Medical Check-ups	80	39.8
Do Not Have Regular Medical Check-ups	108	53.7
No Answer	13	6.5
Total	201	100.0

Table 2 Frequency of Gynecological Medical Check-ups Summer - Fall 1994		
	Number of Respondents	Percentage
Visit their Gynecologist Regularly	71	35.3
Do Not Visit their Gynecologist Regularly	108	53.7
No Answer	22	11
Total	201	100.0

Table 3 Frequency of Use of Tranquilizers Summer - Fall 1994		
	Number of Respondents	Percentage
Yes	33	16.4
No	161	80.1
No Answer	7	3.5
Total	201	100.0

portion who preferred a male doctor (33.9%), was slightly higher than those who stated an explicit preference for a female doctor (31.3%). Lebanese

women seem to prefer male over female gynecologists, partly out of habit, and partly because of a cultural attitude that men are more competent

(1) E. Karam; **Substance Abuse in Lebanon**. Expert Report. WHO 1993. Lebanon.

Women's Health In Lebanon

than women in medicine (see Table 5). Many women said the sex of the doctor made no difference to them, they looked for the doctor's competence (31.8%), or they had not thought about it in these terms before. Others already had a male doctor or were accustomed to him. Over 10% said that they either trust or feel more comfortable with male doctors. Nevertheless, a good proportion of the women (19.4%), insisted on a female gynecologist, because being a woman herself, they feel she understands them better. One respondent preferred a woman over the man because of a bad experience with the latter.

HEALTH ISSUES LEBANESE WOMEN WANT TO KNOW MORE ABOUT

The women in this sample wanted to know about more than one health issue, which had to be grouped together. Consequently, the number of responses exceeds the sample size of 201.

Table 4

Frequency at Which Tranquilizers are Taken
Summer - Fall 1994

Relationship	Number of Respondents	Percentage
Everyday	7	21.2
Only When Needed	19	57.6
More Than 3 Times/Week	4	12.1
Less Than 3 Times/Week	1	3.0
No Answer	2	6.1
Total	33	100.0

Table 5

Reasons Attributed to Perceived Preferences for Male or Female Gynecologist
Summer - Fall 1994

	Total Number of Respondents	Percentage
It Makes No Difference	64	31.8
Already Have a Male Doctor	9	4.5
Relax Better With Male Doctor	11	5.5
Trust Male More Than Female	10	4.9
Prefer Male Dr. Out of Habit	8	4.0
There Are More Male Drs.	1	0.5
Feels More Comfortable With A Female Doctor Because She Understands Better	39	19.4
Other	3	1.5
No Answer	56	27.9
Total	134	100.0

Health Issues Number of Responses

Cancer	47
HIV/AIDS and other STD	38
General Health Issues	26
Nutrition and Health: Cholesterol, Diabetes, Glands, Blood Count, Blood diseases, Metabolism, Back pains, Viruses, Pollution, Head problems, Ulcers, etc.	21
Heart Disease	9
Children's Health	9
Genetics, Rare Diseases and Medication	8
Women's Health	7
Diseases like Measles, T.B., Asthma, Plague	4
Effects of Tranquilizers and Smoking	3
Old Age issues	2
No Answer	35
TOTAL	209

CONCLUSION

Judging from the results of this survey, Lebanese women possess some degree of general awareness about health matters and issues, and are eager to know more. It seems, however, that they lack initiative in proper health practices and behaviors, such as exercising, getting regular

medical exams, and not consuming antiseptic drugs without a doctor's prescription.

The sample in this survey screened Lebanese women from a variety of income brackets and regions in the country, in both rural and urban settings. The sample bias most probably lies in the fact that the majority are

university graduates and, consequently, possess minimal knowledge in public health issues.

However and if we were to generalize on the basis of this sample, Lebanese women seem to lack the discipline and the attitude needed to develop the practices and behaviors of a health-conscious person.

Questionnaire

Health Awareness Among Lebanese Women

For Al-Raida / The Institute for Women Studies in the Arab World / LAU
(formerly BUC)

- Age: less than 20 ___ 20 - 30 ___ 30 - 40 ___
40 - 50 ___ More than 50 ___
- Marital Status: Single ___ Married ___ Widowed ___ Divorced ___
- No. of children: None ___ 1 - 2 ___ 3 - 4 ___ More than 4 ___
- Education: Elementary ___ Complementary ___ Secondary ___
University ___ Vocational ___
- Yearly family income level in L.L.:
below 3 million ___ 3 to 6 million ___ 6 to 10 million ___
10 to 20 million ___ 20 to 40 million ___ More than 40 million
- Work status: Working ___ Non-working ___
- Do you smoke? Yes ___ No ___
- Do you exercise? Yes ___ No ___
- Do you take any medication for nervous tension? Yes ___ No ___
If yes, what kind? _____
- How often and how many pills? (specify number that applies to you)
Everyday ___ More than three times/week ___ Only when needed ___
less than three times/week ___
- Is this medication prescribed by a doctor? Yes ___ No ___
- Do you go to your doctor for a general overall check-up regularly? Yes ___ No ___
- Do you see your gynecologist regularly? Yes ___ No ___
- Do you prefer to see a male gynecologist or a female gynecologist?
Male ___ Female ___ Why? _____
- Do you feel that doctors differ in their treatment and attention between male and female patients? Yes ___ No ___
Explain _____
- Do you feel that hospitals staff differ in their treatment and attention between male and female patients? Yes ___ No ___
Explain _____
- What health issues would you like to know more about?

Lebanese women seem to prefer male over female gynecologists, out of habit, and because of a cultural attitude that men are more competent than women in medicine.

Gender, Sickness, and Healing in Rural Egypt

Taline Papazian

Soheir A. Morsy. Gender, Sickness and Healing in Rural Egypt: Ethnography in Historical Context. San Francisco: Westview Press. 1993. ISBN 0-8133-8166.

This study begins with the historical development of the village of Fatiha in 19th century Egypt, including the ethnographic setting of the community, and the evolution of power relations that characterizes the present. Fatiha, located about 130km northwest of Cairo in the Egyptian Nile Delta is home for some 3,200 inhabitants. Rain is confined to the winter months, in a climate characterized by two seasons, resulting in a low average of precipitation. Consequently agricultural production involves perennial irrigation with extensive use of canals. Almost all of the inhabitants are cultivators.

Yet class differentiation between the old masters and the sub-servient peasants remains evident. Villagers rank holders of large amounts of land and their families higher than others with smaller areas.

Both boys and girls labor. Children under the age of ten help plant seeds, weed, or carry lunch to the field. Some girls are taken away from the village to work in urban homes, others practice their domestic skills in their own families. Boys, in general, do not engage in domestic chores. Gender roles are very clear and boys are warned from exhibiting 'womanly' behavior.

Hence, Part one of **Gender, Sickness and Healing in Rural Egypt** discusses the social structure of the village and the cultural organization of its inhabitants. Part two, dealing with gender differentiation, presents illustrative accounts of distressed individuals and their families. Cultural understanding of ill-health, popular definitions of suffering as well as the 'social' consequences of person-centered symptoms or conditions are exposed and emphasized through these accounts.

Part three of **Gender, Sickness and Healing in Rural Egypt** analyzes so-

cio-medical concepts within the cultural perspective of Fatiha. Hence, the impact of sickness and health on existing power relations and mediation of powerlessness are examined through local/indigenous knowledge of the body, and the relationship between people's physical or mental health and their natural and social environments.

This section shows how sickness and healing are interwoven in local social processes and linked to national power asymmetries by the people of Fatiha. The last part summarizes the main theoretical issues of the study. It relates conclusions to analytical concerns surrounding the comparative study of gender, and to the anthropological analysis of sickness and healing. It discusses Body Concepts, the cultural construction and social meditation, Medical Taxonomy, the centrality of emotion and social causation, Health Care, prevention, response to illness, and the social context of healing.

— Ms. Papazian is a former colleague at IWSAW and presently student of epidemiology at McGill University, Canada

Reactions

To The U.N. Conference on Population and Development (Cairo, September 5-13, 94)

Many, undoubtedly, continue to question why specific reference should be made to women, where problems of the environment and health are concerned, when the whole of humanity is in the same boat. Could it be because women's involvement in the policy-making process is weak. Or maybe because breast cancer is increasing at geometric rates all over the world and because cancer survivors, environmentalists, and a handful of researchers are pointing to environmental contaminants as the epidemic's central culprit!(1)

Confusion and conflict arise everytime focus is made on problems specific to women. It is only recently that all hell broke loose in Cairo when issues related to women's reproductive rights and their impact on humanity were raised. At the United Nations Conference on Population and De-velopment (Cairo Sept. 5-13, 1994), Third World countries who suffer most from population growth, poverty and inadequate health care were caught up in the power play between religious and Western-based secular ideologies.

Here are excerpts of some on statistics on population and development, and cultural and national reactions to the issues that came out in Cairo.

Arab Reactions

Arab women describing themselves as the main victims of current family planning policies, defied their menfolk on Friday (September 9) with an appeal for better sex education, full equality and legal abortion for psychological reasons. The women asked Arab governments "to revise their legislation to ensure full equality between genders, with special regard to personal status and family laws, as well as laws regarding nationality."

Saudi Arabia, Sudan and Lebanon withdrew their delegation from the United Nations Conference on Population and Development in Cairo. This position upheld the claim that the draft of the "programme

of action" under discussion undermines family values and encourages promiscuity, and would therefore offend the religious clergy of the country.

Jordan: "We do not sanction using abortion as a means of family planning, but we allow it only in one case when the pregnant woman's life is threatened by the danger of death. Jordanian Labor Minister Khaled al-Ghzawi told Reuters. The Jordanian Government began a nation-wide birth spacing campaign last year to control indirectly its population, growing at an average of 3.4 percent a year, among the world's highest. (Rana Sabagh for Reuters, 1/9/94)

Syria said it would cooperate with the programme where it was in accord with national interests and religious beliefs.

Kuwait said its commitments depended on the programme not violating Islamic law.

International Reactions

Two of the three women who rule Muslim states, Khaleda Zia of Bangladesh and Tansu Ciller of Turkey, along with Queen Noor of Jordan, dropped out of the Conference as well. (Emily MacFarquhar, 'Population Wars' U.S. News & World Report, September 12, 1994.)

*Jordan:
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a means of
family
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but we
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pregnant
woman's
life is
threatened
by death.*

Recent scientific studies confirm that the earth's basic resources are vastly greater than what is needed to feed the 10 billion people certain to inhabit it.

Activists accused the U.N. Population Conference of neglecting the increasingly devastating effects AIDS was having on women around the world. HIV is spreading faster among women than men, and has infected more than 7 million women worldwide and estimates say 13 million may be infected by the year 2,000. (Mona Eltahawy for Reuters, 9/9/1994.)

If the non-binding programme succeeds (set by U. N. Population Fund), the United Nations says, the world population will rise to 7.27 billion in the year 2015, up from 5.67 billion today. If it fails, the world would reach up to 7.92 billion in the year 2015, and 12.5 billion in 2050. (Mona Eltahawy for Reuters, 13/9/1994.)

Joe Speidel, President of Population Action International, said family planning and related health care programme would cost around \$17 billion by the year 2000, of which donor countries must provide one third, or \$5.7 billion. Speidel recommended that the United States triples its donations by the year 2,000 to \$1.9 billion (a year) and Japan increase theirs to \$1.2 billion. Japan agreed earlier this year, to raise annual donations to population projects from \$40 million to \$400 million. (Dominic Evans for Reuters, 8/9/94)

Controversial Perspectives

It has become an article of faith that the Earth's population is about to surpass the planet's 'carrying capacity.' (Budiansky, Stephen. '10 Billion for Dinner, Please' U.S. News & World Report, September 12, 1994.)

OR

Recent scientific studies confirm that the earth's basic resources are vastly greater than what is needed to feed the 10 billion people that are almost certain to inhabit it in the middle of the next century. The real threat is not that the Earth will run out of land, topsoil or water but that nations will fail to pursue economic, trade and research policies that can increase the production of food, limit environmental damage and ensure that resources reach the people who need them. (Budiansky, Stephen. '10 Billion for Dinner, Please' U.S. News & World Report, September 12, 1994.)

Zimbabwe and India said the document must guarantee sexual and reproductive rights to individuals and not only couples in order to protect women from having little or no say in traditional marriages. (Philip Pulella for Reuters 9/9/94)

OR

A number of Islamic countries, including Egypt, Libya and several African Moslem nations, said they wanted the word 'couples', (Philip Pulella for Reuters 9/9/94)

The argument was that the term individual encourages homosexuality and other combinations, which Moslem critics consider immoral. The Vatican does not oppose the term individual but wants to make it clear that the term "other unions" should not constitute a reference to homosexuals. "Ideally, parents should be a woman and a man brought together by love in marriage and committed to support one another and their children," said a Vatican spokesman.

Politically correct terminology and key concepts.

- * Birth control
- ✓ Fertility regulation
- * Population control
- ✓ Family planning, Population strategies
- * Single-parent household
- ✓ Single-headed household
- * Illegal migrants
- ✓ Undocumented migrants
- ✓ "Reproductive health": a state of complete physical, mental and social well-being.
- ✓ "Sexual health": the integration of somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching."

The Abortion Debate

The revised text, part of the 113-page document charting the world's population strategy over the next 20 years.

"In no case should abortion be promoted as a method of family planning. All governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion (see footnote) as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counseling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances in which abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion. Post-abortion counseling, education and family planning services should be offered promptly which will also help avoid repeat abortions."

Footnote: "Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both (WHO)."

According to Nafis Sadik, Secretary-General of the U.N. Population Fund: the objective is to reduce the need for abortion, not to advocate or promote abortion.

The Vatican wants the section (on abortion) to say explicitly there is no international right to abortion. It also does not agree with a phrase which says abortion should be safe where it is legal. The Vatican says no abortion is safe because life is extinguished. (Philip Pullella for Reuters, 9/9/94)

The Vatican and many conservative Moslems have attacked the draft "programme of action" under discussion at the meeting, saying it undermines family values and encourages promiscuity. (Jonathan Wright for Reuters, 1/9/94)

Send your reactions and comments about any event or activity concerning women, especially Arab Women to:

Letters to the Editor, AL-RAIDA, Institute for Women Studies in the Arab World, Lebanese American University, PO. Box 13-5053/59, Beirut, Lebanon. Fax: (01) 967 098.

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*The Vatican
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saying it
undermines
family
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encourages
promiscuity*

Empowerment through Knowledge! Previously, AL-RAIDA covered the issue of "Battered Women in Lebanon." Everywhere women need to know and exercise their rights

United Nations Declaration The Elimination of Violence Against Women

Date: 20 December 1993

Article 1

For the purpose of this Declaration, the term "violence against women" means any act of gender-based violence, that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Article 2

Violence against women shall be understood to encompass, but not be limited to the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Article 3

Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. These rights include:

- (a) The right to life;
- (b) The right to equality;
- (c) The right to liberty and security of person;
- (d) The right to equal protection under the law;
- (e) The right to be free from all forms of discrimination;
- (f) The right to the highest standard attainable of physical and mental health;
- (g) The right to just and favorable conditions of work;
- (h) The right not to be subjected to torture, or other cruel, inhuman or degrading treatment and punishment;

Article 4

States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should:

(a) Consider, where they have not yet done so, ratifying or acceding to the Convention on the Elimination of All Forms of Discrimination against Women or withdrawing reservations to the Convention;

(b) Refrain from engaging in violence against women;

(c) Exercise due to diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons;

(d) Develop penal, civil, labor and administrative sanctions in domestic legislation to punish and redress the wrongs caused to women who are subjected to violence; women who are subjected to violence should be provided with access to the mechanism of justice and, as provided for by national legislation, to just and effective remedies for the harm that they have suffered; States should also inform women of their rights in seeking redress through such mechanism;

(e) Consider the possibility of developing national plans of action to promote the protection of women against any form of violence, or to include provisions for this purpose in plans already existing, taking into account, as appropriate, such cooperation as can be provided by non-governmental organizations, particularly those concerned with this subject;

(f) Develop, in a comprehensive way, preventive approaches and all those measures of a legal, political, administrative and cultural nature that promote the protection of women against any form of violence, and ensure

that the re-victimization of women does not occur because of gender-insensitive laws, enforcement practices or other interventions;

(g) Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialized assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counseling, health and social services, facilities and programmes, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation;

(h) Include in governments budgets adequate resources for their activities related to the elimination of violence against women;

(i) Take measures to ensure that law enforcement officers and public officials responsible for implementing policies to prevent, investigate and punish violence against women receive training to sensitize them to the needs of women;

(j) Adopt all appropriate measures, especially in the field of education, to modify the social and cultural patterns of conduct of men and women and to eliminate prejudices, customary practices and all other practices based on the idea of the inferiority or superiority of either of the sexes and on stereotyped roles of men and women;

(k) Promote research, collect data and compile statistics, especially concerning domestic violence, relating to the prevalence of different forms of violence against women and encourage research on the causes, nature, seriousness and consequences of violence against women and on the effective-

ness of measures implemented to prevent and redress violence against women; those statistics and findings of the research will be made public;

(l) Adopt measures directed to the elimination of violence against women who are especially vulnerable to violence;

(m) Include, in submitting reports as required under relevant human rights instruments of the United Nations, information pertaining to violence against women and measures taken to implement the present Declaration;

(n) Encourage the development of appropriate guidelines to assist in the implementation of the principles set forth in the present Declaration;

(o) Recognize the important role of the women's movement and non-governmental organizations worldwide in raising awareness and alleviating the problem of violence against women;

(p) Facilitate and enhance the work of women's movement and non-governmental organizations and cooperate with them at local, national and regional levels;

(q) Encourage intergovernmental regional organizations of which they are members to include the elimination of violence against women in their programmes, as appropriate.

Article 5

The organs and specialized agencies of the United Nations system should, within their respective fields of competence, contribute to the recognition and realization of the rights and principles set forth in the present Declaration, and to this end should:

(a) Foster international and regional cooperation with a view to defining regional strategies for combating violence, exchanging experiences

and financing programmes relating to the elimination of violence against women;

(b) Promote meetings and seminars with the aim of creating and raising awareness among all persons about the issue of the elimination of violence against women;

(c) Foster coordination and exchange within the United Nations system between human rights treaty bodies to address the matter effectively;

(d) Include in analyses prepared by organizations and bodies of the United Nations system of social trends and problems, such as the periodic reports on the world social situation, examination of trends in violence against women;

(e) Encourage coordination between organizations and bodies of the United Nations system to incorporate the issue of violence against women into ongoing programmes, especially with reference to groups of women particularly vulnerable to violence;

(f) Promote the formulation of guidelines or manuals relating to violence against women, taking into account the measures mentioned herein;

(g) Consider the issue of the elimination of violence against women, as appropriate, in fulfilling their mandates with respect to the implementation of human rights instruments;

(h) Cooperate with non-governmental organizations in addressing violence against women;

Article 6

Nothing in the present Declaration shall affect any provision that is more conducive to the elimination of violence against women that may be contained in the legislation of a State or in any international convention, in force in a State.

*If Your
Country
has not
signed this
Declaration
then please
know about
and lobby
for it.
Moreover,
acquaint
yourself
with your
country's
specific
legislation.*

IWSAW Calendar

January 11, 1995

Empowerment of Women Through Law

An open panel to discuss legal status of women, examine the ratification that have been made so far, and explore needed legislative amendments.

Place: Lebanese American University

Time: 4:30 p.m.

March 8, 1995

International Women's Day:

Empowerment of Women through History

A play depicting changes in women's roles and images through history, performed and organized by students, instructors and professors of the Lebanese American University.

April 12, 1995

Empowerment through Work

An open panel to discuss the status of women in the labor force and to examine variables that hinder/advance mobility, in order to identify empowering factors.

Place: Lebanese American University

Time: 4:30

May 17, 1995

Empowerment of women Through the Media

An open panel analyzing the presentation of women in the local media and questioning the existence, or in-existence of gender-sensitive policies.

Place: Lebanese American University

Time: 4:30

International Calendar

16-27 January, 1995

The World Summit for Social Development Third Session of The Preparatory Committee

New York, USA

Contact: The World Summit for Social Development, c/o DPCSD

United Nations

New York, N.Y. 10017, USA

Tel: (1-212) 963-5855

Fax: (1-212) 963-1010

16-18 January, 1995

Achieving Global Human Security

Washington, D.C., USA : International Development Conference and the Society for International Development.

Food and Hunger, sustainable development, human rights, environment and population, peacebuilding and Conflict resolution among the issues to be considered.

Contact: International Development Conference
c/o Kathy Morrell & Associates, Inc.
PO Box 11276, Alexandria, VA, 22312, USA
Tel: (1-703) 642-3628
Fax: (1-703) 941-4299

26 Jan.- 5 Feb., 1995

**Human Development Expo-Forum '95
Human Development and Poverty Alleviation**

Accra, Ghana

The African Center for Human Development (ACHD)

To provide NGOs with an action-oriented approach to the World Summit on Social Development. To share experiences and present successful strategies related to human development and poverty alleviation.

Contact: ACHD
PO Box 0273/4 Rolyat Castle Road, Kokomlemle
Accra, Ghana
Fax: (233-21) 774-338

January 1995

National Seminar on Women and Eco-Development

Madras, India

C.P. Ramaswami Aiyar Foundation

C.P.R. Environmental Education Center
1a Eldams Road, Madras 600 018, India

Tel: (91-44) 451-249
Fax: (91-44) 450-656

22-24 Feb. 1995

International Conference on the Sex Industry in Asia Hong Kong

Rights of Entertainers in Asia to Combat Human Oppression & Unjust Treatment (Reach Out)

Participants will examine the social, legal, political and health issues surrounding the sex industry in Asia;

Contact: Reach Out
PO Box 98108, TST Post Office
Tsim Sha Tsui, Kowloon, Hong Kong
Fax: (852) 603-6097

28 Feb. - 3 March, 1995

International Symposium on Women and the Media

Toronto, Canada

Canadian National Commission

50 participants & 100 observers including media professionals, experts and institutions will review the current situation of women and the media and share successful media strategies.

Contact: Jacqueline LeMoine
Responsable Femmes et Media, UNESCO
1, rue Miollis, 75732 Paris, Cedex 15, France, Fax: (33-1) 4567-4358

* Taken from the Women and Development Conference Calendar prepared by the International Women Tribune Center, 777 United Nations Plaza, New York, NY 10017, USA. Tel: (212) 687-8633, Fax: (212) 661-2704, e-mail: iwtc@igc.apc.org

Anna C. Mastroanni, Ruth Faden and Daniel Federman (eds.). 1994

Women and Health Research: Ethical and Legal Issues of Including Women in Clinical Studies.

Volume 1 and 2. Washington DC: National Academy Press. Papers by epidemiologists, doctors and other researchers.

Kane, Penny. 1994.

Women's Health from Womb to Tomb.

New York: St. Martin's Press. ISBN 0-312-10623-8.

Using epidemiological statistics, Kane compares women's and men's health profiles in both developed and developing countries, and presents the real health issues which affect women from before birth to death.

Scully, Diana. 1994.

Men Who Control Women's Health.

New York: Teacher's College Press. This historically grounded book discusses how the training, surgical practices, and paternalistic attitudes of mostly male doctors affect the lives of their patients. The result is a riveting examination of the ways professional goals influence the development of attitudes, perspectives, and skills that often conflict with the needs of patients, backed by sound documentation of abusive therapies and surgical interventions.

1994. Private Decisions, Public Debates, Women, Reproduction and Population.

London: Panos Publications. ISBN 1-870670-34-5.

White, Jenny B. 1994.

Money Makes US Relatives: Women's Labor in Urban Turkey.

Austin, TX: University of Texas Press. Ethnographic study that focuses on the devaluation of women's work.

"Women and Health." Canadian Woman Studies/Les Cahiers de la Femme.

A York University Publication. Summer 1994. Volume 14, Number 3.

Burtch, Brian. 1994.

Trials of Labour: The Re-emergence of Midwifery.

Montreal, Quebec: McGill-Queen's University Press.

Moghadam, Valentine M. (ed.) 1994.

Identity Politics & Women: Cultural Reassertions and Feminism in International Perspective.

Boulder, CO: Westview Press.

Identity Politics refers to discourses and movements organized around the question of religious, ethnic, and national identity. It focusses on political-cultural movements that are making a bid for state power, for fundamental juridicial change or for cultural hegemony. It offers theoretical, comparative, and historical approaches to the study of identity politics, and includes thirteen case studies spanning Muslim, christian, Jewish, and Hindu countries and communities.

Berer, Marge with Sunanda Ray. 1993.

Women and HIV/AIDS: An International Resource Book.

Pandora. ISBN: 0-4440-876-5

This book brings together a decade of knowledge and experience regarding the impact of HIV/AIDS on women's health, sexual relationships, reproductive rights, and what women are doing about it in the world. Includes contributions from women living with HIV/AIDS, activists, researchers, and professionals. Women and HIV/AIDS also covers: risk reduction, pregnancy, breastfeeding, motherhood, condom use, contraception, abortion; testing and counseling issues for women; details of projects and services by and for women; contacts and resources worldwide.

Feldstein, Hilary Sims and Janice Jiggins, (eds.) 1994.

Tools for the Field: Methodologies Handbook for Gender Analysis in Agriculture.

West Hartford, CT: Kumarian Press.

Hjelmstad, Lois T. 1993.

Fine Black Lines: Reflections on Facing Cancer, Fear and Loneliness.

Denver: Mulberry Hill Press.