

## **International Council on Women's Health Issues (ICOWHI)**

### **Report Western Europe October 2004**

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#### Preamble

The report on the developments of "Women's Health Issues" in Western Europe 2002 – 2004 is presented in line with the strategic plan of action of the ICOWHI. It covers the following aspects:

- 1) Impact of members on the health and well-being of women around the world
- 2) Reducing violence against women and girls
- 3) Development of women coalitions to improve the health and well-being of women
- 4) Mentorship
- 5) ICOWHI membership
- 6) Promoting ICOWHI as a key-organization for women's health issues

I owe a sincere thank-you to Beth-Ann Swan, who regularly provided a wealth of information, thus enabling me –despite moves between countries (Germany-Netherlands-Bulgaria) and a frequently malfunctioning electronic system in Pleven (Bulgaria), to remain updated about the development of the strategic plan and challenges of an ambitious council!

For an understanding of this report, the following personal data should be considered.

Sept. 2002	Planning of a retirement symposium on "nursing science in Germany" with the support of international speakers (nurse-scientists)
April 2003	Retirement of the University of Bremen, Germany
May	Orientation visit to the Medical University of Pleven
May –Aug.	Preparation of the symposium proceedings for publication (translation of the English presentations in the German language)
Oct.	Publication "Pflegerwissenschaft in Deutschland: Chance oder Herausfordering?" Publ. Verlag Dr. Kovac ISSN 1612-2631
July – Dec.	Working with Masters' and Doctoral students on their theses/dissertations
July – Nov.	Preparation for the Herder professorship* at the Medical University of Pleven in Bulgaria (Summer Semester 2005).
Aug.	Purchase of an apartment in the Netherlands, extensive renovation required.
Nov. 28 <sup>th</sup>	Move from Bremen to "home" in the Netherlands after 22 years living abroad!
Febr. 2004	Departure for Bulgaria; lectures are starting two days later. Teaching four academic courses in English (Bulgarian translation): nursing science, - research, - diagnosis and public health (HFA/PHC). Content transfer to power-point in the Bulgarian language. Preparation of concept text booklets for three courses.

Education and mentoring of four staff-members of the Department Health and Management in nursing science & public health..

Development of research proposals on (older) Women's Health in Bulgaria and the historical role of women-nurses under the Sovjet Regime in comparison to the new "Democracy" to-date.

Visits to clinical sites in hospitals and community care centers.

Consultation requested by Burgas University "to re-organize nursing education in the Medical College (low level polytechnic education) and the health care services!"

June 29 Return to the Netherlands.

July 8 & 9 Debriefing DAAD, Bonn

Aug.- Sept. Preparation final report on the Summer Semester in Pleven 03 for the DAAD. Establishing educational- and research contacts with universities in support of the work in Pleven within the Netherlands and the UK.

The remaining winter semester will be spent on revising the text booklets and expanding the texts in such manner that -after translation in Bulgarian- these teaching materials can be printed and given an ISSN number.

Nurses are taught by physicians, who provide them with notes on nursing! There are no official nursing textbooks so far.

I hope to return under the "Herder program" in 2005, possibly for frequent short-time consultation, supported by the DAAD.

\* The Stiftungsinitiative J.G. Herder is a program, accessible to retired professors, aimed to the teaching, research and consultation –on counterpart basis- in countries of Central –and Eastern Europe. Five Stiftungen are collaborating in financing this program, that is planned and coordinated by the Deutsche Auslaendische Austauschdienst, the DAAD (German international academic interchange service).

## 1) Impact of members on the health and well-being of women around the world

During the meeting at the University of Pennsylvania (PENN) in Philadelphia in January 2003, I mentioned briefly the development of the establishment of an International Women's University with a "home-basis" in Germany at the

University of Hannover - Prof. Dr. Ing. Ayla Neusel President of the International Women's University

In partnership with

Charite University (Berlin) - Prof. Dr. med. Gabriele Kaczmarczyk

University of Bremen - Prof. Dr. Sabine Broeck

Isabel Zorn M.A. (Virtuelle Internationale Frauenuniversitaet)

Partner Universities in other parts of the world are:

Ewha Women's University, Seoul Korea - Prof. Dr. Eun Mee Kim

Ahfad University for Women, Sudan - Prof. Dr. Gasim Badri

Cape Town Technikon, South Africa – Grace Naledi Mandisa Pandor, chancellor and the

Women's College Coalition, Washington USA - Dr. Jadwiga S. Sebrechts, president

European Commission, Brussels - Dr. Nicole Dewandre Head of the Unit

Women and Science

Aside from these educational institutions, representatives of governments, women's coalitions, institutions for science and development and international decision-making bodies were present at the May 21/June 1, 2002 meeting in Berlin.

The Pilotproject IFU 2000 focused on the topics :

*Body – City – Information – Migration – Water - Work*

Since *Body* was addressed from a perspective of philosophy, history and art only, critique was expressed that bio-psycho-social health was not taken into account and the expectations and needs of graduate students from developing countries not correctly assessed. A PHC physician from a country with high HIV/Aids mortality is not primarily interested in the body as "Lust-object", but wants to be informed about the latest treatment possibilities! Based on the IFU 2000 evaluation, health professionals were included and re-routed *Body to the sector of health and well-being*.

The 2002 conference focused on the content area *health and well-being* and the planning of a post-graduate Masters Degree Program, by the international universities mentioned. The planning and administration is centered at the Charite University in Berlin.

In the past two years the main emphasis has been to strengthen the infrastructure of the International Women's University, which for political reasons has been renamed in *Women's Institute of Technology, Development and Culture (W.I.T.)*

In order to establish a true international university, faculty and students have to be recruited from all parts of the world, which requires a large budget, that under the recession in many countries, is not readily available.

The recruitment of faculty and staff has been delayed; despite the financial barriers, the Faculty of Health hopes to start its Masters Degree Program in the Fall of 2005.

July 4<sup>th</sup> 2002, I sent a report to all the participants of the IFU initiative, present in Berlin; as well as to all the post-graduate students of my women's health seminar during IFU 2000, about the ICOWHI and forwarded (with permission) addresses and emails.

Having been involved in the margin of the IFU 2000 summer university, and intensively during the 2002 conference at Berlin, I have been asked to be part of the faculty in 2005. In a telephone contact last week I was informed that the launching of new information is planned towards the end of 2004.

Although the development of IFU/ W.I.T. may appear to be an academic exercise, the working sessions of interdisciplinary women academicians has proved to be very constructive, new coalitions were created and collaboration intensified.

The Arbeitskreis Frauengesundheit ( AKF: National German Organization on Women's Health) is continuing its Annual Conferences and publishing its theme-focused conference proceedings. The AKF is regarded by the German Government as a significant partner in the development of policy and planning of health care.

## **2) Reducing violence against women and girls**

There has been an awareness campaign among health professionals regarding genital mutilation in Germany, which has resulted in reporting stations, where legal and medical help is provided. In Germany and the Netherlands genital mutilation is prohibited by law; the problem is that parents may take their daughters back to the home country, where the procedure is performed.

An allochtone member of the Dutch parliament Hirsch Ali, suggested last month that the school health service should medically examine allochtone girls on a compulsory yearly basis and bring GM under criminal law. This proposal was met with reservation by the Conservative Party (CDA), which lies the responsibility of children primary with the parents and within the family tradition! Similarly, less outspoken opinions are addressed in Germany.

Amazingly enough, are the initiatives on the reduction of violence stronger based in private organizations and citizen's initiatives. Much work is accomplished internationally by the two women's service clubs *Soroptimist International and Zonta International*.

Both organizations are NGO's and display influence through the United Nations; they should be included in the Strategrical plan (Goal 1, p. 1-3)  
Soroptimist International (SI) Germany has greatly contributed to the awareness of genital mutilation (Project Conacry) and Traffic in Women from the East European countries to Western Europe (Project Contact). These women, many of them well-educated, are tempted by lucrative jobs in the West and the prospect of a "rich husband", and put as cheap laborers in the prostitution. SI has during a couple of years supported Project Contact with funding, provided through local, regional and national charity activities.

The latest international SI project is *Women for Women*.

This project focuses on Women Survivors of War in Bosnia (Europe), Afghanistan and Rwanda. The human and financial resources are planned through local, regional, and national SI initiatives and coordinated at international level. The aim is to help women on a counterpart basis to regain their feelings of self-esteem and assist them through education and training in becoming economically independent. The first experiences reflect the importance of establishing support-networks, that help women cope with the grieving and losses.

### **3) Development of women coalitions to improve the health and well-being of women**

The formation of women's coalitions has partially been addressed in the previous paragraphs.

Wherever there is a critical mass of women, new initiatives emerge. We have observed a series of citizen's movements in relation to the war in Afghanistan and Irak, but also related to the break-down of the welfare states in Germany and the Netherlands. Financial changes are most likely affecting women: single parents, elderly women, unemployed etc.

It has been observed that women in Western Europe may stand for their beliefs, but appear naïve regarding the political decision-making mechanisms, that influence their social causes. There is a lack of strategical thinking, in presenting a social cause and finding allies among politicians and decision-makers. My experience in Bulgaria was, that forty years of communist suppression has left women (and men) without self-esteem, with disbelief in a better future and too discouraged to engage in the improvement of daily life. The development of women's coalitions is unknown and perceived as threatening, any collective behavior may be paid for with unemployment. One is still too much socialized in hierarchic structures.

### **4) Mentorship**

During the past two years I have been supporting the establishment of a number of mentorship groups. Very successful is the mentorship initiative of Soroptimist International in Germany, which created a financed program through which promising young women professionals are mentored by women top-executives. This program turned out to be so popular, that male top-executives have requested whether they could participate as mentors! The mentors are counseled by women experts.

The international NGO "Business and Professional Women"(BPW Germany) club Bremen, has developed an Expert Network of professionals and business women, who twice a year make themselves available to advise women regarding their career planning. Also this network offers mentorship, but the number of mentorees is still limited. Amazingly enough the health sector is scarcely presented!

With regards to Bulgaria, mentorship is very much needed to coach women in their work and interests toward the desired membership of the European Union in 2007. Many skills need to be developed and exercised before women are able to participate in a modern society and on equal footing with men.

## 5) ICOWHI membership

This topic has proved to be the most problematic matter during the past four years. Despite intensive and repeated dissemination of information, provided to large numbers of professional groups, women issues appear to have lost momentum in the priorities of (young) women. The same experience is noted among groups of feminists.

Following our email discussion, the experience seems to be similar in other networks. In trying to analyze the phenomenon, I observed that in Germany the barrier to read and communicate in the English language remains to be high, even among the younger student generation. The representation of German women at international health congresses is very low for an affluent country. Another factor is the priority on women's health, a specialty of a few women, who have to combine this interest mostly with other academic and clinical responsibilities. The powerful AKF, where the ICOWHI has been addressed frequently, embodies very few women with interest in international collaboration. Most women are focused on the ins and outs of their own practice.

In Bulgaria, the interest to connect to the Western world is immense, but the resources nil. Immediately after my arrival, I started to work with a gifted epidemiologist, who I wanted to attend the ICOWHI congress in Brazil. There lies a dormant giant of women's health data in the communities, unknown to the government and WHO/EURO. However the research stranded, because the epidemiologist could not spare the time to translate her Bulgarian data to me. I was not able to do independent research, because of the language barrier!

Membership of Bulgarian health professionals in an international organization or a subscription to an international peer-reviewed journal is only possible through donor programs. Further, it makes only sense when people speak English. My adult student population spoke no English; there were only five persons on faculty who mastered English at different levels of competency.

Back at the University of Bremen bookshop, I was told that I was the only professor who ordered English textbooks for the students. "Students shy away from reading English". In Germany, according to my experience, this applies also to their teachers! I checked it out in the Netherlands, the University of Utrecht. Until my surprise, students read less English than is expected and required. The University bookshop, affected by the recession, only ordered English books upon prepaid order.

It stands to reason, that priorities are set within the own language domain, taking into account the extra costs of publications in a foreign language.

A last example was the publishing experience after a very good women's conference at the University of Bremen. I intended to get the presentations reworked into articles and translated for our journal "Health Care for Women International". Elly was instrumental in exploring the matter. Until my surprise, the speakers withdrew, simply because of the additional work anticipated.

My resources appear inadequate in recruiting members. I tend to think, that the development of the ICOWHI is and will remain an American endeavour, joined by sponsored members from other countries. The objective figures demonstrate a reality that is hard to ignore.

## 6) Promoting ICOWHI as a key-organization for women's health issues

It is the key question in what direction the ICOWHI should develop and where its priorities should be set. If I compare its development with the birth of ACENDIO in Europe –the counterpart of NANDA- the stories are similar. ACENDIO decided to collaborate with NANDA and merge the American journal with the European Newsletter into one peer-reviewed journal, also to collaborate in conferences and research.

It could be an option for ICOWHI to link itself to an internationally-oriented organization such as the women's medical coalitions, the socio-political platforms on women's issues, the efforts of the International Women's University. It needs to be embedded in a well-functioning infrastructure. These settings are best developed in the USA and Canada. However, at the same time it needs to be presented at an organization in which developing and developed countries participate on equal footing. This is an illusion as long as women leaders in many countries do not have access to budgets and authority of decision-making.

This report is not able to address all the burning issues that make the ICOWHI a vibrant organization. I regret not being able at this point in coming up with satisfactory solutions. The experiences of the past four years have been rewarding in terms of personal contacts and discrete initiatives, that were successful. The membership recruitment was not successful, there is simply no priority setting in this field.

I will continue working in the Netherlands, where women appear to be more flexible and undertaking than in Germany. However it is too early to assess what networks can be helpful in making the ICOWHI a key-organization in women's health.

Being officially retired, it may be recommended to elect another boardmember from among the European countries, whose position offers more access to the desired resources!

I am interested in the outcome of the Brazil congress and send you my wholehearted greetings from Soest (NL) for a successful meeting.

Sincerely,

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