

REPORT: CONFERENCE: CITIES AND WOMEN'S HEALTH: GLOBAL PERSPECTIVES: Philadelphia, USA: 7-10 April 2010

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FOCUS OF THE CONFERENCE

This prestigious conference, hosted jointly by the International Council of Women's Health Issues and the University of Pennsylvania, was attended by more than 400 delegates from 22 countries representing 17 different professions. In this way the conference could be regarded as having met one of its objectives, namely to establish communication among international multi-professional participants about factors in cities that impact on women's lives and health. The emphasis was on the impacts of cities and communities on women's mental and physical health. Urban migration continues to pose global challenges for maintaining healthy women in cities.

CONFERENCE PRESENTATIONS

Many presentations focused on the need to empower women to survive in urban environments. A number of papers addressed women (and child) abuse, emphasising that women need education and skills to earn salaries that grant women financial independence from their male partners. Mothers can only earn salaries if their children are being cared for, necessitating childcare facilities, lacking in many global cities. Women's health in cities is interdependent and interrelated with their capacities to earn money and to care for themselves and their children. Many girls in developing countries only attend school until they start menstruating, and then disrupt their schooling for the duration of their menstrual periods because they lack protective sanitary products. In this way they fall behind and eventually drop out of school. Research done in India revealed that girls need protective sanitary products and information before their menses commence, to enhance their likelihood of successfully completing their schooling. Poor families cannot afford to buy sanitary products. Consequently researchers are

investigating means and ways in which locally available materials could be used to manufacture protective sanitary products at household levels.

A video portrayed the work done by three women: a Vietnamese HIV-positive widow, a survivor of the Bosnian war and a worker in the slums of Bamako (Somalia). These women not only managed to claim their voices within their own communities but they also continue to empower other women to do so in fighting HIV/AIDS, rebuilding communities and educating girls.

At this prestigious international conference, it was a privilege to attend a number of presentations based on research done in Africa, including: nurses' role in VIA (visual inspection with Acetic acid) as cervical screening methods in Egypt; the utilisation of PAP smear services by urban Botswana women; the use of mobile telemedicine for cervical cancer screening in Gaborone, Botswana; mothers' expectations of care provided by midwives during labour (South Africa); medical and nursing students' knowledge about and experiences of needle prick injuries (South Africa); midwives' attitudes towards abortion procedures (South Africa)

A special report was presented about the WEEP (Women Equality Empowerment Project) for HIV positive women in the urban slums of Kenya, which started off as an orphan prevention programme. The reported successes of this programme include that HIV positive are supplied with food, rent and access to treatment. Most women reportedly become physically stabilised within two months and commenced working and/or learning a trade at a centre, enabling most women to regain their independence. The abstract states: "We see women come from death to life in this program and become self sustaining".

EVALUATION OF THE CONFERENCE

I presented a paper on factors influencing adolescents' utilisation of prenatal services in Bulawayo, Zimbabwe, based on research conducted by Dr CN Chaibva, in a session focusing on female adolescents' health in cities. Presenters from different countries emphasised that adolescent pregnancies impact negatively on women's education, skills acquisition and career progressions. If adolescents fail to utilise prenatal and other health care services, the chances are increased that the adolescents and/or their babies will suffer from physical conditions, aggravating the cycles of poverty for the adolescents themselves, but also for their families and for their children.

It was indeed a worthwhile conference to attend and to meet researchers interested in promoting women's health globally. The 2012 conference, organised by the International Council of Women's Health, will be hosted by the Mahidol University in Bangkok, Thailand. Information will be available from www.icowhi.org