



Want something to smile about? Lend a hand to the world's women.

Yes, you can save women's lives

Around the world, women are dying because they can't get basic health care—a Pap smear, a condom, a safe place to give birth. Hopeless? Actually, you can help.
By Sabrina Rubin Erdely

On a recent tour of 10 African countries, human rights activist Kati Marton met a woman dying of AIDS in a shantytown outside Cape Town, South Africa. The woman was frail and thin, and it was painful for her to get out of bed. A mother of three, she was piecing together an album of her life, filling it with mementos from her childhood, newspaper clippings and blossoms from her favorite flowers to leave as a legacy for her children.

“When she showed the book to me, I sat there and cried with her,” says Marton, chair of the International Women’s Health Coalition, a nonprofit group that works to protect the rights and health of women and girls worldwide. After spending two decades as a journalist reporting from Europe, the Middle East and Asia, as well as traveling with her husband, former UN Ambassador Richard Holbrooke, Marton knows this woman is one of many: “You can multiply this woman’s story by thousands—women are dying because they aren’t getting even basic health care.” Often the cause of death is cervical cancer; an unassisted pregnancy or an unsafe abortion—problems that are rarely deadly for women in this country. “Once you’re exposed to cases like this, you have to do something,” Marton says. “And after meeting everyone from presidents to tribal leaders, I know it is *women* who will turn this around.” Here’s a quick glimpse of the biggest crises now, and how you can help.



WOMEN'S HEALTH CRISIS Surviving childbirth

Every expectant mother worries about childbirth: How much will it hurt? Am I ready to become a parent? But rarely in this country do we wonder: *Will I die having this baby?*

Unfortunately, that’s the reality in many poorer nations. In sub-Saharan Africa, one in 16 women will die as a result of pregnancy or childbirth (compare that with one in 2,500 in the U.S.); in Sierra Leone, it’s one in *six*. “It’s infuriating—so many of these deaths are preventable,” says Lucy Atkin, Ph.D., director of the Margaret Sanger Center International at Planned Parenthood of New York City, which works with local agencies overseas to help them provide reproductive health care.

Why *is* childbirth so dangerous? Often because women are forced to go it alone: In Bangladesh, only 22 percent of deliveries are attended by a professional such as a midwife or doctor. Sometimes, such services are simply too expensive—at least to those doling out the cash. “In rural areas in Chiapas, Mexico, the men often make the decisions, so they have to value health care enough to say it’s worth it. A woman’s health often isn’t a priority,” notes Atkin. In other areas, cultural barriers may prevent pregnant women from getting help. Under the Taliban, which ruled from 1996 to 2001, women in Afghanistan couldn’t be examined by a male obstetrician unless they were chaperoned by a male family member. Yet female ob-gyns are rare because women were prohibited from practicing medicine. →

health quickie Far from equal: Of the 1.2 billion people living in poverty worldwide, 70% are women.

WHAT YOU CAN DO: Donate a dollar. The 34 Million Friends of United Nations Population Fund (or UNFPA) was set up after President George W. Bush canceled \$34 million in funding to the group, citing what critics say are baseless concerns that UNFPA supports forced abortions in China. In fact, UNFPA provides reproductive health services to women worldwide and has been working to end coercive abortion practices. Send your dollar to U.S. Committee for UNFPA, 3800 Arapahoe Avenue, Suite 210, Boulder, CO, 80303, or go to 34millionfriends.org.

WOMEN'S HEALTH CRISIS
Battling HIV/AIDS

Nearly half of those living with HIV/AIDS worldwide are female. The steep rise in infection rates in women is partly due to the fact that women are biologically more vulnerable to HIV infection during intercourse than men, since sex can cause tiny tears in the vagina that may lead the virus directly to the bloodstream. But in many countries women may be beaten or abandoned if they refuse sex, which is why insisting that a man use a condom is often unthinkable. In Zambia, for example, one study found that only 11 percent of women think it's acceptable for a wife to ask an unfaithful, HIV-infected husband to use condoms. The stigma of AIDS is so fierce that if women do get tested and learn they've contracted the disease, they often can't admit it. When Marton traveled to Namibia, she says she could only safely meet with a group of HIV-positive women in a remote location in the dead of night. "These women hadn't told their husbands about their diagnosis—they would have been abandoned," says Marton. "And if they couldn't tell their husbands, they couldn't go to a doctor because of the possible consequences."

WHAT YOU CAN DO: Give to the International Women's Health Coalition (iwhc.org). Marton's group has established community programs in Africa and Latin America to teach teens about safe sex. In Nigeria, the organization's efforts have led to a national curriculum that builds girls' self-esteem and teaches boys that women have equal human rights.

WOMEN'S HEALTH CRISIS
Ending rape and violence against women

"If you call 911 here in the U.S. to report abuse or an assault, the police have an obligation to do something," says Roxanna Carrillo, human rights adviser for the United Nations Development Fund for Women (or UNIFEM). But in many third-world countries, she says, violence against women is often dismissed. In Pakistan, for example, 70 to 95 percent of women suffer abuse. Worried about their children's welfare, many mothers are never able to escape the violence. "The women are not free to leave," Carrillo explains,

especially because they have so few ways to earn money. And the violence continues despite an increased awareness of the problem (it was widely reported in 2002 when a Pakistani tribal council ordered a woman gang-raped to punish her brother for allegedly having an affair). In November, Afsheen Musarrat, a 22-year-old woman in Pakistan, was strangled after she left the man her family had forced her to marry and tried to flee with another man. Under media pressure, President Pervez Musharraf finally ordered an investigation of the suspected "honor killing."

Rape is also pervasive—in South Africa, an estimated one in every three women will be raped in her lifetime. And in some cultures sexual assault and genital mutilation are often hallmarks of the transition from childhood to adolescence. "In some cases it's like a bar mitzvah, although it's not about celebration, but physical injury," says Carrillo. "That becomes their initiation. But I haven't heard of an initiation for boys that included sexual abuse."

WHAT YOU CAN DO: Help UNIFEM's Trust Fund in Support of Actions to Eliminate Violence Against Women (unifem.org, click on "Women's Human Rights"). Its campaigns have built a domestic violence support network in Trinidad and Tobago, and have trained journalists in Kyrgyzstan about negative stereotypes of women that contribute to domestic violence.

*Health care breakthrough:
 For the first time in
 years, Afghan women can
 see a female ob-gyn.*



This Afghan woman, 32, hopes her twins will survive against the odds.

WOMEN'S HEALTH CRISIS
Preventing cervical cancer

Researchers now know that cervical cancer is almost always caused by human papillomavirus (HPV). Simple tests can detect the sexually transmitted disease and the earliest stages of cervical cancer; in fact, in the U.S., the Pap smear slashed cervical cancer death rates by 70 percent. But "people in poor countries see the doctor for emergencies only," says health activist Atkin. "At best, women will go to health centers for their children, not for themselves." As a result, only about 5 percent of women in poorer countries get Pap smears, and each year cervical cancer kills nearly 185,000 women in those countries, more than any other cancer.

Even where screening is available, women often don't understand why it's so critical. "In some countries, women aren't taught that heavy vaginal discharge may be a sign of infection or an STD, so they don't think to see a doctor," says Atkin. And they may avoid treatment for fear of being accused of infidelity by their husbands. "In Latin America, for example, if you have any kind of infection—even a yeast infection—you may be accused of sleeping around," says Atkin. "The reaction is, 'I didn't give it to you!' and then a woman may be beaten."

WHAT YOU CAN DO: Support the Pan American Health Organization's Education Foundation (paho.org/foundation). As a member of the Alliance for Cervical Cancer Prevention, the organization has helped screen about 40,000 women for cervical cancer and is working to develop low-cost screening and treatment that can be provided in just one visit. *(continued on page 249)*

health quickie Shockingly, about 2 million girls ages five to 15 start in the sex trade every year.



WOMEN'S HEALTH CRISIS

Guaranteeing safe abortion

"Abortion is a very serious decision that a woman never faces lightly. And when it's necessary, she will put her life in jeopardy to terminate a pregnancy," says Atkin. In developing countries, some women take toxic substances to induce contractions and prod the uterus with sharp objects to induce miscarriage. "These acts are a reflection of their desperation," says Atkin, and they lead to the deaths of about 80,000 women worldwide each year.

Seeking treatment at a hospital—often for urgent medical care for hemorrhaging or infection—can land a woman in jail. In Brazil, where abortion is illegal except to save a woman's life, 25-year-old Viviane Borges Coutinho went to a hospital in 2002 in unbearable pain after a self-induced abortion; she was accused of infanticide and jailed. "The U.S. government is pushing abstinence, which is important, but in places where women don't have the right to just say no to sex, abstinence cannot be the sole form of birth control," says Marton. "We've had *Roe v. Wade* for 31 years—why are we not helping the most vulnerable women have a right that we take for granted?"

WHAT YOU CAN DO: Sign the Center for Reproductive Rights' petition to free Nepali women imprisoned for abortion-related charges (go to reproductiverights.org). In September 2002, the government in Nepal decriminalized abortion, but more than 30 women continue to serve sentences there.

We can't ignore these health care injustices—when women are treated badly, it's likely there will be other human rights violations that will set the stage for war and violence, says Marton. "But when women are healthy and involved in their communities, families are healthier, better fed and more likely to prosper." Marton was reminded of the impact women can have when she visited a refugee camp outside the capital of Angola. "There's no more hopeless place. But inside each tiny tent, the makeshift pots are piled neatly, the bed is made, what clothes they have are folded. They are doing everything they can with what they have, but they need help," she says. We're talking about life and death. If we turn our backs, nothing will change. ©

Sabrina Rubin Erdely has written for GQ and Philadelphia Magazine.

UC-Davis. "The woman...likely will not be able to care for or even recognize her child in a few years," Dr. Towner and Loewy wrote in a *Journal of the American Medical Association* editorial. "A child living under these circumstances would be burdened by the mother's...eventual premature demise."

In other words, isn't it selfish to have a child who will have to watch you die, and then live without you? Some say yes. "I think a child without a mother is the saddest thing in the world," says Sperando-Schmidt. "Some women say, 'Well, if the child makes it to 11 before I die, it's OK.' But there was no point for me where it would be all right to die and leave a child behind." Bioethicist Loewy argues it's a tough call. For women facing these ethical decisions, she says, "there is very rarely a good answer."

Twenty-nine-year-old Melitta Hunter had never imagined a life without children until she was diagnosed with PPH at 19. "The doctor said I had 2.8 years to live and could never get pregnant. My mom heard '2.8 years.' I heard 'could never get pregnant,'" Hunter remembers. She outlived her doctor's prediction, and she and her husband, Dezell, briefly explored adoption, but learned they probably wouldn't get approval because of her illness. Then her aunt, Elaine Goodman, volunteered to be a surrogate for the couple. Goodman

thought about Hunter's health, but her decision didn't waver: "I thought, This kid will be loved to death for however long Melitta's here." Hunter's son, Sam, was born in June 2001.

But throughout the process, people questioned their decision. Dezell Hunter remembers friends asking, "Are you sure you know what you're getting into?" Deep down, you know it's just because they're looking out for you, and we knew not everyone would approve. If Melitta dies, I'll just be a single father." It isn't the best scenario, he says, but he knows that their families will help. As he watches Sam, nearly three, sail through the house with his arms in the air, screaming with joy, Dezell says he can't get over the amazing feeling that he and his wife have a son, "To me, it's worth all the risk." This summer,

the Hunters will try to have another child with the help of Goodman as a surrogate.

A HAPPY ENDING?

The last hurdle these women face: creating a safety net for worst-case scenarios. All parents—healthy or not—try to have such a backup plan. "You have to make provisions for the child," says bioethicist Caplan. "Is Dad ready to go it alone? Do they have the financial means to raise the child if the mother dies?" Hunter, Clericuzio and Saline have made such arrangements. In fact, because of their health problems they already have rock-solid support systems in place. More than 40 members of the Hunters' family were at the hospital for Sam's birth, and many chipped in to pay for the fertility treatments. Clericuzio's parents also pitch in when they can.

Of course, even the best plans can't soothe away every worry. "I still don't know what to think with Heather," Ken Clericuzio

says. "She could be the poster child and outlive us all. But I don't know. She's already older than many people who have died from CF."

"If I can make it until the twins are 20, I'll feel like I've done my job," his wife says. Will she make it until then—to age 46? Some CF patients live into their sixties, but current average life expectancy is in the early thirties. "What really matters," says Sara Chandros Hull, a bioethicist at the National Human Genome Research

Institute at the National Institutes of Health, "is that these are parents who will want and love their children."

Nicholas sprints into the living room, and his mother stands up, lifts him by the arms and spins him before they collapse on the floor. "That's my giggle monster," Clericuzio says. Nicholas scoots toward the kitchen and then looks back at her, waiting. He wants her to chase him, to run. She just watches. She's tired. Maybe it's the CF. Maybe it's just run-of-the-mill mom exhaustion. "I'm going to be a really good mother with board games," she says. Nicholas runs back to her, and he erupts in happy screams as he falls into her arms. ©

Randi Glatzer is a Philadelphia-based writer and the mother of a nine-month-old.



With her CF stable, Clericuzio expects to see twins Nicholas and Caitlyn graduate.