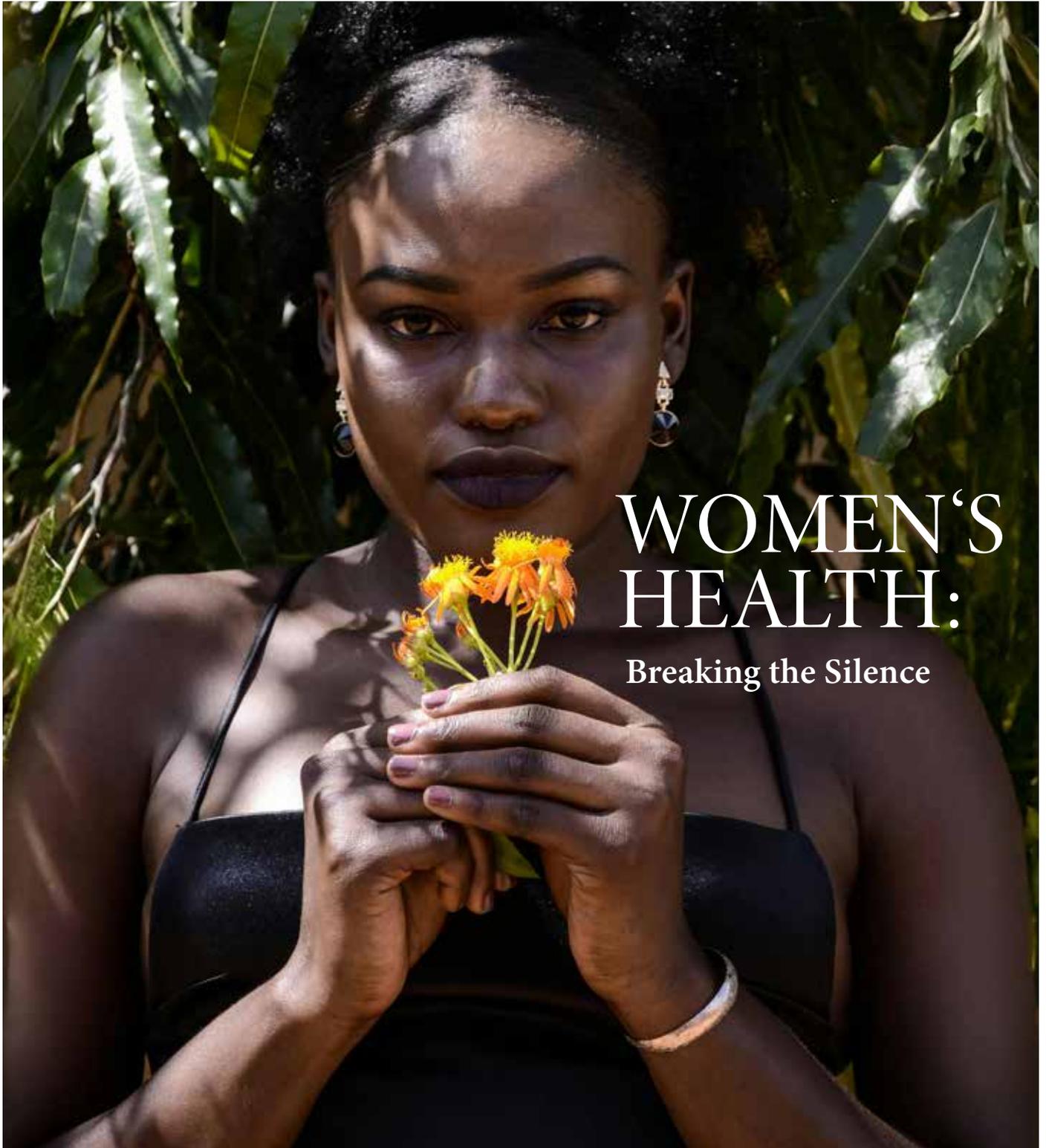


# International Women's News Nouvelles féministes internationales

*Journal of the International Alliance of Women*



**WOMEN'S  
HEALTH:**  
Breaking the Silence

# Table of CONTENTS

- 03 Editorial
- 22 COPD, one of the leading causes of death worldwide
- 26 Editor's Picks
- 24 Cooking and health
- 20 Delhi's battle with air pollution
- 12 Water and Pads – how our flagship project began
- 10 Mobile mammography vans in Uganda
- 06 Rethinking care for women in prison
- 16 Edah Gondwe Chimya, our new acting Secretary General
- 18 Female pioneers who transformed health care
- 08 How Antimicrobial Resistance threatens modern medicine
- 04 President Alison Brown on women's health
- 27 CSW69 in March

## CONTRIBUTORS

Marion Meyer-Radtke from Germany contributed to this issue an article on the global threat of Chronic Obstructive Pulmonary Disease (COPD). Our webmaster and newsletter editor Sanja Jeraj took the pictures of our new Acting Secretary General Edah as well as of our Water and Pads Coordinator Ursula at our 2024 annual meeting in Bulgaria. And Katrin Hoffmann once again took care of our journal's layout.



# EDITORIAL



Kerstin Löffler  
IWNEWS EDITOR

Dear Reader,

for decades, medicine has viewed the male body as the default human form. Clinical trials predominantly featured male subjects, and women's health concerns were often dismissed as „just stress.“ This systematic bias continues to have real consequences: women experiencing heart attacks are more likely to be misdiagnosed because their symptoms differ from the „classic“ male presentation that doctors are trained to recognize.

This troubling legacy persists even as we make strides toward equity in healthcare. Women worldwide still face barriers to accessing medical care, whether due to cultural constraints, economic hardship, or structural inequities. The challenge is compounded by the reality that many women juggle multiple roles – professional, caregiver, family cornerstone – often at the expense of their own health.

In this special issue, we examine these disparities through various lenses. Our investigation into COPD reveals how this respiratory disease manifests differently in women, yet diagnostic criteria remain calibrated to male patients. Through profiles of pioneering women in medicine, we celebrate those who fought to make healthcare more inclusive. And in a powerful report from New Delhi, we witness how air pollution disproportionately affects women and girls from marginalized communities.

These stories underscore a critical truth: women's health is not a niche concern but a fundamental human rights issue. When we fail to understand and address women's unique health challenges, we perpetuate a system that leaves half the world's population vulnerable to misdiagnosis and inadequate treatment.

*Kersti*

# PRESIDENT'S LETTER

Alison Brown  
*IAW President*



## The Overlooked Burden of Women's Health

*From exclusion in research to underpaid caregiving, how patriarchal norms undermine women's health globally*

„If you do not have health, you have nothing.“ This saying appears in many versions and, upon reflection, one can say that this is another case where women in patriarchal society once again have nothing.

When research is being planned and carried out the (mostly male) researchers have studied men. The argument being women's hormonal fluctuations make evaluating the results difficult. Of course, that does not prevent medications tested on men from being given to women, even though the efficacy for women has not been tested. Because of this, there are cures out on the market which do nothing to preserve or restore a woman's health and have unexpected side effects.

Take the example of statins: Mayo Clinic says “Because women were excluded or underrepresented in many of the studies assessing how well statins prevented initial vascular events, their effect remains somewhat elusive... Muscle and joint pain are the most reported side effects of statin therapy and occur more frequently in women taking these drugs.” They also talk about increased blood sugar and fatigue as well as harm to developing babies. Women really need to be at high risk for a cardiovascular event to merit taking these drugs, but the majority of women who do, are not.

It is only in the past few decades, thanks to the women's movement, that researchers – who, along with other academics are becoming better integrated – find it in their hearts (and charts) to include women in their studies. One can only hope that the results presented to approving authorities also contain disaggregated data so that medications which only have a positive effect on men, or women for that matter, are only approved for the part of the population for which it actually works.

Recent developments in the United States give cause for worry in the health care community. Among the many things the returning President did on his first day in office was to pull the country out of the World Health Organisation again. The USA was assessed, based on the strength of its economy, to pay 22% of the

budget which would have been \$130,312,970 in 2025. That means that the support for vital programs, especially combating diseases like polio, mpox, AIDS will be withdrawn.

The danger was already foreseen that support for family planning would have been canceled, Republican administrations like to do that. Now however that money will be taken out of research spending and support for grassroots clinics. It is most short-sighted of the new administration, since diseases do not stop at borders, but rather travel with the speed of jet aircraft (and often on them). The lessons the administration should have learned in 2020 are being ignored and those who will suffer are not just in the United States, but around the world.

When ill health strikes a family, it is usually the woman who cares for family members. This is true, even if the woman herself is also sick. Out in the community it is women who perform the underpaid and underappreciated care work – in some parts of the world being health care aid is not even considered an actual job! This was a topic at CSW68. This is not to say that the patients and clients do not appreciate their individual caregivers, it is more of a social problem where such workers are seen as simply doing what women “naturally” do and therefore need no more remuneration than a thank-you and the knowledge that they have performed a necessary service. In truth, women who work as caregivers are needing to pay for the necessities of life: food, shelter and health care for themselves and their families.

Much reform is necessary in the structure of world health care systems to give women caregivers their due. While Mahatma Gandhi said, “It is health that is real wealth and not pieces of gold and silver” – those pieces of silver help women keep body and soul together.

*Alison Brown is IAW's president and chief representative to the United Nations*



## WOMEN AND HEALTH

**Antimicrobial Resistance (AMR)** causes at least 1.27 million deaths annually and threatens modern medicine, including maternal health.

**Household air pollution** causes an estimated 3.2 million premature deaths annually, with women in low- and middle-income countries disproportionately affected due to reliance on solid fuels for cooking.

**Breast cancer** is the leading cause of cancer death in females worldwide, with 670,000 cancer deaths in 2022.

**Scandinavian countries** like Norway and Finland rank highest for women's health outcomes, attributed to universal health-care and gender-equal policies.

**Chronic Obstructive Pulmonary Disease (COPD)** caused 3.23 million deaths globally in 2019, with a significant portion attributed to household air pollution exposure among women. (WHO, 2021)



## Health Behind Bars: Rethinking Care for Women in and Beyond Prison

*The urgent need for trauma-informed healthcare to address the physical and mental health crises faced by women in prison*

**T**he criminal justice system is weighted heavily against women not just nationally but globally. The incarceration of women for often the most minor of offences is a barbaric and inhumane practice and rather than putting women in prison, assistance and understanding should be given to help with physical and mental health issues, money management, substance misuses, and housing among other fundamental matters.

With my experience of working with women coming out of the criminal justice system I am aware of the discrimination, misjudgements, and stereotypes faced at all stages of the criminal law process and upon release from prison.

Housing in particular is a critical area of need and one that is

shamefully overlooked. With no housing, women hoping to be rehabilitated into society will have little or no chance of being offered employment or being able to open a bank account. They will have no access to medical support and if they have been separated from their children whilst serving their sentences, risk losing them permanently. The importance of offering housing to women cannot be understated.

I was curious to know what the approach to female offenders was in Australia and so reached out to an organisation based in Sydney, New South Wales, explaining to them the work I did and whether it was possible to find a way of working with them despite time differences and other practical considerations.

The response was positive and immediate. Timing was fortuitous as they had considered setting up a project to house

*They will have no access to medical support and if they have been separated from their children whilst serving their sentences, risk losing them permanently.*

female offenders on release from prison. I volunteered my time and experience to work on approaching housing providers in the Greater Sydney area, to get them on board to work with us on this project, and explaining the benefits of housing female ex-offenders. This involved jointly collating data, attending online meetings (despite the time difference), approaching housing providers, and so on.

My involvement with this project was limited to successful making initial connections with providers and paving the way for an enlightened approach but even so positive outcomes were materialising. Housing providers were coming forward with assurances and concrete plans that accommodation would be allocated for the women we were supporting.

What was notable were the similarities in both countries in the treatment of such women, the degrading language used to describe them, the ignorance or indifference in understanding their individual circumstances together with the lack of compassion shown by the police, judiciary, the legal system, and society in general.

What I and my Antipodean counterpart were attempting to fix was just the thinnest of veneers showing that United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) had barely made any inroads.

This opportunity I had in reaching out to work with this Australian organisation broadened my understanding of the deep-rooted prejudices that exist against female offenders but also gave hope that if bold steps are taken, it is possible to change perceptions and create hope.



Ruhiya Yousuf is a qualified solicitor having practiced for a number of years. Ruhiya has worked at organisations helping women being released from prison in the UK, offering holistic, women-centred, trauma-informed support.

### FACTS&FIGURES

Girls and women make up 6.9% of the global prison population according to the World Female Imprisonment List.

The rate of growth for female imprisonment has been much faster as that of men since the year 2000: While the number of women and girls in prison has grown by almost 60%, the male prison population increased by around 22% according to the World Female Imprisonment List which is published by the Institute for Crime & Justice Policy Research (ICPR) at Birkbeck, University of London.

More than 740,000 women and girls are held in penal institutions throughout the world according to the World Female Imprisonment List from 2022. Since figures for China are incomplete and those for another five countries are not available, the actual total is therefore higher still.



## Antimicrobial Resistance – why no country is immune to this threat

*Understanding the Urgent Need for Collective Action Against Drug-Resistant Infections*

**W**e have all heard of antibiotics, which fight bacteria, but there are also anti-fungals, antivirals and anti-parasitic that fight fungi, viruses and parasites, respectively. The more we use these drugs, the less effective they become and this problem is known as antimicrobial resistance (AMR).

AMR occurs when infectious agents become resistant to treatments, leading to increased illness and potentially reverting healthcare to a time when treatable infections could be fatal. It means that microbes have developed resistance to our commonly used medications, meaning these medicines do not always

work to treat infections.

### **Overuse of antimicrobials accelerates the spread of AMR**

AMR is a natural process that occurs over time through genetic changes in pathogens. However, human activity, such as the misuse and overuse of antimicrobials, accelerates its emergence and spread. Microorganisms that develop resistance to antimicrobials are sometimes called “superbugs”.

AMR can reverse the decades of medical progress and can threaten the ability to treat common infections and perform life-saving procedures, such as cancer chemotherapy, caesarean sections, hip replacements, and organ transplantation.



The 79th Session of the United Nations General Assembly (UNGA79) happened at a crucial moment. As nations grapple with the lingering impacts of the COVID-19 pandemic, there is a pressing need to reassess strategies to achieve the 2030 Sustainable Development Goals (SDGs). The pandemic has highlighted systemic vulnerabilities in health systems and the necessity for robust, equitable access to health services, which continue to lag behind expectations.

The second High-Level Meeting on Antimicrobial Resistance (AMR) took place on September 26, 2024, during the UN General Assembly high-level week. This meeting was to address urgent health challenges posed by AMR, which threatens global health, particularly in low- and middle-income countries.

The agenda was focused on creating a cohesive global framework for addressing the multifaceted challenges faced today, from health crises to climate change. The anticipated Pact for the Future serves as a pivotal attempt to align international policies and governance with scientific guidance and collective responsibility, emphasizing the integration of health priorities into broader development goals. The first UN High-Level Meeting on AMR was held in 2016.

### **AMR endangers decades of medical progress**

WHO Director-General Dr Tedros Adhanom Ghebreyesus has underscored the seriousness of AMR, warning that it endangers decades of medical progress and calls for an urgent, coordinated

response across all countries. The meeting was seen as a pivotal opportunity to strengthen international efforts to address this escalating health threat.

A new report by the World Health Organization (WHO) finds that vaccines against 24 pathogens could reduce the number of antibiotics needed by 22% or 2.5 billion defined daily doses globally every year, supporting worldwide efforts to address antimicrobial resistance. While some of these vaccines are already available but underused, others would need to be developed and brought to the market as soon as possible according to the WHO.



**Our Executive Vice President Uzma Gul holds a doctor of pharmacy degree and is an internationally recognized women's rights activist.**



## Reducing inequities in breast cancer survival rates

*From mobile mammography vans in Uganda to global initiatives, innovative solutions are transforming breast cancer care for women in underserved regions*

The roads are bad in many parts of Uganda, and mammogram screening is difficult, sometimes impossible, to access. As a result, most women do not seek a doctor's care until they have incurable breast cancer. But hope springs eternal, and some women in the capital city Kampala have access to mammography because a remarkable doctor recently revamped an outdated traveling mammography van that had been set aside in the United States. Anticipating Uganda's bad roads, the van's renovations required relocation of the generator and the addition of an operational ultrasound machine.

The van attracts attention with its brightly colored panels. Public service announcements encourage women to look for the van and take control of their own health care.

### Early detection and screening mammography for breast cancer is vital

Breast cancer is the most common cancer in the world, and it is the leading cause of death among women, according to the WHO's Global Breast Cancer Initiative. A woman's chance of surviving breast cancer depends on whether she lives in a high-income or low- and middle-income country. For example, breast cancer 5-year survival rates in high-income countries exceed 90 per cent, compared with 66 per cent in India and 40 per cent in South Africa.

Moreover, significant declines in breast cancer mortality have been seen in high-income countries for over two decades, whereas similar improvement in breast cancer mortality has not been seen in the majority of low- and middle-income countries,

*A woman's chance of surviving breast cancer depends on whether she lives in a high-income or low- and middle-income country*

data compiled by the WHO's Global Breast Cancer Initiative shows.

The World Health Organization's Global Breast Cancer Initiative (GBCI) promotes early detection of breast masses as a vital component in reducing mortality rates. Importantly, mammography has long been recommended as a valuable screening tool. Yet, there is worldwide variation in screening guidelines. The World Health Organization's guidelines, issued in 2014, recommend the age at which women are advised to begin screening mammograms. It also takes the resource level of countries into account.

- In well-resourced settings, population-based mammography screening is recommended for women ages 50-69 every other year according to the WHO's position paper on mammography screening
- In limited-resource setting with relatively strong health systems, population-based mammography screening is suggested for women ages 50-69 every other year
- In limited-resource settings with weak health systems, population-based mammography may not be cost-effective and feasible

In contrast, the US Preventive Services Task Force (Task Force) announced updated guidelines in April 2024 that all women should get mammogram screening every other year starting at age 40 and continuing through age 74. In so doing, the Task Force set a best practice for mammography and implied that mammograms should not be reserved only for the wealthy.

### Access to mammograms for all women is essential to women's empowerment

The Beijing Declaration and Platform for Action flagged women's health as a critical area of concern in women's striving toward empowerment and fulfillment of their potential. No woman should be left behind and denied health services because she is poor. Many countries do not prioritize women's preventive health services due to economic constraints. This is

where the RAD-AID Global Breast Imaging Program may step in. RAD-AID International is a non-profit public service organization with a mission to improve and optimize access to medical imaging and radiology in low-resource regions of the world. RAD-AID's Breast Imaging program is designed to improve health outcomes for women by promoting early diagnosis and screening, with outreach projects in India, Peru, several African countries, and in low-income pockets in the United States.

The program relies on volunteers with diverse experience, including radiologists, nurses, and physicians-in-training. Using innovative solutions, such as mobile outreach imaging, RAD-AID volunteers seek to overcome the barriers that women face to access adequate health care. The program also has established partnerships with groups such as the Society of Breast Imaging and the African Research Group for Oncology.

Our opening story from Uganda is another example of how dedicated individuals can contribute to improving the health of women who otherwise might be left behind.



Jill Follows is an attorney and a registered nurse. She is an alternate Representative to the UN in New York as well as founding director of the Human Rights Special Interest Group.

Kathleen Montgomery is a research sociologist. She is a board member of the League of Women Voters and a founding director of the Human Rights Special Interest Group.

Savanna is a writer and retired lawyer in Philadelphia devoted to the promotion of human rights and the eventual ratification of the Convention on the Rights of the Child.



## Water and Pads – How Our Flagship Project Began

*Menstrual health is still taboo in many parts of the world, but the Water and Pads project (WP) has been tackling the issue head-on since 2017. Ursula Nakamura, one of its founders, recounts how the initiative began—and grew into a movement spanning eight countries.*

It all started with a shocking story I heard during a side event at the World Health Assembly in Geneva. Seema Uplekar from India and I were the official IAW delegates at the WHO. It was 2017, and I had recently become involved with the International Alliance of Women. The side event focused on young people making a difference in their countries. Among the speakers was a young social worker from

Nepal, who shared a harrowing account of how girls in remote villages are treated during menstruation. She described how they were banished to huts, denied proper food, and left vulnerable to snake bites and other dangers. This taboo around menstruation left them isolated and unsafe. The entire room was stunned; you could feel the collective shock. Delegates from various countries, me included, couldn't

*Periods should not stop a girl from going to school.*

believe such practices still existed. This moment planted the seed for what would eventually become the Water and Pads Project.

After returning home, I couldn't stop thinking about what I'd heard. I reached out to Gudrun Haupter, the IAW Convenor of Health at the time and a member from the German Women's Federation (DFR), who had experience working in Togo and Burkina Faso. I asked her if similar issues existed in other countries, and she confirmed that they might. That's when we both decided to dig deeper.

Our colleague Rosy Weiss from Austria helped us compile a list of organizations affiliated with or associated with IAW in Africa and Asia and took care of the finances. We started by sending out questionnaires to 15 IAW member organizations in Africa and Asia. We wanted to know: Is menstruation a taboo topic in your country? Do girls and women face challenges because of it? Would your organization be willing to participate in a project to address this issue?

The response was overwhelming. Eleven organizations replied almost immediately, saying, "Yes, this is a critical problem here, too. We want to help." By October 2017, just a few months later, we presented the concept at the IAW Congress in Cyprus. We had already learned that working with schools would be the most effective approach—reaching young girls before societal taboos took hold. We received the green light to move forward.

### Starting with Schools

Our IAW colleagues on site had mentioned before that the project would be most impactful if we targeted schools. Adults, they found, were often less receptive to the subject. Schools, on the other hand, offered an environment where we could reach girls before menstruation became a source of stigma. Involving teachers and peers also made it easier to normalize the conversation.

In 2017 we established a Steering Group, including Lyda Versteegen, a legal expert and our president from 2010 to 2013, to guide the initiative. With their support, we began gathering reliable materials. This proved more challenging than expect-



ed. While numerous studies and doctoral theses on menstrual health existed, practical resources for grassroots education were scarce. For younger children, we secured permission from UNICEF to adapt one of their publications. For older students, we drew on Swiss Sexual Health—an organization with excellent resources—and tailored the content to reflect the realities in low-resource settings.

One thing became clear: glossy brochures featuring girls with smartphones by Swiss lakes wouldn't work. Most of the schools we partnered with lacked even basic amenities like paper, toilets, or internet access. Instead, we created simple, culturally sensitive materials in English and French. These became the foundation for our workshops and are still very much appreciated today.

### A Collaborative Effort

By 2018, we were ready to pilot the project. The first workshop took place in a remote school in Cameroon, organized by our colleague Anne Pelagie Yotchou. Despite limited resources, the event was a resounding success. Photos from the session showed smiling students engaged in discussions under the shade of a tree. This pilot gave us the confidence to expand.

Our approach relied heavily on the commitment of the IAW organizations on site. These were not just any partners—they were well-established, led by women with advanced education and deep ties to their communities. We didn't need to teach them how to manage projects; instead, we focused on equipping them with the tools they needed to succeed. Since the start, each IAW-organization has been asked to submit a detailed budget and report, along with photos documenting their activities. This



*What started as a single story has grown into a movement that's making a tangible difference in the lives of thousands of girls.*

transparency was crucial for maintaining trust with sponsors and ensuring the project's credibility.

### Adapting to Challenges

The COVID-19 pandemic presented unexpected hurdles. Schools were closed, and in-person activities were suspended. But the women involved in our project demonstrated incredible creativity and resilience. They pivoted to other forms of community support, such as sewing masks, distributing hygiene supplies, and educating villagers about COVID-19 precautions. These efforts earned them immense goodwill, which has strengthened their relationships with local communities.

We also faced logistical challenges, such as the cost and complexity of printing and distributing materials. Initially, we printed the brochures in Switzerland and shipped them to participating countries. However, this proved costly and inefficient. Over time, our IAW colleagues found local printers who could produce the materials at the same cost, allowing us to use our limited funds effectively.

We also experimented with providing reusable sanitary pads. While this idea had potential, it came with its own set of difficulties. Access to clean water for washing the pads was limited in some areas, and finding affordable, high-quality materials was a persistent issue. Despite these setbacks, the project sparked interest among our IAW colleagues. So in 2024, Anne Pelagie Yotchou from Cameroon started with a pilot project, where CEFAP seamstresses produced 1,000 reusable pads. These were distributed among three IAW-organizations BAWUFAG, CEFAP and RENATA. Producing pads might also generate small-scale income opportunities.

### Small Details, Big Impacts

One of the most rewarding aspects of the project has been witnessing its unintended benefits—like teachers proudly post about “Water and Pads” on their personal Facebook accounts.



Heidi Bodmer, Goma Bastola from Nepal and Ursula Nakamura at our annual meeting in September 2024 in Bulgaria



I've seen how proud they are to showcase their participation, even if all they have is a basic phone with limited internet.

Even in conservative regions, where we feared resistance, the project has been met with surprising acceptance. Parents, particularly mothers, appreciate the education their daughters receive, noting that it boosts their confidence and helps protect them from early marriages and unwanted pregnancies. “Thanks to this knowledge,” one parent remarked, “our daughters can focus on their studies without fear or shame.”

### Looking Ahead

Today, Water and Pads operates in eight countries across Africa and Asia, including Cameroon, DR Congo, Togo, Zambia, Zimbabwe, Nepal, Pakistan, and India, supported by ten local organizations. Each year, we raise money to sustain the project. Every cent goes toward covering essential expenses, from renting transport to providing snacks for participants. None of the women involved earn a salary—their dedication is purely voluntary.

As we look to the future, our goal is to further institutionalize the project, ensuring its sustainability even as new challenges arise. We've learned that flexibility and trust are key. By empowering local IAW organizations, we've built a network capable of adapting to diverse circumstances while staying true to the project's mission.

It is incredibly gratifying to see how well we can work together worldwide. In addition to IAW accountant Antonia Lavine, the local IAW colleagues have played a crucial role in shaping the entire WP project. This is extremely important for Heidi Bodmer and me as WP coordinators.

When I think back to that side event in Geneva, I'm struck by how far we've come. What started as a single story has grown into a movement that's making a tangible difference in the lives of thousands of girls. And that, to me, is the true measure of success.

Protocol recorded by Kerstin Loeffler



## Edah Gondwe Chimya is our new acting Secretary General

*A pioneer for menstrual health education and gender equality*

**T**he Water and Pads (WP) Project introduced me to Edah Gondwe Chimya from Zambia, whose dedication has been instrumental in advancing menstrual health management in remote schools.

When the IAW Water and Pads Project launched in 2017, we conducted surveys among our IAW colleagues in Africa and Asia, asking: Would it be a good idea to teach menstruation

health management in remote schools?

Edah, the Executive Director of the Zambia Alliance of Women (ZAW), was one of the first to embrace the project and quickly became deeply involved.

Edah's work began with outreach to Chibwe School. She visited the school, documenting the institution and its surroundings—set in a rather barren landscape. Despite internet

connectivity challenges, Edah managed to send the images via WhatsApp—on New Year's Eve 2018, no less!

In October 2019, Edah and her team from ZAW held their first Water and Pads event at Chibwe School. As with all participating organizations, ZAW submitted a detailed report and photos to confirm the event for sponsors. Edah provided an informative report along with lively photos of schoolchildren sitting in the shade of a large tree, listening to talks about menstruation from the ZAW team and their teachers.

Edah also encouraged a student, Olipa, to present the Water and Pads Project in English, recording the moment on video. To this day, we can see how confidently Olipa explains menstruation health!

Since then, ZAW has organized annual Water and Pads events, pausing only during the COVID-19 pandemic. The initiative has since expanded to Dzikomo School. The 2024 event was particularly exciting, as Edah's eldest daughter, Musonda Chimya, a graduate engineer from the Copperbelt University, joined the effort. Musonda shared her experience as the only girl in her engineering class, emphasizing the importance of self-esteem and challenging gender stereotypes.

### Balancing Work and Family

Edah's contributions extend beyond the Water and Pads Project. At our annual meeting in Bulgaria last September, some of us had the chance and pleasure to meet her in person. We were delighted by her readiness to take on the demanding role of Acting Secretary General for IAW.

Edah's professional and personal life reflects her commitment to equality and education. She and her husband have six daughters, all with ambitious career goals. Edah herself holds a degree in economics and a master's degree in business administration. Since joining ZAW in 2010, while expecting her fourth child, she has successfully balanced family responsibilities with her role as Executive Director, leading ZAW's efforts to promote gender equality in Zambia.

It is a tremendous opportunity for the International Alliance of Women to have Edah, with her wealth of knowledge, skills, and gentle sense of humor, stepping into this important role as Acting Secretary General. Wishing you continued success, Edah!



**Ursula Nakamura from Switzerland is a registered nurse and coordinates the Water and Pads Project.**



**Edah's daughter Musonda (left) at the Water and Pads event at Dzikomo School**



### Inside IAW

Board member **Dr. Sibylle von Heydebrand** (center) from Switzerland has been appointed Executive Vice President. Sibylle is a Swiss lawyer and proven expert on political rights. She is also main representative of the IAW to the United Nations in Geneva, representative of the IAW and financial auditor to the NGO CSW Geneva and representative to UNESCO in Paris (see below).

Good news also from Paris – we have a new team at UNESCO: **Dr. Marilena Longobardi** (left) from Italy, **Dr. Sibylle von Heydebrand** and our editor **Kerstin Löffler** have been appointed as our representatives at UNESCO with Kerstin serving as main representative.



## Trailblazing Women Who Transformed Health Care

*How Pioneers in Medicine, Nursing, and Research Opened Doors for Generations*

Throughout history, women's opportunities to contribute to society have been stifled. Most notably, a fundamental human right — the right to vote — was granted to women in most Western countries barely 100 years ago. Yet, in many countries and villages around the world, women have been — and still are — prevented from accessing higher education and from pursuing professional careers, especially in medicine, the law, and academia. In the field of health care, this is especially ironic because women have long served as (unpaid) primary caregivers for family and commu-

nity members, helping patients from birth to death and every stage of life in between.

Fortunately, history also shows the perseverance of dedicated women, not content to be relegated to the sidelines, who paved the way for subsequent generations of women to participate fully as health care professionals. Their pathbreaking contributions have influenced and improved health care delivery — not simply through direct patient care, but also through institution building, development of the professions of nursing and medicine, health care education, and health care research.

*Here is a snapshot of these women pioneers:*

**Ann Preston (1813-1872)** created a board of “lady managers” to fund and run a new women’s hospital in Pennsylvania, and she funded scholarships for female medical students. She became the first female dean of a US medical school; as a professor of physiology and hygiene, she conducted research on the benefits of physical activity on women’s wellbeing, instead of a sedentary indoor lifestyle.

**Florence Nightingale (1820-1910)** volunteered as a nurse on the battlefield in the Crimean War and was known as “the Lady with the Lamp.” She laid the foundation for nursing as a profession and established the first nursing school at St. Thomas Hospital in London, now part of King’s College London.

**Clara Barton (1821-1912)** was known as the “Angel of the Battlefield” for her work nursing soldiers during the American Civil War. In 1881, inspired by her volunteer work in Europe with the International Committee of the Red Cross, she founded the American Red Cross.

**Elizabeth Blackwell (1821-1910)** was the first credentialed female physician in the United States. She co-founded the New York Infirmary for Women and Children and published *Medicine as a Profession for Women*, a treatise arguing for the role of women in medicine. As a professor of gynecology, she studied the effects of personal hygiene and preventive care on women’s health outcomes.

**Elizabeth Garrett Anderson (1836-1917)** was the first woman to qualify in Britain as a physician and surgeon and became the first female dean of a British medical school. In 1876, she successfully campaigned for an act allowing women to enter the medical profession. Her research studied the disparate effects of contagious diseases on women and children.

**Sophia Jex-Blake (1840-1912)**, the first registered female physician in Scotland, founded the Edinburgh

School of Medicine for Women and led a successful campaign for women’s access to medical education in Scotland.

**Mary Putnam Jacobi (1842-1906)** co-founded the Association for the Advancement of Medical Education for Women and was the first female member of the Academy of Medicine. As a professor at the Women’s Medical College of Pennsylvania, her research debunked theories about women’s reduced mental capacity during menstruation.

**Marie Curie (1867-1934)** developed and operated mobile x-ray units in field hospitals during World War I. A double Nobel Prize winner, she was initially overlooked for consideration simply because she was a woman. She is renowned for her important work finding treatments for cancer using radiation.

**Margaret Sanger (1879-1966)** founded the fore-runner organization to Planned Parenthood. She provided care to women who had suffered the effects of back-alley abortions and coined the term “birth control.”

Together these women pioneers in health care improved the quality of life for women, children, the poor, soldiers, and families. They debunked prevailing theories about women’s health that kept women from being allowed full participation in society. They opened doors for women to pursue higher education in medicine and nursing, and to become educators and mentors. Many decades later, I have stood on the shoulders of these strong women in the pursuit of my own academic career.



**Kathleen Montgomery serves as Director of International Relations for the League of Women Voters of Orange Coast, and co-founded the Human Rights Special Interest Group.**



## Choked by Smog: Delhi's Battle with Air Pollution

*Can the Indian Capital Learn from Global Success Stories?*

For more than two decades now, people living in Delhi and its neighboring cities have grown accustomed to waking up to smog-filled mornings. Northern India grapples with severe pollution from November onwards. The reasons are manifold: low wind speeds, seasonal stubble burning by farmers in nearby states, high vehicular emissions, industrial discharges, construction dust, the bursting of firecrackers during festivals, and the burning of wood, cow dung, and coal for cooking.

The Air Quality Index (AQI), which measures pollution levels, should ideally remain below 100. A reading above 300 is considered hazardous to health. However, in Delhi-NCR (National Capital Region)—which includes nearby cities like Noida, Ghaziabad, and Gurgaon—AQI levels soar dangerously high between November and February. To mitigate this, the Delhi government introduced the Graded Response Action Plan (GRAP) in 2017. Between November and December, Delhi oscillates between GRAP 3 and 4, with AQI levels hitting a staggering 795 on November 18, 2024.

While media outlets compared this situation to living in a “gas chamber” and even referenced Chernobyl, little has changed on the ground. The state and central governments continue to blame one another, and meaningful measures remain absent. Reactionary measures like asking educational institutions and offices to follow hybrid models and halting construction work have offered limited relief.

### Health Hazards

High pollution levels lead to respiratory and cardiovascular problems in both the young and the elderly. Common complaints include itchy eyes, sore throats, persistent coughs, and breathlessness. Pollution also hinders fetal growth and can cause congenital defects. In November 2024, PM2.5—the tiniest and most dangerous pollutant—was recorded at levels over 77 times higher than the World Health Organization’s (WHO) safe limit. PM2.5 particles can enter the bloodstream, causing respiratory issues, heart diseases, lung cancer, and even cognitive impairment in children.

A survey conducted by LocalCircles, an online platform, in November 2024 revealed that at least 75% of families in the Delhi-NCR region had at least one member suffering from respiratory ailments. The situation has become so dire that Delhi opened its first-ever clinic dedicated to pollution-related illnesses this year. According to IQAir, a Swiss air quality company that monitors global air quality, some areas in Delhi recorded pollution levels exceeding 1,750 AQI in November 2024. Climate change and shifting weather patterns are also playing a significant role in worsening pollution levels.

### Learning from Others: Tackling Air Pollution Globally

Delhi doesn’t need to resign itself to living in a toxic environment. Instead, it can draw inspiration from cities that have successfully addressed air pollution.

Beijing, for example, enforced strict emission rules and invested heavily in public transport. Los Angeles tackled smog through stringent regulations and by promoting electric vehicles (EVs).

China faced severe air pollution for years, but its air quality improved significantly in early 2024, with PM2.5 levels decreasing by 2.9% compared to 2023. Measures like Low Emission Zones (LEZs), Five-Year Plans, and incentives for new energy vehicles (NEVs) have been instrumental in achieving this progress.

Similarly, more than 95% of vehicles in London now comply with the emission standards set by the Ultra Low Emission Zone (ULEZ). Cities such as Madrid, Milan, and Seoul have expanded low-emission zones and imposed stricter limits on polluting vehicles.

### What Can Be Done

Apart from emergency responses, both central and state governments need to focus on long-term strategies, such as:

- Increasing the number of electric buses and encouraging the adoption of EVs
- Making solar panels more affordable and incentivizing their use to promote clean energy
- Improving landfill management to prevent fires
- Penalizing the burning of leaves, garbage, and materials like tires
- Encouraging public transport use, including buses and metro rail, and promoting carpooling

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*High pollution levels lead to respiratory and cardiovascular problems in both the young and the elderly.*



Suhita Roy is a content writer and communication coach based in New Delhi.

## The Hidden Epidemic: COPD's Growing Global Impact

*COPD is the third leading cause of death worldwide. Nearly 400 million people are affected, and the number continues to rise—women are particularly at risk.*



It's commonly referred to as "smoker's cough": chronic obstructive pulmonary disease (COPD). The medical term COPD is far less familiar, and those who have heard it often picture elderly men who are paying for decades of chain-smoking with relentless coughing and struggling to catch their breath even while speaking. This creates the impression that COPD is a rare condition—and one often accompanied by judgment: It's your own fault if you smoke. But this perception is not only a cliché; it massively underestimates the scope of the problem.

"Chronic obstructive pulmonary disease is one of the most common non-communicable diseases and one of the leading causes of death worldwide," writes Dr. Sarah Rylance, Medical Officer for Chronic Respiratory Diseases at the World Health Organization (WHO), on her LinkedIn profile. "Despite this, public awareness of this disease remains weak."

### "Anyone Can Develop COPD"

In 2021, the latest WHO figures show, 3.5 million people worldwide died of COPD—that was about five percent of all deaths. And it's not just a disease that affects the elderly: In low- and middle-income countries (LMICs), 90 percent of those who die from COPD are under the age of 70.

"Anyone can develop COPD, even without ever having smoked," emphasizes Prof. Dr. Daiana Stolz, Medical Director of the Department of Pneumology at the University Hospital Freiburg and lead author of a major "Lancet" special publication on COPD about two years ago. "Depending on the region, we're talking about a prevalence of seven to 13 percent of the global population. COPD is the third leading cause of death—that's a catastrophe."

*Imagine breathing through a straw while climbing stairs*

### Breathing Through a Straw

In COPD, the airways are chronically narrowed, and the disease is incurable. It begins deceptively harmlessly with coughing and phlegm. The longer it progresses, the more the lungs are damaged, and patients increasingly suffer from shortness of breath. "Imagine breathing through a straw while climbing stairs," Stolz explains. "You just can't get enough air into your lungs, and it triggers panic. In later stages, patients first find they can't carry shopping bags anymore; eventually, they can't even get out of bed."

While medicine can provide relief, the later the disease is diagnosed, the more irreversibly the lungs are damaged, and the more challenging therapy becomes.

### Indoor Pollution: A Major Threat to Women

In high-income countries (HICs), smoking remains the primary cause of COPD. According to the WHO, more than 70 percent of cases in these regions are attributable to tobacco use. Globally, however, other factors are responsible for 60 percent of cases.

In low- and middle-income countries, the leading risk factor is indoor air pollution. Approximately 2.1 billion people use wood, coal, or kerosene for cooking and heating, often in open fire pits or inefficient stoves. Women are especially exposed to the harmful particles generated, putting them at high risk of developing COPD.

"We know that not only smoking but also factors such as air pollution, recurring infections, genetic changes, and even early childhood factors can lead to COPD," explains Daiana Stolz. Premature babies, for example, face a higher risk: The earlier a child is born, the greater their likelihood—up to eight times higher than other children—of developing asthma or COPD.

### Sensitive Airways, Difficult Diagnosis

Women are particularly vulnerable to COPD. On the one hand, their airways appear to be more sensitive than men's. On the other hand, female COPD patients are more likely to suffer from inflammation of the small airways ("small airway disease"), while men are more prone to emphysema (irreversible lung overinflation). However, the common spirometry lung test is not sensitive enough to detect "small airway disease," says Stolz. This often results in COPD being diagnosed in women only after their lungs have already lost half their functionality.

"We need a shift in perspective," Stolz urges. So far, large



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COPD studies have been tailored to the profile of the male smoker. Stolz and her co-authors of the "Lancet" publication agree that COPD must be researched and treated individually, based on the dominant risk factors, to adequately address all patient groups.



Marion Meyer-Radtke is a freelance journalist based in Berlin, regularly covering health topics as well as gender and economic issues.

## The Art of Cooking: Balancing Flavor, Health, and Tradition

*How the act of cooking transforms not only taste but also the nutritional value of our food*

**T**he mere mention of food floods the mind with images of a lavish spread of haute cuisine. The variety of food images that come to mind depends on a person's geographical and cultural background.

For instance, for an Indian, Chole Bhaturas would dominate if one hails from northern India, Idli Dosa from southern India, Dhokla and Thepla from western India, or Litti Chokha or Peetha from the eastern part of India, and so on!

In addition to satisfying our cravings and bringing joy to our lives, food plays a fundamental role in binding our bodies to our souls by providing sustenance to all living beings. Moreover, our health and well-being are greatly influenced by the type of food we consume. Therefore, it is crucial to make the right food choices to maintain good health. As the famous quote by Hippocrates goes, "Let food be thy medicine, and thy medicine be thy food."

All the food we eat originates in nature, which provides all its riches so that they can be consumed in their raw form, i.e., without processing. However, the discovery of fire—which marked a significant leap in human civilization—also provided humans with the ability to cook food. We, as humans, must admit that we often prioritize taste over nutrition when it comes to food.



### The Benefits of Cooking

There are several benefits to cooking, including:

**Taste and Temptation:** Cooking makes food tastier and more appealing. It is scientifically proven that when food is not appetizing, the body doesn't produce the necessary digestive enzymes to transform it into life force.

**Elimination of Harmful Organisms:** Cooking eliminates harmful microorganisms that may be present in food.

**Improved Nutritional Value:** The nutritional content of proteins in legumes like soybeans, chickpeas, and lentils improves when they are cooked.

**Better Digestion:** Cooking makes food easier to chew and digest.

As Judith B. Jones, the acclaimed editor and cookbook author, rightly said, "Cooking demands attention, patience, and above all, a respect for the gifts of the earth. It is a form of worship, a way of giving thanks."

Therefore, the heart of every home is the kitchen. Everyone knows that the kitchen is where food is prepared, but few know that it is given a sacred status in traditional Indian homes.

Undoubtedly, cooking improves the taste of food, but have you ever wondered what happens to the nutritional value of food during the cooking process?

Cooking adds attributes like palatability and digestibility to food. However, we must understand the impact fire has on the nutritional aspects of food, and for that, we need to learn how food and fire interact.

**Cooking affects different ingredients in different ways.**

#### Influence of Cooking on Carbohydrates:

Starchy foods become more digestible when cooked. Normal cooking generally causes little loss of carbohydrates.

#### Influence of Cooking on Proteins:

Cooking improves the digestibility of proteins in many food items through moderate heating, as is typical in everyday cooking. It is important to cook proteins to the right extent, because overcooking causes proteins to shrink and harden, making them indigestible.

#### Influence of Cooking on Fats:

Like carbohydrates, normal cooking practices do not greatly affect fats. However, one must not heat fat or oil beyond its smoking point (the point at which the oil starts to smoke) before frying. Overheating fat can cause it to catch fire. Repeatedly reheating oils used for frying breaks them down into harmful substances, so it is best to avoid reusing oil.

#### Influence of Cooking on Vitamins and Minerals:

Cooking can severely affect enzymes, vitamins, and minerals. Both vitamin C and thiamine are destroyed when heated. Vitamin C is particularly vulnerable, as it oxidizes when exposed to air and becomes ineffective. Enzymes in food cooked at temperatures above 50°C are also destroyed.

Food should be cooked in such a way that it retains nutritional adequacy while being palatable and visually appealing.

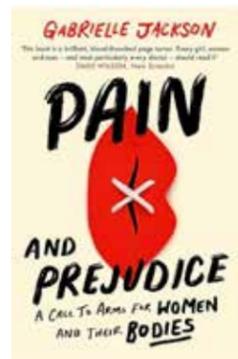
As Wolfgang Puck, the world-renowned celebrity chef and restaurateur, once said, "Cooking is like painting or writing a song. Just as there are only so many notes or colors, there are only so many flavors—it's how you combine them that sets you apart."



Meenakshi Kumar is our Assistant Secretary General. She is a life member of All India's Women's Conference (AIWC) and the founder of Words Matter(s).

# Rethinking Women's Health

Health is personal, but it's also deeply shaped by society. In a world where medical research, technology, and even everyday design often prioritize a 'default male,' women face unique challenges. In this issue, we spotlight three works that illuminate these issues—from how women's pain is overlooked, to the hidden biases in data, to bold ideas for the future of personalized medicine.

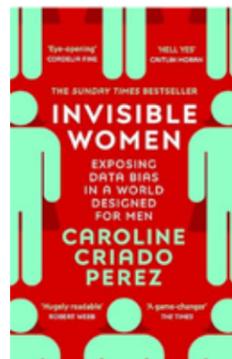


## *Pain and Prejudice*

*Why the Medical System Fails Women*

Australian journalist Gabrielle Jackson delivers a hard-hitting exposé on how medicine and society systematically fail women in her groundbreaking book „Pain and Prejudice“. Women are half as likely as men to receive treatment for a heart attack, and twice as likely to die within six months after discharge. Over half of women eventually diagnosed with an autoimmune disease are initially dismissed as hypochondriacs or told their symptoms are “all in their heads.” Jackson’s bestseller unveils the cultural and systemic biases that shape how women’s pain and suffering are disregarded in both medical and social contexts—and what can be done to change it.

„Pain and Prejudice: A Call to Arms for Women and Their Bodies“ by Gabrielle Jackson



## *Invisible Women*

*Why Gender Bias in Data is a Health and Safety Issue for Women*

Why are smartphones designed to fit men’s hands but not women’s? Why does voice recognition software struggle to understand women’s voices? These are just two examples of the pervasive data bias explored by Caroline Criado-Perez in her essential read, „Invisible Women: Exposing Data Bias in a World Designed for Men“. In health and medicine, this gender gap becomes even more dangerous, as the default standard is based on male needs and physiology—despite women making up half of the global population. Criado-Perez’s eye-opening book uncovers how these biases impact every facet of life, from technology to healthcare, and calls for systemic change.

„Invisible Women: Exposing Data Bias in a World Designed for Men“ by Caroline Criado-Perez



## *Tailor-Made Medicine*

*The Future of Health: Medicine Made Just for You*

Imagine a world where your pills are 3D-printed to match your specific health needs. That’s the vision Stanford- and Harvard-trained physician-scientist Daniel Kraft shares in his thought-provoking TED Talk, „The Pharmacy of the Future: Personalized Pills, 3D Printed at Home“. From revolutionary diagnostic tools to bespoke treatments, Kraft explores how advances in personalized medicine could transform healthcare as we know it. His talk offers a fascinating glimpse into a future where technology tailors care to the individual, potentially revolutionizing outcomes for patients everywhere.

„The Pharmacy of the Future? Personalized Pills, 3D Printed at Home“ by Daniel Kraft, available on [www.ted.com](http://www.ted.com)

MARCH

# 69th Commission on the Status of Women at UN

*IAW to Participate with 20 Delegates in New York*



A comprehensive review of the “Beijing Declaration” will be at the center of this year’s Commission on the Status of Women (CSW) at the United Nations in New York. “The International Alliance of Women (IAW) will be participating in the 69th session of CSW with 20 delegates,” says IAW president Alison Brown ahead of the event. „Our presence at this crucial global forum, taking place from March 10 to 21, 2025, at the United Nations Headquarters in New York, aims to contribute to the ongoing dialogue on gender equality and women’s empowerment.“

CSW69 will mark a significant milestone, as it coincides with the 30th anniversary of the Beijing Declaration and Platform for Action, a transformative document adopted in 1995 at the Fourth World Conference on Women. The session will focus on a comprehensive review of the progress made in implementing the Beijing Declaration and will assess the outcomes of the 23rd special session of the General Assembly, which aimed to address persistent challenges to gender equality.

This year, the focus will be on identifying gaps and strategies to accelerate the achievement of gender equality and the Sustainable Development Goals by 2030. Countries will present national-level reviews assessing achievements, challenges, and barriers, which will then inform regional synthesis reports feeding into the global conversation.

The Commission on the Status of Women is a key UN body dedicated to gender equality and women’s empowerment. It is a functional commission of the United Nations Economic and Social Council (ECOSOC). It meets annually in New York, where member states, civil society organizations, and other stakeholders gather to promote women’s rights and gender equality. The CSW plays an influential role in shaping international policies aimed at advancing women’s rights worldwide.

For more information and updates, visit the official UN Women website dedicated to the event: <https://www.unwomen.org/en/how-we-work/commission-on-the-status-of-women/csw69-2025>

# International Women's News

## Nouvelles féministes internationales

*Journal of the International Alliance of Women*

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**Individual membership** of IAW includes an annual subscription to International Women's News.



You can easily make a payment directly to IAW bank account by using the online payment system on our website. To do so, please go to <https://womenalliance.org/become-a-member/> and follow instructions.

You may prefer instead to submit the fee via bank transfer. If so, please use these bank transfer details:

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**Membership enquiries, change of address, and back numbers** – please contact our Membership Officer, Lene Pind: [members@womenalliance.org](mailto:members@womenalliance.org)

Les **Nouvelles féministes internationales**, publiées par l'Alliance Internationale des Femmes, constituent un forum ouvert pour l'information et l'opinion sur des questions importantes pour les femmes. Vous pouvez joindre notre rédactrice, Kerstin Löffler – [iawiwn@womenalliance.org](mailto:iawiwn@womenalliance.org)

**L'adhésion individuelle** à l'AIF comprend un abonnement annuel aux Nouvelles Féministes Internationales.



Vous pouvez facilement effectuer un paiement en utilisant le système de paiement en ligne sur notre site web. Pour ce faire, veuillez vous rendre sur <https://womenalliance.org/become-a-member/> et suivre les instructions.

Vous pouvez aussi envoyer votre cotisation par transfert bancaire. Voici les détails pour un virement bancaire:

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EURO account: IBAN CH96 0900 0000 9182 4969 4  
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Adresse de la banque: Mingerstrasse 20, 3030 Bern, Switzerland.  
Veuillez inclure votre nom et l'objet du paiement lors du virement.

Pour des **informations concernant l'adhésion** à l'AIF, pour informer des **changements d'adresse**, ou pour se procurer des **vieux numéros** particuliers, contacter l'Officier des adhérents, Lene Pind – [members@womenalliance.org](mailto:members@womenalliance.org)

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