



The Center for Research on Women and Gender

Building Research Connections

Spring 2003
Volume 13, Issue 2

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30 Years of Our Bodies, Ourselves

On March 26, 2003, the UIC Center for Research on Women and Gender will hold a conference and reception to celebrate the 30th anniversary of the publication of *Our Bodies, Ourselves* by the Boston Women's Health Book Collective. The conference, entitled "Our Bodies, Ourselves and the Future of Women's Health," will feature a keynote address by Judy Norsigian, one of the co-founders of the Collective. Her address will be followed by a discussion by a panel of distinguished women's health providers

and leaders from Illinois. The program and reception will be held at the UIC School of Public Health (1603 W. Taylor St) from 3 to 6 pm. An exhibit of material from the women's health movement will be featured at the UIC Library of the Health Sciences as part of the celebration.

The Boston Women's Health Book Collective was formed in 1969 after a group of women shared their frustrations and anger regarding their health care and their physicians who were paternalistic, condescending, judgmental, and uninformed. The women's awareness of this common experience made them determined to learn about their health, their bodies, reproductive issues, and sexuality. They collected health and medical information, evaluated it, and shared the information with each other, which they later presented as a course to other women. This process led group participants to realize that their experiences often contradicted "official" medical information, and that medicine was biased against women in many ways. This recognition led to the publication of the materials into what would become the groundbreaking book *Our Bodies, Ourselves*.

Although the concept of women sharing health information may appear to be rational and reasonable to us now, at the time it was quite radical. In some parts of the United States women were arrested for their health education efforts and were accused of "practicing medicine without a license." Information about contraceptives was strictly controlled and was not readily available. Abortions were illegal in many states. It was not until 1965 that the U.S. Supreme Court ruled that married persons had a legal right to birth control, and 1972 when it ruled that unmarried persons had a legal right to birth control. In many ways, women were greatly limited in their ability to have control over their own bodies.

Our Bodies, Ourselves was instrumental in increasing American women's understanding of and raising their consciousness about health issues during the Women's Movement of the 1970's. The book continues to be an important source of health information and inspiration for women today. Over the years, the volume has expanded to address a multitude of women's health issues, including information about menopause and aging, as well as environmental and occupational health issues. In addition, the Collective has broadened its scope to include the perspectives and experiences of women of color, women of diverse backgrounds and orientations, and differently-abled and bodied women rather than

just those of middle class heterosexual Caucasian women. In the 30 years since its publication, *Our Bodies, Ourselves* has been translated or adapted into 19 languages and into Braille, thus having a worldwide impact on women's health. Recent editions include Armenian, Bulgarian, and Serbian versions.

The Collective has played numerous roles as health educators, consumer advocates, collaborating catalysts, and bridge builders in their local community, nationally, and internationally. As health educators, they have conducted workshops and research, testified before Congress, and made presentations to the media and FDA committees. As consumer advocates they have focused on contraceptive and reproductive health issues, and have helped to protect women from sterilization abuses, the Dalkon Shield IUD, and other dangerous contraceptives. They have collaborated with the United Nations, the World Health Organization, many NGO's, and a multitude of women's groups to inspire the International Women's Health Movement. The International Movement supports community activism in women's health by working on issues such as breastfeeding, maternal mortality, and environmental health hazards. As bridge builders, the Collective is currently working with many groups to develop a Chinese version of *Our Bodies, Ourselves*. The Collective continues to raise awareness of women's health issues by promoting education, self-knowledge, and choices for women.

The Collective, which began as a small grassroots organization with the goal of addressing the health concerns of its members, has become a non-profit organization that works in many different ways to improve women's health worldwide. The impact of a few individuals working together for social justice and change cannot be underestimated. More information about the Collective, their activities, their publications and *Our Bodies, Ourselves*, is available on their website at www.bwhbc.org. (By Mary Kleinman, CRWG Visiting Scholar)

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Letter from the Interim Director

Dear Colleagues, Do you know what a picture of a clothes hanger

with a bar line through it, as in the barred cigarette in "No Smoking" signs, means? When I wore such a pin recently, a student asked me if I was against dry cleaners, most of which do, indeed, use chemicals that pollute the environment. However, the "No hanger" emblem has actually been one of the rallying points of the Women's Health and Reproductive Rights movements of the last several decades, where it represented the unsafe, scary backroom abortions performed with unsanitary equipment like hangers and knitting needles that many desperate women suffered before abortion was legalized throughout the United States in 1973. This year celebrates the 30th anniversary of both *Roe v. Wade*, the landmark Supreme Court decision giving women a limited right to terminate unwanted pregnancies, and the publication of the women's self-help and health information book, *Our Bodies, Ourselves*. Other articles in this newsletter describe our exciting upcoming conference "Our Bodies, Ourselves and the Future of Women's Health," which we hope you'll all attend, and the current possibilities for medical, rather than surgical, abortions.

In addition, we've collected some of the pins, pamphlets, flyers, books, and posters of the women's health movement in Chicago from the 1960s to the present and placed them on open display in the first floor of the Library of the Health Sciences for the month of March. One case shows many publications of the Boston Women's Health Collective, including the original *Our Bodies, Ourselves* and its current versions. Another case focuses on reproductive rights activism right here. Kathy Mallin, a UIC student from 1969-73, put on display flyers from the UIC abortion loan service, which she coordinated then. One pamphlet from the time shows two men with big bellies, with the message that men would support reproductive rights if they, too, could get pregnant. In a third case are artifacts from Chicago women's health movements more generally, including materials from women's free clinics. And above these cases are wonderful posters designed by the women of the Chicago Women's Liberation Union graphics collective.

In preparing this exhibit, I re-discovered my collection of *Health Rights News*, a publication of the progressive health organization Medical Committee for Human Rights, which I helped edit in the 1970s. I've donated these newspapers to the Library of the Health Sciences, and we're hoping that anyone else with materials pertinent to the women's health movement in Chicago will also be willing to see them safely housed for future researchers by

donating them in care of Ann Weller, head of Special Collections at the Library of the Health Sciences.

Another way of remembering the history of reproductive rights can be by watching the documentary film, "Jane," which will be shown on Thursday, March 6, at 12:15 p.m., in the Recovery Room, CIU, and also on Thursday, April 3, in Lecture Center C4 at 11. This 1995 film tells the story of "Jane," a Chicago abortion clinic and counseling service. It includes interviews with the founder, Heather Booth, and other women who helped women attain over 12,000 safe though illegal abortions between 1968 and 1973.

As part of our series on Gender and Stress, labor historian Dorothy Sue Cobble will be speaking at the Institute for the Humanities on Monday, March 31, at 3 p.m., about the history of women's paid and domestic work and efforts at "Halving the Double Day."

Meanwhile, I'm also involved in plans for a gender and sexuality component to a course for high school teachers to be held here on campus this summer.

If you have ideas for future programming or other activities for CRWG, please drop me an email at gardiner@uic.edu.

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Women In Science and Engineering Highlights

The WISE staff have been busy programming for all parts of the science, technology, engineering and math (STEM) pipeline. Grace Geng, Graduate Assistant, has been organizing WISE programs focused on undergraduate and graduate students. We have just completed our fourth WISE meeting under the byline "STEM Careers: a World of WISE Choices," and during March we will be holding a WISE workshop on time management, "Use Your Time WISEly." We will also host a WISE breakfast on the honor's floor in Commons West. Grace is working with leaders of the WISE student organization, WISE Chic(ago) to build a strong campus presence and facilitate future programming of mentoring and study groups. She is also our intrepid Keeper of the WISE Web, www.uic.edu/orgs/wise, a constant challenge.

WISE is fortunate to have been offered space in the new Science Learning Center on UIC's East Campus. While this space is not large enough for WISE programs, which will continue to be held in various campus locales and dorms, it will accommodate an office and a small lounge area. WISE will also take advantage of the contiguous study spaces and computers that are part of the center. WISE is actively recruiting for our WISE Wing learning/living community in Commons West dorm to be opened in the fall of 2003. All women STEM students are welcome to participate in this supportive community that focuses on academic achievement and personal growth.

WISE is honored to administer the Anne Sluzas Martin Engineering Scholarship for a woman engineering student. Please take a look at the scholarship criteria. www.uic.edu/orgs/wise/scholarship_announce.htm. The winner of this year's award will be announced at the WISE annual meeting to be held on April 14th. Our keynoter will be Yvonne Brown, a nationally known tech entrepreneur and motivational speaker.

Addressing other WISE constituencies, staff have been involved in STEM faculty recruitment by formally greeting female candidates, and by assisting with the formation of a Dean's Committee for Faculty Academic Advancement in the College of Medicine. Our Girls' Electronic Mentoring in Science, Engineering and Technology (GEM-SET) program, coordinated by Sarah Shirk, continues its outreach to girls in middle school and high school across the nation. Learn more about this project by visiting the website, www.gem-set.org.

That's what WISE has been up to. Please feel free to contact us with program or funding suggestions or if you'd like to help out. WISE can accomplish so much more with you, our community and campus champions. *(By Claudia Morrissey)*

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Medical Abortion: An Early Option
By Claudia Morrissey

Thirty years ago, *Roe v. Wade* ushered in a safer era for women of reproductive age in the United States. Legalizing access to safe abortion services has saved thousands of women's lives and prevented countless complications over the last three decades. It is reported that by the end of their reproductive years, 43 percent of U. S. women will have availed themselves of this safest of procedures¹, safer than carrying a pregnancy to term, safer than a shot of penicillin².

Over the same three decades, sustained backlash against legal abortion has resulted in decreased availability of services and the demonization of clients and providers. Currently, less than 14% of all counties in the United States have an abortion provider. Since abortion techniques are not routinely taught to medical students or residents, the number of skilled providers is minimal. State laws continue to whittle away at access through mandated waiting periods and parental consent laws, while state regulations provide for unwarranted interference in service provision. Safe termination of pregnancy, a fundamental reproductive health service, has been marginalized to abortion clinics. The FDA's approval of the medical abortion agent mifepristone in September 2000, holds the promise of increasing and privatizing access to abortion. Medical abortion provides an alternative option that, if widely accepted by women and widely adopted by providers, could reverse restrictive trends in the United States.

Mifepristone, also known as RU 486 and the "French Pill," is an oral abortifacient that was developed in France in the 1980s. Acting as a progesterone-blocking agent, it causes separation of the early pregnancy from the uterine lining. The addition of a second medication, misoprostol, two to three days later, results in strong uterine contractions that expel the already detached cells, usually within four to 24 hours. The two-drug regimen is approved for use in pregnancies of up to seven weeks gestation, although evidence-based practice confirms efficacy at up to 63 days. The products of conception at this stage resemble a grain of rice. Side effects may include nausea, vomiting, diarrhea and chills -- attributable to the misoprostol -- as well as the expected bleeding and cramping.

During the last decade, more than three million women worldwide have safely and successfully terminated their pregnancies with mifepristone. Since late November 2000 when mifepristone became available in the United States, more than 130,000 U.S.

women have chosen medical over surgical abortion. The most commonly cited reasons for this choice include: a desire to avoid a surgical procedure, feeling more in control of the process, and feeling that medical abortion is more "natural." Qualitative studies have confirmed both patient and provider satisfaction with medical abortion³.

Women may access Mifepristone in 49 states, the District of Columbia, Puerto Rico, and Guam. Although clinics continue to represent 87 percent of sales, a growing number of orders come from private practices, indicating a "mainstreaming" trend⁴. The FDA approval did not stipulate providers be Obstetrician/Gynecologists. Any appropriately trained primary care physician (or advanced practice clinician if state laws permit) could offer medical abortion services using mifepristone and misoprostol as part of routine primary care, thus facilitating access and safeguarding patient privacy. In a recent survey, over 50 percent of Obstetricians and Family Practitioners stated that they were interested in providing medical abortions⁵. Time will tell if this initial enthusiasm results in changed provider practice patterns. Many women's health advocates still hope that mifepristone will return the issues of bodily integrity and privacy to a more personal arena. Regardless of mifepristone's larger impact on defusing the cultural war surrounding abortion, for now women in the U.S. have another early option.

1 Henshaw SK. Unintended pregnancy in the United States. *Family Planning Perspectives*. 1998;30:24-9,46

2 Grimes DA. Medical abortion: Public health and private lives. *Amer Journal of Obstetrics and Gynecology*. 2000;183:2, S1-2

3 Fielding SL, Edmunds E, Schaff EA. Having an Abortion Using Mifepristone and Home Misoprostol: A Qualitative Analysis of Women's Experiences. *Perspectives on Sexual and Reproductive Health*. 2002;34:1,34-40

4 O'Neill H. Open Letter. New York, NY: Danco Laboratories. 2003, January 10. www.earlyoptionpill.com

5 Koenig JD et al. Are US Health Professionals Likely to Prescribe Mifepristone or Methotrexate? *JAMWA*. 2000;55:155-160

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UIC's National Center of Excellence in Women's Health

CoE Research Core Expands Research on Lesbian Health

CoE Research Core Director Tonda Hughes, Associate Professor, College of Nursing, is leading the way toward improved research on lesbian health. In January of 2003, Dr. Hughes presented on "New Directions in Lesbian Health Research", co-sponsored by the UIC CoE, CRWG, and the Office of Gay, Lesbian, Bisexual, and Transgender Concerns at the UIC. The Spring 2003 CoE brown bag research roundtable, "Lesbian Health Research" is scheduled for March 24. Dr. Hughes and Dr. Alicia Matthews from the UIC will lead this discussion.

In addition to numerous publications and presentations on mental health issues such as psychological distress, body image, substance abuse, smoking cessation, and drinking patterns, Dr. Hughes is currently serving on the Planning Committee for the upcoming Third National Lesbian Health Conference, "Working Together to Create Healthy Lives." The conference will take place at UIC in the September of 2003.

National Media Campaign to Promote Breastfeeding

The CoE, in collaboration with Patricia Ehlert-Abler and Susan Aberman (lactation consultants), has received funds from the Office on Women's Health (US DHHS) to work in the Chicago area with the AD Council which is developing the National Media Campaign to Promote Breastfeeding. CoE staff members assisted the AD Council in planning and conducting several focus groups; the lactation consultants provided feedback regarding participant comments about breastfeeding. The information learned from the focus groups will be the basis for the AD Council campaign which will air in August, 2003. The lactation consultants will work with other breastfeeding groups to help kickoff the media campaign and promote breastfeeding in the UIC community. A call-in

information center will be available through UIC for anyone with breastfeeding questions as a result of watching the media campaign. Ms. Ehlert-Abler and Ms. Aberman will start prenatal breastfeeding classes as well as breastfeeding support groups, with the long term goal of women leaving the support groups and starting their own women-led breastfeeding support groups in the neighborhoods.

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UIC to Study Effects of Antibiotics During Pregnancy

UIC's College of Pharmacy and the CoE have received support from the FDA to investigate the pharmacokinetics (PK) and pharmacodynamics (PD) of selected antibiotics during pregnancy. UIC, along with University of Wisconsin, will take the lead in this joint project among the CoEs and Community Centers of Excellence (CCoE). UIC researchers will evaluate the pharmacokinetics of oral gentamicin and azithromycin in women being treated for complicated urinary tract infections during the second and third trimesters of pregnancy and compare results from each time period. The excretion of ciprofloxacin in breast milk will be assessed in a subgroup of women. Women being treated for complicated urinary tract infections and who are not pregnant will also be studied, and serve as a control group for comparison with pregnant and postpartum women. The study will evaluate whether in utero exposure to ciprofloxacin was associated with clinically significant musculoskeletal malformations.

Osteoporosis Health Tip

Osteoporosis is a condition in which the bones have thinned and weakened to the point at which they may break easily. In many cases, the first indication of osteoporosis is a fracture. Even after a fracture, many physicians do not test for osteoporosis, so it often goes untreated. Osteoporosis is a serious condition that can lead to disability or death.

Some young girls and African American women are unknowingly at high risk for osteoporosis. Young girls who consume many soft drinks and are not physically active may have bone mineral densities comparable to that of women in their 50s. African American women who are slim or who are on medications for

asthma or certain other illnesses are at a high risk for osteoporosis.

The optimal time for females to build bones is during childhood by consuming adequate calcium, decreasing the amount of soft drinks, and getting adequate physical activity. Adult women can help prevent bone loss by quitting smoking, reducing caffeine intake, increasing calcium, and engaging in weight bearing activity like walking, jogging, or dancing. Good sources of calcium are milk, yogurt, salmon, sardines, calcium-fortified orange juice, greens, broccoli, beans, and calcium supplements. Drug therapy is also a treatment option for those at high risk that have been diagnosed with low bone density.

This health tip was adapted from: (1) *Women's Health for the Homefront 2003 Daybook* published by The National Women's Health Information Center (US DHHS) www.4woman.gov; and (2) "*The Silent Disease: Osteoporosis and African American Women*," a pamphlet available from the CRWG.

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One Feminist's Exploration of Sexuality and Aging

Martha B. Holstein, Ph.D.

Visiting Scholar, Center for Research on Women and Gender

Perhaps twenty years ago in my familiar gerontological world, attention turned to sexuality and aging. Although research was still quite limited, this attention fit well with the emerging effort to reverse the old "decline and loss" paradigm that dominated the study of aging and old age. With some lag time, the media offered its version of romance and old age. Usually presented as "specials" rather than the stuff of ordinary TV, they featured men and women; never two women, never two men, never a younger man and an older woman, or any other variety of non-conventional sexuality. Sex among the elderly, it seems, was to be traditional -- at least for public consumption. And body type was also fixed: slim and trim was the norm. American society's ability to imagine and so perhaps accept sex among older people seemed to exclude a gray-haired woman in sneakers and a sweatshirt from K-Mart. Even Barbara Bush, with her emblematic rounded figure, pearls and white hair (in designer clothes rather than the K-Mart sweatshirt), announced that "kissing me is like kissing your grandmother." By so stating,

she renounced claims to sexuality."¹

What is a feminist -- this one in particular -- to make of this attention to sexuality and older women, attention that is apt to expand as the baby boomers reach older ages? Most articles about women's sexuality appear either in the gerontological literature, which (with a few notable exceptions) tends to be non-feminist and uncritical, or in the clinical practices literature that focuses on the physical and mental barriers and opportunities for sexual expression in older women. Feminist explorations about sexuality and older women are only beginning. This short essay, part of a larger effort to explore sexuality and aging from a feminist perspective, is the proverbial toe in the water, testing ideas about this poorly explored territory.²

One possible response to this growing literature is simply to say, "Hey, that's great; older women now have permission from the so-called experts and occasionally the media to be as sexual as they'd like. Enthusiasm about sex is not unseemly or immoral; in fact it is healthy." My second response is to say, "Wait a minute; expert ideas about women are rarely as they seem on the surface." We need to question the non-contextual and uncritical view heralded by medicine that traditional sex is good for women's health and that kissing a postmenopausal woman is truly different than kissing your grandmother. In what ways might this "news," as translated by our consumer culture and informed by traditional power relationships, be problematic, perhaps even oppressive for some women in unexpected ways? If so, what will it take to transform negative consequences into emancipatory ones?

One place to start is with the research that informs contemporary attitudes. Most of this research is based on surveys of the "sexual attitudes and behaviors of small groups of seniors,"³ with few in-depth interviews or other forms of qualitative research to complement these findings. This research has met with a mixed response in large part because it rarely asks how women define or see sexuality within the context of their lives. Instead, studies focus on "frequency of intercourse leading to orgasm."⁴ Researchers presume definitions of sexuality and remove it from its cultural context. As a result, men are over-represented and women underrepresented in samples, and "lesbian sex is rendered invisible."⁵ In contrast, to understand how older women think about and express their sexuality, a feminist researcher would

encourage women to talk together about sexuality. We might hear about longing and loss and many physical and even emotional limits to conventional sexuality. Common medications can reduce libido and inhibit "performance" in both men and women while vaginal dryness and thinning caused by the reduction in estrogen may result in overpowering pain, bladder infections, and other related side effects.⁶ To report these effects in the clinical literature and to hear it from women who feel the pain and get the infections, will be quite different. It does little good to tell a woman who has been a widow for 10 years, that a good way to maintain vaginal lubrication is to stay sexually active. I suspect many women would report that health problems and the lack of an interested and interesting partner inhibits sexual expression without dulling the need for intimacy.⁷

Our sex-obsessed society offers images about sexuality that focus almost singularly on sex as "penetration" and associated with the kinds of women who populate shows like HBO's "Sex and the City." Since our bodies become pivotal sites for making judgments about age, women and now more often men, who can afford it, are engaging in practices that are youth enhancing. What once were recognized as "mature bodies," a la Barbara Bush but without the designer wardrobe, are now considered symbols of failure. The sexualization of old age fits well with this mindset. In the media the tanned, vigorous couple bicycling on gently rolling hills and dining in the warm glow of candles has come to represent the new aging. By implication these images suggest that this handsome couple also engages in sexual behavior. While this image may be a welcome contrast to former images that associated postmenopausal women with decrepitude, it does not represent the vast majority of older Americans.

I remember the founder of the Gray Panthers, Maggie Kuhn, then in her 70s, standing before 3,000 people and talking about sex. Maggie's message was a little different. For those of you who knew Maggie, you'll recall that she had a small, relatively high-pitched voice, was eminently proper in appearance but fiery in demeanor. Maggie said, it's great that everyone is recognizing that the wish and desire for sex does not evaporate in old age but, there was a problem for many older women. They far outnumbered the men. "So," she advised, "women, you have two choices -- take up with another woman or with a younger man." If memory serves me, she chose the latter. Yet even today, many years later, that choice does

not conform to cultural images of appropriate coupling.

To overcome the mixed messages women receive -- that continued heterosexual sexual activity supports good health at the same time that their sexual desirability and entitlement are disqualified because they are no longer young and traditionally beautiful -- I propose transgressive images. Images of and words about women of all shapes and sizes, who accept their bodies as desirable and worthy of touch, and who find delight in nurturing those bodies in whatever way pleases them is one step toward reconciling these mixed messages. Such counter-images are transgressive simply -- and this is the irony -- because they accept that time and age bring physical changes that not all people want to (or can) resist through rigorous dieting and exercise. To democratize sexuality and begin to influence cultural images, we need to see more men and women who do not conform to youthful norms--perhaps 30 pounds overweight in baggy pants and matching t-shirts holding hands across a bare table without a single lit candle. To associate sexuality with carefully tended bodies and youthful appearance is also to exclude the woman who says, "I didn't want anyone to hug me or touch me anymore because I didn't want them to feel my body. It had betrayed me."⁹

Let me draw this essay to a close with a few critical questions. Will this renewed emphasis on sexuality, culled from self-selected and relatively narrow samples, create one more cultural norm that many women cannot or do not wish to meet? Will it enhance male power over women's bodies given the demographic imbalances that grow with each decade? Old women are far more likely to be widowed than are old men. Very bad, but troubling, jokes hint at this possibility of a new kind of male power. Will it reinforce the "beauty myth" and exacerbate women's efforts to discipline their bodies so that they conform to stereotypical cultural images of what it is to have a desirable, read "sexy" body? Will it further medicalize another transition in women's lives?

Other questions suggest the potential for emancipatory outcomes for women if the "experts" and popular culture can think differently about sexuality. We might ask whether changes in men's as well as women's bodies will finally transform sex into what many women have said they always wanted -- the expression of intimacy and closeness rather than an in-the-moment performance? Perhaps at last, sex will have the chance to assume a more feminine character -- "foreplay" as a good in itself and not merely the opening act for

the headliner. Will we learn to delight in many forms of intimacy as expressions of our fundamental interdependence? Will women become free to "accept their sexuality in whatever way it exists for them."¹⁰ And, just as positively, will women with lined faces, rounded bellies, size 14 and up -- the counter-image to America's fetishizing of the slim and trim -- be able to see themselves as sexually active and desirable?

1 Reed 1989, quoted in M. Dinnerstein and R. Weitz 1998. Jane Fonda, Barbara Bush, and Other Aging Bodies: Femininity and the Limits of Resistance. In R. Weitz, *The Politics of Women's Bodies*, p. 198,199.

2 I will be presenting a paper exploring this theme more fully at the University of Pennsylvania on April 3, 2003.

3 J. Daniluk, 1998. *Women's Sexuality Across the Life Span: Challenging Myths, Creating Meanings*. New York: The Guilford Press, p. 264.

4 T. Calasanti and K. Slevin 2001, *Gender, Social Inequalities, and Aging*. Walnut Creek, CA: AltaMira Press, pp. 84, 87

5 T. Calsanti and K. Slevin, 2001, p. 87

6 S. Rice 2001. Sexuality and Intimacy for Aging Women: A changing perspective. In J. D. Garner & S. Mercer (eds.). *Women as they age*. 2nd ed., pp. 147-164. Binghampton, NY: The Haworth Press, p. 162.

7 J. Daniluk 1998, p. 264

8 Daneluk, 1998., p.327

9 Ann Domitrovich, 1986. Thoughts on Aging. In J. Alexander et al., *Women and Aging: An Anthology by Women*. Corvallis, OR: Calyx Books.

10 S. Rice, 1998.

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Recent UIC Scholarship on Gender and Women

Featured Scholar: Stacie Geller, PhD

"Reducing Postpartum Hemorrhage in Belgaum District, Karnataka India: A Collaborative Clinical Trial"

About the author: Stacie Geller, Ph.D. is Director of Center of Excellence in Women's Health and Assistant Professor, Department of Obstetrics and Gynecology at UIC. Dr. Geller is a health services researcher with expertise in maternal health issues,

primarily related to maternal mortality and morbidity. Dr. Geller is currently the principal investigator for the Centers for Disease Control funded grant to investigate factors associated with maternal mortality and morbidity and serves on the CDC's Pregnancy and Infant Health Branch advisory panel on maternal morbidity as well as the Illinois Maternal Morality Review committee. Her interest in maternal health extends to the international arena where she is the Co-Investigator of an NICHD grant to conduct a RCT of the use of misoprostol to reduce postpartum hemorrhage in rural India.

In several parts of India, the vast majority of births continue to occur at home. Maternal mortality rates in rural India are estimated at 560 per 100,000 live births, a rate approximately 45 times higher than in the United States. Postpartum hemorrhage (PPH) and underlying anemia are the primary causes of maternal morbidity and mortality in rural India. Although national efforts have been instituted to administer supplemental iron during prenatal care, hemorrhage and anemia still account for approximately 25-30% of maternal deaths. The lack of identifiable resources available to women and their birth attendants in the rural areas accounts substantially for the adverse outcomes. Given the lack of on-site health support services, novel approaches to prevent postpartum hemorrhage in rural communities need to be investigated.

Two years ago Dr. Richard Derman, then a faculty member at UIC, received funding from the National Institute of Child Health and Human Development (NICHD) at NIH to conduct a clinical trial of a medication called Misoprostol. Among the goals of the funding agency was that the proposed project be a collaboration between an institution in the United States and an institution in a developing nation and be designed to improve global conditions in maternal and child health. Dr. Derman and Dr. Stacie Geller developed this study in conjunction with K L E Society's Jawaharlal Nehru Medical College (Belgaum Karnataka India) and in collaboration with RTI International, RTP, NC, USA.

The study team determined that Misoprostol may be an ideal uterotonic agent to prevent postpartum hemorrhage in rural settings. Its use requires little training of birth attendants and it can be easily administered. Neither injectable syringes nor intravenous (IV) supplies are necessary. The medication is stable in field conditions and has a long shelf-life. Misoprostol is well known to

Indian physicians working at JN Medical College and is being used under a research protocol for induction of labor in term premature rupture of membranes at the district hospital at Belgaum. All studies thus far on the efficacy of Misoprostol for preventing postpartum hemorrhage (PPH) have been conducted in hospital settings where active management of labor is possible. There have been no studies as yet reporting the use of Misoprostol in rural settings where conventional medications for preventing PPH are not available to the health workers in the field.

The purpose of this study, therefore, is to test the use of Misoprostol as an oral agent to reduce the incidence of acute postpartum hemorrhage and the associated morbidity and mortality in women delivering in designated villages (away from major hospitals) within Belgaum District, Karnataka, India. This project is designed to serve as a model applicable to rural settings throughout India. It may also have implications for improving delivery practices in other developing countries.

A complementary, nested case-control study of women who sustain acute severe postpartum hemorrhage compared to those who do not, will be conducted to identify socio-demographic, behavioral, cultural, and systems factors that may increase the risk of acute postpartum hemorrhage. The main purpose of this study is to conduct an in-depth investigation of factors contributing to postpartum hemorrhage. This information will be compared to other delivering women in the community who did not sustain hemorrhage or other adverse pregnancy related outcomes. This investigation could identify specific factors that could be translated into appropriate initiatives to reduce maternal morbidity and mortality. Questions from India's second National Family Health Survey - (NFHS- 2, Ministry of Health and Family Welfare, 1999) have been selected and modified for use in the study. The Safe Motherhood Maternal Mortality Needs Assessment document was used as a guide to assist in designing the study.

The collaborators from JN Medical College have recommended four sites as being representative of rural south Indian villages. They were additionally selected on the basis of ability to collect reliable data, potential to train birth attendants, and to ensure implementation of the study protocol. In addition, there has been a long established relationship between JN Medical College and the primary health centers (PHC) through a number of community outreach projects and previous studies. The Field Research Officers

(FROs) affiliated with this study have an ongoing relationship to the Auxiliary Nurse Midwives (ANM), Dais, and the Medical Officers in the PHCs which will facilitate recruitment and retention of study subjects.

Women are recruited into the study during the third trimester of pregnancy by the ANM. The ANMs attend all deliveries and are responsible for the management of the delivery and the administration of the intervention. Each woman is told about the study and provided informed consent at time of enrollment into the study. Every woman enrolled for the study will receive either three tablets containing the active medication (600 mcg of Misoprostol) or three identically appearing tablets of placebo, within five minutes of clamping and cutting of the umbilical cord.

During the planning phase and initial implementation of this project a number of cultural differences were identified, including cultural acceptability about route of drug administration, routine delivery practices, informed consent, relationship between health care provider/patient, and placebo administration of medication. Prior to implementation of the study, a number of site visits and training sessions with medical officers, field officers, midwives, village leaders, elected representatives of the Belgaum District Local Self Government and high level government officials were performed to assess the feasibility of the intervention in the rural setting. Efforts continue to be made to ensure that the community is fully informed about the study through the formation of village level consultative groups.

Before initiating the study, the India and U.S. research teams conducted a three-week training session of the field staff including the ANMs, medical officers and FROs. In addition, a small pilot study in each of the four PHCs was also conducted as a "dress rehearsal" for final implementation of the protocol. The study was initiated in September of 2002. To date, over 500 women have been screened and over 160 have been randomized to either misoprostol or placebo. In January 2003, Dr. Geller visited the field sites in India to conduct a process evaluation of the first four months of the study. She interviewed all 16 ANMs and a random sample of 30 study participants. The study is going extremely well, with positive feedback from the community about the benefits of this research clinical trial. Completion of the trial is expected by Fall 2005.

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Chicago Women's Liberation Union Launches Herstory Project

"I am all women, I am every woman. Wherever women are suffering, I am there. Wherever women are struggling, I am there. Wherever women are fighting for their liberation I am there." --
From the play Everywoman

With these words ringing in their ears, a small group of Chicagoland women left the founding conference of the Chicago Women's Liberation Union (CWLU) in 1969 to help organize the women's revolution that was changing the nation. From 1969 until its dissolution in 1977, the CWLU touched the lives of thousands of women with its many organizing projects and public events. Today, former CWLU members may be found writing books, teaching women's studies, organizing unions, battling for health care, peace, and school reform -- here at UIC, in Chicago, and around the country. Some of them are also telling their story on the web with the CWLU Herstory Project, which is affiliated with the CRWG.

If you go to www.cwlusherstory.org, you'll find personal memoirs, historical documents, newspaper articles, posters, photos, music, video clips, and classic feminist writings from the early days of the women's liberation movement. There is also an entire section on modern feminism, because the Herstory Project believes strongly that history should be a guide to continuing activism. The Herstory Project loves volunteers and has had several interns who obtain class credit for Project work through Professor Margaret Strobel (History and Gender Women's Studies) here at UIC.

If you are a college student who would like to help as an intern, e-mail infogal@cwlusherstory.org. You can use the same address to subscribe to the Project's monthly newsletter. The web site is used primarily by students and professors who seek classic feminist writings that are not easy to find elsewhere. The Herstory Project also maintains a list of veteran feminists who have agreed to student interviews and helps schedule these intergenerational encounters.

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Alice Dan Honored by Soroptimists

On March 11, Dr. Alice Dan, the former director of both the Center for Research on Women and Gender and the Center of Excellence in Women's Health, and Professor Emerita in the College of Nursing at UIC, received an award from the Soroptimists Club at their annual "Making a Difference for Women" evening. The event took place at the International College of Surgeons in Chicago. Soroptimist International, whose name means "the best for women," is a worldwide organization for women in management and professions working through service projects to advance human rights and the status of women. Dr. Dan received their "Women Helping Women" award

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Mentoring Girls in a World of Increasing Career Choices

As job opportunities for women have expanded into new employment sectors the need for positive role models in traditional and non-traditional careers has become more important. Role models can be found in both formal and informal settings. The number of formal mentoring programs for girls is exploding right now with the help of the Internet to connect girls with seasoned mentors.

Two basic models are used in most on-line mentoring programs. Some, such as MentorNet (www.mentornet.org), match young women one-on-one with senior mentors. This model, often referred to as "grooming mentoring," works well when the young protégé has much in common with her mentor, such as career specialties or college majors. A landmark study reported in Daniel Levinson's *The Seasons of a Man's Life* describes the benefits of "grooming

mentoring" for 40 white, upper middle class males. Mentoring was key as these men faced major transitions, times of questioning, reassessment, and redirection on their life paths.

However, "grooming mentoring" is not always useful for young women who do not have access to a powerful network or have not yet decided on a definite career track. A second model, called "networking mentoring," is discussed by Emily Wadsworth in her book *Giving Much, Gaining More: Mentoring for Success*. One benefit of this model is that exposure to a mentoring network is broad-based. A student can meet several mentors and decide what careers and/or mentor personalities most appeal to her. This model works well with high school students whose career goals are undergoing constant adjustments.

The "networking mentoring" model is currently being used in two programs funded by the U.S. Department of Labor's Women's Bureau. The Center for Research on Women and Gender manages one of the these web sites, the Girls' Electronic Mentoring in Science, Engineering, and Technology (GEM-SET) (see www.gem-set.org) which allows girls to investigate science, math, engineering, and technology careers. The Group Electronic Mentoring in Healthcare Services program, (GEM-HS) (see www.gem-hs.org), managed by the University of Michigan's School of Nursing, encourages boys and girls to consider the field of nursing. A directory of these and other on-line mentoring programs for girls is available at www.mentorgirls.org.

One of the benefits of virtual volunteering is that mentors and students can set their own schedules and connect when time permits. Some participants choose to participate weekly while others can only find time to participate once per month. All participants benefit by learning how to network, a necessary skill no matter what field they choose. Check out the Daily Digest at www.gem-set.org to read just a few of the hundreds of exchanges that take place each month. If you are considering becoming a mentor or possibly starting your own mentoring program, these web sites will provide tips on virtual volunteering. Go to the web sites listed above to learn how you can become a mentor and impact the life of students here in Chicago and throughout the United States.

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UIC Names Dr. Hayat Onyuksel 2003 Inventor of the Year

On February 20, Dr. Hayat Onyuksel, Professor, Assistant Head, and Director of Graduate Programs in the Department of Biopharmaceutical Sciences, received UIC's prestigious Inventor of the Year Award. Dr. Onyuksel's research has led to the development of novel drug delivery systems that can improve drug solubility and targeted delivery to a cell, organ or tumor for treatment of numerous conditions, including breast cancer and rheumatoid arthritis. She was selected to receive this distinction by a committee of University scholars.

Dr. Onyuksel received her Ph.D. in Pharmaceutics from the University of London and began her research career at the University of Ankara, Turkey in 1978. In 1985 she joined the UIC research community as a Visiting Research Associate and became a faculty member in 1987, where she works in the areas of pharmaceutics and bioengineering. Dr. Onyuksel was also one of the first UIC researchers to receive a Center for Research on Women and Gender seed grant (1998). That grant, entitled "Enhanced Imaging of Breast Cancer," supported her research on breast cancer detection and treatment that has since received state and national funding through to 2005.