

## Women's Health: a Handbook for Nurses

*Catriona Sutherland, edited by Sue Hinchliff and Rosemary Rogers*

Churchill Livingstone, 2001, 362 pp. \$59.40

As a handbook this work fits all the criteria for the nurse practicing in the clinical setting. The handbook is compact, measuring only 14.5 cm by 22 cm, is two cm thick and weighs a mere 500 grams. It is bound in a durable plastic cover with soft edges so it could easily be carried in a small bag on a day to day basis. Although titled "a handbook" the scope and the quality of the content suggests that this work would not be out of place on the reference shelf of any health service accessed by women. The references supporting the content are specific to the topics and on average they are no more than three to four years old. There is also further reading and resource information linked to each section.

The handbook contains a comprehensive set of topics that reflect contemporary health issues from young to older women. The index and sub topics are concise and logically grouped. Consequently, it is an easy task to identify common health problems ranging across the various phases of a woman's life span. The content pertaining to the topics, depression, postnatal depression and eating disorders is informative and relevant. Although this material could have been grouped in a specific section headed "mental health", the authors have chosen to explore these topics in the context of "psychosocial issues" and this reflects a departure from the biomedical model streaming health information.

Aside from specific illnesses, there are salient sections dealing with health promotion, reproductive issues and a specific section informing on sensitive health issues. The latter provides the nurse with a valuable overview of the prevalence of domestic violence, abortion, female genital mutilation, rape, sexual abuse and lesbianism. There is also an excellent section titled "prime time" that reviews salient reproductive issues. In depth social analysis in terms of the causes and precursors of health problems is

avoided. Instead the focus is primarily on the nurse as a patient advocate with the intent of enabling the patient to make informed decisions about their health, medical investigations, and treatments. The clinical notes clearly outline the incidence of illness or health problems, list the symptoms, describe investigations, and identify treatments commonly used.

In almost every section of the handbook there are reflective exercises raising issues related to nursing care and encouraging the reader to "spend some time thinking about the following". For example, in the section ethico-legal issues the nurse is asked to consider "difficulties of a consultation where the woman is not alone (e.g., with friend, parent, partner, carer, interpreter)"; in the context of health promotion and the topic of sexual health the nurse is asked to consider acceptance of those unwilling to alter their risky behaviour". This approach is invaluable as it attunes the nurse to the need for a holistic view of the woman's experience. Moreover, the exercises guide the nurse to the understanding that only when he or she can put aside his or her own values and beliefs, and focus on those of the patient, can the patient's dignity and rights be supported.

While the forward to this text emphasises that women are in "a privileged position" in relation to caring for other women, it does not discount the sensitivity of males who nurse women. Importantly, both male and female nurses will no doubt appreciate the reflective exercises and interpret them in accord with the role of patient advocate.

Overall, the text is a well-balanced collection of clinical and epidemiological

information framed by a feminist approach to identifying women's health needs. This information is linked to clear guidelines supporting appropriate nursing knowledge, assessment and interventions.

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## Female Genital Mutilation, *Video*,

*The Women's Individual Needs Project, Royal Women's Hospital, Melbourne.*

This informative video goes a long way towards explication of a challenging health problem involving the increasing number of Muslim women who have emigrated from Somalia, Ethiopia, other parts of Africa, India, and elsewhere. Female Genital Mutilation (FGM) entails removal of a significant part of women's external genitalia, which constitutes shocking violence in the views of western health professionals, especially women. The issue is treated with appropriate respect for the women's cultural background, but what seems horrendous to us is part of being a woman to them. The women interviewed spoke English quite well but interpreters were on hand for clarification. They stated a preference for female obstetricians if possible. There are different degrees of FGM from barely detectable removal of the hood of the clitoris, to total clitoral excision as well as removal of the labia minora, to full infibulation with removal of the clitoris, labia minora and part of the labia majora along with closure of the orifices apart from small holes for menstruation and urination. All run the risks of traumatic scarring and other complications especially with childbirth. Directions for deinfibulation are given in detail for obstetricians and gynaecologists. This may be done electively prior to marriage, for necessary assessment or preparation for birth during pregnancy, or during labour for assessment, foetal

monitoring, prevention of scarring and delivery of the infant. Sometimes an episiotomy is necessary as well to allow room for delivery of the presenting part – usually the baby's head. After insuring the infant's safety, the women's choices and preferences are taken into consideration; many of them choose to be resutured as they were before, but ultimate decisions are made by the husband and senior female family members. One can only wonder how necessary and seemingly less necessary surgical intervention may trigger painful physical and psychological memories and sequelae of the initial procedure.

Overall, this video is culturally respectful except in its title. As noted by some of the women interviewed, they prefer to call the procedure circumcision rather than mutilation. One of our African male colleagues also finds the term mutilation racist with misunderstanding of the cultural context of the procedure. Indeed, a girl who has not undergone the procedure might feel too different from her peers, and arrangements for her marriage might be unsuccessful. FGM has no religious significance, which can leave western health professionals angry and frustrated. At the same time, as the video recommends, health professionals need to provide competent, holistic, culturally sensitive care. Hope is expressed that the daughters of these women will have more choices about their bodies than their mothers have had.

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