



The yellow rose,  
Zonta's symbol

## Inside

- United Nations International Day to End Obstetric Fistula
- Birthing kits in Afghanistan
- Kathleen Noonan
- Entertainment book information

## Date Claimers

### May 12th, 7pm USC Dinner Meeting

Apologies to Noreen Gorman on 3371-5752 by 9am on Friday, 9th May. Please let Noreen know beforehand if you:

- are bringing a guest
- have special dietary needs
- are returning after an absence

Thursday, May 22,  
7pm

Board Dinner  
100 Acre Bar  
St Lucia Golf Links, Carawa  
Street, St Lucia

Wednesday, May 28  
6pm

Board Meeting  
Ashgrove Library

*The burden of  
self is lightened  
when we laugh  
at ourselves*

R. Tagore

## President's Report

I am writing my last update as I prepare to hand over the management of the Club to the new Board. These past two years have been a great learning experience for me, not having been in such a position previously. It is 5 years since I joined the Board as Minute Secretary and never did I anticipate that I would then continue on to be President. Thank you for those who encouraged me to do so.

It has been of great satisfaction for me to get to know the members of the Club better, either as Board members or working on different projects. Working in collaboration with other Clubs in the planning of events such as *Project Now*, *Zonta Says No* walk and *Fashion Showcase* also gave me the opportunity to interact with other Zontians and get to know them as well. Another highlight was joining Linda, Chieko and Therese at the ZI Convention in Turin in 2012. This was great fun and I learnt so much about the ideals of Zonta and the programs.

The Club will be facing challenges in the future, as it explores innovative ways for fund raising. The need for the charity dollar in the community continues to increase and the large number of applications the Club has received for the Advancement Grant Awards in recent years has highlighted this. We can thank members both past and present for their foresight in setting up an account that would generate income to assist with the funding of these awards into the future. To enable the Club to continue to support a local organisation through the annual Service Award, it will be imperative that all members support and work with the Fundraising Committee to achieve this goal.

The other challenge is trying to attract new members. The younger ladies of the community are time poor as they juggle their professional and family lives. The Club has been able to maintain a fairly stable membership number but we must not take anything for granted. As we continue to work with other Clubs and support events such as the *Fashion Showcase*, Zonta will become more visible in the community and hopefully attract more members.

I know that the Club will be in the very capable hands of Maree as our new president and I look forward to continuing my involvement with the Club.

Thank you all.  
Anne

## Want to Give Some Hands-on Help?

At our April dinner meeting, Major Chris Tamsett from the Salvation Army presented an interesting talk about Moonyah. The latter is a facility for treating those suffering from addiction, and the building of the new women's quarters has been supported by our Club.

Chris mentioned that there is a great need for volunteers to support the female clients of Moonyah in practical ways. These include teaching various crafts such as crochet, quilting and card-making, as well as life skills such as computing and literacy. Clients need the latter for any TAFE courses they do. Even small accomplishments help to build self-confidence which is essential for clients' healing. Clients' social skills would be enhanced by volunteers meeting clients informally, for a coffee and chat, for example. Please contact Chris if you would like to participate as a volunteer.

The deadline for recording your intended absence from the dinner meeting is 9am on the Friday before. Failure to notify Noreen in time will mean you will still have to pay the cost of the dinner (\$41), since the Club will be charged for it regardless.

# UN International Day to End Obstetric Fistula

On 23 May 2013, the world marked the first-ever International Day to End Obstetric Fistula, as designated by the United Nations General Assembly. Zonta International has provided significant support to the UNFPA campaign for four years.

## The 'cursed' women living in shame (an abridged version) Tulip Mazumdar Global health reporter ([bbc.com/news/health-26466652](http://bbc.com/news/health-26466652))

In a rural central Ugandan village, 17-year-old Sulaina sits on the mud floor of the tiny home she shares with her mother and younger brother and sister. She wants to help provide for her family. But she can't. She can barely leave her house. Wherever she goes, a sickly smell follows her. That's because she is constantly leaking urine. The rags she has stuffed in her underwear are drenched quickly, and then the urine starts running down her legs. She has sores all over her thighs where the urine has burned her.

Sulaina has a condition called obstetric fistula. She developed it after giving birth to a baby girl last year. Like so many women in rural parts of the country, she left it too late to get to hospital. "I was in labour for two days, then on the third day I went to a clinic and gave birth there. I had a baby girl," she said. "She died before I got to see her. I never even held her in my arms." "Cursed". Sulaina says she believes a neighbour cursed her and that's why her baby died and why she now has a hole in her bladder.



Many people in such rural areas believe in witchcraft over medical science says Dr Florence Nalubega, a gynaecologist at Kitovu Hospital in Masaka. Today she has teamed up with local popular radio DJs in the centre of Lwamaggwa village to talk about family planning and the importance of getting pregnant women to hospital to give birth rather than relying on traditional birthing attendants in the community. She says these older women in the community have little or no medical training and don't know what to do when things go wrong. But many women trust them over doctors.

"Some people here have told me that we in the hospital actually cause fistulas by using catheters which we put in the bladder," says Dr Nalubega. "They also think we do excessive operations like Caesareans. They think if they come to hospital they are going to get 'scissored'. They also use their own local plants like leaves from mango trees, they dry the leaves and then mix them with watered-down clay. They then drink it because they think it softens the (pelvic) bones and allows an easier birth."

It's these sorts of attitudes and beliefs health workers are trying to change. The other major obstacle for women giving birth safely and avoiding complications is money. Getting to the nearest hospital can take hours and is expensive. Plus there is the cost of treatment on arrival. That's why a traditional birth attendant and herbal remedies, rather than expensive medicines, can seem like the better option.

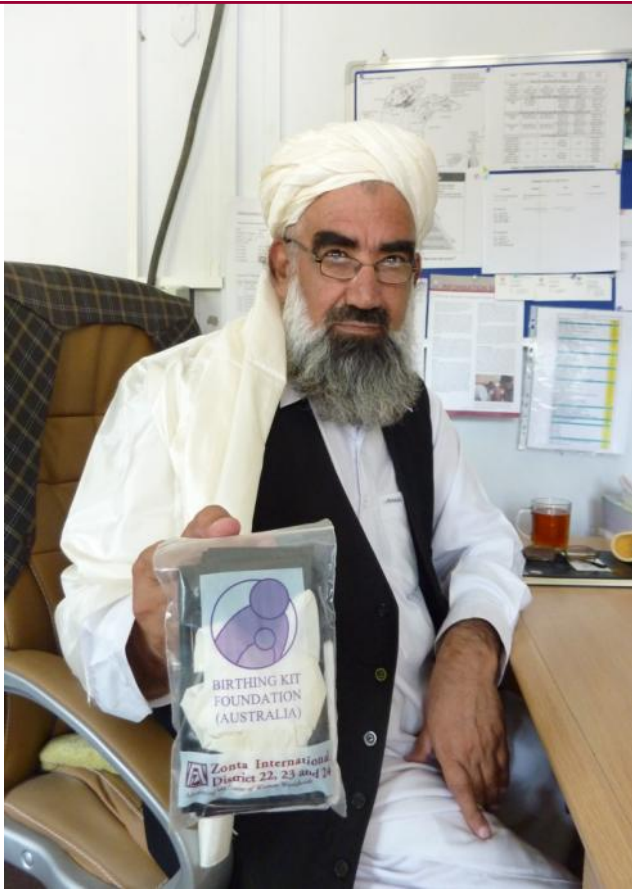
Around 7,200 women die during or soon after child-birth in Uganda every year according the United Nations Population Fund. The organisation's representative in Uganda Fundira Esperance said: "For every maternal death, six to 15 mothers survive with chronic debilitating ill health such as obstetric fistula. "The face of fistula is represented by women who live in rural areas, are not educated and are within the lowest wealth quintile." The organisation started an "End Fistula Campaign" in 2003 with the goal of making obstetric fistula as rare in developing countries as it is in the developed world. But the surgery to repair fistula is complex and expensive. At around \$700 it's completely out of the reach of those who need it.

### Obstetric fistula

- Occurs as a result of obstructed labour causing a hole in the bladder and/or bowel
- Patient is constantly leaking urine and/or faeces
- In most cases where it occurs, the baby dies during childbirth
- Two million women living with the condition globally mostly in sub-Saharan Africa and South Asia
- Up to 100,000 new cases globally each year
- Condition is entirely preventable and treatable

At Kitovu Hospital in Masaka, doctors from Chelsea and Westminster Hospital in London fly in for two weeks four times a year to provide free repair surgery for as many women as they can treat in that time period. It is paid for by the hospital's health charity Borne which raises funds to pay for the treatment, hospital stay and transport costs for patients. The doctors also train Ugandan medics to carry out the surgery. The hope is they will eventually be able to take over. Around 70 women turn up in the first couple of days of the camp. Some have travelled long distances for treatment.

Sulaina is the first to have the surgery. "I'm nervous" she says, "but I want this treatment so that I can go back outside and enjoy my life like others." Shane Duffy is a consultant obstetrician and gynaecologist at Chelsea and Westminster Hospital and is carrying out Sulaina's surgery. He has been heading the training and fistula repair camp at Kitovu Hospital for eight years. "It's quite a specialised operation," he says. After two hours in theatre, Sulaina returns from surgery. The 4cm hole in her bladder has been repaired. From today she will no longer have to walk around in a constant state of shame. Her mother sits at her bedside stroking her hair. "I am hopeful her future will be better now," she says. "She was in such a bad way, but I have hope all will be well."



## *Birthing Kits in Afghanistan*

In case some of you did not see this lovely email from Andrew Cameron OAM, Registered Nurse and Midwife

Dear Judith (Anderson),

I am writing to inform you that the Zonta birthing kits do get to their final destination and are well used and appreciated by those in need.

I work from time to time overseas for the Red Cross. During 2012 I was in Afghanistan for 12 months. We had a stock of the birthing kits; my field officer (pictured) and I made sure the kits were distributed to midwives and traditional birth attendants in our area, namely Kandahar, Helmand and Uruzgan. So I would like to say thank you to Zonta on their behalf.

I have attached a photo. Unfortunately I am not permitted to send you any photos of any of the Afghan women who received the kits, as this would be culturally inappropriate. Anyway, they really did appreciate them.

## *No-Income Women*

Only two people received hard copies of the December newssheet. To make up for it, I have included the following brief summary of the talk given by Kathleen Noonan from the *Courier Mail*.

At our November meeting, we had the pleasure of listening to our guest speaker, Kathleen Noonan (pictured here with Maggie and Kerryn). Kathleen spoke of her work with the *Second Chance* committee which supports homeless women. The committee is also concerned with the plight of "No-income women" - those who fall between the cracks because of changes in their visa status for example, and who are not entitled to any income support from government, nor Medicare.

Women from Culturally & Linguistically Diverse (CALD) backgrounds who have been sponsored to come to Australia or hold a visa with limited rights are at particular risk, because it may take months or even years for their residency applications to be finalised. In the meantime, many CALD women live in fear of being deported and of facing further persecution in their country of origin. Women in such a situation are vulnerable to sexual exploitation because of their need to earn money, and are sometimes forced into sexual slavery.

Since Kathleen's talk, Vicki Lomax has put Kathleen in touch with Jane Prentice (MHR) who was unaware of the predicament of No-income Women.







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