

WOMEN'S HEALTH/ REPRODUCTIVE HEALTH ON THE U.S.-MEXICO BORDER



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United States-Mexico Border
Women's Health/Reproductive Health on the
U.S.-Mexico Border

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Women's Health/Reproductive Health on the
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ABSTRACT

In order to become familiar with activities carried out in recent years in the area of Women's Health/Reproductive Health, the Pan American Health Organization set about the task of identifying all those activities which had been carried out concerning this topic in the past ten years on the U.S.-Mexico border. The objectives have been, on the one hand, to produce an overall view of the interest, participation and binational work capability of the agencies and institutions involved in women's health/reproductive health on the U.S.-Mexico border and, on the other, to provide the task force on Women's Health/Reproductive Health of the Health Group of the Binational Commission with information useful for its purpose.

The information was collected in various ways: by administering a questionnaire, using Internet search, and conducting a review of bibliography. Questionnaires were sent to 108 agencies and institutions in border counties and cities having a history of working in the area of women's health or showing an interest in the field, as in the case of universities and associations.

Based on the information returned by agencies it was possible to identify 150 programs, both domestic and binational, with emphasis on women's health and including programs of community health workers. Among the projects identified, only 21 (14.5%) were bi-border, and the rest (129) were domestic.

The results stemming from this undertaking point up the fact that services provided to women were mainly focused on reproductive aspects, and the issue of gender was taken into consideration only on a few occasions.

The majority of activities focused on gender were research projects carried out by nongovernmental institutions and not necessarily integrated into women's health programs.

The questionnaire used requested information about women's health programs. However, most of the responding agencies on both sides of the border provided information about reproductive health services, cervical-uterine cancer and breast cancer; some provided input concerning research on the control of sexually transmitted diseases such as chlamydia. Programs mentioned as being specifically for women were those for HIV/AIDS prevention.

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According to the information compiled, services addressing stress/depression and domestic violence were quite rare on the U.S. side and practically nonexistent on the Mexican side.

Some Mexican agencies furnished data regarding working women's health focusing mainly on family planning and implemented exclusively in the workplace.

Programs such as education aimed at prevention and early detection of chronic degenerative diseases are conducted in general for both sexes, in spite of the realization that some of these disorders affect women with greater frequency.

INTRODUCTION

The Health Group of the Binational Commission, created in May 1996, initially identified four priorities for binational collaboration: migrant health, women's health/reproductive health, immunization, and tobacco use among adolescents. Subsequently, the issues of aging and substance abuse were added in 1997 and 1998, respectively. Task forces have been created to work on each of the priorities.

The Women's Health/Reproductive Health task force in turn identified four areas of binational collaboration: Information Exchange, Exchange of Professionals, Research and Prevention, and Community Outreach and Training.

Moreover, for each working area, specific activities for implementation were identified. In the area of Information Exchange, problems of neural tube defects and HIV/SIDA were considered. In regard to Exchange of Professionals, conferences and workshops were held, covering subjects such as depression and other types of mental stress in women; cervical-uterine cancer; teen pregnancy and family planning. In this same area the topic of participation by community volunteers in providing services is included. The area of Research and Prevention embraced preventive measures for cervical-uterine cancer and breast cancer aimed at the Hispanic population in border states, as well as participation in workshops held at the national and international levels addressing issues of reproductive health, reemerging infectious diseases, sexual behavior and HIV risk, cervical-uterine cancer and human papiloma virus, and chlamydia. The issue of teenage tobacco use was also included.

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Given the importance of Women's Health/Reproductive Health issues in the context of cooperative binational health efforts, evidenced in part by the creation of the task force within the Health Group of the Binational Commission, the Pan American Health Organization decided to conduct a review of the cooperation existing between Mexico and the United States in the border context relating to this health issue. It is hoped that the results obtained by means of this review may serve as a reference for groups, agencies, and institutions in identifying specific areas within the field of women's health/reproductive health where it may be feasible to initiate or strengthen binational cooperative projects in the border region.

BACKGROUND

The state of women's health reflects not only the biology of the individual but also the sociocultural, economic and physical environments in which women develop, and the environments that affect the length and quality of their lives. Women who live in poverty or are poorly educated have a reduced life expectancy, a high incidence of disease, more disabilities, and an increased mortality rate.

During the past two decades, disparities between men's and women's health have become more obvious in terms of opportunity and access to resources. Various epidemiological studies have shown that women are exposed to serious health risks that are not explainable solely on the basis of their biological makeup but are also a function of their social position and their gender. These differences in health status form the basis for the concept of gender's health, which is fundamental in explaining why women are more vulnerable to certain disorders and afflictions.

Awareness of these differences has spurred several health agencies and institutions to undertake a consciousness-raising campaign centered around the health difficulties experienced by women.

The concept of women's health has focused successively on three different areas. The Maternal and Reproductive focus was followed by that of Women's Health, which most recently has evolved toward Women's Health and Development.

The Maternal and Reproductive focus is concerned with women of childbearing age and in health phenomena associated with biological reproduction. Its main emphasis lies on aspects of women's health as mothers (or potential mothers): fertility, pregnancy,

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birth, and puerperium. Actually, this approach concentrates not so much on the health of women as mothers but is rather a vehicle to ensure the survival of the product of conception.

The Women's Health focus broadens the maternal focus to incorporate the social and behavioral aspects of biological reproduction. It views women's health according to women's social functions in the various stages of her life, examining topics such as elderly health, chronic disease, mental health, sexually transmitted diseases and occupational health.

The Women's Health and Development¹ focus takes up where the second focus leaves off, adding the notion of gender perspective and placing it in the realm of human development. This third focus is directed toward studying and generating change in factors which determine and give rise to gender differences in health.

The previously mentioned approaches have been expressed and discussed at length in various international venues. The Women's Health focus was presented in the Declaration of Women in Nongovernmental Organizations in Beijing in 1995², in which it was revealed that, in spite of more than a decade having passed since the Nairobi Conference, the strategies defined there had not been completely implemented by any government; moreover, women continue suffering from poverty, inequality, injustice, unemployment, sexism, racism, xenophobia, and homophobia, among other forms of discrimination and violence against them.

The Beijing declaration calls for women to become empowered and gain access to political and decision-making structures at all levels; universal access to high-quality, nondiscriminatory to health care and ensuring affirmative action on the part of the public and private sectors guaranteeing the equality of women. The document also outlines strategies to achieve these ends: reeducating youth to sensitize them to human-rights and gender issues and the implementation of a United Nations Ten Commandments of Human Rights of Education and Rape Prevention for Women.

¹ Regional Program for Technical Cooperation Women, Health and Development. PAHO. Washington D.C. September 1992

² Beijing Declaration and Platform of Action. Fourth World Conference on Women, September 4-15, 1995. Women, Health and Development. PAHO. 1996

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The Reproductive Health focus was discussed at the International Conference on Population and Development held in Cairo, Egypt in 1994³, in which women's health was considered to be directly related to reproductive health and sexual health. Various cultural, political and religious factors have made the topic difficult to approach and prevent achieving a political and social climate that would encourage free discussion and analysis of the situation and lead to necessary change.

This conference saw the establishment of a new vision of the triad population-women-development and placed emphasis on the concept of health as a process and a citizen's right.

A follow-up event to the Cairo conference was the meeting held in Santo Domingo, Dominican Republic, whose purpose was to bring out the Latin American perspective on reproductive health by "incorporating women's and gender perspectives in research, planning and provision of sexual and reproductive health." During this international conference Reproductive Health was defined as "a state of physical, mental and social wellbeing, and not just the absence of disease, in all aspects related to the reproductive system, its functions and processes." Reproductive health therefore implies that people must be able to lead healthy and satisfying sexual lives, have the ability to reproduce, and enjoy the freedom to decide when and how often to get pregnant. Implicit in this latter connection is the right of men and women to be informed and have access to safe and effective planning methods of their choice as well as other methods of their choosing to control fertility within limits set by law; the right of access to appropriate health services guaranteeing safe pregnancy and birthing to women; and offering couples the greatest opportunity of having a healthy sexual life...⁴

³ Program of Action of the International Conference on Population and Development: Cairo, 1994. PAHO. Washington, 1995

⁴ Population and Reproductive Health. Pan American Health Organization. World Health Organization. 122nd. Session. Washington, D.C. June 1998.

OVERVIEW

Mexico

In Mexico concrete steps have been taken at the governmental level in order to redesign the structure of services and adopt the focus presented at the Cairo conference.

Since late 1994, the Mexican Department of Health (MDH) has worked to develop programs which will offer needed health services to women⁵. To this end, the mother-child and family planning programs were merged, forming the Reproductive Health Program, which includes gender considerations in order to respond to the needs of the female population. The Reproductive Health program is designed to provide information and health services to enable individuals and couples to enjoy a satisfactory sexual and reproductive life. The program's three components are:

- ? Family planning;
- ? Perinatal health, including perinatal reproductive health and prevention of birth defects; and
- ? Women's health with services for cervical-uterine and breast cancers and maternal mortality.

In this program are included activities targeting adolescent females, since they constitute an at-risk group for unhealthy reproductive and sexual behaviors which directly impact their potential development.

Among the specific objectives of the Reproductive Health Program aimed at adolescents are fostering responsible fatherhood, targeting males with an emphasis on adolescent males; providing adolescents with reproductive health education; and helping to prevent teenage pregnancy, as well as offering support to teenage females in avoiding repeat pregnancies.⁶

The Mexican Department of Health's program for HIV/AIDS and other sexually transmitted diseases is designed to prevent these diseases in at-risk populations such as teenagers and women of childbearing age, among others. This program endeavors to reduce the number of children infected with HIV during pregnancy, birth and

⁵ Health Programs of the Department of Health, Mexico, 1995.

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breastfeeding; eliminate congenital syphilis; and prevent and control gonorrhea, chancere and trichomoniasis.

Another MDH program which also includes some programs to maintain and/or improve women's health is that of Adult and Elderly Health Care, which endeavors to promote health eating habits among the population over age 19 in order to prevent the appearance of chronic-degenerative diseases. The program also involves early detection of diabetes mellitus and high blood pressure, among other conditions.

Women constitute 49.8% of Mexico's population⁷. At the level of border communities, this figure rises to 50.22%.

Women of childbearing age (15-44 years old) represent 24.0% of the population of Mexico.

In 1994 a total of 28,098 women's deaths were reported in the Mexican border region. The most frequent causes of death were: infectious intestinal diseases, pneumonia and perinatal disorders, malignant tumors of the cervix of the uterus, diabetes mellitus and cerebrovascular diseases⁸

United States

The U.S. Office of Public Health Services has an Office on Women's Health whose efforts have had an impact on lengthening the life expectancy for women from 48 years at the beginning of the century to its current figure of 79 years, focusing on activities including improving the environment, developing vaccines and antibiotics, and research in the medical area. The lifespan of women has been prolonged, but it is also true that they have greater exposure now to chronic diseases and disabilities than before.

At present, programs are based on general principles and on a broader definition of women's health, one which goes beyond reproductive capacity and includes

⁶ Reproductive Health Program. 1996. Department of Health. Division of Health Services. General Office of Reproductive Health.

⁷ Vital Statistics 1991. Department of Health. Department of Coordination and Development. General Office of Statistics, Information and Assessment. National Institute of Statistics, Geography and Information, Mexico, 1994.

⁸ Women's Health in Mexico. National Program of Health. Mexico, 1995.

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psychosocial and behavioral factors. Environmental factors which affect women's health have also been taken into account.

In recent years special attention has been placed on considerations such as cultural diversity in women, minority status, old age, women in urban and rural settings, women living in poverty or low socioeconomic levels, lesbians and women with disabilities.

Some of the specific topics addressed with regard to women's health in the United States are: arthritic and immunological diseases; acute and chronic pain syndromes; reproductive health; sexually transmitted diseases and other infections; urological health; gastrointestinal disorders; environmental impact on women's health; the molecular basis of sex and gender differences in disease; risk factors for disease in women of different races, ethnic backgrounds and socioeconomic strata; factors associated with depression, eating disorders, anxiety and addictive behaviors; risk factors and repercussions of violence and trauma, including abuse of minors, physical and sexual assault, abuse of the elderly and domestic violence; lung cancer and tobacco use among women; cardiovascular and peripheral vascular diseases, including the impact of diabetes on these conditions; and quality of life for women suffering chronic diseases⁹.

The U.S. Public Health Service's Office on Women's Health has organized and facilitated regional conferences on the subject of sex and/or gender and their influence on women's health. In 1997 a national conference was held dealing with topics such as the identification of sex and gender differences which influence women's health; factors that affect difference among female populations; and emerging research areas such as the role of genetic examination and its effect on women throughout their lives.

In the U.S., women make up 51.2% of the population¹⁰. In U.S. border counties women represent 50.1%, while women of childbearing age account for 23.8% of the population.

⁹ U.S. Public Health Service's Office on Women's Health. Fact Sheet. 1998

¹⁰ United States-Mexico Border: Vital Statistics Review. The Institute. U.S. 1994.

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The principal causes of death are similar to those in Mexico and include chronic degenerative diseases, although among deaths due to cancer those attributable to breast cancer occur at a much higher rate than for cancer of the cervix of the uterus.

U.S.-Mexico Border

In these two countries there are two discrete approaches to the concept of women's health: in Mexico the focus is on Maternal and Reproductive Health, while in the United States the issue is defined as Women's Health. But in the border region, and based on results of searches for women's health-related projects, both at the city and county level, most programs are concerned with reproductive health, with some exceptions at institutions devoted to research.

In interpreting the following information, it is advisable to remember the majority of health programs on the Mexican side are developed and implemented by central governmental agencies such as the Mexican Department of Health and Mexican Social Security Institute and others at the federal level. Only occasionally work is done outside these established programs or with unbudgeted funds, particularly in the border region.

On the U.S. side, programs vary from county to county, but the most common of these, like their Mexican counterparts, receive federal or state funding.

There are precedents for various local and binational activities¹¹, many of which were instituted by the Field Office of the Pan American Health Organization (PAHO). A turning-point binational initiative was Project Consensus, financed with U.S. federal funding and designed so that border health priorities could be identified by border people. The project identified the area of mother-child health (including specific topics such as prenatal care, family planning and teenage pregnancy) as a health concern felt and shared by communities on both sides of the border.

Another example of binational cooperation was the Binational Project on Primary Health Care, in which the Autonomous University of Ciudad Juárez and the University of Texas at El Paso participated and which was funded for five years by the Kellogg

¹¹ Regional and General Border Priorities, Project Consensus. Pan American Health Organization. Field Office in El Paso, Texas. El Paso, TX, March 1991.

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Foundation. The project supported the development of programs in prenatal and birth care and the use of community health workers to provide services and professional personnel training on both sides of the border.

Additionally, in recent years several conferences dealing with Women's Health/Reproductive Health have been held, such as the one in Cd. Juárez in October 1997, in which the Adolescent Health Program, with adaptations for the states of northern Mexico, was discussed. Representatives from federal and state levels of government from both Mexico and the United States as well as area directors participated in order to identify areas of common interest which could serve as bases for bi-border projects.

In reviewing mortality rates by sex corresponding to the period from 1992 to 1994¹² for the border cities/counties of Mexicali/Imperial, Tijuana/San Diego; San Luis Río Colorado/Yuma, Nogales/Santa Cruz; Juárez/El Paso/Las Cruces, Acuña/Val Verde, Piedras Negras/Maverick, Nuevo Laredo/Webb, Reynosa/Hidalgo and Matamoros/Cameron, we note that, among women in the 15-24 age group, accidents and adverse effects were the leading cause of death in the ten city groupings. Homicide, legal intervention and operations of war second or fourth place in the same age group. Nutritional deficiencies and anemia appear in third place for Piedras Negras/Maverick, while for San Luis Río Colorado/Yuma third place is held by pregnancy, birth and post-partum complications. Tuberculosis is reported among the first five causes of death in four of the ten sister cities in this age group.

For the group of women aged 25-44, malignant tumors were reported as the number one cause of death in all ten groups of sister cities. Accidents and adverse effects occupy second place in nine out of ten groups. In this age group AIDS appears as one of the top five causes of death in Tijuana/San Diego.

¹² Mortality Profiles for Sister Cities on the United States-Mexico Border, 1992-1994. Pan American Health Organization, El Paso, TX. In press.

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**MAIN CAUSES OF DEATH IN WOMEN AGED 15-24
BORDER CITIES AND COUNTIES
U.S.-MEXICO BORDER, 1992-1994***

	Tijuana/ San Diego	Mexicali /Imperia l	S.L.R. C. / Yuma	Nogales /Santa Cruz	Juárez/ El Paso/ Las Cruces	Acuña/ Val Verde	Piedras Negras/ Maverick	Nuevo Laredo /Webb	Reynos a/ Hidalgo	Matamoros / Cameron
CAUSES OF DEATH										
1. Accidents and adverse effects	117	43	10	5	112	8	4	20	41	34
2. Malignant tumors	33	10	2		31	2	3	5	19	5
3. Diseases of central nervous system, except meningitis	13	9	2	3	12		2	3		
4. Homicide, legal intervention and operations of war	41	4			15			6	5	7
5. Tuberculosis	13	6				4		3		
6. Suicide and self-inflicted wounds	19								7	
7. Heart disease			5		17					
8. Complications of birth, pregnancy and post-partum			3							
9. Other diseases of the digestive system			2				2	3		
10. Nephritis, nephrotic syndrome and nephrosis				2		1				2
11. Cerebrovascular disease								3		3
12. Nutritional deficiencies and anemias						1				
13. Diabetes mellitus							2		5	
14. Acute respiratory infections										2
15. Other causes	117	36	6	8	81		4	14	32	13

*Number of deaths

Source: Profiles of Mortality in Sister Cities of the U.S.-Mexico Border, 1992-1994, PAHO, El Paso, TX.

**MAIN CAUSES OF DEATH IN WOMEN AGED 25-44
BORDER CITIES AND COUNTIES
U.S.-MEXICO BORDER, 1992-1994***

	Tijuana/ San Diego	Mexicali /Imperia l	S.L.R. C./ Yuma	Nogales /Santa Cruz	Juárez/ El Paso/ Las Cruces	Acuña/ Val Verde	Piedras Negras/ Maveric k	Nuevo Laredo /Webb	Reynos a/ Hidalgo	Matamoros / Cameron
CAUSES OF DEATH										
1. Malignant tumors	456	102	27	31	260	15	17	60	79	76
2. Accidents and adverse effects	203	63	22	14	138	7	10	11	49	47
3. Heart disease	109	32	14	10	86	4		13	22	18
4. Diabetes mellitus		16			44	10		8		
5. Suicide and self-inflicted wounds	111		12							
6. Acquired immune deficiency syndrome	79									
7. Homicide, legal intervention and operations of war			6	6		4	5		14	14
8. Other diseases of the digestive system							4			
9. Motor vehicle accidents								20		
10. Tuberculosis								8		
11. Cerebrovascular diseases				5	36				14	13
12. Other causes	539	128	42	23	266	16	19	56	81	88

*Number of deaths

Source: Profiles of Mortality in Sister Cities of the U.S.-Mexico Border, 1992-1994, PAHO, El Paso, TX.

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MAIN CAUSES OF DEATH IN WOMEN AGED 45-64

**BORDER CITIES AND COUNTIES
U.S.-MEXICO BORDER, 1992-1994***

	Tijuana/ San Diego	Mexicali /Imperia l	S.L.R.C. / Yuma	Nogales /Santa Cruz	Juárez/ El Paso/ Las Cruces	Acuña/ Val Verde	Piedras Negras/ Maveric k	Nuevo Laredo/ Webb	Reynos a/ Hidalgo	Matamoros / Cameron
CAUSES OF DEATH										
1. Malignant tumors	1800	272	121	41	741	41	55	159	251	219
2. Heart disease	697	188	66	31	391	20	37	90	153	147
3. Diabetes mellitus	226	143	34	21	327	37	46	90	129	131
4. Cerebrovascular disease	222	62	19	11	140	9	17	21	50	36
5. Other diseases of the digestive system		38								
6. Chronic-obstructive lung disease	166					6				
7. Cirrhosis and other diseases of the liver			16					30		
8. Accidents and adverse effects				11	95				33	23
9. Nephritis, Nephrotic syndrome and nephrosis							7			
10. Other causes	165	785	76	34	494	36	34	101	179	143

*Number of deaths

Source: Profiles of Mortality in Sister Cities of the U.S.-Mexico Border, 1992-1994, PAHO, El Paso, TX.

In the ten city pairs, malignant tumors ranked first as the cause of death in women aged 45-64; second place was occupied by heart disease and third by diabetes mellitus except in Acuña/Valverde, where the latter two places appear in reverse order.

The five leading causes of death among women aged 65 and over in the ten city groups studied are: heart disease, malignant tumors, diabetes, cerebrovascular disease and acute respiratory infections or chronic-obstructive lung disease.

**MAIN CAUSES OF DEATH IN WOMEN AGED 65 AND OVER
BORDER CITIES AND COUNTIES
U.S.-MEXICO BORDER, 1992-1994***

	Tijuana/ San Diego	Mexicali /Imperia l	S.L.R.C. / Yuma	Nogales /Santa Cruz	Juárez/ El Paso/ Las Cruces	Acuña/ Val Verde	Piedras Negras/ Maveric k	Nuevo Laredo/ /Webb	Reynos a/ Hidalgo	Matamoros / Cameron
CAUSES OF DEATH										
1. Heart disease	8121	838	983	189	2192	355	207	565	1006	842
2. Malignant tumors	4813	412	531	84	1259	174	100	214	564	431
3. Diabetes mellitus		292	181	54	683	158	98	189	232	243
4. Cerebrovascular disease	2292	281	258	50	546	93	41	133	265	220
5. Acute respiratory infections	1302	135				33	20	77		
6. Chronic-obstructive respiratory diseases	1341		154	23	352				138	144
7. Other causes	4835	649	691	139	2035	229	129	429	751	679

*Number of deaths

Source: Profiles of Mortality in Sister Cities of the U.S.-Mexico Border, 1992-1994, PAHO, El Paso, TX.

REVIEW OF WOMEN'S HEALTH/REPRODUCTIVE HEALTH PROGRAMS

Methodology

Information was gathered by various means, including sending questionnaires, using the Internet and performing bibliographical reviews. Some institutions that work in the area of women's health were identified through the net, but the majority of these are located outside the U.S.-Mexico border region.

As regards information gathered by means of questionnaires, a list of 108 agencies and institutions in border counties and cities with a history of working in the area of women's health or an interest in this field, as in the case of universities and other groups. The questionnaire was faxed and mailed by regular mail to health agencies, educational institutions and nongovernmental agencies identified as having provided services or carried out research in the border counties and cities.

The questions focused on women's health issues identified and mentioned by the Binational Health Commission, although given the diversity of answers it was necessary to add some other areas.

The questionnaire asked about projects or programs in cervical-uterine cancer, sexually transmitted diseases and chlamydia infection, stress and depression, domestic violence, neural tube defects, and community health workers. Owing to the nature of the answers, the following areas were added: prenatal care, breastfeeding, diabetes and pregnancy, the health of working women, teenage pregnancy, teen health, birthing care, menopause, postnatal care, and women's sexuality.

In addition, a bibliographical search was conducted to identify publications, conferences and papers presented at different meetings dealing with mother-child health, reproductive health and women's health in the border region in recent years.

Results

Of the 108 questionnaires sent to agencies and institutions in border Mexican counties and cities, a response was received from 12 U.S. Institutions (response rate of 17%) and 7 Mexican agencies (response rate of 19%).

Completed questionnaires were received from 19 border cities, 12 in the U.S. and 7 in Mexico. The kind of institutions that responded were nonprofit agencies (44.7%),

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local health service providers (37.7%), universities (8.5%) and others such as the U.S. Border Health Office (2.1%) and state department of health (7.0%).

Based on the agencies' responses it was possible to identify 150 domestic and international programs that emphasized women's health, including programs for community health workers.

A total of 138 programs were identified (excluding those for community health workers), of which 24 (17.3%) dealt with cervical-uterine and breast cancer, 18 (13.1%) with programs aimed at education and prevention, 16 (11.6%) with prenatal care, 12 (8.6%) with family planning, and 12 (8.6%) with sexually transmitted diseases/chlamydia.

Twelve programs of health promotion were reported by the agencies responding to the questionnaire.

Programs that targeted working women's health, including visiting workplaces to provide on-site family planning and STD prevention education numbered 10 (7.2%).

Nutritional programs reported (6.5%), mostly in U.S. counties, were sponsored by WIC (Women, Infants and Children), a federal program. Four projects (2.9%) focusing on neural tube defects were reported.

Health programs for teenage girls, including those for pregnancy prevention and prenatal care were reported specifically in 8 programs (5.8%). Programs aimed at education and prevention of tobacco use were also reported in 5.8% of the projects.

**PROJECTS IDENTIFIED IN THE BORDER REGION
BY HEALTH AREA**

Area	Number	Percentage*
Cervical-uterine and/or breast cancer	24	17.3
HIV/SIDA in women	18	13.1
Prenatal care	16	11.6
Chlamydia and other STD's	12	8.6
Family planning	12	8.6
Working women's health	10	7.2
Nutrition	09	6.5
Teenage tobacco use	08	5.8
Teen health	08	5.8
Domestic violence	07	5.0
Neural tube defects	04	2.9
Birth and postpartum care	04	3.3
Stress and depression	03	2.1
Sexuality and menopause	03	2.1
TOTAL	138	99.5%

* Note: The 12 community health worker programs were not taken into account.
Source: Survey

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Programs for prevention of domestic violence were reported by 7 different agencies (5.0%). Stress and depression programs were reported at 3 agencies (2.1%).

On the Mexican side, most projects were funded by the same institution, particularly in the case of local health providers; exceptions were largely nonprofit agencies. In Ciudad Juárez, Chihuahua, of 35 projects identified, 15 received funding from an outside agency (43%); in Tijuana, Baja California, 5 projects were reported, of which 50% received outside funding.

On the U.S. side, the majority of projects reported receiving outside monies, especially state and federal support. El Paso, Texas reported 17 projects, of which 37% were funded by the same agency and 64% by outside sources. Of the projects reported in San Diego County, California, 90% were funded by state or federal agencies. In Tucson, Arizona, 18 programs (66.6%) were funded by outside agencies. In the remainder of the cities submitting information, 100% of projects were funded by outside agencies.

**Border Women's Health/Reproductive Health
Projects By Funding Source and City**

	Same Agency	Outside Agency
<u>U.S. Cities</u>		
El Paso, TX	6	12
Harlingen, TX	6	1
San Benito, TX	0	2
Pharr, TX	0	1
Eagle Pass, TX	0	5
Las Cruces, NM	0	4
Tucson, AZ	6	12
Bisbee, AZ	0	5
San Diego, CA	1	9
<u>Mexican Cities</u>		
Juárez, Chih.	20	15
Ojinaga, Chih.	5	0
Nogales, Son.	0	11
Tijuana, B.C.	3	3
Mexicali, B.C.	3	2
Matamoros, Tamps.	3	3
Total	53	85

Source: Survey

* Note: The 12 community health worker programs were not taken into account.

Regarding the bilateral nature of the projects, it is necessary to clarify some terms applicable to activities conducted in the border region, for example those identified in the document Bi-border Cooperation in Public Health United States-Mexico Border¹³. In this geographic area, both bi-national and bi-border activities are under way. The former are

¹³ Bi-border Cooperation in Public Health United-States Mexico Border. Draft document for purposes of discussion. Field Office, Pan American Health Organization. El Paso, TX, 1998.

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those in which representatives of the two countries participate fully; in the latter, only representatives of agencies and institutions located within the border region are involved. Activities conducted on one side of the border only are termed domestic.

This document has dealt exclusively with those activities identified as bi-border and which were reported on as having been carried out formally or informally with the participation of representatives from both sides of the border region. Formal cooperation involves the existence of cooperative agreements in document form, whereas informal collaboration occurs principally in the course of conversations or commitments between friends or acquaintances and is based on a relationship of familiarity with one's counterpart on the other side of the border.

In view of these criteria, it was found that of the projects identified only 21 were bi-border (14.5%), while the rest (129) were domestic.

Almost all responding agencies mentioned at least one bi-border project in mother-child health or women's health, except Eagle Pass, Pharr County and Harlingen TX and Ojinaga, Chihuahua.

The city reporting the most binational projects was

Ciudad Juárez, Chihuahua. In Arizona, the agency with the most binational projects was the University of Arizona, which conducts most of these efforts in conjunction with the Mexican state of Sonora.

Projects that are or were carried out binationally were in the areas of cervical-uterine cancer (3), HIV/AIDS education and prevention (3), chlamydia and other sexually transmitted diseases (2), family planning (3), and prenatal care (4), among others.

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**Bi-border Women's Health
Projects by City***

	Bi-border	Domestic
<u>U.S. Cities</u>		
El Paso, TX	3	15
Harlingen, TX	0	7
San Benito, TX	1	1
Pharr, TX	0	1
Eagle Pass, TX	0	5
Las Cruces, NM	1	3
Tucson, AZ	2	16
Bisbee, AZ	2	3
San Diego, CA	1	9
<u>Mexican Cities</u>		
Juárez, Chih.	7	28
Ojinaga, Chih.	0	5
Nogales, Son.	1	10
Tijuana, B.C.	1	5
Mexicali, B.C.	0	5
Matamoros, Tamps.	2	4
Total	21	117

* Does not include community health worker projects
Source: Survey

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Agencies that reported having participated in bi-border projects were nongovernmental organizations with 12 projects, local health services with 5 projects, and universities with 4 projects. One state health office and one border health office reported

Domestic and Bi-border Programs and Projects

Area	Bi-border	Domestic
Cervical-uterine and/or breast cancer	3	21
HIV/AIDS in women	3	15
Nutrition	0	9
Teenage tobacco use	1	7
Chlamydia and other STD's	2	10
Neural tube defects	2	2
Stress/ depression	0	3
Domestic Violence	0	7
Family planning	3	9
Prenatal care	5	11
Teen health	0	8
Health of working women	2	8
Postpartum care	0	4
Sexuality and menopause	0	3
Total	21	117

*Source: Survey

having one bi-border maternal health and one bi-border mother-child health program respectively.

With regard to community health workers, among the agencies and institutions responding, 12 indicated they had programs with community/lay workers, 3 of these were bi-border (El Paso/Juárez, Las Cruces, and Matamoros, Tamaulipas).

**Bi-border Women's Health
Projects by Agency***

Agency	Bi-border	Domestic
Nongovernmental	10	46
Local health services	5	42
Universities	4	09
State health office	1	10
Border health office	1	10
Total	21	117

* Does not include community health worker projects.
Source: Survey

The program for female volunteers or lay health workers has a long tradition in Mexico and is a national program enjoying extension of coverage to rural areas, which means it is present in all health institutions that depend on the Mexican Department of Health in border cities.

Also on the Mexican side, FEMAP and the Community Centers of the Autonomous University of Ciudad Juárez have distinguished themselves in the training and use of lay female health workers in their community health programs in urban and marginalized areas.

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In border counties, female health workers programs have been on the rise in recent years. In the United States they are called by various names depending on the contracting agency: health counselors, community health workers, health advocates and lay health workers. These workers, mostly women, work in rural areas as well as urban settings, serving as liaison between established medical services and the most needy communities.

In the United States there is the Lay Health Workers Program, for which the NCFH recruits and trains workers who travel to various states according to the schedule for harvesting crops. Among the border cities which have lay health workers paid by NCFH are Laredo, Eagle Pass and El Paso, TX and Anthony, NM.

In 1995, the U.S. federal government, through the University of Arizona at Tucson's Border Vision program, performed activities with and by lay health workers in the border states of Texas, New Mexico, Arizona and California. The funded projects were: in Arizona, "Border Volunteers of Yuma/San Luis"; in New Mexico, "Lay Health Workers for Community Mobilization"; in California, "California Center for Transborder Development"; in San Diego, Tijuana and Texas, "The Border Society Academy for Community Health Care Worker Training in El Paso, Laredo and the Rio Grande Valley, Texas." All of the foregoing involved the participation of lay health workers.

In Arizona, the Western Arizona Health Education Centers (WAHEC) hold an annual meeting of lay health workers, at first statewide and in recent years at the national level.

In order to achieve a broader view of border women's health activities and projects, a bibliographical review of publications and binational meetings was conducted, and topics related to mother-child health care, teen health and /or women's health in general were extracted.

In analyzing topics related to women's health, reproductive health and mother-child health presented at binational conferences or published in binational magazines during the period from 1987 to June, 1998, it was possible to identify 206 papers read or published on the border, including 13 experiences with community health workers. The subjects may be grouped as below.

Control of cervical-uterine and/or breast cancer was the most commonly presented and/or published on the border, with 17.2% of the total topics. A possible explanation lies

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in the fact that these areas have been targeted as priority programs at the federal level on both sides of the border.

The subject of mother-child health was identified in 13.7% of all presentations and publications, and the decision was made to leave it as such, given the difficulty of making the separation into women's and children's health.

Teen health, including pregnancy, accounted for 13.7% of the topics, a statistic explainable by the fact that, in the 1998 annual meeting of USMBHA alone, 9 papers were presented on this subject.

**TOPICS PRESENTED AT BORDER CONFERENCES
AND IN PUBLICATIONS ON WOMEN'S HEALTH**

Topic	Number	Percentage
Cervical-Uterine and/or breast cancer	35	17.2
Mother-child health	28	13.7
Teen health, including pregnancy	28	13.7
Prenatal care	17	8.3
Chlamydia and other STD's	12	6.0
Domestic violence	11	5.9
Working women's health	11	5.4
Reproductive health	10	4.9
Women's HIV/AIDS	10	4.9
Family planning	07	3.4
Women's health (general)	09	4.4
Sexuality	05	2.4
Stress and/or depression	04	1.9
Teenage tobacco use	04	1.9
Maternal mortality	03	1.4
Birth and postpartum care	03	1.4
Neural tube defects	02	0.9
Other (economy, oral health, MCH)	04	1.9
TOTAL	203	99.1

Source: Review of bibliographv

Prevention of tobacco use among teens was presented on 4 occasions (1.9%).

Prenatal care was covered on 17 occasions, accounting for an 8.3% share of the total.

The topics of chlamydia and other sexually transmitted diseases were presented on 12 occasions (6.0%), and 10 articles or presentations dealt with women's HIV/AIDS, representing 4.9% of the total.

Topics that were very general and were only mentioned or presented as women's health represented 4.4%. Reproductive health was mentioned in 4.9% of the total, family planning in 3.4%, and maternal mortality in 1.4% (3 occasions).

The topic of working women's health was presented or published on 11 occasions, representing 5.4%.

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Domestic violence and stress/depression have been presented in binational meetings and represented 5.9% and 1.9% of the information, respectively.

The year in which the most presentations were made was 1995, the date of the Binational Conference on Health Without Borders, focusing on the central theme of women's health. In this conference alone a total of 45 presentations were given.

Among the topics presented at the annual meeting of USMBHA in 1998, 25 presentations can be identified relating to the issues of women's health, reproductive health and teen health.

The year 1990 was next in order of the largest number of presentations made on the topic of women's health/maternal-child health, with a total of 21 papers. This was facilitated in part by the Binational Maternal-Child Health Project of the PAHO field office.

It is important to note that in 1988 the main topic of USMBHA' annual meeting was "Maternal-Child Health on the U.S.-Mexico Border" and that 16 presentations and/or publications were identified as being given there on that subject.

**Papers on Women's Health
Read or Published on the Border,
1987-1998**

Year	Number	Percentage
1987	08	3.8
1988	18	8.6
1989	12	5.7
1990	21	10.0
1991	16	7.6
1992	19	9.0
1993	09	4.3
1994	05	2.3
1995	54	25.8
1996	08	3.8
1997	14	6.6
1998*	25	11.9

Source: Review of bibliography
* Only annual AFMES meeting

Discussion

Among the problems encountered in trying to obtain information by means of questionnaires were turnover in administrative personnel at the various institutions and the lack of institutional memory, in addition to the low response rate.

Another difficulty was the change in terminology from maternal-child health to reproductive health and women's health. This conceptual shift has yet to be fully grasped by health personnel. Responses in most cases were connected with mother-child programs.

Women's health has been addressed at the international level as a priority issue from different perspectives in recent years. In reviewing women's health programs on the

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U.S.-Mexico border it can be seen that they are basically oriented toward reproductive health on both sides of the border.

For the programs identified, it became clear that there are programs conducted in a common form in both countries, as in the case of controlling cervical-uterine cancer, and there are even binational experiences in this area.

Other programs common to both countries are prenatal care and family planning (where binational efforts have been carried out), as well as prevention and control of women's HIV/AIDS.

Nutrition programs are mentioned on the U.S. side among specific federally-funded programs for women and children. On the Mexican side, the nutrition program is included in the general adult health program and not in specific women's programs, in spite of the fact that nutritional deficiencies and anemias are cited as ranking among top five causes of death in women over 15 in one of the border city/county groups.

Gender-focused programs are very rare and are mostly research programs, particularly on the Mexican side. Diabetes ranks among the five leading causes of death in women over 25, yet despite this no gender-focused program has been designed to address this issue.

On the Mexican side no programs have been designed or implemented to prevent violence against women, although violent deaths (accidents and homicides) are among the leading causes of death in young women.

Recommendations

To really make a difference in the area of women's health the following changes are recommended:

- ? Promote and facilitate bi-border and domestic research into border-focused women's health issues in order to identify and organize programs specific to this region.
- ? Identify and implement strategies and activities/programs intended to educate and sensitize health personnel in the area of health and gender.
- ? Advocate and facilitate the inclusion of mental health programs within the broader health package that targets females of all ages, in order to prevent physical and mental abuse.

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- ? Sensitize and educate the community and health personnel about the needs of female senior citizens and their most common problems, including osteoporosis, arthritis, diabetes, abuse of the elderly and oral health, among others.
- ? Facilitate, support and fund research into issues of gender and health with a domestic and binational focus instead of only national and international perspectives.
- ? Facilitate the establishment of mechanisms to insure that the results of research and women's health programs are more widely disseminated and that successful efforts are replicated in different venues along the border.
- ? Educate women and men in general with regard to gender differences and, accordingly, with regard to different physical and mental health needs, which go beyond the simple aspect of reproduction.

APPENDICES

**WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
U.S.-MEXICO BORDER**

**PRINCIPAL CAUSES OF DEATH, 1992-1994
BAJA CALIFORNIA/CALIFORNIA
MEXICALI/IMPERIAL**

WOMEN AGES 15 - 24

CAUSE	No.
1. Accidents and adverse effects	43
2. Malignant tumors	10
3. Diseases of the central nervous system, except meningitis	09
4. Homicide, legal intervention and operations of war	04
5. Tuberculosis	06
6. Other causes	36

WOMEN AGES 25 - 44

1. Malignant tumors	102
2. Accidents and adverse effects	63
3. Heart disease	32
4. Diabetes mellitus	16
5. Other causes	128

WOMEN AGES 45 - 64

1. Malignant tumors	272
2. Heart disease	188
3. Diabetes mellitus	143
4. Cerebrovascular disease	62
5. Diseases of other parts of the digestive system	38
6. Other causes	165

WOMEN 65 AND OVER

1. Heart disease	838
2. Malignant tumors	412
3. Diabetes mellitus	292
4. Cerebrovascular disease	281
5. Acute respiratory infections	135
6. Other causes	649

**WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
U.S.-MEXICO BORDER**

**PRINCIPAL CAUSES OF DEATH, 1992-1994
BAJA CALIFORNIA/CALIFORNIA
TIJUANA/SAN DIEGO**

WOMEN AGES 15 - 24

CAUSE	No.
1. Accidents and adverse effects	117
2. Homicide, legal intervention and operations of war	41
3. Malignant tumors	33
4. Suicide and self-inflicted wounds	19
5. Diseases of the central nervous system, except meningitis	13
6. Tuberculosis	13
7. Other causes	117

WOMEN AGES 25 - 44

1. Malignant tumors	456
2. Accidents and adverse effects	203
3. Suicide and self-inflicted wounds	111
4. Heart disease	109
5. Acquired immune deficiency syndrome	79
6. Other causes	539

WOMEN AGES 45 - 64

1. Malignant tumors	1800
2. Heart disease	697
3. Diabetes mellitus	228
4. Cerebrovascular disease	222
5. Diseases of other parts of the digestive system	166
6. Other causes	785

WOMEN 65 AND OVER

1. Heart disease	8121
2. Malignant tumors	4813
3. Cerebrovascular disease	2292
4. Chronic-obstructive lung disease	1341
5. Acute respiratory infections	1302
6. Other causes	4835

**WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
U.S.-MEXICO BORDER**

**PRINCIPAL CAUSES OF DEATH, 1992-1994
SONORA/ARIZONA
SAN LUIS RIO COLORADO/YUMA**

WOMEN AGES 15 - 24

CAUSE	No.
1. Accidents and adverse effects	10
2. Heart disease	5
3. Complications of pregnancy, birth and puerperium	3
4. Malignant tumors	2
5. Central nervous system diseases, except meningitis	2
6. Diseases of other parts of the digestive system	2
7. Other causes	6

WOMEN AGES 25 - 44

1. Malignant tumors	27
2. Accidents and adverse effects	22
3. Heart disease	14
4. Suicide and self-inflicted wounds	12
5. Homicide, legal intervention and operations of war	6
6. Other causes	42

WOMEN AGES 45 - 64

1. Malignant tumors	121
2. Heart disease	66
3. Diabetes mellitus	34
4. Cerebrovascular disease	19
5. Cirrhosis and other chronic liver disease	16
6. Other causes	76

WOMEN 65 AND OVER

1. Heart disease	983
2. Malignant tumors	531
3. Cerebrovascular disease	258
4. Diabetes mellitus	181
5. Chronic-obstructive lung disease	154
6. Other causes	691

WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
U.S.-MEXICO BORDER

PRINCIPAL CAUSES OF DEATH, 1992-1994
SONORA/ARIZONA
NOGALES/SANTA CRUZ

WOMEN AGES 15 - 24

CAUSE	No.
1. Accidents and adverse effects	5
2. Central nervous system diseases, except meningitis	3
3. Nephritis, nephrotic syndrome and nephrosis	2
4. Other causes	8

WOMEN AGES 25 - 44

1. Malignant tumors	31
2. Accidents and adverse effects	14
3. Heart disease	10
4. Homicide, legal intervention and operations of war	6
5. Cardiovascular disease	5
6. Diseases of other parts of the digestive system	5
7. Other causes	23

WOMEN AGES 45 - 64

1. Malignant tumors	41
2. Heart disease	31
3. Diabetes mellitus	21
4. Accidents and adverse effects	11
5. Cerebrovascular disease	11
6. Other causes	34

WOMEN 65 AND OVER

1. Heart disease	189
2. Malignant tumors	84
3. Diabetes mellitus	54
4. Cerebrovascular disease	50
5. Chronic-obstructive lung disease	23
6. Other causes	139

**WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
U.S.-MEXICO BORDER**

**PRINCIPAL CAUSES OF DEATH, 1992-1994
CHIHUAHUA/TEXAS/NEW MEXICO
JUAREZ/EL PASO/LAS CRUCES**

WOMEN AGES 15 - 24

CAUSE	No.
1. Accidents and adverse effects	112
2. Malignant tumors	31
3. Heart disease	17
4. Homicidio, inintervención legal y operaciones de guerra	15
5. Central nervous system disease, except meningitis	12
6. Other causes	81

WOMEN AGES 25 - 44

1. Malignant tumors	260
2. Accidents and adverse effects	138
3. Heart disease	86
4. Diabetes	44
5. Cardiovascular disease	36
6. Other causes	266

WOMEN AGES 45 - 64

1. Malignant tumors	741
2. Heart disease	391
3. Diabetes mellitus	327
4. Cerebrovascular disease	140
5. Accidents and adverse effects	95
6. Other causes	494

WOMEN 65 AND OVER

1. Heart disease	2192
2. Malignant tumors	1259
3. Diabetes mellitus	683
4. Cerebrovascular disease	546
5. Chronic-obstructive lung disease	352
6. Other causes	2035

WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
U.S.-MEXICO BORDER

PRINCIPAL CAUSES OF DEATH, 1992-1994
COAHUILA/TEXAS
ACUÑA/VAL VERDE

WOMEN AGES 15 - 24

CAUSE	No.
1. Accidents and adverse effects	8
2. Tuberculosis	4
3. Malignant tumors	2
4. Cerebrovascular disease	1
5. Nephritis, nephrotic syndrome and nephrosis	1
6. Other causes	1

WOMEN AGES 25 - 44

1. Malignant tumors	15
2. Diabetes Mellitus	10
3. Accidents and adverse effects	7
4. Homicide, legal intervention and operations of war	4
5. Heart disease	4
6. Other causes	16

WOMEN AAGES 45 - 64

1. Malignant tumors	41
2. Diabetes mellitus	37
3. Heart disease	20
4. Cerebrovascular disease	9
5. Chronic-obstructive lung diseases	6
6. Other causes	36

WOMEN 65 AND OVER

1. Heart disease	355
2. Malignant tumors	174
3. Diabetes mellitus	158
4. Cerebrovascular disease	93
5. Acute respiratory infections	33
6. Other causes	229

WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
U.S.-MEXICO BORDER

PRINCIPAL CAUSES OF DEATH, 1992-1994
COAHUILA/TEXAS
PIEDRAS NEGRAS/MAVERICK

WOMEN AGES 15 - 24

CAUSE	No.
1. Accidents and adverse effects	4
2. Malignant tumors	3
3. Nutritional deficiencies and anemias	2
4. Central nervous system diseases, except meningitis	2
5. Diseases of other parts of the digestive system	2
6. Other causes	4

WOMEN AGES 25 - 44

1. Malignant tumors	17
2. Accidents and adverse effects	10
3. Homicide, legal intervention and operations of war	5
4. Diseases of other parts of the digestive system	4
5. Other causes	19

WOMEN AGES 45 - 64

1. Malignant tumors	55
2. Diabetes mellitus	46
3. Heart disease	37
4. Cerebrovascular disease	17
5. Nephritis, nephrotic syndrome and nephrosis	7
6. Other causes	34

WOMEN 65 AND OVER

1. Heart disease	207
2. Malignant tumors	100
3. Diabetes mellitus	98
4. Cerebrovascular disease	41
5. Acute respiratory infections	20
6. Other causes	129

WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
U.S.-MEXICO BORDER

**PRINCIPAL CAUSES OF DEATH, 1992-1994
TAMAULIPAS/TEXAS
NUEVO LAREDO/WEBB**

WOMEN AGES 15 - 24

CAUSE	No.
1. Accidents and adverse effects	20
2. Homicide, legal intervention and operations of war	6
3. Malignant tumors	5
4. Tuberculosis	3
5. Central nervous system disease, except meningitis	3
6. Cerebrovascular disease	3
7. Diseases of other parts of the digestive system	3
8. Other causes	14

WOMEN AGES 25 - 44

1. Malignant tumors	60
2. Motor vehicle accidents	20
3. Heart disease	13
4. Accidents and adverse effects	11
5. Tuberculosis	8
6. Diabetes mellitus	8
7. Other causes	56

WOMEN AGES 45 - 64

1. Malignant tumors	159
2. Heart disease	90
3. Diabetes mellitus	90
4. Cirrhosis and other chronic liver disease	30
5. Cerebrovascular disease	21
6. Other causes	101

WOMEN 65 AND OVER

1. Heart disease	133
2. Acute respiratory infections	77
3. Other causes	429

**WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
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**PRINCIPAL CAUSES OF DEATH, 1992-1994
TAMAULIPAS/TEXAS
REYNOSA/HIDALGO**

WOMEN 15 - 24 AÑOS

CAUSE	No.
1. Accidents and adverse effects	41
2. Malignant tumors	19
3. Suicide and self-inflicted injuries	7
4. Homicide, legal intervention and operations of war	5
5. Diabetes Mellitus	5
6. Other causes	32

WOMEN AGES 25 - 44

1. Malignant tumors	79
2. Accidents and adverse effects	49
3. Heart disease	22
4. Homicide, legal intervention and operations of war	14
5. Cerebrovascular disease	14
6. Other causes	81

WOMEN AGES 45 - 64

1. Malignant tumors	251
2. Heart disease	153
3. Diabetes mellitus	129
4. Cerebrovascular disease	50
5. Accidents and adverse effects	33
6. Other causes	179

WOMEN 65 AND OVER

1. Heart disease	1006
2. Malignant tumors	564
3. Cerebrovascular disease	265
4. Diabetes Mellitus	232
5. Chronic-obstructive lung diseases	138
6. Other causes	751

WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
U.S.-MEXICO BORDER

PRINCIPAL CAUSES OF DEATH, 1992-1994
TAMAULIPAS/TEXAS
MATAMOROS/CAMERON

WOMEN AGES 15 - 24

CAUSE	No.
1. Accidents and adverse effects	34
2. Homicide, legal intervention and operations of war	7
3. Malignant tumors	5
4. Cerebrovascular disease	3
5. Nephritis, nephrotic syndrome and nephrosis	2
6. Acute respiratory infections	2
7. Other causes	13

WOMEN AGES 25 - 44

1. Malignant tumors	76
2. Accidents and adverse effects	47
3. Heart disease	18
4. Homicide, legal intervention and operations of war	14
5. Cerebrovascular disease	13
6. Other causes	88

WOMEN AGES 45 - 64

1. Malignant tumors	219
2. Heart disease	147
3. Diabetes mellitus	131
4. Cerebrovascular disease	36
5. Accidents and adverse effects	23
6. Other causes	143

WOMEN 65 AND OVER

1. Heart disease	842
2. Malignant tumors	431
3. Diabetes Mellitus	243
4. Cerebrovascular disease	220
5. Chronic-obstructive lung diseases	144
6. Other causes	679

BINATIONAL WOMEN'S HEALTH CONFERENCES

One forum with binational participation for presenting projects and programs in the area of women's health are the annual meetings of USMBHA. In these meetings, which are held alternately on the U.S. and Mexican sides of the border, mother-child health care topics have been presented, including the aspect of women's health.

The topics presented at the annual USMBHA meeting in San Diego, California in 1987 included: gestational diabetes, provision of services to pregnant women on the border, teenage pregnancy; maternal mortality, violence against pregnant women, and women's health on the border.

In 1988 the USMBHA meeting held in Chihuahua, Chihuahua was entitled "Mother-Child Health on the U.S.-Mexico Border." Among the topics presented were: prevention of congenital syphilis, mother-child care on the U.S.-Mexico border, high-risk pregnancy, sexuality and pregnancy, risk to the mother in family planning, analysis of management of mother-child health, AIDS and the mother-child population, and environmental factors in mother-child health.

The 1990 annual meeting of USMBHA, held in Tucson, Arizona, included the following topics related to mother-child health, women's health, and community health workers: women and health, training lay community health workers using resident volunteers, characteristics of women's sexuality in general populations, family planning, cervical-uterine cancer, side effects of oral hormones, obstetric risk assessment, and studies of vaginal cytology in a border city.

In 1990, the meeting held in Saltillo, Coahuila, included themes such as strategies for HIV/AIDS prevention in teenagers, organizing programs involving community participation, cervical-uterine cancer, need for mother-child services among intravenous drug using couples, review of primary mother-child health care, health care volunteerism, prevention of tobacco use, teen health, pregnancy in Mexican-American adolescents, and mother-child health programs.

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In 1991, the central theme of the annual meeting held in El Paso, Texas was "Consensus." The conference included these topics: impact of family planning and reproductive health on health services, projects with community health workers, mother-child services for maquiladora workers, cervical-uterine cancer, healthcare volunteerism, maternal health, health of working women at maquiladoras, and sexual dysfunction in women in the general population.

The 1992 meeting in Tampico, Tamaulipas included these mother-child health care topics: oral health care needs in the mother-child population, participation of nurses in mother-child care, sexually transmitted diseases, incidence of chlamydia, mother-child services in northern Mexico, cervical-uterine cancer, and utilization of volunteers in programs to control cancer.

The 1993 USMBHA meeting in Albuquerque, New Mexico, covered the following topics: family health and violence, teenage AIDS, teen health, women's mental health, and the economics of mother-child health.

In 1994 the conference was held in Monterrey, Nuevo León, and the following topics were included: neural tube defects, prenatal care for Hispanic women who cross the border, women's reproductive health in the maquiladora industry, maternal mortality among Mexican-Americans. During this meeting the presentation of experiences by women's lay health workers in the United States and their participation in various health programs was begun.

The 1995 meeting in San Diego, California saw the following topics presented: teen health including AIDS and pregnancy, HIV and women, premature births in immigrants to the United States, prenatal care for Hispanic women, and reproductive health in working women. The topic of volunteerism in community work, based on an experience in Arizona, was presented.

Tijuana, Baja California was the site of the 1996 meeting of USMBHA, where workshops dealt with: current status and future challenges in reproductive health, epidemiological monitoring of maternal mortality and cervical-uterine and breast cancer. Other subjects presented included incidence of chlamydia on the border and chlamydia prevention programs. With regard to teen health, a newly implemented program in Tijuana, Baja California was presented.

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In 1997 the USMBHA annual meeting was held in Phoenix, Arizona. The plenary session was entitled "U.S. Federal Initiative: Improving Women's Health." Presentations were made on topics including cervical-uterine cancer and breast cancer, sexually transmitted diseases, seroprevalence of hepatitis A and E, transfer of lead from mother to fetus, reproductive health in Baja California, and the problem of mercury poisoning linked to cosmetic creams.

Thee 1998 meeting of USMBHA was held in Monterrey, Nuevo León. At this meeting a total of 24 presentations were made on topics of women's and reproductive health. The plenary session focused on "Sexual and Reproductive Health for the Teenage Population," and seven other presentations shared the theme of teen health, four dealt with cervical-uterine cancer, five concerned reproductive health, abortion and birth care. Other subjects such as neural tube defects, violence against women, and nurse anxiety were covered.

**USMBHA ANNUAL MEETING 1987
SAN DIEGO, CALIFORNIA**

Topics presented:

1. Frequency of gestational diabetes mellitus in third trimester pregnancy.
2. Provision of health services for birth care to pregnant women in the Tijuana/San Diego area.
3. Teenage pregnancy and its effect on the family.
4. Monitoring maternal mortality.
5. Women battered during pregnancy.
6. Women's health on the border: the impact of nursing practice.

**USMBHA ANNUAL MEETING 1988
CHIHUAHUA, CHIH.
“Maternal-child Health on the U.S.-Mexico Border”**

Topics presented:

1. Strategies for prevention of congenital syphilis
2. Risks in providing maternal-child care on the U.S.-Mexico Border
3. High-risk pregnancy
4. Sexuality and pregnancy
5. Risk to the mother as the basis of family planning
6. Education for health and maternal-child health
7. Methodological aspects in the analysis of managing maternal-child care
8. The epidemiology of AIDS and its impact on the maternal-child population
9. Environmental factors influencing maternal-child health
10. A limited epidemiological study on the incidence of chlamydia infection in Ciudad Juárez
11. Maternal-child care on the border
12. Problems of acculturation and alcohol in Hispanic youth
13. Pregnancy prevention in Mexican-American middle school students
14. Lay health worker volunteers
15. On both sides: Binational collaborative research to improve maternal-child care on the U.S.-Mexico border
16. Perinatal care in both Nogales

**USMBHA ANNUAL MEETING 1989
TUCSON, AZ.
“PROVISION OF HEALTH SERVICES”**

Topics presented:

1. Women and health: Reproductive risk
2. Maternal-child care on the border
3. Training volunteers as community lay health care workers
4. Incidence of substance abuse in 1985 among Hispanic youth aged 12-17 on the U.S.-
Mexico border
5. Family planning: Knowledge, attitudes and skills affecting its use
6. Cervical-uterine cancer in Nuevo León
7. Study of the effects of IUD's and hormonal contraceptives among family planning
users
8. Obstetric risk assessment
9. Study of 1,554 vaginal cytologies at health centers in Ciudad Juárez, Chihuahua

**USMBHA ANNUAL MEETING 1990
SALTILLO, COAH.
“EARLY PREVENTION”**

Topics presented:

1. AIDS prevention strategies for teenagers
2. Premalignant and malignant lesions in cervical-uterine cancer among general rural populations
3. Tentative guide to the prevention of cervical dysplasia
4. Cervical-uterine cancer in Mexico
5. The need for maternal-child health services for couples who are intravenous drug users
6. Review of primary health care
7. Volunteerism in health programs
8. Teen health care
9. Maternal-child health and cervical-uterine cancer
10. Breast feeding as correlated to occupation in Ciudad Juárez, Chihuahua
11. AIDS prevention among Mexican youth in industrial settings
12. Existing patterns among Mexican-American pregnant teenagers
13. Total program for mother-child care

**ANNUAL USMBHA MEETING 1991
EI PASO, TEXAS
“CONSENSUS”**

Topics presented:

1. Baz-Wegman presentation: “Impact of Family Planning and Reproductive Health on Basic Health Services”
2. Community health care workers project to raise immunization levels in an area with high incidence of measles
3. Presentation of preliminary results of the study Primary Health Care on the U.S.- Mexico Border
4. Cervical-uterine cancer mortality in the state of Chihuahua
5. Sociocultural factors affecting prevention and treatment of cervical-uterine dysplasia
6. Three publicly-subsidized prenatal clinics for low-risk patients: an analysis of cost effectiveness
7. Integration-education-care and maternal research program in the state of Chihuahua (La Lupita): one year’s experience
8. Breast feeding for health/FEMAP
9. Nogales survey on women and the maquiladora industry

**ANNUAL USMBHA MEETING 1992
TAMPICO, TAMPS.
“LET’S CELEBRATE”**

Topics presented:

1. Plenary session: “Youth Programs: A Strategy for Prevention”
2. Oral health care needs of women and children
3. Participation of nurses in maternal-child health care on the border
4. Experience in the detection of sexually transmitted diseases in groups of prostitutes
5. Incidence of Chlamydia trachomatis in women who attend first-level health centers
6. Acculturation and alcohol-related problems in Hispanic youth
7. Teenagers and health on the Sonora border
8. Assessment of maternal-child health care services in the northern Mexican states
9. From Mothers to mothers: a community alliance for health
10. Incidence of Chlamydia trachomatis among users of the cervical-uterine cancer detection service in health centers in Chihuahua, 1992
11. Epidemiology of cervical-uterine cancer mortality in the state of Chihuahua
12. Health Lights Program: utilizing survey information to deliver cancer messages to Mexican-American women
13. Alternatives for preventing family violence
14. Mental health services for teens

**ANNUAL USMBHA MEETING 1993
ALBUQUERQUE, N.M.**

Topics presented:

1. Workshop: "Family Health and Violence in an Era of Change"
2. Attitudes and knowledge about AIDS among university students in Ciudad Juárez, Chihuahua
3. Teen health
4. The effect of self-image on states of women's health
5. Risk factors for health and the economy as regards maternal-child care
6. The impact of maternal-child education programs and family planning on maternal-child health as measured through analysis of hospital birth care 1981-1990.

**ANNUAL USMBHA MEETING 1994
MONTERREY, NUEVO LEON**

Topics presented:

1. Workshop: "Neural Tube Defects"
2. Prenatal care for Hispanic women who cross the U.S. border
3. The effect of reproductive health on productivity in industry
4. Improving diabetes control on the U.S. border among Hispanic women: the experience with lay health workers
5. Excess and deficit mortality in Mexican-American women, 1980-1990

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**ANNUAL USMBHA MEETING 1995
SAN DIEGO, CA**

Topics presented:

1. Youth against AIDS
2. Teen health
3. Pregnancy and adolescence
4. A community model for providing HIV services to women
5. Premature birth rates among Mexican immigrants
6. Providing family planning services in the maquiladoras
7. Maternal care for Hispanic women
8. The reproductive health of working women
9. Volunteerism: a community work program in Arizona
10. Teenagers as partners in promoting health

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**ANNUAL USMBHA MEETING 1996
TIJUANA, BAJA CALIFORNIA**

Topics presented:

1. The role of the community assistant in primary health care
2. Workshop: "Current Status and Future Challenges in Reproductive Health"
3. Workshop: "Maternal Mortality and Epidemiological Monitoring:"
4. Breast and cervical cancer on the El Paso/Juárez border
5. Incidence of chlamydia on the Arizona/Sonora border
6. Educational program in reproductive health for teenage students
7. Integrating chlamydia prevention and treatment into violence prevention programs for Latin gangs in Los Angeles County.

**ANNUAL USMBHA MEETING 1997
PHOENIX, AZ**

Topics presented:

1. Plenary session: "U.S. Federal Initiative: Improving Women's Health"
2. Health experiences among Hispanic women in Arizona– Results of the Arizona women's health survey
3. Lead transference from mother to fetus
4. Seroprevalence of hepatitis A and E in low-income pregnant women in the border community of El Paso-Ciudad Juárez
5. Reproductive health in Baja California
6. One solution: The Arizona-Sonora training program for perinatal nurses
7. Beauty and the beast: Mercury poisoning due to use of cosmetic cream
8. Interventions with STD's in a rural population and incidence of VPH, chlamydia and cervical dysplasia on the Arizona-Mexico border
9. Epidemiological overview of Sonora: Cervical cancer
10. Panel: Cancer on the Texas-Mexico border
11. Cervical-uterine and breast cancer prevention on the Texas-Chihuahua border
12. Incidence of cancer and mortality on the Texas-Mexico border.

**ANNUAL USMBHA MEETING 1998
MONTERREY, NUEVO LEON**

Topics presented:

1. Plenary session: "Sexual and Reproductive Health for the Teenage Population"
2. The use of lay health care workers in the management of cancer patients
3. Pilot program for prevention of cervical-uterine cancer in Ciudad Juárez
4. United against cancer: An innovative program of cancer education with lay health care workers
5. Facilitating childbirth: Birth care
6. Health and reproductive rights in Tijuana, Baja California
7. Differences between quality of care on the first urban and rural levels. The case of cervical cancer
8. Reproductive health and violence against women
9. Community health project in Tijuana/San Diego
10. Teenage reproductive health in northern Mexico
11. The transformation of health services for teenagers in Nuevo León: toward a new model
12. Teenage health in the state of Tamaulipas
13. Preventing deficiencies in health programs for teens
14. The cost of hospital services: The evolution of abortion
15. The Hispanic youth component: Opening doors for youth
16. Neural tube defects
17. Community-based cancer education in Mexican-American groups
18. Knowledge and attitudes about breast cancer among female university students
19. Violence against women: A comparison of Mexican and Mexican-American women
20. Occupational anxiety among nursing personnel
21. Sexuality and religious activity among university students in Tijuana, Baja California
22. Participation and service to youth: Examples from the Arizona-Sonora border
23. The influence of a prenatal education course on the health of pregnant women

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24. Incidence of infection for VPH, chlamydia and cervical dysplasia in Arizona and Sonora
25. Community participation in health

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OTHER BINATIONAL CONFERENCES

In recent years, some binational meetings have been held on both sides of the border with special focus on women's health. Among these are the following:

In 1990, the Binational Workshop on Cervical-uterine Cancer was held in El Paso, Texas with the participation of professionals from the federal, state, and local levels on both sides of the border. The objective of this workshop was to share experiences in the field.

In September, 1990, a binational meeting was held in San Diego, California for the purpose of presenting results of the "Assessment of Mother-Child Health Services."

In 1991, the "Binational Workshop of Experts on Mother-Child Health, Teen Health and the Health of Women Working in Maquiladoras" was held in El Paso, Texas with participation of representatives from six border states.

The binational symposium "Foundations for the Future: Family Health on the U.S.-Mexico Border" was held in El Paso, Texas in February 1993. The symposium was organized by the Field Office of the Pan American Health Organization with funding from the Carnegie Corporation of New York and the Pew Charitable Trust of Philadelphia. Foundations and government agencies on both sides of the border participated.

In September, 1993, the conference entitled "San Diego and Imperial Counties: Federal AIDS Agenda 1993" was held in San Diego. Binational experiences in the areas of health, education, discrimination and women's health issues were presented.

In September, 1995, the conference "Health Without Borders" was held on South Padre Island, Texas. The conference was organized by the U.S.-Mexico Border Health Coordinating Office of the university system of Texas. The principal topics presented were: cervical-uterine and breast cancer, papiloma virus infections, mental health, aspects of reproductive health in Latin women, violence against women, family planning, tobacco use, HIV/AIDS in women, menopause, women's diabetes education, trichomonas vaginalis infection, and other sexually transmitted diseases.

In September, 1997, the First National Women's Conference: Cycles, Challenge, and Change: Making a Difference in the Lives of Women, Their Families, and Their

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Communities” was held in Phoenix, Arizona. Representatives of Mexico were present; the emphasis was on substance abuse and mental health.

The American Heart Association held its annual conference in 1998 on the topic “Women and the Heart.” This meeting was held in Austin, Texas during the month of February. Among the topics treated were: a guide to prevention through directed care, heart disease and women, and improving health in middle-aged women, among others.

OTHER CONFERENCES ON THE MEXICAN SIDE

In 1990, the “Research Forum on Health Systems in the Border Region” was held in Tijuana, Baja California. The conference was held in collaboration with El Colegio de la Frontera and was attended by researchers interested in mother-child health.

In the area of teenage health, workshops were carried out under the title “Teenage Sexual Orientation and Family Planning.” The workshops were conducted in collaboration with Mexico’s Office of Family Planning.

In 1995, the conference “Motherhood Without Risks” was held in Ciudad Juárez, sponsored by various agencies interested in women’s health issues. The meeting’s purpose was to present programs carried out at the state level dealing with women’s health.

In the fall of 1996, the workshop “Women, Health, and Development” was held in Ciudad Juárez. The program developed by the Pan American Health Organization was presented here. Women health professionals from the six Mexican and four U.S. border states were invited to participate.

In October, 1997, the “Regional Conference on Teenage Health” was held in Ciudad Juárez, with participation by directors of the teen health programs at the state level from the six Mexican border states as well as some representatives of health agencies in the United States. At this meeting the national was presented, along with the modifications that were necessary in order to implement it at the border level. Among the topics treated were: family planning, sexuality, sexually transmitted diseases and HIV, and tobacco use.

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PROJECTS AND ACTIVITIES AT THE COUNTY AND CITY LEVEL

Among the activities and projects on the U.S.-Mexico border it is important to mention those which the PAHO Field Office and USMBHA have had while providing technical support for the development of women's health programs and projects in this region.

Some of the specific programs carried out by the Field Office in collaboration with other institutions are:

- ? Project "MIRAR" (Maternal and Infant Risk Assessment and Referral), funded by the Texas Department of Health, covering the period 1986-89. Its objective was to facilitate communication among midwives on both sides of the border and among midwives and physicians on the U.S. side. The project was conducted in the cities of El Paso, Texas and Ciudad Juárez, Chihuahua. During the course of Project MIRAR a Mother-Child Services Directory was prepared listing those services available in the Ciudad Juárez-El Paso area.
- ? Project "Primary Care and Mother-Child Health Technologies for Women, Adolescents and Children," funded by the Carnegie Corporation of New York and the Pew Charitable Trust of Philadelphia, lasting from 1988 to 1992. The project's overall goal was to improve health conditions for women, teenagers and children along the U.S.-Mexico border by means of developing binational interinstitutional and multidisciplinary networks for research, education, and training. The project consisted of various binational subprojects:
 - ? Implementation of the Perinatal Information System in public health institutions of northern Mexico, which was later adopted at the national level by the Mexican government's Office of Mother-Child Health.
 - ? Facilitate the carrying out of the study entitled "Primary Health Care on the U.S.-Mexico Border," in collaboration with the University of Texas at Houston and the University of Arizona at Tucson on the U.S. side and the Colegio de la Frontera Norte in Sonora and the Autonomous University of Tamaulipas in Matamoros.
 - ? The study Women's Health in the Maquiladora Industry, conducted in collaboration between the University of California at Berkeley and Project Concern in Tijuana, Baja California.

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- ? Creation of a clearinghouse for educational material on the subject of mother-child health.
- ? Directories were prepared listing agencies that provide health care to teenagers in El Paso, Texas and in Ciudad Juárez and Matamoros, Mexico.

National Projects

- ? In 1990, staff at the College of Health Sciences at the University of Texas at Houston conducted the “South Texas Needs Assessment—Cervical Cancer” project, which involved the counties of Cameron, Willacy, Hidalgo, and Webb and was designed to identify barriers for the diagnosis and treatment of cervical-uterine cancer, put together an inventory of available resources, analyze the need for early diagnosis and treatment and establish the basis for a consortium.
- ? The University of California at San Diego conducted the “Physical Exercise in Pregnant Women” project, designed to prove that walking during pregnancy enhances control for diabetic patients.
- ? The University of California at San Diego also implemented the project “Metabolism of Aracidonic Acid in Mothers Who Smoke,” intended to show the effect of this acid on blood irrigation of the uterus of expectant mothers and in other types of tissues.
- ? The project “Effects of Cocaine on Mother and Fetus During Pregnancy” was conducted by the University of California at San Diego. The project endeavored to show the effects of cocaine in pregnant sheep.
- ? The Mexican Institute of Social Security in Reynosa, Tamaulipas conducted the project “Low-Risk Postpartum Care,” which assessed early discharge from the hospital after a normal birth. The presence of bacteria in the home and the incidence of infections in the mother and child were evaluated.
- ? The study “Health in a Border Community: The Case of Tijuana” was undertaken by El Colegio de la Frontera Norte in Tijuana. The study emphasized in work, health and family patterns of women of childbearing age within this population group.

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PUBLICATIONS ON WOMEN'S HEALTH CARE ON THE BORDER

The collection of items published regarding women's health was obtained from the magazine "Border Health" of the Mexican-American Border Health Association. This magazine was used as a source in view of the fact that the magazine's purpose is as a means to disseminate information about work done on the U.S.-Mexico border. Most people who send articles to this publication are involved in border activities. As in the case of papers and workshops given at annual meetings of USMBHA, items selected for inclusion here were those related to mother-child health, since this encompasses maternal health.

The publication "Border Health" dedicated one special issue to mother-child health in 1992. The articles appearing in this issue are:

"On Both Sides: Collaborative Binational Research to Improve Mother-Child Care in the U.S.-Mexico Border Region"

Dr. Elena O. Nightingale, et al.
Carnegie Corporation of New York
New York, NY.

"A Binational Assessment of Mother-Child Health Problems Using the Primary Healthcare Review Approach in Matamoros, Tamps. and Cameron County, TX"

Dr. Beatrice Selwyn, et al.
University of Texas at Houston
Houston, TX

"From Division to Coalition: Establishing Links Along the Arizona-Sonora Border"

Dr. Nuria Homedes, et al.
University of Arizona
Tucson, AZ

"Perinatal Care in the Two Nogales: The Need for Binational Cooperation"

Dr. Catalina Denman, et al.
Colegio de Sonora
Hermosillo, Son.

"Maquiladoras in the Electronics and Clothing Industries in Tijuana: The Health of Women Who Work"

Dr. Sylvia Guendelman, et al.
School of Public Health, University of California at Berkeley
Berkeley, CA

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“The Primary Health Care Review Approach in the Binational Communities of the U.S.-Mexico Border”

Dr. Beatrice Selwyn, et al.
University of Texas at Houston
Houston, TX

Other articles which were published in recent years in “Border Health” include:

“Maternity Practices and Beliefs among Mexican-American Teenagers Living in Laredo, and El Paso, TX and Tucson, AZ”

Sandra Gonzalez Marshall
College of Nursing
University of Arizona
Tucson, AZ

“Determining Factors for Breast and Cervical-Uterine Cancer, Behavior of Mexican-American Women”

María Alvarez-Amaya, RN, Ph.D.
College of Nursing and Health Sciences, University of Texas at El Paso
El Paso, TX

“Family Planning: Knowledge, Attitudes and Other Factors Influencing Its Use”

Dr. Francisco Sánchez Rodríguez
Residency in Family Medicine
Autonomous University of Ciudad Juárez
Cd. Juárez, Chihuahua

“Maquiladoras and Chemical Stress: Common Occupational Health Problems”

Behzard S. Samimi, Ph.D., MPH
San Diego State University
San Diego, CA

“Aspects of Breastfeeding and Infant Care Vis-à-vis Work Background in Ciudad Juárez”

Dr. José Andrés Esquivel García
Residency in Family Medicine, Autonomous University of Ciudad Juárez
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“The Need for Mother-Child Health Services for Couples Engaging in Sex and Using Intravenous Drugs”

Rebeca Ramos, MPH
Compañeros Program

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Cd. Juárez, Chih.

“Existing Patterns Among Mexican-American Pregnant Teens”

T.P. Cooper, RN, BS

Los Angeles, CA

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LISTA DE PERSONAS E INSTITUCIONES A LAS QUE SE LES ENVIÓ
CUESTIONARIO

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Jill Zapien
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**WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
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Binational Colaborative Research
on HIV/PVinfection, Chlamydia, and cervical
displasia

Arizona-Sonora

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**WOMEN'S HEALTH/REPRODUCTIVE HEALTH ON THE
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