

is valid (e.g., Eaves & Rush 1984, Hedlund & Rude 1995), differences in cognitive schemata between women and men have not yet been systematically examined.

Although gender differences are not prominent in bipolar disorder, the course of the disorder may be quite different, for example women experience more depressions and more dysthymic manias than men (APA 2001). We conducted a pilot study as part of a more extensive project where we explored if there were significant differences in cognitive constructs in female and male bipolar patients who were in remission at the time of the testing.

9 female and 10 male bipolar patients who were in remission completed measurements of dy-functional cognition (Dys-functional Attitude Scale, DAS; Automatic Thought Questionnaire, ATQ) and of information processing (Emotional Stroop Test, Recall Task). A control group of psychologically healthy individuals (12 female, 7 male) underwent the same procedure. Before the subjects were exposed to these tests they underwent a priming procedure intended to make cognitive constructs accessible (Ingram 1990).

Results of the psychological measurements are presented, and interpreted in the light of gender related research.

Unequal, unjust and unfair: Health care in the United States

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The United States spends more money per capita than any other nation on health care. It has an abundance of well trained health care professionals and highly sophisticated medical technology. Yet, it ranks sufficiently low on major health indicators in comparison to other industrialized nations. In addition, there are great discrepancies in the health status and access to health care among the nation's citizens. Low income people and other groups experience a unequal amount of poor health and lack of access high quality health care, including African American women and female headed families who are disproportionately poor. In addition, over forty percent of single mothers are without any health insurance after leaving welfare. The social policies that have created this situation are in large part due to the nation's significant concentration of wealth and power and its cultural values. Rugged individualism, the belief in superiority of a „free-market“ economy to solve all social problems and the opposition of government intervention in supporting individual deprivation, provide ample justification for the unequal distribution of all necessary resources. This presentation will examine the structural and cultural conditions of United States that have maintained the critical in health status and health care.

Addressing gender inequalities: The Healthy Cities Project in Eskisehir/Tepebasi, Turkey

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Our current agenda and projects: Inequalities concerning women is strong especially in regions with new districts formed

without proper urban planning. Our projects and the HCP in the main guarantee of these regions and groups with our constant planning and pursuit of projects in favor of them. A multidisciplinary is formed with the cooperation of the Governorship, the Health Directorate and the Municipalities to enable the easy access to health services.

A recent project was first suggested by the Osmangazi Faculty of Medicine doctors who were aware of the problem of anemia as well as the number of baby deaths and stillborn as WHO indicator.

The importance of nutrition as well as the intake of B-12 vitamin and Folic acid was thought to be provided free without charge to those who could be facing potential danger of malnutrition by the support of Tepebasi Municipality. In cooperation with milk manufacturing companies, providing the milk for pregnant women with the aim to reduce anemia and the rate of babies stillborn or baby deaths in the City, is operating with the Tepebasi Municipality getting the information and data about those pregnant women in need – and sometimes without any social or health security – from the Community Health Centers of the Directorate of Health as well as from community center nurses.

Tepebasi Municipality Health Department gives out monthly coupons to mothers to be according to the information gathered, and those in need give out those coupons to agreed grocers who are also cooperating within the project and they in turn give the milk and vitamins together to the coupon owners. This project which has been going on only a few months is serving about a 100 pregnant women. Lately, to our satisfaction, there were 6 healthy babies born.

It is our aim to increase access with proper data collecting and more efficient distribution.

Menstruation

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In our culture 80 to 90% of all women suffer from menstruation. The social status and condition (state of mind) of every woman are closely connected. Historical and ethnological information have confirmed this, which also has provided clues for a different, positive way of dealing with this taboo issue.

I have analyzed all German studies done and books published over the past 30 years concerned with this problem. I have written my dissertation as well as published "My Days", a modern handbook for women, regarding this issue.

Women and girls should have the possibility of integrating their menstruation positively into their womanhood. Therefore a great deal of education, information and advice is needed. Here physical, spiritual and emotional strategies and techniques are important.

By confronting this issue women can find a constructive access and use their cycle as a source of female strength and intuition filled with repeated inner transformation possibilities. Menstruation holds enormous potential for women to again and again go deep inside themselves and adapt their internal with their external being. Using the sensitive time during their period as a red thread for enjoying their life and womanhood is an essential point in my lectures and seminars. Women who want to do something to turn their monthly problem into a strength and/or to get into to touch with their strength I would suggest a personal consultation.