

*This introduction, translated into English from Hebrew, is from the book Nashim LeGufan, published in 2011 by the Israeli group Women and Their Bodies. To find out more about the project, visit [www.ourbodiesourselves.org/programs/network/in-progress/israel.asp](http://www.ourbodiesourselves.org/programs/network/in-progress/israel.asp).*

## Introduction

It is often said that publishing a book is like giving birth to a child. This comparison seems especially relevant to this book, *Nashim Legufan*, which was written by women and for women. However, the metaphor of building a house also comes to mind, and it is perhaps even more accurate in this case. Unlike giving birth, building a house requires the contribution of many different participants, and the purpose of the house is not purely its existence. From beginning to end, this book was developed thanks to the devotion of more than 300 women (and a few men), who took an active part in each and every step of the construction process – from the planning stage, to casting the foundations, building the steel frame, the inner space and the roof, and to the finish and internal design. And the meaning of this “house” is not simply its physical existence, rather it will be shaped by the women who use it and by the symbolic and practical meanings it will have in their lives.

“Constructing” the book for its future users was a complex process that took more than five years and entailed many debates and conflicts. It seemed only natural to us that we share the “behind the scenes” of the construction process with our readers as it is a process that also tells much about the final product.

### Why did we write this book?

Women and Their Bodies (WTB) was founded in 2005 by thirteen women, Jewish and Arab, from a variety of ages, religions, cultures, and professions. Our objective was to raise awareness of the poor state of women’s health in Israel and promote women’s well-being (read on for more about well-being). In the beginning, we held workshops and conducted in-depth interviews with women throughout the country. These encounters revealed an astonishing lack of clear and accessible knowledge about health in general and women’s health in particular. Our methodology for

creating social change is through the knowledge bases we have created – two health guides and an online information center - and workshops that we run throughout the country. Our activities are conducted in Hebrew and Arabic. We believe that the health guides, website, and workshops help women feel empowered, learn about their bodies, their sexuality and their health, and enable them use the health services available to them wisely and to the fullest extent possible.

*Nashim LeGufan* is a book about women, written by women, and aims to promote the greater good of women. It is about our world, our experiences, our feelings, and our daily activities. Many of the issues in the book are relevant for both women and men, such as mental health, sports, addiction, and parenting. Yet the book deals with these issues from women's point of view, and emphasizes our unique needs and experiences. Before diving in, we want to remind you that the information in this guide does not replace legal, psychological or other counseling, nor should it be used in place of medical diagnosis and treatment.

## **Why women's health?**

The concepts of women's health and illness in many medical books are derived from the models developed based on the male body. Approximately two thirds of the diseases that harm both men and women have been studied in men only, and most medications have only been tested on men. Over the years, additional resources began to be allocated to gender medicine and gender studies, which showed that women and men differ in all of their body systems. For example, biological differences such as narrower arteries in women dictate different methods of treatment since narrow arteries increase the risk of complications during surgery. Differences in the metabolism of drugs and women's response to anesthetics also require the adjustment of dosages given to women.

In addition, classical medical studies did not test the impact of cultural, social and gender factors, which at the time were considered irrelevant. However, social differences have a substantial effect on health and illness. By virtue of being second class citizens, women are more vulnerable to situations that might compromise their health, such as poverty, discrimination, lack of accessibility to health services, lack of awareness to rights and information, difficult work conditions and/or low pay, domestic violence. and sexual abuse. Women more often than men are single-parents,

elderly and living alone, or disabled. Women are exposed to more cultural pressure regarding the way they look and are more likely to develop eating disorders. In addition, women experience greater stress as they are often expected to both have a successful career and take on the role of primary caregiver for their family.

### **What about Israel?**

Reviewing comparative statistics from around the world reveals that the status of women's health in Israel is relatively poor. When comparing life expectancy according to gender which was measured in ten western countries, Israeli men came in 3<sup>rd</sup> (after Sweden and Japan), while Israeli women only came in 8th (WHO, 2003). This bottom line has many implications. For example, the top cause of death among Israeli women is heart disease; yet heart disease in women is a field that has not been thoroughly studied. In addition, heart conditions in women are usually diagnosed considerably later than in men and are not treated as well as they are in men. Alongside the epidemiological factors, social factors also affect women's health in Israel. The centrality of motherhood, the high birth rate compared to other western countries, and government subsidies all contribute to the fact that Israel is the world leader in fertility treatments. These treatments have significant short and long-term implications on women's physical and mental health. Furthermore, the Israeli health system focuses primarily on physical disease among women and lacks a holistic approach that sees a women's health as the totality of her physical, mental and cultural situation.

The status of women's health in Israel is troubling, and improving the situation requires raising awareness and devoting additional resources both from health care providers and women themselves. There is a clear connection between socio-economic status and women's health. We are second class citizens as compared to men, and the resulting impact is particularly evident among women from weak populations.

### **What is well-being?**

According to the World Health Organization (WHO), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Constitution of the World Health Organization, 1948). WTB acts in the

spirit of this definition, viewing health not as a narrow concept referring simply to the absence of physical harm or functional disorder, but rather a wide concept that entails the realization of human rights.

As we at WTB reviewed materials from the American best-seller, *Our Bodies Ourselves*, we had difficulty finding a Hebrew parallel to the phrase “well-being.” We sought a translation for this term that would accurately capture the spirit of the book. Ashalim-Joint Israel created a new term – “*shlomoot*.” It is an elegant word, yet not easy to pronounce and incorporate. Other standard options were “*revacha*” - the Hebrew term for “welfare” - and “*eichut chaim*” - the Hebrew phrase for “quality of life”. These options were also insufficient, since “welfare” generally relates to economic survival and “quality of life” is associated with luxury. Therefore, we chose to translate “well-being” as “*bri’ut muda’at*,” which literally translated means “informed health.” The term conveys a wider statement, echoing “Knowledge is Power,” and encompassing raising awareness, body, health, responsibility and even action and fostering change.

The concept of well-being is a central focus of WTB’s work - in our books, our website and our workshops - and it embodies a reference to both the individual and the social “body.” An individual’s bodily well-being includes the holistic relationship of each woman and her body. We are neither separate body parts, nor a body and a mind existing separately. Rather, we are one complete whole. Well-being means taking care of ourselves throughout our lifecycle, each and every day, in times of sickness, hardship or imbalance, and taking care of both our body and our mind. This means we treat our body as a whole; we connect, listen, and gather knowledge which provides us with the possibility to choose, to be in control, to take responsibility, and to feel complete. This is the individual aspect of well-being.

Well-being also entails a social aspect. The name of our organization – “Women and Their Bodies” – metaphorically refers to women as a group (comprised of individuals). Our health is affected by economic, political and ethnic status, as well as by social institutions and processes. Our connection with our body is not merely personal. The social elements define many aspects of our lives, and we must acknowledge them and become aware of our social strengths and weaknesses. Well-being combines knowledge, action, and health, in its broadest sense as part of every human being’s basic rights. The better we get to know the frameworks and norms around us, the better we can act within them, take responsibility, and create change.

This knowledge will teach us how to organize as a group try new and different things to create change, usually starts when we see that change is possible and we understand that we should try influence things that matters to us. Awareness, knowledge and power are within us and within our bodies - in every woman and her body, and in Women and Their Bodies. Together we can make a difference.

## **Pregnant bellies and the public sphere**

Researchers – both male and female - associate social, gender inequality with a tendency to categorize the world dichotomously (black/white, good/bad, man/woman). The gender dichotomy is not merely theoretical, and has actual meaning in the cultural-social discourse. Maintaining gender inequality is also related to the establishment of the distinction between the private sphere and the public sphere and the acceptance of this distinction as natural. The public sphere is attributed to men and defined as rational, political and productive, while the private sphere is attributed to women and is considered to be altruistic and emotional (Herzog :1994 , ;26-35Pesta-Shubert, 2000 ,). “The personal is political” was the cry of the feminist movement in the 1960’s, which initially focused on areas traditionally considered to be public, such as the labor market, the media, and institutional politics. Treatment of the female body was always complex, for reasons including the fact that it lay along and moved across the boundary between the private and the public. When it comes to the body, sexuality, and health, “his” story is not “her” story.

When it comes to sexuality and sex, it seems nothing can be more “private” – i.e. silenced and internalized – than the female body. The female body is excluded from public attention, both regarding natural life cycle processes (often thought of as diseases) such as childbirth and menstruation, and regarding sexual pleasure and masturbation, which are taboo even in societies that pride themselves as liberal and progressive. At the same time, the female body is often treated as a public sphere, so much so that one could think it is not even ours, rather a means for other societal ends. Examples are plentiful The committees that decide for us whether or not we can terminate a pregnancy, the intrusion into our lives during pregnancy when our belly becomes an object of interrogation and we are exposed to advice and physical contact from any passerby, or when our bodies are used as advertisers’ favorite marketing tool and are shown in an offensive and degrading manner.

As we see it, devoting a book to experiences of the body in general and the female body in particular, is taking public action. This action is meant to enrich and change the public sphere, broaden it, and mix it with the private sphere.

### **Writing and reading as social change**

Our point of reference in writing *Nashim LeGufan* was that reality can be altered using existing tools, and at the same time new tools can be suggested and new ideas and experiences can be examined. The connection between the private and the public in the book is not theoretical. The personal story demonstrates a social problem and simultaneously creates a sense of mission, empathy, and inspiration that motivates us to take action. Well-being allows us to feel the body and mind's wholeness (even if the feeling is occasional), and to feel healthy, sexual, aware, active, and responsible. Raising awareness of diverse solutions can enable each woman to look for and find her own path. We make sure all options are explained, without passing judgment, and without providing ready-made pat answers.

This strict commitment to refraining from passing judgment and creating hierarchies also characterized our work processes. The writing groups for the book's chapters were very different from one another and the differences of style between chapters are evident. Some chapters are more academic, others more emotional, and yet others are more medical in nature. The work process was not identical for all of chapters. Some chapters are the product of joint work by many women and others were written by a small group. Working as a team is not always simple. Many women were interested and volunteered to lend a hand, but sometimes it was difficult to create a group of women that could deal with the long and at times almost agonizing work process. And still, we felt it was important to include various points of view in the chapters, sometimes even contradictory to our own beliefs.

Nonetheless, the spirit of *Nashim LeGufan* and the writing choices are felt throughout all of the chapters. We too, the editors of the book, influenced the final product by creating uniformity on various issues, by choosing which women we approached for assistance, and in approving the composition of the writing groups. At the same time, we gave the writers the liberty to determine the nature of the chapter and its main themes.

## **What is knowledge?**

Information is usually defined as raw material of data and facts, while knowledge is the processed product of information. Even if we assume that objective data and facts are available, few people will claim that processed knowledge is objective, as it is affected by our perceptions and human characteristics such as moral values and social norms. Getting additional knowledge for various points of view allows us to see a broader picture.

One of our objectives in this book is to bring together knowledge from different worlds and different theories and practices, thereby raising awareness, and provoking thought and questions. For instance, when we deal with our health or the health of people around us, medical knowledge alone cannot answer all of our needs. The personal experiences of other women, the ways they chose to cope, their points of view, and the practical knowledge they accumulated, are no less vital. We have tried not to pass judgment and to present the various forms of knowledge without hierarchies.

## **Developing Knowledge**

The process of writing and taking action is a dialogue regarding questions such as What is knowledge? and Who defines knowledge? This dialogue continues to expand and broaden, and so we chose to include in the book various forms and types of knowledge on each subject. In this sense, we understand that this printed book is not the end of the project. Our goal is to transform the knowledge base in the book into a platform for future discussion and creation, a stage on which a wide public discussion can take place. For this purpose we built the organization's website ([www.wtb.org.il](http://www.wtb.org.il)) prior to publishing the book.

The website is meant to be used as a live and dynamic platform for the discussion the book will arouse and as a continuously updated and refreshed source of knowledge. Nonetheless, a website – being what it is – cannot provide the depth and breadth needed to create discourse, and sometimes it is not easy to read long texts online. The information on the website mainly includes links and updates of all the chapters of the book, information about Women and Their Bodies and our work as well as informational leaflets that can be downloaded. Three of the leaflets elaborate on subjects related to teenage girls and young women: “Birth Control,” “Unexpected

Pregnancy” and “Safe Sex,” and two other leaflets are meant to assist women dealing with the health care establishment: “Navigating the health care system” and “Organizing for social change.”

## **Theory and Practice**

As mentioned above, the knowledge in the book is not only theoretical or medical, but also includes women’s practical experience. This knowledge has been gathered through workshops and interviews across Israel.

The interviewers were specially trained by WTB in order to conduct in-depth, qualitative interviews. They interviewed over sixty lay women from across the country and through the interviews brought a variety of voices and experiences from a wide spectrum of statuses, ages, and ethnic backgrounds. The interviews present a fascinating and diverse mosaic of field knowledge, allowing readers exposure to the perspectives, experiences and questions that arise from the issues discussed in each chapter. We specifically made an effort to present points of view that are often silenced. For example, you can find a woman with a physical disability describing the difficulty she encounters during gynecological examinations, a deaf woman who describes giving birth with a sign language interpreter, and more. The mosaic has other faces too; female physicians and other health care providers had a major part in writing and contributed based on their field of specialization. In their writing they were also asked to deal with the questions and requests that arose from the interviews with lay women.

Since the beginning, WTB has relied on two anchors – our women’s health guides in Hebrew and Arabic and experiential workshops. The books are meant to provide knowledge and reduce fear regarding our health and sexuality and enable women to make more informed decisions when dealing with the medical establishment. However, the reading experience cannot always achieve this aim to the full. That is why, in addition to purchasing the book, we recommend participating in a workshop that addresses specific subjects professionally and in-depth. If you would like to have WTB lead a workshop for a group of women close to you, a private organization, or at your place of work, we would be happy to come and customize a workshop with you. For further details on WTB’s workshops, please visit our website at [www.wtb.org.il](http://www.wtb.org.il).



## **How we wrote the book**

### **A bit of history**

Our Bodies Ourselves (OBOS), also known as the Boston Women's Health Book Collective, is a non-profit organization promoting the field of women's health education in the United States. In 1970, the organization published the first edition of the book '*Our Bodies, Ourselves.*' Since then, an updated edition of the book is published every five years. Furthermore, 29 editions of the book have been published in various languages, culturally adapted to countries and cultures worldwide.

This is the second time the book has been published in Israel. The first Hebrew edition came out in 1982, and was the fruit of the work of Sara Sykes and Ilana Golan, who were central members of the Israeli feminist movement at the time. They translated a large part of the book from English, updated it with data from Israel, and dealt with complex lingual issues, stemming from the Hebrew grammar which reflects inequity between men and women. Sykes and Golan, who typed the book on a typewriter and edited it book manually, accomplished a pioneering feminist project in Israel, at a time when very little was known about women's health.

### **The history of Women and Their Bodies**

Women and Their Bodies was established in 2005 by Dana Weinberg, at Neve Shalom – an Israeli community established jointly by Jews and Palestinian-Israelis. The first meeting was attended by thirteen women from various disciplines, ethnic origins, and ages. The organization stemmed from the aspiration to culturally adapt the American book for Jewish and Arab women in Israel. We contemplated different options, such as joining existing organizations, publishing one bi-lingual book, etc. At the end of a long deliberation process we agreed that we should publish two books – one in Hebrew and one in Arabic. For this purpose we set up two teams, which worked both separately and cooperatively. The two books are sisters, but not identical twins.

The writing process of the Arabic book, "*Al Mara wa Kayanha,*" included a cultural adaptation of the existing book from Hebrew to Arabic. This was a complex and fascinating process, that included a culturally sensitive view of adaptation and writing, adjusting the language and re-writing terms and phrases that do not exist in Arabic or needed improvement and modification to match our

message. The Arabic book will be published in three parts, the first of which is just being printed. Further details about the book and workshops in Arabic can be found in our website at [www.wtb.org.il](http://www.wtb.org.il).

## **Cultural adaptation**

This book, *Nashim LeGufan*, is about the way of life of Hebrew speaking women in Israel. We differ from the United States in terms of the social environment, cultural perspectives, ways of action, way of thinking, and the structure of the medical establishment. Therefore, the work on each chapter of the book required us to adjust the text with regard to all these aspects.

In light of the above, it is clear that the Hebrew book is not a translation of the English edition. In fact, only about ten percent of the American book was translated, and the rest was rewritten. Even the titles of the chapters and subsections and their order were changed. And still, the American book's footprint is clear and evident, both in the inspiration for the structure, content, and thought in the book and in the general spirit and message of the book. We are deeply grateful to our counterparts from 'Our Bodies Ourselves,' for their support, assistance, counseling and guidance throughout the process of creating *Nashim LeGufan*.

## **The writing process**

### **A chapter is born**

When we started working on each chapter for *Nashim LeGufan*, we already had the names of women who wished to participate in its writing. After finding an editor for the chapter, we set up a writing team that included a number of women - some experts on the topic and others who had an interest in the topic for various reasons. We wanted each chapter to be the product of a joint effort, gathering multiple voices and points of view without compromising on scientific accuracy. For instance, the writing team for Chapter 2, 'Eating Well', included dieticians, women who are thin and overweight, women who are dealing (or dealt in the past) with various eating disorders, and cook book authors.

Before the initial meeting, all women read the parallel chapter in the American book and thought about which parts are relevant for Israeli women, what issues that

are unique to Israel should be addressed, and how to help women at different points in their lives as relates to the topic.

During the first meeting, the team worked together to define the general framework of the chapter. At the same time, we asked women outside the writing group to write the “gray inserts,” – texts focusing on a certain phenomenon related to the chapter, either from a professional or personal point of view. During the next few months, intensive work was done via email, and the chapter’s editor integrated all the components into the chapter – informational segments, excerpts of women’s narratives from the personal interviews, and “gray inserts”.

Once there was a draft of the chapter, it was forwarded to the chief editing team for an additional editing. We added data, statistics, and research findings that shed light on the status of women in Israel. The chapter was then sent to outside readers - women who did not take part in drafting the chapter, but have a background in the field the chapter addresses – and they added their perspective. Some chapters were also sent for scientific editing by an expert in the field, before coming back to WTB for additional editing.

The different chapters of the book comprise different outlooks, allowing multiple standpoints, as well as transitions from abstract to concrete. We made an effort to minimize references and general data, and strictly focus on the factual basis of the content.

### **Multiple voices**

Who are we? We are women from different backgrounds; Writers, readers, participants, interviewers, interviewees, and professional women from various fields.

Throughout the process of developing this book, we struggled with the question of representation of voices other than the writers’ own. Should we ignore the fear of strengthening stereotypes and only integrate general references? Or should we insist on focusing on particular sub-populations? We were very troubled by referring to women in general, without addressing specific populations. For example, does writing a “gray insert” about “Mizrahi women” (i.e. women whose families originally came from Arab countries) imply that the women addressed by the rest of the chapter are necessarily Ashkenzi women? (i.e. of European descent). Does it essentially provide de facto approval of the existing hegemony? Yet on the other hand, if we do not

specifically refer to different populations, won't the readers identify them with the hegemony anyway, thus erasing each group's uniqueness? And as far as the reading experience (which we already make harder by our strict use of slashes), is it possible to replace the phrase "women in Israel" with the phrase "Arab, Jewish, Ashkenazi, Oriental, disabled, young or old women"?... And as if this is not enough, the text also often sounds quite didactic. Many women from the dominant population groups are not aware of the difficulties of women from other populations. If we did not point out these difficulties, they would never occur to them. And how about whether we should address the issue of foreign workers and the violation of their rights in this book that is meant for Hebrew speaking Israeli women?

Luckily, we were able to choose good writers. Women with a sense of social awareness and criticism joined together with professional women in writing the chapters. We tried to achieve the feminist goal of including both worlds (with a variety of opinions and perspectives), along with the rule of thumb stating that only women belonging to a certain group in the population can write about their own population's difficulties and provide a critical perspective of their situation. We also tried to ensure that we reached a diversity of voices by having outside readers review the texts, though we did not always succeed 100%. Naturally, we could not make good on all our promises, and the chapters also reflect personal perspectives.

## **Language**

Language presented many challenges for us. The use of one word or another is a matter of choice – conscious or not, and each choice is meaningful. For example, after giving it a lot of thought, we decided to use the phrase "Arab women" to refer to Muslims, Christians and Druze women. Another issue that required consideration was the issue of whether to provide background details such as age and ethnic group for the women who were quoted or provided narratives. Ultimately we decided to leave the quotes unidentified, in order not to fall into using stereotypical definitions. On the other hand, we chose to leave information about the speakers that appeared within the quotes and narratives themselves, so as not to take away from the ideas the interviewee wished to present.

Here are some main principles that guided our editing of the texts:

**Clarity and accessibility:** This book is meant for women from all sectors of the population and the writing aims to be clear and accessible. There are some references to statistics and data, but the academic references are few and appear only where warranted by the content.

**Israeli characteristics:** Substantial emphasis was put on cultural adaptation for Israeli society, and therefore the data in the book refer primarily to Israel. Many of the “gray inserts” describe personal experiences or phenomena from the unique perspective of Jewish women in Israel.

**Feminist writing:** The feminist perspective in the book is expressed in a variety of ways. For instance, in the structure of the chapters. Each chapter provides a combination of varied sources of knowledge, without hierarchies. Formal and practical knowledge of professional women meets the knowledge of individual women based on their experiences. Another example is the writing process itself. Often the teams that drafted the chapter had the feel of a support group that was working together to raise awareness of a certain issue. In addition, all aspects of WTB’s work are conducted in a cooperative, non-hierarchic fashion, allowing each woman participating in the process to express herself.

**Linguistic rules:** The rules of language guide how we put words together, but they do not organize and structure the elements of language “objectively.” Firstly, this is because nothing in our world is objective. In addition, ancient voices, traditions and cultures are present throughout languages, and impact the nuances of each and every word. Furthermore, language is not just grammar and rules but also a tool to create communication and reality. Language expresses and reflects structures of power in society, which in turn shapes our way of thinking and the boundaries of our thought.

Our decisions regarding the use of certain terms stem from the belief in “Speech Acts,” according to which speaking and writing is a practice of daily actions. These actions have a meaning in shaping the world’s and shaping our own beings, no less than our intentions and thoughts.

Language is the product of many years of use, adjustment, and absorption, and reflects common perspectives. We also see it as a tool for social change - a tool for constructing reality. For example, we debated the use of many words in the book. Should we use the Hebrew word for husband, which means “owner?” And what should we call our genitals – “vagina,” “pussy,” or maybe “cunt?”

Another central linguistic issue is that in Hebrew, the plural form for verbs is male. Unfortunately, this form is also often used even if referring to a group in which the majority is female. Since we wrote the book about women and for women, we chose to use the first person feminine plural. Choosing “we” was meant to emphasize the similarities among us as women. We are all in this together, if not today, then tomorrow. Moreover, the writing is meant to introduce this linguistic use into the language and make it an integral part of our speech. There is no reason we shouldn’t speak of ourselves to ourselves in the female form. We also chose to use the feminine plural as we did not want to use the imperative form (“you should...”). The imperative form of speech is condescending, and we are merely presenting knowledge, leaving the ultimate decisions in the hands of each and every one of us. In addition, in our view, the plural form entails the multiplicity of voices and lack of judgmentalism that we sought throughout the book.

Naturally, although the language is in feminine, we hope that men as well as women will read, appreciate, and learn from the information in the book.

## **Images and art**

*Nashim LeGufan* also benefited from the inclusion of visual components, relying on many works of art contributed by Israeli artists (women and men), thanks to the generous and patient help of curator Diana Dallal. The art allowed us to enrich the written content with visual images, often no less important than the text. The willingness of well-known Israeli artists to take part in the book takes the book to new heights – both visually and creatively.

## **How to use this book?**

Few women will read *Nashim LeGufan* cover to cover. Most of us will start with a chapter addressing an issue we care most about right now, and refer back to the book later as needed. The book is meant to be a rich source of knowledge – which is always easily accessible, at home, within reach. The book can support us in time of need, and at different periods of our lives and the lives of women with whom we are close. It can be of help in times of difficulty and conflict, and can also inspire us, and stimulate critical, new ways of thinking. The knowledge in each chapter is great and diverse, and therefore the reading experience may sometimes raise more questions than it

provides answers. In our opinion, this is a blessing, as questioning promotes raising and changing our awareness regarding the issues addressed.

The guiding principle behind the book is to help provide a path, not to provide conclusive answers. We believe in cooperation, dialogue, and conscious thinking, and therefore we do our best to avoid unambiguous statements. In general, when it comes to making decisions about our physical and mental health, it is recommended to consult with professionals and not decide based on one opinion alone.

## **So what now?**

### **The tip of the iceberg**

Naturally, this book and the dialogue it wishes to initiate are only the tip of the iceberg with regard to our bodies and our health. The processes of writing and reading that brought each chapter to life stemmed from the desire to provide a broad perspective on the subjects it includes. However, rather than a whole and complete unit, each chapter is really a portal - a platform on which other foundations and “houses” should be built. Our work required a lot of filtering, whittling down, and purification, since we initially wanted to include “everything” in one book. Many of the topics addressed in the book, such as middle age and menopause, as well as subjects not included in it, such as the effect of the environment and working conditions on our bodies and health, could be the focus of an entire separate book on that topic alone. And in fact there have been separate books published in English on some of these topics.

We know that we have not always succeeded in including all perspectives and that not all voices have been sufficiently heard in this book. If you think we missed an important voice or perspective, please share your thoughts with us, and we will do our best to integrate them in future editions. You can contact us through our website: [www.wtb.org.il](http://www.wtb.org.il).

## **Acknowledgements**

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I wish to proudly highlight one of the benefits of the Israeli sense of community, which is that more than 300 women took part in this project. Most women we turned to for assistance immediately expressed their willingness and desire to lend a hand. We wish to thank all of the women who participated in the creation of the chapters, both in the writing, reading, and thinking and as interviewers and interviewees. We thank Yael Maoz-Shai for helping with the interviewer training, and a warm thanks to Rivka Kave who coordinated the interviewers. Our thanks also to the interviewers themselves: Iris Arieli, Mirale Bebchik, social worker Reut Meirom, Tia Levi, Liora Anat-Shafir, Dr. Tzipy Kave, Anat Keidar, and Bina Ratenbach. They provided us with wonderful, sensitive materials from around the country and were able to touch the women with whom they spoke.

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By definition, in feminist organizations there is significant integration between the staff and Board, and so it is with WTB. We have been blessed with a Board that is involved, provides guidance, and whose members give so much of themselves. The organization founders' are a wonderful group of women, and although not all are still on the Board, they continued to lend a hand from afar. Nava Braverman, a member of the Board and one of the organization's founders, played an active role in writing the book, by serving as a loyal liaison to the world of medicine and through her willingness to read and write for various chapters. We want to thank Iris Barkan, our workshop coordinator who has long been on the Board, who brought insights from the workshops into the book. And thanks to Rachel Greenspahn, our fundraiser, who played an active and central role in the brainstorming and the reading. We are also grateful to Dr. Revital Arbel and Dr. Sagit Arbel-Alon, two former members of the Board, who contributed and helped with the writing, reading, and scientific editing of many chapters.

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Enjoy reading!

Tal Tamir,

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