



## A FULL AUTUMN AGENDA

The Status of Women Sector of the Federation was busy working on several issues during the fall. The meeting of the Women's Network was an opportunity for women to hear about these activities and to catch up on the latest news.

### Meeting of the Women's network in a nutshell

On November 14 and 15, one hundred activists of the *Women's Network* met on the theme: *Sexual and reproductive health: the issue of medicalisation*. To discuss this theme, a series of guest speakers were invited: Nathalie Parent from the *Fédération du Québec pour le planning des naissances*, Nesrine Bessaih from the *Regroupement Naissance-Renaissance* and Claire Dubé from the *Service d'information en contraception et sexualité de Québec*. Afterwards, in a workshop, union representatives continued to reflect on their role as mother, spouse, daughter, friend and colleague. Also present, Hibrat Agonafir, President of *Solidarité femmes africaines*, spoke to the members of the *Women's Network* on female genital mutilation. Finally Micheline Choquet, nurse and writer, came to present her last novel *Visites à domicile*.

### BODY IMAGE: NEW ACTIONS

In September, the Federation sent a petition to the unions, initiated by Meute-MédiAction <[www.lameute.org](http://www.lameute.org)>, to denounce sexist advertising. The Status of Women Sector is proud to announce that 3,151 signatures were collected and sent to Meute-MédiAction.

Moreover, the President of the Federation, Lina Bonamie, sent two letters to Premier Charest, one addressing the issue of the control of the industry of weight loss products and services, the other dealing with the issue of a register of esthetic surgery carried out in private clinics. This intervention with the government was also designed to reiterate the demands of the *Réseau québécois d'action pour la santé des femmes* on these issues. These letters can be consulted on the Federation's website <[www.fiqsante.qc.ca](http://www.fiqsante.qc.ca)> under the heading *Status of Women*.

### A MEETING WITH MINISTER THÉBERGE

In October, the Minister of Families, Seniors and Status of Women, Carole Théberge, invited women's groups for coffee and croissants to mark the 1<sup>st</sup> anniversary of the Women's Global Charter for Humanity. The *Intersyndicale des femmes*, of which the Federation is a member, was invited and reminded the Minister that it is through harsh struggles that women have obtained gains: the struggles against male/female pay inequality, sexism, discrimination, poverty, etc. The *Intersyndicale* representatives also reminded the Minister that Quebec women are still waiting for the policy on the status

of women, a guarantee that the *Secrétariat à la condition féminine* will be maintained and the appointment of a Chair for the *Conseil du statut de la femme*. Since this meeting, Christiane Pelchat has been appointed Chair of the *Conseil*.

### A BOOKMARK FOR DECEMBER 6

Every year, the Federation finds a way to commemorate the tragic events of December 6, 1989, which occurred at *École Polytechnique*, when 14 women were massacred. Why such an initiative? To remember these women, in order that they may not have died in vain and to continue the struggle against violence. Inspired by last year's commemoration, the Status of Women Sector produced a bookmark: *14 actions to put an end to violence against women*. In addition, following the events at Dawson College, the Federation sought to remind Prime Minister Harper of the importance of maintaining a firearms registry. A press release was issued on this question.

### AN IWD FOCUSED ON EQUALITY FOR WOMEN

After analyzing the situation, the *Collectif 8 mars* agreed to carry on its activities on the theme of equality, the theme pursued over the past year. The *Collectif* is also developing tools for *International Women's Day* (IWD). Once again this year, a pin will be available for the unions that request it from the Status of Women Sector before December 8. ■

# INTERVENE OR LET IT BE

After discussing the issue of freedom of choice on abortion at the last Network in March 2006, it was important to broaden the discussion on themes related to women's sexual and reproductive health.

Until the age of puberty, girls and boys see health professionals for similar reasons, but the reality changes once menstruation appears. Women's lives are punctuated by events related to their fertility for which they consult health professionals: menstruation, contraception, birthing, infertility, menopause, etc. So it's not surprising that women, during their active lives, consult more often than men and are prescribed more medications.

Why do women consult? Simply because the medical profession has taken the normal stages of women's lives and transformed them into syndromes, risks, dysfunctions and inconveniences.

The feminist approach to health is intended to be comprehensive and holistic. It focuses on prevention and accounts for the factors that influence it. It denounces the myths, stereotypes and multiple forms of discrimination that influence health. It also calls for the right to be informed and to make free and informed choices.

## **MENSTRUATION, CONTRACEPTION, CONCEPTION**

Since 1980, the period preceding menstruation has become the "premenstrual syndrome" (PMS) in medical jargon, thus referring to a pathology, a disease. Instead of ritualizing this transition from childhood to adolescence, the emphasis has been put on the risk of pregnancy. The development of

hormonal contraceptives has allowed better birth control; however, over the years, the idea of suppressing menstruations has made its way without anyone being able to affirm that all this is danger-free.

The *Fédération du Québec pour le planning des naissances* (FQPN) was founded in 1972, to offer information and training on contraception and sexual education. It works on questions related to abortion, new human reproductive technologies and fertility. It seeks to promote critical information, freedom of choice, informed consent of women regarding their bodies, fertility and sexuality, and recognition and respect of their rights in reproductive health.

For the FQPN, it is clear that, while the pill has become the symbol of the sexual revolution, it has also become the gateway for hormones into women's lives. Unfortunately, the health risks often go unmentioned: venous thrombo-embolic disease (3 to 4 times higher), myocardial infarction, strokes, gallbladder disorders. Aren't the pharmaceutical companies the main source of information and training for health professionals? Yet, not all the women who consult health professionals are sick!

In matters of contraception, the FQPN believes that it is essential to promote access to all possible forms of contraception and invest in research on

nonhormonal contraceptive methods with no risk to health.

To date, the *Fédération du Québec pour le planning des naissances* is the only organization in the women's movement to develop expertise regarding new reproductive technologies, question their efficacy and call for limits on their development. It criticizes the lack of research on the causes of infertility and advocates vigilance regarding these new forms of commoditization of the desire to have a child.

## **MATERNITY**

The *Regroupement Naissance-Renaissance* (RNN) arose from women's will to reappropriate the power to give birth. Among other objectives, they call for humanization of the birthing process, recognition of midwives, freedom of choice regarding the place of birth, and social and economic recognition of women in the perinatal period through a universal benefit.

Steadfastly focused on action, the Regroupement's members have developed tools to help women, through political action and community mobilization, to establish birthing centres in their communities.

The Regroupement's most recent initiative is to develop *Amis des femmes qui enfantent* in Quebec. These centres offer women the possibility of having people of their choice with them



The panel, composed of three exceptional women, was an opportunity for the members of the Women's Network to exchange, question, raise doubts about or confirm several aspects related to women's sexual and reproductive life.

1. Claire Dubé from the *Service d'information en contraception et sexualité de Québec*. / 2. Nesrine Bessaïh from the *Regroupement Naissance-Renaissance*. / 3. Nathalie Parent from the *Fédération du Québec pour le planning des naissances*.



during the birthing process, provide accurate information, find non-pharmacological solutions to pain relief, minimize medical procedures such as caesarians (15% or less of the deliveries in specialty centres with tertiary care) or episiotomy (20% or less of the deliveries).

The RNN also encourages women to touch, breastfeed and care for their baby, and in particular those who have premature babies or infants with congenital malformations. In short, women's competence must be recognized.

The *Amis des mères* initiative is based on five guiding principles: the normality of birthing, empowerment, autonomy, a concern for not hindering or avoiding intervention in the natural process and minimizing medical procedures to counter possible iatrogenic effects, and the responsibility of the stakeholders. Initiated in the United States, this approach is the object of a vast consultation at the international level, and the Regroupement hopes that the essence of *Amis des mères* will be respected.

#### MENOPAUSE

In the mid-60s, the American gynecologist Robert Wilson declared that menopause is abnormal and steals women's youth. According to Mr. Wilson, women then fall into decrepitude and require treatment for estrogen deficiency. Only recently did an American

study apply the brakes to hormone replacement therapy by revealing that long-term use of hormones can increase the risks of cancer, heart disease and stroke.

The *Réseau québécois d'action pour la santé des femmes* (RQASF) sponsored a collective work, designed as an information and action guide, on the health of menopausal women. *Notre soupe aux cailloux* suggests that the midlife period (age 45 to 64) is an opportunity to take stock, reexamine one's life, become aware of passing time, take care of oneself, abandon roles that are no longer suitable, in short, reappropriate one's life story. Menopause marks the end of reproductive capacity, not the end of all capabilities.

The training kit developed by the RQASF, *Notre soupe aux cailloux*, advocates a self-health approach which requires women to know themselves and review their lifestyle. This approach also involves exercising their rights, developing critical faculties, being respected and having access to accurate information so that women can make their own choices.

The medicalization of women's natural life cycles has denied the know-how handed down through the generations, infantilized women by neglecting their competency for empowerment, and become an instrument for controlling women's bodies and lives. ■

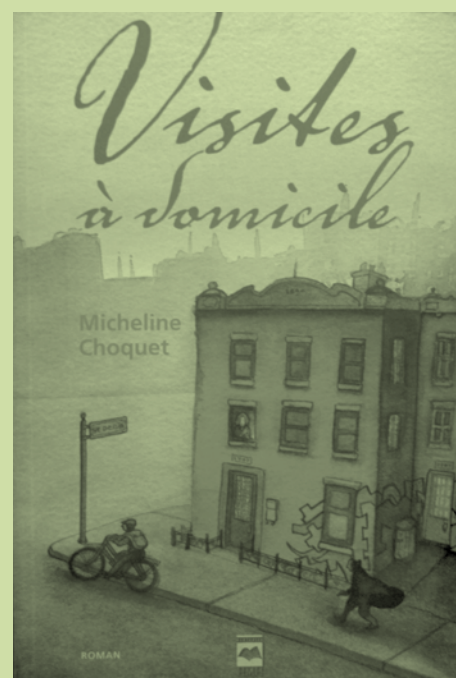
#### FOR MORE INFORMATION:

Fédération du Québec pour le planning des naissances: <[www.fqpn.qc.ca](http://www.fqpn.qc.ca)>

Regroupement Naissance-Renaissance: <[www.naissance-renaissance.qc.ca](http://www.naissance-renaissance.qc.ca)>

Réseau québécois d'action pour la santé des femmes: <[www.rqasf.qc.ca](http://www.rqasf.qc.ca)>

Service d'information en contraception et sexualité de Québec: <[www.sicsq.org](http://www.sicsq.org)>



## THE WOMEN'S NETWORK FAVOURITES

For the second *Favourites* column, the Status of Women Committee chose to support Micheline Choquet who came to present her second novel, *Visites à domicile*, now available in all good bookstores.

Having graduated as a nurse in 1973, Mme Choquet worked in different settings. The 16 years she spent working at *CLSC du Centre-Ville*, an inner city community centre in Montreal, accounts for the web of her last novel. "This novel speaks of powerlessness in all its forms, our powerlessness in the face of disease, old age and death, as well as the powerlessness of those we try to help. It speaks of the torments of the caregivers, their conflicting values and those moments of grace which may occur with their patients, these strangers into whose life caregivers enter in moments of great vulnerability", says the author.

Anne Lambert, the main character, is a nurse working in the home-care service of a CLSC. In the course of the story, the reader meets the people that revolve around her: patients, work colleagues, friends and family. Besides dealing with a vulnerable clientele, she visits her mother in a long-term care centre.

Annie Pinard, a member of the Status of Women Committee, read this book. She said she immediately identified with this nurse and was moved by the realism of the patients which Anne meets. She also stresses the difference it makes in the delivery of care when patients are seen in their living environment, the dangers with which care professionals may be faced in their practice and their own vulnerability. She highly recommends this book. ■



# THESE EXCISED WOMEN...

According to UNICEF: "Female genital mutilation comprises all surgical procedures involving partial or total removal of women's external genitalia or other injuries to the female genital organs for cultural or non-therapeutic reasons."

Sometimes the orifice is so small that it no longer allows sexual relations; only a tiny opening is left for urine and menstrual blood to escape.

There can be numerous physical consequences for the health of mutilated women: recurring urinary infections, AIDS, persistent pain, vesicovaginal or rectovaginal fistulas, incontinence, sterility, birthing difficulties, difficulty or impossibility of satisfactory sexual relations, etc. The psychological consequences are mainly related to a lack of self-esteem or rejection for women suffering from incontinence or fistulas.

On the average, 130 million women are excised around the world; 3 million girls are excised each year. Mutilation is practiced in 28 countries, mainly on the African continent but also in Indonesia, Malaysia and Yemen. On a smaller scale, it is practiced among immigrants in Europe and America.

Mutilation is seen as a way of preserving the virginity of girls until marriage, preventing their sexual desire and assure their fidelity to men. It is thus a guarantee of finding a husband and of achieving social recognition by becoming a mother. Because of the role entrusted to them, excisers have a

prominent position in these societies. Challenging mutilation also means challenging tradition, custom and religion.

The United Nations Children's Fund (UNICEF) collaborates with a non-governmental organization (NGO) to establish basic education, human rights awareness and health promotion programmes that emphasize participation of entire communities in decision-making.

Eventually, these programs allows communities to come together and make a formal commitment, through public declarations, to respect human rights by putting an end to harmful traditional practices. This initiative, which began in Senegal, now has been extended to Mali and Burkina Faso. The ultimate goal is to eradicate the practice of genital mutilation within one generation.

The best solution thus remains education and awareness-raising. According to Hibrat Agonafir, it is essential to avoid moralizing discourses and sen-

sationalism, which only polarize the debate by creating antagonisms and cultural defensiveness. Excised women say: "Isn't esthetic surgery also a form of mutilation?"

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**It is essential to listen, try to understand without judging and propose changes that move towards self-health. To assist this dialogue, Solidarité femmes africaines also offers its services to health professionals who are called upon to intervene with excised women. ■**

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For more information:  
<[www.afrik.com](http://www.afrik.com)>

To write to them: <[Sfa\\_aws@yahoo.ca](mailto:Sfa_aws@yahoo.ca)>



1. The question of female genital mutilation gave rise to several touching interventions.

2. Hibrat Agonafir, President of *Solidarité femmes africaines*, was invited to speak to the members of the Women's Network on the issue of female genital mutilation.