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breaking the SILENCE

a feminist newsmagazine on social issues



special issue

"Our Bodies ...Our Control"

THE NEW REPRODUCTIVE TECHNOLOGY

issues women in Canada and the Third World face as a result of the new 'technological era'

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lesbians speak out on the trials and pleasures of living and loving

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a critical review of the Committee's recommendations

plus ...

personal accounts of difficult decisions women have to make about childbearing, information about midwifery, resources, book reviews, upcoming events ...

special issue

volume 3 number 4

Our Bodies...Our Control



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from the collective

Our Bodies... Our Control

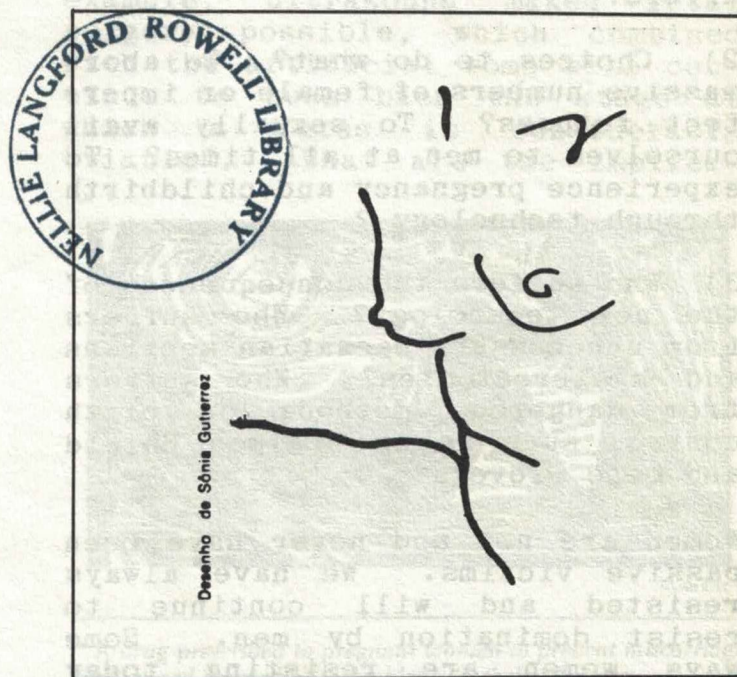
One of the primary objects of the patriarchy is to control women's bodies and our sexuality. Reclaiming this control is at the heart of our struggle for liberation. This issue of **Breaking the Silence** documents some of the ways that women experience the lack of control over our bodies.

In some of the articles, authors begin to explore how we can resist; how we can reclaim our power. For instance, the piece by Yolande Mennie clearly shows how the needs of women in the Third World are subjugated to the population controllers. Nancy Lewis's article on fertility awareness discusses a safe, natural and effective method of birth control. She challenges the notion of genitally-focussed sexuality as men have defined it.

Decisions are imposed on women in many ways, shapes and forms -- decisions about whom we will love, marry and bear children with; about how we will express our sexuality, and about when and whether we will have children. Some methods of patriarchal control, such as rape, wife abuse, forced prostitution and forced sterilization, are physically violent and coercive. Others, such as reinforcing the ideas that mothering is natural to women, or that heterosexuality is natural, are more subtle and ideological.

It is important that we understand the ways that patriarchal science, medicine, technology, psychology and religion control women, and how this is aided and abetted by the laws of the state. The medicalization of childbirth, restricted access to reproductive technologies and the ongoing existence of health hazards are but a few examples of this control.

We must also be aware that women are not a homogeneous group and our experience of sexual oppression is mediated by factors like class, race, culture and sexual preference.



Some groups of women, such as those who live in the Third World, or are poor, or immigrants have less control over their sexuality and fertility than others, and are subject to harsher oppression. Their issues are not the same as those of the white, middleclass, educated feminists who dominate the women's movement in this country. While some women fight for the right to abortion, others must fight against sterilization abuse.

We can not be taken in by the illusion that the patriarchy would like us to believe is real; that is that women have increased "choices" in this day and age due to the new technology. Apparently, we now have improved contraception, freer lifestyles and more reproductive options. But we need to ask:

1) Choices for whom? For the lesbian woman who wants to become pregnant through artificial insemination but is refused because of her choice of partner? For the poor woman who is pregnant with a child she may want but cannot afford?

2) Choices to do what? To abort massive numbers of female or imperfect fetuses? To sexually avail ourselves to men at all times? To experience pregnancy and childbirth through technology?

3) Who suffers the consequences of the new technology? Who suffers from unnecessary caesarian sections and hysterectomies? Who suffers from dangerous methods of birth control such as the Dalkon Shield and Depo Provera?

Women are not and never have been passive victims. We have always resisted and will continue to resist domination by men. Some ways women are resisting today

include: demythologizing our "natural" roles as mothers and therefore procreators, challenging the medical establishment and the state in our fight for free-standing abortion clinics and the legalization of midwifery, working for improvements in our lives such as access to natural methods of birth control, women-controlled birthing centres and useful employment for all women including prostitutes, supporting all women's rights to bear and keep children, including lesbian mothers and single women, and supporting poor mothers' rights to adequate incomes and better support services.

In this edition, many of these issues are discussed. We welcome your comments, reactions and opinions. Just as there are many ways that our control is diminished, so are there many ways women are responding. We see our strategies developing and becoming more refined over time.

"The Pro-Lifers — the maniacs who would extinguish all of life with nuclear weapons, with Star Wars — have the gall to call themselves 'pro-lifers', while they're tossing bombs into abortion clinics. It is tragic that they have stolen that word from us. I suggest that feminists reclaim it. We are PRO-LIFE."

Mary Daly
from a lecture at
Carleton University, Ottawa
March 31, 1985

Reproductive Technology

Harbinger of Liberation or a New Form of Oppression for Women?

by Sherry Galey

Reproductive technologies are biomedical interventions in the reproductive process. While they are not new, they are advancing at a startling rate. They come in such now-familiar forms as the Pill and the IUD as well as the electronic fetal heart monitor used during childbirth. In need of better methods to control fertility and reduce the pain and danger of childbirth, women have understandably welcomed and come to rely on these technologies.

For the last several years, the male-dominated scientific and medical establishment has stepped up its experimentation with the earliest forms of life, rapidly making new biomedical incursions into conception and pregnancy. Fertilization can now take place in a petri dish, embryos can be replaced, transferred and even frozen, and any day we will witness the perfection of the artificial womb and placenta. While some hail these achievements as god-sends to the infertile, others, including many feminists, are frightened.

Does the new technology bode well or ill for women? Will it liberate women from the tyranny of biology as Shulamith Firestone predicted in the early seventies or will it merely pave the way to the takeover of reproduction by men?

Some argue that the pace at which these technologies are developing far exceeds our society's ability to grapple with the complex social and ethical questions they pose.

Others, like Robyn Rowland are wary, because it is "the same people who gave women the Pill, DES*, and the Dalkon Shield who are now using our bodies once again as living laboratories". The most cautionary of notes sounded to date are from feminists like Andrea Dworkin and Gena Corea who predict that when all phases of reproduction can take place outside the womb, women's role in reproduction could shrink to that of mere ovum-producer. When women are no longer required to reproduce the species will we be eliminated?

This prospect should be kept in mind when evaluating all techniques and procedures affecting the reproductive process. We need to understand how each piece fits into the whole puzzle. Although the newer developments appear to present the most danger and difficult questions, all technology must be looked at in a critical light. For example, ultrasound makes fetal surgery possible, which combined with the artificial womb will continue to push back the stage at which a fetus is considerable "viable". What are the implica-



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* A drug prescribed to pregnant women to prevent miscarriage that caused severe health problems in their offspring.

tions for women's right to choose abortion if a four-week-old embryo can survive and mature outside the womb?

Not only is it vital that women seriously consider the future implications of reproductive technology but consider any current health risks. Women's experience with both contraception and child-birth technology over the last twenty years has taught us that we can't afford to embrace any technology developed by men and foisted upon us for our own good! Promising women much-needed control, they brought with them harmful and even fatal side effects and robbed us of knowledge and confidence in our natural reproductive functions.

Women can be skeptical and even suspicious about the reasons for the development and use of reproductive technology while at the same time recognizing that technology itself is not necessarily bad. For the sake of women, all reproductive technology must come under feminist scrutiny.

Gena Corea in **The Mother Machine** says that at first it may not be easy for us to speak because the issues surrounding the new technologies are so confusing. But, she says, "while we are struggling out of our confusion and into speech, we most stubbornly stay with our sense of uneasiness and think it through. We cannot allow ourselves to be bullied into acquiescence with a "tolerant" view of the technologies simply because we are not yet able to fully articulate why the benevolent rationales for these technologies clash with our own sense of dignity and worth. We can stand stubbornly and say "something is wrong here" and

explain that "something" to the best of our ability. Each time we do it we will get better at it.

"When many women break silence, when many women finally speak their truth, and speak it again and again, the world will have to change."

Reproductive technology has nothing to do with women--the generic gone too far

If you think that reproduction has something to do with women, women's bodies, women's choices and women's rights - think again. This is the message conveyed by an editorial in the **Economist** magazine just a year ago. It discusses the decisions that now confront society as a result of the new reproductive technology and never lets on that women are the group most affected.

There is little call, at a time of burgeoning debate, for premature legislation banning this and permitting that. The politicians would get the choices wrong, and who could blame them? What will be needed is a channel for future choices and future debate. The time might well come when people, having seen the benefits but experienced some of the dangers, will rightly clamp down on any further tinkering with unborn life. But until then the choices crowding in should be seen for what they are, forms of knowledge about MAN'S OWN BODY. They are not to be shrunk from. THE PROPER STUDY OF MANKIND IS ALSO MAN.

For Whose Benefit?

Third World Women and Contraception

by Yolande Mennie
of Women's Health Interaction

We need to imagine a world in which every woman is the presiding genius of her own body.

Adrienne Rich,
in *Of Woman Born*

Aisha is a peasant woman in Bangladesh. She went to a local health clinic where the staff fitted her with an IUD to prevent pregnancy. When Aisha's period came, she lost a lot of blood and suffered terrible pains. She went back to the clinic, asking them to remove the IUD. They refused.

Attitudes such as this are common in Bangladesh, where "population control" has become a national priority. In practice this means that village women's health is expendable for the "higher good" of limiting population growth. Women like Aisha have little control over their own bodies and fertility. They are offered financial incentives to use dangerous contraceptives or to be sterilized; they are told by husbands and family-planning workers how many children to have. Neither their health nor their needs and desires are considered in the effort to control their fertility. Having little or no power with which to defend their bodily rights, Bangladeshi women have become the victims of governments and international social agencies who view sterilization and contraception as a means of social control.*

The "problem" of overpopulation is a debatable one. It is a known fact that the Earth's resources are sufficient to feed her population. It is also a known fact that popu-

lation growth decreases as a result of increased prosperity, and that the flood of contraceptive campaigns have met with little success in countries where poverty is rampant.

The West's obsession with controlling the populations of Third World countries has been labelled racist and genocidal, and has little to do with "development". The former president of the World Bank, Robert McNamara, in fact remarked that it was cheaper to buy contraceptives than to do development¹. Reimert T. Ravenholt, director of the Office of Population within the U.S. Agency for International Development (AID), expressed the view that population control was needed to maintain "the normal operation of US commercial interests around the world"². Such attitudes find their roots in the 19th century eugenics movement which advocated birth control to limit the population growth of the poor, whose fertility was seen as a threat to the stability of the status quo. Much the same can be said of today's population control movement, and Third World women are paying the price with their health and their lives.

Third World women of course need and want birth control methods. But under what conditions? They do not want to be used as guinea pigs for the testing of contraceptives, or as dumping grounds for products that have been banned elsewhere. The Dalkon Shield IUD was responsible for at least 17 deaths in the

* This information was told to a member of Women's Health Interaction by the women of Bangladesh.

women and delinquent teenagers.

Sterilization has been used as a method of population control in Third World countries in an indiscriminate and unethical manner. Women are sterilized without their consent or under extreme pressure. Powerful incentives, such as money or food, are used to lure women into having their tubes tied, or into using Depo-Provera or IUDs. In Bangladesh, women have been known to remove their IUDs themselves, and visit a new clinic to receive a new IUD and another "reward." Family planning workers must fill quotas of new users (e.g., two women on the Pill, one IUD user, two tubal ligations, two condoms) to draw their monthly salaries. Side-effects of the Pill, like headaches, dizziness, nausea, are glossed over or ignored by officials; poverty-stricken women are told to improve their diet and take lots of cold showers. Tubal ligations are often done in a brutal manner -- with the doctor cutting before the local anaesthetic has taken effect -- and leave women with chronic pain and swelling of the abdomen. These women have little or no access to health care although they have plenty of access to contraceptives.

In a country where children are often a couple's only form of wealth, and where childlessness is considered to be the worst fate that can befall a woman, forced contraception and sterilization becomes a new form of oppression. The women of Bangladesh want to be free to have the children they choose; they are the counterpart to our own struggle for access to safe and effective contraception, and the right *not* to have children. In both societies women do not enjoy control of their bodies and fertility.



U.S., and hundreds of cases of pelvic infections, blood poisoning and perforations of the uterus. With sales prospects looking more and more bleak, the manufacturer, A. H. Robins Co., offered the shields to U.S. AID at 48% off. The shields came unsterilized and, adding immeasurably to the risk of infection, only ten inserters were provided for every 100 shields and one set of instructions for every 1000.³ By 1974 the Shield was banned for use in the U.S. and in 1975 U.S. AID had to recall the IUDs, by which time an estimated 440,000 women were already using it.

Depo-Provera, an injectible three-month contraceptive, is used extensively in Third World countries despite the risks of cancer and sterility, and the damaging side-effects, described by one doctor as "menstrual havoc." It is banned for use as a contraceptive in North America, although it is known to have been used on such target groups as mentally handicapped

In other parts of the world, such as West Africa, women have little access to modern contraceptives, although traditional herbal methods of birth control are used. In countries where "population control" is not a government priority, where in fact it is looked upon with some suspicion, the dissemination of birth control methods and information is largely dependent on individual initiatives. For many women, birth control is secondary to other concerns: economic independence, access to adequate health care. As one woman put it: "only if you can maintain the health of the child can you ask a woman to practice family planning."

It is important for Western feminists to recognize the diversity of women's needs and the many different ways in which women's bodies and reproductive capacities are controlled around the world. Women in Bangladesh and other countries are organizing themselves to regain some autonomy and power over their own lives. We can offer each other mutual support and solidarity, by identifying our common struggle and recognizing our differing needs. Neither the politics of "population

control" nor the priorities of drug companies, the medical establishment or the advocates of high-tech contraception must take precedence over women's right to control their own reproductive processes.



Notes:

- 1- Mass, Bonnie, **Population Target**, Charters Publishing Co., Brampton, 1976, p. 61.
- 2- Greer, Germaine, **Sex and Destiny: The Politics of Human Fertility**, p. 326.
- 3- "The Charge Genocide: The Accused the U.S. Government", by B. Eirenreich, M. Dowie, S. Minkin, in **Mother Jones**, Nov. 1979, p. 28-29.

Male Sex Selection in India

by Sherry Galey



Between 1978 and 1983, 78,000 female fetuses in India were aborted

after amniocentesis. Introduced in 1973 and used by rich and poor alike, it is welcomed by women who fear the economic and social consequences of bearing too many female children. Poor women reason that it is better to spend money for the test upon pregnancy than be forced into financial ruin to pay for a daughter's dowry upon marriage.

This practice is justified by government and private practitioners alike as a population control measure. Women in the Third World have always been the victims of population control policies that have often caused them serious harm. (See **For Whose Benefit:**

Third World Women and Contraception elsewhere in this issue.)

Advocates of population control cash in on values that treat the birth of a daughter as a great calamity and perpetuate this modern method of killing female fetuses on a large scale.

India has a tradition of female infanticide. In the past, female babies were killed by putting opium on the mother's nipple. These days the disproportionately high infant mortality rate among females is brought about by malnutrition and neglect.

Female infanticide is part and parcel of a patriarchal culture that accords status and value to men and treats women as inferior beings. Women are subject to discrimination in all facets of life including nutrition, health care, education and employment. Upon marriage, a woman's parents must provide a dowry to the husband and if it is not felt to be adequate, the bride can be harassed. In extreme but not infrequent cases women have been doused with kerosene and set ablaze -- the infamous "bride-burnings." So little is a woman worth that men have to be paid to take her off her father's hands. So little is she worth that her life is less valuable than the property she brings with her.

It is within this context that male sex selection must be understood. Women use the technology promoted and sanctioned by patriarchal state and medical establishment. They "choose" amniocentesis and abortion, not freely, but to protect themselves from real social and economic conditions that make bearing sons imperative and bearing daughters dangerous.

The issues are not simple. Our responses cannot be simplistic.

Pre-Natal Technology: The Hidden Cost to Women

by Sherry Galey

This article looks at the technology used in pre-natal screening and diagnosis and illustrates some of the hidden costs inherent in the interventions that most have come to believe are beneficial to women.

Ultrasound visualization and amniocentesis are two of the most common interventions in pregnancy. Many women believe that they increase the range of reproductive choices open to women by providing information that will improve the chance of giving birth to a healthy baby. There is no doubt that this has been the experience of many women, but it is important to raise some of the problems that are rarely discussed -- the negative consequences of pre-natal diagnosis and screening. Much of the information in this article was presented by Diane Patychuk, Diane Beeson and Ruth Hubbard at the Conference on Reproductive Technology sponsored by the National Association of Women and the Law in Ottawa in late February.



Ultrasound and amniocentesis are both used to detect fetal disorders. In ultrasound visualiza-

tion, or sonography, high frequency sound waves are used to make a picture on a screen of the fetus inside the womb. This technique is particularly useful in the detection of gross anatomical abnormalities and neural tube defects like Spina Bifida. It is also used to confirm the pregnancy and date of delivery, to diagnose twins, placenta praevia, and to give a continuous assessment of fetal growth. It has been used widely in the last 8 years in pre-natal care and is assumed to be safe.

Amniocentesis is performed by inserting a needle into the abdomen of a pregnant woman (under local anaesthetic) and withdrawing a sample of the amniotic fluid from the sac surrounding the developing fetus. The cells are then artificially cultured and analyzed for chromosomal disorders like Down's Syndrome. This procedure can currently detect about 100 genetic diseases and syndromes. Usually done between the 16th and 20th week of pregnancy, results are known in time to proceed with an abortion before the end of the second trimester (24 weeks). Risks related to the procedure include miscarriage (1 - 1.5%), bleeding, infection, abnormalities like club foot or dislocated hip and breathing difficulties at birth.

Safety

Although eighty per cent of Canadian women will have an ultrasound during pregnancy, there have been no long-term studies to establish its safety, and bodies such as the Society of Obstetricians and Gynaecologists of Canada have repeatedly warned that ultrasound should not be used on a routine basis. It took twenty years before epidemiological studies linked pre-natal X-rays to the production

of leukemias and cancers and there is no reason to think that the health risks of irradiation with ultrasound can be evaluated any more quickly. Ruth Hubbard, writing on the topic in **Test-Tube Women** (see elsewhere in this issue for a review) questions the progressiveness of a health measure that exposes large numbers of healthy women and fetuses to unnecessary ultrasound in the hope of detecting a relatively small number of problem pregnancies.



World Health Organization; provided by Frieda Forman, OISE

Loss of knowledge

Ultrasound is seldom 100% reliable, it offers only pretensions of certainty, yet women trust it because of the mystique of objectivity built up around technology. It is just one of the many tests, investigations and interventions that women submit to on the assumption that they will guarantee a safer pregnancy and childbirth. But ultrasound images are open to misinterpretation and may cause unnecessary worry to the pregnant woman or lull her into a false sense of security. It is now often used as a substitute for experienced judgement and threatens to undermine women's confidence in their intuitive knowledge and ability to have a normal, natural pregnancy and birth. It also has the potential to deprive doctors and

midwives of the skills of manual diagnosis.

Loss of control over pregnancy

Diane Patychuk has done extensive critical work on ultrasound and she contends that its greatest danger may not be to the fetus but to women. "The adverse effect of ultrasound will be a loss of control not only over pregnancy but over our lives during pregnancy" says Patychuk. A technology that allows a "real-time" picture of the fetus has brought with it the medical profession's tendency to objectify the fetus and establish norms for its growth, development and behaviour. By making it easier for doctors to argue that every fetus is at risk, it provides justification for restrictions on maternal behaviour and more invasive medical management of pregnancy. Patychuk says the day may not be far off when women will be told that to have healthy babies they must stay at home, safely out of the work force and away from all potential dangers to the fetus. She tells of pregnant women who were required to alter their work and personal life to satisfy medical over-reactions to suspicious ultrasound data that turned out to be "irrelevant, wrong or unimportant".



Personalizing responsibility

Women who are genuinely concerned about the health of their babies can be easily manipulated. Technology helps to perpetuate the myth that by changing behaviour or undergoing tests, a woman has the power to prevent most health risks to the fetus. Women who decline interventions are often subject to an enormous burden of guilt.

According to Hubbard, a major danger of genetic screening is that it "focusses our attention on genes at a time when environmental hazards are on the increase". The onus can be taken off industry and government to investigate and act on other potential causes of birth defects like toxic waste sites, environmental catastrophes and health hazards.

Patychuk adds that women's action to protect their pregnancies from risk is supported as long as it remains in the individual realm and does not extend to challenging industry to eliminate reproductive hazards.

Fetal fascination and social control

The new technologies make it easier to see the fetus as a separate person and thus endow it with rights distinct from those of the mother. As Hubbard points out, the language of rights of the unborn - which translates into the obligations of the born - is really a language of social control. In the case of a conflict, there are increasing numbers, who, like lawyer John Robertson, would argue that the state should intervene to protect the fetus:

the mother has...a legal and moral duty to bring the child into the world as healthy as

is reasonably possible...Once the mother decides not to terminate her pregnancy, the viable fetus acquires rights to have the mother conduct her life in ways that will not injure it...obligations may require her to avoid work, recreation and medical care choices that are hazardous to the fetus. They also obligate her to allow established therapies to be performed on the affected fetus.

Hubbard fears this trend and argues that,

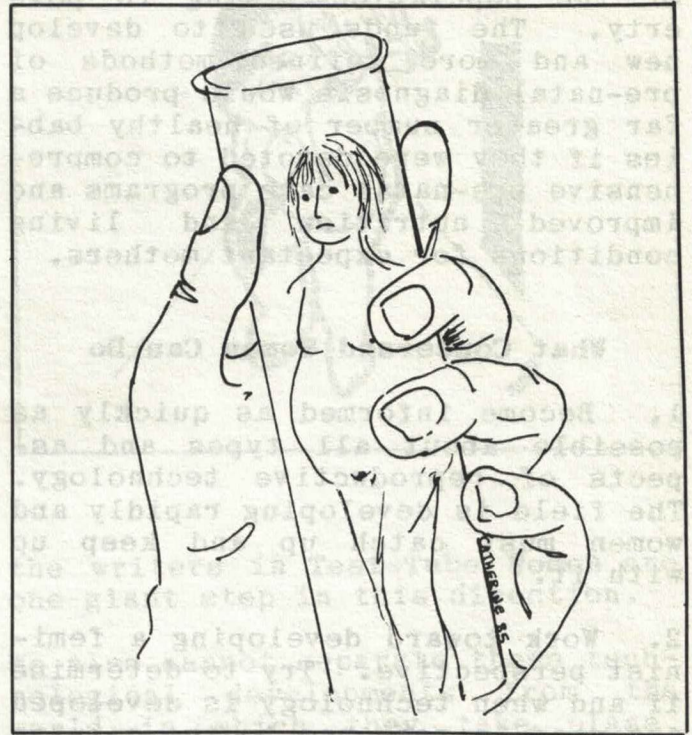
a wanted fetus is as much a part of us as any part of our body. Of course women should have the means to take proper care of it as part of caring for themselves, but a fetus does not have separable rights until it is a separate person.

Ultrasound has laid the technical basis for fetal therapy (in utero surgery) and may have led medicine finally to the perfect, most submissive patient. One of the field's pioneers describes the developments this way:

the fetus could not be taken seriously as long as he remained a medical recluse in an opaque womb; it was not until the last half of this century that the prying eye of the ultrasonogram rendered the once opaque womb transparent...Treatment of the unborn has had a long and painstaking gestation; the date of confinement is still questionable and the viability uncertain. But there is promise that the fetus may become a 'born again' patient.

When the fetus is a patient with rights to medical attention, the

pregnant woman can be treated as the "fetal environment" and may lose her right to make decisions affecting her own body. Cases have already occurred in the U.S. where women have given birth in hiding to avoid court-ordered Cesarean sections in the 'interests of the fetus'.



Unequal benefits

Critics like Hubbard question the sanity and equity of pouring huge sums of money into technologies that benefit only a few. The fact is that pre-natal screening and diagnosis will prevent the births of some disabled or sick babies. But most will continue to be born.

Only a very small proportion of the population have genetic disorders. Many birth defects still cannot be predicted or prevented through genetic screening.

Hubbard cautions against exaggerating our concern with genetic

risks while neglecting or downgrading the all too prevalent risks in our environments and life situations. It is decreases in these risks that will really benefit the majority of women. The high infant mortality rate in the U.S. and Canada is due, not to genetic defects, but to the high proportion of the population living in poverty. The funds used to develop new and more refined methods of pre-natal diagnosis would produce a far greater number of healthy babies if they were devoted to comprehensive pre-natal care programs and improved nutrition and living conditions for expectant mothers.

What Concerned Women Can Do

1. Become informed as quickly as possible about all types and aspects of reproductive technology. The field is developing rapidly and women must catch up and keep up with it.

2. Work toward developing a feminist perspective. Try to determine if and when technology is developed and used in response to the genuine needs of women. Be alert to the interests of male-dominated science, business, medical profession and the state.

3. Expose the contradictions between ideology and practice. Place the responsibility where it belongs -- with those who have the power. Challenge the interests promoting and supporting the new reproductive technologies to extend their professed concern for the health of mothers and babies to:

those already living; through the expansion of child care services and provision of better support for families of disabled children

the unborn; by decreasing health risks through environmental clean-up and stricter regulation of industry, serious steps to reduce poverty and support of comprehensive pre-natal programs

4. Oppose strenuously any attempts to endow the fetus with rights distinct from those of the mother. Support the conditions that make it possible for women to freely elect or refuse abortion or treatment.

5. Support efforts to demedicalize pregnancy and childbirth through the midwifery movement, for example.

It is that life-force in women which men have always sought to control. How powerful we have always seemed; we who can bleed regularly and not die; we who can grow another human being inside our bodies. For many women it is the only experience of power they will ever have. And men have coveted that last of powers. Men's myths have continuously expressed their fear, awe and envy of it, and they have repeatedly tried to control it. They renounced the midwives and made a profession out of studying women's bodies; they frequently express their anger, resentment and hatred of women through violence against our bodies; they have controlled and regulated our choice with respect to our bodies, controlling contraception, controlling abortion. Now with the possibilities offered by technology they are storming the last bastion and taking control of conception, foetal development and birth.

(Robyn Rowland, in *Test-Tube Women*, p. 363)

Test-Tube Women:

What Future for Motherhood?

Edited by Rita Arditti, Renate Duelli Klein, and Shelley Minden
Pandora Press, 1984

reviewed by Deborah Gordon

"Test-tube babies," "artificial insemination," "frozen embryos," "prenatal screening," and "sex selection" are some of the new reproductive technologies that Arditti, Klein and Minden critically examine from a feminist perspective in this anthology. At first glance, the editors discern, these technologies seem to offer some women, at least, freedom of choice: the choice of having a wanted child or a 'normal' child or a child of the preferred sex. But, as these editors are quick to point out, women cannot choose freely in a society where the right to choose must be bought.

For example, in the case of in vitro fertilization, women who are eligible for the procedure have to be in a heterosexual relationship, preferably married, and must provide guarantees to the scientific fathers that they will bring up their children with a father, biological or not, in residence. In other words, in vitro fertilization is not available to single women, lesbians, poor women, etc.

Arditti, Klein and Minden emphasize in their introduction to **Test-Tube Women** that each time a new technological development is applauded, women must ask the question: Is this liberation or oppression in a new guise? To answer this question it is clear that we need to penetrate the relative secrecy in which these technologies have developed. Indeed, the information, opinions and experiences of

TEST-TUBE WOMEN

WHAT FUTURE FOR MOTHERHOOD?



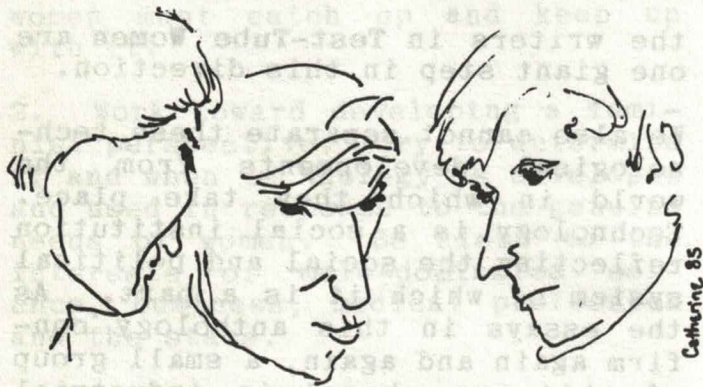
the writers in **Test-Tube Women** are one giant step in this direction.

We also cannot separate these technological developments from the world in which they take place. Technology is a social institution reflecting the social and political system of which it is a part. As the essays in this anthology confirm again and again, a small group of white men based in industrial countries, supporting, funding and controlling science and technology worldwide are not objective and politically neutral. They have not, as they claim, been driven to the petri dish by the simple, benign motive of helping infertile people.

When women become victims of infertility by Depo-Provera or IUD's, exploited as surrogate mothers, sterilized without their consent, and denied access to the technology because of their class, race or sexual orientation, it is clear

that these reproductive technologies are not in women's interests. Past performance of the male experts in the fields of contraception and sterilization, and the present practice of removing eggs from women's bodies in the procedure of in vitro fertilization are positive proof of this.

In "Refusing to Take Women Seriously: 'Side Effects' and the Politics of Contraception," Scarlet Pollock documents the fact that contraceptive research and the distribution of contraceptive methods are based upon male-centered versions of sex. The goal of government, pharmaceutical and medical organizations is to develop and distribute contraceptives which are most likely to prevent pregnancy while least likely to interfere with men's enjoyment of heterosexual intercourse.



Adele Clarke, in her article, "Subtle Forms of Sterilization Abuse: A Reproductive Rights Analysis," demonstrates how numerous sterilization techniques, which ostensibly give women more control over our bodies, are essentially abusive. When women are not informed about the permanence of sterilization or not given access to other methods of controlling their reproduction, such as abortion, then sterilization is not a positive option for women, but,

according to Clarke, a technology which is subtly abused by the medical establishment at women's expense.

In "Egg Farming and Women's Future," Julie Murphy points out that reproductive technology challenges women's biological connection to our eggs by seizing control of the release, fertilization and reimplantation of eggs in women's bodies. She forecasts: "Women will be forbidden to keep our eggs out of circulation in patriarchy. Birth, administered by reproductive technology, will be the rule, and abortion the exception. Women will not be allowed to not use, to destroy, our eggs."

Given this information, it is not surprising to understand why our benevolent fathers of technology give legitimacy to their intrusions in women's reproductive lives by focusing on the desperation of women who are unable to have children in the natural (biological) way. There is so much of the truth to hide, as Janice Raymond discloses in her essay, "Feminist Ethics, Ecology and Vision." These men of science do not discuss the fact that so many so-called infertile women are in this condition due to past technological and medical mistakes.

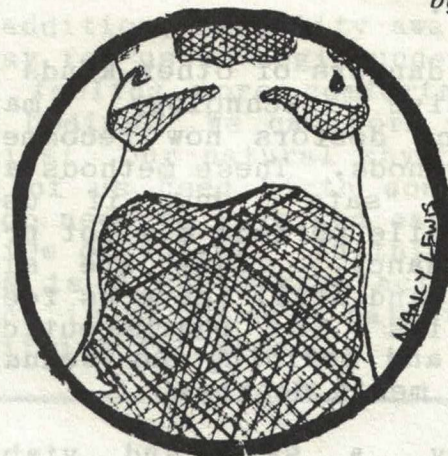
What can we do about the risk of being subjected to a variety of these technological controls? Will we witness the use in humans of what the media refer to as 'designer genes,' artificially created genes inserted into embryos according to someone's idea of improving the human race? Will women confront a new series of genetic tests and procedures during pregnancy? What can we do to protect ourselves against technological abuse?

Arditti, Klein and Minden begin to answer these questions by asserting that knowledge is power. Making available women's ideas, experiences and information in **Test-Tube Women** is, in their eyes, a way to make women wary and skeptical of the new developments in reproductive technologies. Perhaps the next time we are faced with a male expert we will question his motives and look at what we ourselves want and need. But, as these editors emphasize, individual action is not enough. Reproductive technology is not only a personal issue. The editors of this anthology advocate pooling our efforts and building an international feminist network that will monitor, raise consciousness and organize around the new developments in reproductive technologies and their implications for women's lives. "Biology need not be destiny," these editors prophesize, "Female biology, one day, might mean choice, real choice--in a world in which women's different needs, interests, and experiences are recognized and validated."

Test-Tube Women is a fascinating and eye-opening book, which I highly recommend. It is an excellent overall survey of the many different reproductive technologies currently being developed and affecting women's lives. The integration of concerns, experiences and perspectives of both Third World and North American women gives this book more of a global view of women's lives. As well, the simple and clear language used in **Test-Tube Women** to explain such technical procedures as in vitro fertilization makes the information in this book more accessible to a greater number of women. As women who are the targets of technological change, we well know the urgent necessity of making the cautionary words of wisdom in **Test-Tube Women** as accessible as possible.

Women's Sexuality and Fertility Awareness

by Nancy Lewis



Our reproductive systems have long been controlled by the medical profession, usually in ways that are physically harmful. Doctors discourage us from diagnosing and curing ourselves; understandably, since their livelihood depends on us. However, we can learn about our bodies and often take care of simple problems ourselves. Many women's health books describe natural cures for routine problems like vaginal infections.

In particular, our fertility has been regulated in dangerous and unnecessary ways. Contraceptive technology did not liberate us in the way we thought it would. Once hailed as "the answer", the Pill, the IUD, and most other kinds of artificial birth control have turned out not to be completely "safe" or effective.

The ones who benefit from these technologies are not primarily women, but pharmaceutical companies, who make incredible profits from their sale; doctors, who fill our requests for birth control with a minimum of time and effort (except for those endless trips about vaginal infections, one of the more banal and annoying side

effects of use); and men, who gain sexual access to women any time with no worry, effort, or cost to themselves.

Given the dangers of other kinds of contraceptive technology, many clinics and doctors now recommend barrier methods. These methods are physically "safe", but if used during fertile periods may not prevent pregnancy. They are also expensive, and still leave us feeding profits to pharmaceutical companies and defining our sexuality around men's desires.

Fortunately, a safe and viable alternative exists. We are fertile for only a few days each cycle. Our bodies provide us with signals which, once we learn to recognize them, tell us when we are fertile, and when not. Once we have this information, we can achieve or avoid pregnancy naturally and safely, and can quickly recognize infections and other problems when they occur.

Using fertility awareness as a method of birth control requires considerable periods of abstinence from intercourse; in my case, about half the time. However, it is important to stress that this does not mean abstinence from sex. There are plenty of other pleasurable things we can do with our partners while avoiding intercourse. Since most women do not experience orgasm as a direct result of intercourse, a more satisfying sex life could be the result of using fertility awareness as birth control.

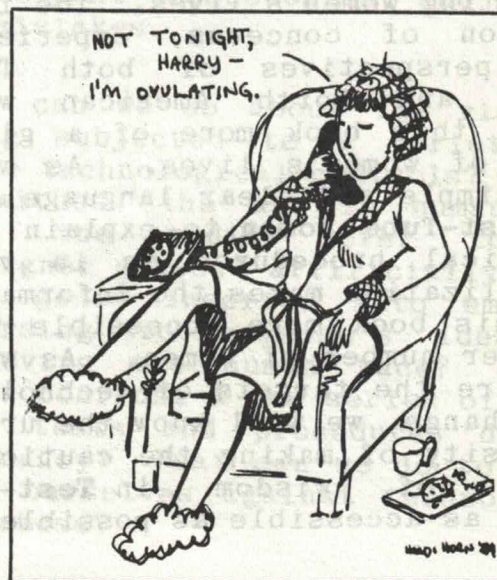
The method I find most convenient is the ovulation or Billings method, which Margaret Noz finger describes well in her book *A Cooperative Method of Birth Control*, available from Planned Parenthood of Ottawa. The method

is easy to learn and use and will work for most women. I like it because it takes profits away from drug companies, power away from doctors, and lets men know that women are no longer constantly available for sex on their terms.

As a feminist, I recognize that our struggle must proceed on many fronts. I realize that fertility awareness cannot solve many of the problems we face, such as the prevalence of rape, pornography, violence against women, and so on. Rather than targetting these societal problems, fertility awareness aims at our personal lives, our bodies, and our sexuality. From this personal base we can also tackle broader, political issues.

As a method of birth control, the ovulation method is not the answer for all women. Without the cooperation of male partners, it cannot work. With cooperation, it can help women and men to redefine their sexuality in healthy ways.

Most birth control makes it "safe" to engage in intercourse at any time, but does not challenge the equation of "real" sex with intercourse. The ovulation method reminds men that intercourse is not



the only mode of sexual expression. It forces them to take responsibility for their sexuality. It requires them to take an active and informed role in birth control decisions.

For women, the ovulation method allows us to explore sex which is not centred around intercourse and male orgasm. It gives us an alternative to expensive and often dangerous technological birth control. It takes control of our fertility out of the hands of the

medical profession and pharmaceutical companies and gives it back to us, where it belongs.

In addition, fertility awareness is a way for us to begin understanding and feeling more comfortable with our bodies. We can work with, not against, our natural rhythms. Not all of us need birth control, but we do need to love and care for our bodies ourselves. In this culture, this is a subversive act, and one which is profoundly satisfying and affirming for women.

Abortion: A Personal Story

Breaking the Silence has published this article anonymously to protect the identity of the author and her family. Writing her story took courage, and we thank her for sharing her experience with us.

Even though the events that I am about to detail happened over thirty years ago, the feelings of utter despair, anger and frustration come very quickly to the surface. I find my hands shaking so hard that I can hardly write.

In 1953, I found myself pregnant and unmarried. An abortion was out of the question because to have one was almost certainly a death sentence - a fact that I was only too familiar with, being a nurse. To prevent the 'disgrace' to ourselves and our families, we did the 'honorable' thing and got married. Five months later, and two months early, we had a darling baby girl. This meant three hour feedings around the clock, with little sleep for me.

Even though we were very careful, I quickly found myself pregnant again. Before my first baby was

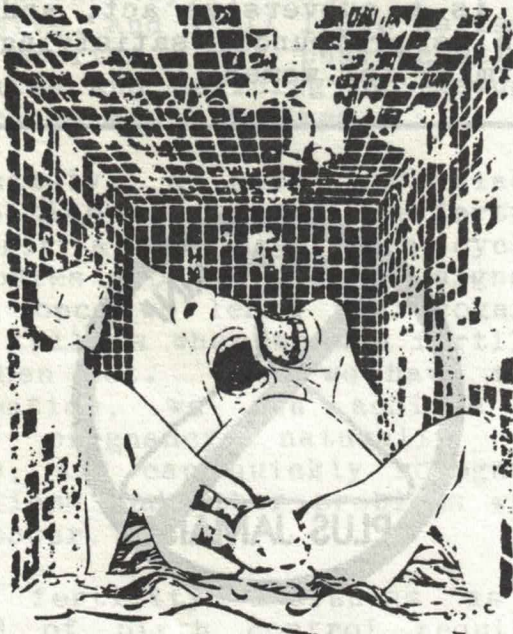
eleven months old, I had a baby boy...once again premature, once again three hour feedings. Only this time I got very little rest since as one was being put down, the other was getting up. Neither one could walk so I had two babies to carry everywhere.

I had developed back problems during my first pregnancy. The pain had become very severe as each of my pregnancies progressed, and the doctors said that surgery was a necessity "once I got back on my feet." At that point, I weighed only 92 pounds even though I am fairly tall.

My husband is Catholic and I was



trying to live within the dictates of his church concerning birth control. But my health problems had caused my periods to become very irregular, making the rhythm method totally useless. My doctor advised me to use a more reliable method. I had already had two unwanted pregnancies in quick succession, and I knew my future probably held many more unless I did something.



I tried talking to my husband. To him, there was no problem...he believed one simply accepted how ever many children came along. Besides, why had I got married if I didn't want children? My parents were also unsupportive: "You have made your bed, lie in it." Finally I went to the priest. His answer? "You are young, this is God's will. Come back when you have four or five." He also offered to send a girl to babysit so I could go to classes on Catholic doctrine!

Well, the inevitable happened and within three months I was pregnant again - my third pregnancy within 17 months. To my obstetrician, I was 'fertile Myrtle,' laugh, laugh. I was really depressed. No

one cared about how I felt, so early one morning I went down to the river. I couldn't even commit suicide because who would take care of my babies?

My experience as a nurse had shown me that therapeutic abortions were virtually never granted, no matter how warranted the circumstances. The only abortions available were performed by 'back-street butchers.' I was afraid to go to one of them because a friend of mine died that way.

As time went on, the constant nausea and the never-ending tiredness made me decide to abort myself. At least I knew sterile techniques, and I figured I'd rather die by my own hand than those of some butcher. Besides, if I died, could the hereafter be any more of a hell than the one I was living now? If I couldn't cope now, how could I possibly care for another baby? Household and babies were strictly 'mother's domain', so my husband 'slept like a baby' while I was up most nights tending 'mine.'

So one day I dressed my two babies, went to the five-and-dime store, looked over all the knitting needles very carefully, and selected what I considered the proper diameter. Then I went home, sterilized them and tried to abort myself. Even though I had very strong contractions and a little bleeding for four days, nothing happened. I became very concerned that perhaps I would hemorrhage, or worse still, that if I carried to term my baby would be born deformed.

A day or two after my attempt, my daughter fell and cut her lip very badly. I had to dress the children and carry them both over a mile

through the winter cold to get to the doctor's office. The stress of the baby's injury had made my contractions get really bad. I sat in the waiting room with sweat running down my spine from the pain. I didn't dare ask the doctor to examine me too. I was afraid he would tell my husband, or even call the police.

After about a month of continuous spotting, I aborted spontaneously. The bleeding was quite heavy and the contractions were on par with full-term labor. I was alone with my babies when it happened, but I was afraid to go for help in case someone discovered my 'sin.' Afterwards, I checked carefully to make sure I hadn't retained any of the afterbirth. Then I told my doctor and my husband that I had miscarried.



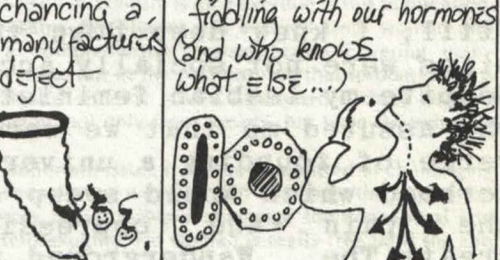
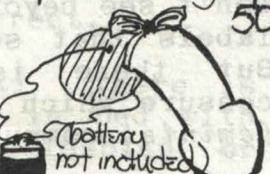
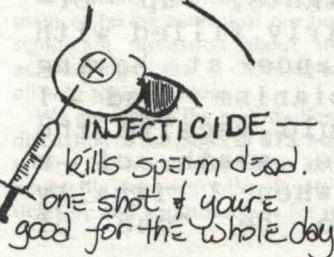

In desperation, I began using a diaphragm, but couldn't use the proper amount of contraceptive foam in case my husband found out.

Within fourteen months of my abortion, I delivered another baby girl. Five months later, when I

went in for my kidney surgery, a therapeutic abortion was performed because I was pregnant again! Five years, five pregnancies, all unwanted at the time. After remaining two months in hospital, I had a complete breakdown. I lost two years out of my life and that of my children. In the back of my mind, I thought I was being punished.

Even though this period in my life was very traumatic, I have never regretted for one moment what I did. It still makes me very angry that I had to be pregnant against my will and that any recognition of me as a living, feeling being was totally ignored. That was the plight of a great many women of that time. One woman I knew in the country had 27 living children (and 18 miscarriages). Her reward? A diamond ring from the premier!

When I got home from the hospital, I stood in front of the mirror and took stock of myself and my life. I made a solemn vow that never, never again would anyone or anything rule my life, and it hasn't. Behold, the birth of a feminist!

<p>THE THINGS WE DO FOR SEX WITH MEN</p> <p>some current contraceptive choices...</p>	<p>gopping up our insides with spermicides (EVERY cervical lining should have some!)</p> 	<p>chancing a manufacturer's defect</p>  <p>the infamous treacherous IUDs</p>	<p>fiddling with our hormones (and who knows what ELSE...)</p> 
<p>AND SOME TIMELY ALTERNATIVES...</p> <p>VERY EFFECTIVE, and no more barbaric!</p>	<p>THE ELECTRIC PETER-HEATER — reduces sperm count by up to 50%</p>  <p>(battery not included)</p>	 <p>INJECTICIDE — kills sperm dead. one shot & you're good for the whole day!</p>	<p>CASTRATO-CLIPS</p>  <p>attaches easily to his vas deferens.</p> <p>NOTE: discontinue use if irritation results.</p>

FROM A GRAPHIC BY HEIDI HORN

Lately, I've been talking a lot about sex. Oh, you think that's no big deal, that everyone talks about sex all the time. Not so -- not your feminists. Feminists talk about sexual liberation, sexual violence, and sexual theory, but seldom about good-old-dyed-in-the-wool, roll-in-the-hay sex.

When I was coming out four years ago, my biggest worry was that I would instantly go from being a privileged heterosexual to an oppressed lesbian and I wasn't sure that I could cope with that. I wasn't exactly certain what form that oppression would take but I had grown up in a straight world which had always reinforced the fact that to be lesbian was to be deviant. At my grandmother's knee I had been warned to beware of public washrooms where I would be a) drugged and kidnapped by white slave traders or b) accosted by "strange" women who would have their way with me. Well, despite all the hours I've subsequently spent in public washrooms (peeing), my grandmother's fantasies have never come true. I guess I wasn't white slave trade material and the closest I ever came to being accosted was by a woman who had left her purse in a locked cubicle and was wondering if I had a dime!

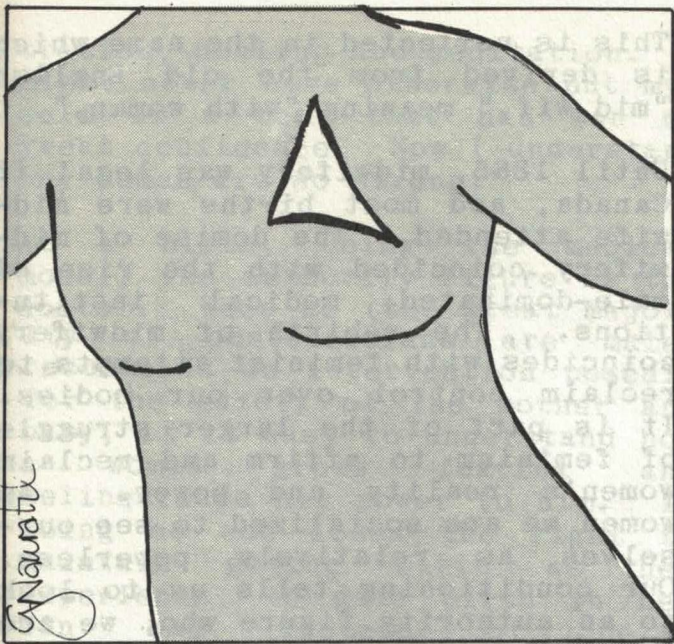
Still, I knew deep down that lesbians were not socially acceptable, despite my lesbian feminist friends who assured me that we were on the verge of founding a universal sisterhood which would sweep away all the pain and oppression and create **The Wanderground** in our life-time (dim lights, up orchestra). I was fairly filled with my own self-importance at having "dis-covered" lesbianism and I expected that I would receive the full brunt of the wrath of a patriarchal world when I finally declared myself to be "one of

Some of my best friends are ...

by Liana Wadsworth

them." Of course, that didn't happen. I was still white and middle class and still operating from a position of privilege in this society. Yet, I still kept waiting for this thing called oppression to occur. And then, one day, it did. But, surprise, surprise, it wasn't the straight world that was on my case. It was my *feminist sisters*.

Don't get me wrong. We are still oppressed in all the good old-fashioned ways. We still lose our children in messy court battles and sometimes lose their affection when they discover that mom is "queer." And we get raped and beaten by men who make jokes about our sexuality and who can't imagine that women can be emotionally and sexually satisfied with and by each other. And we are still killing ourselves because we can't get help from a psychiatrically abusive system that won't see beyond our sexuality, and labels that sexuality as deviant. But there is another sort of censure which is laid on us by the *feminist community*.



In the past four years I have been fired from my job at a supposedly feminist transition house for refusing to compromise my radical lesbian feminist politics. I have also been part of a child-care collective which eventually dissolved in unresolvable bitterness. I have watched feminists -- both lesbian and straight -- lash out when they feel that they are losing power over a situation. I have heard straight feminists pay lip service to lesbianism as long as we do not express anger or frustration with men as long as our lesbianism is an intellectual theory only.

And I have seen lesbian feminists reject any discussion of power in sexuality, any discussion of roles or power fantasies as non-feminist (read morally repugnant). Feminists seem to want us all to have what lesbian writer Amber Hollibaugh has described as a "neutered sexuality" -- a sexuality of the politically correct.

Well, I don't buy it! There is always a third party in bed with you whether you be lesbian or

straight -- and that third party is called power. The struggles between lesbian lovers may be different than those between heterosexual lovers but the struggles are there just the same. We can run scared from power or we can explore it in whatever ways and with whatever women we feel comfortable. We can work towards a new sexuality for all women or we can immerse ourselves in lesbian elitism where we see ourselves as the final rung on the sexual evolution ladder -- ultimate feminists.

So, after four years, I now know more about lesbian oppression than I ever wanted to know and I can't believe that I was as naive as I was back in those coming out days. And yet, I have discovered so much about myself and believe more strongly than I ever did that being a lesbian is all about exploring a part of me that has never been allowed to surface.

The oppression continues but so does the joy and the support of close feminist friends of both persuasions -- and, of course, there's the sex! If you ever want to talk about it, come up and see me some time!

Breaking our Silence on Lesbianism

Breaking the silence on lesbianism is long overdue in this publication. The focus of **Breaking the Silence** has evolved from women and social policy to a comprehensive newsmagazine covering many women's issues, but it has not in the past ensured that lesbians have a voice. We recognize that specific groups of women such as lesbians have been marginalized, not only from society, but from the women's movement as well.

Lesbianism is an important issue. If we are committed to challenging the oppression of women, then we must also challenge the oppression of lesbians. Be simply being, lesbians challenge the conceptual and social norms of heterosexuality. No woman is really free until she can freely choose to be a lesbian.

In planning this theme issue, the importance of lesbianism as a statement of taking control of our bodies was drawn into sharp relief. No significant discussion about such control can be held, without acknowledging that in choosing to be lesbians, some of us step beyond all safe social sections.

We appreciate the contribution by Liana Wadsworth in bringing the discussion to the pages of **BTS**. Many issues remain to be addressed pertaining to lesbian oppression and invisibility. Future editions will undoubtedly deal with other facets of that choice, and we welcome articles by and about lesbians for publication.

Midwifery: A Feminist Issue

by Carolyn Sinclair
& Cathy Cameron

Pregnancy and giving birth are experiences unique to women, and yet in Canada today most women give birth in delivery rooms which are presided over by men, in hospitals largely run by men, with techniques (even many of the so-called natural childbirth breathing techniques) developed by men. Underlying the standard medical approach to childbearing are the assumptions that pregnancy and birth require medical management; that the doctor and not the woman herself knows best; that doctors not mothers deliver babies and that pregnancy and birth are processes involving only the female reproductive organs.

This medical model of birthing is sanctioned by our male-dominated legal system - a system which gives doctors exclusive rights as birth attendants. Canada is the only Western country with no legal provision for midwifery care. However, there are growing numbers of women who are choosing to birth with the support of midwives and loving friends, usually in their own home. As Eleanor Barrington describes in *Midwifery is Catching* they are "accomplishing birth in (their) own unique way, in (their) own time."

Midwives understand that women want and have the right to be active givers of birth, that pregnancy and birthing are normal, healthy processes in many women's lives, and that these processes involve the whole woman - her body, mind, and spirit. The midwife's work is with women, giving "continuous care, holistic care, preventative care and individualized, family-centred care" (*Midwifery is Catching*).

This is reflected in the name which is derived from the old English "mid wif," meaning "with woman."

Until 1865, midwifery was legal in Canada, and most births were midwife attended. The demise of midwifery coincided with the rise of male-dominated medical institutions. The rebirth of midwifery coincides with feminist attempts to reclaim control over our bodies. It is part of the larger struggle of feminism to affirm and reclaim women's reality and power. As women we are socialized to see ourselves as relatively powerless. Our conditioning tells us to look to an authority figure who, we are told, has superior knowledge to take care of things and to make our decisions for us.

Midwifery as a practice, shares with feminism a collective, non-hierarchical approach. There is no possessive monopoly on expertise. Rather, there is a sharing of knowledge and skills and a building of trust and confidence between midwives and their apprentices. In addition, prior to and during birthing there is extensive sharing of information with the pregnant woman and her partner, or birth attendants, so that they have adequate information and can take part in making responsible decisions. The role of each participant at the birth is respected, and considered as an integral part of the whole.

Childbearing is an intense experience. Part of its power lies in the strong birthing energy that takes over and operates independent of the woman's will and academic knowledge. Part of its power lies in its potential to be a "source of inner renewal and celebration" and an opportunity for women to discover their strength and wisdom. As Eleanor Barrington recalls in *Midwifery is Catching*, "I discovered my own powers of concen-

tration, healing and meditation. I might never have otherwise put myself to a test that has won me great confidence. Now I understand why women are so strong."

At a birth, using the medical model, the authority figure is the doctor. When he (the great majority of obstetricians are male) recommends an intervention posedly for the safety of the mother and baby, it is easy to understand how a woman grows fearful and relinquishes her power to him. In doing so she loses the right to maintain giving birth as her experience, to give birth in her own way instead of being delivered. There is extensive literature documenting that one medical intervention generally leads to another, and that use of unnecessary medical interventions pose greater risks than allowing birth to proceed in its own natural rhythm.

Sheila Kitzinger spoke about the unequal power of obstetricians in her speech at the First International Congress on Pre- and Peri-Natal Psychology in Toronto July 8 - 10, 1983: "Power", she said, "is invested in those who control the territory. Patients are temporary and subordinate members of a highly organized hierarchical and bureaucratic medical system."

The midwife believes in a woman's capability to birth and in nature's tendency to steer towards health. She encourages a woman to tune into her own ancient rhythms, to let go of her fears and her need to remain in control, to surrender to what one woman described in Claudia Panuthos' book, **Transformation Through Birth**, as her "deep body knowledge of how to give birth". Because power struggles between women and midwives do not arise, as

they often do with doctors, the labouring woman is more free to let go her control over the birthing process and she is more likely to open herself to birthing her baby.

Many feminists and anthropologists feel that men have always feared and envied "women's exclusive power in childbirth" (Suzanne Arms, **Immaculate Deception**). The history of man's medical intervention in the birth process is his attempt to usurp that power from women. With rare exceptions, women who have been delivered according to the medical model report a sense of loss and a belief that "they have missed the most profound experience of their lives" (**Immaculate Deception**).

Those who believe in the medical model, which is generally accepted as reality in our society, do not acknowledge the emotional, sexual, and spiritual experiences of the woman in childbirth. They see her as a body, not necessarily as a human being. Furthermore they often fail to see how pregnancy and birthing involve the whole body, not just the reproductive parts. Similar to pornography, which portrays the woman as "tits and ass," obstetricians often view her as a vagina and uterus.

With such a limiting perspective it is not surprising that modern obstetric practice has involved the routine use of procedures such as episiotomies (incisions in the perineum to widen the vaginal opening). Anaesthesia further alienates women from their bodies. Women have compared episiotomies, which midwives rarely find necessary, to rape or genital mutilation.

We bring to this article our personal experience as feminists and as women who have attended several

births - both midwife-assisted homebirths and doctor-attended hospital births - in the role of support persons for the labouring woman. In addition we have spent many hours talking to midwives and other women about their birthing experiences. Many of the hospital births involved interventions of questionable need, which necessitated further interventions. Others involved a minimum of intervention. Yet in the latter for the most part it was obvious that the woman was being "allowed" to labour without these interventions, rather than encouraged to claim her right to do so.

In contrast, we have been impressed with the patience, intuition, caring and woman-centred spirit of the midwives whom we have met and with whom we have worked.

We strongly believe that the legalization of midwifery, like other

issues of reproductive choice, is essential part of our struggle for equality for women. We as women need to reclaim ourselves from the oppressive power of the medical establishment. In Ontario the Midwifery Task Force is working for the legalization of midwifery. You can contact them through P.O. Box 489, Station T, Toronto M6B 4C2.

Suggested Reading

Eleanor Barrington, **Midwifery is Catching**, NC Press, 1985.

Claudia Panuthos, **Transformation Through Birth**, Bergin and Garvey, 1984.

Suzanne Arms, **Immaculate Deception**. Bantam, 1977.

Barbara Katz Rothman, In **Labour: Women and Power in the Birthplace**, W.W. Norton and Company, 1982.

Childfree by Choice

by Ruth Olson and Suzanne Pilon

No one "explains" the women who prefer non-motherhood as strong, autonomous women able to resist coercive pressures. No one emphasizes their strengths. It is always something verging on the pathological.

Jessie Bernard
The Future of Motherhood

The decision not to have children is rarely an easy one. The reasons behind this decision are as varied as the people involved. Each of us, for our own reasons, was

interested in writing an article on women who choose not to become mothers. Hours of discussion revealed many similarities as well as many differences in our experiences and feelings.

Ruth: I am 39 years old and have been married for a total of 14 years -- eight to my first husband, who died, and six to my second husband. Although it was never my big dream in life to be a mother, I always assumed I would have kids because most people did. The choice not to have children was a gradual thing, not a sudden moment of decision.

When I observe couples who seem to have lost whatever drew them together in the first place --

psycho-logically or otherwise, the more they had to believe it was all women who regard their mates as mere work-objects, spouses so over-whelmed by the demands of family life that they have no energy left to be friends to each other -- I appreciate my relationship with my husband.

Any regrets I have about my life have to do with failed career efforts. My ambitions now are mostly along career lines, not toward motherhood.

Suzanne: Several years ago, I happened across that quote by Jessie Bernard. I cut it out and put it on my bulletin board. What she said really struck a chord with me. By my mid-twenties, I was conscious of a certain social disapproval concerning my happiness with non-parenthood.

I am now 29 years old and have been living with a man for 7 1/2 years. The decision to remain childless until now has been a mutual one, since having children has never been a priority for either of us. I feel no need to leave descendants, nor do I believe having a family will necessarily provide "security" in my old age.

Although I sometimes wonder what kind of parent I would make, and what a child of mine would look and be like, I don't feel that mere curiosity is a good enough reason for me to have children. Perhaps at some later date my decision will change. But if I never have more of an urge to have children than I do now, I won't. I expect my life to be happy and fulfilling, with or without kids.

In making this decision, it was very important for me to realize that my mother's experience with motherhood would not be mine. I am

in a more supportive relationship than she was, and I have more control over if and when I have children. Now I feel my decision is truly a positive choice, rather than a flight from my mother's experience.

For most women, not having children involves a conscious choice.



Guyton Webb

Measures must be taken to prevent pregnancy either temporarily or permanently, or to deal with an unwanted pregnancy. Improved birth control technology has enabled women to decide how many children they will have and when.

A natural extension of this control over one's own reproductive capacity should be the right to decide not to have any children at all. Ideally, this decision should be respected. Unfortunately this is not always the case.

While we feel comfortable with our decisions, we have both encountered others who don't feel at ease with our choice. Both of us have come up against the assumptions that everyone wants children, and that everyone will have them at some point. Faced with someone for whom motherhood is not a major life-goal, many people react with incredulity or denial: "How can you possibly conceive of a life without children?" or "You may think that now, but you'll change your mind later." The overall consensus seems to be that once

past child-bearing age, we'll regret not having had a family.

Ruth: At 39 I get less hassling than before from pro-natalist acquaintances. The people truly important to me have never pressured me to have children. Both my husbands would have gone along with my decision to have a child, but neither was particularly interested in parenting.

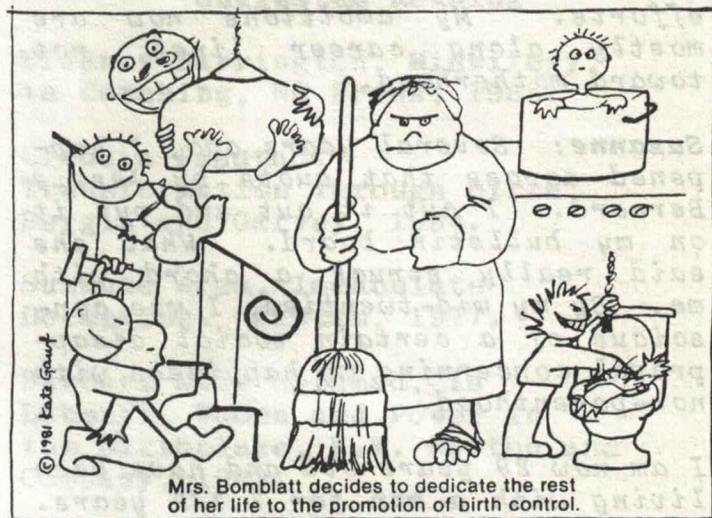
I am well aware that society in general disapproves of childfree women like me. Many people think there is something not quite nice about sex that doesn't lead to the procreation of children. Others wonder what I'm married FOR, forgetting that there are legal and social benefits involved. To some, I am a "draft dodger," failing to fulfill her duty to society. I feel that there are many other ways of being a nurturing person in society.

The reaction of some feminists has hurt my feelings more than anybody else's reaction over the years. I had always expected other feminists -- who want wider choices for women -- to support me in my decision. Instead, I find many taking the Germaine Greer stance that the mother-child relationship is the primary one, and that in turning my back on it, I have rejected the most valuable aspect of my womanhood. By not having children, I am in some sense letting down the cause.

These negative experiences have increased my empathy for others in society who meet with disapproval because of sexual preference, political views, social class and the like.

Suzanne: Most of the social pressure I feel comes from acquaint-

ances rather than family or close friends. I resent that some people presume to know what I want out of life. They imply I don't want kids because I'm out of touch with my "maternal instincts." Or, if they do take my decision seriously, I'm an aberration. People seem to need to stereotype me, and I often get the feeling that my feminism is blamed for my "abnormal" attitudes.



I also find that people assume I don't want children because I don't like children. If anything, I feel I like kids more now than I did when I was a teenager and assumed I would become a mother. People don't seem to be able to reconcile the fact that I can enjoy contact with kids with the fact that I don't want children of my own. If I show any interest in children, people automatically start trying to make me into a parent: "Doesn't it make you want to have one of your own?"

Several years ago I heard about a psychological study which showed that the more a person had to go through to join a particular group, the more likely they were to defend their membership in that group to themselves and to the world; the more they had invested,

worth it. I think this principle could apply to the "rite of pas-sage" into parenthood as well.

I have yet to hear a parent -- no matter how questionably happy with their lot -- publicly say, "Don't do it!" Does this mean that there has never been a parent who regretted having children? I doubt it. What it probably does mean is that unhappy parents don't dare admit it, to themselves or to others.

Expecting every woman with reproductive organs to become a mother makes about as much sense as insisting that everyone with legs become a runner. But with the resurgence of the New Right, membership in the "parents club" is more valued than ever.

Having children can be a wonderful, rewarding experience, but it is not necessarily for everyone. With other women who are childfree by choice, we seek to explore and develop positive alternatives to mandatory motherhood.

Ruth: When I was a little girl, my family was friendly with a middle-aged Irish Catholic couple who had no children. They were nicer to us kids than our own grandmother was, and they seemed to value our company. When they got old, they moved into a nursing home - as many old folks with kids do - but we continued to visit them until they died. I still miss them. I expect when I get old and die that I will have people who feel toward me the way I do toward them.

Suzanne: There is no reason that we can't enjoy other people's children as much as we might our own. Nor is there any reason to associate "childless" with loveless.

For further reading

Badinter, Elisabeth, **Mother Love: Myth or Reality?** Macmillan, 1981

Faux, Marian, **Childless by Choice**, Doubleday, 1984

Peck, Ellen, **The Baby Trap**, Prentice Books, 1971

Veevers, Jean, **Childless by Choice**, Butterworths, 1980

Note: The National Alliance for Optional Parenthood (NAOP), an organization founded to make non-parenthood not just a word, but an option, existed from 1972-1982, with a national office in Washington, D.C. It closed in 1982 due to lack of funding to continue programmes.

The NAOP publication "Am I Parent Material?" and several others are still available from:
ETR Associates
1700 Mission St., Suite 203
Santa Cruz, California USA
95060

NAOP's resource collection of studies on voluntary childless is at the University of Minnesota.

Contact: Dr. Gail Thoen,
General College
106 Nicholson Hall
University of Minnesota
Minneapolis, Minnesota, USA.
55455

NAOP President Marie Bernardy will maintain the organization's business records, historical documents and newsletters. Her address is:
5548 Waterman Blvd.
St. Louis, Missouri, 63112

Nurse Protests Chest X-Rays as Health Hazard

by Diane Patychuck

When you take a stand, you have to do it with the support of others. This issue is important to me and I believe it is important to other nurses - Alice Kolisnyk

Alice Kolisnyk took a stand against submitting to the yearly chest X-ray demanded by her employer, Sheridan College. As a result she has been suspended from her job and her case is now in arbitration.

According to the Public Hospitals Act, anyone with patient contact is required to have a yearly chest X-ray to screen for tuberculosis. Everyone, except of course, doctors who are not employees of the hospital.

The act is currently under review and new legislation has been drafted. Chest X-rays will no longer be required except by those who work with populations at high risk for T.B. The revisions recognize the health risks of recurrent exposure to low-level radiation. A MacMaster University medical study concluded that the harmful effects of X-rays outweigh the benefits and the Canadian Lung Association no longer recommends chest X-rays as a screening device for T.B.

Alice offered to take other tests for T.B. Several other hospitals do not enforce the legislation and two thousand people have successfully refused them.

This is reasonable given that the act is under review. Alan Borovoy of the Canadian Civil Liberties

Association likens Alice's case to conducting an execution while a parliamentary debate on capital punishment is underway.

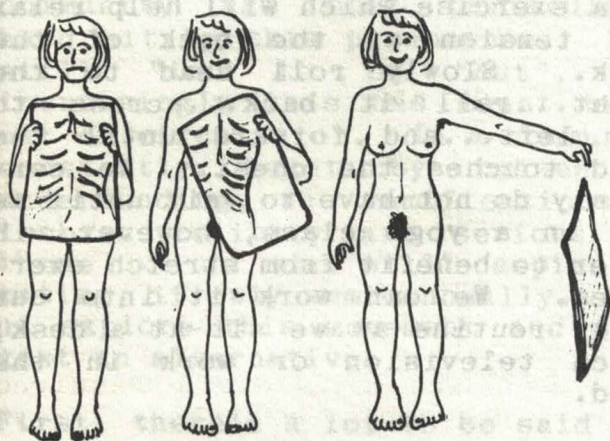
Alice may win her case but not without much suffering. She has been without a salary since she was suspended and until the case is resolved she is faced with the demoralization of the arbitration process, which her employer has vested interest in prolonging. Even if she does win her case, she may not win the battle.

Alice has considered giving up. Her friends and family support her decision to continue the fight but wonder if it's all worth it. All she would have to do to get her job back is have a chest X-ray and take the risk of increased chances of leukemia and various cancers. She believes that the principle is worth fighting for. Other public employees are also often required to have pre-employment chest X-rays and colleges and universities often require a pre-admission chest X-ray.

In this battle, the evidence is on our side - the health hazards of low level radiation are known and recognized. And the legislation exists to change the archaic law. It's now in the cabinet's ball park. It will no doubt take assertive public pressure to get the act passed.

The underlying issue is choice - the choice of the employee to protect her health. Management power to subject employees to whatever risks they choose has been somewhat curtailed by occupational health and safety legislation which gives workers the right to refuse unsafe work. But in practice the rights of workers are still very restricted, as Alice's case demonstrates.

Alice's union is behind her and the Canadian Civil Liberties Association is going to bat for her. But getting her job back will not win the political battle. The resolution of the larger issue will come only with pressure on the new provincial government to pass the act, and on institutions to act responsibly and with our continued support for women's struggles as workers and as women to control our health.



Catherine ES

Update

In April, upon the intervention of then-Education Minister Keith Norton, Sheridan College reinstated Alice. This was more than a personal victory for Alice because the intervention was won through the lobbying, petitions, letter-writing and noise-making of Alice's friends and supporters. It demonstrates that collectively we can have some power. But the intervention will be interpreted as one of sympathy for Alice's situation rather than evidence of the validity of her appeal. No formal or legal precedent was set for an employee's right to choose to protect her health. Nor was a commitment made by the government to bring the new legislation to the floor. The struggle continues.

Taking Care of Ourselves

by Marie O'Shea

Our health is one of the greatest gifts we can have. Cherishing it means keeping a balance between mind, body and spirit. Learning to understand, accept and be responsible for our total self allows us to deepen our awareness of our inner strength, creativity and life-giving forces in general. When we untap these inherent energies we can become more self-confident and independent.

In a society that treats women like second-class citizens, we are not encouraged to get in touch with our inner selves. The medical profession humiliates us into thinking that our experience of our bodies is not valid. The profit-oriented health care system uses advertising, for example, to try and tell women what products we need to become the perfect woman inside and out. Drug companies (often owned by doctors) fill the market with frequently untested, dangerous products creating a new category of illness. The food industry, another large profit-making enterprise, plies us with food filled with chemicals and unhealthy additives.

We can counter these powerful influences, however, by developing our inner sense or instincts as to what feels right for us as women. Basing our feelings on how we experience ourselves from the inside out rather than on how our society defines us and attempts to manipulate us from the outside in, is the key to a healthier existence. We can begin reclaiming some of our personal power by using techniques such as creative visualization and meditation to get us in

touch with our spirits and minds. Also, becoming involved in physical activities can help us achieve a greater awareness of our physical selves.

Creative visualization is a technique where we use our imagination to create an image in our minds of what we want to manifest in our lives. We usually engage in visualization every day, but because of our deep-seated negative concepts about life, we often use it to limit ourselves. The creative application of visualization can be on any level -- physical, emotional, mental or spiritual, and can become a process of deep and meaningful growth. One example of this is to close your eyes and remember some pleasant experience as vividly as possible. It is important to think about each detail in our visual fantasy and create it the way we would like it to be. The beauty of this technique is it can be used every day at any time -- in a quiet, personal place or even on the way to work.

Meditation is another relaxation technique which gets us in tune with our own inner being. It is a conscious activity we use to still the mind by stopping the flow of thoughts and images. It releases new reservoirs of creativity and energy by way of cleaning the mind of all cravings, aversions and fears.

To meditate we must first develop our power of concentration. This can be done by focusing our awareness on our breathing, slowing and deepening the breath coming and going in a part of our body. We may also use images that suggest inward and upward movements, such as floating, flying, or climbing a mountain. To keep an image in focus, just bring the consciousness back to the image each time it

leaves, rather than trying to push the thoughts away.

Physical activity also contributes to our overall feeling of well-being and serves both as a natural stimulant and an excellent way to relax the mind and release built-up stress. Stretching our bodies, for example, promotes flexibility. Yoga is an excellent technique to relax our bodies because it combines stretching and breathing to create maximum feeling of well-being. Neck circles are a simple yoga exercise which will help relax the tension at the back of the neck. Slowly roll head to the right...roll it back...across to the left...and forward until the head touches the chest. We certainly do not have to wait until we are in a yoga class, however, in order to benefit from stretch exercises. We can work it into our daily routine as we sit at a desk, watch television or work in the yard.

There are many other activities we can get involved in to relax ourselves. I'm sure you can think of more. How to slow down and how to be good to ourselves is something which is left out of our education. Ironically, when we are too good to ourselves we are accused of being egocentric! There is a lot of narcissism around, but that's different than having the right to fulfill some of our own needs! Lets start listening to our own inner voice and enjoy ourselves!

Suggestions for further reading:

Getting Clear by Anne Kent Rush

Mother Wit by Diane Mariechild

Working Inside Out by Margo Adair

Our Bodies Ourselves by The Boston Women's Health Book Collective

Kissing to be Clever:

A tongue in cheek look at the New Celibacy

by Sapphewit

You've heard it perhaps at a recent party, in somebody's kitchen, or through the doors of a washroom stall: one woman says to another, "I've had it -- I'm throwing in the towel, I'm on the wagon: Jan, it's celibacy for me!" All over the nation, women have embraced non-embracing with a passion previously preserved for others. The lesbian community has been particularly hard hit by this phenomenon. It's still "in" to be "out", but increasingly this has meant being out of circulation. In a community constantly beset by crises of underfunding, the ramifications of lesbian celibacy are serious for those of us who still aspire to mating, if only semi-annually. Let us explore this movement and suggest an alternative.

First, there's a lot to be said for celibacy. Most of us live the celibate life not because we don't like sex (good sex, of course), but because we prefer to live without its complications. True, we are not vexed by the same fears of our straight sisters (having perfected birth control methodology), but most of us never quite acquire the knack of anonymous, no strings, "let's just be friends" sex. Our lovers' bodies, much as we might wish otherwise, are inextricably connected to our lovers, their needs, their neuroses, their former lovers, most of whom you've known as well. Opting out of the meat market thus seems to be the safest, sanest alternative.

But let's face it. Only a select few make this choice (and stick with it) freely and happily. For too many of these battle-weary sisters, celibacy amounts to a social

as well as sexual retreat since bars and parties function as mating grounds for the sexual shock troops: "don't be surprised if you don't see me for a few month, Jan." Under these circumstances, the return to the body-strewn arena can be a traumatic one, the very thought of which sends even the heartiest souls scurrying back to the wilderness.

Is there any middle-ground? YES! We needn't despair because we can turn to the osculatory alternative -- kissing. Practised under the right conditions, this is a no-nonsense, tried and true compromise for the reluctant celibate. Before you denounce kissing as a juvenile entré to "la vraie chose", consider the following:



There are a variety of kissing techniques suitable for any occasion, much the same as Hallmark cards. When you care enough to kiss your very best, you can pull out all the stops (note - not the fillings). But for a warm-up or a casual hello, the much-maligned peck on the cheek serves well. Advanced players will like to explore the technique known as the

"butterfly kiss", but ensure that all smoking materials are extinguished before attempting this move. Cheek contact allows you to scrutinize your subject, a must for the myopic. If you determine that the moment calls for more ardour, you can zero in on the primary erogenous zone.

The mouth kiss is definitely not for beginners. Only experts have made it look easy and hence too many of us have rushed into it. One should approach the mouth as a revered organ, capable of amazing feats of dexterity but intolerant of excessive acrobatics. First there are the lips. The most common error of the uninitiated is to "pucker up." This is akin to wrinkling the red carpet rolled out for your partner. Bad form. The looser the lips, the greater the surface area (something your math teacher never told you). From the casual brush to serious nibbling, lip kissing can keep imaginative women entertained for hours.

But from time to time, the occasion will demand the total, open-mouthed kiss known to clinicians as the osculum mmmmm, though more familiar to lay lovers as the "French kiss." The ins and outs of this complex enterprise do not come naturally, so here are a few tips before you consider going all the way. This is where the tongue comes in to play. A variety of lingual techniques is de rigeur for the seasoned kisser despite what you may have heard about the "right" way to dive in. The darting or probing tongue is fine for sporty subjects, but your sensitive, artistic types will frequently recoil at such intrusions. If you can slip by the rocky shoals of her dental work, you might hazard a few flicks if she hasn't decided to play lingual hide-and-seek. Des-

pair not, for you can invariably coax a tentative tongue out of hiding by coyly reverting to lip kissing. Women have been known to keep up such games for days or until of them succumbs. It is wise to keep a pot of industrial strength Blistex and a tank of oxygen on hand if you're planning a weekend of deep mouth kissing, since OHIP does not cover osculatory accidents. But don't let the potential dangers deter you -- you've got, use it.

The advantages of kissing over strict celibacy should by now be obvious. Kissing can be as much fun as "sex" without any of the hassles. For instance, you can circumvent the monogamy/non-monogamy debate because nobody thinks it's immoral to kiss more than one person. Furthermore, it is unlikely that a kissing partner will suggest that you settle down with her, so you needn't make any rash commitments. Kissing rarely leads to serious diseases and in general is less icky than total body sex, especially in those steamy summer months. The accessibility of the mouth means that kissing may be performed in a multitude of interesting positions designed to delight adventurous souls who fear monotony. Finally, for the more risqué celibate, tongue lashing can be a great pick-me-up. And you thought kissing was for kids.

As a transitional stage between celibacy and full blown sexual activity, kissing is a wonderful way to stay in shape. Remember, the mouth isn't revered for kissing alone. Recreational kissers will want to follow a supplementary exercise programme of lip-and-tongue-ups to maintain top form during turn-off season. Consult your physician. If you're really

only screening for a prospective lover there's no better quality control method than kissing since the best kissers make the best lovers. These are merely common sense consumer tips: why just window shop if you can test drive? Who knows -- what looks like a Volkswagen sometimes purrs like a Ferrari.

"But," you may inquire, "how can I make sure that I won't want to go further?" Well, you can't. And that, I assure you, is what makes kissing so interesting.

"When people talk about reproductive control being a central aspect of patriarchy, they talk about it in heterosexual terms—in terms of birth control, control over the birthing process, abortion rights and so on. I think theoretically you have to consider it as larger than simply reproduction. It has to encompass sexuality—so the choice to come out as a lesbian is really an aspect of challenging patriarchy ..."

Lise Gotell

reports

Another government report...this time the Fraser Committee on Pornography and Prostitution. Before jumping into *Breaking the Silence's* usual incisive feminist analysis of the report I want to comment that the Fraser report made me feel invigorated, inspired, depressed, angry and finally, determined. It prompted me to reflect on why I read these government tomes (I'm sure they have a rule that they can't publish anything less than 600 pages). Do I, in fact, support a strategy for change that encompasses responding to government initiatives and doctrines? I concluded: personally, I do not; politically, I do.

One half of me, recognizing the unbelievable contribution women made to this document, as evidenced in the comprehensiveness of the text, wants to blindly plod forward proposing strategies for change on the basis of the report. The other, more cynical side of me, rejects any government document (including this one) that substantiates any of the many forms of women-hating in our society, and then proposes only slow deliberate reforms aimed at eradicating the patriarchy. Unless I've missed an episode in history, to date no oppressor has easily given up, much less legislated and institutionalized the relinquishment of their power and privilege to the class of people they oppress.

The report brought into sharp focus for me the real tension which exists within the women's movement -- as we try to alleviate some of the more blatant and immediately dangerous forms of women's oppression through incremental changes,

Fraser Committee: A Strategy for Change?

by Joan Riggs

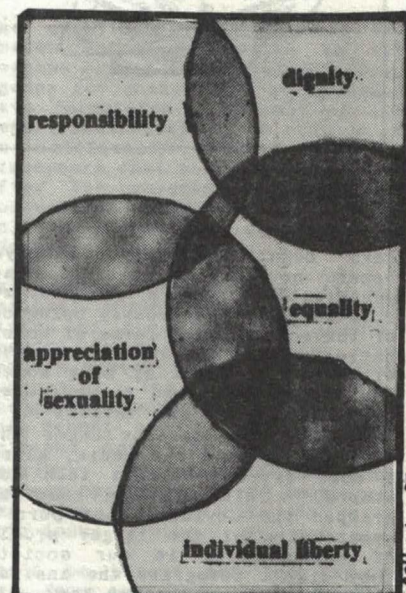
while simultaneously supporting further actions that will ultimately smash the very system we are fighting to change. Stressing, therefore, that I support women working within the system and their role as educators on the issues, and not the belief that our oppression will be legislated away, I can now look at the report.

The Report

The report is comprehensive...reflecting many of the complex issues and debates that have developed out of a feminist understanding of pornography and prostitution. Compared to most government documents, it is thoughtful. The committee, amidst long eloquent passages of analysis which are fairly supportive and sympathetic to a feminist viewpoint, implies that a fundamental restructuring of society must occur if pornography and prostitution are to be dealt with adequately. In its attempt to create the context in which it is proposing change, the committee:

• acknowledges that there are three political treatises about society: conservative, liberal, and feminist;

• states essential principles upon which their proposed social and legal changes can be based. These include: equality, individual liberty, responsibility, dignity and appreciation of sexuality;



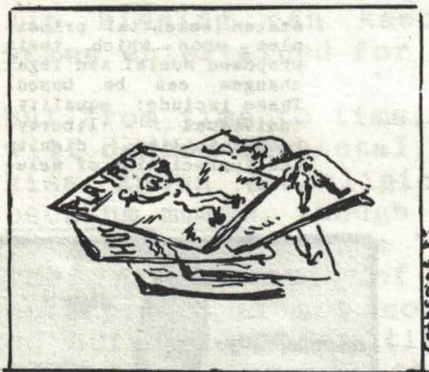
Catherine 85

articulates the limitations of the Criminal Code in regard to effecting fundamental social change.

The adamant commitment of the members of the committee to principles, particularly equality, intrigues me. Are they suggesting that the present system -- a patriarchy, could co-exist with equality for women? Do they really believe that identifying and building upon their essential principles would not inevitably compromise some individual liberties, one of their basic principles? These are just some of the complex questions that go unanswered in the report. As a result, it is not surprising that the report slips into murky waters once it gets around to the recommendations. The nature of the recommendations reveals that the committee is not prepared to relinquish male "rights" to accommodate their "essential" principles.

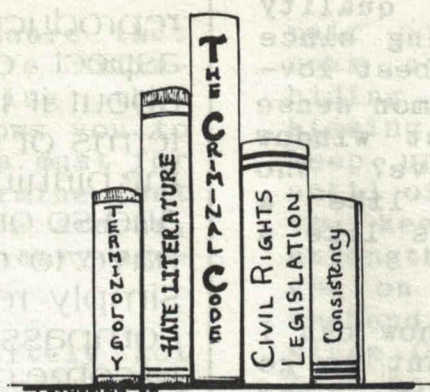
HIGHLIGHTS OF THE REPORT

The Fraser Committee proposed a total of 108 recommendations, many of which reflected the concerns put forward by women's groups during the hearings held throughout Canada. Here are just a few of the highlights of the report. Recommendations (the number), as found in the report, are in brackets beside the appropriate topic heading described below:



Pornography

Porn begets misogyny, misogyny begets porn...porn reinforces and perpetuates women's subordinate role while simultaneously being one of the most blatant forms of women-hating in our society. Consistent with the viewpoint of many women, the committee seemed to understand that porn was "one variant of a pervasive and dominant theme that runs through all the media, albeit a more extreme variant than some others." Although the committee grasped the obvious, that porn is symptomatic of the larger problem of women-hating in our society, they didn't integrate the analysis into the recommendations.



1 - ON TERMINOLOGY - (1,2,4) The committee proposed that the word "obscenity" be removed from the Criminal Code because it implies that porn is something "sexually immoral," rather than an issue of power and sexism. However, no other definition consistent with the committee's theoretical position was developed. Members felt that the term "pornography" was too elusive and ultimately arrived at using the words, "degrading" and "lewd." The question remains, however, no matter what words are used: who decides on what these words mean? For example, in the text of the report the committee defines degrading materials as that which is "most subversive of social values." For the majority of people that would include positive images of women loving women. It is important to remember that it will not ultimately be women defining the words in the Criminal Code. As well, and a much more serious question: do we want a male-controlled state determining what is "socially subversive?"

2 - ON HATE LITERATURE - (38-41) In an attempt to strengthen the concept that porn is hate literature against women, the committee recommends that the hate literature section of the Criminal Code be expanded to include "sex" as an identifiable group which could be targeted for incitement to hate. They further propose to strike the word "willfully" from the section in order to facilitate prosecution of those who produce and promote pornography. Their view is that "the effect of the material may be to engender hatred of women," but it would be easy enough to establish that it wasn't done willfully. Rather, it was done for other motives, such as profit. The recommendation is important as a clear statement that regardless of primary motive, if material instills hatred against women then it is unacceptable.

3 - CIVIL RIGHTS LEGISLATION - (36) The committee suggests enacting legislation which will allow individuals and a "class" of people to prosecute in the courts on the basis that porn violates their individual or collective civil

rights. The strength of civil rights legislation is that the case remains in the hands of the complainant and her lawyer to develop and argue. This is in contrast to cases under the Human Rights Legislation in which the state acts on behalf of the woman. The obvious weakness in working within the court system is that, individual women, either alone or in a group, must demand a fundamental right of all women -- our right to not be confronted with women-hating material.

4 - CONSISTENCY - (17-34) The report proposes that all levels of government and appropriate departments (Canada Post, Customs, Broadcasting Act) have similar non-sexist, anti-porn regulations.

5. - ON THE CRIMINAL CODE - (5,3,7-16) A three-tier system of control is proposed. Tier 1 covers depictions of sexual activity with children. Tier 2 includes material depicting sexually violent behaviour, bestiality, incest and necrophilia. A system of defence through the court system will be instituted to protect works of art, science and education. Tier 3 constitutes pornographic material that is exhibited in public without warning and made available to those under 18.

What's missing from this section is obvious...there is no mention of "soft porn," no differentiation between erotica and porn. The committee argues that soft porn does not constitute "undue harm" and therefore should not be legislated by the Criminal Code. The committee also states that the Criminal Code is a place to "bolster and support social values." As well, they acknowledge that "porn" is merely on a continuum of "women-hating behaviours in society," and "to criminalize images that present women as commodities would catch much of contemporary advertising."

This is where the complexity of the debate becomes overwhelming. Given that the committee wants to institute essential principles and views parliament as a viable vehicle for social change, it would follow logically that they would seek to slap controls on all forms of women-hating material. In fact, they aren't daring enough to propose that. Realistically though, in a patriarchal world, where is the beginning of controlling women-hating material?

There can be no beginning. The patriarchy isn't merely a series of women-hating experiences and circumstances but an ideology that permeates all experience. It is an ideology that manifests itself in concrete behaviour such as sexual assault, wage disparities and prostitution. Any strategy that attempts to eradicate the evidence of misogyny without eliminating patriarchal ideology is doomed to fail.

The best analogy when distinguishing ideology and experience can be found in the debate between porn and erotica. The images per se of nude women are not objectionable, but the pervasive ideology that creates porn for the viewer's eye is. Wendy McKeen's article entitled "Porn and Our Erotic Lives" (Breaking the Silence, Vol 2, #4, 1984) is evidence of the pervasiveness of patriarchal ideology...it doesn't leave us once we declare ourselves feminists. In her description of her reaction to pornography, she acknowledges that part of her is titillated by these images although she is politically and personally aware of the unspoken message accompanying these images of women...that woman are to be used, to be hurt and exploited.

There can be no erotica in a patriarchal society because images are created to define and represent women in relation to patriarchal needs...the images are necessarily misogynist as is the ideology. Our strategy cannot be merely to work within the system. We must challenge the system that promotes an ideology of women-hating. The report, instead, accepts that incremental changes can be made within the system which will ultimately better women's position.



Prostitution

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The prostitution recommendations emphasize the need for social and economic answers to the problem and they de-emphasize the "criminal" aspect of prostitution. In effect, they recommend that prostitution be legalized (state controlled and regulated). This proposal is in direct conflict with the views of most women's groups, who respecting the Alliance for the Safety for Prostitutes stance, support decriminalization (state non-intervention) of prostitutes.

1 - LEGALIZE PROSTITUTION - (55, 58) They propose removing all present legislation in the Criminal Code relating to prostitution and replacing it with laws which prohibit public disturbances or indecent exhibition by prostitutes and clients.

2 - BAWDY HOUSES - (57, 61) They propose removing the section relating to bawdy houses from the Crimi-

nal Code and replacing it with legislation allowing up to two prostitutes to work in their own home. The committee, in an attempt to "clean up the streets" has ignored the stated needs of the prostitutes. There is clear evidence that business in their homes does not ensure that they are any safer than on the streets and ignores the fact that their home is not necessarily the appropriate place to conduct their business, as some of these women have children.

3 - POLICE UNITS - (56) The committee suggests that police units be set up to investigate violent and abusive pimps and customers. This positive step forward is in direct contradiction with the present practices of law enforcers who are often guilty of viewing prostitutes as non-citizens and undeserving of protection.

4 - SERVICES - (53) The committee proposes that the various levels of government make funds available to groups who work with prostitutes for the provision of social, health, employment, educational and counselling services.

5 - RESEARCH - (54) They recommend that funding be made available for research into the "social phenomena" of prostitution.

General Recommendations

1 - EQUALITY - (50) As the committee points out, pornography and prostitution are inherent problems of the present structure of society and therefore a "moral and financial commitment to economic and social inequalities between women and men and discrimination on the basis of sexual preference," must be made. The committee, however, does not go into the specifics of the commitment.

2 - SOCIAL PROGRAMS - (51) They propose increasing the amount of social programs available to young people and women in an attempt to compensate for the inequalities inherent in our present socio-economic system.

3 - SEXUALITY AND EDUCATION - (52) A National Centre and Program in Sexuality and Life Education is proposed with the mandate of creating and co-ordinating educational programs that present accurate and sensitive depictions of sexuality.

4 - SECRETARIAT - (108) The report suggests establishing a Secretariat at the federal level which will co-ordinate and carry out work in the areas of pornography and prostitution and assist in the implementation of the Fraser report's recommendations. A co-ordinating body is obviously needed but another government bureaucracy isn't needed to carry out the work. If money is available it should be going to the women who are presently committed to and working with sex trade workers.

5 - CHILDREN - (66-105) An extensive package of recommendations relating solely to children (under age 18) is proposed including: various amendments and inclusions to parts of the Criminal Code; development of educational programs for children; and evaluating and reworking where appropriate the various social programs presently designed for children.



What Do We Do Now?

Pornography and prostitution are women's issues. We, as women, have identified them as evidence of the misogyny in our society, and we should be the architects of the debates and strategies on these issues. Any strategy we develop must remain consistent with what we are working toward and how we want to create change. Consequently, just as there are numerous visions of a feminist world, there are numerous strategies to propose and pursue.

For many women, who have spent much time and energy trying to convince the patriarchy that nude women, coyly posed, legs spread wide open and faces contorted with false passion is not a positive representation of women today, work continues...the Fraser committee hasn't alleviated our job.

The question then, is, can the Fraser Report be useful to us? Perhaps so, if incorporated into an agenda for change that we as women have formulated. But not if the report manipulates us to respond in an artificially created frenzied atmosphere that inevitably surfaces after the government releases a document on women; as if change can only occur when the government is addressing the issue.

This panic was exhibited at the National Action Committee on the Status of Women's Annual General Meeting in May, 1985, when some members wanted to pass resolutions supporting the document, even though most women hadn't even seen the report as it had only been released one week prior to the meetings. The feeling was - now was our opportunity, the government was open and listening to us on this issue.

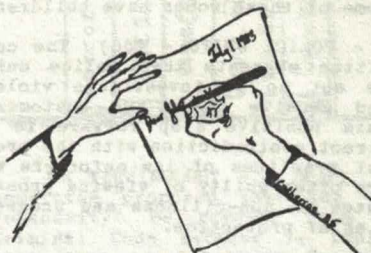
Let's be honest and look around us. Over the past decade, we have

documented to death many forms of women's oppression. The response of the state has typically been to acknowledge our complaints, file them away, and sometimes provide us with superficial changes in legislation. None of these changes have fundamentally altered the position of the majority of women in society.

For women who still have some optimism that positive change for women will come about at the hands of parliamentarians, there are deadlines for responses to this report. In the fall the government proposes to table a comprehensive package on pornography issues. This would be a good time for women, who have the energy and inclination, to lobby for the recommendations support, be they existing within or absent from the report.

Legislation regarding prostitution has been already introduced into the House of Commons for debate by the Minister of Justice, John Crosbie. He has acted no less than ignorantly in dealing with the report. Immediately following his release, Crosbie introduced anti-solicitation legislation that, if passed, will effectively make it

illegal for prostitutes to work on the streets. His legislation would reinforce the criminalization of prostitution. This government policy would protect privileged citizens. It would not provide women with even minimal security. If you wish to express your dissatisfaction about the presently proposed legislation, write to the Minister expressing your views.



You might want to refer to the activities and recommendations from the Alliance for the Safety of Prostitutes regarding the decriminalization of prostitution.

If you are going to respond to the report, then I would suggest that instead of wasting time and energy

on commenting on specific wordings in the Criminal Code (a patriarchal document), it would be more worthwhile to discuss the basic principles that the committee proposes:

"We believe that Canada should be ready collectively, to reject the view of woman which is embodied in much contemporary porn and in the concept of what is expected of prostitution. The equality principle will still need for its full implementation, substantial reallocation of social and economic resources. There remains, too, a formidable task of re-education and reshaping of attitudes in certain sectors of society. These long range tasks cannot be accomplished by means of legislation. They require social will and commitment."

Finally, we as a movement, need to integrate the work women have done and will continue to do on the Fraser report. We, as women, have to come together to continue to develop our understanding of pornography and prostitution and propose strategies that will not ultimately alleviate these problems but eradicate them.

upcoming events

Michigan Women's Music Festival will be held August 8, 9, 10 and 11. This is the tenth anniversary of the festival and many performers will be making the trek back for the giant celebration. Confirmed performers include: Holly Near, Ronnie Gilbert, Woody Simmons, Kay Gardner, Ferron, Adrian Torf, Teresa Trull, Linda Tillery and Kate Clinton. For more information write:

We Want the Music Collective
1501 Lyons
Mount Pleasant
MI 48858

In Canada, the **Manitoba Women's Music Festival** will be held on Labour Day week-end in Winnipeg, Manitoba. For more information,

write the:

Ad Hoc Coalition of Women's Groups
Manitoba Action Committee on the Status of Women
209-388 Donald Street
Winnipeg, Manitoba
R3B 2J4

INTERNATIONAL WOMEN'S WEEK SPRINGS ETERNAL!

International Women's Week 1986 is gearing up, building on the enthusiasm and excitement of this year. The early returns of evaluation forms show that women who participated overwhelmingly support the idea of a year-round chance to make that possible. A little bit of

work from a lot of women will mean that a few women don't have to do it all. Pick your favorite interest, and dive in...or if you don't see your major concern covered, call the IWW Info. Line (233-2691) and let us know.

International Women's Week 1986 will be between Sat. March 8, International Women's Day to Saturday, March 15. Committees are working over the summer on the Fair, the Celebration(s), fundraising and year-round activities. Please contact us now to participate!

IWW is also looking for a new, more permanent logo as well as a theme for 1986. Put your creative hats on and call us or send your ideas to: I.W.W. Committee, P.O. Box 2484, Station 'D', Ottawa, Ont., K1P 5W5.

General Meeting - All women welcome! Wednesday, September 18, 7:30 at St. Pierre Community Centre, 353 Friel Street.

conferences

The Nairobi Conferences: Nairobi, Kenya will be the host of two women's End of the United Nations Decade Conferences in July. It is too late to register to attend the conference but look for the exciting news stories as thousands of women converge in one place at the same time. If you aren't getting the news (sometimes they forget that women and their activities is news also) then call your local newspaper, radio or T.V. Station and demand information. We are news!!

Lesbian and Gay Conference: Two international conferences will be held in early July in Toronto. The International Gay Association will be holding their annual conference between July 1st-7th. Between July 3-6, a history conference will be held with the proposed theme being Sex and the State: Their laws, Our lives. For more information write the Canadian Gay Archives, P.O. Box 639, Station 'A', Toronto, M5W 1G2

My Future/My Challenge

The University of Ottawa's Women's Studies Collective plans to hold conference on young women September 27 and 28 in Ottawa. The Canadian Advisory Council on the Status of Women has just published a report on young women entitled **What Will Tomorrow Bring?** which shows that the visions that young women have of their futures will likely not conform to the reality that awaits them. The young women studied did not see unemployment, divorce or poverty as future possibilities, only interesting jobs, loving husbands and adequate incomes. The conference is intended to find ways to sensitize young women to the realities without dampening their spirits or lowering their aspirations. The conference will offer keynote speakers, and workshops on relationships, violence against women, higher education, women in non-traditional jobs, women and the arts and women and the media, among others.

The organizers continue to fund-raise. If you or your organization can help, please contact:

Youth Conference Committee
85 Hastey, Room 328
University of Ottawa
Ottawa, Ontario
K1N 6N5

(613) 594-9423

resources

Women and Reproductive Technology

is a group concerned about the impact of the new reproductive and genetic technologies on women's lives. WRT believes that there is a great need for women to understand and monitor these technologies so that we can formulate our own perspective and share it with other women. Much of the available information is either too technical and inaccessible or too simplistic and patronizing. The information we do get usually is not developed from a feminist and anti-eugenics point of view, but conceals a political stance which is presented as scientific and objective information. WRT plans to: organize meetings, write a booklet about the new technologies that is simple and concise, and organize politically to demand expanded services for parents of disabled children. WRT is a sub-group of the Committee for Responsible Genetics, a national organization dedicated to ensuring that biotechnology is developed safely and in the public's interest. Contact them at:

5 Doane Street
4th Floor
Boston, MA
USA 02019
(617) 227-8035

A Third Way: Community Economic Development is a 54-page resource book on alternative community enterprises which includes two case studies of Ottawa-based women-run community enterprises. It is available for \$2.50 from:

Centertown Community Resource
Centre
100 Argyle Avenue
Ottawa, Ontario
K2P 1N2

International Reproductive Technology Network

The Feminist International Network on the New Reproductive Technologies currently has 542 members in 10 countries. Its aims are to:

- *monitor developments in the areas of genetic engineering, cloning, in vitro techniques, embryo transfer, sex selection and experimentation with human/animal hybrids

- *assess the implications of these and related practices, such as surrogate motherhood and artificial insemination, for the future position and well-being of women internationally, and to investigate their impact on family structures

- *to bring together members of the network periodically to pool information, relate it to international population policies, and to develop a set of alternative policies and strategies for women's groups to consider and discuss

Plans are now being made for the Women's Emergency Conference on the New Reproductive Technologies to be held in Sweden this July. The conference will provide for discussion of information on the new technologies, the social context in which it is promoted and used, the personal context of women's needs as well as strategies and actions.

For more information contact:

FINNRET
Janice Raymond
Women's Studies Program
University of Massachusetts,
Amherst MA 01003

The Canadian Human Rights Advocate is a good way to keep up-to-date on human rights cases, issues and legislation.

Individuals can receive 10 issues a year for \$15.00, groups and institutions pay \$25.00. The March 1985 issue contained a special section on sexual harassment which discusses recent precedent-setting cases.

Canadian Human Rights Advocate
1703 - 500 Murray Ross Parkway
Downsview, Ontario M3J 2Z3



Women's Health Interaction (WHI) is a growing network of women's, health and development groups in Canada, which aims to provide a platform for women to speak out on health concerns. WHI also aims to link local and international health issues through the development of educational resources, exchanges and by putting people in touch with each other. At present the central theme around which participants co-operate is women and pharmaceuticals. WHI examines why women reach out for drugs, why they are prescribed certain drugs, what their real health concerns are, and

how their needs could be better met.

The play, **Side Effects**, is one of WHI's most exciting projects. The idea was to tell stories about women's relationship to pharmaceuticals and the multinationals that produce them through drama and tour the play throughout communities in Canada to raise consciousness.

The idea was to use drama as a consciousness-raising tool to share stories about women's relationships to drugs and the multinational companies that produce them. WHI worked with the Great Canadian Theatre Company in Ottawa to produce the play.

For more information on the play contact: Mary Ann Haywood
Great Canadian Theatre Company
910 Gladstone
Ottawa, Ontario

WHI is now beginning to explore the issue of population control and family planning and its effects on women. If you would like more information on this or have concerns, stories or material to share, please contact:

Karen Seabrooke
Women's Health Interaction
58 Arthur Street
Ottawa, Ontario
K1R 7B9

Alternative Naissance is a group working for the humanization of childbirth which provides services such as counselling, information and referral and pre-natal meetings. You can reach them at:

3429 De Lorimier
Montreal, Quebec
H2X 3X5
(514) 521-1360

Women's Reproductive Rights
Information Centre Newsletter
52-54 Featherstone Street
London EC1, England

The Midwives' Movement (Movement
Sage-Femme) is a Quebec organiza-
tion working to legalize midwifery,
to educate the public about the
philosophy and place of midwives in
the maternity process and to estab-
lish training programs for mid-
wives. They seek funds and
support.

Box 129
Station E
Montreal, Quebec
(514) 845-3368

Healthmatters is a new quarterly
publication by the Vancouver
Women's Health Collective. Its aim
is to provide Canadians with
women's health information not
accessible through the mainstream
media. Articles in the first issue
(Spring 1985) focussed on:
endometriosis, osteoporosis, the
contraceptive sponge, ultrasound
and DES. A subscription (\$15.00
for four issues) can be obtained
from:

Vancouver Women's Health
Collective
888 Burrard Street
Vancouver, B.C.
V6Z 1X9

help

An inquest has been called to
investigate the death of a baby
born in October 1984. The birth
was attended by three midwives:
Vicki Van Wagner, Sue Rose and Judy
Pustil. The baby was born at home
after a normal labour and
transported to Sick Children's
Hospital, where he died two days
later.

The coroner has called this inquest
to raise publicly issues involving
home births and midwifery. The
issues raised will include: The
present status of midwifery, the
right to choose the care of a
midwife either in hospital or at
home, the right to choose a home
birth, the safety of home births,
and the integration of midwifery
into the health care system.

An inquest at this time will give
the critics of midwifery and home
birth the opportunity to try and

influence both public opinion and
the review process.

The association of Ontario Midwives
must have a strong case. They feel
that your support at this inquest
will have a positive impact on the
future of childbirth in Ontario.

Legal counsel has advised that the
cost of this inquest will be in the
area of \$20,000 to 25,000. Please
support this case! It is a crucial
part of our continuing struggle to
make midwifery a self-governing
profession, legalized in Ontario.
A donation of \$50.00 or more from
each supporter will enable us to
present a powerful case. Of
course, any contribution will be
appreciated, including commitments
of your time and energy. To
volunteer, please contact Leslie
Schear at 534-9847.

Please make cheques payable to
Marcia Matsui in Trust, and send
them to:

Marcia Matsui
11 Prince Arthur Avenue,
Toronto, Ontario
M5R 1B2

about breaking the silence

For too long women's voices—our struggles and joy—have been silenced. Living in a patriarchal world, we have been separated from one another and from the mainstream of society.

Breaking the Silence is committed to giving women a voice. In particular, we provide a forum for discussion of the social welfare needs of women—needs such as support services for survivors of violence, affordable housing, sufficient and good daycare, adequate pensions and employment.

We are committed to moving toward a world absent of oppression: be it sexism, racism, classism, homophobia or ageism. We are committed to helping to build a peaceful and humane world: a world where women's ideas, experiences and activities are heard and made visible.

contributors

Nancy Lewis, Ruth Olson, Suzanne Pilon, Liana Wadsworth, Yolande Mennie, Sherry Galey, Deborah Gordon, Diane Patychuk, Carolyn Sinclair, Cathy Cameron, Marie O'Shea, Joan Riggs, Sapphewit, Cheryl Boon, Gabrielle Nawratil, Catherine Labelle

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Outside Canada, please add \$1.50

Please make cheques payable to:

Breaking the Silence
PO Box 4857 Station E
Ottawa, Ontario K1S 5J1

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