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Women's Health and Diversity: Part 1

BAR CODE

introduction

The Canadian Women's Health Network is pleased to present the first of a two-part series on the theme of Women's Health and Diversity. We at CWHN have grappled with the complexity of the term 'diversity' and recognize that our coverage of this broad subject cannot possibly be wholly inclusive.

This issue highlights work on the front lines of health with a focus on women of Colour, refugee, immigrant and Black women living in Canada, while Part 2 will feature more of the work being done by and with Aboriginal women, as well as some of the other dimensions of diversity such as sexual orientation and disability.

We believe that understanding diversity and acknowledging its influence on health is an important first step toward enhancing accessibility and quality of services for all women.

Lynnette D'anna

WHAT'S INSIDE

Cover Photo: Derrick Bruce/Agave Studio

Contribute to *Network*

Our next issue is *Women's Health and Diversity:* Part 2

More on how different communities of women experience health.

Deadline for submission is 15 April 2001.

To contribute, please contact:
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Eatons Sponsors CWHN Databases

In November 2000, Eatons launched Be Well, a national program dedicated to help women take charge of their well-being by getting the information and knowledge they need to achieve optimal health in body, mind and spirit. With this objective, Eatons has partnered with the Canadian Women's Health Network.

The Be Well program is a lead sponsor of the CWHN on-line databases. CWHN thanks Eatons for its interest in women's health and for its financial support. As part of the Be Well program, women's health events will be held across Canada in cities with new Eatons stores. To learn more about Be Well and the information events, open the CWHN homepage, click on the Be Well logo and visit the Eatons site.

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To subscribe see the information enclosed, or contact the address below. Back issues are $5. Memberships in the CWHN are available to individuals ($10) and organizations ($10 for groups of 50 or less, $20 for groups of more than 50). All women regardless of their income are welcome to join the CWHN. Contact us about low-income rates. We welcome your ideas, contributions and letters. All requests for information and resources, as well as correspondence related to subscriptions and undeliverable copies, should be sent to:

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The Consequences of Cultural Diversity

BY BILKIS VISSANDJEE

Cultural diversity has become a defining characteristic of an increasing number of societies.

But just what does it mean? We immediately run into trouble, as much because of the inherent vagueness of the term 'culture,' as because of the fact that the expression refers to at least two distinct, though often interacting realities.

On one hand, 'cultural diversity' refers to diversity within a given cultural system. This system is composed of a shared and more or less well-defined core set of referents and beliefs. However, the population that shares this core is not a homogeneous group, but a composite whole made up of subcultures and subpopulations of differing size.

Each of these subpopulations experiences and affects the broader socio-cultural reality in different ways, according to needs, wants, and positions in relations of power and force. But each of these populations is also made up of individuals who simultaneously resemble and do not resemble one another. That is, individual identities are themselves composite wholes defined in terms of 'membership' in myriad groups. Women and men, for example, constitute two broad, but extremely heterogeneous subpopulations. Unlike Gertrude Stein's rose, the existential and political fact of being a woman both defines and is defined by belonging to many other possible groups.

Secondly, 'cultural diversity' refers to the co-presence of different cultural systems, or at least of significant bodies of people shaped by these systems, within the same geopolitical boundaries, such as is the case in countries, like Canada, with sizable, growing

DERRICK BRUCE/AGAVE STUDIO

immigrant populations.

What is true of the first version of cultural diversity is also the case here. However, the picture is made more complex by the presence of more than one set of core referents and beliefs, and by the wide variety of their interactions, the nature of which is not yet understood. The latter are influenced by cultural proximity, majority-minority relations, migratory trajectories, economic conditions in the receiving country, and by length of stay, age, sex and gender roles.

While it is important to pursue the attempt to define cultural diversity, it is equally important that we concern ourselves with its consequences, particularly in the area of women's health, a still-emergent focus of research and public attention.

Given their diverse locations in socio-cultural space, not all individuals, groups or populations experience health determinants in the same way. What is true in terms of health determinants, or appropriate with respect to health practices, interventions, planning, programs, policies and research for one group is not necessarily true for another. Not everyone shares the same concept of health. This has a profound impact on how needs are articulated and identified, and on interactions with the health system at all levels, as well as on health outcomes themselves.

The challenge is to develop tools for research, intervention and planning that will lead to a better understanding of the dynamics of diversity as it operates and affects health—both across and within groups or subpopulations. If we think of this diversity as a diversity of statuses, then, to extend the discussion about sex and gender, the challenge is to develop models which can grasp and integrate the ways in which these statuses coexist and interact.

It is important to bear in mind that gender is not a homogeneous category. It varies both across and within culture. Health concerns of women defy easy description, partly because health risk factors for men are typically generalized to women, so risk factors of greater significance to women often do not receive the attention they deserve. We have only begun to understand how gender, as a non-unitary category, interacts with, and structures, other health determinants.

Research has also begun to probe the relationship between gender and culture. The impact of migrant populations with culturally-valenced gendered norms are substantially different from those in Canada. For example, there is evidence linking cultural beliefs to the fact that certain immigrant women are less likely to participate in cancer screening programs, such as mammograms or Pap smears. There is also evidence that immigrant women from some countries with specific concerns arising from excision and infibulation practices tend not to consult health care providers as they fear misunderstanding and judgment.

Many questions remain about the precise nature of the relationship between socio-cultural factors and immigrant women's physical and mental health. Although one is inclined to suspect that prevailing models of health do not adequately respond to the needs of women from culturally diverse backgrounds, the extent of this shortfall is not well known precisely because the extent and nature of a diversity of women's health needs are themselves not well-known.

Given the present state of knowledge, the consequences of cultural diversity for women's health can, I think, be summed up by pointing to two significant gaps in health research: planning and interventions. Cultural diversity requires that we develop more sophisticated and more sensitive models of the interactions among health determinants.

Considering that Health Canada has brought forward 12 determinants of health including culture, sex and gender, it is essential that migration experiences be also accounted for. With regard to women, this means factoring in their diversity of statuses both within given cultural systems and at the various points of intersection between cultural systems.

This is no easy task, but it is necessary if we are to grasp and respond to the consequence of diversity on women's health.

Bilkis Vissandjee is Associate Professor at the School of Nursing Sciences and Academic Codirector, Centre of Excellence for Women's Health – Consortium University of Montreal (CESAF).

I LANDED *running*

CATHERINE HAKIM is a refugee and one of the close to 600 Sudanese now living in Winnipeg, Manitoba.

I STILL CALL MYSELF A NEWCOMER IN CANADA. THIS IS MY FOURTH YEAR, BUT I'M STILL IN THE PROCESS OF INTEGRATING.

Adjusting to everything: the weather, the people and the work. I immigrated from Sudan with a family of eight. My husband and children were refugees in Jordan for two years before we were resettled. I stayed on in Sudan because I had a job with UNICEF and had to work to support my family. My youngest child was three years old. It was very hard to stay away from her but since my husband's life was threatened he had to leave the country. I joined them in Jordan three weeks before we immigrated to Canada in October 1997.

I landed running. I found out where people were and began to be active, organizing within my ethnocultural community. I grew up in Uganda, East Africa so most of my basic education was in English and my comfort with the language allowed me to organize workshops and projects on different aspects of life in this country—gender roles, family life, laws, the Charter of Rights and Freedoms, and employment standards—basic information to help people integrate and become employed.

I now work as a Health Educator with the Sexuality Education Resource Centre (SERC), a non-profit community-based organization. I work with newcomer communities where there is a priority need for intergenerational communication due to the gap created between first-generation immigrant parents and their children who assimilate into a 'Canadian lifestyle,' especially involving sexuality.

I help develop programs and resources for education. I also do awareness-raising with service providers and professionals such as medical students, public health nurses and physicians. I talk on particular areas of health, one of them the practice of female genital cutting or mutilation practised in a number of sub-Saharan African countries including my own. I also do awareness-raising on other aspects of women's health from the immigrant and refugee perspective.

The process of migration constitutes a major life change. Whether you come at will or are forced to leave your country, the number of countries of transition you've been through, how long it's taken before you are settled, the conditions with which you are received in the host country, the level of preparation for adjustment you have been given are all factors unique to this population. Integration into the work force is also critical. A lot of people, even with one or two degrees, have to do odd jobs. This experience has a negative impact on them, and services and policies should be designed to accommodate it.

Population Health, a policy framework adopted by Health Canada, lists 12 determinants of health. If you had a ladder of these determinants, the immigrant-refugee population would be at the very bottom. The migration experience itself should be included in the list so people can begin strategizing around it. How can we

12 Determinants of Health Identified by Health Canada

- Income and Social Status
- Employment
- Education
- Social Environments
- Physical Environments
- Healthy Child Development
- Personal Health Practices and Coping Skills
- Health Services
- Social Support Networks
- Biology and Genetic Endowment
- Gender
- Culture

http://www.hc-sc.gc.ca/women/english/womenstrat.htm

help the process become more smooth? What is required?

In developing countries, primary health care delivery is based on a Population Health model that uses the principles and practices of community development. The goal of the United Nations is to bring in all those sectors involved in the determinants—agriculture, forestry, water, health—with the objective of developing a comprehensive tool that assesses every need of a community.

It's a complex process, but if there's a commitment, a political will, it can work. The UN has some very beautiful frameworks, but those have to be visualized on a wide basis. It's difficult to change a system that has been established over a long time.

The Canadian system is based on a medical model that treats a person like a machine. If something goes wrong in a body, it goes straight into that part and fixes it. Using that model, you don't need to talk about diversity. You don't need to talk about women. Because it's obviously universal.

But history and experience has taught us that it doesn't work. That's why movements started—the women's movement, the health movement—to criticize that model. Recognizing women as a separate group, the Population Health model considers them in terms of geographic origin, ethnicity, sexual orientation, as Aboriginal, immigrant, refugee, rural, urban, visible minority and white—diverse groups whose health is affected differently by factors they interact with in their environment. This diversity needs to be acknowledged when designing a program.

Immigrant and refugee people are often referred to as a single category. But refugees migrate under circumstances of fear while immigrants, under more relaxed circumstances, can choose where they want to go. Each is affected differently by the experience of relocation.

It's not enough to bring immigrants from different countries and leave them here and let them be. There has to be a system of support and community care. Canada is essentially built on the energy of immigrants and depends on them. A system that integrates the knowledge and experience people come here with is an investment in the future and economy of Canada. Resources need to be directed toward this process.

There is also a problem with a welfare mentality. "These people, we brought them in, they are very poor, we need to help them, so we give them day-to-day bread to live on, so we are very nice people and very kind." If you want to develop good fisherfolk, you don't give them fish. You give them fishing tools. That's the best way to sustain results.

Language is one of the greatest barriers faced by immigrants and refugees and existing programs are not related to the purpose for which people need language. More effective programs could be done in stages, to offer practical skills appropriate to work and social environments.

Population Health may not be the panacea for all ills, but it goes a long way in addressing people's total needs. Bridging is needed to help immigrants access existing services. Services should be designed to be more inclusive. This can be achieved by having those who use the services identify their needs and help to design and implement the programs. It's easy to say this person does not understand the language, because that need is obvious, it can be heard. But the problem is more than just language. The need of the person is much more than that.

Catherine Hakim is an advocate for immigrant-refugee program development and Health Educator with SERC. In 1999 she co-authored 'An Analysis of Barriers Facing Immigrant Women and Their Families in Accessing Health and Social Services' funded by the Status of Women Canada for the Immigrant Women's Association of Manitoba (IWAM). It can be found at http://www.swc-cfc.gc.ca/resource.html.

MOTHERING AT THE MARGINS:

An African-Canadian Immigrant Woman's Experience

BY JOSEPHINE ENANG

As an African-Canadian immigrant mother, I am faced with the challenge of raising my children within my own cultural traditions while enabling them to function effectively as a minority in Canadian society.

Understanding the complex ways in which institutionalized systems of oppression such as racism, sexism and classism interact to create different mothering experiences for women from marginalized groups is critical to addressing the needs of women from diverse backgrounds.

The daily struggle of raising children in a society that devalues child-rearing, and the constant battle to understand and face racism, classism and sexism, is 'triple jeopardy' for the Black immigrant woman.

The effect of the forces created by the interaction between these three institutionalized systems of oppression is like a razor within the psyche: it constantly slices into our self-confidence, creating a wound that is reopened every time we receive the message that Black women are inferior to the rest of society.

The process of immigration and resettling complicates the process of adapting to pregnancy and other changes of motherhood. Limited understanding of English or French and/or speaking with an accent creates a barrier to accessing resources which, in turn, increases loneliness.

Adjusting to a different climate, clothing and food creates more challenges. For some, the greatest isolation occurs when they face their daily activities in snow and bitter cold. The experience of pregnancy is complicated by a change in clothing style and the multiple layers that provide necessary protection are restrictive and uncomfortable.

Food is more than a simple matter of nutrition. It symbolizes love, security, moral and religious values, attitudes to health and our beliefs about ourselves. Most newcomers have trouble adjusting to an unfamiliar diet, but it is especially difficult during pregnancy and after childbirth. Immigrant women may prefer to eat traditional foods brought by friends and spouses instead of the menu provided by the hospital.

Canadian children are encouraged to achieve, to be independent and competitive while many ethnic minorities emphasize interdependence, cooperation and contributing to the collective. While intimate interaction between mother and child is encouraged in Canadian culture, it is unusual in a cultural context where children are not considered partners with their mothers, but rather members of their community.

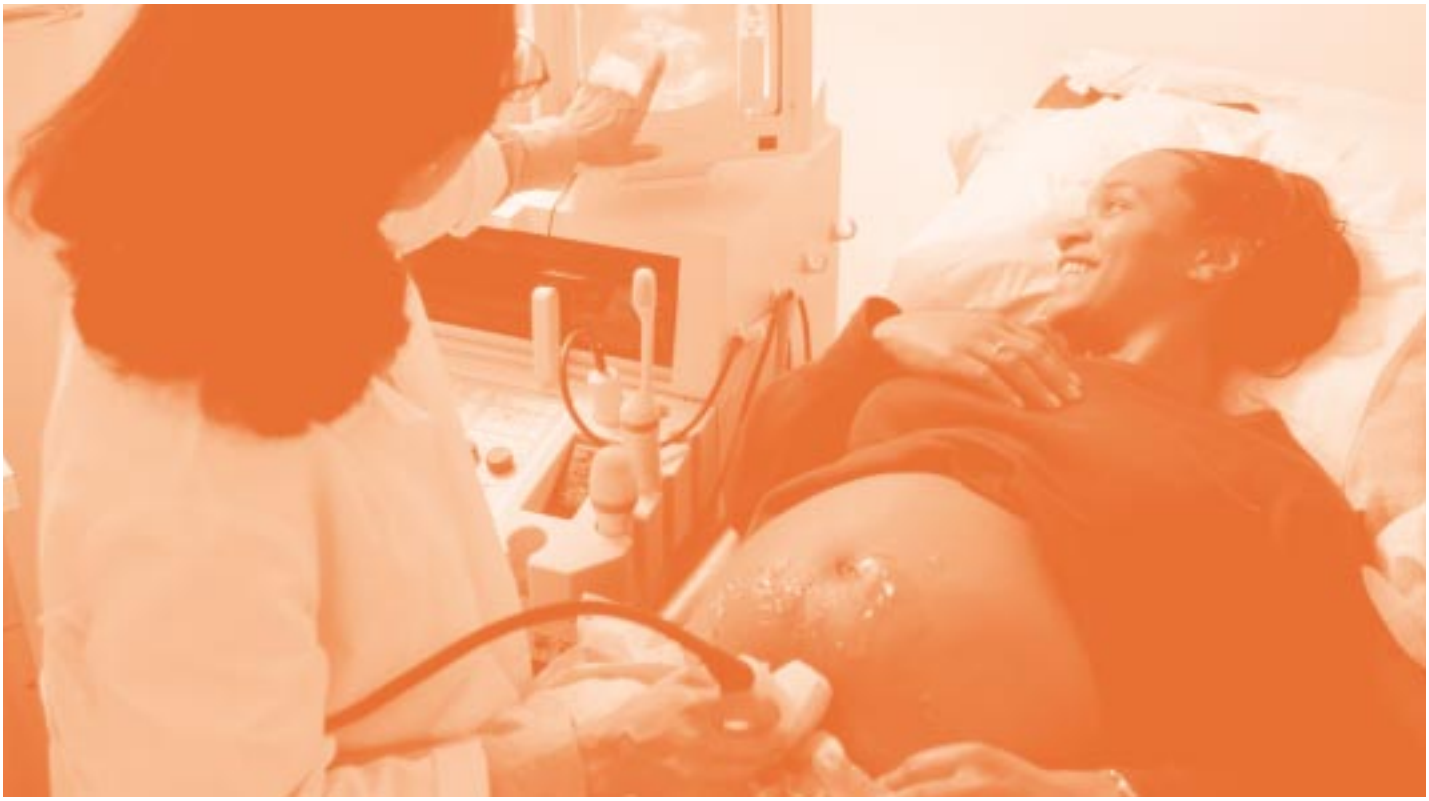
The process of immigration and resettling complicates the process of adapting to pregnancy and other changes of motherhood.

Oppression resulting from racism and classism may invoke feelings of powerlessness and low self-esteem in the mother, making the mother-child interaction for Black immigrant families more complex.

The future of mothers who perform this very challenging role at the margins calls for creative leadership and a new political orientation that will incorporate multicultural and racial discourse as part of the agenda.

Discriminatory practices hurt all of us as human beings. All mothers deserve the choice on how to mother their children, and all children deserve a society that accepts them and celebrates diversity.

Josephine Enang, RM,RN,MN,IBCLC, is a Clinical Instructor for Dalhousie University School of Nursing and a Researcher with the Maritime Centre of Excellence for Women's Health in Halifax. She is a Nurse-Midwife.



Bicultural Organizing on Women and Addictions in B.C.

BY NANCY POOLE

A new look at addictions services for Aboriginal women is being taken in British Columbia.

Although often targeted for discriminatory policies related to substance use, not much research has actually been done toward gender-specific support for those who are affected by it.

A telephone survey helped locate First Nations women interested in gathering to discuss key concerns, and identified four priority topics:

- how to improve access to supportive services for Aboriginal women with substance use problems;
- how to provide and expand programming to reduce the harm associated with substance use such as healthy pregnancy, methadone prescribing, counselling, and HIV prevention and treatment;
- how to help communities address fetal alcohol syndrome and work compassionately and effectively with mothers;
- how to better understand and work with Aboriginal women to examine the connection between violence and substance use.

Ninety representatives of addiction service providers from on- and off-reserve alcohol and drug treatment programs met in Vancouver with Aboriginal women leaders and health policy makers and planners for a one-day forum in March 2000.

Initiated by First Nations and other health advocates, this articulation of issues affecting Aboriginal women with substance use problems looks at systemic responses to eliminate barriers to quality care and access.

A second group of 30 First Nations and other health advocates met in September in Williams Lake to define areas of action. Barbara Harris of Vancouver, a featured speaker, has completed a master's thesis about holistic and integrated services needed to meet the needs of urban Native women seeking addiction recovery.

Other First Nations health advocates involved with the forums include Dean Dubick of Drug and Alcohol Meeting Support for Women in Vancouver's downtown Eastside, who has proposed a healing centre model, Deborah Schwartz, who has developed innovative tobacco programming for Aboriginal people, and Mary Clifford, who has pioneered a holistic approach to health at the Prince George Friendship Centre.

A report on the First Forum is available through the Women's Health Bureau of the B.C. Ministry of Health at 250-952-2256 or 250-952-2237. Recommendations from these sessions are being posted at http://www.hlth.gov.bc.ca/whb

Nancy Poole is a Research Consultant on women and substance use working with B.C. Women's Hospital and the B.C. Centre of Excellence for Women's Health.

LEADERSHIP IN DIVERSITY PLANNING:
Vancouver/Richmond Health Board

BY SUSAN WHITE

Serving the health needs of a diverse population; ensuring workplaces and services free of discrimination and harassment; promoting employment equity—it's a tall order. The Vancouver/Richmond Health Board (V/RHB) aims to do better in the future by building on existing strengths, encouraging proactive planning, demanding accountability from management and involving the community. In June 2000 this huge regional health board adopted a "Framework for Diversity" which sets a high standard for health planning across Canada.

The 32 page document is a tool kit intended to build common understanding and to promote comprehensive, effective program planning and implementation. It gives planners up-to-date overviews of legislative requirements and other standards, key concept explanations, and strategies in three areas: diversity in health services delivery, human rights and employment equity.

The Framework assists in giving programmatic force to two policy statements approved by the board in May 1999, one for diversity and the other for employment equity. While work had been going on since the 1980s on specific elements of diversity such as multicultural health, it was calls from several of the V/RHB Population Health Advisory Committees (PHAC) which led to the new policies. The eight population-based PHACs were established to represent the needs of population groups traditionally not well served by the health system. These include Aboriginal, Children and Youth, Disabilities, Lesbian, Gay, Bisexual and Transgender, Mental Health, Multicultural, Seniors and Women PHACs.

The Health Board has also taken a groundbreaking step in adding Lesbian, Gay, Bisexual and Transgender as a fifth designated group to be included in all its employment equity initiatives. The four other recognized equity-seeking groups are women, 'visible minorities' (people of Colour), Aboriginal peoples and people with disabilities.

The diversity framework complements the Vancouver/Richmond Health Board's new "Framework for Women-Centred Health" which emerged from a comprehensive Women's Health Planning Project in January 2000 and is now beginning to be put into action. Both frameworks recognize barriers to access and participation, and historical inequities, but also seek to put into practice the idea that social and cultural diversity is a source of strength rather than a problem.

Both the "Framework for Diversity" and the "Final Report of the Women's Health Planning Project", which contains the Framework for Women-Centred Health, can be obtained from the V/RHB Public and Community Involvement home page at www.vcn.bc.ca/vrhb/vrhb_documents.htm

Resources

■ **'The Paradox of Diversity: The Construction of a Multicultural Canada and "Women of Color"'** by Himani Bannerji, Department of Sociology, York University, Toronto. This article explores critically the composite discourse of multiculturalism and diversity from a feminist anti-racist perspective. Published in Women's Studies International Forum; Vol 23 No 5, September-October 2000.

■ **'Counseling Model For Women of Colour Survivors of Family Violence, Sexual Abuse and Related Trauma.'** Melanin Institute, Victoria, British Columbia, 1996, 1997.

■ **'Prairie Women, Violence And Self-Harm.'** Prepared by Cathy Fillmore, University of Winnipeg, Colleen Anne Dell, Carleton University and The Elizabeth Fry Society of Manitoba. A research study with specific recommendations for correctional and community staff and for policy development dealing with incidents of self-harm among women in conflict with the law. January 2001.

■ **'Transforming Cultural Competence into Cross-Cultural Efficacy in Women's Health Education,'** by Ana E. Nunez, MD, Assistant Professor of Medicine and Director, Women's Health Education Program, MCP Hahnermann University. Published in Academic Medicine, Vol 75 No 11, November 2000.

■ **Thematic issues before the Commission on the Status of Women:** Report of the Secretary-General, 'Women, the girl child and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS); Gender and all forms of discrimination, in particular racism, racial discrimination, xenophobia and related intolerance.' Contains recommendations to the UN system and intergovernmental bodies. Includes a call for participation and contributions from NGOs. March 2001.

For more information on ordering these materials, contact the Canadian Women's Health Network Information Centre.
Toll-free: 1-888-818-9172
E-mail: questions@cwhn.ca

WOMEN, *diversity* and ACCESS to HEALTH CARE in ATLANTIC CANADA: *A Preliminary Perspective*

BY CAROL AMARATUNGA, Ph.D.

The health care system in Atlantic Canada cannot adequately help immigrant, refugee and racialized minorities if it cannot hear or see them.

So when it comes to access to health care for diverse populations, their current invisibility within the system is a top concern.

Recent studies sponsored by the Maritime Centre of Excellence for Women's Health (MCEWH) have exposed a critical knowledge gap in the Atlantic Region about accessibility of health care for disadvantaged sub-populations in general and women in particular. This lack of information about the lives of minority women and their families—especially Aboriginal, Black, immigrant and refugee women—forms one of the chief roadblocks to their proper care. The voices of these 'forgotten' populations deserve greater attention and inclusion in program and policy planning in the health care system.

Roughly a dozen research projects on immigrant and refugee women in Atlantic Canada sponsored by the MCEWH are beginning to enhance our understanding by initiating a critical body of policy-based research on health needs by ethnic origin and by passing the research through the gender lens. These projects tell us that, although health care is officially as 'available' for marginalized groups as it is for those in the mainstream, in Atlantic Canada language and cultural issues can severely limit access to adequate care, especially in the case of new ethnic minorities. Their small numbers mean they

can easily be forgotten or excluded if special efforts are not made to inform health care policy about them.

Regional research on the voices of diverse and excluded populations has revealed language, culture and medical research as three major barriers between ethnic subpopulations and adequate health care.

More and better trained health care interpreters are needed to help prevent misunderstandings and to enhance communication processes about diagnoses. Training for interpreters in medical terminology, and cultural and linguistic translation also would improve immigrants' encounters with doctors and nurses, and enable their voices and needs to be more clearly presented and heard. A parallel need exists for more organizations to provide and deliver vital information and health education in an immigrant's own language about how to use the system, and about health promotion.

Provincial health systems in Atlantic Canada should develop umbrella policies integrating multicultural issues into programs for health providers and students of nursing. Diversity training for medical and support staff must become a matter of policy and practice before the system can become culturally responsive.

Culturally relevant community-based research on social and economic inclusion is required to shape policy, professional education and ultimately, service delivery. Without it, there can be no knowledge base about the diverse health needs of racialized minorities. The research should identify the health needs of women, elders and children using a cultural, age and gender-based analysis. The research also should identify concrete steps to better integrate excluded populations into mainstream health care services and programs.

The Maritime Centre of Excellence for Women's Health is producing regional research on diversity, inclusion and health on a continuing basis to help bridge the information gap. We also participate in a national working group on immigrant and refugee women's health in Canada that we hope will contribute to the work and will ultimately inform public policy.

But much more needs to be done. Particularly in the absence of a national Metropolis Centre of Excellence for Research on Immigration in the Atlantic region, more resources are absolutely essential to allow us to see and serve the legitimate needs of racial and ethnic minorities inside the Canadian health care mosaic.

For more information on these and other projects in the area of social and economic inclusion, please visit our web site: www.medicine.dal.ca/mcewh

Carol Amaratunga, Ph.D., is the Executive Director of the Maritime Centre of Excellence for Women's Health (MCEWH), supported by Dalhousie University, the IWK Grace Health Centre for Children, Women and Families, Health Canada, and by generous anonymous donations.

resources

Face Values: Women, Body Image and Facial Differences

Lorna Renooy, Carla Rice and Heather Beveridge

Positive images of people with physical differences are rare and misconceptions common. This booklet addresses the concerns of women with facial differences and provides a starting point for increased awareness. 1999.
Cost: $4.25 (shipping & handling included); discounts on orders of 50 or more. English.

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123 Edward Street, Suite 1003
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Tel: (416) 597-2229
Fax: (416) 597-8494
E-mail: info@aboutfaceinternational.org
http://www.aboutfaceinternational.org

A Resource Guide – For Women's Studies Practica: Students Linking Academe and Community

Alma Estable, Mechthild Meyer and Roxana Ng

Provides information on Women's Studies programs in Canada, emphasizing those with practicum components. Women's groups and students who have participated in practica are cited and a literature review of writings on practica is included. A rare and valuable reference for those interested in examining this subject from a feminist perspective. 2000.
Cost: $12 (non-members); $10 (members). English.

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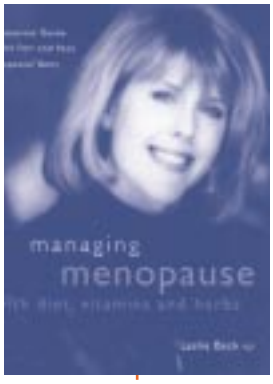

Women's Voices in Health Promotion

Margaret Denton, Maroussia Hadjukowski-Ahmed, Mary O'Connor and Isik Urla Zeytinoglu

A comprehensive collection of feminist perspectives on women's health promotion. Offers a clear exposition of current feminist theory, a guide to current knowledge, a participatory action research framework, and examples of local implementation. 1999. Cost: $32.95. English.

Published by: Canadian Scholar's Press
180 Bloor Street West, Suite 1202
Toronto ON M5S 2V6
http://www.cspi.org/books

The Women's Complete Wellness Book

American Medical Women's Association

A health reference book that emphasizes prevention and overall well-being covering a range of topics from sleep to violence for women of all ages, along with features about breast cancer and menopause. It contains important information on finding the right doctor or health practitioner, advice often missing from health guide books. 2000. Cost: $38.99. English.

Published by: St. Martin's Griffin
175 Fifth Avenue
New York, NY 10010
Tel: (212) 674-5151
http://www.stmartins.com

Care and Consequences: The Impact of Health Care Reform

Diana L. Gustafson, Ed.

Framed within a clear analysis of the shift from care-cure to business models, these articles illustrate how diverse groups of women in various social and institutional contexts are navigating through a changing health care system – a system on which women rely for well-being as caregivers and recipients; a system that operates more and more on the logic of scientific management. Cost: $29.95. English.

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A Guide to Effective Care in Pregnancy and Childbirth, Third Edition

Murray Enkin, et. al.

Updated to include the results of the most recent research, this guide provides readable and reliable information and summarizes the effects of care practices during pregnancy, childbirth and after. 2000. Cost: $43.50. English.

Published by: Oxford University Press
Great Clarendon Street
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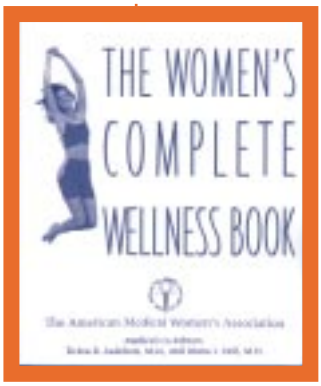
Managing Menopause with Diet, Vitamins and Herbs

Leslie Beck

Nutrition and diet for relief of symptoms, weight control and reducing the risk of breast cancer, heart and other disease in peri- and post-menopause. Recommendations are summarized at the end of each section for quick reference and recipes are included. This advice is equally practical for those who do and don't use hormones. 2000. Cost: $24.95. English.

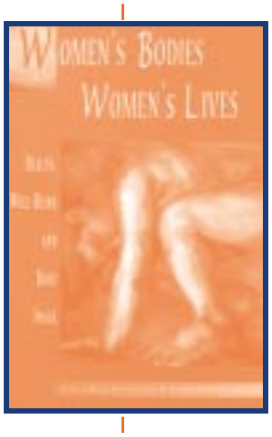
Available at most bookstores.
Published by: Prentice Hall
http://www.phcanada.com



The Lesbian Health Book

Jocelyn White and Marissa C. Martinez, Eds.

With background information on the lesbian health movement and the impact of homophobia on health and health care, this book explores personal and community efforts to make health care accessible and responsive to lesbians. Personal stories provide insight into finding a health care provider, lesbian parenting, breast cancer, menopause and mental health issues. 1997. Cost: $18.95 US. English.



Published by: Seal Press
3131 Western Ave.
Suite 410
Seattle, WA 98121 USA
Toll free: (800) 788-3123
http://www.sealpress.com

Women's Bodies/ Women's Lives: Health, Well-Being and Body Image

Baukje Miedema, Najet M. Stoppard and Vivienne Anderson

A collection that provides alternative and potentially transforming visions through an insightful discussion of the many ways in which women can be controlled through their bodies. 2000. Cost: $24.95 (plus shipping and GST). English.

Contact: Sumach Press
1415 Bathurst Street, Suite 202
Toronto, ON M5R 3H8
Tel: (800) 565-9523
Fax: (800) 221-9985
http://www.sumachpress.com

The Everyday Wheat-Free and Gluten-Free Cookbook

Michelle Berriedale-Johnson

Developed by a leading expert in the field of food allergies and nutrition, this cookbook contains a variety of recipes using wheat flour alternatives as well as gluten-free flours, breads and pastas. Great for anyone living with celiac disease or with an intolerance to wheat. 2000. Cost: $22.95. English.

Published by: Key Porter Books
70 The Esplanade
Toronto, ON M5E 1R2
Tel.: (416) 862-7777
Fax: (416) 862-2304
http://www.keyporter.com

Meals for Good Health

Karen Graham

Created to prepare healthy meals for those managing diabetes, this book contains fully planned menus for breakfast, lunch and dinner and is illustrated with actual size photographs to show correct serving portions. The large print and easy-to-read format make it more accessible to all readers. 1998. Cost: $29.95. English.

Published by: Canadian Diabetes Association
Available from: Paper Birch Publishing
89 Wilkinson Crescent
Portage La Prairie, MB
R1N 1A7

Ovarian Cancer: The Disease That Whispers

Ben Wicks

With trademark humour, the cartoonist tackles the serious subject of ovarian cancer. While factual and well-informed, a personal touch makes this compassionate easy-to-follow booklet a good resource for both adults and children. (1998.) Reprinted 2000. Free. English.

Published by: National Ovarian Cancer Association
620 University Avenue,
Toronto, ON M5G 2L7
Tel: (416) 971-9800
Fax: (416) 971-6888
Toll-free: (877) 413-7970

It's Like the Legend

Nympha Byrne and Camille Fouillard, Eds.

28 women share their experiences of life in Labrador in the Innu storytelling tradition. Respect for the land, and the need to protect it for their children and grandchildren shine through every story. 2000. Cost: $19.95. English.

Published by: Gynergy Books
PO Box 2023
Charlottetown, PEI
C1A 7N7

Mothers and Sons

Journal of the Association for Research on Mothering, Spring/Summer 2000, Vol 2, No 1.

Exploring a variety of aspects to mother-son relationships, this collection covers a range of diverse subjects like single mothers and male child development, Black men reflecting on the influences their mothers have had on them, and mothers and sons as a theme in Croatian songs. Book reviews included. 2000. Cost: $15. English.

Published by: Association for Research on Mothering
Room 726, Atkinson College, York University
4700 Keel Street
Toronto, ON M3J 1P3
Tel: (416) 736-2100 ext. 60366
Fax: (905) 775-1386
E-mail: arm@yorku.ca
http://www.yorku.ca/crm

Lesbian Mothering

Journal of the Association for Research on Mothering, Fall/Winter 1999, Vol 1, No 2.

This collection answers questions of lesbians who are, or may become, mothers. Subjects include nonbiological mothering, child custody law and child support. Several book reviews included. 1999. Cost: $15. English.

Published by: Association for Research on Mothering
Room 726, Atkinson College, York University
4700 Keel Street
Toronto, ON M3J 1P3
Tel: (416) 736-2100 ext. 60366
Fax: (905) 775-1386
E-mail: arm@yorku.ca
http://www.yorku.ca/crm

L'Ostéopathie: Le corps en harmonie

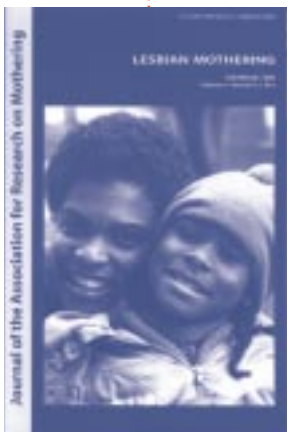
André Beaudoin et Ghislaine Savard

This book deals with the philosophy and practice of osteopathy, the science of treating disease by treating the bones. Osteopathy sees the body as an integral system. It attempts to identify the mental processes that create imbalance and to correct structural flaws so that the body can generate its own remedies and thus heal itself. 2000. Cost: $19.95. French.

Les Éditions Quebecor
7, chemin Bates
Outremont, QC H2V 1A6
Tel: (514) 270-1746
http://www.quebecoreditions.com

Note: We do our best to list the current cost of items reviewed before we publish, but prices do change. Costs listed do not always include shipping charges. We suggest you confirm the price with suppliers before you order.

Resources are compiled by Jennifer Litchfield.



Cervical Cancer Risk

A new study from the B.C. Cancer Agency demonstrates a need to target recent Chinese immigrants for cervical cancer screening awareness. Only 50% of 776 Chinese women in Vancouver and Richmond reported having had a Pap test in the past two years, compared with a provincial average of 67%. Rates were lowest for women from Mainland China, as well as those who have never married, with the least education, those who have little fluency in English, those with the lowest household income and those living in subsidized housing. The cervical cancer rate for Chinese women has previously been found to be twice that of white women in B.C., and the risk of cervical cancer for Chinese women compared to white women in other geographical areas has been found to be as much as four times greater.

Source ~ BCCA study published in the December issue of the B.C. Medical Journal. http://www.bcma.org/BCMJ/December 2000/CervicalCancer.asp.

First Annual Inclusion Award

The DisAbled Women's Network (DAWN) Ontario is seeking individuals and organizations who understand that by including people with disabilities in all life activities, we are all enriched. Inclusion is people with and without disabilities participating together in all life activities. Help DAWN look for those in the province of Ontario who understand the value and beauty of inclusion. Nominations must be received by 31 April 2001.

Information and nomination forms can be found at http://dawn.thot.net

Ethnicity in the Electronic Age: Looking at the Internet Through a Multicultural Lens

A 40-page report based on a study of on-line attitudes and practices among African-Americans, Hispanics and the general market finds African-Americans and Hispanics use the Internet for different purposes than the general market. African-Americans are more likely to use the Web for career advancement and professional development, education, family and relationships and entertainment, while Hispanics are more likely to use the Internet as a major source of news. Both were less likely than the general market to search for financial or technological information on-line, but they were more concerned than other users about the impact of the Internet on children and families.

Download the full text of the report at
Worldwide Cultural Access Group
http://www.accesscag.com

Money for Cash-strapped Women's Centres

Since Quebec overhauled its health care system five years ago, the number of people showing up at women's centres for everything from bus tickets to self-defence has tripled. Demonstrating in front of Health Minister Pauline Marois's office in Montreal, exhausted centre workers from across Quebec said enough is enough—the centres need financial support to stay open. 'Three times as many women are being referred to us from emergency rooms, hospitals, CLSCs, psychologists and psychiatrists who don't know what to do with them,' said Sylvia Martinez, president of the Regroupement des Centres de Femmes du Québec. If the centres don't receive more funding, some will close for days, weeks or even permanently, sending women in distress back to already overflowing emergency rooms, she warned.

Source ~ The Gazette (Montreal)

Order a CWHN T-shirt

In beautiful colours, the Canadian Women's Health Network's T-shirt comes in sizes M, L, XL & XXL. White with full-colour image. Only $20 (plus 5$ for shipping). For a full-colour image of the shirt, log onto www.cwhn.ca.

Orders:
Credit card: 1-888-818-9172
E-mail: cwhn@cwhn.ca
(send your name and address and you will be invoiced)
Mail: send $20 plus $5 for shipping (taxes are included) to 203-419 Graham Avenue Winnipeg MB R3C 0M3

Manitoba Pharmacists Set to Offer Morning-after Pill

The morning-after pill could be available to Manitoba women without the need for a doctor's prescription as early as this spring, say officials at Manitoba Health. Manitoba is following the lead of British Columbia, which in December allowed pharmacists who went through a half-day certification process to prescribe the drug themselves. While the changes need the nod from officials at Manitoba Health, Assistant Deputy Minister Rick Dedi says objections to proposals from the association are rare.

Source ~ Winnipeg Free Press