International interdisciplinary conference on

Gender, Sexuality & Health

June 10-13 2004

Simon Fraser University at Harbour Centre
Vancouver, British Columbia, Canada

CONFERENCE PROCEEDINGS
International interdisciplinary conference on

Gender, Sexuality & Health

Conference hosted by:

The Department of Women’s Studies and the Ruth Wynn Woodward Professor, Simon Fraser University

Co-sponsored by:

British Columbia Centre of Excellence for Women’s Health, Vancouver, BC

Supported by:

- Social Sciences and Humanities Research Council of Canada
- Canadian Institutes of Health Research, Institute of Gender and Health
- Institute for Health Research and Education, Simon Fraser University
- Vice-President, Academic and Provost, Simon Fraser University
- The President, Simon Fraser University

The Harbour Centre is located on the Traditional Territories of the Musqueam, Tsleil-Waututh, Squamish and Sto:lo Nations.

Simon Fraser University at Harbour Centre
Vancouver, British Columbia, Canada
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Keynote Addresses
KEYNOTE ADDRESS:

"Is Gender-Based Analysis of Health Policy Enough?"

Pat Armstrong

CHSHF/CIHR Chair in Health Services, and Professor, Department of Sociology, York University, Toronto, ON

Canada requires policy-makers to do a gender-based analysis. However, very few of the big health policy documents even mention gender, let alone provide a gender-based analysis. Doing such an analysis would certainly be a step forward - but would it be enough? This presentation will address issues of turning health policy analysis into practice, examining the weakness in relying on gender-based analysis for promoting and implementing change.
KEYNOTE ADDRESS:

“Babies, Bodies and Medicine: What do Women’s Health and Intersex Issues Have in Common?”

Monica J. Casper

Former Executive Director, Intersex Society of North America, Seattle, WA, USA

This talk will explore intersections between intersex and women’s health concerns. Intersex has rarely been thought of in terms of women’s health, yet there are many points of overlap. First, the majority of children with intersex conditions are assigned a female gender. Second, surgical “repair” of intersex on female children often results in the loss of clitoral functions. Third, as with women’s health practices, ideologies of sex and gender undergird intersex treatment. Notions of sexual normality, standards and “acceptable” practices shape what happens to the bodies of people with intersex conditions. Fourth, as with the history of women’s health practices and technologies, intersex is rife with iatrogenic effects, as well as ethical breaches and research bias.
KEYNOTE ADDRESS:

“Researching Gender, Health and Globalization: Opportunities and Challenges”

Lesley Doyal

Professor of Health and Social Care, School for Policy Studies, University of Bristol, England

This presentation explores the links between gender, health and globalization. It does this through an examination of two key questions. How do gender relations mediate the effects of global restructuring on the health of women and men; and how does globalization of health affect patterns of gender relations? This will involve a discussion of the ways in which socio-economic, cultural and social change are reshaping both the gender division of labour and gender inequalities in access to resources. Topics covered will include: changing patterns of waged and unwaged work, the reshaping of the role of nation states in meeting gendered human needs and the impact of poverty and conflict on the health and wellbeing of women and men. The presentation concludes with the outline of an agenda for future research.

Just finished a study on HIV+ive African Q in London
KEYNOTE ADDRESS:

"From Wasting to Lumpy: Gender, Body Image, and HIV Treatment Side Effects"

Cindy Patton

CRC in Community, Culture and Health, and Associate Professor, Departments of Sociology & Anthropology, Simon Fraser University

From the late 1980s, media have represented people with AIDS as “wasting” away from viral assault. In the mid-1990s new classes of antiviral drugs promised to halt AIDS in its tracks. Unfortunately, while the drugs proved lifesaving, they also have dramatic side effects, including weight gain in unusual places and worrisome changes in cholesterol levels. Women report distress at both their appearance and social reactions to their appearance. Their caregivers are concerned that the protective advantages of gender relative to cardiac risk will be wiped out by the antiviral drug. This talk provides an overview of the issues faced by women throughout the epidemic, and focuses on current problems women face in gaining access to drugs and in managing their side effects.
KEYNOTE ADDRESS:

“After the Walk Down the Same-Sex Wedding Aisle: What are the Next Frontiers for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community?”

Gilles Marchildon

Executive Director, Égale Canada, Ottawa, ON

Although the issue of access to civil marriage by same-sex couples has attracted considerable attention, there are diverging views of what this means for the LGBT community. Does it represent the death of diversity and the ultimate sell-out, or is it the last significant threshold to full equality leading to great societal tolerance and genuine embrace of LGBT communities? Legislative changes and court decisions over the past few years have moved LGBT equality and human rights forward in huge strides but there are still important gaps regarding trans rights, censorship practices and outdated criminal code provisions. Young queers continue to perish at their own hands, pushed to desperate measures by a homophobic education system. Furthermore, our LGBT communities need to address questions of aging, racism, health and poverty, among others. Égale is increasingly exploring an “intersectional approach” to its work. The LGBT and queer communities can share diverse perspectives and a rich history, thus contributing to the global society.
KEYNOTE GRADUATE STUDENT ADDRESS:

"Midwifery, Informed Choice and Relational Autonomy"

Angela Thachuk

MA Student, Department of Women's Studies, Simon Fraser University

My presentation involves examining the foundational tenet of informed choice as defined by the midwifery philosophy of care. I explore the correlations between feminist reconfigurations of autonomy and choice, and the role of the client as the primary decision maker in the midwife-client relationship. I offer this analysis in contrast to traditional formulations of autonomy and choice within the medical model of informed consent and the problems associated with their employment. Specifically, I will look at the alternative theories of Relational Autonomy that recognize the individual as situated within a social context and emphasize the relationship between self-trust and autonomous decision-making. It is my contention that the midwifery model of care and its holistic emphasis on empowerment and informed choice offers exemplary standard of practice that maximizes women's reproductive autonomy. As official recognition and employment of midwifery services is spreading across Canada, this topic addresses what is both a timely and relevant issue.
INVITED ADDRESS:

Miriam Stewart
Scientific Director
Canadian Institutes of Health Research – Institute of Gender and Health (CIHR-IGH)

“National and International Impact of CIHR-IGH on Gender, Sex, and Health Research”
Symposium Abstract

Significant changes are occurring worldwide in redefining marriage both for heterosexuals and—especially—for lesbians and gay men, and confusion exists about the issues involved. Thus the symposium outlined here is both topical and innovative. Marriage is no longer the exclusive right of heterosexual couples. In some countries/states, lesbian and gay couples are now offered some (if not all) of the rights and responsibilities that accrue to heterosexual couples. Thus the symposium examines personal and political decisions to marry (or not), and to consider the ways in which feminist, lesbian, and gay reflections, analysis, and theorization can begin to speak to each other, to work towards the transformation of marriage and relationships.

The symposium has two components:

- Reports of recent relevant empirical research
- Discussion of the direction of future feminist, lesbian and gay research and theory in marriage and relationships.

Symposium Outline and Presenter Abstracts

Marriage: The Personal and Political
Sara-Jane Finlay and Victoria Clarke

As an introduction to the symposium, we will explore the perspectives of feminists, lesbians and gay men who have chosen to make a formal commitment through marriage. Presenting an overview of the key theoretical and experiential arguments made for and against marriage by lesbians, feminists and gay men, the symposium considers the personal and political aspects of the arguments. We will examine the important areas where theory and practice intersect, and consider ways in which the debates about lesbian, gay and heterosexual marriage could benefit from an engagement with each other's critical perspectives. Discussions of and research on marriage and relationships has to ask challenging questions that seek alternative conceptualisations of relationships outside of mainstream constructions of marriage and the family. We suggest that there is a need to think about the implications of our practices around relationships beyond the narrow confines of our own identity.

Human Rights or Human Wrongs? Discursive Constructions of Lesbian and Gay Marriage in the Canadian Press
Sara-Jane Finlay, Institute of Communication and Culture, University of Toronto at Mississauga, Mississauga, Ontario, Canada.

On June 10th 2003, the Ontario Court of Appeal ruled that the exclusion of gays from the institution of marriage is illogical, offensive and unjustifiable, and therefore, unconstitutional. The judges in Ontario declared that denying same-sex couples the right to marry suggests that lesbians and gays are not equal members of society.

This paper provides a content analysis of the media coverage of the same-sex marriage ruling, running from 1st of May 2003 to the 31st July 2003. It includes news and editorials in the two national Canadian papers (The Globe and Mail and The National Post) and the largest circulation Ontario paper The Toronto Star. Three main discourses emerge. First, a human rights discourse argues for same-sex marriage based on legal and constitutional equality. Second, a religious discourse argues against same-sex marriage from a moral or biblical basis. Finally, a liberal discourse celebrates the normalisation of lesbian and gay culture and politics into a
heteronormative framework. In conclusion, I suggest that the predominance of these discourses within the mainstream press blurs some of the broader social and political implications of same-sex marriage for feminist, lesbian and gay cultural politics.

- Elevated Risks of Psychopathology among Heterosexually Married and Never Married Sexual Minorities: A Nationally Representative Sample with Psychosocial Match Controls
  Robin Mathy, Clinical Research Fellow, University of Minnesota Medical School, Minneapolis, MN, USA.

This paper is based on a matched control study of gay, lesbian, bisexual and heterosexual midlife adults. The data were drawn from a nationally representative sample of the United States. The sample included 73 gay, lesbian and bisexual individuals, each of whom was psychosocially matched by ethnicity, age, gender, size of community, and region of the country in which they live. The data allows statistical analysis that compares currently married and unmarried gay, lesbian and bisexual individuals as well as never married vis-à-vis ever married.

The results indicate that gay, lesbian and bisexual individuals in heterosexual marriages have worse mental health than their heterosexual peers. There are higher levels of psychopathology (as defined by clinical tests) and psychiatric co-morbidity among gay, lesbian and bisexual individuals relative to heterosexuals. However, heterosexual marriage mediates the relation, so we find that breaking down the sample by currently married versus unmarried explains the finding of greater psychopathology among gay, lesbian and bisexual individuals in the general population. Given that these findings were obtained with a very rigorous matching process and that they were drawn from a nationally representative sample, the results are of concern.

- Personal and Political Perspectives on Marriage: Where to From Here?
  Panel Discussion
  - Sara-Jane Finlay, Institute of Communication and Culture, University of Toronto at Mississauga, Mississauga, Ontario, Canada.
  - Victoria Clarke, Schools of Psychology, University of the West of England, Bristol, UK.
  - Vivienne Elizabeth, Senior Lecturer in Sociology, University of Auckland, Aotearoa, New Zealand.
  - Precilla Choi, Associate Professor in Health Psychology, Victoria University, Australia.
  - Robin Mathy, Clinical Research Fellow, University of Minnesota Medical School, Minneapolis, MN, USA.

This panel discussion brings together five authors who have recently published both empirical and personal pieces on marriage, and will focus on the future direction of lesbian, gay and feminist politics and theorising on marriage and relationships. The following questions will provide a basis for the discussion:

- What are the implications of the current rulings and proposals regarding same-sex marriage for feminist, lesbian and gay politics?
- What new focuses for research are opened up by the recent discussions of same-sex marriage?
- How can we balance feminist critiques of marriage with the desire of many lesbian and gay men to enter the institution?
- What challenges can lesbians and gay men offer to conventional understandings of marriage?
Key to the work of the BCCEWH is a reflection on the importance of a comprehensive involvement model in health research, and the overt articulation of values underpinning health research concerning women. The BCCEWH and the Centres of Excellence for Women’s Health Program were deeply involved in the debates about the development of the CIHR, the establishment of the Institute of Gender and Health and the determination of approaches to health research. This presentation will document our involvement in these debates, describe the development of the Fusion model for integrated health research and present a “women-centred research” model that reflects and supports the provision of women centred care.
Policy and Politics in Knowledge Translation: Registering the Impact of Breast Implants Ann Pederson, MSc

This presentation will examine knowledge translation from the perspective of researchers trying to influence the policy agenda. Recent efforts to support the health of women with breast implants in Canada will be used to illustrate the challenges associated with framing an issue in politically acceptable terms that minimize the controversy associated with the issue. Framing the problem of breast implants as one of inadequate 'information' as opposed to a discussion of the social construction of femininity, for example, can be seen as a strategy to reduce the political nature of the issue for women while not challenging underlying social values. The presentation will conclude with comments about the implications of such policy-relevant research for investigators committed to an action-orientation in their work.

Women's Mental Health: Competing Discourses as Barriers to Change Marina Morrow, PhD

Deena White describes mental health as a "notoriously trying policy domain" in part because the "uncertainty and controversy about the causes and the very nature of mental disorders makes the most appropriate means for their social management a puzzle" (1996:289). Feminists have been at the forefront of challenging narrow bio-medical understandings of mental illness and have strived to make visible the differing needs and social experiences of women in the mental health system through a social analysis of gender, race, class, ability and sexuality. Despite this, mental health service provision and policy development is still largely driven by bio-psychiatry. Using examples of women and mental health research projects conducted at the BC Centre of Excellence for Women's Health this presentation is a preliminary exploration of how competing understandings of mental health and mental illness constrain efforts to influence policy and service provision. This discussion will be situated in the current climate in BC where retrenchment of the welfare state makes challenges to predominant discourses and the power invested in these less welcome.

Building Virtual Communities to Support Research Involvement and Knowledge Translation in Women's Health Nancy Poole

New technologies that make possible virtual collaboration have potential as methods for overcoming compartmentalization, facilitating evidence-based practice, increasing involvement in inter-sectoral research, and increasing collaboration and morale amongst those working on complex prevention, intervention and research efforts on women's health issues. Nancy will discuss her recent work on building a virtual community on fetal alcohol syndrome research, as an example of how researchers and community-based experts can be brought together using videoconferencing technology, to learn of, and discuss the application of research to their practice; and to participate directly in research agenda setting and other levels of the research process. This work is designed to help realize the research involvement model of the BCCEWH.
Investigating Rural Aboriginal Maternity Care in B.C.: Actualizing A Community-based Involvement Model  Jude Kornelsen, PhD and Betty Calam, MD

During the past decade, concerns have been raised about the ethical conduct of research undertaken with Aboriginal communities, which has often been insensitive to their values, needs and customs and, in some instances, perpetuated feelings of “colonial intrusion.” The term “parachute research” has been used to describe the lack of connection to Aboriginal communities and peoples by non-Aboriginal researchers and the attendant misdistribution of benefits – and potential harm – accrued from the research process. It has been suggested that the only appropriate approach to research with Aboriginal communities is a participatory one which assumes community control over the identification of research areas and issues, the design of the research study, participation in the collection and analysis of data, and equitable control over the dissemination of findings. This discussion will provide an example of a participatory research project on rural maternity care with four Aboriginal communities, highlighting the essential process of community building among collaborators as an actualization of the BCCEWH’s involvement model.

“Women Organizing Activities for Women”: A Case Study in Knowledge and Research Uptake  Colleen Reid, PhD

The 3-year community-based health research project “Women Organizing Activities for Women” (WOAW) raises both the possibilities and challenges of knowledge translation towards policy change. WOAW was a partnership between a group of 80 diverse women of low income, 13 community service providers, and 6 UBC researchers. WOAW’s goals were to explore and address poor women’s health issues and concerns and to increase their access to community recreation opportunities. While a number of small-scale individual and group actions were initiated and sustained, fewer policy changes at the local level were accomplished despite the production and distribution of 6 research reports and ongoing meetings with managers in the local municipalities. Examining the successes and challenges faced by WOAW suggests that knowledge transfer and positive policy change may have been more systematic and sustainable had they been explicit goals of the research and integrated into the research design.
Submission to the International Interdisciplinary Gender, Sexuality and Health Conference

ABSTRACT SHEET:

Proposed Symposium: Marginality and health: Gender identity, sexual orientation, and linguistic and cultural diversity

Health research with marginalized populations has received less than adequate attention in the scientific literature. While there has been an abundance of health research on gay men and the AIDS epidemic, it may have overshadowed the sheer diversity of health concerns that persons with marginalized identities face. In particular, gender identity issues, gay male health concerns other than HIV, and linguistic and cultural identity issues in health research have suffered from limited critical attention. This symposium was put together to highlight some of the health issues of non-normative gender, sexual, and cultural identities that are continually marginalized. Nicola Brown's paper discusses the barriers faced by trans people due to the lack of inclusive health services and presents resources, recommendations and community models for how to address these barriers. Jeffrey Aguinaldo's paper explores the interpretative resources gay men use to talk about and make sense of same-sex relationship violence. Stephanie Austin's paper presents her work with minority Francophone women living with breast cancer as one instance of social inequality in health. This symposium will appeal to a broad audience of health psychologists, clinical service providers, public health professionals, research methodologists, and people more generally interested in sexual minorities, gender identity issues, and cultural diversity.

"At the mercy of the system": Health and gender identity

The diagnosis of Gender Identity Disorder (GID) is a contentious issue within and outside of transsexual and transgender communities (Barsic, 1998; Valerio, 2002). This paper will address some of the complexities of diagnosis as it relates to health care and social services, as well as some of the particular accessibility issues faced by trans people. Barriers to care are related both to the marginal position of trans people and to health services that are often gender-based and lacking in appropriately trans-inclusive policies and procedures (Namaste, 2000). Interviews conducted by the author with queer women partners of female-to-male transsexuals (FTMs) reveal that women partners often take on an advocacy role, interfacing between their FTM partner and various institutions. This paper will conclude with recommendations for health care providers based on the interview data and discussion of unique community initiatives in Toronto which offer models for trans-positive service.

Talking about gay male partner abuse

In response to the pervasive and overwhelming realities of violence against women, research on domestic violence has focussed primarily on the abusive experiences of
women by their husbands. While a gendered-analysis on domestic violence, which assumes a male-batterer/female-victim dyad, gives credence to the legal and political aims of the battered women's movement, such a framework constructs domestic violence as solely a heterosexual phenomenon. The present paper explores the interpretative resources gay men use to talk about and make sense of same-sex relationship violence. For example, gay male participants equated experiences of abuse in same-sex relationships with those in heterosexual relationships in order to substantiate the severity of violence. However, by doing so, the gay men adhered rigidly to (hetero)normative assumptions of the gendered experience of abuse that ultimately foreclosed certain violent experiences within same-sex relationships as abuse and produced victimization in ways that warranted its outright rejection. By way of conclusion, this paper offers recommendations for research practice within the field of gay men's public health.

"Quand j'suis malade, j'suis pas bilingue" – Minority Francophone women living with breast cancer

My study focuses on the experiences of one marginalized social group: Francophone women living with breast cancer in Ontario, Canada. To understand the needs of Francophone women living with breast cancer, the minority context of living in French in Ontario needs to be critically examined. Access to health and supportive care services among Franco-Ontarian women who have a diagnosis of breast cancer is assured by law, but is not always readily available.

Results from a qualitative study involving Francophone women living with breast cancer and Francophone health and supportive care professionals will be presented. Attention will be placed on Francophone women's support service needs, the barriers they face in accessing health and supportive care services, and actions that can be taken to address the gaps between policy and practice in health services for Francophone women in Ontario.
Symposium: "(In)Coherent Identities: Dis-Identity Politics and the Abject Body"

The papers in this session trouble the links between body, identity and subjectivity. We seek to situate bodies, identities and subjectivities as shaped by historical, social, political and psychical processes. Using the fat body and the queer body as focal points, this panel explores the tumultuous relationship between feminist and queer identity politics and embodied subjectivities. Beginning with marginalized or abjected subjects allows us to interrogate the failures of identity politics and theory in recognizing the invisible or unrepresentable subject.

The body has become a privileged site of identity construction and a locus for struggle in identity politics. This is troubled by the trickiness of the body - its fluidity and malleability - which makes it impossible to pin down into any stable identity category. Just as the body cannot be 'trusted' neither can the psyche. In its multiple attachments, and reattachments, the psyche is equally slippery and unwilling to be compelled into fixed categories. As such, the papers on this panel are engaged in these crucial debates in an attempt to trouble the attachments between bodies, psyches and identities.

Paper One: "A Re-Spoiled Identity: Dis/Identity and Feminist Fat Theory"

During, and along with, the Second Wave of feminism, a body of feminist theory burgeoned which named and organized against the systematic oppression of fat women. This same theorization of the gendered fat body continues today, but with a different theoretical foundation. Current feminist fat theory, mirroring the theoretical shifts of feminist theory generally, utilizes both poststructuralist and psychoanalytic theory to engage in a fat politics that does not assume a 'universal fat woman'. Taking up Julia Kristeva's (1982) notion of the abject, something with which a respectable subject *cannot* identify, fat theorists embrace the abject 'freakishness' of fatness. Fat theorists are thus organizing a politics around an impossible or *dis* identity. The question for poststructural/psychoanalytic feminist fat theory is whether or not this type of abject-based theory really works. For in claiming abjectivity, an identification is still being made; is 'othering' still evident in this dis-identity claim? In as much as a critique of poststructuralist/psychoanalytic feminist fat theory lends to larger questions regarding the possible re/production of an 'other' in each claim to identity, fat dis-identity politics has much to add to tense discussions about identity in feminist theory and Women's Studies.
Paper Two: “Masochism and Identification: Queer Attachments to Subjection”

In this paper I ask the question what attaches us to our identities? Foucauldian social theory suggests that all identities are socially constructed and that it is through our identities that we are situated in systems of power. The Foucauldian subject is a product of the social and political forces which shape his/her identities. The status of the thinking and feeling subject and their role in navigating these identities is left largely untheorized. If queer identities are not marked on the body, but only take hold of us when we take hold of them, then what is it that makes us take them on? And if certain identities are abject, considered socially undesirable or even unlivable, then how is it that we come to inhabit them?

Some psychoanalytic theories attempt to explain women’s attachment to domination as a form of masochism (see Deutch (1930), Reich (1940), Benjamin (1988)). By applying a Foucauldian understanding of power to Deleuze’s (1989) psychoanalytic theory of masochism, I offer a rereading of masochism as both a psychical and social process involved in gender and sexual identification. Reading queer identities through this theory, I argue that masochism offers a particular configuration of subjectivity in relation to power and pleasure that is compatible with both the Foucauldian theory of power and the psychoanalytic subject.

References


Twentieth century North American queer liberation movements and identity politics have focused on the importance of being visibly queer as a strategy of resistance against homophobia and heterosexism. Within this strategy is the supposition that “queer” can be definitively marked on one’s body, and that not marking oneself as queer (‘passing’) is to remain complicit in one’s oppression, and the oppression of other queer bodies. Lisa Walker argues that passing subjects remain outside of this model of identity and are thus thought of as outside considerations of gender and queer oppression. Further, passing subjects are categorized as static and inauthentic, denying them any transgressive or revolutionary potential.

Using Walker’s work on visibility and lesbian identities, in this presentation I argue that queer liberation discourse about visibility is shaped by both nineteenth century sexological research on queer bodies focused on inversion and the morphology of the “invert” as well as eighteenth century natural science investigations of racial difference. Focusing on my research on femmes as an example, I demonstrate that so-called ‘passing’ identities demonstrate the constructedness of “visible” and “invisible” identities, and destabilize the notion of an essential and visible queer identity.

Reference

EMBODIMENT, AGENCY AND ETHNOGRAPHY

Co-organizers: Dara Culhane and Denielle Elliott

Session abstract:

Theorists, researchers and activists engaged with questions about linkages between health and social justice have focussed attention on women’s bodies as sites where historical and political forces intersect with personal biography and everyday life. Theories of embodiment have emerged to describe and analyze processes wherein power is simultaneously inscribed and reconstituted through experiencing, performing bodies; and through deeply gendered and racialized discourses representing healthy and unhealthy citizen bodies.

This session brings together researchers working with diverse groups of women—minority Roma in Poland; inner city female drug users; disabled women dependent on public services for subsistence; women engaged in informal, underground economies; impoverished, Indigenous women—who share common struggles surrounding health, well-being and safety in contexts where accelerated globalization of capital and intensification of neoliberal governmentality feminizes poverty and dis-ease with ever increasing rapidity. Participants problematize current debates about resistance, victimization and agency through analyses of narratives told by and about marginalized women, paying particular attention to the methodological quandaries faced by ethnographic researchers.

Chair and discussant: DARA CULHANE

Author & Affiliation:

Dorothy Chunn, SFU

CHUNN, DOROTHY

RUNNING ON EMPTY: POVERTY, MOTHERWORK AND HEALTH IN NEO-LIBERAL TIMES

The transformation of Keynesian welfare states into neo liberal states has been characterized by the ongoing erosion of social supports and a corresponding increase in the unpaid work of social reproduction that is performed primarily by women. For mothers on social assistance, even the grudging and limited recognition of their ‘motherwork’ that was achieved in Keynesian states has been erased. Cuts to support programs and already below-the-poverty-line rates of social assistance, together with increased surveillance of welfare recipients aimed at ferreting out welfare fraud, have exacerbated the marginality of their lives. As with other workers under neo-liberalism, their conditions of (mother)work have deteriorated; a development that has clear implications for their own health and that of their children.
The focus of this paper is the impact of deepening poverty on the physical and mental health of mothers on social assistance in Vancouver. Drawing on data from in-depth, serial interviews conducted in 2001-2002, I examine: (1) the experiences of mothers who are struggling to maintain their families in the context of dwindling resources; and (2) their perspectives on how intensified poverty has affected their personal well-being and their ability to cope with motherwork.

CHABOT, CATHY

ENTITLEMENT OR SELF-SUFFICIENCY: LOW-INCOME WOMEN'S EXPERIENCES WITH PROVINCIAL SOCIAL ASSISTANCE POLICY

Recent changes to provincial policies governing welfare and disability benefits reflect the British Columbia government's desire to move from what they term "a culture of entitlement" to one of "self-sufficiency". New legislation is having a profound impact on the lives of people with disabilities and long-term health conditions in British Columbia. This ideological shift is rooted in neoliberal social policies that over the last decade have increasingly denied welfare and disability recipients sufficient financial support. For many women living in Vancouver's Downtown Eastside, poverty, discrimination, and violence cause or contribute to complex health conditions that prevent them from acquiring full-time employment. These health concerns are often not recognized and do not qualify them for provincial disability coverage. In this paper, I draw on ethnographic research conducted by the Health and Home Research Project to examine how women in this community negotiate the provincial social services system in their attempts to acquire and maintain disability benefits. I contrast their strategies with those employed by the provincial government to decrease the number of people receiving social assistance and demonstrate that these structural barriers do little to facilitate greater social and economic independence.

ROBERTSON, LESLIE

WAR, ADDICTION AND SOCIAL KNOWLEDGE: WOMEN DRUG USERS AT A COMPLEX INTERSECTION

To women drug users in Vancouver's Downtown Eastside, the on-going events surrounding September 11th evoke particular sites of social knowledge: the body, the local community and the nation. Their repertoires of war are drawn from unofficial drug histories, from their embedded-ness in an entrenched street drug culture and from larger political discourses. Some women position their own bodies at the intersection of addiction and war; their illness narratives are imbued with pharmacological expertise and knowledge about shifting local and global drug trade practices. By including women drug users in larger discussions about world events, self-conscious and essentialising evaluations of drug use fall away. I outline the complex locations from which drug-using women speak about war: as consumers whose bodies are linked to global processes; as
residents in a local community of shared knowledge and practices; and, as (marginalized) citizens of a nation.

ELLIOTT, DENIELLE

BODIES, BATHING AND HOMELESSNESS: THE EVERYDAY IMPACT OF NEO-LIBERAL POLICY.

A combination of poverty, neo-liberal state welfare and housing policies, and an increasingly expensive rental housing market in Vancouver, B.C. means that many women are forced into homelessness or forced to rent rooms in slum hotels (SRO hotels). One consequence of inadequate and unsafe housing is that women do not have a secure place to bathe. Bathing and using the toilet are gendered practices needing to be negotiated daily for women living on the margins. Shared bathrooms are often gendered spaces associated with terror and sexual violence, a space of vulnerability where physical and sexual assaults occur. Women are forced to either stop washing or to bathe in public washrooms located in non-profit organizations. The act of washing takes on new meanings quite contrary to those typically found in North American popular culture. This paper explores the disparate meanings attached to bathing and hygiene. This paper is drawn from ethnographic research with impoverished women in Vancouver’s inner city where there is a general lack of public washrooms and safe bathing facilities. I explore the everyday experience and gendered practice of bathing for women living in poverty, asking how these particular women think about the body, bathing and safety -- linking it to larger public discourses that define abject bodies as uncleanly and diseased.

KAZUBOWSKI-HOUSTON, MAGDALENA

“LIFE KICKED THE HEALTH OUT OF ME”: ROMA WOMEN’S CONCEPTIONS OF HEALTH AND VIOLENCE IN THE ETHNOGRAPHIC THEATRE PERFORMANCE HOPE

My paper, based on my Ph.D. research – an ethnographic study of violence as experienced by Roma women in postsocialist Poland – explores how Roma women talk about, explain, and perform, in the context of theatre performance, the relationships between their experiences of everyday violence and their health. I discuss my ethnographic theatre project Hope, developed in collaboration with Roma women in Poland, and argue that the ways in which the women explain the linkages between the violence they experience and their health -- in the context of the ethnographic theatre event -- need to be considered in terms of agency (i.e. as various social actions aimed at cultivating new experiences, constituting social reality, and instigating social change).
This presentation will examine how the work of the BCCEWH has addressed the question of how economic costs get counted in health, and how these approaches have failed to take into account other costs of equal importance to program and policy design. These include costs to individuals, their families, society and third parties such as employers and insurers. Taking gender and diversity into account, leads to more expansive models and methods of "costing", which are more useful in determining...
appropriate recognition of social, psychological and economic costs resulting from health conditions, diseases or experiences. Using examples such as palliative home care, violence against women and child sexual abuse, we will illustrate this new approach.

**Bringing Meaning to Women’s Smoking: the Benefits of a Women Centred Research approach. Natasha Jategaonkar, MSc**

The prevalence of smoking remains high among certain subgroups of women, particularly those who are young, Aboriginal or living on low income. Traditional research into tobacco use has tended to focus on biomedical aspects of smoking without a clear understanding of why women smoke. Interventions focused on health outcomes have generally failed to prevent or reduce women’s smoking. In contrast, a feminist approach to tobacco research shifts emphasis away from an isolated view of cigarette smoking and instead frames tobacco use within the social context of women’s lives. Researchers, health practitioners and community members are involved in examining the reasons why women begin and continue to engage in cigarette smoking. Initiatives at the BC Centre of Excellence for Women’s Health include a woman-centered (rather than fetus-centered) model for smoking cessation among pregnant and post-partum women; the design of a social support intervention for low-income women smokers which may help to reduce their cigarette use; and an exploration into social factors such as cultural identity and gender identity that may influence women’s and girls’ smoking. The interdisciplinary relationships developed among stakeholders are paramount in improving the general understanding of circumstances that encourage women to smoke and in identifying avenues for positive change.

**The Need for a New Theoretical and Measurement Model for Women’s Health Indicators. Lorraine Greaves, PhD Sandra Kirby, PhD Ann Pederson, MSc & Colleen Reid, PhD**

Current health indicators for women’s health exhibit three key shortcomings: (1) they are based on inadequate data (some data are excluded or simply do not exist); (2) they are not sufficiently gender-based; and (3) they are not adequately informed by theories of gender inequity and marginality. While there is a paucity of Canadian women’s health data, particularly with respect to key subgroups and social processes, in international initiatives there is an abundance of data indicators. By bringing together the fields of social exclusion, marginality and women’s health, this project looks at creating a theoretical and measurement model for both critically examining existing health indicators and identifying new and more contextualized indicators of girls’ and women’s health in Canada.

**Beyond the Uterine Tradition: Women Centred Pregnancy, Mothering and Substance Use Programs and Policy. Nancy Poole and Lorraine Greaves, PhD**

Catalyzed by discourse surrounding the Supreme Court case involving an Aboriginal woman who used solvents during pregnancy, since 1998, Centre researchers have engaged in collaborative research and policy projects that highlight the need for a
paradigm shift in our understanding and response to substance using mothers. Our research has elucidated: key barriers to treatment for pregnant substance using women and mothers; models of comprehensive, culturally competent, harm-reduction-oriented and women-centred care; the merits of taking a women’s health promotion approach to the prevention of fetal alcohol syndrome; and mothering-centred policy values for child welfare and other policy affecting mothers and their children.

Safety and Community: An exploration of the maternity care needs of Rural Parturient Women Jude Kornelsen, PhD

Increasingly, women from rural areas across Canada are forced to deliver outside of their home communities due to shortages of local obstetrical care providers, the centralization of services and system restructuring. Although there is emerging literature on the health implications of birth for women and their infants when they leave their communities to give birth, to date the social and emotional consequences have not been investigated. This qualitative study used in-depth interviews and focus groups to consider the experiences of rural parturient women in four communities across British Columbia. Findings reveal a hierarchy of needs around participants’ birth experiences starting with the fundamental need for a safe birth. Other needs included stability, security and structure and the need for continuity of care provider and community in birth. Data revealed that these needs were best met when birth occurred within the participants’ home community. Implications of unmet needs included feelings of stress and anxiety, which were more salient for women with diminished social and financial resources. Interpretation of the results of this study will be undertaken using Abraham Maslow’s Theory of Human Motivation to provide a deeper understanding of the obstetrical needs of rural women.

Author & Affiliation:
Lana Sullivan, BCCEWH

"The Importance of Place in Research"

Place matters. As the world shrinks due to processes of globalization, the significance of place or locality becomes increasingly important to consider. Because particularities, circumstances, and the general make up of specific locations are key to understanding how general processes work themselves out, such characteristics are vital to consider when conducting research on gender and health issues. This presentation will briefly outline the key literatures associated with the importance of place or locality when conducting research on health and gender issues. To illustrate, this presentation will provide one case example from a large research project conducted by BCCEWH on why and how place matter.
Title: “I’m already thin: I don’t have to exercise”: An examination of four major health concerns and girls’ and women’s physical activity

Presentation Type: Paper

Abstract:

Most diseases are preventable or their onset can be delayed through regular physical activity (Reid et al, 2000). The positive relationship between participation in optimal physical activity and health and well-being is well established, yet girls and women continue to fall behind on having enough physical activity for healthy living. Across the life span, this has serious consequences for women’s health. In this paper I look specifically at the role physical inactivity/activity plays in four health issues, obesity, cardiovascular disease, osteoporosis and diabetes. First, I provide a picture of the nature and scope of the physical activity ‘problem’ and the cost of illness. Second, I address health outcomes/equality outcomes for girls and women with specific reference to the four health issues and third, I make recommendations for the improved of girls and women. The presentation is based on a life-span approach to understanding women’s health and on the complex relationship girls and women have with physical activity.
SYMPOSIUM:

Using Feminist Conversation Analysis to Research Gender, Sexuality and Health

The papers in this symposium all use the classic interdisciplinary theory and method of conversation analysis (e.g. Sacks, Schegloff and Jefferson, 1974) to interrogate, from a feminist perspective, a contemporary issue of gender, sexuality, and/or health. Each paper is based on an analysis of recorded naturalistic data (i.e. data not elicited by a researcher, as in interviews or focus groups): women reporting their abusers to the police (paper 1); calling a helpline for women seeking a home birth (paper 2); or chatting with a client while engaged in paid labour in a beauty salon (paper 3). (Ethics clearance for all these data sets is in accordance with the guidelines of the British Psychological Society.) Across these three very different topics, the questions guiding the research are concerned with making practical improvements in the conditions of women's lives: how could the police facilitate disclosure of violence and abuse? (paper 1); how might women most effectively be supported in getting the kind of birth they desire? (paper 2); how do classed and gendered identities get produced in beauty therapy and how best can feminists begin to challenge the 'beauty myth'? (paper 3). The papers share a common approach that social regulation works 'bottom up' as well as 'top down' and that the methodology of conversation analysis applied to naturalistic data can help us to understand issues of power and inequality in relation to gender, health and sexuality.
Research suggests that only a minority of cases of violence against women are reported to authorities and that in most cases this violence is committed by intimates. Low reporting rates have been attributed to factors such as: difficulty in naming the violence as such; construction of the problem as 'private' or 'domestic'; guilt at violating the loyalty to a partner; fear of further victimization; concern that the police will not take the problem seriously. The majority of existing research in this area is based on interviews with women describing their experiences of violence, and their difficulties in reporting it, to a researcher.

By contrast with this traditional retrospective data, the research reported here is based on analysis of 31 audio-recorded instances in which women report violent abuse to the police (in a women's police unit in Maceió, Brazil). Conversation analysis of these reportings shows how women actually go about reporting violence against them to the police (and how the police respond), as well as on some difficulties faced by women when doing so.

The completed research will contribute both to our feminist scholarship (regarding our understanding of the interactional work involved in reporting abusers in institutional settings) and will give rise to practical recommendations in line with the feminist goal of improving the conditions of women's lives.
ABSTRACT SHEET

Type of presentation: Paper

Title of presentation: Emotion work in action: Praising callers on a ‘home birth’ help line

Abstract:
The concept of 'emotion work' has been useful in understanding the work women do both in personal relationships (Duncombe & Marsden, 1993; 1995) and in the workplace (Hochschild, 1983). However, sociological understandings of emotion work are overwhelmingly derived from self-report data (e.g. interviews, focus groups) in which people talk about doing emotion work and not from direct observations of emotion work in action (Frith & Kitzinger, 1998). This paper is based on direct observation of one particular form of emotion work - praising - as it occurs across a data corpus consisting of more than 50 audio-taped telephone conversations between call-taker and callers to a (UK) help-line for women planning a home birth. The paper focuses on instances in which the call-taker praises the caller (e.g. 'you're being tremendously sensible', 'you've handled it so well', 'you've got absolutely the right attitude'; 'I admire the way you're tackling it'). Using conversation analysis, we explore where praise is used in the course of the calls, what it is being used to do interactionally, how it is managed by callers, and what its consequences are for the ongoing interaction. Through detailed analysis of emotion work in action, this paper contributes to our theoretical understanding of emotion work and has important implications for the practice of help-line workers.
Type of presentation: Paper in symposium on Feminist Conversation Analysis

AV needs: OHP, VHS video

Title: 'Everyday health care': Talk and touch as work in the beauty salon

Women's health and wellbeing includes 'management' of physical appearance, including, for most women, the removal of body hair. 'Excess' hair growth (e.g. in women with Polycystic Ovarian Syndrome) is often a source of distress; and the 'beauty myth' has fostered a multi-million dollar beauty industry - including depilation in beauty salons. The research reported here uses video-recordings of hair-removal sessions in UK beauty salons to explore a range of issues including the normalization of the depilated body and the interactional features of the beauty salon as a workplace. This paper analyzes a brief video-clip in order to focus on the deployment of touch and talk between women in a hierarchical relationship to one another. The analysis explores the production and reproduction of gendered and classed identities through talk in the beauty salon. The work which goes on in the beauty salon is an under-recognized form of 'everyday health care', with the beauty therapist responsible not only for the production of the kind of (smooth, hair-free) body normatively associated with 'femininity', but also for the emotional wellbeing of her client.
International interdisciplinary conference on

Gender, Sexuality & Health

Workshops
Type of presentation—workshop

Title of presentation: Women, Sexuality and Holistic Health: yoga and ayurvedic perspectives

This presentation will focus on holistic health perspectives on women's sexuality, using frameworks from ayurveda and yoga. Within these thoughtforms/practices women's sexuality is embraced as a vital part of health. The chakra (wheels of energy) system will be examined as one way of exploring ayurvedic and yogic perspectives on sexuality.

Ayurvedic recommendations for healthy routines/regimens, which include an active sexual life, will also be discussed.

This paper will thus focus on health aspects of women's sexualities—from a positive, empowering and integrated anti-racism feminist perspective. This will hopefully contribute to dominant North American feminist discourses on women's sexualities by bringing a South World philosophical perspective that has spiritual origins that span 5 thousand years of history.

The workshop that will include meditation on the chakra system, including the second chakra—that which includes sexual, erotic and emotional aspects of health/well-being. Different yoga postures will also be demonstrated and taught, with an emphasis on the second chakra.

Participants ought to dress in loose clothing and bring a mat or towel and will need to sign a standard waiver prior to participating.
ABSTRACT

TITLE: Lessons Learned from Disruptive Disclosures: A Roundtable to (Dis)Mount Missionary Positions.

Positive Prevention is to place the HIV-positive individual at the centre of all educational and research endeavours. It seeks to turn what needs to be prevented—often judged by persons in institutional positions of power and authority—on its head. For example, what is labelled unsafe sex can be enacted as barebacking from the standpoint of a person or a network of persons living with AIDS following an organic decision-making process that involves affects, information, sociality, and ethics. Thus, positive prevention includes risk in a harm reduction approach to maximize the physical, mental and sexual health of HIV-positive individuals.

However, the praxis of positive prevention poses challenges. It might mask further victimization of those who are already vulnerable and carry the burden of social work around treatment and self-care (Bresalier et al. 2002). How are HIV-positive queers supposed to engage in positive prevention? May positive prevention be masking "semitic snarls" and a "neoliberal" and individualistic approach to one's sexual health (Adams et al. 2003) and moral and practical disagreements regarding disclosure and protection of others (Trussler et al. 2003, Klitzman & Bayer 2003)?

This roundtable will advance community-based theorizing on various perspectives regarding "positive prevention". Community stakeholders will explore competing views of what "positive prevention" is in the context of queers' lives and how it can be implemented.
(ii) Abstract Sheet

Type of presentation: Workshop

Title of presentation: Canadian Coalition of Experiential Women: The intersection of sex workers and policy making.

In June 2004, the first national meeting of women in and from the sex trade will take place in Ottawa. Discussion will include the development of working definitions from an experiential perspective on sex work, the sex trade, trafficking, exploitation, survival sex and the creation of an ongoing mechanism for experiential women to give voice and perspective to policy and programmatic issues related to both sex work and the sex trade. This gathering will include women from a range of philosophical positions and will move beyond traditional polarizations of pro and anti-sex work.

Women who are in or from the sex trade are too often presented in the language of and purported to be represented by police, lawyers, scholars and legislators but rarely recognize themselves in that dialogue. This workshop will offer participants a rare opportunity to glimpse the internal dialogue of sex workers. It will be presented by the primary organizers of the Coalition, Jannit Rabinovitch, facilitator of the meeting in Ottawa and Cherry Kingsley, winner of the Governor General’s Award, who spent eight years of her youth as a drug addicted sex worker, and who has been invited to present twice to the UN General Assembly on the issue.
ABSTRACT SHEET

Workshop Title: Healing Our Spirit: HIV/AIDS Work in BC Aboriginal Communities

Facilitators: Derrick Maier
Sueann Phillips

Abstract:
HIV/AIDS is a growing problem in Aboriginal communities across BC, and across the country. Aboriginal people face a number of unique barriers to health and wellness. A different approach to prevention education around HIV/AIDS is required. Healing Our Spirit takes a culturally relevant approach to the HIV/AIDS epidemic in the Aboriginal communities of BC.

The workshop will include a discussion of Healing Our Spirit’s history, mandate, programs, and approaches to HIV/AIDS education, support, and care. There will be a discussion of the unique factors in working in Aboriginal communities, both on- and off-reserve. Current statistics on Aboriginal infection rates will be addressed. The two facilitators – 1 Aboriginal, and 1 non-Aboriginal – will share their experiences and perspectives on the unique issues, challenges, and methods of dealing with HIV/AIDS in Aboriginal communities.

Both Sueann and Derrick are HIV Educators with Healing Our Spirit. Healing Our Spirit is an Aboriginal HIV/AIDS service organization which services Aboriginal communities and organizations throughout British Columbia. Healing Our Spirit was formed in 1992 to provide much-needed services to Aboriginal people living with HIV/AIDS in the form of culturally competent prevention education, support, and care.
Workshop
Getting published in academic journals

Abstract

Publishing in peer-reviewed journals is essential in the current climate of higher education, but to those new to academic life this can be daunting and frustrating. The aim of this workshop is to introduce the processes involved in journal publishing, including: how to choose a journal, prepare a manuscript, and understand the review, decision and production processes. Participants will be encouraged to consider diverse publishing opportunities, including book reviews, short articles, commentaries, and reviewing. They will also have the opportunity to view decision letters and reviewers' reports in order to acquire a clear vision of what is involved in editorial decisions about which papers to accept/reject. The presenters will give tips to help participants feel confident about submitting papers for publication and to increase the likelihood of acceptance. Drawing on concrete examples from their close work with the international journal, *Feminism & Psychology*, the presenters will offer a special focus on publishing within the fields of gender, sexuality and health. However, the issues discussed will be relevant to publishing in the social sciences more broadly, with the aim being to help anyone new to academic publishing to develop a thorough understanding of its inner workings.
This workshop encourages the participation of individuals already engaged in emancipatory praxis.

**TYPE OF PRESENTATION:** WORKSHOP

**TITLE OF PRESENTATION:** GENDER, SEXUALITY, SEXUAL DIVERSITY AND HEALTH THROUGH THE LENSES OF RESISTANCE AGAINST RACISM AND OTHER FORMS OF OPPRESSION

This workshop will focus on issues pertaining to gender, sexuality, sexual diversity and health in relation to experiences of oppression, particularly within the Black/African Communities and other communities of colour in Toronto. Some issues that will be addressed include: deconstructing conceptualizations of gender, sexuality, sexual diversity, and health from an anti-oppression perspective. A model for anti-oppression praxis will be examined.

The main objective of the workshop is to challenge the participants to examine how dominant paradigms impact their ideology and practices. Examples from different community and educational settings will be used to discuss the intersectionality of racism, sexism, heterosexism and other forms of oppression. The workshop will utilize the Arts as an interactive tool to engage participants in praxis of an anti-oppression approach to health.

This workshop encourages the participation of individuals already engaged in emancipatory praxis.
This introductory workshop is intended to provide some practical experience of using conversation analysis (CA) to analyse audiorecorded interactional data. The level of the workshop will be determined by the knowledge and experience of the people attending, but it is primarily aimed at people with limited previous exposure to CA (although others are very welcome). In particular, I will try to show – through hands-on experience – the value of this approach to analysis of qualitative data. We will listen to a short piece of data, and - depending on participants' knowledge and experience - do some of the following: transcription; general observations about the data; more focussed analysis of turn-taking, sequence organisation, repair, and person-reference.
Presentation or Workshop

MODELS OF WOMEN-CENTRED CARE IN WESTERN CANADA

Health care reform in Canada is having a profoundly negative impact on women. Despite this discouraging trend, models of women-centred care have emerged that are based upon both women's experiences and beliefs as well as on innovative evidenced-based practices. Women-centred care is a term that has become part of health discourse in the last ten years. This workshop will examine what it means and create a dialogue about practice and policy in Canada, highlighting the challenges and success stories of how philosophies and practices can be integrated into public health and health restructuring.

The first part of the workshop will examine two documents: (1) The Vancouver Coastal Framework for Women-Centred Health which has been taken up by providers across British Columbia. Many of them are adapting it to their local needs to improve the health of women. (2) Voices from the Frontlines: Models of Women-Centred Care in Manitoba and Saskatchewan, a qualitative research report funded by the Prairie Women's Health Centre of Excellence. It examines women-centred care in two provinces and includes Aboriginal models.

The presentations will examine some applications of the Framework and women-centred care including the health care response to violence against women and Aboriginal and northern adaptations. We will demonstrate how these examples go further to address the gender issues and concerns of women than conventional medical approaches which may harm women. Women-centred health is based upon evidence that women's unequal status in society impacts health and health care and that inclusion of women from diverse communities is essential.
International interdisciplinary conference on

Gender, Sexuality & Health

Posters
Abstract.

This paper addresses fatness, thinness, and the ideal, sexual body image for men. It draws on the results of qualitative, doctoral research of men who had experienced significant weight gain and loss. The results are presented as two ideal types. ‘Fat Eddy’ and ‘Sexy Steve’ represent polarised, embodied extreme’s experienced by seven (7) men as they gained and lost weight. Fat Eddy emerged as an inactive, unhappy man, denying his weight gain and losing his sexual drive. For Eddy, fatness detracted from sexual experiences. He internalised the sexual other’s distaste for sex with fat men. His nemesis, Steve, having lost more than twenty (20) kilograms in weight, had more sex, with more partners. Steve feels attractive, and sees himself as sexually desirable.

The health implications are manifold. First, the motivation for weight loss was sexual appeal not health. Health promotion messages, therefore, may be inappropriately focussed on health rather than sexuality. Secondly, health and wellness are closely integrated with self-esteem, positive body image and sexual partnerships. Thirdly, context is crucial. Sexy Steve needed social/sexual attention. The interactive loop between Steve and his socio-cultural environment influenced his concept of self and reinforced his need to lose more weight. Finally, weight loss can be unhealthy. What began as a process to lose weight to be sexually marketable turned into a narcissistic and obsessive need to be sexually desirable. This was taken to extremes. It is clear that men dieted in unhealthy ways to reach a subjectively imagined attractive ideal. This paper explores the extent to which the sexual market influences the embodied practices of men.
Title: A troubled identity: The discursive negotiation of men who attend a self-help group

This paper analyses how men and women discursively manage their identities as members of cancer self-help groups. I focus on four interviews of men who belonged to the same testicular cancer self-help group and seven women who belonged to the same breast cancer self-help group. Using discursive psychology I argue that managing identity as someone who attends a self-help group is more ‘troubled’ (Wetherell, 1998) for men than women. For instance, the men in my study typically negotiated a positive identity for themselves and their self-help group which attended to the maintenance of hegemonic masculinity. In order to do this, men set up a variety of negative constructions of self-help groups and related activities which they then distanced themselves from. Men constructed themselves as offering something to the self-help group. Women, on the other hand, constructed self-help groups as providing them with support. I discuss one practical consequence of the way men position themselves in relation to the notion of support. I conclude by suggesting that although at first glance these men (who attend a self-help group) appear to be resisting hegemonic masculinity, on closer inspection their negotiation of a self-help group identity makes them complicit.
ABSTRACT

"If you don't pay for something, does it have the same value?": The experiences of female peer volunteers with chronic health conditions

While peer-lead health programs are shown to be cost-effective to the health care system and beneficial to program participants' health, little attention has focused on peer volunteers, primarily women, who actually deliver such programs. Utilizing feminist research practices, this phenomenological study employed feminist standpoint theory and postmodern analysis to explore and assess the views and 'voices' of six female peer volunteers of the Chronic Disease Self-Management Program and the Canadian Cancer Society Reach to Recovery Program. These two community-based health care programs involve breast cancer survivors providing one-to-one support to women newly diagnosed with breast cancer; and peer leaders delivering self-management education to other persons with chronic health conditions. Semi-structured interviews revealed an overall sentiment of satisfaction with the peer volunteer role. However, four main themes also arose: 'normalization' through shared experiences, making-meaning and personal growth through role-modelling, the gendered socialization of caring roles, and the undervaluing of volunteering in society. Findings point to the value of sharing experiential knowledge between women with chronic health conditions, the need to acknowledge the contributions of peer volunteers as an important part of the health care continuum, and the need to critique gendered expectations of women in providing unpaid labour in health care.
ABSTRACT SHEET

Intensive Mothering, Mental Illness, and the Panopticon: Exploring the Socio-cultural Context of Mothers with Mental Illness

Using in-depth interviews, this study explored the experiences of mothers with serious and persistent mental illness. As well as examining the influence of system practices and policies on the experiences of mothers with mental illness, it also explored how mother’s experiences are shaped by the broader socio-cultural context. Many mothers in this study felt they faced unique challenges based on “invisible things.” Several scholars have described how mothers who digress from the societal ideal of motherhood often have their ability to mother questioned or scrutinized. Drawing upon the experiences of the women in this study as well as the literature examining the ideology of “intensive mothering” and socio-cultural understandings of mental illness, this paper describes the context of women’s experiences of mothering with a mental illness. Foucault’s model of the panopticon is suggested as a metaphor for understanding how the broader socio-cultural context creates a climate of scrutiny and surveillance for mothers with mental illness.

Word Count: 155

Type of Presentation: Poster
POSTER PRESENTATION

Therapeutic Health Impacts of the Victim Impact Statement for Sexually Assaulted Women

This qualitative study reports the perspectives of 14 Ontario hospital-based sexual assault service social workers who assist clients with the preparation and submission of victim impact statements (VIS) for potential court use. Transcribed interviews are being analyzed using the NUD*IST program. Most social workers indicated clients found the VIS beneficial when undertaken within a supportive therapeutic alliance. Hence, it was sometimes incorporated into therapy regardless of whether women's cases proceeded to sentencing. Several women were distressed at being required by the court to comply with the VIS form since it constrained page length, time of submission, depiction of harm, and emotional tone. Some women experienced negative mental health effects when their VIS were extensively edited by court workers to remove personal or assault information perceived as damaging to judicial perceptions of client credibility, and others were refused the right to orally present. Those who orally presented the VIS were reported as experiencing the greatest satisfaction with having been "heard" or "listened to," regardless of the sentencing outcome. Despite hopes that the VIS would impact on sentencing deliberations, most social workers stated neither they nor their clients could determine whether the judge had taken the VIS into account in this regard.
Soon after Prozac was released on to the market over six million people were taking the drug. In my paper I will present a materialist feminist analysis of Prozac and its social effect on women and how capitalist ends are furthered by maintaining gender roles through the medicalization of women. My analysis will include a brief history of psychiatry and psychoanalysis and the introduction of prescription medications to talk therapies. I will look at the tranquilizers of the 1950s and the benzodiazepines of the 1970s which lead up to the antidepressants of the 1990s. The images of women in advertisements not only lead doctors to prescribing these drugs, they lead women reading such magazines as Marie Claire and Cosmopolitan to go to their doctors with symptoms similar to the ones mentioned in the advertisements. Whether a woman is not performing to her husbands standards of womanhood and he suggests medication or it is a single mother struggling to provide the material and emotional support her children need, women are overrepresented when it comes to the use of antidepressants, tranquilizers, and other psychotropic drugs.
POSTER PRESENTATION

Are women's formal accounts of the physical, psychological, social and financial harms experienced as a result of sexual assault related to sentence severity?

The Victim Impact Statement (VIS), presented at the time of sentencing, details victim impressions of physical, psychological, social and financial impacts of a crime. Introduced in Canada in the 1980's, the VIS is presumed to fulfill 'communicative' and 'instrumental' goals. The first goal involves communicating the harm experienced; the second assists in determining an appropriate sentence. Victims often participate in the VIS believing it will impact sentence severity. To date, there have been no investigations of the VIS specific to sexual assault. We examined female sexual assault cases heard in Ontario during 1993-2001. Cases (n=221) were selected from Canada's most comprehensive on-line legal information system, Quicklaw, with data extracted onto a coding instrument. Over three-fifths (67.9%) of women were vaginally and/or anally penetrated, and almost one-third (31.7%) physically injured. Only half (51.2%) completed a VIS. The most common harms cited included: emotional/psychological (74.7%); safety/security concerns (32.2%); disturbance in family/social relationships (28.7%); and pain/modifications to lifestyle (19.5%). VIS completion was not related to increased sentence length providing evidence-based guidance for victim services that help sexual assault victims complete VIS. Women's focus should be directed away from the possible instrumental impact of VIS to avoid distress when personal accounts of harm are not reflected in sentence lengths.
Type of presentation: Paper (first choice), Poster (second choice)

Title of presentation: The Women's Health Surveillance Report: its contribution to the understanding of the impact of gender on the health of Canadians.

Abstract:

The Women's Health Surveillance Report is the first national report on the health status, disease burden and health determinants of Canadian women. It identifies key differences in health by gender and between subgroups of women, and informs policies and programs to improve the health of Canadian women and men. Many issues pertaining to gender, sexuality and health were addressed in this report: body weight and body image, breast, cervix and other gynaecological cancers, sexual health, and chronic conditions such as arthritis and diabetes, among others. The report revealed that women experience more long-term disability than men (22.6% versus 19.6% respectively) and more frequent occurrence of severe disability. During the menopausal period, women are at increased risk of chronic disease such as cardiovascular disease and osteoporosis. Additionally, after the age of 65, high blood pressure is more common among Canadian women than men. Overall, birth rates and women's fertility are decreasing, but large fertility differences exist between provinces and territories and within sub-groups of women. This presentation will provide an overview of the Women's Health Surveillance Report, its methodology, and principal results. Following this, results from specific chapters of the report dealing with reproductive health will be presented.
The study investigated how young women's clinical experiences and social context impact their participation in testing for sexually transmitted infections (STIs) and their subsequent sexual behaviour. This grounded theory study addresses: (i) the use of STI testing among youth; (ii) factors within the health care system and social context young women perceive as affecting their health outcomes and decision-making; (iii) and the impact of testing on young women's subsequent sexual behaviour. In-depth interview data were collected from 20 female participants between the ages of 19 and 26 years within two weeks of being tested for STIs in Vancouver, Canada. Follow-up interviews were conducted 3 months after the initial interviews. Interview data were analysed to develop a conceptual framework that identifies processes by which the health care system (e.g., clinic environment, physician remuneration), social milieu (e.g., stereotypes of sexually active youth), as well as broader structural forces (e.g., gender and power imbalances) that affect the experiences of young women. Although the generalizability of the emergent model remains to be tested, the findings provide screening program planners, clinicians and other community health service providers with helpful insights when responding to youth sexual health needs.
Type of Presentation
Poster

Title of presentation
Risk for HIV among Maquiladora and non-Maquiladora Working Women in Mexico

Abstract

This study investigated the sexual and substance use risk behavior of women living in Mexicali, Baja California, Mexico. A total of 300 women were recruited, 150 from a maquiladora plant (foreign-owned assembly plant) and another 150 women, matched in age, marital status, and colonia of residence to the maquiladora women, from the community. Results demonstrate that the maquiladora working women in this sample have few risks for HIV related to their own sexual behavior and substance use. Their use of illicit drugs is almost nonexistent and of those who are sexually active, the majority had only one male sexual partner in the last six months, almost always a husband, live-in partner, or boyfriend. Furthermore, when compared to a matched sample of women who do not work in a maquiladora, few significant differences were found. The low risk for HIV due to women's own sexual and substance use behavior found in this study is consistent with other studies of Mexican women's HIV risk behavior, as well as studies of immigrant Mexican women in the U.S. Although such results suggest that Mexican women may be protected from HIV infection, the steadily increasing rate of HIV among Mexican women, particularly among nonsex-working women, belies this protective effect. Instead, women's risk for infection may be due to the behavior of male partners, rather than their own behavior. Because women in this sample were not engaging in typical HIV risk behaviors such as using drugs or engaging in sex with multiple partners, and because most women in this sample were in an ongoing relationship with one male partner, discussion focuses on the need for greater investigation of women's risk for HIV due to the behavior of male sexual partners. In addition, to increase awareness of women's risk for HIV from male relationship partners and to make HIV risk reduction more pertinent to women, program planners should focus on the close relationship context and consider how incorporation of elements such as intimacy, commitment, and caring into HIV prevention interventions can facilitate risk reduction with Mexican women.
POSTER PRESENTATION

Title – Silence in (Capital) Contexts: HIV/AIDS, Womyn and Work

Abstract –

This presentation will explore the continuous negotiation of the sites and activities of work for womyn living with HIV/AIDS, particularly as they relate to the context(s) of silence which have shaped much of the strategy to fight HIV/AIDS and related discrimination in Canada. Specifically, we will explore the negotiation of overlapping spheres of work as they relate to gender, as a lens through which to view the particularities of HIV/AIDS for womyn. How are the contexts of silence and/in work further contested and problematized for HIV positive womyn in particular? How do social and economic class, race, sexual orientation, (dis)ability, gender identity, immigration or refugee status, age and education (for example), impact the negotiation of work and spatiality for HIV positive womyn? Are conceptions of work itself challenged and altered through examination of HIV positive womyn and their lived experiences? While this presentation will not be able to investigate every intersection or negotiation between womyn, work and HIV/AIDS, it will identify and critically evaluate the ways in which the types of work womyn are engaged in – and the positioning of womyn within raced, classed and gendered spheres of work – are interconnected and further problematized by status and identity as womyn living with HIV/AIDS.
TYPE OF PRESENTATION: Paper

TITLE OF PRESENTATION: "Want him to think you're the best he's ever had?" Male and female sexuality in Cleo and Cosmopolitan

ABSTRACT:

Women’s and girl’s magazines continue to be a popular site for analysis of socio-cultural messages about sexuality, health, and wellbeing. In this paper, we present a critical thematic analysis of accounts of male and female sexuality in Cleo and Cosmopolitan across a 6-month period. These magazines are aimed at the late teen to late twenties female demographic, and are widely available and read in New Zealand. Our central question addressed in this paper is what women might learn about male and female (hetero)sexuality in these magazines, and what implications this might have for female sexuality, subjectivity and practice. The magazines reiterated (traditional) gender difference - men and women were constructed as sexually different - with 'male' sexuality, sexual desire, and sexual pleasure privileged and prioritised. Men were situated as wanting, and needing, great sex, and as embodying an always available capacity for infidelity, while women were constructed as sexually active partners. However, women’s sexuality was largely framed around male sexual pleasure/desire rather than their own. We conclude that while ostensibly representing a sexually liberated women, Cosmopolitan and Cleo fail to offer women a ‘woman’ or even ‘couple’ centred version of (hetero)sex.
Paper presentation (preferred, but would present a poster)

Title: Women's experiences of seeking treatment for sexual problems

Abstract

Background: Despite increasing attention paid to women's sexual problems, very little is known about how women experience sexual problems and what motivates treatment seeking in this situation.

Methods: In-depth semi-structured interviews are being conducted with women attending a psychosexual medicine clinic in the North of England. Nineteen interviews have been conducted to date with women aged 23-58 years (40 women will be interviewed in total). Eleven participants described themselves as having libido-related problems, 4 vulval pain and 4 orgasm-related difficulties. All participants apart from one were in a long-term relationship.

Results: All participants reported experiencing problems for a long time prior to seeking treatment and most had seen a range of health professionals before attending the clinic. They defined sexual problems in relation to ability to have penetrative (hetero)sexual intercourse. Most women described how sex became a 'battle' and a key trigger to seeking help was the relationship conflict this caused - many said they could live without sex, but were seeking help for the sake of their partner and their relationship.

Discussion: Findings from this study will provide valuable insight into the experiences of women with sexual problems which can usefully inform research, policy and clinical practice.
Girl power today: having it all or only some

This presentation reports the findings of a study about contemporary femininity and how it is understood and lived by young girls today. Archetypal femininity is no longer the only script of femininity available to women and girls today and some would say that today's women can have it all. The aim of this study was to examine what young girls understand femininity to be and how it might impact upon their lived experience as they approach womanhood. Focus group interviews were conducted with seventeen 12-13 year olds and forty 15-16 year olds. Findings reveal that archetypal femininity remains firmly embedded in our culture. The girls insisted, though, that this has little bearing on their lived experience. They strongly believe that they can have it all because, unlike when their mothers were young, girls and women today now have equality of opportunity. However, alongside this discourse of empowerment also ran another discourse suggesting that they cannot have it all, only some. These findings and some implications will be discussed.
POSTER PRESENTATION

Title: On the Cutting Edge of Beauty: Women, Self-Identity and Cosmetic Surgery in Postmodern Culture

This paper presents an exploration of the development and proliferation of cosmetic procedures for women in Western and non-Western cultures. Focusing on the politics of beauty, the paper asks the questions, what are the ideals of appearance being promoted by cosmetic surgery? How are these ideals constructed and circulated? Are they constructing a particular Westernized and ‘whitened’ version of femininity? The professional gaze of the cosmetic surgeon/physician as expert constructs the healthy body not merely as ‘unattractive’ but as physically defective and in need of constant maintenance and medical intervention. It will be argued that cosmetic surgery can be read as a kind of “retail therapy,” through which women are encouraged to find, express and achieve self-identity by means of surgical interventions that promise to reveal our true self but that these discourses and discursive practices fragment and reduce women to an inventory of replaceable and enhanceable body parts.

Keywords: body, cosmetic surgery, postmodernism, feminism.
Abstract Sheet

Type of presentation:
paper or poster

Title of presentation:
Understanding Young Women's Experiences of Self-affirming Sexualities

Abstract:

The purpose of this research was to enhance the current understanding of young women's experiences of self-affirming sexualities. A feminist social constructionist paradigm and a phenomenological qualitative paradigm were utilized to explore and describe the social context and personal experiences of women between the ages of 25 and 30 who experience their sexualities as affirming aspects of their lives.

A deconstruction of the dominant discourse of women's sexualities provided the contextualization of this experience. Phenomenological interviews with 7 young women (ages 25 to 30) provided detailed descriptions of young women's experiences of self-affirming sexualities. The question guiding these interviews was: What is the experience of self-affirming sexualities for young women?

Within the women's experiences of self-affirming sexualities a common process and four common themes emerged. The women described journeys toward self-affirming sexualities, experiencing integrity of self, finding a sense of agency in sexuality, a sense of connection through sexuality, and experiencing celebration in sexuality. Comparison of these themes with the dominant discourse illuminated how the participant's marginalized experiences of self-affirming sexualities reflect and/or resist dominant constructions of sexualities. The implications of the themes, and their comparison with the dominant discourse are discussed in terms of future research and counselling.
Evelyn Lau first shot to public attention when as a teenager she ran away from home. Since then, for nearly five years she was constantly running away from cultural refinement and social codes, into prostitution and drug abuse, schizophrenia and attempts at suicide. A journal of her experiences, which she maintained ardently, obsessively, was her only companion in these years, a source of psychological energy that helped her survive. The journal, *Runaway: Diary of a Street Kid*, published in 1989, instantly established Lau as a writer and brought her the recognition and acceptance that she had always craved for. Or did it? Indeed, the voyeuristic pleasure with which the society drank in her story and her later poetry, fiction and another autobiographical account *Inside Out: Reflections on a Life So Far*, amounts much to her appeal as a reformed street hooker and drug addict. Apart from the socio-moralistic concerns and the politics of victimization where the focus of media propaganda mainly falls, Lau’s works also evoke questions on women’s sexuality and life-narration that this paper proposes to examine. Based on feminist readings of female sexuality and body-writing, I would attempt an analysis of Lau’s works as her medium of individuation, in her social position as an eternal outsider.
Title of presentation:

The Mother-wife and the Foxy Lady: an Analysis of Gender Role Depiction in Advertisements in China

Abstract:

The economic boom in the last two decades of the 20th century brought about changes in many aspects of the socio-economic sphere of China, one of which is the flourishing of the advertising business. By using content analysis, and applying the theories of Butler and Kellner on gender image and advertising, the present paper examines samples of advertisements on CCTV and three popular Chinese newspapers in an attempt to show how advertising reconstructs and deconstructs traditional concepts of gender roles to cater to (un)changing notions of gender, sexuality and health in the new economic era in China. The analysis reveals that the depiction of women falls into two major categories: the Mother-wife figure, the traditional woman who is primarily responsible for domesticity, housework, childrearing and caregiving, an image dominant in the whole advertising picture; and the Foxy Lady, the new modern woman with explicit sexiness and relentless seductiveness, which seems to be gaining increasing popularity with health and hygiene product advertisements. The conclusion is that, while the Mother-wife image is a carry-over of gender role from the real world to the advertisement world, the Foxy Lady category, for all its apparent deconstruction of the traditional concept, lays too much emphasis on women as seductress which, like a double-edged sword, ultimately cuts back on women and gender equality.
Abstract:

The health and lifestyle messages presented by teen magazines to young women require exploration to understand the impact on young readers. Knowledge of the impact of media messages in teen magazines is vital for educators and health care workers. Two studies were conducted focusing on the young readers' perceptions of teen magazines. Each study consisted of two focus groups and one to two individual interviews with the participants. Interpretive inquiry was used to understand the significance of the phenomena. Gadamer's idea of claim or address was used to identify the phenomena.

Summary:

In the North American study, the participants identified the notion of secrets used to transmit messages to the readers. When reading the magazines, the adolescent women were made to feel like "freaks" of nature" in comparison to the magazine images. The adolescent women noted how popular teen magazines promote propaganda. In the Hong Kong study, the participants discussed how the magazine advertisements convey the norm for readers. Readers were urged to lose weight or take slimming medications to look better. Magazine texts and images tend to be obsessed with flawlessness and advertise the products which promise to deliver flawlessness and the favored white skin appearance. Peer pressure was identified as an encouraging force to partake in the magazine recommendations. Some products were identified as hazardous to health.

The revelation of the ways young women experience popular teen magazines can lead educators health care providers to understand their powerful influence on health. The research findings enable educators health care providers to partake in meaningful dialogue with young women. The implications of this study focus on health promotion activities.
Type of presentation: poster
Title of presentation: Gender and Happiness: A Comparative Study of Happiness Among Iranian Male and Female Students at Islamic Azad University

This paper addresses the relationship between gender and happiness among Iranian male and female students. In order to do this, we asked 650 students of Islamic Azad university of Azadshahr to complete the Oxford happiness scale. Founded conclusions are as follow:
1) There is statistically meaningful difference between male and female students on happiness scale.
2) Female students, demonstrate less happiness than male students.
3) Married students are meaningfully happier than the divorced ones.
4) The divorced students are happier than the single ones.

Key words: Gender, Happiness, Male, Female
WOMEN'S EXPERIENCES ♥♥♥ WOMEN'S WAYS OF LEADERSHIP

I would like to present my research about women's experiences in the development of leadership, individually and with others. Over the last decade, women as leaders have become an emerging concept in literature. Researchers categorize the ways women lead as feminine attributes. They cite shared power and information, inclusion, interconnectedness, and collaboration as a few examples of these feminine characteristics. However, they do not explore specifically how women's experiences influence the way they lead. The paucity of knowledge about women's experiences in leadership literature, along with my own interest to understand women's experiences and leadership practices, gave birth to the research question: What are the everyday experiences of women as mothers, spouses, daughters, sisters, and friends that influence their development as organizational leaders?

The emergent themes are

- The Heart of Leadership: connections
- The Gardens of leadership: growth in others and self
- The Roots of leadership: vision, integrity and respect
- The Wind beneath leadership: inspirational stories
Type of presentation: paper
Title of presentation: Mutualizing Sexualized Violence: New Versions of Old Rape Myths in Sexual Assault Trial Judgments

Abstract:

Four thousand, four hundred and seventy-nine representations from two hundred and nineteen sexual assault trial judgments from across Canada were analyzed for how they represented the act (unilateral, mutual, combination), the realm of the act (violent, non-violent, combination), and the victim's experience (unpleasant, non-pleasurable, pleasant, combination). Representations that formulated the acts in question as mutual, non-violent, and pleasant were ubiquitous. Even cases of convicted assaults were routinely formulated as mutual, non-violent, and pleasurable to some degree: 97% contained at least one representation that cast the act as mutual, 72% contained at least one representation that formulated the act as non-violent, and 47% contained at least one representation that portrayed the act as pleasant. When the assaults were represented as mutual, they were also significantly more likely to be represented as non-violent and pleasurable. Moreover, the discursive representation of the assaults was significantly correlated with verdict: as judges used more accurate representations (i.e., unilateral, violent, unpleasant), they were also more likely to convict. These findings demonstrate the direct relevance of language to violence and responsibility. New versions of the old rape myths continue to be used to conceal violence, blame victims, conceal victim resistance, and excuse perpetrators.
Mrs. His Name: Women's marital surname choices

This paper provides a qualitative analysis of heterosexual couples' accounts of women's marital surname choices. The basis for the analysis is interviews with 62 heterosexual couples about to get married. Partners were interviewed separately and asked to reflect on their plans and expectations for marriage, including for the woman's marital surname. Most interviewees signalled a preference for 'married' names, although this was rarely accounted for in terms of traditional gender roles and views of marriage; rather, many interviewees cited explicitly non-gendered explanations for this preference, including 'avoiding confusion', 'convenience' and 'a liking for his particular surname'. Those interviewees that did cite a preference for tradition did so almost apologetically, and did so in ways that attended to the desirability of 'equality'. The analysis utilises Dryden's concept of 'balancing the books of fairness' – that is, an exploration of the discursive strategies that partners employ to maintain the appearance of an equal relationship despite arguable evidence to the contrary. The argument of the paper is that the interviewees' accounts of women's marital surnames provide evidence both of an equality norm, and of the continued significance of traditional patterns of marriage.
POSTER PRESENTATION

The Case For Chaos: Menstruation, Menopause And The Poverty Of Linear Psychiatric And Medical Models

The past two decades have produced a sea change in the field of gynaecology, as new technologies and research funding have been directed to women’s reproductive health. Regarding menopause, the first sea change occurred with rumblings about the serious side effects of Hormone Replacement Therapy (HRT). It would not be the first time in the past century that medications for female reproductive complaints have resulted in iatrogenic diseases. The other sea change took place in 2003, with a study challenging the accepted knowledge that women ovulated only once monthly. These events demonstrate the poverty of the linear conceptualization of the female reproductive system which was the foundation of medical and psychiatric practices since the Ancients. This paper will argue that looking beyond the boundaries of linear thought and adopting the paradigm of Chaos theory would more appropriately describe female reproduction.

This paper will examine the evolution of the physiological and cultural experiences of menstruation and menopause within the framework of patriarchal, linear models of medicine and psychiatry. The cultural and medical rituals of menarche will be discussed, as will be the construction of the ‘disease’ of menstruation and its designation as a disability, and the diagnosis of a psychiatric disorder, Premenstrual Syndrome. Also examined will be the medico-cultural formulations of the menopause and its association with the devalued, aging female.
Domestic abuse of men to women, emotional, physical, sexual and/or economic, is typically associated with increasing entrapment, injury, medical complaints, psychosocial problems and (sometimes) unsuccessful help-seeking. Research evidence demonstrates that domestic abuse is prolific, prolonged, impacts physically, emotionally and economically upon women and children in particular, over the long-term including well after they are “safe” from the perpetrator. Furthermore, such abuse is widespread and happens all over the world.

There is evidence of growing interest and knowledge of domestic violence among social and behavioural scientists, as well as the European Commission, United Nations, the UK and other governments. However there have been few population surveys to assess public awareness and knowledge of this common social phenomenon.

The findings reported here are from an observational population survey conducted in one British city to assess awareness of domestic violence. While there appears to be a broadly held and well-informed definition of what actions constitute domestic violence and why it occurs, there are striking differences in perspective concerning public awareness of the frequency of domestic violence and knowledge of its importance as a safety issue indicating that it is still not seen generally as a serious social problem.
Type of presentation: Poster

Title: Avoiding the health path: Using alternative methods to gain access to the views of women about sexuality and sexual problems with the context of ageing.

Background: In the United Kingdom, there has been very little research that has been conducted that has explored women's views about what constitutes sexuality or sexual problems from the perspective of women themselves. Gaining access to these perspectives is problematic and requires innovative methods of recruitment.

Aim: The work in progress reports on the methodological and ethical issues encountered during recruitment for a study to examine women's views about sexuality and sexual problems within the context of ageing.

Methods: Individual interviews are being conducted with women living in Sheffield and Nottingham, U.K. These consider four dimensions: 1) Definitions of sex and its importance in later life; 2) Ageing and its effect on women's sexuality; 3) Definitions of sexual problems within the context of ageing; 4) Service provision and delivery preferences in relation to sexual problems. Interviews will be transcribed and analysed for recurrent themes.

Anticipated outcomes: To date, issues encountered relate to the subject of sex being a taboo and sensitive topic. One such barrier has been the reluctance of 'gatekeepers' to display recruitment material in public places. Data will also be available that focuses on both the experiences of those women who took part and the researcher conducting the study.
The 'Academic Pipeline' theory holds that if women are represented in sufficient numbers at the beginning stages of higher education for a sufficient amount of time, they will pop out the end as professors and eliminate the gender gap in academia. In stark contrast to Pipeline logic, women continue to be underrepresented in the professoriate despite high university enrollment. The Pipeline theory overlooks the reality that reproductive choices are still predominantly gendered, often in response to gendered appraisals of the time and energy involved in pregnancy, childbirth, and childrearing within academia and its gendered prescriptions for parents. To examine whether self-selection out of academia in the face of systemic barriers associated with parenting accounted for leaks in the pipeline, I collected data from 468 men and women graduate students about their perceptions of academia and intentions to enter the professoriate. Results showed that women and men were equally interested in research, teaching, and having children. However, fewer men than women perceived conflicts between having children and pursuing academic careers. Results support the hypotheses that men perceive fewer barriers to pursuing academic careers, and that this is likely responsible for at least part of the gender gap in academia:
The effects of sexual activity on hormones, mood, and intimacy in men and women of various sexual orientations.

Previous research has examined how heterosexual men's masturbation, and heterosexual men's and women's sexual intercourse, alters individual androgen levels. However, these data are conflicting and do not provide a comprehensive picture of sexuality and hormones. This poster will detail preliminary data from a study looking at couples of men and women of various sexual orientations engaging in a variety of preferred sexual activities, as well as appropriate control activities (i.e. physical exercise, physical non-sexual intimacy). Salivary samples are taken pre- and post-activity, as well as the following morning, to measure both acute and longer-term changes in androgen levels. Other measures, including mood and feelings of intimacy, are also taken at the two post-activity timepoints. Because little is actually known about the after-effects of sexual engagements, this research will clarify how sexual activity influences biological parameters (e.g. androgen levels) as well as mood states and feelings of intimacy towards one's sexual partner.
BACKGROUND: Although conjugal life and sex life of older adults contribute significantly to their emotional well-being, much remains to be explored in this area. It is often erroneously assumed that older adults are sexually inactive. Those who dare display sexual desire are viewed by society as perverts or “not acting their age.” Studies have shown that although older adults may lose the ability to perform sexually, due to chronic medical conditions, the aging process per se does not have major negative impact on sexual desires (Weizman and Hart, 1987). In a study investigating reasons for variability in sexual activity in community-dwelling older married males, Martin (1981) observed that individuals who had active sex lives in their younger years were also sexually active in old age.

METHODS: 93 community-dwelling male and female respondents, aged 55 to 87, completed a self-administered questionnaire composed of 160 items between November 2003 and February 2004. 18 of these items were designed to examine attitudes towards intimacy and sexuality based on a 5-point Likert scale. Mean (SD) differences between men and women were examined using SPSS, version 11.5. Demographic characteristics such as religion, sexual activity, marital status, educational attainment, medication use, and self-reported health status were analyzed and reported as proportions.

RESULTS: Mean (SD) scores were statistically significant on 6 statements dealing with use of sex enhancing medications or devices; the importance of sex in intimate relationships; passionate love; marital sex, and frequency of sexual intercourse. Male and female respondents did not differ in their mean (SD) on 12 of the 18 statements. Other notable findings such as physical activity, interracial relationship, qualities that respondents find attractive in a potential intimate partner, and meaning of safe sex will be presented.

CONCLUSION: Overall, older men and women do not differ significantly from each other in their attitudes toward sexuality. Both men and women seemed opened about their sexuality and even reported that they are currently sexually active. This confirms findings from earlier studies which have shown that older adults do not lose their sexual desires, but merely their ability to perform due to chronic medical conditions.
International interdisciplinary conference on

Gender, Sexuality & Health

Papers
Community-Based Research on Bisexuality and HIV/AIDS: Examining Relationships between Non-Governmental Organizations and the State

Drawing on a specific case study of a proposed research project on bisexuality and HIV/AIDS in Québec, the presentation will explore some of the different meanings and interpretations of “community” under the guise of community based research.

A proposal for a grassroots research and education project on bisexuality, supported and initiated by bisexual activists in Montréal, was refused funding with the justification that relevant community support for the project was not demonstrated. When asked to clarify this position, the evaluation committee referred to the absence of a letter of support from a provincial coalition of gay and bisexual groups. However, the only provincial coalition of HIV/AIDS groups in Québec does not have a bisexual group among its members. Furthermore, as demonstrated in the literature of the project proposal, member groups of this coalition have no particular expertise with respect to bisexualities in Montréal, as evidenced by the sustained absence of HIV/AIDS education on the subject of bisexuality. In this regard, existing AIDS organizations have expertise with respect to gay male, but not bisexual, communities. The position of the evaluation committee, which appeals to the existing network of agencies, thus demands that bisexuals define their health care and HIV/AIDS education needs within the terms acceptable to gay service organizations. In this instance, “community” can only be represented by groups which are already active in the HIV/AIDS network.

This case study raises a variety of issues. In the first instance, it brings to light the failure of the existing HIV/AIDS network to adequately address bisexuality on its own terms. More than 20 years into an epidemic, there remains no sustained HIV education materials directed to bisexuals in Québec or Canada. Furthermore, the position of the evaluation committee suggests that the community support for a project related to bisexuality is to be demonstrated through letters of support from gay male groups. This position disregards the bisexual activists and organizers behind the project and refuses to allow bisexuals to speak on behalf of themselves. Clearly, the situation at hand indicates that there is a tremendous need for education on bisexuality within an existing HIV/AIDS network. Yet this case study also raises important questions about the relationship between community organizations and the state. The evaluation committee appealed to existing HIV/AIDS organizations, and demanded their support for the project. This invocation of “community support” thus appeals to the organizations already officially recognized by the state. In the context of HIV/AIDS, this appeal needs to be questioned. The example of bisexuality provides clear evidence that, despite the tremendous accomplishments of AIDS organizations, entire populations remain unrecognized and unaddressed.

Using the case study of bisexuality and HIV, this paper will reflect on some of the ways in which only certain AIDS organizations stand in for “community” in the terms of the state. The functioning of these agencies, in collaboration with the state, thus serves to exclude populations like bisexuals from consideration.
Are We Still Being Counted?
The Successes and Challenges of Asian Society for the Intervention of AIDS (Vancouver BC) and Asian & Pacific Islander Wellness Center (San Francisco, CA).

The notion of physical and emotional well-being is known as a signifier for a healthy community. Queer (lesbian, gay, bisexual, transgender, queer and questioning) Asian Canadian, Asian and Pacific Islander (A&PI) communities in North American urban cities have gained visibility through their political efforts. Queer Asian Canadian and A&PI contingents have marched in Pride Parades. Support groups have been formed in community organizations. But ethnic-specific community HIV/AIDS organizations still have to prove that their communities are at risk. Moreover, they have to be constantly innovative in their prevention strategies and funding applications. Social marketing and creative HIV/AIDS prevention education programs are essential for building healthy communities.

In this paper, I would like to highlight two community HIV/AIDS organizations, namely, Asian Society for the Intervention of AIDS (Vancouver, B.C.) and Asian & Pacific Islander Wellness Center (San Francisco, CA). I would like to illustrate how ethnic-specific community HIV/AIDS organizations need to have a broad concept of health and well-being within their mission. Through a survey of their successes and challenges, I demonstrate how these organizations work towards building healthy A&PI communities by challenging cultural norms and social stigmas such as sexuality, gender identities, the "model minority" myth and HIV/AIDS.
Paper Presentation
MULTIPLE UNDERSTANDINGS OF SEXUALITY AND HEALTH: HIV INTERVENTIONS IN KENYA

This presentation uses HIV-prevention programmes designed for youth in Kenya to examine the discourses of public health and Christian religion as they intersect with each other and with cultural understandings of gender, sexuality and health. Comparative analyses of four curricula are used together with data from interviews, focus group discussions and questionnaires conducted as part of an evaluation of a school-based intervention operating in over 1500 Kenyan schools. Five themes in HIV education will be discussed. Good health for all and love as an expression of faith represent the key philosophies at the core of public health and Christian programs respectively. AIDS awareness, sexual behaviour and condoms are explored from the standpoint of these core philosophies. Collectively these five themes provide a framework to discuss the ways that public health, Christian religion and Kenyan culture stand in various forms of tension around sexuality and health and the potential influence this has on the ways that HIV programming is understood locally.
Type of Presentation:
Paper

Title of Presentation:
Gendered Poetics of Cancer: A Poem by Sylvia Blondal

Abstract:
Interest in the poetics of representing life with illness, disability or trauma occupies a rapidly growing interdisciplinary field. Among the illnesses, cancer is the one most often addressed. Although Susan Sontag (Sontag 1977: p.18) thought it “unimaginable to aestheticize [cancer],” there is, aside from many cancer narratives, poetry by Legris (1995, 1996), Miseck (1997), Matthews (1997), Lorde (1997), and Blondal (1959) that contradicts Sontag.

Maerz (2002) identifies a useful poetics of literary devices that can be applied to narrative aestheticizations of traumatic cancer experiences, including tremendous attention to detail, extension of narrative time, inclusion of the narrator’s reflection, and an abundance of literary metaphors. Poetry, however, can move beyond narrative poetics, offering even more tools, such as alliteration and meter that can serve to externalize the difficult experience of life with cancer.

An untitled poem by the writer Patricia Blondal (1959) is a stunning, if painful piece that recounts the gendered details of life with cancer and sexuality. Blondal’s poem provides for a poetic testimony that, in fact, can disentangle and approximate the personal experience of illness and trauma much more closely than factual autobiography, and provide deeper insights into the otherwise incomprehensible density of being with cancer.
Cawthra Park is located in the heart of the Church-Wellseley neighborhood of Toronto, affectionately known to many as the “gay village.” The park is occupied by local adults, children, homeless people, gays and lesbians, dog walkers, queers, sunbathers and mourners, and others. Within the park sits the Toronto AIDS Memorial, a contested memorial site, an expandable monument of names. While the memorial was constructed in remembrance of those who have died of AIDS in the Toronto area (Silversides 2002), the site has become a night-time venue for a variety of counter-hegemonic social activities, including gay public sex. Of particular interest are the public debates surrounding the “appropriate” use of the AIDS Memorial. The co-existence of the AIDS Memorial and public sex suggests that the memorial becomes a space that explores the larger dialectics of life and death, pleasure and suffering, health and moral regulation, sex and illness. While the relationship appears to be contradictory, initial research suggests that public sex becomes meaningful as political representation. The multitude of activities that take place in Cawthra Park raises questions about representation, the function of memorial sites, and the work of remembrance. In this paper, specifically, I wonder about how the debates over the use of Cawthra Park contribute to a deeper understanding of memorials and memorialization. In asking this question, I draw on scholars in feminisms, queer studies, and loss and remembrance studies to highlight some of what is at issue.
Title: Queer Locations: Intersectionality and the Experience of Quality of Health Care

Authors: Beth E. Jackson, York University, National Coordinating Group on Health Care Reform and Women and Ann Pederson, British Columbia Centre of Excellence for Women's Health, National Coordinating Group on Health Care Reform and Women

Presentation: Paper

Abstract: How do women's various "social locations" relate to women's perceptions of quality of health care? This presentation will develop an approach to considering these questions that calls for attention to context. Quality assessments in health care tend to standardize patient/consumer attributes and experiences. This happens in the context of dominant knowledge-production approaches in public health – 'risk factor' epidemiology and multi-causal models of disease causation, paired with a population health policy framework. Consequently, quality assessments concurrently universalize (make broad generalizations about populations) and individualize (reduce difference to individual attributes), effectively stripping context from 'quality.' Specifically, attributes of racialization, SES/class, gender, etc. are constructed as individualized attributes rather than as effects of socially patterned relations. This presentation will explore women's multiple oppressions, including sexism and heterosexism, and their relationship to women's experiences of and access to quality health care, and what strategies of resistance some women employ to meet the challenges they face obtaining quality care. The accounts of women who identify as queer, lesbian or bisexual will be used as the starting point for a discussion of what we might learn from focusing on the lives of women on the margins of mainstream theorizing. Our aim is not simply to document difference by comparing different groups of women, but through an intersectional analysis to see how theory can be better informed by the experiences of those located at some intersections of gender, sexuality and health.
Border Crossings

Type of Presentation: A conceptual sculptural installation
An installation of figures in specific relationship to each other, figures with markings on, and in the body to illustrate the concepts described below. The piece is experiential. It can be touched, read, opened, looked into, walked in, around and between.

Space requirement: approximately 9’ x 12’
Other requirements: electrical outlet within 20’

Border Crossings, a figurative conceptual sculptural piece, is reflective of my own process as a graduate student, a twin spirited person, and an aging woman with a limiting, disabling health experience. It is a comment on power relationships with self, other and community. It is a comment on the impact of those relationships on health and social change.

My proposed thesis will explore the meaning of wanting to live and wanting to die. Border Crossings is an exploration of this paradoxical relationship with self, and of other metaphors for border crossings such as: the continuum of gender, states of consciousness, race, ‘other’, and of the oppressed and oppressor.
Type of Presentation: Paper

Title of Presentation: (Il)legitimate Sex: Intersex and the Textual Regulation of Human Sexes, Genders, and Sexualities in Biomedicine

ABSTRACT

In this inquiry, I investigate the biomedical construction of human sex dimorphism by critically examining the standard medical practice of early sex assignment surgeries for intersexed newborns. This research draws on the methodology of institutional ethnography to explicate the social organization of biomedical knowledge about human sex, gender, and sexuality, and is developed from the standpoint of intersexed people who experience erasure in medical practice. A textual analysis of the American Academy of Pediatrics (AAP 2000) official policy for managing human intersex forms the foundation of this research. I propose that the application of biomedical normalizations of human bodies in intersex medical management raises important questions about the meanings attributed to sex, gender, and sexuality in Western society; and claim that the AAP’s policy can be viewed as an ideological strategy for legitimizing the social privilege granted to male bodies and masculinity. I argue that the AAP guidelines function as a regulatory mechanism for upholding cultural assumptions about human sex dimorphism that perpetuate gender hierarchy and limit the diversity of sexes, genders, and sexualities.
ABSTRACT

TYPE: Paper

TITLE: Being a First Nations Woman Can Be Hazardous to Your Health

National and provincial data on the health status of First Nations people, especially women, have shown shorter life expectancy, higher infant mortality, more chronic disease and greater rates of addiction than the general population. A systematic approach to providing an equal opportunity for a healthy life for First Nation people has never been initiated in Canada.

This paper probes the isolationist approach of federal bureaucracies, discrimination in employment, corruption, institutional misconduct, enforced poverty, and lack of access to basic health services as factors in the current situation.

Examples are provided of the failure of mega projects with federal backing to effectively alter the economic status of First Nation families. The impact on quality of life due to loss of fishing and hunting rights is examined, and the forced evacuation of pregnant women from northern regions is revisited.

Strategies are proposed for planning a healthy future for First Nations people with a focus on women and children.

Evidence is offered on the positive effects of micro enterprise on family stability and health. There has been little political capital invested in the health of First Nations, it is time to get existing barriers out of the way and support the efforts of these communities to heal themselves.
Type of Presentation: paper
Title of Presentation: Changing the Paradigm about Women and Health Care Reform

Since 1998, the National Coordinating Group on Women and Health Care Reform has been engaged in research, networking and policy analysis. Through its various activities, the Coordinating Group has challenged the public and policy discourses on health care reform to be more inclusive, and to put women at the centre of health care reform discussions. In this paper, we catalogue the numerous ways in which the Coordinating Group has contributed to changing the paradigm about women and health care reform. We then explore the lessons to be learned from the research and advocacy of the Coordinating Group. How can we ensure that health care reforms happen in ways that are good for women and women's health?
Paper presentation

The influence of gender on how lesbians and gay men experience their sexuality

Discussions about same-sex attracted people often treat lesbians and gay men as though they belong to the same minority group and assume them to be similar in terms of experiences and behaviours. The gendered historical, social and political contexts in which women and men are raised, and form their sexual identities and the influence of relative value placed on maleness and femaleness in western society, is often ignored.

Research conducted in regional and rural Victoria (state of Australia) has found that lesbians and gay men experience their sexuality in significantly different ways and that those differences may have quite different implications for health and well being and the provision of social and support services.

Firstly the findings from this research confirm previously discussed gender differences about adult homosexual sexual identity formation and marital status.

The research has also found that lesbians and gay men held different beliefs about commonly held stereotypes about lesbians and gay men, in particular stereotypes about loneliness, unhappiness and being unfulfilled; sickness, deviance and sin; gender inversion and the idea of homosexuality as a natural reflection of sexuality. These differences seem to reflect respondents’ current beliefs about homosexuality and their personal feelings about ‘becoming’ and living as a lesbian or gay man. Further lesbians and gay men also hold notable different ideas about ‘homosexual communities’, and about the provision of social and support services for lesbians and gay men.
Type of presentation: paper

Title: A gendered analysis of a cohort of illicit opiate users in five sites across Canada (OPICAN cohort)

In recent years, an appreciation of the need for a gendered understanding of drug use has grown. For instance, the criminal behaviours of women using illicit drugs have been shown to be varied and different from those of men. Other research has shown gender differences in illicit drug use initiation, dependence, and treatment seeking. Little epidemiological data exists in Canada on women who use illicit drugs, specifically, women using illicit opioids. The OPICAN cohort is part of an ongoing Interdisciplinary Health Research Team (IHRT) funded by CIHR (P.I. Dr. B. Fischer) and provides unprecedented opportunities for systematic comparison of multiple drug using populations across centres in Canada. This paper will present a comparative analysis of the eligible female (n=225) versus the male (n=450) subpopulations in OPICAN baseline data. Subjects will be compared on a number of variables, including sociodemographics, drug use, health, drug treatment and criminal justice involvement. Preliminary analyses suggest that, in comparison to men, women are less likely to receive income from legal work, to have stable housing, and to have been arrested; further, they are more likely to be using crack and to have overdosed. Implications for gender-oriented prevention and treatment will be offered based on results.


Little attention has been given to gender differences in occupational health. The purpose of this presentation is to evaluate gender differences in injury and respiratory morbidity using surveys conducted in three occupational settings:

1) Agriculture – fatalities and hospitalization injuries across Canada;

2) Healthcare – respiratory and irritant symptoms among respiratory therapists from British Columbia;

3) Hospitality industry – respiratory health of unionized food, beverage and hotel workers from the Greater Vancouver Regional District.

Data was obtained from 1) a national database from the Canadian Agricultural Injury Surveillance Program (CAISP); 2) a mail survey of 275 respiratory therapists (participation rate 64.1%; 58.6% female); and 3) a mail questionnaire study of 850 hospitality industry workers (participation rate 73.9%; 52.6% female).

Gender was found to be an important factor to consider in the analysis and interpretation of results. Farm machinery was a major cause of injury for males, while for females, animal injuries predominated. Women had greater respiratory morbidity in particular for shortness of breath. Gender differences in symptoms were reduced for hospitality workers after adjustment for personal and work characteristics using logistic regression analysis. The influence of differential exposures to respiratory or injury hazards should be considered when interpreting gender differences in health.
Type: Paper

Title: The Embodied Politics of Healing and Being Heard: Urban Aboriginal Women's Social Activism through Radio

Abstract:

Urban Aboriginal activists are casting mass communications media in the creation of new forms of alliance, asserting an important connection between the reconfiguring of relationships and "healing." The social networks under construction offer to revise the kin-based communications corridors that successive colonial projects effectively overwrote. Community health in Aboriginal communities is intimately connected with the vigorous flow of information from political centres to the extremities of the Aboriginal body politic. This paper focuses on the processes in and through which new sodalities (or interest-based imagined communities) are transforming families, re-shaping transnational communication networks, "re-inventing" technologies of communication, and indigenizing as well as feminizing city spaces. Looking to the gendered practices of Native radio production, the project inquires into the unique power structures and social dynamics that pervade these emerging interstitial spaces and into the new types of subjectivities they call into being. The article critically examines the implications of space constricting media and urban migration for the construction of cultural identity, for the mobilization of collective action, and for the gendered authoring of local "difference" among members of a muted segment of the urban Aboriginal diaspora.
Title:
Media Representations of HIV / AIDS

In India, it is reported that in the year 2002, there were 3.8 – 4.6 million HIV/ AIDS cases. Among Indian states, Kerala has been classified as a state with low HIV prevalence. But a report by K.G Kumar (The Hindu, Dec 1 2003) points out that the statistics is meaningless in a social context of Kerala, where a lot of hypocrisy exists. The culture of silence on sexual matters, gender discrimination, homophobia and stigmatization often compels many not to discuss about this killer disease. This epidemic is often described as limited to high risk groups although women who have sex with their husbands are also prone to this disease. The long subordination of women in Kerala often compels them not to speak about it. In spite of high literacy rate and fairly good health care system, the social ostracism and violence against AIDS patients suggest that the society is not yet equipped to deal with the realities of this disease and dealing with societal stigmas are more difficult than the ground battle over HIV/ AIDS disease. A survey conducted by AIDS control Society of India reveals that the flesh trade and call girl system are spreading fast in Kerala for easy money. In such a changing scenario, it is imperative to look into the means by which awareness on AIDS are disseminated and what impacts they are bringing about in the society.

Although AIDS Control Society of India has been trying to counter mistaken fears of AIDS and steps to prevent the spread of this epidemic, it is met with little success. The civil society organizations have also failed in their attempts to deal with the societal issues and psychological traumas associated with AIDS. Bency and Benson case is a good example. Bindu, HIV positive patient has expressed openly (The Hindu, Dec 1 2003) the negative messages projected by media and awareness campaigns.

In this context it is significant to see how media operates in this situation and construct identities.

TV is described as the medium which promotes the lived experience of ordinary people. The effect of visual media is great. It is an important cultural form to develop attitudes and inclinations using domestic sphere as a place of aesthetic consumption. But many a time this media devise saleable spectacle and commodify selves. This making of spectacles can become a progressive dumping down of society. In such situations the media activism itself can turn to an entertainment. Imagology will replace ideology.

Kerala with lot of people going out and earning petrol dollar is fast becoming a consumer society. In such a society, the role of visual media is significant. This paper is an attempt to see the role of TV channels in creating an awareness about HIV/ AIDS during 2001 Jan to 2003 Dec, a period which witnessed lot of issues related to AIDS cases. The study examines frequency and pattern of coverage, especially how the programs deal with various aspects like care, access, prevention and advocacy. Also sees how specific issues related to women are dealt with.
'Boys will be Boys' and Girls will be Good: Addressing Violence against Women in Adolescent Beauty/Fashion Magazines

This presentation will examine how adolescent beauty/fashion magazines address issues of violence against women, specifically rape/sexual assault, intimate violence, family violence and sexual harassment. While such magazines tend to focus on fashion, makeup, celebrities, and physical appearance, they also include information on important social, political, and health issues. Using quantitative and qualitative content analysis, this study explores the way teen magazines, namely Seventeen and Teen, disseminate and perpetuate dominant ideologies that promote victim blaming. Some themes that will be discussed include: portraying ambiguous messages about sexuality, using scare tactics when addressing stranger rape, supporting the notion that 'boys will be boys', and individualizing the violence. While there are many other forums that teens learn from (TV, parents, school, movies), the important role that adolescent beauty/fashion magazines occupy in teenage girls' lives cannot be denied. Furthermore, educating girls and young women about the truths of violence against women is crucial in the fight to end the violence.
Abstract
Role of media in development, and particularly public health, issues is crucial. The developing countries are still lagging behind in the fullest utilisation of media in health communications. There is dire need to increases our understanding of the influences of mass media on health issues and problems. We need to explore shared responsibilities among media and public health professionals and design strategies and sets priorities for influencing policy makers who deal with health issues.

This paper/study would centre around conflicts within various public health, media and academic communities. It will also address the complexities of the health information to be conveyed, as well as audience responses to health content in the media. The paper will provide a foundation for mass media and health professionals to understand each other better and to work together more effectively. It would represents a new starting point for discussing improved use of the media and sets the stage for advancing beyond simple information dissemination to a more basic reordering of health agenda and development of health public policies.
Title (paper): Narratives of Risk: Sexual Cultures and the Politics of Identity among a group of "Barebackers".

Author's names & affiliations: Alan D. Brown-Hart, Department of Sociology, University of Oklahoma

Abstract:
Now 20 years into the HIV/AIDS epidemic in North America, numerous approaches have been attempted to reduce the transmission of HIV. These models rely on the notions of educability, rational choice theory and deterrence. Although there is empirical evidence suggesting that these programmes are effective, they have failed to address the unique sexual culture of men who, either infected with the virus already, or are uninfected/don't know their sero-status, continue to construct their sexual culture and citizenship around the eroticisation of "barebacking" – anal intercourse without condoms.

Data from this project come from a series of sexual-histories and sexual storytelling of 25 men in the United States. Particular attention is paid to the ways they actively strive to create "community" through what I term their sexual "risk-scapes" and their socio-sexual interactions.

Three recommendations are made: (1) individuals must start to dialogue about their status with their partners; (2) the practitioner community must encourage "no-hassle" testing and offer testing in culturally sensitive venues; and, (3) given the empirical evidence about the inverse relationship between viral load and likelihood of infection, we must expand the referral and access of individuals into treatment programmes to increase their sexual, personal and social health.
Pressured and Unwanted Sex: Challenges to HIV-Prevention among Men who have Sex with Men.

Much HIV-prevention policy is predicated on the assumption of consensus in sexual decision making. However, a number of men who have sex with men experience various forms of 'unwanted' sex. Rape, forced, coerced, pressured and unwanted sex, present challenges to HIV-prevention strategies predicated on consent.

Pressured sex and unwanted sex are defined here as sexual contact that is not wanted, but is not the result of physical force, threats of force, or significant threats to one's personal or financial well-being. Pressured sex may include implicit threats, pestering, and/or emotional blackmailing (e.g., “if you really loved me you would”). Unwanted sex includes instances where men may do something unwanted, without experiencing no direct partner pressure (e.g., “I thought I had to have sex with him to show him that I loved him”).

Using interview data from my PhD (in progress), I will briefly outline some of the discourses deployed by men in accounting for experiences of pressured and unwanted sex with other men. By identifying some of these discourses, I wish to examine their implications for traditional [safer-sex information provision] HIV-prevention strategies.
(Bare)Backing ourselves into a corner?: Resisting heteropatriarchal constructions of ‘sexuality’ in the area of gay men’s health

The praxis of barebacking would suggest that it presents a radical challenge to the hegemony of heterosexuality, by valuing the experiences and desires that gay men have in relation to HIV/AIDS. In contrast to this, I would propose that barebacking (as both practice and political statement) only serves to recenter the heteronorm, and thus does very little to develop an understanding of sexuality that exceeds the narrow confines of the traditional binary of homo/hetero. I suggest that this is the case because discourses surrounding barebacking implicitly rely upon essentialist assumptions about sexuality – assumptions that are structured through the practices of heteropatriarchy. Thus the ‘politics of barebacking’ are always already constrained by these practices, which locate ‘sexuality’ within the body (in an a priori sense). Likewise, these assumptions continue to center HIV/AIDS as being the ‘health problem’ facing gay men, a move that reinforces the ‘deviant status’ of gay men. In order to render visible these limitations, I suggest that research in the area of gay men’s health (and in particular barebacking) needs to engage in an ongoing deconstruction of the categories ‘sexuality’ and ‘health’. This may allow us to better understand how we are rendered complicit with heterosexist practices, and thus how we may develop critical approaches to the subject area.
Type of presentation: Paper
Title of presentation: 1001 men who have sex with men: Negotiating risky sexual practices

Abstract

Safer-sex practices for limiting the spread of sexually transmitted diseases, in particular HIV, have been dispersed to the general population through every available media form. One of the most actively targeted groups for this information is gay men. However, recent studies indicate that there is increasing engagement in high risk sexual practices between men who have sex with men (MSM) who identify as gay, straight and/or bi-sexual. These, often anonymous, encounters translate into a considerable and growing health risk not only to the men themselves and other male partners, but also to female partners of straight-identified men having sex with men they meet in public spaces or over the internet. A review of the literature in the area of MSM sexual practices reveals that significantly high-risk behaviours are creating a potentially wide-spread public health concern when other sexual partners, including women, are placed at greater risk of STD and HIV transmission from men engaging in covert and health-endangering, risky sexual practices. This presentation, based on a study funded by the Alberta Community Council on HIV, will explore the complex relationships between health-related behaviours and moral identities of MSM in public and/or commercial sex environments.
Type of presentation:

Paper

Title:

Professional accounts of gay men's health in Aotearoa New Zealand

Abstract:

Internationally, a growing body of research indicates disparities between the health of gay men and that of men in general. Action on this knowledge depends on how it is taken up in health policy and practice. This paper provides a critical thematic analysis of interviews undertaken with key informants involved in gay men's health in New Zealand. A key theme is that interest in the health of gay men, for both mainstream and gay-focused health providers, is 'ghettoised' into particular areas like HIV/AIDS, alcohol, or drugs. In apparent contrast with overseas policy and practice experience, informants were ambivalent about whether gay men's health in New Zealand is poorer than for men in general - but they simultaneously identified serious research gaps with respect to New Zealand gay men's health. Informants identified a need for 'New Zealand evidence' before any emphasis on gay men's health issues was possible. Most informants argued that gay men's health could potentially be improved through existing mainstream institutions, and that 'gay specific' responses were unnecessary. Implications of the apparent failure to recognise, and respond to, the holistic health needs of gay men, including the continuing marginalisation of gay men's health, are also addressed.
Abstract Sheet

Type of Presentation: Paper

Title of Presentation: Association of Body Image & Self-Esteem and Condom Self-Efficacy with Risky Sexual Behaviour among Canadian Grade 11 Students

Abstract
Half of Canadian youth report having had sexual intercourse by age 17. However, teenagers who engage in risky sexual behaviours put themselves at greatest risk for negative health outcomes. Sexual risk-taking has been associated with psychosocial distress. This study documents the development of assessment tools for the psychosocial indicators "body image and self-esteem" and "condom self-efficacy" using factor analysis. The relationship between these variables and sexual risk-taking is examined among a national sample of sexually active Grade 11 students, separately for females (n=763) and males (n=531). Data were obtained from the Canadian Youth, Sexual Health & HIV/AIDS Study. 45% of females and 37% of males reported having had sexual intercourse. Sexual risk behaviours reported for last intercourse include lack of STI protection (Females: 29.5%, Males: 22.5%) and use of alcohol/drugs prior to sex (Females: 20.5%, Males: 39.5%). Results from factor analysis show that body image and self-esteem and condom self-efficacy should be characterized differently by gender. Regression analysis shows that low condom self-efficacy predicts risk-taking more strongly for males (Adjusted OR: 4.95; 95% CI 1.89, 12.96). The association of body image and self-esteem with risk-taking is of borderline significance. Implications for sexual health education and for future research are discussed.
Title: Youth sexual health: An analysis of social practice and structure

Abstract:

In this paper, we argue that youth sexual and reproductive health is affected and produced through social practice and structure. Structures are shaped in large part by policies that dictate the availability of resources for youth and the rules under which such resources are made available. To explore this proposition, we interviewed 75 youth and service providers as well as conducted an analysis of 35 health, educational, and social policy documents pertaining to youth sexual and reproductive health in British Columbia, Canada. In this paper, we examine the ways in which social practices around youth sexual health inter-relate with policy in this area.

Drawing on the works of Bourdieu, we demonstrate how local action and distal policy structures are inextricably linked. We draw on the idea of "collective lifestyles" advanced by Frohlich. We argue that the everyday social actions of youth and health service providers represent the enactment of social structures (e.g., gender roles, social standing) and that policy structures further shape the ways in which youth's sexual health is constructed in their everyday lives. In addition, we suggest that youth also engage in a process of "acting out" against existing social structures through their everyday social practices, which in turn affects the policy climate regarding youth sexual health in BC. We suggest that the effect of the interactions between social practices and structures extends beyond youth's sexual lives and pervades numerous other aspects of youth's existence, and, in turn, affects the life of the community in general.
Feminist research about young people and sexuality over the last decade has contributed considerable knowledge about how young people negotiate sexuality, heterosexuality in particular. A body of this work points to how gender and power cut through heterosexual relationships in ways that impact significantly on young people’s sexual health, especially that of young women. Rather less emphasis in the literature has been placed on how information about sexual health is responded to by young people, and the meanings they make of the messages conveyed to them through a range of delivery media. In my presentation I will present material from a recently completed pilot study that investigated young people’s responses to a New Zealand sexuality and sexual health education website. While the website provided an initial focus for discussion, much more diverse material emerged around issues pertaining to sexuality and sexual health. The pilot involved seven focus groups, two comprising young men, three young women and two comprising Asian students (one young men, one young women). Group members were all from a co-educational school in a low decile (SES) high school. My paper will present initial discursive analyses of the material and discuss implications of the material for ongoing work in the area of sexuality and sexual health education.
Abstract:
HIV/AIDS is now recognized as a global crisis, with young women emerging as the most vulnerable group (UNAIDS, 2002). Given the growing pandemic, Hubert Charles (1999) of UNESCO warns that current pedagogical failures in addressing youth and AIDS can be terminal. Our project is a response to this concern. In this presentation we will argue that arts-based approaches to HIV prevention hold much promise for developing gender-sensitive educational programs for youth. With reference to data from two arts-based symposia, *Taking Action* (Canada) and *Soft Cover* (South Africa), we will discuss the possibilities of photography, videography, and performance for youth prevention programming. Drawing on the critiques of "one size fits all approaches" to HIV prevention (see, for example, Dowsett et al., 1998) we will demonstrate how education through the arts can make room for versions of masculinities and femininities that reflect the specific cultural and social contexts of youth. This work will be presented in the larger context of our research with Canadian and South African youth who are involved in the Gendering Adolescent AIDS Prevention (GAAP) project. Our overall goal in GAAP is to create spaces for youth to participate in the development of innovative gender-sensitive HIV prevention programs.
Title:

Fire & Hope: (re)Viewing AIDS & gender with South African youth through the arts

In this paper presentation we explore how our recent arts-based work with youth in South Africa has been opening up spaces for deeper investigation and inquiry into issues of gender and AIDS.

Particularly, we will draw attention to the short film, Fire & Hope, we have recently produced with youth from the townships of South Africa. Fire & Hope is an inspiring short documentary about HIV/AIDS activism made with youth for youth. Through the stories and thoughts of a group of young people from the Cape, we learn about a range of subjects from sexual violence and gangsterism to youth led HIV prevention education.

We are interested in how the video acts as a ‘super-prompt’ or entry point when screened with groups of young people towards uncovering some of the deeper, hidden issues that impact and enhance the effect of AIDS on young people's lives, such as gender-based violence.

The discussion of our findings will include screenings of selections from the film.
The scripting of sexuality among youth in Kenya: Implications for HIV prevention

Type of Presentation: paper

This presentation is about the scripting of sexuality among Kenyan youth and its implications for HIV vulnerability and prevention programming. The presentation uses data collected in surveys, interviews, and focus groups conducted with youth and adults from 220 communities as part of the research and evaluation component of a school-based HIV prevention programme.

A strictly scripted sequence of events and obligations that progressed from a boy’s interest in ‘playing sex’ to eventual sexual intercourse was described by youth and adults alike. Scripted events were embedded in the relationships, belief systems, norms, and economic realities of daily life. Boys and girls used terminology of obligation and force to describe their roles in this script. The rigid scripting of events, roles and obligations of youth within the contexts of their social obligations to family and community helped explain the difficulties that many HIV prevention programmes in Kenya have in changing behaviour.

When presented with the scripting perspective, teachers have been able to devise ways to address specific points of vulnerability to HIV transmission within the sexual scripts. Evidence from the HIV prevention programme evaluation suggests that such teaching is more effective than teaching a generic ‘sexual safety’ message.
Gender, Sexuality and Health

Type of Presentation:

Paper

Title of Presentation:

Women and Borderline Personality Disorder: A Poststructural Feminist Nurse Perspective

Abstract:

Women receiving mental health support face multiple challenges because the dominant discourse driving healthcare provision in this area is shaped by paternalism. Those diagnosed with borderline personality disorder (BPD) are particularly at risk of being oppressed and marginalized within the healthcare system because their healing processes and life experiences are medicalized and therefore misunderstood. As such, the voices of women diagnosed with BPD are often not heard or are reframed to support current behavioral treatment objectives. The purpose of this position paper is to uncloak and deconstruct some of the discourse surrounding women diagnosed with BPD and to encourage more dialogue around what the current treatments mean for women's recovery. Further, I look at the usefulness and validity of having the concept of BPD within our diagnostic classification systems: that is, is the diagnosis of BPD ultimately discriminating against and obstructing women pushing through a natural healing process? In this paper, I examine some of the discourse around women's oppression and BPD, within the context of the mental healthcare system, in an attempt to interrupt the dominant discourse in this area.
Abstract:

This article explores the limitations of strictly material and strictly social constructionist explanations for women's depression, and suggests that a model existing in-between these two dualities is essential to a more comprehensive understanding of women's depression experiences. The narratives of women who live with depression provide a rich source of evidence by which to deconstruct both the material and social constructionist discourses on women's depression. A narrative approach also allows us to escape the confines of the scientific/positivist research that has proven inadequate to fully encapsulate the phenomenon of depression in women, while at the same time ensuring that the lived experience of depression is not lost in the rhetoric of theories that posit it as merely a social construction. The article concludes with an evaluation of the material-discursive models for understanding women's depression recently posed by feminist researchers Janet M. Stoppard (2000) and Jane Ussher (2000).
Type of Presentation: Paper

Audio Visual Requirements: LCD Projector

**Practicing Citizenship: Women, Restructuring and Mental Health**

Psychiatrized women have historically been at the forefront of challenges to narrow biomedical conceptualizations of mental illness and have highlighted the ways in which psychiatry has policed the boundaries of femininity. Further, the practices of psychiatry have been scrutinized for the ways in which they enact forms of social control and contain the political and social agency of women diagnosed with mental illness. The politicization of people who have been diagnosed with mental illness has resulted in demands for more active involvement in treatment and in policy making. The success of this movement to mobilize a certain sector of the psychiatrized population in certain urban areas in Canada has been well documented (e.g., Everett, 2000). One result of this movement has been the establishment of formal mechanisms to elicit the participation of people diagnosed with mental illness in mental health program and policy development at regional, provincial and federal levels. More recently mental health restructuring in the context of fiscal restraint has meant that many of these mechanisms are being undermined and/or reconstituted.

Drawing on research conducted in BC, Ontario and Quebec the following paper explores the role of psychiatrized women in mental health decision-making structures with a view to understanding the broader implications of mental health restructuring and welfare retrenchment on the “practice of citizenship”. That is, to what degree are women diagnosed with mental illness able to actively participate in political structures and further, how might the curtailment of social rights (e.g., the right to housing, income and health care) be effecting their political engagement. It is argued that progressive change requires the meaningful engagement of psychiatrized women in policy decision making processes and ongoing analysis about the interconnections between social welfare state restructuring and mental health reform.
International Interdisciplinary Conference on Gender, Sexuality and Health  
Simon Fraser University, Vancouver, Canada, 10-13 June 2004

Paper Presentation:

"Fetal Invaders, Habitual Aborters: The Problem of Maternal Agency in Reproductive Immunology"

The maternal-fetal immunological relationship has long been viewed as paradoxical in nature. Because the fetus is partially “foreign,” the maternal immune system should reject it; but in most cases, the fetus is kept. There are a variety of reasons why it is problematic to view maternal-fetal immunological relations as paradoxical, but here I focus on just one: distorted assumptions about maternal agency. In reproductive immunology, women and their bodies are assigned either too little or too much agency in reproductive contexts. For example, a standard way to describe fetal implantation in reproductive immunology (and elsewhere in biology) is to say that the fetal trophoblast invades maternal tissues. This entails that the mother is passive as trophoblast cells remodel her uterine arteries, dissolve tissue, and reconstruct it. The assumption of maternal passivity, however, deeply impacts the sorts of questions asked by immunologists. Similar effects on the direction of research are caused by assigning too much agency to women. The term “habitual aborter,” used by some immunologists to refer to women who suffer recurrent fetal losses, assigns too much agency to women and this negatively affects research. After examining the aforementioned examples, I will show that assumptions about maternal agency interlock with deeper theoretical difficulties in reproductive immunology and evolutionary biology. I conclude that this case underscores the epistemological and ethical importance of feminist critiques of immunology. The increasing use of immunological “treatments” for infertility makes this issue of urgent concern.
Paper Presentation:
"Respectability and Whiteness: Out of the Closet and Onto the Urban Landscape"

This paper begins as a discussion about a recently completed research project and a brief mention of a current project to which it gave rise. The first project examined a local site of (equity) policy writing in which rights based claims from (mostly) ‘conservative’ Muslims and (mostly) ‘white middle class’ Lesbians and Gays were positioned in opposition to each other. This oppositional positioning reaffirmed well-worn methods of competing marginalities (Fellows and Razack, 1998) rather than establishing a framework for establishing more equitable social practices. The paper refers to racist and homophobic discourses created by a selection of public submissions to argue that the process by which marginal groups emerge on the urban landscape to claim space is both connected to national identity and dependent on discourses of respectability and whiteness. Further, equity seeking methods based on this continue to perpetuate exclusionary, individual rights based claims underpinned by the legal subject of liberalism rather than opening social spaces for staking claims based on the multiplicity and complexity of identities, in this case, sexual identities. I will very briefly mention a new project based on this same line of inquiry. My aim here is to emphasize my commitment to academic and political work that seeks to examine how Queers are using liberal discourses of respectability in order to stake claims to ‘belonging’ (Hage, 2000; Isin and Siemiatycki, 2002; Mackey, 2002) in Canada. Building on the inquiry of others, the two projects discussed in this paper contribute to ongoing concerns that current practices of seeking social belonging are caught in exclusionary, rights-based claims that depend on a close attachment to a white middle class Queer subjectivity.
Type of Presentation: *Paper*

Title: *Sexuality and Infertility – An Uneasy Alliance*

For centuries the link between sexuality and the ability to reproduce has been firmly and consistently linked in popular, religious, and psychological discourse in most cultural and ethnic groups throughout the world. Indeed the male phallus and female figures with swollen bellies have long served as the most common images of sexual potency and virility. The implication of these images and discourse is clear – the sexually virile male is one who can impregnate a woman; the sexually competent woman is one who can produce a child. It is against this social backdrop that infertile men and women must negotiate their sexuality. It is within this social context that they must find ways to construct self perceptions and meanings that reinforce their sexual identities and integrity, in spite of their inability to produce a child – a task that is seriously compromised by the significant toll that medical infertility investigations and treatments take on their sexual self-esteem and intimate relationships. In this presentation emphasis will be placed on highlighting ways in which infertile men and women can challenge the predominant fertility/sexuality discourse and construct more positive and affirming sexual meanings and self constructions irrespective of their fertility status.
The Convergence of Trauma, Sexual Health Problems and Addiction in Women - applying Women-Centred Care Principles

Women in treatment for addiction problems report significant sexual health problems and experience of trauma/abuse as related to their substance use problems. Over the past five years, information on the convergence of these issues has been gathered by the Aurora Centre, a provincial addiction treatment program for women based at BC Women’s Hospital in Vancouver. This paper will provide an overview of the findings arising from the experience of approximately 1500 women who have accessed treatment at the Aurora Centre in this period, and the response of the Aurora Centre towards addressing these interconnected health issues in a safe, respectful and integrated way. The relationship of this work to the application of a *women-centred care model* at BC Women’s will be discussed.
Title: Stigma, Social Exclusion and Health: Sex Work in Canadian Society

Abstract:

Occupation is recognized as a primary social determinant of health. People who have more control over their work circumstances and fewer stress-inducing demands on the job tend to be healthier and live longer than individuals in lower income, higher stress, work situations. People who work in the sex industry face an additional burden of social exclusion; they tend to be isolated from other workers and from society at large because of the tenacious stigma associated with selling sex services. Drawing on a mixed method study (N=201) of current and former sex workers located in various parts of the sex industry, this paper investigates the interplay between stigma, social exclusion and self-reported health. The findings indicate that sex workers tend to be disadvantaged by an earlier life marked by social and economic disadvantage, and that as adults, many continue to lack access to crucial resources needed to improve their health outcomes. While noting the definite advantages of sex work (often self-determined, largely portable and offers cash-in-hand earnings), many research participants said that their activities often involved a high degree of workplace stress, few workplace supports, and rarely contributed to personal gratification. In addition, many respondents indicated that the stigma of sex work undermined both their personal relationships as well as their access to institutional supports.
Paper: Failed Wives, Failed Women, “It’s Just Pain”: Metaphors of Vulvar Pain in Biomedical Literature

In this paper, I examine the ways in which metaphors of gendered failure have dominated biomedical literature on vulvodynia, or persistent vulvar pain, until very recently. Based on a content analysis of four decades' worth of articles in medical journals, I identify several phases of this metaphor-making: the dominance of heteronormativity as a foundational category for discussion of vulvar pain; its eclipse by metaphors of failed feminine psychosexual development; and most recently, the emergence of a new “de-metaphorized” understanding of vulvar pain as just another type of chronic pain syndrome rather than an index of gendered psychological pathology. I argue that this most recent discursive shift is a positive and emancipatory development for women living with vulvar pain, an argument which takes issue with many of the tenets of postmodern medical anthropology and sociology, which valorize the conceptualization of bodily conditions as ways of articulating social and cultural injustices and problems. I contextualize my work on vulvodynia within the burgeoning feminist literature on the uneasy and complex relationship between women and biomedical knowledge.
Paper Presentation:

What do Race, Sex(uality) and Class have to do with Murder?
Violence in the Vancouver and Ciudad Juarez

In the past 10 years more than 400 women have gone missing in Ciudad Juárez along the Mexican-US border. At least 100 of these women's murders have been linked to serial murder. Similarly, 63 women have disappeared from Vancouver, British Columbia since 1978. At last count, 22 of these women's murders have been charged to a serial murderer. In both cases a majority of these women were of mixed Hispanic and Indigenous ancestry or Aboriginal. This paper explores the gendered violence and gendered insecurity experienced by women living on the fringes of society. This analysis links the complexities of women's economic survival strategies to an exacerbation of insecurity, particularly in the areas of health and social wellbeing. Through a comparative analysis of the Vancouver and Ciudad Juárez missing women's cases I will explore the diversity of women's marginalization from the mainstream and situate these experiences within the continuum of gendered violence that renders them insecure. In each case I will expose the reluctance of the governments to ensure particular women's security and freedom from violence (variously defined). Furthermore, by failing to safeguard particular women's security governments render all women vulnerable to abuse, repression, exploitation and violence. Using the framework of the continuum of gendered violence, I will link these women's disappearances and murders to the wider systemic and institutionalized violence of racism, sexism, and heterosexism. I will conclude that gendered violence and insecurity are both perpetuated and legitimized by rigid social, economic and political structures at all levels.
Title: Speaking from the Wounds: Afghani Women's Narratives on Rape and Violence

This presentation explores the intricate layers embedded in rape and abduction of women during times of war and its aftermath. The first victims of war are women and the casualties they incur are nothing less than violation of their bodies. This is because women's bodies serve as boundary markers and as potent symbols of identity for a nation. War disrupts these gendered markers making women vulnerable to violence and rape from within the nation-state as well as outside it. How do women speak of this horror in the wake of stigma that they are compelled to carry even in the post-war era? Using data from immigrant Afghani women in metropolis Vancouver, I explore the multiple ways in which women talk about violation of their bodies. Speaking as wounded storytellers, Afghani women also bring to light the "rape" of their nation to implicate the First World in the violence inflicted on their bodies and that of the body of their nation. This conflation, I argue, leads to the telling of a powerful story that speak to health and social policies in their country of settlement.
Theorising sexual consent: The missing piece in sexual violence theory

Since second wave feminists brought the issue of sexual violence to the public’s attention, feminist scholars and activists have been advocating for legal and social reform that understands survivors’ experiences and prevents continued acts of sexual violence. Although most definitions of sexual violence rely on the absence of consent an explicit consideration of sexual consent is absent in this literature. Social scientists only mention consent when embedded as a process relative to sexual violence. Consent itself, has only been theorised in the context of legal understandings where consent becomes a very particular set of criteria used to determine whether an act is an act of sexual violence and thus a legally punishable event. A social theory of sexual consent will increase our understanding of the process of consent and need not be bound by the same issues as those that bind legal discourse. In this paper I will review relevant legal and sexual violence theories and their implications for a social theory of consent. In working to develop a sexual consent theory I will; (1) explore the boundaries of sexual consent (2) consider the nature of consent as a behavioural or mental act (3) discuss the potential morally transformative nature of consent, and (4) analyze the impact of heteronormativity on popular and legal understandings of sexual consent.
ABSTRACT

Older Lesbian Women's Stories of Growing Older

The triple burden carried by lesbian women (being lesbian, older, and women) has exacted a toll in rendering them voiceless and invisible in the health care system and, in fact, in society. Societal changes have somewhat opened the way for the generation of lesbian women over the age of 65 years to be "out," both to themselves, close friends, and families, but many still report being reluctant to disclose their sexual orientation to others.

In a 1999 feminist phenomenological study with 12 self-identified lesbian women over the age of 55 years, I asked participants what it was like to be a lesbian woman who is growing older. Five interpretive themes emerged: living longer, the powerful influence of mothers, intimate sexual beings, bonds that grow, and physical, emotional, and spiritual health.

The significance of these findings to nursing as well as to other health care providers is immense. Many lesbian women report that they feel a risk in disclosing their sexual orientation to health care providers, thus adding to the possibility that they might receive inappropriate or inadequate care. The voices of the women in this study add to the knowledge base necessary to reduce these risks.
Title of Presentation: Not the Life I Want to Live: An Aging Dyke Takes on Lesbian Seniors' Issues

20 years ago, Barbara MacDonald and Cynthia Rich published their ground-breaking book on ageism in the lesbian community, *Look Me in the Eye: Old Women, Aging, and Ageism*. I read the book when it first came out and did what I thought was adequate work on my own ageism. Now I'm 55, and old age is looking me in the eye. Like many radical lesbian feminists, I'm terrified of my dykeness disappearing as I age. So when the Victoria Lesbian Seniors Care Society received funding to investigate providers' treatment of senior lesbians who still live in the community, I took my 30 years of lesbian feminist activism and my PhD and applied both sets of skills to that project. Almost two years later, I find that aging dykes are still invisible. Straight providers don't see or acknowledge us; lesbian providers generally won't come out, even to an out butch such as myself; and progressive, supposedly lesbian-positive organizations such as EGALE provide second-class treatment and promote invisibility. What I've come to see is a life I don't want to live. I'll talk about the study's findings and my own experiences and outline what I think needs to be done to create the kinds of lives aging dykes deserve. I hope others will join me in a dialogue that's taking place but needs to be spoken more loudly. A lot more loudly.
ABSTRACT SHEET

Type: Paper

Title: Gendered Negotiations of Ageing, Health, and Care amongst Older Lesbians and Gay Men

Abstract

Some previous studies on older lesbian and gay experience have tended to overemphasise individuals' coping styles and mechanisms when analysing how lesbians and gay men respond to the challenges of ageing. In doing so, they fail to grasp the range of factors that combine to shape negotiations of ageing, and particularly the significance of issues to do with gender, health, care and social change. This paper explores the challenges that ageing, health, and care present for lesbians and gay men aged between the 50s and 80s. The paper explores (i) the nature of these challenges (ii) individual and collective strategies developed for negotiating them, and (iii) the resources that influence such negotiations. Drawing from quantitative and qualitative data gathered for an ESRC (UK) funded research project on 'the social and policy implications of non-heterosexual ageing', the analysis explores lesbian and gay negotiations of ageing, health and care as gendered negotiations. Such negotiations are influenced by gendered meanings, understandings and practices, as are the strategies developed in relation to them. However, lesbian and gay negotiations both challenge and reproduce dominant gendered meanings and practices in relation to ageing, health and care. As such, they provide insights into both the resilience of these meanings and practices, and the uneven possibilities that arise for reworking them.
Desiring Subjects/Disciplining Bodies: Sexuality in HIV-Positive Women

Presentation Type: Paper Presentation

Very little is known about the sexual lives of HIV-positive women. Available research shows that although most women continue to be sexually active following diagnosis, decreased sexual functioning is very common and more prevalent than among HIV-positive men. The predominant focus in such research is on sexual dysfunction rather than on the ways in which women might be involved in a renegotiation of their sexual lives. The present multi-site Canadian study is concerned with HIV-positive women's subjectivity and the ways in which women's sexual selves are transformed by the experience of living with HIV. Semi-structured interviews with 20 women were analyzed using thematic decomposition, an analytic technique that combines discursive approaches with thematic analysis. A gendered discourse of desiring subjects/disciplining bodies emerges -- restrictions imposed by safer sexual practices is not merely a curtailment of previously enjoyed activities, but it also represents an accentuated containment of a sexuality that is always already contained. Among the most common themes are: safer sex is not safe enough -- loss of physicality and intimacy; safer sex is constrained sex -- loss of spontaneity and power; and (a)sexual selves -- reconfiguring sexuality in the absence of sex. Restricting discussions of sexuality in HIV-positive women to frequency and types of sexual acts oversimplifies the difficulty of navigating this complex terrain.
ABSTRACT

The paper dwells on the socio-cultural factors affecting the spread of the HIV/AIDS epidemic among African women and girls which, according to United Nation's report, constitute 58 percent of the estimated 29.4 million victims in Africa. It points out that in Africa, the cliché that it is a man's world holds sway. Traditionally, women are expected to be submissive even when subjugated in marriages, while husbands do not have any socio-cultural inhibition barring them from having several wives, leading promiscuous lives and having children outside marriage. In the absence of legal and economic independence, coupled with a traditional perception of women's sexual and reproductive obligations which disallows them to negotiate condom use, having sex with an infected stubborn spouse is not a matter of choice. The paper states that the irony of the situation is that there is a high incidence of infection among faithfully wives of errant husbands, some of who see violence as innate to marriage, hence the obligation to accept it as part of their domestic role. The paper warns on the impending disaster for African women if nothing is done by governments, international agencies and non-governmental organizations to combine the fight against HIV/AIDS, with an equal serious attention given to the issue of women rights abuse in Africa.

In conclusion, the paper asserts that the patriarchal ideology, which is prevalent in most African societies, with its attendant subjugation of women, has exacerbated their vulnerability to the HIV/AIDS epidemic, leading to a situation akin to re-victimization of traditionally brutalized victims.
Type of Presentation: **Paper**
Title of Presentation: **"You have HIV... what do you expect": a woman’s collaborative HIV/AIDS counterstory**

Diagnosed with HIV in 1989 while a student at Simon Fraser University, Alex Keating spent many years combating the medical and social marginalization associated with being a women infected with a disease that is, after more than twenty years, still at the middle of a moral controversy. The biomedical stigma and alienation that many with HIV must face, often damages one’s identity and contributes to a diminished sense of self. In an effort to live with HIV rather than die from AIDS, Alex’s life as an activist and advocate for infected persons has resulted in the creation of a counterstory. This is aimed at restoring her self-respect and dignity. As an educator Alex has told her story many times and with each telling has enhanced her sense of agency.

Through a collaborative narrative research process, Alex Keating and Laura Cooper have explored what it means to live with the stigma associated with being an HIV infected woman. They also examine how one can live a counterstory that is both personal and global while exploring the political economy of HIV/AIDS. As biological sisters they confront many dilemmas of conducting collaborative research that are typically not considered within the social sciences.
It is a delicate matter to attribute the 'moodiness', or 'rudeness' of another to PMS, just as it is to dismiss the claims of another to be 'having PMS'. The agency conventionally attributed to PMS – as an underlying hormonal explanation for women's excessive emotions, and capacity for rational behaviour – is often, in practice, actively contested by women so accused, whether these ascriptions form part of a 'caring' attribution by a partner, or are expressed in the form of an insult, or as an explanation for rude (or unpalatable) conduct. Indeed, the very possibility of encountering such an ascription – by which one's control of oneself and one's emotions is undermined by unruly hormones – may inform women's 'pre-emptive' disavowal of their status as premenstrual. Attention to those occasions where women avow their status as premenstrual shows that, when such assertions are made, in everyday talk, they are often presented as pragmatic and considered explanations for mood or conduct, amongst other possible accounts.

This paper does not present interview or focus group data. Rather, it examines the finer details of women's avowals, ascriptions and disavowals of 'having PMS', in everyday talk. The data examined is drawn from a corpus of publicly accessible weblog, newsgroup and chatlog transcripts. These transcripts are excerpted from conversations on a diverse range of mundane topics - parenting support groups, popular music discussions, lesbian social groups, computer enthusiast clubs, and so on. The 'mention' and 'use' of PMS in such conversational contexts - which are not devoted to exploring the 'topic' of PMS - gives some sense of the everyday life of the term outside of the 'topic talk' of the social scientific laboratory.
The Case of the Pussy Palace and Moral Self-Regulation

ABSTRACT

In this presentation, I examine the September 15, 2000 raid of the Toronto women’s bathhouse night known as the Pussy Palace. I analyze this event as a discursive formation of queer female identity and community, through the intersections of gender and sexuality with state rule in the form of police intervention. This assertion of queer sexuality runs counter to the normative gay/lesbian subject constituted in current appeals for same-sex marriage rights. I argue that the power gained by the mainstream Gay community has activated a concentration on community self-governance and regulation through security. To what extent does this self-regulation become a place of unfreedom through inscribing ‘responsible’ and ‘irresponsible’ sexual actors? I outline how the community which formed around the women’s bathhouse challenged these inscriptions by drawing upon gay community histories of the 1981 men’s bathhouse raids in Toronto as a resource. In comparison, the forms of governance used by the police also mark a continuum of strategies from that historical moment and the practice of newer models of governance. Finally, I show how the demand by earlier activists for changes in the Criminal Code sex laws has re-emerged as a contemporary response to the marginalization of non-normative queer sexuality.
Managing Fantasies: An Analysis of Prison Treatment Programs For Sex Offenders.

In the year 2000, during my study leave at Simon Fraser University, I spent 8 months in prison attending Sex Offenders' School. Part of this ethnography of sex offender treatment program is an attempt at understanding the effects—normative, transformative or otherwise—risk management technologies have on sex offenders. Borrowing from philosopher Ian Hacking, my presentation will analyze how sex offenders and their sexuality are made up in prison treatment. I will present the different facets of treatment paying special attention to the techniques of self-management sex offenders are taught to develop in regards to their sexual fantasies. I will show how the management of fantasies—the keeping of fantasy logs, the identification of triggers and the sharing of fantasies with others—turns sex offenders into confessional machines capable of producing fantasies on demand and identifying appropriate from inappropriate fantasies. What might be the function of transforming sex offenders into responsible fantasists?
Identities that are normative tend to carry more power and privilege in society and are taken for granted, whereas what is 'different' from the norm becomes named and problematized. Having originated in the work of Wilkinson and Kitzinger (1993) who argued that heterosexual, like white, or male is a 'silent term,' theorizing about heterosexuality in psychology is relatively recent (Worthington & Moore, 2002). Empirical research on the development of heterosexual identity (e.g. Eliason, 1995; Hyde & Jaffee, 2000) is still scarce. This presentation is based on an exploratory study of sexual identity development in a sample of students (N=225) at an urban university in Istanbul, Turkey. The study was guided by two concerns: Meanings and pathways relating to heterosexual development may be culturally contingent; also, an exploration of how young people explain their sexual identity and its effects on their lives is an important step towards facilitating the development of healthier attitudes towards people who are different from the norm (Higgins et. al, 2001). The students identified overwhelmingly as heterosexual (98%), with both men and women being equally quite confident that their sexual identity was going to remain the same in the future (M=7.66, SD=0.85, range 1-8). In congruence with Eliason’s findings, the thematic analysis revealed the prominence of reasons having to do with ‘outside forces’ in their explanation of their development as heterosexual, followed by responses that could be characterized as ‘preference for the opposite sex’. Only 18% of the respondents explicitly stated ‘biological factors’ as determinative. Different from Eliason’s work, there was a noticeable absence of answers relating specifically to religious beliefs. The respondents mostly thought that having a heterosexual identity either had no influence or positive influence on their lives, but were not able to give concrete examples as were requested. Their comments suggested a relative openness to exploring issues related to sexual identity development. Results are discussed in the context of cultural conditions, and the implications for facilitating healthier and less stereotypic attitudes towards non-heterosexual men and women.

References


This paper recounts the rise and potential fall of HRT in the context of the evidence-based medicine movement and women's health and agency. Over the past forty years since Dr. Robert Wilson's book, *Feminine Forever*, became a best seller, midlife women in North America have been offered a panacea in the form of hormone replacement therapy (HRT) to allay a menopausal crisis in health and femininity promised by Wilson and subsequent generations of medical experts. In the ensuing decades, women nearing the end of their reproductive years were encouraged to avail themselves of HRT not only to ameliorate symptoms associated with menopause, but a growing range of conditions from osteoporosis and Alzheimer's Disease to coronary heart disease. Menopausal women who failed to comply with this guidance offered under the rubric of evidence-based medicine were regarded as selfish individuals who would carelessly burden the health care system. Recently, however, the results of randomized controlled trials have raised serious questions regarding the extended therapeutic benefits of HRT. No longer are women asked to follow their physician's advice for their own good, but are now expected to weigh the evidence and (dis)continue HRT at her own risk.
Reopening the Case of the Birth Control Pill:
Raising Questions and Concerns

As use of the birth control pill has become virtually uncontested over the last thirty years, criticism of its effects and availability has been marginalized. In this paper we address some of the reasons why the Pill is not talked about and why it is important that we reopen debates. We do so not with the desire to limit women's choices or freedom, but to broaden discussion and promote a more informed dialogue about the contraceptive choices available to sexually active heterosexual women.

We argue that rejecting arguments about the Pill on the grounds that they are anti-sex, anti-abortion, anti-feminist, anti-technology, paternalistic or anti-freedom, fuels a reluctance to critically engage in discussions regarding the Pill and other hormonal contraceptives. Moreover, it hinders our ability to reveal some of the often unaddressed and overlooked questions that we need to ask of drug companies, doctors, and ourselves.

In this paper we engage in a feminist-informed analysis, evaluating the Pill in terms of its health risks to women and the medicalization of the female body. We raise questions concerning how information about the Pill is presented and made accessible by physicians and the pharmaceutical industry. In doing so, we pay particular attention to how this impacts women's ability to make informed decisions.
Abstract for Paper Presentation

Title: De-constructing choice: The social imperative of pill use

In this paper I examine the social construction of choice in women's use of the oral contraceptive, the birth control pill. I argue that the priority placed on choice in contemporary Canadian culture has influenced the development, and the widespread acceptance, of this contraceptive technology. Thus, the pill itself is an object of social construction. To appreciate how women experience choice in their use of the pill I analyse interviews with 20 women who participated in a qualitative study exploring women's use of the oral contraceptive. In this analysis, I work to de-construct contemporary understandings of choice and find that women's use of the birth control pill is less an exercise of idealised individual agency than it is an act of repetition, and one tied to ambiguity around the lived experience of choice. The women's experiences prompt debate around the assumption of choice in contraception and trouble an accepted connection between idealised and realised choice. Their articulations challenge the notion of genuinely available and viable alternatives for women and demonstrate how the use of a technology can quiet understandings of contraception as something other than an individual responsibility.
Roar like a tiger on TV: 
Constructing the cultural picture of women and the birth process

Paper Presentation

The medicalization of the birth process acts as a potent symbol of how modern technology serves to discipline the female body. As a key site of feminist analysis, the conventional Western hospital birth is the ultimate example of modern medicine’s ability to strip women of their agency during one of the most significant moments of their lives. The notion, however, that women merely play a passive role in response to the medical communities’ powerful rhetoric is a position that can be questioned. Recently, with the advent of reality TV the doors of the birthing room have been thrown open to the viewing society. Reality birthing shows allow spectators to gaze into the lives of pregnant women and their experiences of birth. Through a qualitative analysis of these shows this paper will examine the complex patterns of power and resistance as they transpire during the birth process. In addition to exploring how the cultural picture is constructed, we will comment on the importance of recognizing who produces these images, how our results compare to current feminist analyses, and what impact these representations have upon the social understanding of woman in labour more generally.
Type of Presentation: Paper

Title of Presentation: *When the answer doesn’t ‘fit’* ¹: Questioning responsive behaviour in cross-cultural antenatal encounters.

Abstract:

This paper presents the results of a four-year study of the verbal/non-verbal communication patterns of midwives and mothers in British and German antenatal consultations.

Based on a corpus of 231 midwife-mother antenatal interactions, dispreferred response sequences were identified and analysed in accordance with traditional conversation analytic methodologies in order to identify the source of potential communication breakdowns among both professional and client.

Using a socio-linguistic framework of analysis, quantitative investigation of the available data reveals some correlation between the occurrence and frequency of dispreferred response sequences and their relation to the social characteristics (age, occupation, stage of pregnancy) of interactants.

Through quantitative exploration of selected transcripts, the paper intends to demonstrate how recurrent dispreferred response sequences both reflect and reinforce the participants’ roles as midwife and mother, thus creating an institutional context within which successful communication outcomes may be achieved. Cross-cultural comparisons provide a preliminary indication of how differences and similarities in the patterns observed may be attributed to variations in the system of health care and/or country of study.

It is proposed that the results have practical and theoretical implications which can serve to promote awareness of the link between effective interpersonal communication skills and successful outcomes of care.

¹ Reference is made to the work of Sacks & Sacks, 1973
Paper Presentation:
Uncovering Tensions in the Practice of Informed Choice

This paper is based on an ongoing textual analysis of the regulatory documents of the College of Midwives of Ontario. Our research goal is not to criticize or undermine the profession of midwifery, but to contribute to a deeper appreciation of how it rhetorically negotiates its complex, unique situation within the healthcare system.

Informed choice is the basis of this presentation. While informed choice is a recurrent theme in Midwifery Standards documents, the tone of the relationship between midwife and client subtly shifts from document to document e.g., midwife as non-authoritarian partner, as primary decision maker, as advocate, or as professional expert. These shifting relational frames raise possibilities of tensions in midwives' experiences of the practice of informed choice.

These tensions both shape and are shaped by the unfolding professionalization of midwifery. Our analysis includes an examination of pre-regulation ideals, health care system expectations and realities of informed choice practice. Our analytic context addresses the shifting face of midwifery: changes in the philosophical direction of midwives and clients, emerging barriers and opportunities, and formal midwifery education. Projects such as this rhetorical analysis may be useful tools in the evolution of the profession: revealing the power of language in shaping practice.

Acknowledgement: Social Sciences and Humanities Research Council.
Data Sharing Leads to Patient Caring?: Gender, Technology and Nurses' Caring Work

Type of presentation: paper

Abstract (198 words):

This paper discusses the results of feminist research about the relationships among gender, technology and nurses' caring work which are explored in relation to a Patient Care Information System (PCIS). Qualitative research was conducted with nurses at Vancouver General Hospital (VGH); the majority of research participants were women. This reflects the prevailing gender composition of the nursing workforce and is indicative of the feminization of caring work in the wider political economy of healthcare.

PCIS is a controversial administrative technology designed to manage patient information. The phrase "data sharing leads to patient caring" refers to PCIS and represents a vision of healthcare founded on the introduction of new technologies, leading to processes of rationalization and greater scrutiny of workers.

I argue that nurses at VGH define care, and the relationships between caring and technology in their professional practice, in opposition to the organizational vision of caring represented by the phrase "data sharing leads to patient caring." This is an act of resistance by women workers in a feminized profession to a gendered political economy in healthcare that simultaneously devalues their caring work, renders much of it invisible, and subjects what remains to processes of rationalization and technological scrutiny.
This paper challenges the rapidly re-emerging medicalised model of women’s sexual problems, or *female sexual dysfunction (FSD)*, particularly those concerned with problems of orgasm.

The questions that do not appear to have been asked though are a) what is ‘good’ sex for women? b) is sex necessary for women’s physical and emotional well-being; c) what counts as knowledge about sexuality? And d) who defines ‘normal’ sexual behaviour and desire?

This paper reports a qualitative in-depth interview study of 33 women between the ages of 19 and 60 years (mean age 28.6 years) where the data analysis particularly focused upon their subjective perceptions of what constituted ‘normal’ sexual satisfaction for themselves and other women.

The results indicated that these women’s desires and expectations differed appreciably from those reported in the typical clinical and sexological literature. There was however, evidence of a strong desire to experience orgasm in this way for the sake of their male partners.
Abstract Sheet

Type of presentation: Paper

Title of presentation: “The Social Construction of Female (Hetero)Sexuality: FGM, Clitoridectomies and ‘Designer Vagina’s’”

ABSTRACT:
When addressing the practice/issue/politics of female genital mutilation (FGM), also known as female genital cutting (FGC), most people concentrate on the brutal and harmful practices of clitoridectomy, excision and infibulation currently practised in 28 African countries. While this knowledge and understanding of FGM is important, possessing only this particular view of FGM often restricts us from seeing other instances and types of FGC. Furthermore, this narrow perspective can also prohibit a broader understanding of how FGM – in its multiple forms – is directly coupled with social constructions and cultural ideals of women’s bodies, femininity and female (hetero)sexuality.

This paper explores various forms of FGM within distinct historical and cultural contexts. These include the use of clitoridectomy by English and North American physicians in the 1940s and 1950s, the ongoing use of genital surgery to ‘correct’ intersexed infants who are born with ‘ambiguous genitalia’, and the more recent trend of some American women to choose cosmetic genital surgery to create ‘designer vaginas’. By looking at FGM on a continuum that consists of a number of practices in a variety of contexts, we begin to see how FGC is used as a strategy by a variety of cultures and people (including women themselves) to both influence and enforce a socially constructed embodiment of femininity and female (hetero)sexuality.
Abstract:

Paper presentation: Viagraborgs and the new ‘virile reality’

In the last sentence of “A cyborg manifesto”, Donna Haraway famously asserted that she would rather be a cyborg than a goddess. The advent of Viagra and what Lee Quinby refers to as the new millennial ‘virile-reality’, appears to have produced an environment where some men can choose to be both cyborgs and (sex) gods; seemingly they can embrace their relationship with technology at the same time as they can be assured of the ‘naturalness’ of their sex.

In this paper I present the stories of Viagra cyborgs – or Viagraborgs – human cyborgs who have, in a sense, been ‘reprogrammed to behave better’ (that is, to behave as properly sexually functioning men). They can be read variously as retro-, ultra-, and semi-cyborgs, whose properties and capacities, as my analysis will demonstrate, connect with restorative, normalizing and/or enhancing purposes. The cyborg figure clearly disrupts the demarcation between notions of the natural and unnatural, the authentic and artificial, the organic and the synthetic. My examination is therefore interested in how these binary terms are being understood by Viagraborgs themselves, and those with whom they have intimate connections; the ways in which the experiences and narratives of those using Viagra and engaging in Viagra-assisted sex are reinforcing and/or disrupting the discursive construction of nature and culture, originality and authenticity; and what kinds of stories are being told about hyper-masculinity and super-natural erections.

Historically, lesbians have created 'communities' because our oppressed status has often rendered us invisible from one another. At the height of second-wave feminism, lesbian communities in Britain comprised a wide range of organised social activities and venues in most sizeable urban areas. However, in many parts of the UK non-scene venues and organised social activities appear to be gradually disappearing.

This paper draws on data from in-depth interviews with 10+ lesbians over the age of 25, which form part of a current (and ongoing) large-scale interview study of the lives and lifestyles of lesbians and gay men in the Midlands and North of England. Using a data-led form of thematic analysis, the paper explores the way(s) in which the assimilation of lesbian culture into mainstream society has impacted on the lives and lifestyles of lesbian women.

Preliminary data analysis indicates a significant shift in the nature of lesbian communities and social life, with lesbian communities today taking a more individualised and informal form, with public lesbian culture being subsumed into the mainstream. Whilst this shift has, in some cases, been beneficial in advancing the rights of lesbians (and gay men), the data suggests that it has simultaneously resulted in the increased marginalisation and social exclusion of many lesbians.

The aim of this paper is to highlight, through the voices of lesbian women, the ways in which assimilation has resulted in the (increased) invisibility and marginalisation of certain individuals and groups within the wider lesbian 'community'. These findings will be discussed in relation to feminist politics, and their implications for the social and psychological well-being of lesbians will be explored.
Paper presentation abstract

Title: Disclosure of lesbian orientation: Limiting subject positions

Disclosure, the social practice of sharing the details, the ‘truths’ of one’s life is embedded in our social world, from the popularity of intimate stories featured on television talk shows to the assumptions that drive the provision of mental health and psychotherapeutic intervention. How has disclosure come to hold this position of privilege in our social world? By what authority does the discourse of disclosure direct our relations, influence the value and meanings attributed to our lives?

This paper interrogates the ways in which disclosure is historically derived and has come to be embedded in social institutions and organizations of care. An interrogation of this sort opens to question our understandings of the intersection of language, social organizations, agency and power in the constitution of practices of disclosure, in coercive and in productive ways. This understanding of disclosure locates the “incitation to confession” within a particular history that has been an active participant in the development of the authoritative and taken for granted belief that health and authenticity in relationship requires disclosure.

For care providers and for those who receive health care, experience is constituted both within and beyond a particular life as it is lived. The experience of disclosure of lesbian disclosure constitutes us in particular ways; it shapes the way that we might participate in community, in health and in illness experience. Drawing on the author’s feminist hermeneutic research of the experience of lesbian disclosure this paper will use the constructed category of lesbian orientation as an exemplar of an unstable truth with limiting subject positions.
Proposal for a paper presentation

FROM SCIENTIFICATION TO LIBERATION:
SCIENCE, FEMINISM, AND SEXUALITY IN POST-REVOLUTIONARY IRAN

Middle Eastern women’s movements have sidestepped overt discussions of sexuality for over a century. In recent years, however, the significance of sexuality has been reconsidered as an aspect of women’s human rights. My paper examines the emergence of this demand in the context of the Iranian women’s movement.

I will first sketch post-revolutionary Islamic arguments on sexuality. Set against this background, the paper will analyze two growing trends in the discussion of sexuality: scientific and feminist. I will discuss how the former is emerging through academic writings on psychology and self-help books. I will argue that this discourse simultaneously creates opportunities and limitations for the development of a feminist discourse of sexuality. “Opportunities,” because this literature aims to decriminalize and de-stigmatize some sexual behaviors presently disapproved or subjected to punishment in the Islamic Republic (e.g., masturbation and homosexuality). “Limitations,” because the scientific discourse continues to retain a notion of “normal” sexuality.

I will then turn to various expressions of sexuality in the small-but-growing feminist literature on this issue. I will emphasize how feminist authors resonate and transcend scientific arguments in analyzing interconnections of morality and sexual control. The final part of the paper is devoted to expressions of sexuality in women’s literary writings and weblog entries.
“Culture”: Moral Medicine to Prevent Mental Distress

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Abstract

North American ethnogerontopsychiatric research finds that elderly non-white and non-western immigrant women experience more mental distress than domestic-born elderly women. Despite such findings, elderly East Indian immigrant women (EIIW) have rarely been identified as a high risk group. To understand why this is the case, a qualitative multiple case study of 21 English-speaking EIIW aged between 60 and 74 living in Canada was carried out. Using a content analysis of in-depth interviews, conceptual categories were developed which reflected the strategies and approaches that these EIIW use to prevent mental distress and its social consequences.

Results reveal that the women in this study believed that mental distress is associated with event-oriented (circumstantial) problems, negative energy, and life threatening situations. To prevent mental distress the elders indicated that it is critical for individuals to “maximize control over the inner self”. With the objective of optimizing their internal strength and to avoid mental distress the elders integrated East Indian cultural and spiritual/faith ideologies and to some extent acculturation experiences as their prevention resources. In fact, they emphasized: family activities (grhasta), religion and spiritual activities (dharma), assessment and acceptance of the fate and choice of action (karma), evaluating their material well-being or “financial security” (artha) in preparation for living independently and idealizing independent living (sannyasin), a symbol of Canadianization. In the process, the role of culture changes from “the barrier” to the “moral medicine” to prevent mental distress.
Type of presentation: Paper (30 minutes)

Title: Intersections of race, class and sexuality: The pursuit of “belonging” through sex practice

Abstract: (191 words)

This paper discusses part of the findings of a qualitative life history study about heterosexual women’s sexual experiences. It presents the sexual life histories of a sample of Australian women to demonstrate how feminine sexuality and sex practice is socially constructed through the intersection of discourses of race, class and sexuality. It reveals how the material and symbolic dimensions of race and class serve to redeploy discourses of feminine sexuality, shaping the way that women engage with and embody such discourses, their access to alternative sexual experiences, and the kinds of sexual relationships they have with men. In the main, for the ethnic and working class women in this study, sex was one of the means through which they dealt with their position as “other” in a racist and classist culture. Through it, working class women constituted themselves with “middle class sexual respectability” and ethnic women constituted themselves as “more Australian”. Evident here is that way that sex is not simply a practice constructed through the social dimensions sexuality or gender. Rather, it is also a means through which women pursue a sense of belonging in a racist and classist culture.
Lesbians and gays make everyday choices as to whether to indicate their sexual orientation to others, through, for example, pronoun choice, person-reference terms, or reference to same-sex partners. For heterosexuals living within the normative expectations of the heterosexual world (Kitzinger 2003), such choices do not present themselves in the same way. Previous linguistic discussions have tended to discuss 'coming out' in terms of speech acts (e.g. Chirrey, 2003) based on lesbians and gays reflections on the coming out process. However, understanding the way in which people do sexuality, whether they be lesbian, gay or straight, can only be achieved through detailed analysis of the sequential properties of naturally occurring data. Conversation analysis of a one-hour radio talk-back show examines how sexuality is constructed through talk-in-interaction. It shows how 7 of the 15 callers orient to their sexuality during their time on air, and how recipients to the talk, the talk-back host and invited guests, respond to the callers' presentation of themselves as either straight or non-straight. Although sexuality is not the topic of the talk-back show, it is possible to show the normative orientation to heterosexuality in everyday talk, in contrast to the recipients' response to a caller who presents herself as having a same-sex partner.
This qualitative research study was part of a Masters of Science degree program at Queen's University, completed in 2002. The study's purpose was to explore the experience of getting ready for menarche from the perspective of premenarcheal females. 5 females, between the ages of 10-13 years, participated in the study and were interviewed twice within a 6-month time period. Open-ended questions were used to facilitate a phenomenological process of data collection. The researcher was interested in the girls' sources of information about menarche, who they talked to for support and discussion of their thoughts and feelings and most importantly, whether they experienced a process of getting ready for this developmental milestone. Using van Manen's phenomenological approach to data analysis, four themes emerged from the participants' stories- meanings of menarche, privacy, support and advice for other girls. These themes suggest that the experience of getting ready for menarche is part of a broader transitional process of moving away from childhood and towards adolescence. The results of this study could be useful for nurses, parents and educators to facilitate discussions to help girls explore their meanings and perceptions of this event and to build positive, celebratory images of this experience.
Paper Abstract

Title: *A Physiology of Culture: Early Puberty and the Embodiments of Insecurity*

In 1997, a major medical study emerged which offered compelling evidence that North American girls were experiencing the on-set of puberty one or two years earlier than their counter-parts had 30 years ago. This paper considers the recent phenomenon of early puberty in girls as an especially rich ground for inquiry into the relationships between social and natural environments and physiological change. Having captured the attentions of both ‘legitimate’ (scientific and medical) and ‘unauthorized (popular) audiences, early puberty lends important insight into the discursive frameworks which construct notions of a body, its sex, gender and age, and the assumptions of value and causality which support these. But perhaps more intriguing is the way in which early puberty appears to move in fidelity with our shifting social, cultural and natural environments. In this respect, early puberty strongly gestures to the dialectical interplay of biological and social reproduction. What manner of fluid interchanges – discursive, material and physical – exist among embodiment, cultural landscape and the natural world?

**Keywords:** puberty, girls, childhood, embodiment, time, neo-liberalism, consumerism, habitus,
Abstract for Paper Presentation

"Is it me or is it my PMS self?"
Narratives of the self in the PMS Discourse

The phrases, 'I’m not feeling like myself' and 'it’s just not me' have long been used by Anglo American women to describe and explain the physiological and psychological changes experienced in the premenstrual phase of their menstrual cycles. Categorized by researchers and practitioners as the 'split-self' or 'dualistic' discourse and identified by them as one of the central features of popular literature on PMS, they have discussed its use as a discursive strategy and positioning within the dominant and interrelated discourses of femininity and psychological health and normality. Drawing on narrative analyses studies I will describe and explain some of the sources and effects of these discourses on women’s approach to PMS, as well as the proposal put forward by feminist psychologist, Jane Ussher, in which she advocates a shift to different theories and methods for researching and treating PMS. The alternative framework she proposes for understanding premenstrual symptomatology involves a shift away from the fixed and dualistic notions of self and mental health that underpin Western theory and practice towards Eastern models of the same, which, according to Ussher, are centered around an understanding of self as process and confront the illusion of a "core, consistent me, which is always positive and good."
Advancing the Inclusion of Women with Disabilities: Income and Health

Advancing the Inclusion of Persons with Disabilities (December 2002) is the first national report on disability in Canada. Key disability indicators are highlighted in five outcome areas: disability supports; skills development, learning, and employment; income; injury prevention and health promotion; and community capacity. The aim of this Report is to describe where there has been progress on disability, how the government of Canada has contributed to this progress, and where work remains to be done. Yet to make these outcomes real, we need to recognize that different people have different experiences of disability and disability-related policies. The main factors that are highlighted in the analysis I will be discussing are gender and qualitative measures. Not only should women and men be included in each of the indicators, but the Report needs to go further and analyze why differences occur, how these are shaped by intersecting identities of women and men with disabilities, and what the repercussions may be for policy development. In order to get at the rich complexity of gendered experience, it is crucial to employ qualitative research methods. For the purposes of this presentation I will be focussing on two outcome areas, namely income and health. I will be employing a cross-disability perspective and a social construction model of disability.
Abstract

While there is a growing body of literature which consistently demonstrates an inverse relationship between socio-economic status (SES) and health, little research has been done to date that specifically addresses the determinants of health inequalities for people with disabilities. However, this seems to be a particularly vulnerable group, as people with disabilities are more likely than their non-disabled peers to be exposed to several social, psychological and biological mechanisms that have been hypothesized to underlie the SES-health relationship. Furthermore, the relationships that structure people with disabilities’ everyday lives bring up additional inequalities associated with persistent and pervasive prejudicial attitudes towards this group, which translate into cumulative barriers when accessing healthcare services.

Framed by a political economy perspective and using data from the 2000/2001 Canadian Community Health Survey, this paper examines differentials in health perceptions; health care experiences and health service usage between adults with disabilities and their non-disabled peers. The findings illustrate how the particular social location of people with disabilities in a capitalist society creates disadvantages and inequalities in health for this population, particularly for women who face the double discrimination of gender and disability status.
Interrogating Disabling Discourses in Women's Health:

A Feminist Poststructuralist Analysis

Health care practitioners are 'disciplined' by societal discourses to be particular kinds of care providers and to practice in particular ways. In the case of women's health, practice has been shaped by coercive/disabling discourses that limit the care that women receive. The discussion will move reflexively from general ideas informing and constructing our understandings of women's health to the specific effect of these on health care practices. The practice of caring for women is examined as a social practice, enacted in socially constructed contexts. The inquiry asks what constitutes current practices in women's health by investigating how these practices came into being historically. Using an exemplar of abortion care this paper attempts to destabilize what has come to be known as normative practices. In considering both the continuity of traditional care and the discontinuity of social, legal and political discourses informing health care practice, practitioners are challenged to recognize both the resistance to and our complicity in subscribing to limited subject positions for women.

To this end, the paper offers a feminist poststructuralist analysis that deconstructs current practices in women's health and the traditions that have informed those practices. The work draws on research in which women resist/embrace societal discourses and speak as subjects of an emergent discourse of women's health. It is anticipated that this interrogation and the foregrounding of the subject voice of women will make a contribution to shaping/transforming current health care practices in women's health.
Thank you for your participation!