

MVSE

Feminist Magazine

ISSUE 7
SUMMER
11/09

FREE!

The Wellbeing Issue

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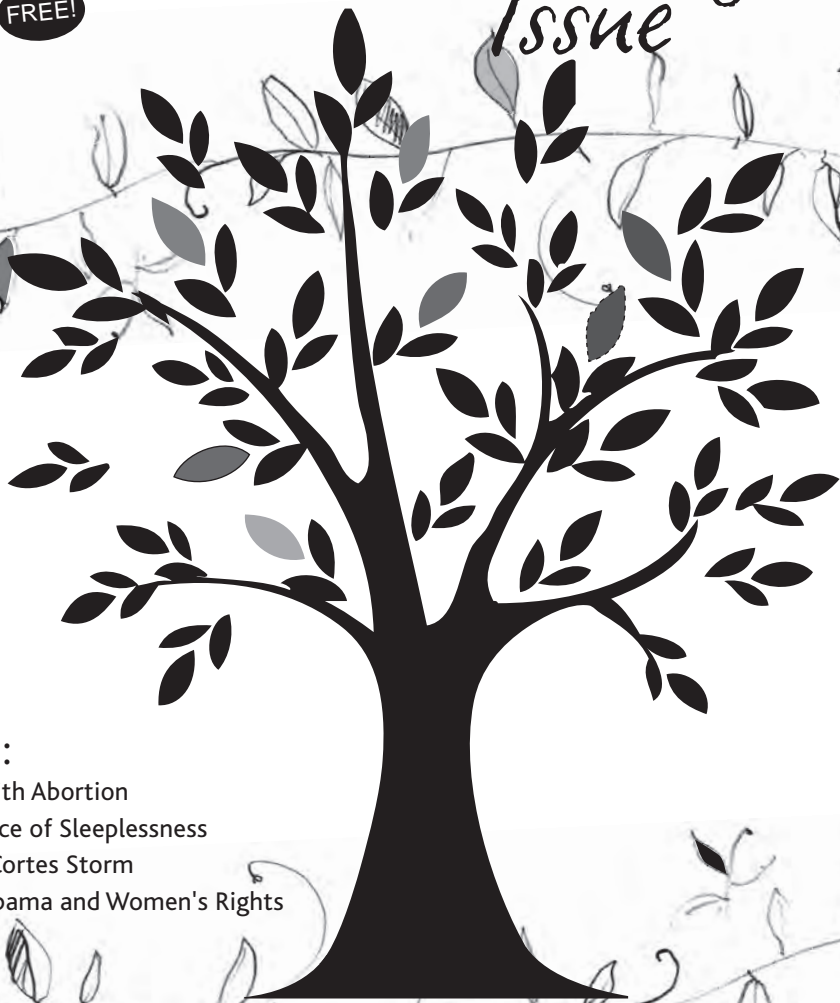
Inside:

Coping with Abortion

The Science of Sleeplessness

Poem: A Cortes Storm

Barack Obama and Women's Rights





Issue Six



How to Get Involved

We are really keen to receive writing, images, art, etc, from women to be included in future issues. Muse reserves the right to select content based on the Muse Values and Profile, and on available space. For information on contributing, email muse@riseup.net and we will send a copy of the Muse Profile and Contributors Information.

Deadline for Issue 8 is 1st February 2010.

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The Muse Collective wants to say a huge thank you to those of you who have contributed your time, effort, financial or moral support this year and helped make Issue 7 a reality. We have felt the aroha of so many people who have brought this issue, and the discussion on women's wellbeing, to fruition.

As always we are very grateful to all those who have contributed in every way to Muse. There are many moving parts to every issue, and we'd like to take the opportunity to thank just some of the women who've contributed this year: Lou Wallace for donating her time, talent and energy to the design of issue 7; Catharine Byrne for donating her time and keen eye to copy-edit; and Jo Hubris, who has lifted Muse from the page to the web with her technical expertise and patience.

Donations

Muse is funded entirely on donations, and at a time when funds are stretched for everyone we are especially grateful to all the women who have dug deep and helped us out financially this year. We would especially like to say thank you to Catherine Delahunty, Moea Armstrong and Margaret Nixon for their generous financial support, which has helped nudge Issue 7 into being.

As always, we are in need of more funds to keep Muse alive. All donations are spent 100% on the printing and mailing out of Muse, so you can rest assured that your funds will be used directly in the creation of an ongoing space for women's voices in Aotearoa.

Ngā mihi mahana ki a koutou katoa.

The Muses.

Editorial



Kia ora and welcome to Issue 7 of Muse!

For a long time the Muse Collective has been thinking about media that targets women. We started this zine because we feel passionately about getting young women's voices into the public sphere – real women's voices and real women's issues. We were fatigued by the glossy gossip mags and their endless articles on such tedious topics as 'how to snag a man in 10 days'. Their "advice" columns were always written using one part pop-psychology combined with two parts intuition and a sprinkle of personal experience.

Muse has always endeavoured to provide an alternative to this. Our emphasis is on personal experience and the importance of seeking out knowledge as a source of personal empowerment. We haven't always got it right, but we are definitely trying. Our philosophy has always been to provide information in a way that looks at the facts and analyses them from a feminist perspective. This issue is no different.

Our theme this time around is "Women's Wellness" because we want to build an alternative discourse about women's lives and bodies. There is a plethora of information around about how women should look after themselves, however much of it is misleading and potentially harmful, and more often than not, telling women what to do. So instead, we wanted to provide you with some personal experiences and let you take from these what you wish – we know that talking about women's health and well-being is important, but we also know that the choices and decision-making lie with the individual. Every woman is different and we acknowledge and celebrate this uniqueness.

DISCLAIMER

Muse is a forum for feminist voices and discussion. Our purpose is to provide space for expression and encourage a diversity of perspectives. These are not necessarily the perspectives or opinions of the Muse Collective. We do not represent all women or all feminists.

Since our last issue there have been some more changes going on with Muse. Teresa Buckthought and Jenn Jones have left the collective for distant shores and we have warmly welcomed Brooke Rae and Liz Robinson as new members of the Muse Collective. We have finally moved into web 2.0 and have proudly launched our new website complete with back issues: www.musemagazine.org.nz. We really encourage you to check it out!! Thanks a gazillion to Jo Hubris for hosting our site and helping us set it up. We also have a facebook page, which you can link to from our website.

As always, we would love for you to drop us a line and tell us what you think of this issue (and our new website!). Contributions of articles, art or financial support are always welcome too – our next issue is going to be based around the new threats to women's rights and will look at justice for women and the myth of equal opportunity. We look forward to hearing from you!

Ka kite ano
The Muse Collective

We have launched our new website!
www.musemagazine.org.nz

Muse is produced by the Muse editorial collective; Karen Price, Karin Brown, Natalie Gousmett, Melody Nixon, Brooke Rae and Liz Robinson.

Letters

We would love to hear from you! Share your thoughts on issue seven. Letters can be sent to muse@riseup.net or Muse Magazine, P.O Box 11731, Manners St, Wellington.

Please note: all letters here have been replied to directly but to clarify for readers – Muse accepts letters from men and women which we may print depending on space. However, as this is a feminist zine aiming to provide a space for young women's voices, we only publish content from women.

Hi there,

I was in a café today and picked up a copy of Muse. I was so pleased to read over this and felt inspired!

I saw that you are interested in art and writings from women so thought I would send this in with the hope that you will print it – please see my attachment.

I wondered if you have any meetings or discussion groups underway?

Kind regards,

Josie Allen (Check out Josie's grrr on page 7!)

Kia ora wahine ma

Thanks for your colourful and thoughtful commitment to a feminist perspective through MUSE. I wish every community a magazine like MUSE. Women must continue a vital and creative dialogue about our visions, rights and self determination despite boring old "PAT" - that's a code word for patriarchy which judging from my short time at Parliament is by no means gender specific. Keep up the stories, reflections and campaigns.

Love

Catherine Delahunty

I was so pleased to hear through the Greens that there is a New Zealand women's magazine in existence again, and wanted to expose my stropmy daughter to it as soon as possible. I always read Broadsheet and was disappointed when it closed down – we need a forum to encourage us to keep on keeping on seeking an equitable future – especially now with the recession and National, which will mean a regression of any kind of progress we thought we were making in the lives of ordinary women – unless we organise the fightback collectively sharing strategies and stories along the way.

Congratulations to the Muses for taking the initiative to leap into the publishing spotlight – rage, rage, against the dying of the light!

Moea Armstrong

Hi there,

I picked up Muse today and was amused at the 'grrr' at the movie Juno. I went into the movie with the same expectations and attitude of "this movie is going to make me angry by glorifying and mocking teenage pregnancy". However I enjoyed it for recognising that when you (for what ever reason) do not wish to have an abortion, and are unable to raise the child for both their and your own wellbeing one of the strongest and most beautiful things you can do is give your child up for adoption. I had a child when I was 15, but I knew she wasn't meant for me. I have not for a second regretted giving her to her true parents, I am now 32. I do not believe that this movie supported the anti abortion pro-life (ha!) movement but rather supported the rights of a young woman to decide what the right thing for her and the future child is.

Keep putting out this amazing zine.

Thanks

C.

Hi Muse

I was so excited this morning when I picked up your Autumn Bumper issue while I bought my survival coffee at a cafe down the road from work. An inspiring womanfriend put me onto you a while back and gave me your issue about Motherhood, which I read cover to cover. Since then, I have had some life changes – including separating from my partner, becoming a ‘single Mum’, and getting a job where I get to think a lot about women’s issues. Seeing the new Muse felt like a piece fitting into a puzzle.

On the subject of synchronicity, last Thursday I was chatting with two women – one at work, and one at a dance show in the evening – who each told me astonishingly similar stories. They were both first wave feminists (one said “I’m still a feminist, really”) and they had both recently been thinking about how some things are pretty similar for women these days as they were when they were struggling for change back in the 70s and 80s. They talked to me about women leaving the workforce to care for children, then finding they had to break barriers to get back in; they talked about women’s jobs being inequitably rewarded – traditional female work, like care-giving and teaching, being paid more poorly than equivalent, traditional male work. Then they both said: it’s such a shame there doesn’t seem to be a feminist movement amongst young women today. Well, I would really like to give each of them a copy of Muse! And, in fact, I have several other friends and colleagues who I think would be inspired by your Zine. So, my question is: how do I get hold of a stack of copies of Muse to distribute? I’d like to make a donation in exchange for them please.

I’m looking forward to devouring my copy of the new issue cover to cover tonight, once paid work is done and my son is sleeping soundly.

Keep up the great work Muse collective!

Clare

PS: Congratulations on Melody Nixon joining your team. She was on a writing course I did at VUW a few years back. She is a cool young woman and a damn fine writer.

Thanks Clare, we are always keen to hear from people wanting to help out with Muse. Copies of issue 6 are unfortunately all gone, however we’ll happily be in touch as we plan the distribution of upcoming issues! And like you, we’re stoked to have Melody on board with Muse too!

Hello

My name is Brooke Rae, I have recently moved back to Wellington after spending a year in London and travelling Europe. I have a BA Hons in Media Studies and a passion for women’s rights, politics and humanitarian issues.

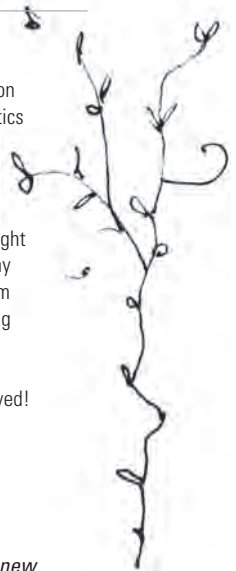
I am hoping to use my passion for women’s rights and humanitarian issues to actively contribute towards the prevention of intolerance, inequality and abuse in New Zealand society. I hope to heighten awareness of social injustices and promote the organisations actively working to highlight and prevent these issues. Now that I have resettled in Wellington I am very keen to contribute my free time to an organisation like Muse. I have been able to get hold of 3 copies of Muse zine from Wellington library and greatly enjoyed the crucial and riveting content and look forward to getting hold of the other two issues (I have issues 1, 2 and 3). I have recently meet an amazing woman, Tanya Newman, a founding member of your collective and she has inspired me with her amazing passion and drive. If there is any way I can contribute to your collective I would love to get involved!

Please contact me and let me know what I need to do to help your fantastic cause.

Regards,

Brooke Rae

Since sending this letter in, Brooke has continued her contact with Muse, and is now a new Muse collective member – welcome aboard Brooke!



New Zealand...

Health Minister Tony Ryall announced in May that the Government will spend an extra \$103.5 million over four years to boost maternity services. The additional funding will see opportunity for longer stays for new mothers in birthing facilities, extra visits to GPs and lead maternity carers for at-risk mothers during pregnancy, and full funding of the Plunketline 24 hour telephone advice service. The medical profession will also benefit, with obstetric training or refreshers for GPs wishing to return to maternity care, and meeting the costs from the increase in the number of births each year.

Pay equity for New Zealand women took a giant step backwards this year when the National Government axed two pay equity enquiries in the public sector, and then just a few months later closed down the entire Pay and Employment Equity Unit at the Department of Labour. The purpose of the unit had been to address the pay gap between men and women – one that has continued to exist for more than 36 years since equal pay legislation was passed. A rally at Parliament opposing the closure of the unit drew media attention not only for the large public turnout, but because the Department of Labour had disturbingly warned employees not to attend, apparently because it would be against the principle of political neutrality in the public service. The Public Service Association has responded to the Government's actions, and refusal to address the gender pay gap, with a complaint to the Human Rights Commission challenging the Government's lack of action on the findings of earlier pay equity reviews in the teaching profession, stating that ignoring the proven pay inequity is discriminatory and an abdication of its responsibility.

An Equal Employment Opportunities Trust study released in July 2009 found that the demographics of New Zealand's professional fields was shifting. The study, *Workplace Age and Gender: Trends and Implications*, looked at census data from 1991 to 2006 and showed a skewing of demographics in various professional fields. Professions including law, medicine and veterinary medicine were dominated by younger women and older men. The study also found that the percentage of female lawyers had almost doubled, from 24 percent in 1991 to 42 percent in 2006, and the percentage of female doctors had likewise increased, from 27 percent in 1991 to 40 percent in 2006. Researchers found that women working as doctors and lawyers appeared to leave the profession in their late 20s and early 30s, then returned in their late 30s and early 40s.

New Zealand appears to be undergoing a cultural shift in sole parenting – while 88.3 percent of Domestic Purposes Benefit recipients were female, and only 11.7 percent male at the end of June 2009, this represents a small but noticeable increase in men taking on the primary caregiver role, up from only 9.4 percent five years ago. Alongside this growing trend, the total number of clients receiving the DPB increased from 96,000 to 104,000 over the past year, demonstrating the vulnerability of sole-parent families to unemployment during a recession.

IN BRIEFS

Compiled by Karen Price and Jenn Jones

A valuable and much needed support package for sole parents to undertake employment-related training has been slashed by the Government. The Training Incentive Allowance had previously been available for study at tertiary institutions up to undergraduate level, but drastic cuts in this year's Budget have seen eligibility severely tightened, with only low-level courses now qualifying. Where struggling sole parent families could once receive a helping hand toward a career path and financial independence, now many face a future with limited opportunities, low income and a lack of education.

International...

The Bank of America is being sued for gender discrimination by offering female brokers lower retention bonuses than male brokers. Bonuses are given on the basis of fee earnings, but the lawsuit alleges that the best and wealthiest clients are given to the male brokers. The lawsuit, filed at the end of June 2009, was brought by Jaime Goodman, who has worked at Merrill Lynch since 1992 (taken over by the Bank of America). Goodman claims she was a "\$1 million producer for nearly a decade" but because she is a woman, didn't get the bonuses she deserved. She is seeking compensatory damages including loss of benefits as well as punitive damages. In 2008 Citigroup Inc agreed to pay \$33 million to settle similar charges in a federal lawsuit in San Francisco brought by about 2,500 female brokers at its Smith Barney unit.

May 2009 saw four Kuwaiti women become the first women to be elected to their nation's Parliament which has been restricted to men only for almost 50 years. Women only gained the right to vote and run for office in 2005.

The USA has just appointed another woman to its Supreme Court bench. Judge Sonia Sotomayor, a 55 year old woman of Puerto Rican decent, was previously a federal judge on the U.S. Court of Appeals for the Second Circuit. President Barack Obama nominated Sotomayor for appointment to the U.S. Supreme Court to replace the retiring Justice David Souter. She is the Court's 111th justice, its first Hispanic justice, and only the third female justice in American history. There is currently one other sitting female justice, Ruth Bader Ginsberg; however Justice Ginsberg is 76 and suffering from cancer, and so could be the next justice to retire.

THINGS THAT MAKE YOU GO GRRR!!

Contributors:

KB – Karin Brown
KP – Karen Price
MN – Melody Nixon
RR – Rae Roadley
G – Ginny
JA – Josie Allen

In the Bain trial it was reported that the house was a real mess and one witness – I think Margaret Bain's sister – said Margaret wasn't the 'world's greatest housekeeper'. No-one thought to point out that the house was also occupied by four other people of sufficient age and ability to clean and tidy the house. Grrr.

-- RR

Moustache Gate

The infamously uncouth Paul Henry was in the news again in March this year for his latest ignorant slur. This time his target was green activist Stephanie Mills. Mills was on Henry's Breakfast show to discuss compensation for victims of nuclear testing in the South Pacific. Henry, it seems, couldn't restrain himself from commenting on her appearance. Henry remarked that he thought she had a "lady moustache," and read out viewers' comments to the same effect. Hilarious. Despite the fact that complaints flooded into TVNZ following the slur, Henry refused to apologise. According to the Sunday Star Times he was "unrepentant, saying he had nothing to be sorry about and viewers expected him to speak his mind." What Henry doesn't seem to understand is that speaking your mind is not necessarily about insulting people, or being rude and petty. The head of Gender Studies at Otago University, Annabel Cooper, put it best when she said that "anything that appeared to blur the distinction between genders, including facial hair on a woman, caused a lot of social anxiety, explaining some of the responses." Paul Henry, then, was perhaps just angsty at the perceived threat to his own shaky sense of self-identity. As one Muse Collective member commented, the shallow dude is just one long, agonising grrr...

-- MN

Media and police commentary on sexual violence reached a new low recently when, following an attack on a woman in central Auckland, women were told not to wear headphones as it might result in them also being attacked. Excuse me?! Where were the demands that men just stop attacking women? Do they seriously think that if women didn't wear headphones they'd be safe from rapists and predators? Apparently victim blaming is still alive and well in New Zealand.

-- KP

Those ads on TV for things like Lockwood homes and carpet which start off with half naked women, dancing around in an attempt to sell whatever it is. I can cope with the 'sex sells' advertising technique, but at least make it relate to the product not just "insert some sexy here". It is offensive and pointless.

-- G

Malecentric Words

Is there any "great" literature out there that does not espouse arcane, patriarchal or plain hate-fuelled views of women? I'm sure there must be some, but the more I search the more I find female characters reduced to either beautiful and "moxie" appendages on the side of a self-assured man, or interesting and enigmatic characters that ultimately serve as a point of self-reflection for the male protagonist/narrator/point of view. Raymond Carver, Barry Hannah, Amitav Ghosh – this is about you, but it's also about all the alleged classic authors that make up the Anglo-Saxon canon. Bruce Chatwin, Elias Canetti, Bertrand Russell, William Faulkner... Yes, this is a huge Grrrr to the history of malecentric Western literature. And, this is also a Grrrr to the fact I am probably going to spend the rest of my life being referred to Jane Austen, Charlotte Bronte, or – God forbid! – Elizabeth Gilbert (if anyone remembers her in ten years' time), whenever I bring this up!

-- MN

When my (male) partner was about to go through surgery the surgeon reminded us that after the procedure he would not be able to drive and should not make important decisions. "So don't give her the chequebook!" he added laughing. Grrrr because a) he seemed to think I would take advantage of my partner if I saw an opportunity and b) I am the one in charge of the money in our household so if anyone had a chequebook, it would be me.

-- KB

Paul Rothwell

Paul Rothwell. The wee boy is the most blatantly misogynist playwright in this country, let alone this city, currently producing works. Why on earth, then, did he win the Bruce Mason Playwright of the Year award in 2008? The award can only be seen as an endorsement of his immature values, whether the judges intended it that way or not. Yes, he is controversial, but so are Snuff movies and the trade in sex slaves. Get over it New Zealand; just because a piece of theatre makes you feel sick, doesn't mean it is a good work of art.

-- MN

I am in utter disbelief in regards to the public reaction, albeit meant to be positive, to Susan Boyle. She recently stunned audiences on Britain's Got Talent when she opened a mouth that released a heavenly singing voice. However I am saddened and somewhat perplexed that Susan has gained so much attention and fans because of two unrelated reasons – one she can sing and two she is deemed to be unattractive. My goodness, has the general public become that brainless that we didn't expect that a woman who looked a certain way could actually sing? It's an unpleasant reminder that society still constantly focuses on the image of women whatever their role, e.g. politicians, actors, mothers... The media and the public are only interested in what dress they wore last week, what kind of mother they are, and how they hold themselves. Honestly, it is completely ridiculous and very tiring.

-- JA

The G.I. Joe movie. Don't get me wrong, I love action flicks, but how many women in the army wear enough make-up to pass as a drag queen while (cat) fighting bad guys?

-- G

THINGS THAT MAKE YOU PURRR!!

Tillerman's Night Venue

Purrrrr to Tillerman's Night Venue in Invercargill for employing a female team of door staff – a possible first for the city and an idea which is already paying off as customers appreciate a softer, more personable approach.

-- RC

Young and Hungry theatre in New Zealand

Sure, some of the plays in this year's Young and Hungry festival didn't go down well with critics, but it was wonderful to see that the entire series was made up of plays by young women playwrights. There was open acknowledgement by one of the playwrights and her female director that there are not nearly enough roles for women in contemporary (or any) plays. It's great to see that some of the women in our community are taking steps to carve out their own space in this supposedly liberal medium.

--MN

While making a quick visit to the ladies' room before class this week I was excited to see a positive conversation scribbled on the stall door. One woman stated with exclamation; "mooncup is definitely the best form of self-maintenance!", only to be followed by an inquisitive anonymous; "What's a mooncup? Don't get it". The reply that followed made me smile; "mooncups are re-useable 'cups' which you use instead of tampons. You can buy them off the net, just google 'mooncup'. Maybe \$55ish, but last for years and years. Freakin awesome." This informative answer was then followed by another happy customer; "I'm wearing mine right now - it's rad." To see this crucial discussion concerning women's menstrual health in the most informal of environments was so encouraging. I am slightly ashamed to admit that before reading Muse I had never heard of alternative menstrual products such as mooncups, and nor was I informed by the medical or educational institutions that there was a more hygienic, economical and environmentally friendly alternative. So to see this informative dialogue on a Vic Uni toilet door was extremely promising, illustrating that these seemingly inappropriate spaces can be an outlet for important social ramblings.

--BR

Contributors:

- BR = Brooke Rae
- KB = Karin Brown
- MN = Melody Nixon
- RG = Rachael Goldsmith

Purrrrr to my friend who explained to her boss why it was inappropriate to discuss the fu#\$ability of the other female staff in the office. My friend confronted her boss in a way which was clear, calm and preserved the relationship. Better than I could have done!

-- KB

DIY Fathers

The website diyfather.com, where "it's great to be a dad," deserves five stars. At this site, set up by three Wellington-based fathers, you can gain dad-tips, meet other dads online, and find out where to meet up with local dad communities. Not only is [diyfather](http://diyfather.com) spreading awareness about male parenting, it's also contributing to a change in social norms about whether or not it's OK to be a 'housedad'. Statistics on Domestic Purposes Benefit take-up show that many more men are now applying for this parenting benefit. As more men become actively engaged as fathers, they may become more cognizant of what parenting actually involves - both for themselves and the mothers of their children.

The founders of the website are also the authors of a new book, "Call me Dad – a manual for new fathers," which fills a big need for parenting information for men.

-- MN

What makes you go GRRR? And what makes you PURRR.... Email and tell us – muse@riseup.net with "Grrr/Purrr" in the subject line.

Coping with Abortion

~ Anon

Everyone experiences this choice, and the outcomes of their decisions, differently. This is my story.

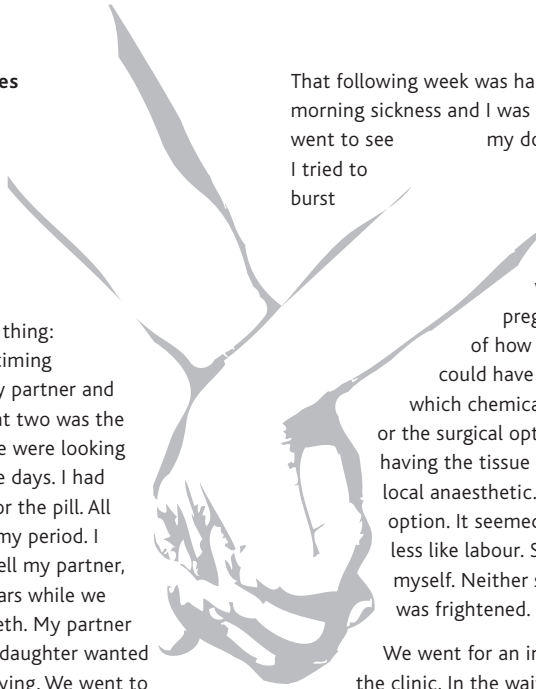
I was just devastated. The two pink lines could only mean one thing: pregnant. Again. The timing couldn't be worse. My partner and I had just decided that two was the magic number and we were looking forward to nappy-free days. I had filled a prescription for the pill. All we needed now was my period. I didn't know how to tell my partner, so I just burst into tears while we were brushing our teeth. My partner was shocked and my daughter wanted to know why I was crying. We went to work and I distracted myself with the daily petty office dramas. I didn't dare tell anyone, because I knew what I wanted to do and the last thing I needed was congratulations.

That night, I was relieved to hear that my partner was also leaning in favour of, err, not keeping 'it.' This is where we had to start using words like abortion and pregnant. I opted for the more clinical term termination and neither of us used the 'B' word. I had been on the hospital's website and already booked the required GP appointment. We discussed our options, but our decision was clear for many reasons.

I confided in a friend, who I knew to be open-minded and supportive of women's rights. She was great and I was relieved to have shared my burden. I explained how I felt nothing for the mass of cells. How different this was from when I was pregnant with children I desired.

That following week was hard. I had constant morning sickness and I was tired all the time. I went to see my doctor and as much as I tried to steel myself, I still burst into tears as I walked into her office. Because we were so early in the pregnancy, I had a choice of how it was to happen. I could have a medical abortion, which chemically triggers 'cramps', or the surgical option which involves having the tissue suctioned out under local anaesthetic. I opted for the second option. It seemed to be quicker and less like labour. Same outcome, I told myself. Neither sounded pleasant and I was frightened.

We went for an initial appointment at the clinic. In the waiting room we kept our eyes on our magazines. Most people were in their teens. Some were on their own. Some were texting and singing along to the radio station. I felt irritated. Shouldn't we all be sitting here in tortured silence? The counsellor saw me on my own, to make sure it was really my choice. She was lovely. It was so nice to be around people for whom this was all so routine. She also met with my partner who was taking it quite hard. He was struggling with visions of little people in his head whereas for me 'it' was a blood clot, not a person-to-be. The counsellor showed me a diagram of how big the embryo would be at this stage. It was smaller than the half-moon on my thumbnail. We saw a doctor and then the nurse. The appointment was for Monday. Four days of waiting and wondering.



Surprisingly, the day came quite quickly. The doctor asked if I was sure, in my heart, that this was the right choice for me. I said yes, automatically. Once in a private room the nurse brought the pills which were the point of no return. That's when my partner broke down and it was my turn to comfort him. I felt conflicted, worried he would resent me. I took the pills, praying that the anti-anxiety pill they had given me would kick in soon. Almost an hour later they came for me. The nurse was nice; she made small talk and gave me a heated blanket which I accepted gratefully. Then she showed me to the operating theatre. I got on the table, put my legs in the stirrups and tried to make jokes about how they should put interesting pictures on the ceiling.

I kept telling myself that this couldn't be as bad as two caesareans. But it was. The local anaesthetic was supposed to be the only thing I would feel. But it turns out I just have one of those bodies. I felt it all and it hurt bad. The doctor was apologetic but we were committed. I focused on my breathing and on the ceiling tiles. I kept talking about my kids. Somehow that kept me anchored, as if the fact that I already had two children somehow excused me from executing a potential third. Because as much as I pushed that thought from my head, it would still pop back in.

After ten minutes, and a further five to fit an IUD, it was over. As I slid off the table I fought back tears. The nurses comforted me and I told them how, bizarrely, I felt bad that they had to be part of this ordeal. They smiled and said they didn't mind. They got to meet nice people.

Back in the room with my partner I felt woozy and very very sore internally. My blood pressure plummeted and I felt like vomiting. I curled up with my hot water bottle and a cup of tea and rested. My blood pressure got stronger and much to my disbelief about 45 minutes later I was feeling ready to go home. By late afternoon I felt like I had a regular period and only light bleeding. Incredibly I went to work the next day feeling almost completely, physically, normal.

I think I'm ok, but I'm not really sure yet. Some days are harder than others. What emotional impact is yet to come, I wonder. What will this do to our relationship? Will I move on and forget? I have always been pro-choice, but trust me, it's very different when it's your body, your decision.

This was a hard decision, but I believe it was the responsible thing for me and my family, at this point in time. I don't regret my decision but I still feel conflicted about it. I feel a mixture of relief, guilt and even shame. Most of all I feel grief. But it's invisible, because there is a part of me that thinks because it was self-inflicted that I am not entitled to feel sad. And so I struggle on. Today I saw a small baby in the supermarket and I cried the whole way home. I desperately want to reach out for much needed support from my friends and family, but I am afraid of being judged. I couldn't bear someone I care about making a cruel remark now when I am most vulnerable. This isolation is the hardest part. It's one of the things we just don't talk about. If only I had been able to read about someone else's experiences, like this. I think it would have helped us. That's why I wrote this, in the hope it helps someone else.

If this story has raised strong feelings for you and you would like to talk about them, I strongly recommend you seek support and even counselling. I have learned that people are more supportive than I expected. A good place to start is by calling a free phone counselling service like Lifeline 0800 111 777. Another thing I found helpful was to seek out information so I could prepare myself. These are some useful links:

Post Abortion Trauma Healing Service:
www.postabortionpaths.org.nz/index.asp

Abortion Services NZ:
www.abortionservices.org.nz/

Your local hospital should have information as well. The Wellington link is:
www.ccdhb.org.nz/Services/Womens_Health/services.htm#levelJ

WHAT KIND OF HOME ?

Highways
populated by oversized cars
carrying single passengers
scar the land

Roadside billboards scream,
'buy things you don't need!'
encouraging people to fill their gaps
by consuming more

Commercial radio blares,
assaulting my ears
Meaningless pop
punctuates
sales pitches

A cheery voice encourages us
to experience the comfort
of family celebrations
by eating fast food

French fry stink pervades

The ocean is marred by trails of sludge
I taste soot,
chemicals
and metal
in my mouth

People talk loudly about
nothing
and jostle each other
to get to the front
of the Starbucks queue

Parents yell
at their hug-seeking children
to 'get off dammit!'
After all,
they are not jungle gyms

Ugliness reigns,
yet most do not notice
They feel comfortable
and call this place
home

BY TANYA NEWMAN

Endometriosis Experiences

Natalie Gousmett

Even the most conservative estimates reveal that 1 in 10 women experience endometriosis and the growing number of women I know who suffer from endometriosis really scares me. I have several very close friends who have been diagnosed and many more (including myself) who are facing a possible diagnosis – I have heard some people call endometriosis an epidemic. All women who are diagnosed with endometriosis experience different symptoms in different ways and while there are a range of treatments available, each woman differs in how she will respond to these. There still seems to be a fair amount of misinformation about endometriosis and how it affects sufferers. There are certainly misperceptions that it is 'just bad period pain' or it 'means you are infertile'.

In the hope of dispelling some of these myths I have asked three women living with endometriosis to share their experiences and provide some insight into the personal effects of the condition.

Can you outline the main endometriosis symptoms you experience/experienced?

Katrina: Heavy periods, very painful period stomach cramps, stomach pain without periods, lower back pain, diarrhoea, tiredness and intolerance to dairy products, wheat/gluten and fatty foods.

Lucie: Fatigue, abdominal cramps/pain, constipation, headaches, emotional/irritability, muscle aches, indigestion, bloating, thrush, painful sex, IBS (irritable bowel syndrome).

Lisa: Abdomen pain, sharp shooting pain that won't go away and bowel problems.

How did/does having endometriosis affect your life?

Katrina: It made me miss work a bit and have absolutely no energy. It was also quite hard when I was sick a lot but didn't know what was making me sick.

Lucie: Endometriosis affects my life in so many ways. The constant tiredness and low immune system makes many days a battle and makes it difficult to meet commitments and follow through with plans as often I feel too unwell.

It has been a challenge in relationships both sexually and with friends as people don't understand or have patience – the belief by many that endo is just bad period pain used to make me feel weak and depressed and isolated. Now, however, in many ways having endo has a positive effect on my life. I am kinder to my body, I am surrounded by people who genuinely care for me and it has made me stronger as a person.

I must get a lot of sleep and partying and drinking can't be on the agenda for me – over the years I have learnt to what extent I can push my body and I have to just live with the limits endo places on me. I must be careful what I eat and try not to get too stressed out as this starts the downward spiral!!

Lisa: Endo made me feel tired and worn out. I was upset that I didn't know why my periods were so bad.

How and when were you 'diagnosed' with endometriosis?

Katrina: I was diagnosed with minor endometriosis in October 2005 by laparoscopic surgery, after numerous doctors' visits etc.

Lucie: I was diagnosed in Dec 2000 after 3 months of doctors' visits, hospitalisation, many tests and wrong diagnoses. However, it was not until I saw another specialist in Melbourne in 2004 that I was diagnosed correctly as having endometriosis in my uterus – called adenomyosis, which is irremovable without a hysterectomy.

Lisa: 2 years ago I went to doctor about 5 times before being referred to Hanifa Koya at Wakefield.

When you saw a conventional doctor or specialist, what forms of treatment were you offered?

Katrina: I was referred to a gynaecologist by my GP who recommended that I have laparoscopic surgery to diagnose and hopefully treat the suspected endometriosis. At the time I was recommended surgery but no other treatment options were offered.

My surgeon removed the endometriosis growths during the initial laparoscopic surgery (it is quite common to be treated during the diagnostic surgery). Therefore I should

technically be free of endometriosis; however I am aware that it can come back anytime.

Lucie: I have had two laparoscopies and laser surgery to remove bits of endo. I have had hormone treatment. I have been put on the pill. I was offered to be part of a Mirena study where a special IUD is inserted but I would had to have undergone general anaesthetic to insert so I refused.

Lisa: Laparoscopy, after which I noticed a slight change in the beginning but I felt it was very invasive and not worth the time recovering and preparing for the operation e.g. bowel preps for 2 days before and 2 weeks off work after.

Did you seek any other non-conventional consultations or treatments (e.g. naturopathy, acupuncture, etc) and can you explain these?

Katrina: I had been sick for about a year and had been back and forth to my GP doctor numerous times to try to find out what was wrong with me. I had also had a number of procedures (coloscopy/endoscopy, blood tests) to try to ascertain the problem. But nothing produced any diagnosis. So I went to see a naturopath, who helped me with some diet options for my wheat and dairy intolerance. I found that the naturopath I saw helped only with my symptoms and not the cause of my illness. I did however see a very good iridologist who suggested that I may have endometriosis and I should seek further advice about this (I could only see her once as she was not living in the town I was from). It was from this advice that I talked to my doctor about endometriosis and organised to see a gynaecologist.

Lucie: I sought naturopathy to help with diet and supplements.

I see an iridologist who advises me on diet and supplements to assist what is going on in my body at particular times.

I sought help from massage but found it too painful.

I see a chiropractor that helps align my pelvis and helps to relieve pain when I am menstruating.

I have considered acupuncture but have not yet been brave enough!

I had reflexology but found it too intense as it released a lot of toxins and made me feel awful on both occasions!

Lisa: Reflexology sessions made a noticeable difference to energy levels and day to day pain; also she made up flower essences for me. Also I did a lot of research and found many 'sufferers' take wheat/dairy out of their diet which I found also triggered my pain.

What do you think so far has been the most useful treatment or advice you have received?

Katrina: I think it was the initial help from the iridologist that alerted me to the possibility of endometriosis. I also think if you have a problem or are sick it is helpful to see a specialist in that area rather than trying to sort through all the possible issues with your GP. I think I would have benefited a lot more if I had seen a gynaecologist earlier.

Also a change in diet, if you can work out what your body needs and can handle, is a good step forward to helping with the symptoms of endo.

Continued over page...



Lucie: The most useful advice I have received is to listen to your body and not let endo become a disease that defines you as a person. It is just a part of you that you must respect but it does not say who you are as a person. I have to remind myself of this during the bad days.

One of the most useful treatments/advice I received from my specialist in Melbourne was that of exercise: 20mins at least per day of low intensity exercise does wonders for me. Also taking aloe vera juice is critical in reducing abdominal pain, bloating and IBS symptoms.

A hottie is the most amazing thing for cramps!

Lisa: Change of diet. Aloe vera juice helps heaps when I remember to have it.

Is there anything you found out along the way you wished you had known from the start?

Katrina: I would have liked to have known a bit more about other treatment options aside from surgery that I may have been able to do. However the surgery did help me. Also I feel that if endometriosis were more widely known about and accepted as a 'real' illness that affects a lot of women I may have got better a lot quicker.

Lucie: That there is no cure-all for this disease. It must be tackled one day at a time and that when you are feeling well it is important to not ignore the strategies you have put in place otherwise you will be back where you started.

I wish someone had told me that the emotional roller-coaster you seem to be on is normal and is not a sign of depression. The hormonal imbalance explains the imbalance of emotions.

Also I wish someone had told me the soothing effects of lavender oil or antinflamme rubbed in the lower back or tummy. Magic!

Do you have any other comments or advice for others with endometriosis?

Katrina: Make sure you look at all your treatment options, including natural ones.

Lucie: Endometriosis is becoming a common illness for many women and is difficult to diagnose and treat. Each person will have different symptoms and the pain scale is

in no way correlated to the amount of endo that is found during surgery. Do not let anyone make you feel that you are weak or just bad at managing pain. Only you know how your body is feeling and so surround yourself with people who love you and are willing to try to understand you during the bad days.

Also know that there are times when endo is not an issue in your day – relish these days and do something wonderful for yourself!

Lisa: To do lots of reading to understand what the disease is so you can understand why you have the pain.

Thank you to Lucie, Katrina and Lisa for sharing your experiences with endometriosis and for being such strong women. I am inspired by all women living with endo.

WHAT IS ENDOMETRIOSIS?

The endometrium is the tissue that lines the uterus. Endometriosis occurs when tissue like this is found growing in places outside the uterus, where it shouldn't be. The tissue can form lesions mostly found in the pelvic region, on places such as the pelvic lining (peritoneum), ovaries, bowel, ligaments and Pouch of Douglas. Occasionally endometriosis can be found in other parts of the body, though this is rare.

Endometriosis can cause inflammation and it is common for scar tissue and adhesions to form. The cause of endometriosis is not fully understood at present, though there are several theories.

The symptoms can include pain with periods (dysmenorrhoea), painful intercourse (dyspareunia), sub-fertility or infertility, constant tiredness, premenstrual syndrome (PMS), abnormal menstrual bleeding and bowel involvement e.g. constipation, diarrhoea, bloating. The only definitive diagnosis is by way of a surgical procedure called a laparoscopy to view the pelvic cavity and test tissue samples.

For more information on Endometriosis contact the New Zealand Endometriosis Foundation Inc (www.nzendo.co.nz). (Some of the information above was extracted from this website).

The Agonising Wait

Brooke Rae

Breast Cancer is the most common malignancy affecting women worldwide. New Zealand has one of the highest rates of incidence and the third highest death rate from breast cancer in the western world. The BCAC (Breast Cancer Aotearoa Coalition) estimates that around 2500 New Zealand women are diagnosed with breast cancer every year, of which approximately 650 die from the disease.

Undoubtedly, the facts and statistics concerning breast cancer are astounding, but the statistics do not adequately convey the personal turmoil each woman faces when given the diagnosis, and the immensely difficult decisions she must make concerning her treatment and recovery. Each woman's situation is unique and none should be taken lightly!

It is precisely this reasoning which makes it so hard to forgive the agonising wait many women must endure if they choose to have breast reconstruction after breast cancer surgery in New Zealand. Since 2006 – following the Labour government's culling of all patients on the public health system waiting lists for longer than six months, many breast cancer patients have been anxiously waiting, and dejected by the public health system. The effect of the cull is that breast cancer patients within the public health system are put under immense pressure to make a decision at the time of diagnosis about whether or not to have reconstructive surgery at the same time as breast cancer surgery, for fear that if reconstructive surgery is postponed, it may not happen at all.

Some women prefer to concentrate all their energy on the initial surgery and post-operative therapy, then choose not to undergo reconstruction as they find that surviving the disease is psychological healing power in itself!

On the other hand, for some women the scars that remain are a constant reminder of the disease that changed their lives, and the agonising wait for reconstruction adds more turmoil to an already

traumatic situation.

Women awaiting the procedure are hopelessly disappointed in that they are left to feel as though their surgery is elective when in fact it is not only a physical healing procedure but for many, a crucial part of the psychological healing process. Undergoing breast reconstruction can help some women who struggle from the trauma of losing one or both breasts and can help them get on with their lives by creating a sense of wellness for themselves and their families. Janelle Aitken from the New Zealand Breast Cancer Foundation believes that for some women breast reconstruction reduces the grief associated with the loss of the breast and they may experience fewer sexual or self-esteem problems.

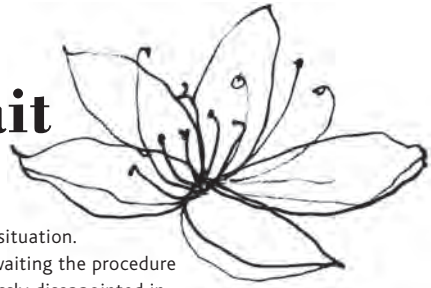
Therefore it is absolutely ludicrous that undue pressure is being placed on breast cancer sufferers during a time of what I imagine to be overwhelming, almost paralysing, emotion and fear. We must fervently argue that the patient be granted adequate time to choose, or decline, breast reconstruction after she has had the opportunity to learn about, discuss and consider the possible options.

The decision on whether or not to have breast reconstruction after breast cancer surgery is a deeply personal decision – one that is unique for every woman and should not be rushed or constrained! There is a need in New Zealand then, to hand the power back to the patient.


Women should have authority over their bodies and the power to decide how best to heal them.

Breast cancer sufferers should not be held back in any way by the bureaucracy of medical institutions. I agree in full with the BCAC's assessment that it is "barbaric to deny breast reconstruction to women in order to tidy up hospital waiting lists."

Change is urgently required! Our voices must be heard! There are women and organisations raising



their voices at the government and DHBs striving for change, but of course, more can be done. One of these remarkable women fighting for women's justice is Raewyn Calvert. Raewyn has become a dedicated campaigner for breast cancer patients and a champion of the fight for better treatment and care for every breast cancer survivor. Following her personal battle with cancer, her mastectomy and her agonising wait for breast reconstruction, Raewyn decided to take action. Raewyn and eleven other survivors bravely bared all for a calendar, 'Black Pearls' which was sent to each member of Parliament and the CEOs of each District Health Board, in the hope of bringing the issue of delayed reconstruction to the forefront of New Zealand health policy.



Like Raewyn, we must demand better health care and conditions for all women. The injustices within New Zealand's public health system are appalling and have been letting down breast cancer sufferers for far too long. We can and must do more!

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www.herbusinessmagazine/pinkmag Pink Magazine

www.nzbcf.co.nz (for information, giving donations, and how you can help)

http://labourparty.org.nz/about_labour/ (for health policy information)

<http://national.org.nz/PolicyAreas> (for health policy information)





a Cortes STORM




I scurry inside
Rain lashes against the house,
but inside it is warm and dry

There are seven sleeping people here,
friendly almost-strangers
It is not yet 10pm
but already they are tucked up in bed
The house calm and quiet,
Bliss



I complete my evening rituals by the light of my miner's lamp
A tree is down, the power is out
Snuggling into my warm bed I listen to the wildness
Rain splatters, the wind whistles, trees sway
It sounds like the ocean

The storm rages, yet feels serene
I am falling in love with all the islands' faces
I snuggle further into my nest and spare the cougars a charitable thought;
I hope they are warm and dry



Deeply contented, I sigh
I am exactly where I want to be

By Tanya Newman



The Science of Sleeplessness

Some tips for battling insomnia

By Melody Nixon

There is nothing more central to maintaining our wellbeing than sleep. Without food, we can survive for up to sixty days, depending on our physical and mental state. Without water, we can survive for up to ten days. And without sleep, the average human will suffer seriously damaging effects after just 72 hours. While scientists argue about exact time-frames, the effects can become terminal after ten days.^[1] Sleep replenishes and heals our bodies, and works out all the knots in the mind after a busy day, helping us to apply and make sense of what we have learned. It is the balancing ying to the daily yang.

I try to ensure I get at least eight hours of sleep a night. Generally my sleeping patterns are good, but sometimes I fall victim to insomnia. Insomnia is a symptom of a sleep disorder, rather than a disease or disorder itself, and it is difficult to pinpoint exactly how many people suffer from this agonising condition. Estimates in the United States range from 20 million^[2] to 64 million^[3] people in that country alone. Approximately one in five people in New Zealand suffer from chronic sleep disorders, which can include insomnia.^[4] Amidst these facts and figures, one thing is clear: the rates of insomnia are much higher for women than men. Sleeplessness is 1.4 times more common in women than in men.^[5] Other sleep disorders, such as restless leg syndrome (RLS), are even more common in women – RLS affects twice as many women as it does men.

While some of the explanations for this gender difference are biological – for example, RLS is often aggravated by pregnancy – some of them I consider to be sociological, a result of the tremendous pressures we women are put under in our everyday lives. As women we are often overburdened with the number of things we feel we have to do, or that others expect of us, so rest and good sleep are necessities we may not always have the opportunity to nourish ourselves with. Carving out time to ensure

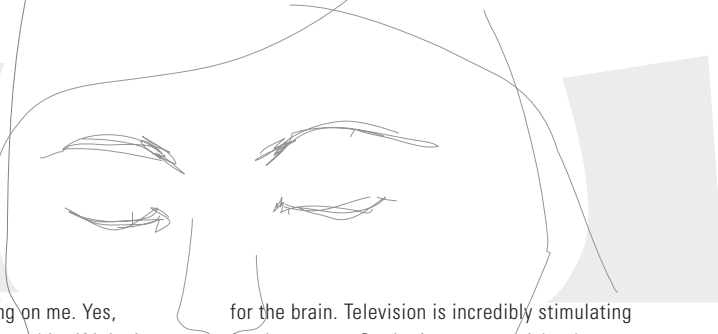
we get plenty of time to relax and unwind each night before bed can be a means of cherishing ourselves that we reserve, out of a sense of duty, for special occasions only. But self-care through rest can be a way to reclaim ourselves, and to show others that we are not obligated to look after their needs; that our needs take priority.

I have had prolonged periods of insomnia throughout my life, the worst of which happened in my early twenties and lasted for up to six months. Six months of sleeping only a couple of hours a night, tossing and turning, and feeling exhausted, fed up and totally frustrated with myself. Those periods of insomnia affected my whole life – I based my daily routine, my work and my social interactions around how much sleep I was getting. If I had spent the night awake then my daily life had to wait – I was too exhausted to face it. This was particularly hard when I was in a stage of feeling I had to do everything – clean the house, my room, shop and make dinner for my flatmate; on top of the usual daily work and play.

Recently a friend wrote to me who is currently suffering from sleeplessness. She is up most nights at 2am or 3am, her mind churning, thoughts of what to do with her life refusing to lie still. She has taken to pouring out self-examining emails in the early morning. She has also asked for help to tackle her insomnia.

Here are some tips I have given her, and I hope they may help her and any other woman out there suffering from poor sleep or insomnia. This is by no means an exhaustive list, and not everything will suit everyone, but they are actions or ideas that have helped me combat the ghost of sleeplessness, and reclaim my precious hours of night-time rehabilitation.

- I find it helpful to remember that my sleeplessness is about me, not about anyone else. I like to forget, just for a few hours, about my responsibilities



or those who may be depending on me. Yes, tomorrow will probably be pretty shite if I don't sleep. But tomorrow's just one day in my life, and I will recover. So I let myself be sleepless, and let my mind tick over if it simply must. I try to love myself, while it is happening, and I feel better for it the next day.

- A super effective tool is the long hot bath -- I'll take one at 9pm, before I go to sleep, or 3am, when I can't sleep. A hot bath (or shower) in the middle of the night can be very soothing.
- I'll stay in bed unless I really want to get up. Some sleep-therapists recommend getting out of bed after twenty minutes if you cannot sleep. They suggest listening to music, or sitting in a comfortable chair in a darkened room, until you feel drowsy. I find this impossible to do when I can't sleep, but the feeling that I 'should' be getting out of bed and 'addressing' my insomnia is just as debilitating as the insomnia itself. Now I let myself lie in bed awake and don't force myself to do anything I don't want to.
- Slowly sipping a non-caffeinated drink – peppermint tea, Horlicks, a hot chocolate – before preparing for bed can be very relaxing. Chamomile, passionflower and valerian are herbal teas with proven relaxant effects. However some herbal teas, like licorice and some kinds of mint, are stimulants, so it can pay to do a little research before drinking. On that note, alcohol can also seriously negatively affect sleep, so I try to avoid it in periods of insomnia.
- Avoiding literature can help too. I find that reading in bed last thing at night can fire up my mind. This can cause anxiety and nervousness if my brain is already over-tired and I have too much to be thinking about as it is.
- I also find turning off the telly can be a blessing

for the brain. Television is incredibly stimulating for the senses. Our brains must work hard to interpret the sounds, images and messages fired out in rapid succession. Again when I'm over-tired or not completely relaxed, this can aggravate any anxiety or nervousness.

- Yoga Nidra is a wonderfully relaxing practice. Anyone who's done a yoga class will no doubt be acquainted with the practice of "yogic sleep." This meditative exercise involves lying flat on your back in bed, with palms facing upwards. You then take several deep breaths into your abdomen, and slowly bring your consciousness into your body. Start with one of your legs, and move your awareness from the hip down to the foot and back. Try to feel every part of your muscles, bones and skin in that leg; every ache and spot of tension. Then do it again on your other leg. Move on to your arms, your back, your spine, your neck, your head and finally your abdomen. I find this exercise distracts my mind (it has to concentrate on the body parts I am directing it toward), deepens my breathing and brings awareness into my body (rather than my head), grounding me and allowing my muscles to lose tension and relax. I often repeat the exercise all over my body until I'm asleep. And if I don't manage to fall asleep, I can at least take comfort from the fact that, according to the yogis, half an hour of Yoga Nidra is equivalent to two hours of deep sleep.
- The Butoh exercise of "visualising the bones" is also a grounding, body consciousness exercise that quiets the mind. As you lie still, try to take a snap shot of your body as though you are observing yourself from the ceiling above your bed. Then, noting the position of your body, try to visualise all the bones in it – how they are lying, what angles they are turned to. Become acquainted with the formation of your skeleton. Move around if you want to – change position, and take another snap



shot. See what your bones look like in different figures of rest. Through this exercise I have found I've familiarised myself with my own body. That familiarity is very grounding.

- Another great tool is the nightly routine. I try to set aside time each night for a personal routine of mental preparation for sleep. Our minds can be so full of "stuff" – thoughts, agonies, ideas, lists, conversations, arguments, daydreams – at the end of a long day that we need to mentally prepare ourselves for quiet time. Having a routine for going to bed can tell our minds that it is time to finally slow down. I find that taking a few moments to sit on the couch alone, meditate, stretch, or wash my face with a hot flannel each night sends "sleep time" signals to deactivate the brain – and gives me some precious moments to spend on my own.
- My final suggestion is that it is very important to address the underlying causes of insomnia. These could be excessive work, study, family stress, or a deeper emotional stress. Sometimes that stress may only be temporary, and the insomnia will pass with it. At other times the stress exists due to some deeper underlying cause. For me this cause was grief, and I have found that as I have slowly addressed this grief my sleep has become more and more healthy. For others the cause may be more related to other emotional pain, loss, longing, trauma or depression. I think the important thing is to approach the cause, and bring it out into the open. Being cursed with insomnia may well be a sign that someone is ready to do that; that the body is finally ready to address something that may have been avoided. As Kahlil Gibran said, our body can be our best teacher; the "internal physician" that can tell us things that are hidden from the mind.



Of course there are a lot of other situations that can cause sleeplessness, and at times of extreme crisis it may just be a fact of life to deal with. Some cases of insomnia may even be permanent and require medical help. This is just my take on insomnia, as a result of my own experiences. If you are really struggling with sleeplessness I suggest you visit a G.P., counsellor or sleep therapist to talk about your own unique situation.

Random Sleep Facts: [6]

1.9 – The average number of hours of sleep per night for the average giraffe – perhaps half the night is spent trying to lie down...

4 – The average number of hours of sleep per night for Margaret Thatcher, Napoleon, Florence Nightingale and Gordon Ramsay.

11 – The number of days without sleep by 17-year-old American Randy Gardner in 1965 – a record.

18 – The average number of hours of sleep per day required by a python.

[1] Robin McKee, "http://observer.guardian.co.uk/" The Observer, November 26, 2006.

[2] Ibid.

[3] See: <http://en.wikipedia.org/wiki/Insomnia>

[4] See: <http://tmj-heal.co.nz/sleepdisorders.html> the website of the TMJ Sleep Centre in Auckland, one of the few clinics in the country to treat sleep disorders.

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The Challenges of Women's Health Today

By Aoife Kenny

I read something the other day that made me stop breathing for a second. It was an article in the New Zealand Herald entitled 'Rape destroying fabric of war-torn societies'. The story was about systematic rape being used as a tool of civil war in mainly African nations. The ironically named Democratic Republic of Congo played a starring role. The main subject was horrendous enough, but the gasp came when I read about the mutilations the attacked women received, ensuring their identification as violated, and therefore expulsion from their communities. Almost as an afterthought, the article said there was a hospital in the Congo repairing the breast and genital injuries. It was a wake up call for me. I have these every now and again, reminders of why I wanted to become a doctor in the first place.

I am a final year medical student, based at Wellington Hospital. I began medicine after inspiration as a 13 year old from a video about doctors working during the El Salvador civil war. Through my training I have most enjoyed women's health and I am passionate about the right of every woman to receive excellent health care. Time spent in developing nations has made it very clear that this right is commonly one of the first to go, or the last to be developed.

The United Nations has a set of goals called the Millennium Development Goals (MDGs), which the world is meant to be aiming to reach by 2015. They are incredibly interesting, and the progress reports are mostly very depressing. They are also very well researched and a great tool to see the nitty-gritty of a range of international issues applicable to every nation. There is one goal, number five, which is primarily about women's health. It focuses on reducing maternal mortality and achieving universal access to reproductive health services and advice.

If you were a woman in sub-Saharan Africa you would have a 1:22 chance of dying due to pregnancy or childbirth. In New Zealand the rate is 9:100,000. One woman dies of maternal causes

every minute in the developing world, and another 35–40 suffer serious injuries. Such debilitating injuries include obstetric fistulas. A fistula is like a hole between an organ and another organ, or to the outside world. An obstetric fistula is caused by obstructed labour – the baby just won't come out and this causes damage to the internal tissues, as well as to the baby. These fistulas are formed between the vagina and the rectum and/or the bladder. This means that women leak faeces and/or urine from their vagina. The condition is uncontrollable and very distressing.

This does not happen in the developed world. It is estimated that internationally two million women suffer from fistulas. These women are often disowned by their husbands and shunned by their communities. The fistulas can also be formed by rape or attack with objects – it is estimated that 80% of fistulas in the Congo are caused by sexual violence. A hospital in Ethiopia was opened in 1974 by two Australian obstetrics and gynaecology specialists to repair fistulas. It is an amazing story and incredibly successful. I hope to work there one day. The women who receive treatment have almost invariably walked for days in the hope of receiving a life-restoring operation. Their treatment is free, and they receive a new dress and a bus ticket home. But most importantly their dignity, that most sacred of human emotions, is theirs again.

Reproductive health issues also include contraception, antenatal care and adolescent pregnancies. Modern contraception has increased greatly in the developing world, especially in Asia and South America. However in sub-Saharan Africa about a quarter of all women who wish to delay or stop becoming pregnant have no access to appropriate family planning. Antenatal care is important for both mother and infant. Again, sub-Saharan Africa lags behind with 45% of women not receiving the recommended level of antenatal care, compared with 75% in the rest of the world (though this could do with improvement too). 28% of women in sub-Saharan Africa have given

birth by age 18. Adolescent females on the whole have smaller pelvises and have a higher risk of obstructed labour and labour injuries. Also these young women often lack the education and means to receive good care and nutrition.

The United Nations and many other groups point out that the education of females (MDG 2) is the first and most important step in improving the state of women's health by improving poverty, gender inequalities, lack of knowledge of and access to healthcare. Other MDGs are also related to maternal health issues – reducing child mortality, addressing malaria and HIV/AIDS (major causes of maternal death), gender equality and the empowerment of women, eradicating extreme poverty and hunger. Women's health is, therefore, intrinsically related to many of the world's most pressing issues.

Today the media provided me with yet another moment of inspiration. I heard a report on Radio New Zealand National about the attempt to stop female genital mutilation throughout the world, especially in Africa and the Middle East. The broadcast discussed the serious physical and psychological health issues around this practice, and the major societal barriers to change. This report also illustrates yet another point – the fundamental relationship between women's health and respect for their human rights.

Women's health issues are incredibly important to me, and vital to the success of developing nations. There are many aspects of women's health: maternal mortality, contraception, antenatal care and adolescent pregnancies. Alongside these are other major issues impacting women: poverty, insufficient nutrition, neglected diseases, gender inequalities and fundamental human rights. The women of the world are the pillars of society, and yet often the most neglected. I, for one, hope to change this in whatever small, or large, way I can.

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Midwife-in-Training

Karin from the Muse Collective catches up with friend and midwife student Alison Grant to talk about being a student midwife.

Tell us a bit about yourself...

Late twenties, feminist, liberal, married, Anglican, with a masters degree in music composition. I love creating music, but it's often a pretty fraught process, so not a full-time option for me. I've always been a people-watcher, so it's no surprise I've headed into a more front-line job in the end.

How did you decide to start training as a midwife?

I wasn't happy working in the arts industry, but I very much stumbled onto the possibility of midwifery. It happened across the birth story of an acquaintance in the US three years back, and I was appalled by the way she'd been treated; so little dignity, so little say in her pregnancy or birth, and no support afterwards, but she was so resigned to it. I started reading everything I could about pregnancy and birth and the politics around it, and was hooked before I knew it. I wanted to work alongside women as they found their own way through the mental, physical and social changes of that period. Doing that for themselves is so crucial to women's self image and their confidence as parents, I think, and yet there are so many ways that process is undermined in our society.

How do you think the philosophy and practices of midwifery counteract threats to a woman's sense of empowerment? Basically what do you think makes midwifery different?

I think our society puts huge emphasis on the physical risks of pregnancy and birth. They're not insubstantial, obviously, but at the same time they're relatively uncommon amongst women without risk factors. The midwifery model of care recognises that physical risk and change is one aspect of pregnancy and birth, but that for many women the greatest risks are social and psychological, and all women need support in that regard. It also recognises that good psychosocial support actually reduces the risk of physical complications. Despite the name, I don't think the midwifery model of care is exclusive to midwives; there are some doctors who also take that woman-centred approach, and some midwives who don't.

What's it like?

It's a real privilege to be invited in to share such intimate details of a woman's life (and to be invited to share the practice of the midwife preceptors we work with during our training). The changes women go through are huge, but gradual, so it involves a lot of patience, and watchfulness, and encouragement, and trust. There just aren't any shortcuts.

What are you enjoying the most?

In terms of the practical work so far, it would have to be the joyous little moments all the way through pregnancy, labour and the early weeks of parenting, when women suddenly realise (sometimes just momentarily) that they're doing it for themselves, that they're the experts on their own lives and experiences. It's also inspiring and refreshing to be studying and working alongside people who are so excited about their work.

What do you find the most challenging?

There's a huge focus in modern NZ midwifery, and midwifery training, on providing woman-centred care. That's as it should be, but at this stage in my training, I feel like it takes a big reserve of trust and self-belief to empathise with the huge variety of choices women make, and support them, without losing your own sense of who you are and what you believe in the middle of it all.

Any final thoughts you would like to share with Muse readers?

We are so tough on women when it comes to parenthood; as a society, we make out that so much of mothering is instinctive, but then set up standards that are anything but. The contradictions are just so complex to navigate, and at its best, midwifery is about aiding and abetting that process. I don't think it's only women who benefit – I watch the work that midwives do with partners, other children, extended family, and really think the effects are quite far-reaching in terms of getting parents, and therefore their children, off to a confident, well-supported start.

Muse would like to thank Alison for taking the time to share her experience as a trainee midwife with us. Good luck with your ongoing training!

Girl Meets Boy

Natalie Gousmett



I once read a book review that said 'this is one of the few books that, once read, I was jealous of everyone else who had not read it, simply because they had the chance to read it for the first time, a pleasure I could never have again'. I could not imagine ever feeling that 'in love' with a book. That was until I read *Girl Meets Boy* by Ali Smith. This is a beautiful love story and I found it a pure joy to read. *Girl Meets Boy* is part of a series called *The Myths*, which is a long-term global publishing project where various authors re-tell myths in a manner of their own choosing. This is a re-telling of Ovid's Ancient Greek myth of Iphis (a girl who is raised as a boy) set in modern day Inverness. As with all of Ali Smith's writing, her clever style gently challenges your preconceptions and tells

the stories that are often not told. Smith warmly redefines the norm and plays with themes such as homosexuality, corporate social responsibility and many facets of gender politics. Just to give you a little taster, here is a quote: "She has the swagger of a girl. She blushed like a boy. She had a girl's toughness. She had a boy's gentleness. She was as brave and handsome and rough as a girl. She was as pretty and delicate and dainty as a boy". While *Girl Meets Boy* is political at its core, you will not find it a heavy read; instead it is an all-too-short breath of fresh air that will leave you grinning and wanting to read it all over again. Go find a copy and treat yourself. I hope you find it as life-affirming as I did.

Girl Meets Boy: The Myth of Iphis. Ali Smith. Canongate U.S. (2007)



Cinnamon Pumpkin Curry

This curry is great served with brown rice and coconut/raisin relish – just simmer a good handful of raisins with 1 cup of desiccated coconut in approx 1 cup of water for 10-12mins. Let cool and blend until smooth (it's ok if it's still a little lump though!). Any additional veges can be added to the curry too – courgettes, green beans and peas are all yum. Have fun and experiment. A few cooked chickpeas are nice too.

½ medium sized pumpkin or squash, peeled and chopped into 1cm cubes
2 cloves garlic, finely chopped
2 cups water
1 tin coconut milk
6 small fresh curry leaves (or small handful dry)
Juice of 1 lemon
1 inch piece fresh ginger, finely grated
2 tablespoons sunflower oil
1 teaspoon turmeric
1 teaspoon coriander seeds
1 teaspoon cumin seeds
2 teaspoons cinnamon
Salt and pepper
Cashews and fresh coriander for serving

Put the pumpkin/squash in a large pan with the turmeric, garlic, and water. Bring to a boil and simmer gently for 5-10mins or until tender. Add more water if you need to – a little at a time.

Grind coriander seeds in a mortar and pestle or spice grinder. Fry in oil on medium heat with cumin seeds for 1-2mins. Add to pumpkin mixture with ginger, cinnamon, curry leaves, coconut milk and salt to taste. Put lid on and cook through for further 8-10mins. Squeeze in lemon juice and stir through.

Garnish with fresh coriander and cashews.

Serves 4



Dreams

FROM MY

father

Barack Obama, first published 1995 / Random House
Reviewed by Melody Nixon

In what is otherwise an awe-inspiring piece of insight into the paradigm of current US President Barack Obama, *Dreams from My Father* presents a view of Obama's astounding lack of consciousness about women's rights. This is a weakness advisors or fellow congress-people must have brought to his attention, because the otherwise socially conscious politician has started to include reference to women's rights and self-assertion in his latest speeches. In the speech that brought some semblance of courtesy to the US's discussions with the Middle East, "A New Beginning," in Cairo, Egypt, Obama talked about the rights of women to education, choice, and literacy.

"A woman who is denied an education is denied equality," he stated, gaining no points for complexity of ideas. He did however, have the cognisance to note that "Issues of women's equality are by no means simply an issue for Islam... the struggle for women's equality continues in many aspects of American life, and in countries around the world."

This reversal comes after what appears to be a childhood and early adulthood blinkered to the additional obstacles women, and particularly black women, were facing around him. While Obama carefully manages to refrain from descriptions of his own sexual exploits, most of the references to the women in the book begin with the words 'pretty,' or 'very attractive.' As in: "Bored, I wandered off to talk to a pretty woman selling

meat pies." Or: "She was a good-looking woman, Joyce was, with her green eyes and honey skin and pouty lips." Never mind that Joyce also happens to be well educated and well spoken.

Toot, Obama's grandmother, receives honourable mention however, as a woman he lived closely with and admired. The special reverence he holds for her is reflected in the numerous depictions of her rising excruciatingly early every day to catch the train to work; at work earlier than everyone else and working harder than the men around her, Toot still had to wait several decades for the promotion she deserved. In this story there appears some, fleeting, recognition of her particular oppression as a woman.

I read *Dreams from My Father* with slightly clenched teeth; for all his ignorance of women's oppression Obama has some truly brilliant and beautiful insights into human interactions, class struggles, and racial identity. There are moments in the book where the unfurling of his thoughts is such a complex and interesting process I had to read the section over and over to make sure I'd nailed down the actual germ of his idea.

These beautiful ideas are worth the weight of the condescension and/or obliviousness towards women, if you are able to read the book with a critical eye. Obama, it seems, has come from patriarchal stock, and has not focused his energy, as yet, on deciphering the gendered messages he has absorbed from a gender-imbalanced society. Yet he is perhaps having his eyes opened for the first time to the relevance of women's rights. Let's hope he continues to recognise just how fundamental these rights are to the issues of social justice and equitable wealth redistribution he is so admirably determined to address.



Spring, Summer, Autumn, Winter... and Spring

A film by Kim Ki-duk, 2003, Korea Pictures / DVD by Rialto Home Entertainment
Reviewed by Melody Nixon

The film which epitomizes the West's search for spirituality through the aesthetic, *Spring, Summer, Autumn, Winter... and Spring*, hailed by critics as "a unique and exotic work of art that strikes a universal chord," and scoring a whopping 95% on film review hub Rotten Tomatoes, is not only an affront to the humanitarian values of Buddhism but an extraordinarily thinly veiled example of pure misogyny, by one of Korea's most well-received, and self-confessed, film-making misogynists.

Spring... is outwardly a depiction of life's 'human' cycles, showing how men learn from the cruelty they 'inevitably' inflict upon others (women and animals, generally cast in the same light) to become big, strong, powerful creatures, closer to their supposed Buddha nature. The film features some of the most gorgeous landscape of modern cinema – the protected lake of Jusan, which has a floating monastery weaving along its girth; the surrounding valleys with abundant bush and wildlife; waterfalls and clear pools. The lingering wide-angle shots, the honest cinematography, and the pseudo-Buddhist philosophy account for much of the film's critical acclaim.

On close reflection, however, what the film is actually glorifying is the masculine, and the masculine alone – it is a depiction of male triumph over the physical world (again, women and animals), ironically through pure, brute force. Muscle power is the ultimate salvation for the man who has killed women and animals – and nowhere is this demonstrated more clearly than the penultimate scene. The film-maker himself, Kim Ki-duk, stars in this scene as the repentant monk who absolves himself of the guilt of killing a woman (and here, the insinuation is that the woman is responsible for the guilt she has inflicted on her murderer) by learning a form of martial arts and completing an act of incredible force and will (pushing a Buddha statue up a big hill). Quite bizarrely, Ki-duk throws another dead woman in near the end of the film, and wraps a torture-like smock around her face just for effect. This woman, it turns out, is the price of his redemption; though why a tormented woman, a stranger, has to be the one to pay for his redemption is unclear.

Trawling through the orgy of critics jumping on the boat – or should I say floating monastery – of *Spring, Summer's* success in the West, I could find only one powerful voice of dissent, that of Jeannette Catsoulis. Catsoulis's clear-eyed insight into the film-maker's intentions with *Spring Summer*, which takes into account a review of Kim Ki-duk's past works, points out that "As Mel Gibson has clearly proven, you can get away with a lot of sick behavior and twisted ideas if you slide them beneath the cloak of a spiritual journey." Many of Kim Ki-duk's previous films involve brutal murders of women, for that most medieval of reasons – the woman 'made the man love her too much,' or 'incited too much lust' by just well, you know, being a woman. Often there is the insinuation of betrayal, or expected betrayal, and the male's actions are virtually condoned for the quasi 'honour' killing that ensues. Why, we might ask, does Ki-duk hold these values? He himself seems quite blissfully unaware of and – now, due to the West's lapping up of this latest work – is quite unchallenged regarding his chauvinism. As he explains in a 2001 interview: "The relationship between men and women is itself a kind of prostitution, even if no money does change hands. Women... have something to offer that men always need."

In *Spring...* we see these same elements of resentment towards women, and women as the ultimate sources of betrayal who lead men astray from more noble, spiritual paths. An animal rights group in the UK protested the examples of animal cruelty in the film and what we are presented with in New Zealand is the sanitised version with half the level of violence towards animals. At least one voice of protest was raised to show Ki-duk that his bigotry is not collectively condoned by his audience; so incredibly lacking, however, is the voice of protest over Ki-duk's repeated depictions of violence against women, and the way he is abusing Buddhist values of wisdom and acceptance to impart images of hatred and disgust for the feminine.



Viva la Revolución!

A Woman I Dig By Karin Brown

Art meets education meets activism meets community development! **Favianna Rodriguez**, an Hispanic woman from Oakland, California, uses poster-making as a social consciousness-raising tool. She resists creating 'trendy' political art which is easily digestible/disregarded by mainstream culture. She's a busy lady! She helps run several community-based organisations she helped found and she personally mentors young people by teaching them how to make political murals. This is how she developed her own skills after dropping out of university.

Less globally popular issues, like housing, immigration and the issues of unpredictable and inconsistent work are important in her community and are the topic of many of her prints. She draws on precious personal life experiences and represents an undeniably Latin woman-of-colour perspective.

Her technique of choice is screen-printing, she says, because it is rooted in community. Mixing photographic images with original design and vibrant colour, I find each picture wonderfully complex and multi-layered. This encourages the eye to linger, explore the image, and discover details which have been placed with care and purpose. Many of her images are arresting and they are all beautiful. Check them out yourself at **favianna.com**.

These are images from a book she co-produced which makes political graphic art available for non-commercial purposes. People are encouraged to reproduce and distribute the artwork contained within. Sections of *Reproduce e Rebélate/ Reproduce and Revolt* are available online via her website and we used one of the images in a previous issue of *Muse*.

Perhaps most notably she used her considerable talent to produce a poster to support the recent campaign for Sonia Sotomayor, the first Hispanic (and only third woman ever!) to be sworn in to the Supreme Court. Read all about it on Favianna's website's blog.

Watching clips online I am impressed with all that this young woman has accomplished. Favianna is truly grounded in her identity and purpose, which is to rebel against oppressive mind-sets. She has found a way to do something she loves and fight for what she believes in, and that is why Favianna is a woman I dig!



Images from a book Favianna Rodriguez co-produced which makes political graphic art available for non-commercial purposes.

Arriving in San Francisco

By Tanya Newman

I drive over the Golden Gate Bridge wearing wings, glowing with the pride of having made it to San Francisco.



Golden Gate Bridge

Winding my way through the streets with focused grace, I find a gas station, negotiate the one-way system, and spot the rental car company, despite its poor signage and well hidden location. First mission accomplished, I am ready to take on the next.

I set out to find an internet connection and a place to sleep. Loaded with my giant pack and a few smaller bags, my traveller identity is unmistakable. Spying an encumbered young woman with a wonder-lit face, men see an easy target. Before I make it 20 metres, the first approaches. We had not made eye contact and I hadn't noticed him. That did not deter Brad, the chief executive something-or-other. Puffed up with his suit and business slick, Brad poses as a friendly native striking up casual conversation with an out-of-towner. His sequence is rehearsed and he moves quickly to tell me that our meeting is not 'happstance', that we were meant to

cross paths. Giving me his card he tells me we should keep in touch. I had been on high alert from the moment he instigated contact, so I was prepared. I tell him I am going in the other direction and I bid him a cheery farewell, wishing him a pleasant evening. Projecting confidence, I walk down the unknown street, wiping away his handshake and neatly depositing the ripped business card into the nearest trash can.

I find an internet café. Grateful to have a place to sit and collect my thoughts, I relax. Just as

I begin to let my guard down, I meet gross guy number two. Not so slick, he tried to woo me by showing interest in my culture, 'Ohh, New Zeeland! What language do you speak there honey? Your English sure is real good for your second language'. He is rejected swiftly.

Gross guy number three is the most obvious. Hearing that I need to use a phone, he poses as my gallant saviour and lends me his mobile. He then offers to get me set up in a nearby establishment that has cheap private rooms. I assure him my accommodation is already booked, yet he remains undeterred and asks if he can drive me there. With a firm 'No' I gather my bags, stare him down, and make my escape.

So, back onto the streets, still with no idea where I am or where I will stay. Groups of men wearing gangsta styles, with attitudes to match, congregated on the street corners,

filling up the pavement. Worn down by encounters with gross men, and aware I am surrounded by people who have a constitutional right to carry guns, I hasten towards a more brightly lit street. Inching along, I have time to appreciate snails and the work required to carry a home on your back. When I finally reach a busier street, I hear a comforting sound – activists yelling over loudspeakers. While most people ignore them, scorning their scruffy appearance and

closing their ears to their earnest speech, my heart sings. Here are people I can trust. Approaching one of the women, I ask if she can direct me to a pay phone. Instead she lends me her mobile, which I use to book into a hostel. She then helps me into a taxi, sending me onwards with a smile and good luck.

My whole body relaxes as I enter the lobby of the hostel, filled with a mix of languages, cooking smells, and friendly smiles. I gratefully pay my

\$28 US and make my way to a small women-only dorm. The room is clean and my bed (bottom bunk number two) comfortable. Finally, a safe place where I can abandon my bags and take a much needed bathroom break. I allow myself a brief pause to settle in, and then steel myself for the next mission. I leave the hostel to find dinner, this time wearing armour instead of wings.



San Francisco cityscape

An Open Letter

To the women affected by the changes in ACC Sensitive Claims Guidelines.

We, the women of Muse, would like to collectively express our dismay at the new ACC guidelines. We would like to say to the survivors of rape and sexual abuse that we acknowledge the hurt and the anger that you might be feeling as a result of these new guidelines.

We believe you are entitled to support and counselling which is provided according to your needs and your choices.

We know these are difficult times. Media attention and callous remarks don't help. An already difficult experience is now in the limelight and for all the wrong reasons. Once again you are being unfairly asked to stand up and defend your rights.

We acknowledge your pain, your anger and honour your strength. We are deeply moved by your courage. While some of those people in positions of power may not be listening to you, your voice will not be lost to us.

Kia kaha, kia maia, kia manawanui

Be strong, be brave, have courage

In solidarity

The Muse Collective



Sponsor Muse and reach our readers

We are offering a great new opportunity for like-minded organisations or individuals who want to reach our readership and support our zine. Your sponsorship will help us to remain free and ensure the ongoing sustainability of Muse.

As a Muse sponsor you will get the following exposure:

A print run of 500-1000 copies distributed to cafes, galleries, shops, secondary schools and community organisations widely in Wellington and on a smaller scale in other centres around New Zealand.

We also send copies to women's organisations and women's centres nationally and copies are kept in the zine collection of Wellington City Library, The Hocken, the Dunedin Public Library and Auckland Central City Library. Muse is even used as a teaching tool in some high schools and universities! The new Muse website will have all back issues available in PDF for readers to download.

You can choose to have your logo and information on the Muse back cover or inside back cover at full, half or 1/6 of an A5 page.

Your sponsorship donation will only go towards funding print costs associated with your chosen edition, which can cost up to \$2000 per issue, depending on the number of pages.

To find out more email us on muse@riseup.net

Women's Studies Association NEW ZEALAND

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Opportunity to provide support

We are a small group of young women, living in Wellington, who have come together to create this free feminist zine. As a magazine, we wish to provide a space for women's voices, a forum for discussion, which enthusiastically encourages action, in a format that is easily accessible. We all work on Muse in our own time but really need assistance to get copies printed and available.

Donations

If you can provide a donation to support the printing and the cost of materials for Muse then please do so using the following options;

- Fill out this form and send a cheque to Muse Magazine, PO Box 11731, Manners St, Wellington.
- Make a direct credit into the bank account below and provide your name/organisation.

For more information email: muse@riseup.net

We are happy to follow up any correspondence or queries with a phone call.

Thank you!

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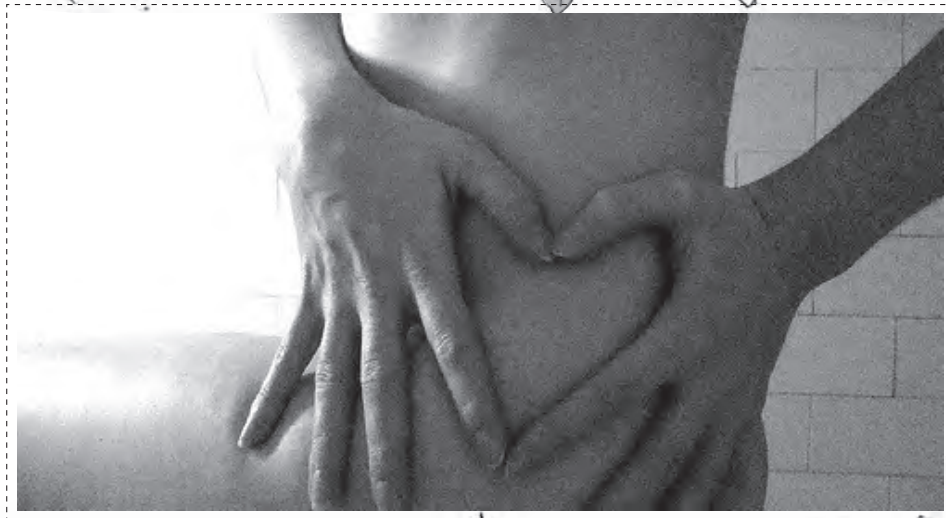
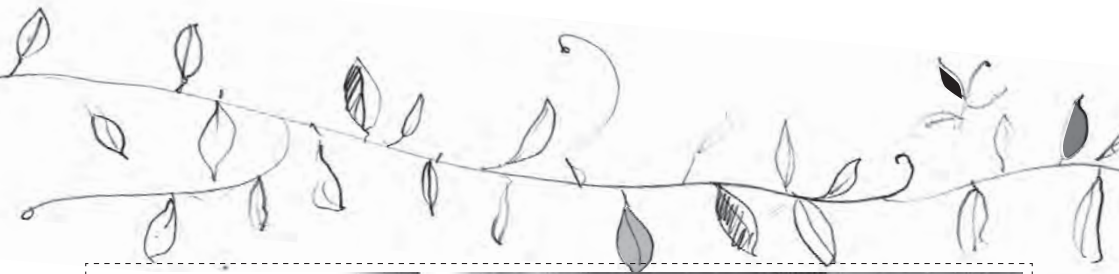


Image: Julie Court

