General Editor’s Introduction

At the time of the publication of the current (5th) issue of the Women’s Health & Urban Life journal, the North American public and politicians alike are searching for answers to many unanswered questions. For example, a commission is struck to find out what avoidable or unavoidable factors played a role in the United States’ vulnerability to the September 11 terrorist attacks on its econo-political core. This high-profile commission has been given some unprecedented powers to have access to tens of thousands of government documents, and has been given the extraordinary opportunity to interview many high profile governmental officials. Even President Bush, Vice-President Cheney and the National Security Advisor Dr. Rice have not been spared from the gruelling interviews, albeit the first two were conducted in private. In Canada, the newly amalgamated New Conservative Party and its freshly elected leader (Harper) are asking the selected (as opposed to elected) Liberal Prime Minister Martin for accountability of millions of tax-payers’ moneys which may have been irresponsibly allocated by the earlier government to its political sympathisers. The original unrest which led to the dissemination of such large public funds was related to a surge in Quebec nationalism which almost split Canada into two. In Europe, there are new developments that tax the states. For example, the British Prime Minister Blair has been almost incapacitated in his day-by-day duties because of the severe criticisms he has received on his unquestioning loyalty to the U.S. position on Iraq. Terrorist attacks in European cities may also have had a hand in some election outcomes. For instance, it is argued that the recent general elections in Spain were directly impacted by terrorist bombings that took place a few days before the elections. The Socialist Party which was not given too much of a chance before the attacks, ousted the Conservative Popular Party on March the 14th. Only a few days after the elections, the new Prime Minister Zapatero, publicly announced Spain’s change of heart to partake in President Bush’s troubled Iraq crusade. Iraq remains as an ever-deepening black-hole, both for innocent Iraqis and for the loosely, and often, reluctantly assembled coalition partners of the U.S. The conflict between the Palestinians and the Israeli government is deeper and bloodier than ever, as the U.S. continues to play the role of a blatantly partial broker of peace. North Korea, Afghanistan, Kashmir, Chechnia and numerous other hot-spots in the world rumble with extreme unrest and spew out black clouds over the world order and peace. Parts of Africa are gripped by a never-before seen pandemic, poverty and economic/political unrest.
Why does an introduction to an issue on women’s health start with the politico-military doom and gloom, one may ask? An enlightening answer to this question can be found in Patrizia Albanese’s historical analysis of the 20th century Europe. Albanese convincingly argues that women’s status and women’s rights are often the silent casualties in times of political and military conflicts and confrontations. The erosion of women’s rights is often an intentional outcome of the rise in expressions of hyper-nationalism which accompanies armed conflict. Women’s overall status declines, and women may even be forced or cajoled to forfeit some of the rights they may have gained in earlier times. Albanese specifically focuses on women’s reproductive rights and health, and how they are won or lost depending on surges in nationalism. Her analysis contrasts key historical points in pre and post World War II Germany and Italy, pre and post revolutionary Russia and the more recent rapturous transformations within the former Yugoslavia. Despite the existence of vast cultural, religious, ethnic, political and economic differences in the examples chosen, the common denominator in Albanese’s work is the erosion of women’s rights in general, and the erosion of the rights women have over their own bodies. Loss of women’s rights over their own bodies most certainly has implications for women’s basic freedoms, but also, it has implications for women’s mental and physical health. What is quite clear in Albanese’s historical analysis is the recognition of a very simple, but an ominous fact: history tends to repeat itself. Women’s hard-won rights are never truly safe, but always at some danger of being pushed aside. Worse yet, women’s rights are vulnerable for retraction in times of major discord and war. State powers, patriarchal expectations, ethnocentrism and military aggression join hands to homogenize women and demote them to the role of producers of ethnically/racially/religiously “preferred” children. This is the gendered oppression even George Orwell missed in his otherwise brilliant 1984.

In Canada and in Europe, women’s issues have recently taken a back seat to discussions about national safety, security and economic concerns in the current volatile global arena. For example, although Canada went through two exceptionally well-publicized national political leadership conventions (one for the New Conservative Party and the other for the Liberal leadership), none of these debates focused on issues that particularly relate to women. In its oversimplified dissection of the world into “us” versus “them” and the “good” versus “evil,” the U.S. politics already pushed issues about women into the back-burner. Is it any surprise that there are new efforts to define families in more restrictive ways to exclude gays and lesbians “who are not capable of producing
children” from the right to form families of their own? Is it any wonder that there are attempts to rehash hard-won abortion rights through re-visitations of the historical Supreme Court decision on Roe vs Wade (1973)? Is it any wonder that feeling obliged to glorify its fighting troops in a hostile land (the most recent case being Iraq), the military is not that vigilant to prosecute male combatants who assault and harass their female comrades? Is it any wonder that history repeats itself unless we all learn from its bitter lessons?

Baker’s article is not at all historical although, Baker, too, explores the vulnerability of women to societal expectations constructed about them. What is also discerning is that, women themselves may have become the harshest judges of their own functions and capabilities within the rigid societal definitions of their femininity and biological functions. The place of Baker’s study is New Zealand (NZ), although some generalizations can be made to Canada and the U.S.. The topic of Baker’s study is the ever expanding use of reproductive technologies, and how women (and to a lesser degree, men) get caught up in the hope these technologies promise. Indeed, these new technologies seem to promise every infertile couple a child. The sobering truth is that they are only capable of achieving a 50% success rate. In the carefully selected quotations from women, what we find in Baker’s research are the recurring themes of 1) women’s sense of hope juxtaposed on a deep sense of failure, 2) women’s difficulty of letting go and starting a life without a child (or without a new child), 3) the differential positions of men and women on the need for children, and the conflicts that arise from these differential positions, 4) the physical risk and the emotional hurt that accompanies every effort and 5) the extraordinary cost of reproductive technologies. Baker repeatedly highlights the exuberant cost of so called remedial reproductive procedures in contrast to the limited economical means of some of the working-class women who hang their hopes on these services. However, she has chosen not to focus on the “corporate profits” that fuel and drive these new technologies, regardless of their ill effects on women’s mental or physical health. What remains only partially transparent in this research is how medical and pharmaceutical companies have found a lucrative opportunity to exploit women’s stereotypical roles and

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1 In a special report on sexual assault in the military, The Denver Post (2004a) claimed that “women who are raped while serving in the military say they were isolated and blamed for the attacks, while the system they turned to for help has treated the men who assaulted them far more humanely.” Moreover, The Denver Post (2004b) reported that women “are discouraged from reporting the crimes. Pressured to go easy on their attackers. Denied protection. Frustrated by a justice system that readily shields offenders from criminal punishment.” Also see The Age (2004) and Family Violence Prevention Fund (FVPF, 2004).
expectations (Plechner, 2000; Strickler, 2001). What also remains only partially transparent is the fact that many cultures, including NZ, still define the worth of women in relation to their reproductive functions within pronatalism. Whether an individual woman succeeds in getting an “elusive” pregnancy or not, women in general may be the clear losers in the overmedicalization of their bodies, and over-simplification of their complex lives into endless sacrifice for biological motherhood.

Morgan et al. tackle a very different aspect of women’s health. Their study is about African American Women’s (AAW) emotional reactions to breast cancer. The article starts from the premise that AAW are not only more likely to be diagnosed with breast cancer sometime in their lives, but they are also more likely to die from it in relation to Caucasian women. Earlier studies have shown that AAW’s fears about breast cancer and fears about the harshness of the available treatments may be responsible for possible delays in diagnosis, lower levels of treatment seeking behaviour, and higher levels of mortality. However, Morgan et al.’s findings do not fully support such generalizations. Indeed, the 66 AAW in this study, although emotionally jolted by their diagnosis, have nevertheless shown a remarkable agency in talking to professionals and seeking immediate help. In a way, the AAW’s responses in this study seem to replicate many other findings on Caucasian women’s responses to their own diagnosis of breast cancer. However, as the authors carefully point out, this finding may be an artifact of the non-random nature of the sample which has inadvertently produced a relatively affluent and educated group of participants. How AAW from a lower socioeconomic strata will deal with the news of cancer is left to future explorations. In the present study, the only aspect which may differentiate the AAW from the findings about their Caucasian counterparts is the heightened reliance on spirituality and religion. However, and as the authors point out, reliance for comfort on a higher power has not reduced these women’s agency and determination to seek medical help as quickly as possible.

Although Morgan et al. do not emphasize the point, the fact that the U.S. does not provide universal health care for its citizens is a well-known fact. For example, the sheer dread of medical expenses may prevent many poor AAW from seeking early intervention and medical help, regardless of what feelings they may hold towards cancer treatments. In other words, the structural restraints on women’s lives may be just as important (or even more important) than their perceptions, feelings and attitudes. Another aspect which the authors mention, but do not emphasize is the power of standards of “female beauty”. Women and especially young women in this study (and in many other studies) are feeling the angst about losing a small or a significant portion of their breasts. This angst is
almost as powerful as the dread of the disease since breasts in North America are seen as the pivot of women’s sexuality and femininity. Perhaps, the dread of breast cancer lies not only in its ability to attack women’s bodies, but simultaneously attack a culturally defined sense of feminine/reproductive self (Weitz, 1998). The latter health concern cannot be addressed through the paternalistic outlook of the existing medical models, and requires an in-depth feminist analysis.

The Toepell et al. article is about women’s ageing and health. In this article, the source of both physical and mental health is seen to be associated with vigorous activity, such as rowing. Toepell et al. have surveyed 71 women and 110 men Masters Rowers and have found that in most of the subjective health, rowing involvement, rower physical capacity scales etc., there were no significant differences between the older versus younger, or women versus men rowers. What is interesting in these findings is that there are significant differences between men and women in the enjoyment they get, and the self-esteem they drive from rowing. Other significant gender differences occur in the value men place on the competitiveness of the sport and in the training they invest in the sport. Based upon the gender differences they see, the authors propose a revised healthy ageing model for women.

Another significant gender difference in this study which needs underscoring is how rowing has been a more difficult sport for women to penetrate, although the authors make it quite clear that the majority of their respondents (both men and women) were from relatively affluent/highly educated backgrounds. General gender implications of this finding are many and need to be highlighted more. On the one hand, access differences may stem from the sexist structures which make it harder for women to participate in sports that are deemed as male sports. The North American society certainly contributes to these stereotypes by rewarding male sports in general and male athletes in particular, while seeing female sports and female athletes as a distant second. Thus, ageing women in sports may have to combat multiple stereotypes to consider themselves or to be considered by others as legitimate athletes. Moreover, there are more general issues about gendered lives. For example, the dramatically increased level of paid labour force activity since the 1970s has not been accompanied by a more balanced division of labour in women’s private lives. Women, even relatively affluent women, have been overburdened by what feminist scholars refer to as “two-hands for the clock,” or “the double-ghetto,” or the “second-shift” or the “time-bind.” Some privileged women who may be able to pursue leisure activities (like the rowers in this study), may indeed benefit from both physical and emotional health benefits of the sport of their choice.
However, for the majority of their less fortunate sisters, unless structural changes in the work/pay/child-care dimensions are achieved, the probability that they will pursue healthy, leisure activities is low. What I think is even more important to underscore is women’s own ambiguity about their own entitlement to leisure which differentiates them from men’s early socialization. Men’s socialization often legitimizes leisure, and men learn to feel an entitlement to sports and leisure from an early age. So, the question is not so much whether an active/leisurely lifestyle benefits women or not; of course it does. The more difficult question is how does a society make leisure more accessible to women by reducing the over-burdened nature of their lives. Moreover, how should the gendered patterns of socialization change so that women, too, can develop feelings of entitlement for doing things just for their own benefit.

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REFERENCES


The Age (2004). Rumsfeld orders sexual assault investigation.


Http://www.denverpost.com/stories/0,0,36%257E30137%257,00.html.