

Minutes of mtg Dec 2nd
14 \$ attended

report on
resource guide
from S. Jung also
book, non-
traditional
careers for
women.

Jeannie reported on film ordering - re: their policies of mailing.

Debi reported on Kaslo High School's situation re: careers & counselling 1) they have a copy of the resource guide for women's studies & will give it to us after Sandra Jung reads it 2) they have a well supplied board for career & college information. 3) they had an display in the library

The meaning of the 'president' position was talked about.

Jeannie gave her ideas on making policies for centre - especially from the Kitchener-Waterloo Women's Place.

Karen suggested we have the information on file - all the facts & we make ourselves knowledgeable on the info.

* Policy that we present the information in an unbiased way.

abortion collective - Karen, Debi & ~~Karen~~ Liz - privately counsel. will meet on their own

Helen - was going to find out from Nelson Women's Centre

women's welfare - need to read the welfare act (need to get one) from Human Resources

Holly - women & immigration

rights of children - copy of it here

Human Resources - marriage counsellors names

get run down on: childcare places
(in Nelson)

psychiatrists & psychologist

getting our finger on whatever information there already exists in Kaslo/Nelson

Selkirk Health Unit - Mental Health

Birth Control - Liz will do paper on it next week

We need an organized filing set up

Legal Aid -

Library will be getting information? Liz
Community Services - what do they do?

Copy of Landlord & Tenants act

Health - VD, self-help, birth control.

services provided by public health - Robin

Pennywise ad for filing ^{used} cabinets -

next weeks meeting -

Working paper on
birth control.

* Policy - confidentiality

check the X-change

dues - policy

3 mtgs ^{free} - + buy a membership

Sept 77 memberships expires

Sunday PM -

7:30

mtg abortion
committee

tzj wants to buy a larger account book for itemized
listing of expenditures.

The Ovulation Method

Cyclical changes in a woman's cervical mucus (or what most women recognize as the normal vaginal discharge) constitute a reliable indication of fertile and non-fertile days. These changes are specific and relate to the changing levels of ovarian and pituitary hormones. Observations of the mucus pattern may be used for the purpose of preventing conception, or for conceiving if that be the case. The method, called the Ovulation Method, is applicable in any circumstance, such as menopause, after childbirth, after the pill, etc.

Other natural methods of birth control, such as Rhythm and Temperature, are made obsolete by the Ovulation Method. It is only through mucus observation that pre-ovulatory infertile as well as fertile days are recognized. The time of ovulation is pinpointed within a day.

The teaching of the mucus pattern is best done by women who have used and therefore understand the method from experience. They are also more apt to be asked questions not so easily put forth to a male doctor. Besides the mucus pattern, a basic understanding of the physiological and anatomical changes in a cycle is taught. This allows a woman to see how the mucus pattern fits in with her body's preparation for a pregnancy and also gives her a certain amount of confidence and self esteem in understanding these changes in her body.

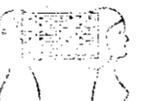
The Ovulation Method was developed in the fifties by an Australian doctor by the name of John Billings. By the sixties it was available to be used for the purpose of preventing conception. In the meantime, Professor J.B. Broome of Melbourne began studies to correlate the mucus symptom with the changing ovarian hormone levels through urine analysis. Later, the pituitary hormones were added to these studies. The results have given the method scientific validity.

Clinical research on the method has also been conducted and indicate an extremely low failure rate when used correctly and understood by the woman (0.5%). Dr. Billings and his wife, Dr. Lyn Billings are presently spreading the teaching and understanding of this method in different parts of the world.

Special circumstances, a chart for recording the mucus changes (very important in the application of the method) as well as a basic description of the method is presented in Dr. Billings's book, Natural Family Planning, available from The Liturgical Press, Collegeville, Minn., 56321 for \$2.25.

Note: The use of a diaphragm or foam and/or condoms as a backup during fertile days introduces the particular failure rate of that method. (Withdrawal is not considered a backup since contact between sexual organs on fertile days may result in a pregnancy.) This decision is individual but should be understood.

QUESTIONS AND ANSWERS ABOUT BIRTH CONTROL METHODS MOST WIDELY USED IN CANADA

	 The Pill	 Intrauterine Devices	 Diaphragm	 Condom	 Chemical Methods	 Rhythm
WHAT IS IT?	A combination of synthetic hormones very much like those a woman produces in her own body. There are many varieties of the pill available on prescription. The most commonly used type employs a balanced combination of progestin and estrogen in each pill. The hormone action of this type of pill is similar to that of the hormones secreted by a healthy woman at times when ovulation is normally inhibited. Dosages of this type of pill have been reduced to the point where one of the newest contains only 0.5 mg. of the active progestin. Another type, used in the sequential method, consists of two kinds of pill. One kind is taken for 11 days and the other for 10 days. The combination pill, however, is considered to be the more certain one of preventing unwanted pregnancy.	A small object (loop, spiral, ring) made of plastic or stainless steel.	A flexible, cup-shaped device made of rubber, inserted before intercourse. It is used with vaginal cream or jelly.	A thin sheath or cover made of rubber or similar material. It is worn over the penis during sexual intercourse.	A vaginal foam, jelly, cream, suppository or tablet. A special powder or fluid, applied with a sponge, is also available.	A plan of avoiding sexual intercourse during the wife's fertile period — that is, just before and just after an egg has been produced in her body.
HOW DOES IT WORK?	Prevents the ovary from releasing an egg cell. With no egg cell present, a woman cannot become pregnant.	It is inserted into womb by a doctor and left there indefinitely. Exactly how it works to prevent pregnancy is not completely known but it does not prevent the ovary from releasing eggs.	It is placed in the vagina to cover the entrance to the womb. If properly inserted, it prevents sperm from passing into the womb.	It catches and holds the husband's sperm, so they cannot enter the vagina and fertilize an egg cell.	Acts in the vagina by coating the surfaces and the entrance to the womb. Destroys sperm cells and may act as a mechanical barrier as well.	Most women release an egg cell about once a month — usually about 14 days before menstruation. This may vary from month to month and it is necessary to determine as accurately as possible when an egg will be produced.
HOW RELIABLE IS IT?	Virtually completely sure if you follow directions. Rates higher in effectiveness than any other method.	Not as effective as the pill, but will prevent pregnancy in a majority of instances. However, it may be expelled unknowingly. Ordinarily not recommended for women who have not had children as it is difficult to insert in such cases.	If used correctly, many women have a high degree of success. Among consistent users, about 2 or 3 women out of 100 become pregnant each year. If diaphragm is improperly placed or becomes displaced during intercourse, pregnancy can result.	It offers good protection if the husband uses it correctly and consistently. Failures are due primarily to tearing of the condom or to its slipping off during the sex act.	Not rated as effective as the first four methods described, although some women have used them successfully. Vaginal foams rate somewhat higher in effectiveness than the other chemical methods.	Uncertain unless the menstrual cycle is regular and you can accurately figure out your fertile period. Correct use means having no sex relations for the specified time — often as long as half of each month.
HOW DO I USE IT?	Ask your doctor. The most usual schedule is one pill a day for 21 consecutive days each month, beginning five days after the menstrual period starts. Essentially this 21-day cycle is repeated each month until you wish to try to have a baby.	Inserted by doctor. It is important to return at least once a year for a thorough examination. Must also be checked frequently, by feeling to make sure it has not been expelled.	The doctor will fit you and show you how to insert it. You should return to the doctor at least every two years, and after each pregnancy, to have the diaphragm checked for size.	The husband puts it on his penis after erection, and well before climax. For extra protection the wife should use a contraceptive jelly, cream or foam.	Read and follow the instructions. Must be used before each sex act. Provides protection for about an hour.	Consult a doctor or a rhythm clinic for help in determining when your fertile period is likely to be each month. You will need to keep records of previous menstrual periods for a number of months.
WHAT ABOUT SIDE EFFECTS AND OTHER OCCURRENCES?	The majority of women experience few, if any, side effects. In studies, less than 5 per cent discontinued use of the newer low dose combination pills for this reason. However, occasional side effects, some of them serious, may occur. If they do, you should discuss them with your doctor. The more common ones usually occur in early cycles of use, then ordinarily diminish rapidly or disappear.	Many women have no problem. Others have cramps and bleeding between menstrual periods. In a relatively few cases, the device has perforated the womb and entered the abdomen. If there is excessive discomfort the doctor will remove the device.	None, if properly inserted. Some women do not like to insert a diaphragm. Others find it distasteful to remove and clean.	No physical side effects.	No physical side effects.	No physical side effects.
DOES IT AFFECT SEX RELATIONS?	Many couples say they enjoy sex relations more because they do not worry about pregnancy.	There is little or no feeling of its being in the womb. If properly inserted, neither partner should be aware of it.	If properly inserted, neither husband nor wife should feel it.	Some couples object to the condom because they must interrupt activity to use it. Some men dislike it because it interferes with their full sexual enjoyment.	Drainage of the preparation from the vagina is objectionable to some couples. Foaming tablets may cause a temporary burning sensation.	Most couples are unwilling — or unable — to refrain from sex relations for the length of time required to be "safe".
WHERE CAN I GET IT? OR WHERE CAN I FIND OUT MORE ABOUT IT?	Consult your doctor, or family planning clinic. Your doctor or the clinic doctor will talk with you and examine you before prescribing the pill. The clinic, or a local pharmacy, will fill the doctor's prescription. Your doctor, or the clinic, can answer your questions, and will probably give you informative material to accompany your prescription.	Obtained from a private doctor or family planning clinic. The doctor will examine you and decide if the device is suitable.	A private doctor or family planning clinic can supply you.	At any drug counter. No prescription is required.	At any drug counter. No prescription required.	Consult a doctor or family planning clinic.

FAILURE RATES OF BIRTH CONTROL METHODS

Birth control pill (combination pill)	0.5 (theoretically 0 if no pills are forgotten)
IUD	1.5- 8
Condom	10- 15
Diaphragm	10- 15
Vaginal contraceptives	15- 25
Rhythm method	15- 30
Withdrawal	20- 30

The above rates should be read as "..... pregnancies
in 100 women using the method for 1 year."

①

- minutes Dec 9th.
- lady's hockey → needs a goalie.
- Liz reported on Rape Film to be ordered by Cam Ried
"Lady Beware" not here yet.
- Jeanie reported that Helen didn't go to Nelson, so she went herself
Jessie destroyed the information
- a job in the offing! ?
Celeste will send us the info from the Nelson Group.
- a course will be offered by Nelson Community Services to teach crisis workers. - more info will also come from Celeste.
- Robin will brief us about her job as Public Health nurse in the new year.
- Jeanie plugged "Her Story" women's calendar.
- Liz Campbell will write for info regarding correspondence.
- the next meeting is loose because the children's concert at the school is the same night.

(2)

January 6th movie
how women relate
20th working paper - Robin
13th consciousness raising
→ - (socialization of children)

January 5th - a boring meeting (Board of Dir.)
or 12th budget 7pm to discuss

book review 27th Edible Woman - Marg. Atwood

quest = ~~Christine Sutherland~~

Christine Sutherland - ~~discussed~~
~~a course~~ - message therapist

- has set up 2 massage workshops ^{in B.C.}
- wants to do one here in January for women in couples w/f. f/f.
- she is designing a course relating to work done by other professionals eg. nurses physiotherapists
- next summer - lay people's course in Vallican - rehabilitative work
- week course in the summer
- trained in polarity reflexology.

(3)

- * Christine will do a workshop
Saturday Jan 8th 12:30

- don't leave after 11 am.
- bring pillows (2 ea)
- 2 towels.

bring sheet or blanket, heat lamps.

359-7618 Shore Acres

S.S. #2 C 14 Site 9
Shore Acres.

- coconut oil or baby oil.

Liz Irwin shoots the bull about
Birch Control.

- with diagrams
- she explained male & female physiology
- 1843 first discovered how babies were made
- 1930's rhythm method → ovulation correctly figured out

Liz discussed ① rhythm method } calendar temperature
② coitus interruptus - spilled seed on the ground "dodah."
never go near a wet penis

- ③ lover's nuts
- ④ an esoteric Sanskrit one. - penis pinching
- ⑤ surgical method - castration
1100 B.C. China - eunuchs

(4)

⑥ castration gave way to vasectomy -
in the 20th Century.
not reversible - test after 20th
ejaculation

⑦ ovariectomy -
- take out the ovaries
- spaying ^{until} 1893 in Australia

⑧ tubes tied (tubal ligation)
sp. (laparoscopy?)

⑨ condoms - safes. - sheep guts
(men) - seed pod
- rubbers - protection for VD

⑩ plugging the vagina
not to be confused with Jamie
plugging the calendar. (see page one of
these minutes.)

- dung
- diaphragm & jelly (general consensus
is that inserting the jelly is a pain in
the ass.)
- add foam if intercourse is to be
repeated - (6 to 8 hrs.)
- take care of your diaphragm
- Debbie says it's fine

⑪ douching - fumigation

spermicidal fumes. - replaced by creams
jellies, tablets, foams.

exam most observation.
foam most effective

(5)

(12) I.U.D.

1920 - silk + silver rings
inserted and then resumes shape.
delcon shields - no.

Copper 7 yrs.
is known to work but not known
why it works.

groan groan \$12.75

(13) the pill - chemical contraceptive is
old method

1934 - chemical structure of progesterone
discovered

1960 - first pill - prescription only.
side effects: - $\frac{1}{4}$ clotting
- weight gain
- head aches

100% !!

(14) ovulation method

- charts. - strict.

Liz did a super-researched presentation.

Minutes of mtg ~~Jan~~ Dec 30

14 attended

previous minutes read by Karen

seanie - on locating the Chatelaine issue - (with article)
Apr-May-76

schedule for Jan set up -
need working paper topic

liz gave summary of the Five Dwellers
+ we went over the book,

etc

Christmas

New Years

for party