

SPEECH BY THE PRIME MINISTER

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One of the regular activities of the United Nations is to designate a year to focus attention upon a particular topic, to create an awareness of a particular problem. With this end in view the United Nations proclaimed 1975 as International Womens Year in order to recognise the important contribution which women have made to the social, political, economic and cultural life of their countries and to intensify the action required to advance the status of women.

For the first time an Australian government has committed itself to an extensive program designed to achieve the aims of the year. Our reasons for so doing are two-fold. First, the government recognises the importance of the United Nations and its activities, in the area of human rights as well as in other areas. Secondly, the government has shown its awareness of the problems which face women in our society today and its commitment to attempting to overcome them.

Within the context of the United Nations objectives for the year -- equality, development and peace -- Australia has formulated three overall objectives for our International Women's Year program. The most important of these objectives is the need to reassess and change those attitudes towards women which are harmful and limiting. Together with this, the areas of discrimination against women in our society must be identified and a concerted attempt made to overcome them. It is also intended that the year be a joyous one emphasising the creative and positive in women.

It has been of basic concern to us that in the course of this year we reach most if not all women in Australia. There are certain areas which affect, or potentially affect, every girl and woman in our society, whatever her education, her cultural background, her economic status, her beliefs, her occupation or her way of life. The health of women is clearly one of the most important of these areas and the Australian National Advisory Committee for the year has given it high priority. Primary emphasis has been placed on the need to give women a better understanding of their bodies and of the many diseases and disorders from which women suffer at one time or another in their lives. Research in this area is quite inadequate and until recently no attempt had been made by governments to provide for these needs.

A great deal more needs to be known about the health of women, the causes of their health problems, and the correct treatment for them.

Health conferences are a regular feature of the Australian scene but this is the first conference in Australia, and probably in the world, which has dealt exclusively with women's health.

Health conferences are normally restricted to professional people and when they do involve "non-professionals" they are restricted to one particular aspect of health. This conference is being attended by people with widely varying backgrounds who have themselves decided the program's contents. This is yet another innovative and most important feature of the conference. It is obvious from the response to this conference that many people are concerned about women's health needs in our changing society and many women are themselves becoming increasingly concerned that these needs be seriously and adequately considered. There is much to be learnt.

It is appropriate for me to pay tribute to the Department of Health which in conjunction with the National Advisory Committee has organized this conference as its special project for the year. Each government department and agency was asked to develop a program and initiate special activities during 1975. The Institute of Criminology, for example, also in conjunction with the National Advisory Committee has already held two seminars, one on women as victims of crime, and one on the participation of women in the criminal justice system.

Further, this conference is the first of three extremely important conferences each of which is concerned with issues of fundamental importance to each woman and man in our society. The next conference, which begins next week in Canberra, is on Women and Politics. Its aim is to create an increasing political awareness amongst women and to give women the knowledge necessary for them to bring about the policies, programs and other changes which they so justly are demanding and so truly need. Australia is also to host a United Nations interregional conference in November on Women, the Media and the Arts: the Communication of Attitudes. This conference will look at the way women are portrayed in all forms of communication, be it advertising, daily papers, art, pop songs, jokes, or literature. We are all well aware that too often quite unrealistic and even damaging images of women are communicated to us through these media and these images in turn reinforce already existing assumptions which limit and distort the capacities, potential and life patterns of women and girls.

In the field of women's health the most significant initiative taken by the government has been the funding of the Leichhardt Women's Community Health Centre. The aim of this centre is to meet a need expressed by women for a health service staffed by women and directed solely towards the special health needs of women. The proposal

put to the Minister for Health by a group of Sydney women received immediate attention. It was endorsed by the Hospitals and Health Services Commission and an initial grant of \$33,000 to establish the health centre was announced by the Minister. The centre makes an annual application for funds to continue and expand its operations. So far it has received a total of \$285,735.

Since then the government has funded a number of further such centres under the Community Health Program. Submissions for women's community health centres have been put before the Hospitals and Health Services Commission.

The Commission has supported the establishment of women's health centres in the belief that such action is not only necessary in itself but would help to influence the traditional health care system to cope more adequately and effectively with women's health problems. The Australian government is, as far as I know, the only government in the world that has listened and responded to such requests from women.

Four centres are fully operational (Leichhardt, Liverpool, Melbourne & Perth); two centres are part-operational (Adelaide and Newcastle) and one, the Brisbane Women's Community Aid Association, has still to find premises.

We are also funding women's refuges and shelters. The concept of the refuge has grown out of a response to the desperate plight of many women. A women's refuge is a place for a woman, with or without children, to go when she has nowhere else; she may be destitute or confused or needing to escape her existing situation.

On 19 June, the Australian Minister for Health, Dr Everingham, announced a national plan aimed at helping women in social and domestic crisis situations. Through the Community Health Program, women's refuges in all states will receive Australian government funds to pay for staff, rent, renovation of premises, equipment, food and other operating costs. Dr Everingham said 11 organisations would receive a total of \$211,885 under the plan.

Refuges have been approved for immediate assistance in Brisbane, Townsville, Glebe, Marrickville, Liverpool, Ringwood/Croydon, Hobart, Launceston, Adelaide and Perth.

There are now women's refuges in every state and in the Australian Capital Territory. Perhaps the best known in the Sydney refuge, Elsie, the first women's refuge to open in Australia, which has been operating since March 1974.

Many projects relating to the health and welfare of women have also been funded by the government on the advice of the National Advisory Committee for International Women's Year. These have included the production of a film on cystitis, a conference on Women and Madness, a counselling service for parents who have feelings of violence towards their children, a research project on the difficulties encountered by women who have responsibility for aged parents or other dependents, a project into the

incidence and seriousness of violence to women, the publication of a booklet giving accurate information on the availability of and techniques used for legal abortions and associated contraceptive matters, research on the particular problems of disabled women and the publication of research into women medical graduates. We have also invested in a television series on human reproduction in the belief that no area of human behaviour is more private and more sacred whilst at the same time having ineluctable public consequences. The insights to be gained from such a series are not only important globally, a necessary precondition to a rational understanding of issues relating to population and the future development of societies, but are of deep importance to every individual, for it is a woman's reproductive capacity which basically distinguishes her from man. All funding relating to the health of women, as in all other areas, has been within the guidelines which I tabled in Parliament in December last year.

It is the government's policy that all persons should have ready access to family planning advice so that they may achieve the number and spacing of children they desire. It is also our policy that women should have access to all the knowledge required to enable them to make informed decisions in this area. The broad objective is improvement of the quality of life for both parents and children.

The Australian government has taken steps towards the evolution of a national policy on family planning. In 1973/74 \$300,000 was expended and in 1974/75 well over \$1 million was allocated to this program. We also appointed a consultant in family planning, Dr Stephania Seidlecky, who had previously been on the staff of the Leichhardt Women's Community Health Centre. Dr Seidlecky has already made many valuable contributions to the family planning program.

There is at present no separate policy on women's health in Australia. Women's health needs are subsumed under policies relating to community and mental health, rural health, aboriginal health, rehabilitation and hospitals. There is, however, an historical exception, namely hospitals run by women for women as well as the more recent evolution of women's health centres and refuges.

It was an understanding of the pressing need for health services relating directly to the health problems of women which gave birth in 1899 to the Queen Victoria Hospital in Melbourne and in 1922 the Rachel Forster Hospital in Sydney, hospitals staffed by and run for women. In recent years dissatisfaction with prevalent attitudes to women's health problems and the paucity of research into their causes and into their correct treatment have led to the establishment of women's community health centres. These centres have invariably been established by groups of women who, having seen a desperate need amongst women, be it for health care, shelter or rape crisis counselling, have voluntarily set about to find a solution.

As well as helping to identify the health needs of

of women, there is one very important question which this conference should discuss. This is whether or not women's health needs should be integrated throughout the various components of the health service system, as is at present proposed, or whether they should be separately considered, as is, for example, aboriginal health.

The very concept of women's health is a troublesome one. It brings to mind those problems or illnesses that are associated with women: reproduction, suburban neurosis, valium-dependency, psychotic disorders and so on. The concept of men's health jars for not only does it not evoke any similar associations with men's illnesses, but it is no more and no less than the concept of health itself.

In this time of change and of questioning it is more and more frequently pointed out that the seemingly infinite range of women's skills, abilities and interests are channelled into too few and limiting roles and that this causes a great deal of human unhappiness, misery and distress.

This is a difficult claim to gauge but some light can be thrown on it by looking at phenomena such as successful and attempted suicide, psychiatric conditions and drug dependencies.

Male suicide rates in Australia have remained remarkably constant since the 1870's, as did female rates from 1870 to 1950, but since then the rate amongst women has doubled. This increase has produced an overall suicide rate in Australia that is one of the highest in the world. This substantial increase in the suicide rate, particularly amongst women over the age of 25, is linked with increased availability of sedative preparations and subsequent overdose. There has also been a two- or three-fold increase in attempted suicides, with twice as many women as men being treated for this.

Further, there is an increasing incidence of psychiatric illness amongst women, with the two most common psychiatric diagnoses - depressive states and psychiatric neuroses - being more common in women than men. Depressive states are most common in women in their thirties, and psychiatric neuroses most common in women in their fifties. More significantly they are twice as common in married as in single women. Almost three times as many married as single women show severe neurotic symptoms, twice as many married women as married men have felt that a nervous breakdown was impending, and many more women than men experience psychological anxiety.

Over 10% of women in Australia are dependent on headache or sleeping pills. About 4½ million prescriptions for valium are made out each year, the majority of these prescriptions being written out for women. The abuse of pain killers can be blamed for about 20% of kidney breakdowns and again more women than men are so affected.

These survey results taken together seem to indicate clearly an increasing distress in Australian women. They must however be interpreted cautiously for there is another phenomenon which could well have affected these results. It is also true in our society that men's lives are harmed by the limited range of roles and behaviour patterns which they are allowed. Many of these findings could be inaccurate because men are less likely than women to admit to psychological symptoms or to seek help from doctors, for this could well be seen as weak or dependent behaviour and these are the characteristics that our society allows to women but not to men. Men suffer from what could well be called the Colonel Glenn syndrome.

It is clear that ours is a society in which the quite different expectations about what each sex should be like and how it should behave or think have become deeply embodied in its total culture. Anatomy has become destiny just because anatomical differences at birth determine which way we are taught to think or behave. Women are assumed to be naturally emotional, dependent, easily influenced, cunning sensitive, submissive, indecisive and lacking ambition; men to be naturally logical, aggressive, independent, objective, direct, decisive, self confident, and unemotional. These images of women and men are constantly, daily, reinforced within our society.

Indeed they are constantly and daily reinforced in medical text books, health professional journals, and the promotional materials sent by drug companies. It has been pointed out to me that a recent English study of drug advertisements showed basically only two images of women: the demure in ads for the Pill, and the harrassed in ads for tranquillisers.

Ads for the Pill showed no women working - whether in the house or in paid employment - and little indication of their social background. Most of the women were affluent and young (though not too young), sensible rather than flighty, demure rather than openly sexual.

In marked contrast the women in the ads for tranquillisers and anti-depressants are usually older, with children, more dishevelled and less fashionable than in those for the Pill and mostly surrounded by piles of dirty crockery, children, and washing. The messages in these ads range from: "lack of space and lack of privacy spawn unhappy people" (the suggested solution to this being to prescribe a tranquilliser to remove the unhappiness) through to: "the ulcer prone businessman is a cliché of competitive society. Less recognised as such is the tired and tearful housewife, resentful of her role, subject to pressures virtually unknown in former generations" (the suggested solution being to restore perspective by tranquillising the disturbed brain chemistry).

Health personnel, like the rest of us, usually deny that advertisements have any influence on their behaviour. It may well be true that such advertisements

do not lead these people to administer or prescribe a particular product but none of us can fail to be influenced by the overall message. These advertisements reveal a consistently limited image of women. Women are not portrayed as independent individuals, each with a place of her own in society.

It is clear that there are limits to what governments alone can achieve in this area. Responsibility for change lies with all concerned. The basic problem, some of whose manifestations I have briefly touched upon, resides in the attitudes which individuals and institutions within our society have towards women, their health, and their bodies -- attitudes which women also have towards themselves and their bodies.

The aim of this conference must be to understand, challenge and change these attitudes. To do this successfully all those concerned in this area must listen and learn how women perceive the world, must understand what forces shape their experiences both in their formative and their more mature years, must question why the fullness of their experiences is so difficult to accept. We must cease to limit their potential, their potential to develop into diverse human beings.

Good health care for women and effective delivery of family planning and related services must be based on adequate and sensitive research into causes and methods of treatment but ultimately it can only come from a correct understanding of how women feel about their bodies and a correct understanding of the lives they live.

It gives me great pleasure then to welcome the participants to this conference, both Australian and overseas, and to declare this conference open.