



# PRIME MINISTER

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**SPEECH BY THE PRIME MINISTER  
LAUNCH OF THE NATIONAL WOMEN'S HEALTH POLICY  
WESTMEAD HOSPITAL - 20 APRIL 1989**

We are making history today as we launch Australia's first national women's health policy.

Australia is one of the very few countries in the world to have determined to find out, and then to address, the special health needs and priorities of women.

And we could hardly be celebrating this launch at a more appropriate venue than Westmead Hospital, which itself represents the response of a previous Labor Government to the health needs of women.

From the day it first opened its doors, Westmead has shown a special understanding of, and dedication to meeting, the health needs of women.

I take this opportunity to recognise the achievements of Dr Jenny Alexander, Westmead's General Superintendent, and Carla Cranny, the Director of Health Services Development for the Western Sydney Area Health Service.

What Westmead Hospital is achieving in this regard is what the National Women's Health Policy is all about - providing an imaginative, sensitive and flexible approach to the health concerns of the Australian community.

Women's health is a central plank of the National Agenda for Women, which is my Government's blueprint for the improvement of the status of Australian women towards the Year 2000.

Clearly, the good health and well being of women has to be assured before any credible claim can be made about the attainment by women of full and equal participation in Australian life.

It is also clear to us that if we were to produce a credible and practical women's health policy, it must be based upon views obtained from as many Australian women as possible.

The National Women's Health Policy reflects in a unique way the views and priorities of more than one million Australian women who were consulted around the country - the young and the elderly, those who live in the cities and those who live in the country, women in the paid workforce and women at home.

Because it is based on such an extensive round of consultation, we can be pretty sure that the Policy indeed reflects the concerns of Australian women about health.

In particular, Australian women told us they were concerned about seven major issues. They are:

- . reproductive health and sexuality;
- . the health of ageing women;
- . women's emotional and mental health;
- . violence against women;
- . occupational health and safety;
- . the health needs of women as carers; and
- . the health effects of sex role stereotyping.

To meet these concerns and to improve women's health, the policy nominates these five key areas where action is seen as necessary:

- . improvements in health services for women;
- . provision of health information for women;
- . research and collection of data on women's health;
- . training of health care providers; and
- . women's participation in decision-making on health.

Whether the women consulted in the development of the policy were in the country or the city, whether they were raising families or living alone in retirement, whether they were from affluent or struggling areas of Australia, there was a remarkable consensus on the key issues of concern.

Not surprisingly, the overriding concern expressed was that the health system should be more sensitive to the needs of women.

Women want doctors and other health care providers to listen to them and to treat them with dignity and respect as people, and not just as female patients.

Women want better access to the variety of general and specialist services they need through their lives, and they want more women to be trained to deliver those services.

Women want better information on health and lifestyle issues and they want it to be easier to understand so that they can make more informed choices about their own health care and take more responsibility for maintaining their own health.

These expressed concerns of women are eminently reasonable and they form the basis of this policy.

Now that we have gathered these views and come to understand more clearly the health needs of the Australian women, what happens next?

Does this report just sit in a file somewhere and gather dust?

I give you my commitment that will not occur.

State Health Ministers, including the NSW Minister Peter Collins, have endorsed this report in principle and their Governments will be considering its recommendations.

I take this opportunity to thank Peter Collins for his strong support of the policy.

At the Federal level, Neal Blewett will be bringing a submission to Federal Cabinet on this report.

It is not possible of course to determine in advance just what Federal Cabinet will conclude.

But I do give this commitment: we will give this report very close and very sympathetic attention.

And I believe that our record of achievement on behalf of Australian women does indeed show that we are sympathetic to the needs of women in this regard.

Let me summarise briefly for you some of those achievements.

First among them was the introduction of Medicare.

Medicare enfranchised two million Australians who were previously without health cover. Women, as the main users of health services and as those who assume the greatest responsibility for health care of the whole family, were the main beneficiaries of this reform.

Medicare gives genuine meaning to equality of access in health delivery services, so it was an essential prerequisite to meeting the specific health concerns of women.

At the same time, we set about other social reforms which we viewed as beneficial to the well being of women. These include removal of barriers to women's workforce participation; programs to assist entry and re-entry to the job market; and affirmative action legislation.

We have created more than 1.3 million jobs since 1983 and almost 60 per cent of them have gone to women.

We introduced the Family Allowance Supplement to provide valuable assistance for low income families with children.

We established the Child Support Agency to ensure that non-custodial parents take appropriate financial responsibility for their children.

The Government has directly funded an increase of 64,000 child care places since April 1983 and a further 30,000 places will be created by 1992.

April has been a significant month for Australian women, taking them several steps further towards realisation of the goals of the National Agenda for Women.

Given that the Women's Health Policy identified violence against women as a major concern, it is appropriate that April is Domestic Violence Awareness Month. This is part of our nationwide campaign to raise public awareness of this widespread and all-too-often hidden problem.

And of course last week, with the April Statement, the Government announced the wages-tax-family package which will continue to build upon these achievements. This package includes:

- . tax cuts which will, particularly through the reduction in the lowest rates, benefit women workers;
- . dramatic increases in Family Allowance payments;
- . additional payments for families in receipt of the Family Allowance Supplement; and
- . further assistance for one income families, including sole parents.

I would like to thank everyone who has been involved in the preparation of the National Women's Health Policy - not least the women who provided the comments and views on which this report is based.

As the State and Federal Ministers have shown, there is considerable bipartisan agreement to put the protection and promotion of the health and well being of Australian women on a sure basis.

This approach acknowledges that implementation of policies and programs designed to improve women's health, well being and life opportunities must be one of Australia's major goals in the closing years of the twentieth century

So I have much pleasure now in launching the National Women's Health Policy - a blueprint for fostering the better health of Australian women and the greater well being of all Australians.

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