Preface

In sifting through boxes and filing cabinets of material collected for this book, I am struck by how much attitudes towards women, and attitudes of women themselves, have changed since the 1970s. The argument that women are not genetically equipped to participate in public-sector life is not often heard today, for example. Where possible, therefore, I attempt to create a sense of the atmosphere in which the women’s health movement emerged by including selected anecdotes and quotations. The passion and commitment of early Australian women’s health movement activists and the extraordinary efforts they made to improve the circumstances of women’s lives and to fill gaps in service provision can only be understood, I believe, in the context of the times. The intensity of the critiques they developed was a product of their inferior position, the scarcity of health information, the insensitivity of some health professionals and the gaps in available health services, leaving many needs unmet.

It is impossible within the pages of a single volume to document more than a fraction of the work done by members of the movement. Similarly, only a brief outline can be given of the influence of the movement on public policy in nine jurisdictions over 40 years. Moreover, although I have interviewed scores of women and collected mountains of documents, there is a wealth of experience that I have been unable to record and there are parts of the story about which little is now known.

Space also prevents me from naming the women and the handful of men who have played important roles. The text necessarily contains reference to a few women who carried out crucial work or held key positions. Such a mention should not, however, suggest a more important role or a greater contribution than women not mentioned at all. Indeed, so many women have been involved in so many arenas that it would be impossible to calculate individual contribution. All the women who were interviewed for this book either formally or informally are listed in Appendix 2. Where no reference is provided, the information presented derives from interviews or from personal involvement in the events described.

One of the difficult decisions I have had to make in writing is whether to use the past or the present tense when discussing the movement’s ideas and the criticisms that developed. None of the problems that feminists identified in the early 1970s has disappeared, although some are less pressing than they were. For example, information about women’s bodies and women’s health is far more readily available now and medical attitudes are less patronising. Serious concerns remain, however, and the social health perspective that the movement
has promoted since the early days is not yet central in mainstream debate. The past tense, therefore, is often inappropriate. Mixed time frames are therefore used but, try as I might to achieve stylistic elegance, even the casual reader will notice an ungainly ‘wobbling’ between tenses.

At the outset, my involvement in the Australian women’s health movement must be declared. Since the mid-1980s, I have been an active member, first, of the ACT Women’s Health Network and then of the Australian Women’s Health Network (AWHN). I represented the ACT Women’s Health Network on the Australian Capital Territory’s Women’s Health Advisory Committee (WHAC) from 1989 until 1996. From the early 1990s until 2008, I was a member of the Board and sometime President of Sexual Health and Family Planning ACT and represented the Australian Capital Territory on the Board of Sexual Health and Family Planning Australia (SH&FPA) from 2002 until 2008. I was a member of the interim management committee of AWHN in the early 1990s when the constitution was written and the organisation was incorporated, Convenor from 1995 to 1998, Deputy Convenor from 1998 until 2008 and Convenor again from 2008 onwards.