

17. Consuming interests: Women's leadership in Australia's consumer movement

Jane Elix¹ and Kate Moore²

Political consumerism is on the rise. It is a form of activism in which women have played significant roles at least since the eighteenth century. They continue to do so today.

This chapter describes female leadership in the emergence and growth of the modern consumer movement, and in particular the health consumer movement. It is a sector in which women play many leading roles in different ways, according to their own preferences and values and to the circumstances in which leadership is needed. It is a sector that amply demonstrates the need for a broader understanding and reconceptualisation of leadership, as identified by Amanda Sinclair in this volume.

The consumer movement has been largely neglected in the social movement and public policy literature, but in writing this chapter we have drawn on the small amount of literature available, interviews we conducted with 15 women leaders and our own experiences of working in and with consumer organisations.³

The consumer movement emerged from the failure of markets. Traditional economic theories assume that consumers are sovereign in the marketplace, that they will make rational choices based on full information and that perfect competition will prevail. In practice, producers (often large corporations) and providers of services have much greater political influence, economic resources and access to information. Some have abused this power through exploitative employment practices, unethical marketing or production of shoddy goods and services.

Citizens have responded through individual and collective actions targeting a range of consumer products and services. The twentieth century saw the

1 Formerly Jane Elix Consulting and The Australian National University. Jane Elix conducted much of the research on the broad consumer movement. She and Kate Moore presented the original findings in a paper at the Women, Leadership and Democracy Conference in Canberra in December 2011. Later that month, Jane became seriously ill and was unable to complete the project.

2 The Australian National University.

3 Jane Elix was director of the Australian Federation of Consumer Organisations from 1991 to 1993. Kate Moore was the executive director of the Consumers' Health Forum of Australia from 1991 to 1999. She now represents the organisation on several committees.

formation of an organised consumer movement that 'seeks to identify, expose and remedy incidences where manufacturers, retailers or service providers mislead, deceive or place consumers at risk of disadvantage'. It also lobbies governments to legislate for consumer protection and adequate regulatory standards for business and industry.⁴

Political consumerism

Formally defined, political consumerism is the choice of producers and products with the aim of changing ethically or politically objectionable institutional or market practices.⁵ It is a form of activism that appears to be increasing. It also appears from the limited research in this area that women have a stronger preference for this form of participation than men.⁶

Even before women had the vote and significant access to independent financial means, boycotts mobilised the power and leadership of women. For example, in the late eighteenth century abolitionists in the United Kingdom organised a boycott of sugar produced using slave labour. They were primarily supported by female anti-slavery associations, which provided an early form of feisty female leadership.⁷ Notably, in 1824, Elizabeth Heyrick wrote a pamphlet entitled 'Immediate, Not Gradual Abolition'. In it, she had the temerity to criticise the principal (male) anti-slavery campaigners, including William Wilberforce, as being overly cautious and slow in their dealings with the West Indian planters, saying they 'have shown a great deal too much politeness and accommodation towards these gentlemen'. Her pamphlet sold thousands of copies and caused much discussion in various parts of England.⁸

In the early 1900s, Florence Kelly, leading the National Consumers League (NCL) in the United States, campaigned to use women's purchasing power to improve conditions for working-class women, by granting its White Label to stores that met the NCL's standards for minimum wages, maximum working hours and decent working conditions.⁹

4 Jane Brown, *A History of the Australian Consumer Movement*, ed. Fiona Marsden (Melbourne: Consumers' Federation of Australia, 1996), 8.

5 Michele Micheletti and Dietlind Stolle, 'Concept of Political Consumerism', in *Youth Activism—An International Encyclopaedia*, ed. Lonnie R. Sherrod (Westport, Conn.: Greenwood Publishing, in press).

6 Dietlind Stolle, Marc Hooghe and Michele Micheletti, 'Politics in the Supermarket: Political Consumerism as a Form of Political Participation', *International Political Science Review* 26(3) (2005): 245–69.

7 The Abolition Project, http://abolition.e2bn.org/campaign_17.html.

8 'Elizabeth Heyrick', Wikipedia, http://en.wikipedia.org/wiki/Elizabeth_Heyrick#Early_life.

9 National Women's History Museum, 'The National Consumers League', <http://www.nwhm.org/online-exhibits/progressiveera/consumerleague.html>.

Many early forms of political consumerism were directed at producers who used exploitative employment practices; later the role of protecting workers was increasingly assumed by trade unions, at least in developed countries. In the meantime, there were close links between political consumerists and unions. For example, in the 1930s Esther Petersen, a union organiser for textile sweatshop workers in the United States, developed close alliances with the women's movement and the emerging consumer groups in order to gain better conditions for the women workers she represented.¹⁰

Political consumerism was a common form of political action throughout the twentieth century. Some campaigns targeted businesses in order to criticise governments—for example, boycotts by American business of French products, as a means of protesting about the French Government's opposition to the US-led war in Iraq.¹¹ In the 1970s and 1980s, boycotts of South African products and sporting events were successful in pressuring governments to stop support for the apartheid regime in that country. Other campaigns have been used directly to target the products of big companies including oil companies, and footwear and clothing manufacturers.¹² The international boycott against the marketing by Nestlé of its baby-milk products in developing countries involved a number of women's groups which had not previously been involved in political consumerism. Australian groups which participated included the Nursing Mothers Association, Parents' Centres Australia and the Childbirth Education Association.¹³

Survey data published in 2005 show that political consumerism is on the rise and that a growing number of citizens are turning to the market to express their political and moral concerns.¹⁴ Recent advances in communications technologies such as email, Facebook and Twitter are enhancing the abilities of consumer activists to gain support for actions against producers who are seen to behave unethically. In Australia, the successful online campaign in 2012 to persuade companies to stop advertising on the Alan Jones 2UE radio program is but one recent example. Women were in the forefront of this campaign, which focused attention, in part, on misogynist behaviour.¹⁵

10 Eileen Baldry, 'The Development of the Health Consumer Movement and its Effect on Value Changes and Health Policy in Australia' (PhD thesis, University of New South Wales, Sydney, 1992), 62.

11 Remi Barroux, 'Le Medef s'inquiete des consequences pour les entreprises des tensions franco-americaines', *Le Monde*, 17 April 2003, quoted in Stolle et al., 'Politics in the Supermarket', 246.

12 Stolle et al., 'Politics in the Supermarket', 245–69.

13 Baldry, 'The Development of the Health Consumer Movement', 111.

14 Stolle et al., 'Politics in the Supermarket'.

15 Larissa Nicholson, 'Online and Outraged: The People Begin to Talk Back', *Sydney Morning Herald*, 9 October 2012, <http://www.smh.com.au/national/online-and-outraged-the-people-begin-to-talk-back-20121008-279q8.html>.

The modern consumer movement

The modern consumer movement—described by Brown as ‘the intensification of organised consumer activity throughout Western developed nations from around 1960’¹⁶—developed alongside other movements that used political consumerism as part of their repertoire. These included anti-racist, feminist and environment movements in addition to self-help and support group movements.

The earliest organised groups dealing specifically with consumer issues were formed in the first half of the twentieth century in the United States.¹⁷ As unions came to recognise themselves as representing consumers as well as workers, they joined forces with organisations of housewives during the Depression to challenge exorbitant prices for essential items and poor-quality products.

With the growth of affluence in the mid 1930s, middle-class women and professional men demanded better quality control and some form of redress over badly made goods and dangerous products.¹⁸ This led to the formation of the modern consumer movement, characterised by a range of small and large groups campaigning for better products and services.

The focus was initially on product testing and production of information for consumers. In the United States, the Consumers Union was formed in 1936, relying solely on membership subscriptions. It began testing products and publishing the reports of those tests, a model followed in 1957 by the Consumers Association in the United Kingdom and in 1959 by the Australian Consumers’ Association (ACA). In 1960 ACA began publication of *Choice*, disseminating the results of product testing in the same way as its UK and US counterparts.¹⁹ Shortly afterwards, the International Organisation of Consumer Unions (IOCU) was formed at a meeting in Holland, with the organisations from Australia, the United States, the United Kingdom, the Netherlands and Belgium as founding members.

Women were active within both the national organisations and the IOCU. They led the way in broadening the focus of the organisations to encompass concerns of people in developing countries. For example, US consumer activist Florence Mason was at the forefront of efforts to involve developing countries in the international movement and to ‘shift the consumer movement internationally away from a consumption oriented “western” attitude—and to focus on basic human needs such as clean water and housing’.²⁰ After 22 years on the staff of the Consumers Union of the USA, at the age of sixty-five, she became an education

16 Brown, *A History of the Australian Consumer Movement*, 7.

17 Baldry, ‘The Development of the Health Consumer Movement’, 61.

18 Ibid.

19 Ibid., 62.

20 Ibid., 68.

officer with the IOCU. This role broadened and led to the IOCU presence at the United Nations, and a vital link between the many struggling consumer groups in developing countries. She was succeeded as the IOCU representative to the United Nations by Esther Petersen, 'exemplifying the connections and interdependence between the union, women's and consumer movements'.²¹

Women's leadership in the growth of the Australian consumer movement

In Australia, in the late nineteenth and early twentieth centuries, women's organisations were a driving force behind the fledgling consumer movement that emerged within the broader social reform and women's movements.²² Although the modern movement developed in the 1960s, these early links remain important through both connections with women's organisations and the movement's interests in welfare and social justice issues.²³

The Housewives Cooperative Association was formed in 1915, in response to spiralling prices, and aimed to bring the consumer and producer into direct contact. In 1931, the Federated Association of Australian Housewives was formed and was, at its peak, the largest women's organisation in Australia,²⁴ with a membership of 115,000 in a population of only seven million. It appealed both to female economic interests and to altruism. For the leaders, altruism in the form of a secularised Christian charity and moral duty was the dominant imperative, although ambition and the desire for political influence also played a part.²⁵ Although the Housewives Association's primary function was to reduce the cost of living and control 'profiteering', they did identify themselves as 'political', although always non-party.²⁶

The National Council of Women also established itself at the national level in 1931 and its agenda included a range of what are now regarded as consumer issues: health, nutrition, food safety, pricing, shopping hours and inflation.²⁷ The Country Women's Association also has taken on many consumer campaigns in its advocacy for services for rural families.

Australia's consumer movement is now part of an international web of organisations that gather under the umbrella of Consumers International. In

21 Ibid., 61.

22 Brown, *A History of the Australian Consumer Movement*, 18.

23 Ibid.

24 Ibid., 3.

25 Judith Smart, 'The Politics of Consumption: The Housewives Associations in Southeastern Australia before 1950', *Journal of Women's History* 18(4) (2006): 13–39.

26 Ibid., 16.

27 Brown, *A History of the Australian Consumer Movement*, 18.

Australia the largest individual consumer organisation is Choice (formerly the Australian Consumers' Association), whose flagship magazine receives extensive media coverage. The foundation members of Choice included many women's organisations. Ruby Hutchison was the first woman member of the WA Legislative Council and was very active in the early stages of the ACA in 1959–60. Although the ACA pursued the narrow course of product testing and submissions to government inquiries on products for many years, Hutchison also fought for the more basic consumer rights to protection, information and participation in decision-making in Australian society.²⁸ She was active in early health consumer forums as founder (in 1962) and president of the WA Epilepsy Association. She is described as 'a fiery speaker and a tenacious crusader for democratic reform, women's rights and social justice'.²⁹

Women were not only involved in founding Choice, but also have played important and high-profile roles in its senior executive and board positions ever since. The organisation has seen a number of significant women take on the CEO role—particularly Philippa Smith and Louise Sylvan—and in 2012 the board was chaired by Jenni Mack.

By the end of the 1970s most States had consumer bodies—with Canberra Consumers the first established (by three men). The Australian Federation of Consumer Organisations (AFCO) was founded in 1974 as a peak body for these State groups, as well as for the more specialised consumer advocacy organisations. Its establishment meant the consumer movement had a national profile and voice, which, in its early days was predominantly male, but since the early 1990s has tended to be female.

Between 1974 and 1996, AFCO grew in strength and influence, its policy priorities changing with the political and social issues of the day. In the 1970s the focus was on establishing product standards and trade practices law, and social justice and the effects of inflation on consumers. In the 1980s attention turned to product labelling, competition, media ownership and health, and during the 1990s the focus was on National Competition Policy, media ownership, environmental issues, product safety, tobacco control, financial services and banking and deregulation.³⁰ By 1994, when AFCO was renamed the Consumers' Federation of Australia (CFA), it had nine paid staff. It coordinated consumer representation on dozens of industry and government committees, and had a significant profile in the media.

28 Baldry, 'The Development of the Health Consumer Movement', 93.

29 *Australian Dictionary of Biography Online* (Canberra: National Centre of Biography, The Australian National University, 2006), <http://adbonline.anu.edu.au/>.

30 'Consumers' Federation of Australia', Wikipedia, http://en.wikipedia.org/wiki/Consumers%27_Federation_of_Australia.

One of the first actions of the incoming Coalition government under John Howard in 1996, however, was to defund the CFA. In 2012 the CFA was a shadow of the earlier organisation, with no paid staff and a volunteer board of 10, of whom seven are women. It had representatives on eight major government or industry bodies (of whom eight are women and seven are men) as well as volunteer representatives on Standards Australia technical committees.

One of the key functions AFCA performed in the 1980s was to encourage the development of specialist consumer groups, which have now grown to take on advocacy in a range of specialised consumer policy areas. Women played a key leadership role in the early days of these emerging organisations, including Philippa Smith and Louise Sylvan in the Consumers' Health Forum (see below), Elizabeth Morley and Edwina Deakin in the Consumers' Telecommunications Network, Carolyn Bond in the consumer credit legal services, and Kate Harrison and Anne Davies in the Communications Law Centre.

Governments responded to the growing influence of the consumer movement by establishing consumer protection measures including the Federal Bureau of Consumer Affairs and the consumer component of the Australian Competition and Consumer Commission (ACCC). At the federal level, ministerial responsibility for consumer affairs, which might be seen as a 'nurturing' portfolio, is often linked with an economic 'competition' portfolio and tends to be held by a man. Jeannette McHugh was a notable exception in 1992–96. As at July 2012, all eight State and federal consumer affairs ministers were male.

Defining the 'the consumer movement' today

The contemporary consumer movement retains a focus on equity and social justice, and targets a range of products and services including food, product safety, financial services, insurance and legal and health services.

With the exception of the health consumer movement, however, very little has been written about the consumer movement in Australia. There is also no real agreement on the limits or extent of what might be defined as 'the consumer movement'.

Since the establishment of the Australian Consumers' Association, the relationships between the different parts of the movement have changed considerably. For example, legal and financial services advocacy organisations have grown and become less reliant on volunteers in representing consumer interests as they receive funding from a variety of sources, particularly a range of government agencies. These organisations now provide women with employment as lawyers, financial counsellors, advocates and managers, and many

of these organisations have predominantly female staff. They invariably grew out of 'the consumer movement' as an initiative of individuals and small groups with a concern about a consumer injustice but now form part of a network of professional service providers and advocacy organisations. It would be fair to say, therefore, that the broad consumer movement has become professionalised to the extent that it is now a totally different entity from what it was in the 1960s and 1970s.

The one consumer area where women's participation has increased and strengthened, as paid professional leaders but more significantly as volunteer activist leaders, is in the health consumer area. The 1970s, 1980s and 1990s support group and self-help movements at the core of the strong health consumer movement that we see today grew and proliferated. They have been predominantly led by, and comprise, women.

The health consumer movement

In the late eighteenth and nineteenth centuries, the growth of a number of social movements, including the labour movement and movements for the emancipation of women, led to increased activism by women around the health care they were subjected to.³¹

In the 1960 and 1970s, women's health groups such as the Nursing Mothers Association, Parent Centres Australia and the Childbirth Education Association advocated for women's right to have control over the way they gave birth and nurtured their children.³²

The emergence of feminism in the 1960s and 1970s gave rise to a substantial women's health movement. Some women's health groups specifically rejected the medical model of illness care and embraced the World Health Organisation (WHO) view of health as involving physical, mental and social wellbeing. The Whitlam Government's National Women's Health Conference in 1975 was seen as a landmark because of the breadth of issues discussed, encompassing many aspects of health and resulting in dozens of recommendations that indicated a consumer orientation.³³

Indeed, women's activism has been one of the foundations of today's health consumer movement—and has been well documented by Eileen Baldry³⁴

31 Hilda Bastian, 'Speaking Up for Ourselves: The Evolution of Consumer Advocacy in Health Care', *International Journal of Technology Assessment in Health Care* 14(1) (1998): 10.

32 Baldry, 'The Development of the Health Consumer Movement', 110.

33 *Ibid.*, 127.

34 *Ibid.*

and Gwen Gray.³⁵ The movement was part of a much broader and relatively conventional international health reform push, which included the 'new' public health movement, the community health centre movement and, in Australia, the Aboriginal health movement, all of which were critical of the way medical systems had been organised during the twentieth century.

By the early 1980s, as the Coalition Government led by Malcolm Fraser reduced healthcare spending, a range of groups were actively challenging established models of care and mobilising to redress inequities of access to care and inequalities of power between the medical profession and the lay population,³⁶ however, there was little national coordination.

The major consumer organisations, Choice and the Consumers Federation, service organisations such as the Australian Council of Social Service, as well as some State-based consumer and community health organisations, were raising health issues. The scope of the issues and the division of responsibilities between federal and State governments meant they could only tackle issues in a somewhat piecemeal way.³⁷ They initiated a process, led by Philippa Smith of Choice, which resulted in moves to create a formal mechanism to represent health consumers.³⁸

The federal health minister in the Hawke Labor Government, Neal Blewett, supported these moves and provided funding for what became the Consumers' Health Forum (CHF). It was led by a general committee, chaired by Philippa Smith, and was broadly representative of the women's, service provider, environmental, consumers' and health movements. It elected, from among its members, a smaller executive committee, with six of the seven members being women.

The creation of the CHF was a pivotal point in the development of the health consumer movement. The new national organisation provided a focal point for federal activism, and enabled a range of organisations to come together with a common interest. While many of the groups which instigated the establishment of the CHF had a focus on broad public health issues such as tobacco marketing and use, environmental health, equity, and social services, others were concerned with specific issues such as the medicalisation and disempowerment of women in childbirth and other aspects of reproductive health. After much discussion and debate, there was broad agreement that the forum should initially focus on the health issues that were the responsibility of the Federal Government:

35 See Gwendolyn Gray Jamieson, *Reaching for Health: The Australian Women's Health Movement and Public Policy* (Canberra: ANU E Press, 2012), <http://epress.anu.edu.au/?p=165181>, 8–98.

36 Stephanie Short, interview, quoted in Hans Löfgren, Michael Leahy and Evelyne de Leeuw, eds, *Democratizing Health: Consumer Groups in the Policy Process* (Cheltenham, UK: Edward Elgar, 2011), 177.

37 Baldry, 'The Development of the Health Consumer Movement', 144.

38 Louise Sylvan, 1989 interview, quoted in *ibid.*, 146.

financing of health care, medicines policy, consumer rights and mental health.³⁹ Underpinning all their work was a strong commitment to ensuring that consumers, whether as citizens or as individual recipients of healthcare services, should play a major role in determining how health services should be delivered.

While the emergence of the forum was met by considerable hostility from the medical profession, it is now largely (if grudgingly in some circles) accepted as part of the health policy landscape. Its work is resulting in significant changes to the way health care is provided and consumed. The health consumer sector continues to grow so that as well as having a national voice, there are now peak health consumer groups in Western Australia, South Australia, Queensland, New South Wales and the Australian Capital Territory, all of which receive support from State or Territory governments. In Victoria, the Health Issues Centre has provided a voice for consumers since 1985.

The sector's leadership was, and continues to be, predominantly female; however, men are starting to play a more significant role, which is perhaps attributable to a number of factors, such as the rise of the men's health movement, the activism by gay men around HIV/AIDS during the 1980s and 1990s expanding to an interest in the broader health system, and a greater awareness of men's health issues such as prostate cancer.

Women have largely led the CHF. They held the role of CEO for all but four years of its existence, and women held the position of chair until 2000, when men stepped into the chairing role. In 2012 Karen Carey was elected as chair of the governing board, which had equal numbers of men and women, and Carol Bennett was CEO. A large majority of the staff have always been female.

One of the sector's most significant activities, and one in which leadership of the sector is nurtured and drawn, are the consumer representatives programs. These operate at both national and State/Territory levels and represent a large, voluntary workforce—predominantly female. Some of the positions are paid a sitting fee, although this is more common at the national than the local level. The CHF's latest annual report, for 2011–12, shows that the majority of consumer representatives sitting on more than 100 national government, professional and industry bodies are women.⁴⁰

39 Baldry, 'The Development of the Health Consumer Movement', 173.

40 Consumers' Health Forum of Australia, *Annual Report 2011–2012* (Canberra: Consumers' Health Forum of Australia, 2012), 38.

From representation to leadership

Leadership within the health consumer movement is of two kinds. It can be seen in the few structured leadership positions available in the sector, such as CEO or chair of a board. More importantly, however, much of the leadership tends to be organic, emerging ‘from within a community of interest to represent the views and concerns of that community’.⁴¹

Sinclair’s emphasis on reconceptualising leadership is important in understanding and identifying consumer leadership in health. She points out that ‘[m]ost theorists recognise leadership is not a position or a person but a process of influence’.⁴² Leadership is demonstrated in the process of influence whereby new values, ideas and behaviours are adopted. This is how leadership emerges from the health consumer movement. It is the ‘process of influence’ that leads health services to change and improve the quality of the service, so they are focused on the needs of consumers rather than providers.

Over the years, many women who represent consumers on government and professional bodies have engaged in the ‘process of influence’. Their leadership extends beyond their work within consumer organisations, leading health systems and services to adopt more consumer-focused policies and practices. Examples of the leading roles played by women are highlighted in Box 17.1.

Unfortunately, this leadership is largely unrecognised either within the health consumer sector or within professional and government bodies. Within the consumer sector, there is unease about the notion of leadership, possibly because of the ‘consumer ethic of an inclusive and supportive group of equals’⁴³ and the traditional concepts of leadership as ‘the out-front, tough and stoic male hero’.⁴⁴ In spite of this, some individual health consumer advocates have been nominated from within the health sector for awards that recognise the leading roles they have played. Also, publications from within the sector sometimes contain articles about individuals that implicitly recognise their leadership roles.⁴⁵

41 Victorian Quality Council, *Consumer Leadership: Report of the Findings of a Literature Review and Consultation Process into Consumer Leadership* (Melbourne: Victorian Quality Council, 2007), 14.

42 Amanda Sinclair, ‘Not Just “Adding Women In”’: Women Re-Making Leadership’, in *Seizing the Initiative: Australian Women Leaders in Politics, Workplaces and Communities*, eds Rosemary Francis, Patricia Grimshaw and Ann Standish (Melbourne: eScholarship Research Centre, University of Melbourne, 2012).

43 Victorian Quality Council, *Consumer Leadership*, 16.

44 Sinclair, ‘Not Just “Adding Women In”’.

45 Victorian Quality Council, *Consumer Leadership*, 16.

Box 17.1 Insights from interviews with female leaders

Leadership as a process of influence

- Janne Graham, Jan Donovan, Linda Adamson and Yong Sook Kwok successfully advocated for the National Medicines Policy that now guides Australia's approach to the regulation and financing of medicines—and in turn our access to medicines and the information and education about their use. Graham later became deputy chair of the Australian Pharmaceutical Advisory Council—an appointment that recognised the leadership she was providing beyond the consumer movement to the health sector. Donovan went on to become one of the founding board members of the National Prescribing Service, and led that organisation to focus its work on consumers as well as prescribers.
- Hilda Bastian campaigned tirelessly on a range of issues including a better, more rigorous research base to underpin health care. Both in her drive for better birthing statistics and in her involvement in the international Cochrane Collaboration, she has contributed significantly to the consumer focus of significant research organisations in Germany and the United States.
- In the mid 1990s, Lyn Swinburn and Sue Lockwood campaigned about the poor quality of treatment received by women with breast cancer. They established the National Breast Cancer Network (BCNA), which has brought about a significant increase in public awareness of, and attitudes to, breast cancer as well as much needed improvements in treatments. The BCNA is now an established organisation. It advocates for good, evidence-based treatments and trains women to act as consumer representatives on a range of decision-making committees—including scientific research committees. Importantly, that organisation provides a model for other cancer consumer groups to emulate.
- Anne McKenzie is a consumer advocate on a range of committees. Her advocacy started as a result of her experience as a mother of a child with disabilities. She now chairs the Health Consumers Council of Western Australia. She also plays a leading role with the University of Western Australia's School of Population Health and the Telethon Institute for Child Health Research, where she is employed as the consumer advocate. Her role is to increase consumer and community participation in health and medical research within those institutions.

Source: Authors' compilation.

As part of the Women, Leadership and Democracy in Australia project, we conducted interviews with 14 women leaders from the consumer movement. Those interviews provide some important insights into aspects of women's leadership.⁴⁶ Most of the women we interviewed did not set out to be leaders or even now see themselves as being leaders. Responses to the requests for interviews were often met with a sense of discomfort at being identified as a leader. Most were modest, seeing themselves as a part of a movement and acknowledging the hard work put in by many in the sector. Most of the women we interviewed could be described as transformational leaders (facilitative and collaborative). They all enjoyed working with other people, working through

46 A list of the women who were interviewed is included in the Acknowledgements. Profiles of these women can be seen on Jane Elix's blog: <http://janeelix.wordpress.com>. Short profiles of the women can also be seen in Judith Smart and Shurlee Swain, eds, *The Encyclopedia of Women and Leadership in Twentieth-Century Australia* (Australian Women's Archive Project, 2014) <http://www.womenaustralia.info/leaders/index.html>.

ideas and learning from others; as Sally Crossing puts it, ‘the way we work is to spark off and learn from each other. It’s very rewarding and exciting to do it that way, and you can have confidence that you are doing the right thing.’

The women we interviewed were all motivated by a passionate commitment to social justice and to good policy. For some, motivation comes from their own lived experience of poor products and services and their desire to ensure that other people do not have similar experiences. Jenni Mack was charged exorbitant fees by a financial adviser.⁴⁷ After experiencing breast cancer, Sally Crossing gave up her career to start off in a new direction of ‘giving back and creating something that needed to be created’. Anne McKenzie’s and Marg Brown’s experiences of raising children with disabilities led them into the health consumer sector. Janne Graham was driven by anger at her own (and her husband’s) experience of illness and health care, but channelled this into a constructive energy that enabled her to become an important and effective leader.

Courage is a quality that all the interviewees displayed in different ways. Leaders in the consumer movement are constantly challenging powerful, entrenched and vested interests and at times find themselves facing strong resistance, hostility and personal attacks. Louise Sylvan emphasises that she has ‘never seen the task as being liked’. She stresses that she never attacks the person who is attacking her because, she says, ‘people who do that have already lost the argument—they are scared at that point ... they are out of things to do. So I take that as quite a positive thing.’ Carol Bennett stresses that challenging the practices of health professionals and industry is not easy: ‘You are putting yourself on the line, and it does make yourself vulnerable to retaliation.’ Her advice is to ‘hold the line, hold your nerve and believing in what you are doing and why’.

The interviewees who were employed in paid positions within consumer organisations had thought carefully about how they could be in meaningful paid employment in ways that suited them. For Teresa Corbin, working in the community sector gave her flexibility and family-friendly environments. Jenni Mack left a traditional career path and took up a range of board appointments, which enabled her to do interesting work, engage her mind, make a difference and still have time for her children.

Most interviewees agreed there is a difference between male and female leaders. Comments were that ‘women are probably better facilitators and men are better dictators’ (Susan Nulsen); ‘Men tend to have a lot more ego on the table. That’s the nature of our society’ (Louise Sylvan); ‘Men see work as a role and are more matter-of-fact about it. For women, it’s more about doing their job as the person they are’ (Carol Bennett).

⁴⁷ ‘Profile: Jenni Mack’, *Sydney Morning Herald*, 2 March 2011, <http://www.smh.com.au/money/planning/profile-jenni-mack-20110301-1bcba.html>.

Conclusion

Much of the leadership literature relating to formal organisational hierarchies in commerce, industry and the services sector does not adequately describe the richness or complexity of women's leadership in the consumer sector. In the community and consumer sectors, leadership is seen as a more inclusive concept and operating in different ways and at different levels.⁴⁸ As Amanda Sinclair has elucidated,⁴⁹ this means that leadership can be exercised by people without formal authority, as much as by CEOs or prime ministers. In contrast with understandings of leadership that focus on the ongoing control of resources and tasks, leadership within movements like the consumer movement involves challenging the status quo and bringing about changes in attitude and behaviour.

This reconceptualisation is helpful in understanding leadership in the consumer sector, where leadership is not dependent on hierarchical structures. Rather, it emerges from within a community of interest and is not reliant on formal leadership positions, although a limited number are available. As well, consumer leadership focuses on challenging and changing established practices and processes within the sector targeted by consumer advocacy and not just within the organisation from which the leadership has emerged.⁵⁰ This can, in turn, mean that women lead change within the sector targeted by consumer advocacy. It is a function that is not recognised in the formal literature and yet is an important factor in social and economic changes that affect all our lives.

In any analysis, women's leadership in the establishment and growth of the various elements of the consumer movement has been crucial. That leadership has been exercised both within consumer organisations and within the wider world of the production of goods and services. Women have fought for, and succeeded in improving, many of the products and services on which we depend. Yet that leadership goes largely unrecognised.

It will only be by reconceptualising leadership, and by understanding that leadership takes different forms and is exercised in many different ways, that the work of the many women in this sector will be recognised.

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48 Victorian Quality Council, *Consumer Leadership*, 15.

49 Sinclair, 'Not Just "Adding Women In"'.

50 Victorian Quality Council, *Consumer Leadership*, 17.

Carol Bennett: CEO of the Consumers' Health Forum of Australia.

Margaret Brown: Campaigner for the rights of health consumers in rural and remote Australia.

Carolyn Bond: Campaigner for consumer rights in banking, financial and legal services.

Anne Cahill Lambert: High-profile campaigner on oxygen supplies and organ donation issues.

Teresa Corbin: Campaigner for consumer rights in telecommunications technologies.

Sally Crossing: Relinquished her career to become an advocate for better-quality cancer treatments and services.

Mary Draper: Feminist, writer, thinker and advocate for quality health care.

Janne Graham: Former chair of the CHF and leading advocate for health consumer rights.

Jenni Mack: Chair of Choice and former CEO of Consumers' Federation of Australia.

Anne McKenzie: Consumer research advocate at the University of Western Australia and Telethon Institute of Child Health Research.

Susan Nulsen: Former chair of Consumers' Federation of Australia, who now works in the consumer protection area of the WA Department of Commerce.

Louise Sylvan: Long-term campaigner for consumer-centred policy and practice through CHF and Choice.

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