

Issue no. 23 Winter '81



Right to Choose ♀

a women's health action magazine

START...
Ideals submission
AIMS

International Kids Year: move forward 5 spaces on seeding grant

Call public meeting to rally support

Write first of many submissions

rest...
mummy... Waaaaa mum!

talk to friendly neighbour
and I... (sch) to KILL em!

grant runs out. Go back to 2

neighbourhoods children while you lobby

channels \$

THE CHILD CARE Game

submission rejected ~ not enough \$
government \$ \$ \$ \$

can't get sick child minded. Miss appointment with Influential Person

MPs wage rise

Conditions of grant
- fire sanitation
- municipal
- state audits
- volunteer exhaustion
- media criticism =

working group collapses

she'll be right...

get pregnant with fifth child

community apathy

congratulations

child care no longer needed kids left home/ taken by state... collect

\$1.50
as reward...

Dear Sisters,

It was wonderful to receive copies of *Right to Choose*. A flame sparked in my heart to see such a positive approach to sharing information about our health and well being and exposing the violence inflicted/injected into our beings.

I think that to reclaim our bodies and the power of our bodies, we must expose all the means by which the patriarchy (male power) violates us from forced sterilization and rape to the denial of knowledge about our bodies and how to heal them naturally. Our psychic and emotional health suffers at the expense of men/male approval and our children's well being. However, as women withdraw energy from men and direct it into their selves, children and other women, ideally we would be strong and healthy but most of us are not.

Working in most feminist collectives and crisis centres and living in incredibly energy draining lifestyles often 'burns' us out, so that, we are again the tired, 'empty' woman we 'worked' so hard not to be. Are we still in the same framework? of martyring ourselves for women instead of men. Do we only feel (or get) nurtured and loved when we have worked/drained our selves to the point of 'sickness'? If we do feel good and energised by our work why do we often feel guilty because other women are being drained by it?

I feel there is an urgency in talking about our health and sickness in the light of the urgency and continuation of our work and lifestyles.

The political statement we make as being tired, overworked and de-energised women, to me, is an anathema to feminism. Throwing out the 'pill's', removing the IUD's and refusing the scalpel are the external oppressions we are fighting, but we must also throw out, remove and refuse martyrdom, guilt and to be victims of male ideas of our selves, our work and our lifestyles.

I hope that these ideas which have come from talking with women about 'sickness', health and healing will generate lots of discussion.

In sisterhood,

Blackrose.

(for Women's Information and Health Service Canberra.)

the **feminist bookshop**

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822 666

The Anti Depo Campaign is also supporting the making of a film about the use and abuse of Depo Provera. Film-making is a very expensive business and any donation would be greatly appreciated. Send to:

Red Heart Pictures,
P.O. Box 431,
BROADWAY, NSW 2007.



DEPO PROVERA

HAVE YOU EVER HAD DEPO
PROVERA?

The Anti-Depo Campaign want to hear from women who have used the injectable contraceptive Depo Provera. We are interested in finding out why women have been given the drug and what effects they experienced.

If you have used it and want to help the campaign please write to us and we will send you our questionnaire.

Anti Depo Campaign
62 Regent Street,
CHIPPENDALE, 2008.

(The campaign meets every second Wednesday night at 8.00 p.m. at the above address - new women welcome.)

Surveys carried out at several workplaces in Sydney indicate that between 60% and 80% of children under 5 years of age were cared for in informal situations while their parents worked, because no alternative was available.

Reference: Women's Trade Union Commission.



The collective who worked on this issue were: Meredith Brownhill; Anita Byrnes; Margaret Kirkby; Sarah Longhurst; Caron Morrison; Amy O'Keefe; Vicki Potempa; Jenny van Proctor; Angela Rome; Jeanne Rudd; Meg Smith and Laurie Wigham.

DEADLINE FOR ARTICLES

Deadline for September issue: Friday August 21st.
 Display ads, classified ads, small announcements, and news can reach us up to four weeks after this date.

SENDING COPY TO RIGHT TO CHOOSE

We appreciate receiving your articles, letters and news items.

When sending in material:

-Type, if possible, double-spaced, one side of paper only, and with your name on copy as well as an accompanying letter

-A stamped, self-addressed envelope with your work would help us to get back to you.

Right to Choose collective retains editorial control. Alterations will be discussed with the author.

WE ARE HAPPY TO ADVERTISE HEALTH SERVICES, MAGAZINES and GOODS HOWEVER, ADS SHOULD BE NON-SEXIST, NON-RACIST NON-AGEIST AND NON-CLASSIST

*ph: 699 5281
 Tues. 11 am - 4 pm*

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U.S. \$ELLOUT ENDANGERS THIRD WORLD BABIES

Ushi and Rob Atkinson

Introduction

Are they really going to dissolve a multi-billion dollar industry?

During the late 60's and early 70's, infant formula manufacturers, confronted with trends away from bottle-feeding in the developed nations, stepped up frantically their market expansion throughout the Third World. The value of that market is now in excess of \$1000 million per year.

The highly aggressive marketing and promotional campaigns of these giant multinational corporations, ever increasing in sophistication, resulted in a rapid change from emphasis on breastfeeding to the extensive use of infant formulas.

Since 1973 it has been well understood by healthworkers, governments and the manufacturers themselves, that these products were causing incredible suffering, disease, malnutrition, brain-damage and ultimately death for Third World infants. It has been conservatively estimated that 1 million Third World babies die and a further 9 million suffer the agonising Bottle Babies Disease each year.

Further, the manufacturers are well aware that through their high use of all forms of mass media advertising, infiltration of health centres, hospitals and doctors, as well as their 'very own milk-nurses' (dressed like medical staff, but fully employed by the companies), they are managing to sell their super-expensive products to people hardly able to finance their day to day survival, let alone able to afford the up-to-60% of a families income necessary to safely formula-feed only one child.

Contaminated local water-supplies, lack of sterilisation, and needed refrigeration equipment make it impossible to use formula safely in most areas. The people are not made aware of the dangers, are often illiterate or do not understand the language used on the

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tins for the mixing instructions. Thanks to persuasive Western images of 'happy, healthy, wealthy bottle-fed babies', the bottle itself is often seen to possess powers of its own, so it is believed that even straight muddy water will suffice.

UNITED NATIONS - INFLEXIBLE IN ITS 'FLEXIBILITY'

In May of this year, the United Nations World Health Assembly (WHA), the formal meeting of the 146 member-states of the UN World Health Organisation (WHO), met in Geneva to debate and vote upon a code of ethics restricting the promotion of infant formulas throughout the world. They were acting upon the recommendations as set out by the WHO and UNICEF in the code of October 1979.



This code strongly recommended the universal banning of all forms of infant formula promotion in all member-states. Only a small handful of nations had immediately acted upon these recommendations of 1979 by legislating the suggested restrictions to various degrees.

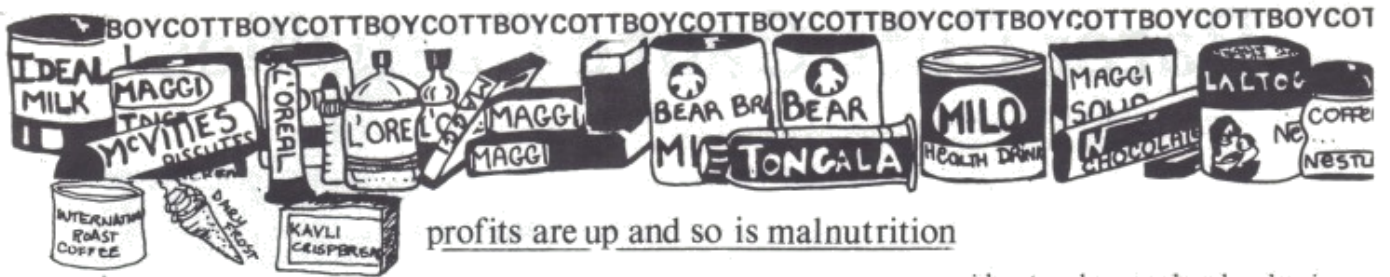
In the meeting of May 1981, 118 representatives voted in favour of adopting a *voluntary* code, 3 abstained, 12 absented themselves, and 1 state opposed any code of ethics outright.

Although this result appears to be satisfactory on the surface and was reported as such throughout the 'popular' media, a closer analysis reveals a true farce.

After two weeks of session costing a fortune in running the meeting and in keeping the representatives well-fed and happy, not to mention the cost of the preceding 1½ years of preparation, they voted to accept the same code, which they already had since 1979. They managed to replace one recommendation with another, showing up once again the inadequacies and ineffectiveness of the United Nations bodies. In essence, all they have done is to admit that, firstly, they have no significant influence over their individual member-states and, secondly, that as a corporate body of the nations of the world they represent openly nothing but the interests of free-enterprise and unlimited multinational profits above all other human concerns.

Because of the code's voluntary nature the WHA has 'successfully' absolved itself of all corporate responsibility for the disgusting damages to millions of children by passing back to each individual member state the decision whether or not to legislate against the promotional practices of the industry.

The official comment from the office of the Australian Federal Health Minister MacKellar before the meeting



profits are up and so is malnutrition

highlights this point: "The general attitude of Australia in relation to the draft is that we will support the code, but feel that it must be a recommendation. That is, *not* a mandatory code and that it can be flexibly interpreted in relation to the problems in each country. Australia - as one of the developed nations - can handle the problems and encourages breastfeeding".

Translated into real terms this means that Western nations, whose expansive, unrestricted and profiteering economies created the severe problem in Third World countries in the first place, deny their active interest in keeping the situation going as is. They leave the full onus for any change to the victims of their economic imperialism in the Third World nations, after having seen to it that these nations no longer have the economic independence necessary to rid themselves of such multinational interests. They show clearly that they do not intend to stop these multinational corporations at their Western bases.

"The United States stuck out like a sore 'rightwing' thumb, as the only state opposing even a voluntary code of ethics on principle. The reasons given were: "That the code could turn into a rigid set of rules and that it would conflict with American law and would restrain free trade." Reagan was quoted as seeing the WHO as a left-wing organisation seeking international regulations over (sacred?) free-enterprise systems and the code as "an unprecedented attempt at international regulation by ideological intimidation."

All that was debated by the WHA were these 'rights' of free-enterprise, while the real issues and all those grey areas clouding women's and children's lives were left undiscussed. There was no admission of the fact that in most areas in the Third World, because of the poverty it is impossible to use any formula safely. Even the suggested massive education campaigns cannot change this fact. It is not local ignorance which is killing the children, but poor living conditions combined with the severe psychological coercion used by the formula companies.

It has been argued that women must use formula to be employed but this is contradicted by the evidence in most Third World countries. In South Africa only 5%, in Bombay 15% of formula feeding mothers did so because of employment reasons. It is not noted that the vast majority of women using these products with such disastrous consequences are living in urban slums with no employment opportunities whatsoever, or in equally poor rural areas, where traditional work in the fields is severely hindered rather than helped by the extra time and care necessary for correct and sterile preparation of formulas.

For centuries Third World women, with the help of their communities, had been able to take their breastfed babies into the workplace and were being helped with childcare, until Western 'work ethics' and persuasive promotion convinced them of the 'need' for formula feeding.

The same economic forces convinced Western women that the only way to feed a baby is via the bottle if they

wish to be employed, denying women's rights to full support of breastfeeding in the workplace. The same Australian politicians who lobbied against the code, have denied women here this right by failing to pass legislation, even though countries like West Germany and Sweden have had such legislation since the early 1960's.

Clearly, women must have the right to choose whether to breast- or to bottle-feed their babies, without being disadvantaged for their choice and without being financially exploited by profiteering formula manufacturers.

Although the UN in 1977 had passed a binding policy on the elimination of all forms of discrimination against women, the WHA code gives no recognition of the present reality that almost none of the member-states have taken any active steps to end such discrimination in the workplace.

Further discussion of the Third World situation as well as the implications of breast versus bottle in the First World will be carried in the next issue of *Right to Choose*.

IMPORTANT

The INFACCT collective in Sydney needs more members to assist in the campaign. Funds are also urgently needed to continue the fight against formula multi's and for the women's issues involved. More information, newsletters, posters and bumperstickers are available from: INFACCT (Infant Formula Action Coalition), P.O. Box K681, HAYMARKET, SYDNEY, 2000 Phone: 349-4691.

**BOTTLE FEEDING KILLS THIRD WORLD BABIES
BOYCOTT NESTLE**

AUTHORISED BY INFACCT THE INFANT FORMULA ACTION COALITION GPO BOX K681 HAYMARKET SYDNEY NSW 2000

See p. 29 for a list of *Nestles* products.

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Razor Cuts Cause Casualties

The Federal Government has washed its hands of responsibility for women's services - Rape Crisis Centres, Women's Health Centres and Refuges. The future of these services now rests with the State Governments, most of which (particularly the Liberal ones) are unsympathetic to the needs of women. Fraser has done his best to squash the national unity of the women's services movement by trying to divide our campaign into state based activities. We must not let this happen - while fighting for funding from state governments we must continue to have a national perspective and communication network.

If ever there was any doubt about the Federal Government's attitude to women, they made their position very clear in their treatment of the women who protested about the funding cuts at Parliament House. 150 women and children were allowed to gather in Kings Hall, Parliament House, Canberra on Tuesday 2nd June to urge parliamentarians to support an amendment to Section 14-3B and 15-3 of the *States Tax sharing and Health Grant Bill* to exclude women's services and for a separate purpose grant from the Federal Government to be introduced for women's services.

At 2.30 p.m., just as the bells were ringing for the House of Representatives to sit, 60 police (with their numbers removed) sprang from behind screens and corridors and attacked the demonstrators. There was no police direction for the women to move from the hall. At the time of the attack there were only 6 police visible across the stairway leading to the front doors. The women did not believe that the police would take such an action.

It is not enough that women and children must experience domestic violence and rape in their daily lives. They are also forced to cope with police brutality while trying to defend the very organisations which give them support against male violence. Several women were injured by police and compensation is being considered. The action of the police must be condemned as it threatens the right of peaceful assembly and protest.

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The role of the media in condoning police brutality and perpetuating the idea that groups should know better than to demonstrate openly in support of their demands must be condemned also. Not all parts of the media felt it necessary to sensationalise the violence, but rather reported what the demonstration was really about.

ATTACKS ON COUNTRY REFUGES

The portrayal of violence by the media has been used by conservative forces in NSW country towns to try to isolate country refuges and shut them

down. If these refuges are forced to close country women will have no option but to remain in domestically violent situations. Metropolitan refuges have long waiting lists and will not be able to respond to an increased demand on their services. There is a strong link between domestic violence and women committing homicide of husbands and lovers because they cannot see any other option. We cannot allow country refuges to be closed.

THE FIGHT GOES ON

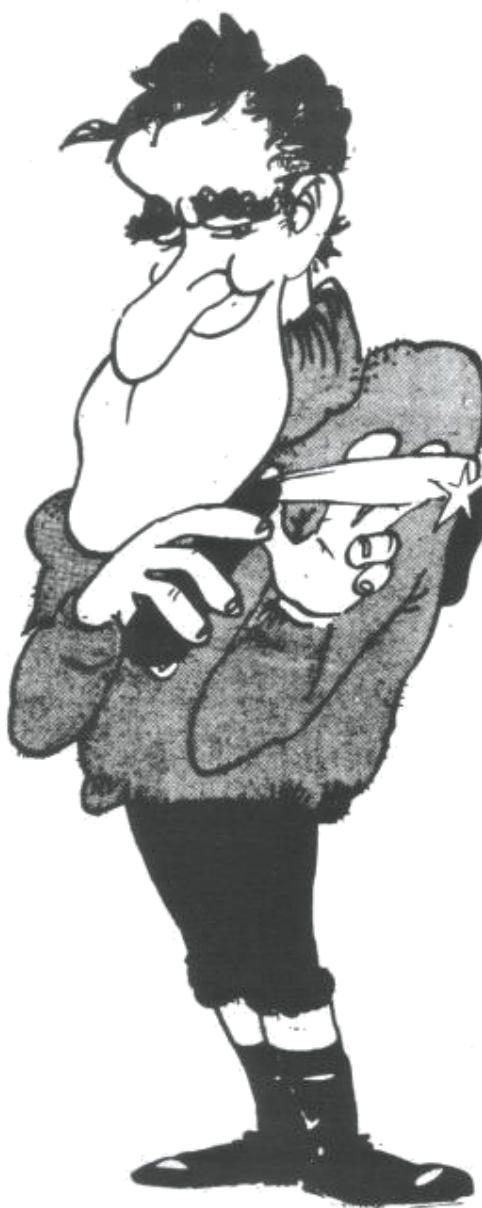
We call on all women to support the demands of the campaign to maintain and extend national funding of women's services. The demands are:

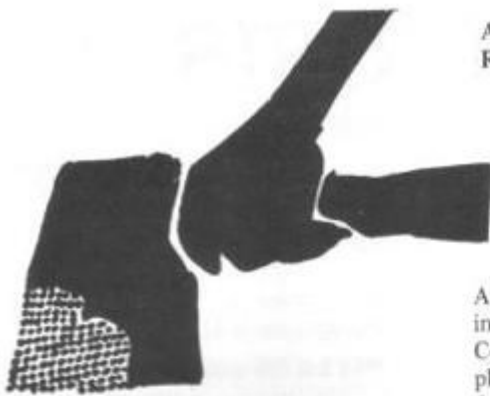
- That the Federal government reverse their decision to pass to the States the responsibility of funding women's services because of the poor record already demonstrated by some states.
- That the Federal government ensure one department to administer all funds for the above under the heading of women's services.
- That future funding should be on a guaranteed triennial basis taking into account inflation and indexation increases.
- That a positive policy commitment be made for a substantial injection of funds to consolidate existing services and to develop new initiatives for women and children in the Australian community.

The campaign will now of course extend to pressuring State governments to provide adequate funding for women's services and to extend these services to meet the ever growing need for them.

WHAT YOU CAN DO

Join our rallies and demonstrations, sign our petitions, write letters to your local State and Federal members and appropriate State and Federal ministers, express your concern on radio talk back shows, and in letters to newspapers. Women's services are under attack - it's up to us to fight back!





ABORIGINAL CHILDREN'S RESEARCH PROJECT

Helen Corbett Boyle

NATIONAL CONTACTS

SYDNEY:

Leichhardt Women's Community Health Centre (02) 560-3011;
Liverpool Women's Health Centre (02) 601-3555;
Sydney Rape Crisis Centre (02) 699-9010;

BRISBANE:

Brisbane Women's House (07) 44-4008

HOBART:

Hobart Women's Shelter (002) 23-1149;

CANBERRA:

Canberra Women's Centre (062) 47-8070;

DARWIN:

Darwin Women's Centre (089) 81-6294;

PERTH:

Women's Health Care House (09) 321-2383;

ADELAIDE:

Adelaide Women's Shelter (082) 67-4982;

MELBOURNE:

Women's Liberation Switchboard (03) 419-6259.



The Family and Children's Service Agency (which is responsible for advising the N.S.W. Minister for Youth and Community Services of the needs for planning and development of services for families in need), has received a twelve-month grant from the New South Wales Government for two project officers to examine alternative methods of dealing with Aboriginal children in State care.

The aims of the Aboriginal Children's Research Project are: ".....to reduce the number of Aboriginal children in all forms of care outside their own cultural and family environment; to develop suitable alternative ways of care for those Aboriginal children within the Aboriginal community; to prevent Aboriginal children entering care by developing effective means of family and community support and modifying administrative and other systems to be more consistent with Aboriginal cultural values".

Fourteen per cent of the 1,600 children currently in the care of the N.S.W. State are of Aboriginal descent.

In South Australia, one fifth of all Aboriginal children are living in institutions or with white foster parents.

One third of these children in foster care in S.A. are of Aboriginal descent.

In W.A. an estimated 600 Aboriginal children are in foster care, mostly with white couples, and about 1,000 more are Wards of the State.

Nationally, the Aboriginal population has a much higher proportion of children than the general white population.

Such a high proportion of young people in the Aboriginal community places extra burdens of care on parents who traditionally looked to their own parents for support and assistance in this responsibility. The low-life expectancy for our people means that these grand-parents are not available anywhere in sufficient numbers to provide this help.

In situations where Aboriginal families are poverty-stricken, their children are taken away as "neglected children", in accordance with an

ethnocentric belief that white middle-class child-rearing practices are the only acceptable ones. The underlying assumption is that, if our children are raised in the "white way" they could survive the "white man's world".

These ideas are totally wrong and completely unacceptable to our people. It is very important for our children's identity to allow them to remain and grow up with their family within the Aboriginal community.

Given the fact that a large percentage of the Aboriginal population are young dependants and that these young people form a high proportion of children in the State, it is easy to see how this is another attempt by government in this country to gain social control over our people. They take our land and now they take our children!

One of the most important resources that we have is our children. It is vital, therefore, that any project that might help us to protect them should be given support.

However, the N.S.W. Government project must come up with strong recommendations that will influence the necessary changes in current State and Federal Government policies towards Aboriginal child welfare.

The project's researchers will consult with Aboriginal groups and communities and other people involved with developing better alternatives in Aboriginal child welfare so that recommendations reflecting the wishes of Aboriginal parents and children, themselves, can be made to the Government.

Students in the Sociology School, at the University of New South Wales are already working in co-operation with the Aboriginal Task Force and the Aboriginal Legal Service in Redfern to help research Aboriginal child welfare practices. It is hoped that student assistance will continue to stimulate further individuals and groups to work under the direction of Aboriginal organisations.

The two Project Officers involved in the Project, Lyall Munro Jnr. and Chris Milne, can be contacted at the Family and Children's Agency at 323 Castlereagh Street, Sydney, or by addressing all correspondence to the Agency at Box K718 P.O. Haymarket, N.S.W. 2000.

Telephone: (02) 211-1055.

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CHILDCARE CRISIS

Janet Johnson.

Community Child Care Co-operative Limited.

Child care in NSW has reached crisis point. There are just not enough places in child care services to meet the demand - both actual and potential. Some parents have simply stopped looking for care because they know what they want is unavailable. However, the luxury of refusing to compromise is denied to many who end up using services (often of an informal kind) which they feel are not satisfactory.

The NCOSS study *Scarce for Kids* published in 1981 and based on 1977 statistics of the Commonwealth Bureau of Census and Statistics, gives startling statistics which illustrate the current desperate situation. For instance in NSW there are only 403 places for children under 2 in child care centres. As the study says: "While some further places are provided by Family Day Care Schemes, the total provision for this, the most vulnerable age group, is scandalously and criminally inadequate." If you look at all children under 5 years of age in NSW, there is only one place for every 10.5 children. The majority of these licensed places are provided by preschool centres whose hours of operation do not correspond to a full working day.

Given that some 40% of people responsible for children under 12 are in the workforce and a substantial percentage of these are responsible for children under 5, it is apparent that adequate services for children are just not being provided. The increasing number of single parent families (about 7% of the workforce responsible for children under 12) is also of

considerable concern as these parents are often forced to take whatever child care they can find, usually at considerable expense which they can ill afford.

Of course some areas are relatively better off in terms of available services than others. However, it is not surprising to find that the areas that are "better off" in the range of day care services are areas that could be classified as relatively socio-economically advantaged (e.g. North Sydney, 4.3 children per place and Wollahra 5.4 children per place). Conversely, the so-called less well off areas, especially those that are in the midst of rapid public and private housing development have substantially fewer places, (e.g. Blacktown 24.9 children per place; Holroyd 21.6). Country areas are in an even more disastrous situation with some areas having no places at all and others having ratios as high as 166.6 children per licensed place (Cessnock) and 181.3 in the Shire of Wade (Griffith)!

What this means to parents (read mothers) is that they are more often than not unable to find child care when and where they need it. They must make informal arrangements with friends, relatives and unlicensed minders (often using a combination of all three), accept an unsuitable licensed service (if they can find one) which does not really meet their needs or opt out of the system altogether and stay at home, often to the financial and emotional detriment of both the mother and child/ren. Services for home based mothers are even harder to find and are usually inflexible and relatively expensive.

For instance sessional preschools only take children over 3 years of age, and occasional care centres, while they take babies, are officially supposed to restrict usage to 12 hours per month per child at an average cost of \$1 to \$1.50 per hour.

Why has this situation arisen?

The situation is complex with both hidden and overt reasons for the current crisis. They can be summarised as follows:

Political Reasons

Carole Deagan has identified the capitalist system itself as the underlying root cause: "Children are an essential commodity for the survival of a capitalist economy and are used also as a tool to divide and control women. Children are the lever on which a capitalist economy leans to manoeuvre women in and out of the workforce as they are needed." (*Politics of Child Care Under Capitalism 1980*)

The current conservative federal government has a children's services programme which has the stated aim of providing services to those "most in need". It is fairly difficult to determine exactly who is in this 'most in need' category especially from an examination of their funding record to date. It is also worth noting that no new day care services have been funded in NSW for 18 months. Perhaps NSW is now in the enviable position of having no part of its population "in need"?



It appears therefore that this Federal Government has a policy of forcing women out of the workforce by not providing necessary support services. The fact that the Federal Government has, in the past, enthusiastically supported Family Day Care is yet another indication of their attitude - reinforcing the role of the isolated woman at home caring for young children and enabling fluctuations in the employment of women to remain hidden. For of course, when a woman using FDC loses her job and her income, the day care mother also loses her job but of course, never appears in any statistics of unemployment because caring for children is not "real work"!

The 'Day Care is Bad for Children' Rationale

This argument still lingers on despite substantial evidence that shows good quality child care has no adverse effects on young children. The argument is now heard less vocally than in the past but lingers on in the attitudes of policy makers, service providers and bureaucrats who tend to give fairly low priority to child care. They often see child care as a residual type of service picking up those unfortunates who are unable or (Horror! Horror!) unwilling to stay at home and care for their children. This attitude has a direct bearing on the meagre provision of care services, especially for children under 2. Regulations governing the provision of child care are also unwieldy and antiquated in many instances and could be seen to stem from this attitude.

A Way to Divide Women

One of the most serious outcomes of the current situation is the way it divides women. The desperate need for all sorts of services and the inadequate funding available means that there is fierce competition as to which service will get off the ground. Home-based women desperately need occasional care services for temporary relief from their child caring role. Women who work or want to work outside the home seek the establishment of safe, reliable day care services. As a gain to one inevitably means a loss to the other, conflicts arise. Conflicts which divide women and distort the real picture which is that the policy makers have no real commitment to services for women and children.

'Working with Child Care'

A film to stimulate positive action towards providing quality care as the right of children. This film tells the story of four families in which the parents must go to work and have a need for care of their children.

Available from the Women's Trade Union Commission, 34 Liverpool Street, Sydney. Phone: 267-2177



"Some of my friends send their children back to Turkey because it is a big problem to work and look after them. Then they are sad they miss their children. It is better for my children to be here with me."

The Submission Model of Funding

While both the State and Federal Governments have some stated policy on funding child care, what little money there is, is allocated to the community on a submission basis. The community must be able to state what sort of service they want, detail why it is needed, how it will be set up and how it will be run. A formidable task for even the most able and sophisticated, an insurmountable obstacle course for many communities who have neither the skills nor the time necessary to compile such a document or to undertake the complex tasks involved in actually establishing and running a service. The fact that it takes a community group, on average, some 2 to 3 years to achieve, means that many who become involved because of their own need will never be able to utilise the service they worked so hard to establish.

Such a funding system which is slow and clumsy in its implementation ensures that services are developed at a snail's pace and often in areas that are relatively well off because of local council involvement or the skills and time available to the people living there. Newly developing areas (often with large numbers of small children) are less likely to have the community cohesion needed to sustain a community project, especially in the early years when the need is at its most desperate.

Child care is a political issue. Policymakers must be made aware that the current situation is untenable. They must accept that child care is a universal RIGHT (much the same as universal education) not a PRIVILEGE.

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INTERNATIONAL

Spain

In Spain, despite some democratisations in the government, abortion remains illegal.

Recently the police raided a health clinic in Seville, arresting several doctors and charging the 432 women who had had abortions. If convicted these women face between 20 to 30 years in prison according to Spanish law.

The International Co-ordination Committee for Contraception and Abortion have set June 27 and 28 to begin an international mobilisation to demand amnesty for the accused. To prevent heavy penalties for the women and medical personnel, the Committee is asking for as many people as possible to send telegrams to the Spanish Minister of Justice. In 1979, a similar telegram campaign influenced the authorities not to proceed with the trial of 11 women in Bilbao charged with having had abortions.

The European campaign is sending telegrams with the following text:

Abortion is not a crime.

Amnesty for the women of Seville and all women in prison for abortion.

They are sending the telegrams to:

The Minister of Justice,

San Bernardo, 45

MADRID 9 SPAIN

Philippines

A report in the *New York Times* (30/11/80) states that a government sponsored population control program is proving so successful that a Cabinet minister predicts the nation will achieve zero population growth within 20 years. According to population planners, the government will soon begin a \$247 million program to accelerate the campaign in the next five years. Financing assistance is coming from the United States Agency for International Development (USAID) which has committed \$57 million in grants and loans. The International



Bank for Reconstruction and Development, also known as the World Bank, is supporting the program with \$16 million and the United Nations Fund for Population Activities (UNFPA) has committed \$20 million.

Despite assurances in this report that the population control strategy is "non coercive", feminists may be alarmed at the following - "Experts at the University of the Philippines Population Institute have expressed concern that less effective methods of contraception are gaining ground over more effective birth control pills or intra-uterine devices." The drug companies are undoubtedly also "concerned".

Mexico

Leslie Serna, a Mexican university student attending the UN Decade for Women Conference last year in Denmark, observed that scores of thousands of Mexican women die annually as the result of abortions performed with coat hangers, needles and other dangerous instruments and ingredients. "Two million abortions are performed annually in Mexico," she claimed,

"ninety five percent of these women are married and have more than three children." She said the majority of women who have abortions in her country are Catholic and that in September legislation will be introduced in Mexico calling for legalised abortions. "We want free abortion and we don't want to have our women die."

Brazil

"Feminists are cautious not to mention abortion in my country," says Carmen Barroso, a Brazilian social psychologist. "Thousands of women have illegal abortions and thousands of women suffer. The Catholic Church which prohibits abortions, supports labour unions and students in Brazil, and has been a viable force in achieving progressive goals. In order not to offend this important ally in so many other battles, feminists have been low keyed about abortion rights".

However, Ms. Barroso pointed out that the issue has emerged openly through the trial of two women who were arrested for performing abortions. Several hundred women rallied around them and are now actively campaigning for liberalised abortion laws.

(UN Decade for Women Conf, Workshop 1980)

Bangladesh

Mufweza Khan of Bangladesh asserted that tradition, culture and the Muslim religion are formidable forces against abortion in her country. "Abortion on request has to be legalised," she said. "There are many social pressures on unmarried pregnant women in my country and there are many suicides that could be prevented by abortion." She said that in Bangladesh an abortion can be performed within 120 days after conception "but we cannot accept them (married women) until they are near death and that is often too late."

(UN Decade for Women Conf, Workshop, 1980)

Ireland

A new act in the Irish Parliament last year legalised abortion in the Republic for the first time. Described as "an Irish solution to an Irish problem" by the Republic's Health Minister the sale of contraceptives can take place only through chemist shops and only with a doctor's prescription to "bona fide family planners". In other words, contraceptives are available only to married couples or people living in stable relationships. The latter application was required because, although there is no civil divorce in Ireland, there are thousands of couples living in established second marriage situations.

The use of the phrase was a sop to the church hierarchy, which had expressed concern that contraceptives were already too freely available to single people through the family planning clinics. The bishops have reminded doctors and chemists that if the sale of contraceptives was against their consciences, then they should not prescribe or sell them. Contraceptives are not available at all in many country towns. Some doctors have revolted against the stand and have organised to provide contraceptives directly to customers.

Recently, one of the Regional Health Boards, responsible for the Dublin area, outlawed the IUD because it "procured abortions".

In Cork, obstetric consultants at another hospital run by the Regional Health Board decided to start sterilising women, whom they thought should not have any more children, by the safe and easy method of tubal ligation. The Church opposed it as clearly immoral and the idea was dropped. This perfectly legal operation is officially performed in only one hospital in the Irish Republic although it is safer than hysterectomy. The hospital has Protestant management.

ABORTION

At present groups of Irish women are flown to London and Birmingham where they stay at hotels, have an abortion and are flown home again. In London, where an overnight stay is not necessary the cost was recently around ninety-five pounds, while in Birmingham, the cost with accommodation was around one hundred and ninety pounds.

Official statistics show that about 3000 Irish women went to Britain last year to have abortions. These statistics refer to women giving addresses in the Irish Republic. The real number is likely to be at least double, possibly treble.

Most of these women are under the age of 27 and the experience is traumatic. A counsellor at the Irish Pregnancy Counselling Centre said the main problem was guilt and that she felt there was frequently four people in the room - the woman, herself, the woman's mother and God. Frequently the girls are in dread that the family should find out as "it would kill my mother".

Earlier this year the first public meeting of the Irish Right to Choose Campaign got underway with a packed audience guaranteed by the banner headline in the largest national daily: "Massacre of the Unborn".

The usual placards about murder and women describing their emotions about motherhood was expected, but one observer was quite shocked by the vehement moralising of the men, many of them young enough to be students. In England, it seems, men are usually reticent about abortion, perhaps because they feel that if women have to terminate unwanted pregnancies it is, to some degree, their fault. No such restraint obtains in Ireland. It seems evident that in a country where virility is often measured by the number of children in the family men feel deeply threatened by the fact that abortion will return to women the ultimate control of their own fertility.

Perhaps they are right...in a questionnaire a middle-aged Irish country woman, mother of six, replied in one word to the question which asked how she felt when she learnt she was pregnant: "Brutalised".

200 YEARS AGO
A JAPANESE WOMAN WHO
WANTED TO STUDY ZEN
UNDER A MASTER,
WAS TOLD HER FACE
WAS TOO BEAUTIFUL
FOR HER TO BE CONSIDERED.
SHE WENT AWAY
AND PLACED AN IRON ON IT.

IN AN INSTANT
THE BEAUTY MELTED,
SHE WENT BACK & WAS ACCEPTED.

YOU MAY THINK ALL THIS
HAPPENED A LONG TIME AGO,

YET TO BE CONSIDERED
MORE THAN A FACE
WOMEN STILL MUST BURN
THEIR FEATURES INTO
ACCEPTABILITY
FOR THE MASTER,
IN THESE TIMES WITH SMILES,
NOT SCARS.

-- JILL MILLER.



Support and Deprivation

The Struggle for Child Care

Deborah Brennan, Lynne Davis and Margot Simpson

Reprinted with permission from *RED Dossier* No. 13, 1980.

For most people working in child care in Australia, politics and economics appear to be marginal issues, nuisance factors that have to be dealt with before one can get on with the job of looking after children. Training courses in early childhood education have traditionally excluded political and economic studies and have preferred to concentrate on child psychology and pedagogical method. At the same time, academics and social commentators have tended to regard child care as a side issue, something to be done by women, so that the serious business of political and economic study can be carried on uninterrupted.

Given these attitudes it is not surprising that the level of analysis of child care as a political economic issue is very low in this country. This article seeks to counter this situation and provide a brief guide to groups working for a more adequate child care provision.

In recent years child care in Australia has been the victim of massive funding cuts and policy adjustment, yet political action within the field has been on a personal, cut-throat basis with each child care service or group of services fighting the others to secure its share of the limited and decreasing child care budget. It has only been in the last few months that political action on a national and united inter-scheme basis has arisen. The fledgling movements to change the economic reality of child care are just taking shape and are in dire need of support.

This article is part of an attempt to inform people about what is happening in the child care field and to discuss why these developments are emerging now. First, however, we need to clarify what the child care issue is about. Child care is not only about children, it is about adults, too. Indeed, as a political issue it is primarily about adults and predominantly about women: their social and economic position as both producers and reproducers. The social organisation of child rearing and child caring is fundamentally determined by the sexual division of labour - a division based on the political and ideological conditions existing at a given point in time in a particular economic system. Any discussion of the provision of children's services must start from this point; because child care practices are social constructs, not universal or 'natural' givens. Even the notions of 'childhood' and 'nuclear family' as we know them today are relatively recent phenomena, created primarily by developments in the economic arena.

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However, we need only to scratch the surface of the situation in advanced capitalist countries to become aware that child care problems - and their solutions - are far more complex than orthodox socialists have thus far acknowledged. Despite a strong correlation, there is no simple mirror-reflection between the demands of the economy and the provision of children's services.⁽¹⁾

Complex social questions like the provision of child care are not determined directly by economic exigencies. Women are not merely workers, they are also the reproducers of the next generation of producers. At this point ideology intervenes as a critical factor. Not only does the dominant ideology reinforce child raising as a private (rather than social) responsibility, it also reinforces the notion that those biologically capable of bearing children are those who must also do the rearing of them.

This intervening ideological construct of 'motherhood' (as a way of life rather than a biological event) is a primary factor in the creation of that current category of personhood: the 'working mother' (note that there is no parallel category of 'working father').

If economic factors were the sole determinant, the entry of huge numbers of women into the expanding service and manufacturing industries after the second world war would have seen a matching provision of long day care centres. Instead, pre-school was the dominant form of provision for the under-fives until the early 1970's and this form of service is largely unsuited

to the needs of the 'working mother'. Thus, despite the need for women's public social labour, child care under capitalism has remained privatised.

Where Are We Coming From?(2)

Historically in Australia the provision of care for preschool aged children has been associated with philanthropic groups and has been regarded as a service for families who were in some way inadequate. The first kindergartens were established by wealthy women in working class 'slum' areas and were intended to 'redeem the children of working class parents'⁽³⁾. The function of the kindergarten, as perceived by its proponents, was to inculcate middle-class habits into the children of the poor. It was also intended that the influence of the kindergarten would reach beyond the children to their parents, and enthusiasts of the kindergarten had high hopes of the powers of this movement as a tool of social reform. A view endorsed by influential people of the time was that 'if we could open more kindergartens we could almost shut the prisons'⁽⁴⁾.

Kindergartens were very definitely not intended as child minding centres, and the fact that they operated between 9 a.m. and 3 p.m. and only accepted children aged over three years ensured that they were not used for this purpose. In 1905 the Sydney Day Nursery Association was formed to assist the 'many poor working women who, through sad circumstances, are forced to fill not only the places of both father and mother, but in addition to be the breadwinner of

the family(5). Children from birth onwards were accepted at the Sydney Day Nursery Centres and were cared for from 7 a.m. to 6.30 p.m.

In the early years the Sydney Day Nursery Association worked closely with the Kindergarten Union by having older children attend the kindergarten during its hours of opening. But there were irreconcilable philosophical differences between the two groups and in 1932 the Association established its own teacher training college in direct competition with the Kindergarten Union Teachers College. Thus, the separation between educational services and day care for children was institutionalised at an early stage, at least in New South Wales. In other states there were differences and disputes between the kindergarten advocates and the providers of day care but nowhere else was the dichotomy so pronounced.

The first major governmental initiative in the field of pre-school services came in 1938 when the Commonwealth Department of Health decided to set up demonstration centres in each of the capital cities to provide for the 'care, instruction, physical growth and nutrition' of young children. These were named Lady Gowrie Centres in honour of the Governor-General's wife who had been an enthusiastic supporter of them. These centres, like those of the Kindergarten Union and Sydney Day Nursery Association, were located in the inner city and intended for the children of 'poorer class homes'.

The second world war had a noticeable - if brief - impact on child care centres and kindergartens throughout Australia. The great increase in the numbers of mothers of preschool aged children in paid employment created a need for services which was beyond the capacity of existing centres. Nurseries were established in a number of factory areas and existing centres (including kindergartens) were subsidised by the government on the condition that they extended their hours and gave preference to the children of munitions workers.



During the war and the early post-war years increasing numbers of middle-class women began to seek pre-school services for their own children. These were sponsored by local parent committees and were usually linked to the Kindergarten Union, churches or local councils. However, the expansion of such services throughout the fifties and sixties was slow and was greatly hampered by the withdrawal of the Commonwealth governments's subsidy after the war. At the same time, propagation of ideal notions of motherhood and theories of maternal deprivation gained increasing acceptance.

The ridiculously inadequate provision of services for the under fives re-emerged as a public issue in the late 1960's and early 1970's. But this time there was a new twist to the rationale for such services: women were beginning to demand adequate child care facilities to free them from the sole responsibility for child rearing and to enable them to engage in economic and social activities beyond the home. In addition, evidence that the early years of life are crucial to a child's later emotional, physical and intellectual development led to increasing concern with providing stimulating and enriching environments for the young.

In 1972 the Liberal government passed the Child Care Act. This was not, however, motivated by any concern for the rights of women, since under the provisions of this Act places in subsidised centres were to be restricted to the children of 'needy' families, and a strict means test practically excluded those families where both parents worked.

During the December 1972 election campaign the Australian Labor Party promised to make preschool education available to every child on the grounds that this was the most important way of overcoming 'social, economic and language inequalities'. When Labor assumed office, responsibility for the implementation of this policy was in-



cluded in the Education portfolio and the Minister for Education appointed the Australian Preschools Committee to inquire into the measures necessary to fulfil the election promise. But the government was under constant attack from women's groups for its narrow child care policy and at the 1973 ALP convention Labor women had a new child care resolution passed which called for a 'comprehensive' child care policy based on a priority needs system.

The report of the Australian Preschools Committee (Fry Report) was tabled in December 1973 and confirmed the worst fears of its detractors. It was heavily biased in favour of preschool services, called for professional training of all staff and provided heavier subsidies for children who attended preschool than for those in full day care. Thus, children whose parents could not afford to remain out of the workforce, or who chose not to do so, would be penalised.

In view of the changes to its own child care policy and the outcry which greeted the Fry Report, the Labor government requested the Social Welfare Commission to make a further report on the development of preschool and day care facilities. It also invited the Priorities Review Staff to comment on the Government's preschool and child care program. Both reports were presented in July, 1974.

In contrast to the Fry Report, the Social Welfare Commission's report (known as the Coleman Report) placed its emphasis on the need to provide a wide range of childhood services and support facilities. It questioned the assumption that preschool would nec-

The Politics of Homebirth.

Barbara Kernick

Is the homebirth movement a political movement?

My feeling is that in the broad definition of political, yes it is. This society views birth as pathological, requiring hospitalisation with women being subjected to interference, experimentation while the instincts, feelings, intuitiveness and needs of the birthing woman are invalidated. Surely to break away from this concept of birth is to challenge, indeed change, the norms of the society. Given our obstetrical history and our existence in a patriarchal, capitalistic society to reject such entrenched values as those relating to women and childbirth, is to be daring and radical, and political.

"The real issue underlying the economic profit of the medical profession, is the mothers relation to childbirth, an experience in which women have historically felt out of control, at the mercy of biology, fate or chance. To change the experience of childbirth means to change women's relationship to fear and powerlessness, to our bodies, to our children; it has far reaching psychic and political implications."

Adrienne Rich: Of Woman Born.

What are the politics of the homebirth movement?

This point is far more open to personal interpretation. Some of us are revolutionaries, while others are reformists, some have strong feminist politics while others just want to improve the quality of patriarchy as it presently exists.

My feelings are that to support homebirth is to challenge and change present values of the society but this may not be enough to maintain a real "change in the experience of childbirth". Those of us involved in homebirth reject hospital as the place to be for normal birth but the values we see in hospital do not necessarily disappear when we leave the building. The people who established the hospital and those who work there are products of the society they live in just like we who are involved in homebirth are. This does not mean that we are the same but it can mean that we all could do with a lot of inward looking and outward sharing so that we are aware of conditioning and can reject what is inappropriate.

If we do not work towards this we are in danger of bringing hospital systems, values, standards, attitudes into the home.

We too can promote:

- mystification of pregnancy and birth;
- compliance with medical practices that dehumanise birth;
- dependency of the pregnant woman on her attendant;
- conformity of behaviour of birthing women;
- professional elitism as in hospitals with obstetricians.

We, in the homebirth movement can become part of the establishment, well before the establishment has undergone the changes most of us are working towards.

Some ideas on politics within the homebirth movement:

An understanding of the fear many women have of birth.

A commitment to support and share information with women as they work towards dispelling unrealistic fears.

To encourage exploration and trust in our instincts, intuition and feelings.

To demystify and deprofessionalise anatomy and physiology of reproduction and health care in general.

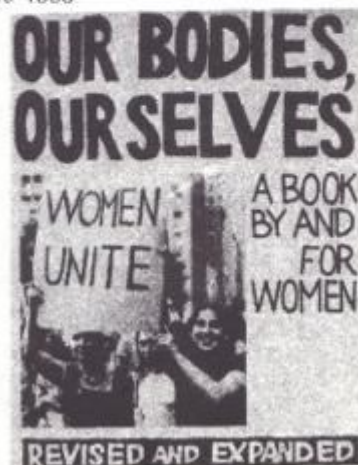
To respect and promote self-determination for women in all matters of conception, pregnancy, birth and health care.

Just a final word from Adrienne Rich in "Of Woman Born". "What we bring to childbirth is nothing less than our entire socialisation as women."

For more information on the homebirth movement, or if you would like to become involved please contact Homebirth Access, 52 Macaulay Road, Stanmore, 2048; phone: 519-1349 or 33-4660



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Re-runs on... the Pattern of Deceit

Recently anti-abortionists have begun to organise a campaign within the Administrative and Clerical Officers Association (the ACOA), the largest white collar union. This campaign has twin aims: the old Right to Life aim of denying women's right to safe, legal abortion, and a second aim of splitting and bankrupting the union.

Their campaign attacks the feminist argument that abortion is a union issue. The ACOA, at its 1980 conference, adopted without controversy the following policy on abortion facilities:

"ACOA supports the right of women to exercise decisions in accordance with their consciences and values to control their fertility by, if necessary, the ready availability of abortion facilities. ACOA recognises that the ready availability of reliable contraception and abortion is a union issue in that it affects the ability of women workers to participate in the workforce and the union movement to the extent that they wish."

Yet the actions of some union members seems to negate this policy. Recently a petition began to circulate within the ranks of the ACOA. The Right to Life organisers of the petition have gathered 8000 signatures to support a referendum of all members to ascertain whether they believe the union should have a policy on abortion.

Important from the union's viewpoint is that the cost of holding such a national plebiscite to decide whether the union will or will not have a policy about abortion will be somewhere around \$30,000 to \$35,000. This comes at a time when the union has been weakened by first the Fraser government's decision last year to refuse in future to take union dues from the salaries of members (membership is voluntary in the ACOA). Great administrative effort now has to go to just collecting dues. Yet the recent inroads by the Razor Gang into public service jobs and entitlements is now to be fought.

The union then is in a very weakened position. And there we find a startling link with another recent news item concerning the anonymously published book being circulated by hand around Australia.

The book is called **Pattern of Deceit** and asserts that the objective of the rightwing National Civic Council of Mr Bob Santamaria is being aided by elements within the Labor Party and the trade union movement.

Membership or support of the NCC is prohibited to Labor Party members because of the central role that Santamaria and his council played in the ALP split of the 1950's.

The Catholic-dominated civic council claimed the ALP was controlled by communists. Many of its supporters left the ALP and formed the "anti-communist Labor Party" which eventually became the Democratic Labor Party.

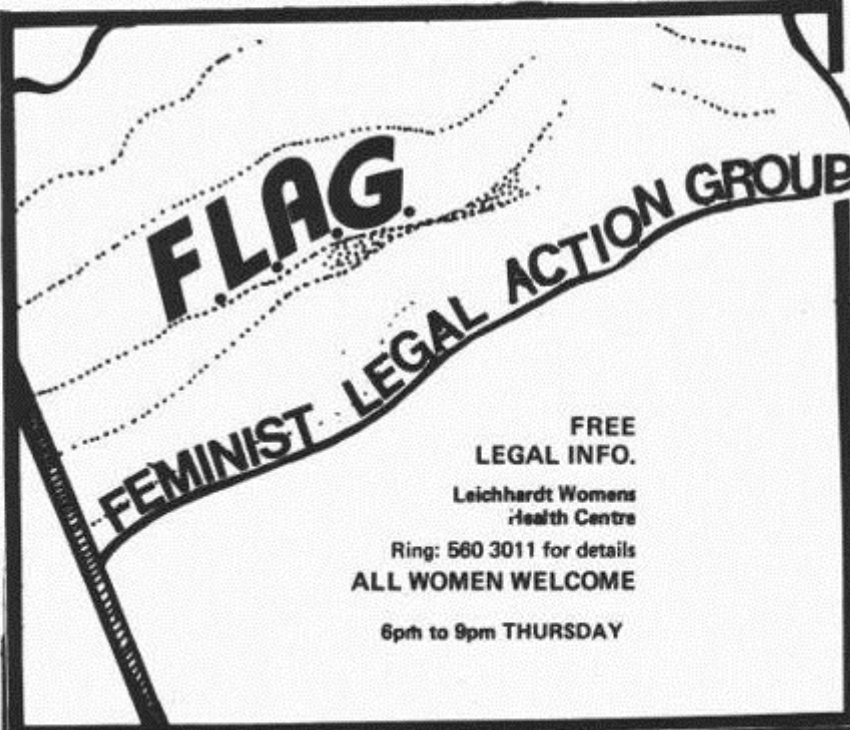
The book reveals that NCC and rightwingers in the ALP have joined to try to defeat leftwing leaders in trade

unions and the ACTU. The book also reveals possible NCC involvement with the CIA, Nugan Hand and underworld figures.

The book exposes manipulation of anti-abortion groups such as Pro-Life and the Right to Life by the NCC to induce members to join, and ultimately to influence trade unions which have pro-abortion policies. This is aimed at increasing rightwing influence.

ACOA national secretary, Paul Munro, told a *National Times* reporter that he was "fairly perplexed" by the tactics of the petitioners. If he has access to **Pattern of Deceit** he should not feel in the least perplexed. The tactics are obvious, albeit very clever.

The fight by women for recognition by their fellow male trade unionists to be fully participating union members (and, therefore for the union to hold policy on issues such as abortion, childcare, sexuality, sexism and so on) is a further extension of the fight by all women for the right to choose.



FLAG

FEMINIST LEGAL ACTION GROUP

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6pm to 9pm **THURSDAY**

Male Mothers Malpractice -test tube babies

The popular press had had its usual dose of sentimentality over motherhood and awe for science rejuvenated by recent developments in *in vitro* fertilization, or the making of test tube babies.

In vitro fertilization (or *in glass*) is a method being used for some women who have not fallen pregnant through intercourse. A woman's ova is removed from her body and fertilized with sperm in an artificial environment where it is allowed to develop for up to six days. The fertilized egg is then placed in her uterus using a cannula inserted through the cervical canal. If all is 'successful' the egg will implant in the lining of her uterus and grow to full term.

This experimentation on women and children is heralded as a means of giving previously infertile women a chance to have what they desire most - children.

At first glance, we might feel that extending a woman's ability to have children, despite physiological barriers, is a step forward in control of our own lives. Yet, a little investigation reveals the opposite to be true - or at least that the methods now available present an inherent ideology of male control. It is not just that powers hostile to women's liberation possess the new science of reproductive engineering, but that such a science embodies ideas and methods inimical to a woman-oriented vision of the future.

In this respect I differ from Firestone (1) and Rich (2) who contend that it is simply a question of who owns and controls such technology rather than the implications of that technology itself.

The underlying assumptions of this reproductive research parallel those that are feeding the growing medicalization of life. The model that medicine is grounded in, which is affecting many spheres of social practice, is well described by Janice Raymond. She states that this model had an ideology which stresses:

"freedom from physical pain or disease the location of physical or mental problems within the individual or interpersonal context; an approach to human conflicts from a diagnostic and disease perspective

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to be solved by specialized technical and professional experts." (3)

The first point raised by this definition is present in public justification for the millions spent on the current *in vitro* programs. Edward Grossman reports on the motive of Dr. Edwards of the Cambridge University program:

"he wishes to relieve the suffering of women who... are sterile... They and their husbands are very unhappy to be childless. 'We tell these women "Your only hope is to help us" ' ". (4)

Rather than accepting that fertility is not a universal ability among women, Dr. Edwards and associates impose a standard of consistency that any woman should be able to live up to. If they cannot, he would rather use sophisticated technology than see such women learn to accept their bodies the way they are.

Yet common causes of infertility are never publicly discussed, and responsibility for the rapidly increasing infertility rate is thus avoided.

The Boston Women's Health Book Collective claims that:

"infertility appears to be increasing rapidly in the United States possibly because little is known about the prolonged use of birth control the pill and the IUD - on fertility and because the higher VD rate is causing more long-term infections women may not be aware of." (5)

Of course another reason is the increasing number of forced sterilizations committed predominantly on

black, third world and working class women.

The medical profession knows about unintentional infertility from an angle defined by their own methodology. We know from them that 10% of women who have gonorrhoea will contract salpingitis. This is a severe infection of the fallopian tubes which often leads to infertility. This progression is much more common among IUD users. (6) Up to 12% of IUD users tend to develop blocked fallopian tubes as a result of IUD related pelvic inflammatory disease. (7)

The possible results of unwanted pregnancy through failed contraception - abortion or septic miscarriage - also have infertility rates although this has not been fully investigated. (8) Oral contraceptives are known to cause amenorrhoea and infertility. (9)

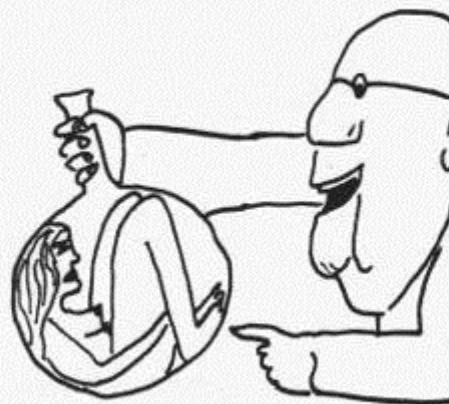
The concept of infertility has been narrowed down to a disorder that is medically comprehensible. Yet infertility may be caused by inadequate nutrition exercise or by the will power of women who really don't want to be pregnant.

The medical profession maintains its power by thus defining what is its sphere of influence and what is not. Once they have set up infertility to be the province of chemical therapies and surgery they have also given themselves the power to introduce yet more radical, highly-priced and difficult technologies to 'solve' the problem. As Ruth Hubbard comments on *in vitro* fertilization:

"the problems caused by one risky, though medically approved and administered technology can be relieved by another, more invasive technology." (10)

Not only is the medical monolith unconcerned with finding answers to its own questions concerning infertility arising from inadequate contraception

Not only is the medical monolith unconcerned with finding answers to its own questions concerning infertility arising from inadequate contraception and related concerns it also



actively suppresses information about the harmful, infertility-causing side-effects of these very same drugs. (11) A notable example relates to Depo Provera, where it has been found that:

"Upjohn studies were...uncontrolled, making it difficult to evaluate the drug's side-effects on cervical cancer, breast cancer, infertility, etc. Upjohn compiled very little information on, and did not provide long-term follow-ups of patients." (12)

Yet this research was accepted by many governments and Depo has been used on millions of women with disastrous effect. (13)

If these doctors and scientists involved in reproductive research are so concerned to 'let' women have babies, why are they not concentrating the millions of dollars they have spent for a handful of infertile women on the massive problems that effect so many more? Are they concerned to give a highly selected group of women their fertility back, while forcibly sterilizing women who do not live up to their 'moral' standards? The stated concern for women then, is a diversion from real issues - a public face of beneficence.

Raymond's second point, concerning the "location of physical or mental problems within the individual or interpersonal context" can now be taken up in regard to the *in vitro* program. Dr. Steptoe, a major figure in the British field illustrates this ideology:

"As a result of her continuing inability to become pregnant, she had become severely depressed. I learnt that Leslie's depression had led to friction with John (her husband). She felt she was letting John down by not having a baby. Their marriage had nearly broken apart. She had even tried to persuade her husband to divorce her so that he might marry someone else who could give him a child. 'I would be a good mother, Leslie said softly.'" (14)

Here, Leslie Brown's physical and emotional problems are situated in the personal context of her marriage. There is no suggestion anywhere in the article quoted from above that she may in fact be reacting to social pressure rather than to a problem that is defined by her unique personal position. Yet it is obvious that Leslie

herself related her feelings to her status as wife, as producer or non-producer in a relationship so thoroughly sanctioned that its normalcy is unquestioned. The pressure to make a nuclear family like everyone else is supposed to make, like the one John could go off and make if he only had the right wife, is obviously the source of her disquiet. This woman, and undoubtedly the many women who seek *in vitro* fertilization have never been encouraged to question the social constraints and conditioning that has produced the tension of living out an 'unfulfilled role'.

The reason such encouragement is never given to women is not difficult to discern. Those that are interested in enforcing women's dependence on men through marriage see the *in vitro* fertilization

fertilization program as a good way of doing so:

"(*in vitro* fertilization) would be treated leniently by Judaism because the purpose was to strengthen marriage and make it procreative."

(All church leaders agree at least on this point.) (15)

Leslie Brown was infertile due to fallopian occlusion. There is no mention in the article quoted from above, of there being any contradiction between Leslie's diagnosed infertility and her conviction that it was her own fault for 'not giving John a baby'. The blame is allowed to rest on women, even in such an obvious situation as this, and social overviews are avoided.

The doctors and scientists involved in reproductive research are important manufacturers of the feminized woman. By using a term such as 'the feminized woman' I am trying to point to the fact that femininity is a socially defined, artificial stereotype. Such a stereotype, because it has no foundation in any 'natural' genetic definition of women needs constant reinforcement by men whose interest such stereotyping serves. Medicine, in its ideology and practice, is an agent of such social construction.

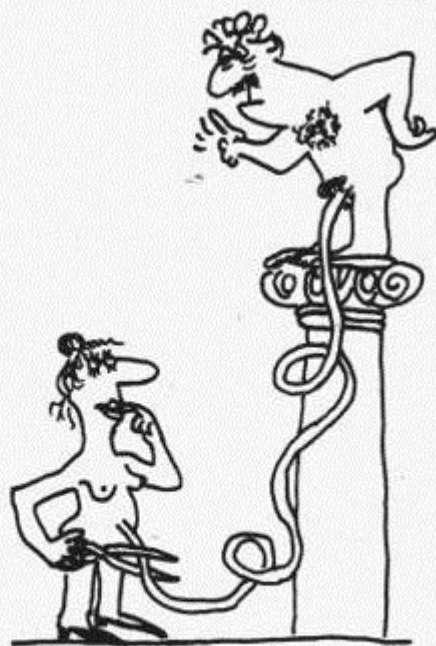
By making it possible for women who see child bearing as essential to their life to fulfill that role in seemingly impossible circumstances these men are leaving no excuse for other women to avoid that commitment. They are complicit in the silence about the real

forces that cause such suffering as Leslie Brown experienced in her urgency to have a child. In lieu of any social perspective, medicine offers only a specialized technology.

There is another aspect of the medical control of women that is relevant here. This involves the surveillance of women when we are forced into dependence on such technology. Women who 'volunteer' for *in vitro* fertilization are subject to constant monitoring of their bodies and minds. They must prove to the medical profession that they desperately want and deserve a child and must live up to male concepts of what a good mother should be. This also entails 'proving' that they are emotionally 'stable' enough to put up with months of testing and possible disappointment. Artificial fertilization demands constant physical monitoring which begins long before the conception and may continue on for the rest of the woman's life and of her child's life.

This kind of surveillance has become a method of control over women in many fields of medicine. It is now viewed as necessary for us to have our blood pressure checked, our cervixes swabbed and our pregnancies tested for abnormality. Women return again and again for renewed valium prescriptions, for therapies to invade their minds. Women have been deceived into believing that medicine is a cure for our social oppression and have become dependent on diagnoses of

cont'd p. 26



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Work-Related Children's Services.

It is now widely acknowledged that a variety of children's services are needed to support the child rearing responsibilities of any community. The availability of choice in this regard is no longer considered a luxury, but an undeniable necessity to meet the numerous needs that exist in a complex, multifunctional society.

One of the choices, currently being developed in Australia, is work-related children's services.

There are a number of influences that have helped to stimulate interest in this sort of service:

1. The provision of maternity leave legislation by the New South Wales government. This provides for job security in the event of pregnancy and leave from work for up to 52 weeks. The value of this legislation is negated in the present situation by inadequate child care services, especially for 0 - 2 year olds.
2. Legislation such as the Anti-Discrimination Act and efforts to provide equal opportunities within the Australian work-force are dissipated where child care remains a scarce commodity.
3. The strained economic situation that makes it financially imperative for many families to have two incomes.
4. The continuing commitment of many overseas-born people to live and work in Australia.
5. The continuing division of labour by age and sex, making women more acceptable employees in some industries.
6. The increase in single parent families who are mainly, although not exclusively, headed by a woman.
7. The continued commercial and residential development and redevelopment of cities and their immediate surrounding areas that have and will continue to increase the stresses on existing facilities.
8. The changing composition of the family model.
9. Women's raised expectations for financial independence and career satisfaction.

For those parents who choose to use work-related children's services, there are a number of advantages:

- the hours of operation will reflect a concern to accommodate working parents;
- school-aged children of working parents can be accommodated through before and after-school programmes and vocational programmes;
- a children's service centre, located at, or near to, work may mean reduced travelling time for parents;
- the provision of adequate children's services can often contribute to marked decrease in absenteeism of the workforce, especially for a female workforce;
- work-related children's services often produce an opportunity for working parents to spend time with their children while they travel to work;
- when the centre is conveniently located, parents often choose to visit their children in work breaks, reducing their concern and anxiety over the care of the children. This has been found to contribute a less anxious, and therefore more efficient, workforce.

There are a variety of ways through which work-related children's centres can be established:

- a developer or employer can build a centre as part of a new industrial estate or complex. Where this is possible, the overall cost of providing the centre is much lower per child, compared with building a centre as a separate unit;
- an existing building, or part of a building in an industrial estate or complex, can be converted into a children's services centre, the capital expenditure being covered either by the owner or by government funding, or through a combination of both;
- a group of companies within an area can combine resources to build or convert an existing building to a children's centre;
- a group of workers and/or residents in an area can combine their resources to negotiate with local companies to provide premises.

An important aspect of work-related children's services is that centres should be established on an autonomous basis. While employer contributions can facilitate in making the centre a physical reality, govern-





ment funding for recurrent costs is seen to be essential to the necessary autonomy from employers of the users. The provision of such a crucial service should not be allowed to be used by employers to lower the real income of their workers.

Once established, it is envisaged that the centre would be managed by parent users and community representatives. The centre would be available for community use and should reflect the child care needs of both residents and workers.

The Women's Trade Union Commission has been funded by both the State and Federal governments to promote or help establish children's services in the work place. We are concerned, however, that work-related children's services are only one of a range of services that should be available to meet the child-rearing responsibilities of any community.

Sonia Laverty
Rosalind Dey

Women's Trade Union Commission
March 17, 1981



THE SAFEST AND EASIEST TIME TO HAVE AN ABORTION

Overall, the ideal time for an abortion is between 8-10 weeks LMP (counted from the last menstrual period).

Before the 7th week of pregnancy the oestrogen and progesterone hormones haven't had time to soften the cervix. A soft cervix can be dilated (stretched open) more easily during the abortion procedure.

Until the 10th week LMP the procedure is straightforward and relatively simple, being done by suction-curette. A choice of either local or general anaesthetic is possible until the 12th week. After this stage doctor's techniques vary and are more involved. The risks of complications increase with the length of the pregnancy.

It is a good idea to choose your clinic and make an appointment early to avoid delays of any sort.

IMPLANTATION BLEEDING

When pregnancy has occurred, there is often slight bleeding 14 days after fertilisation as the trophoblast (fertilised egg) embeds in the uterine lining. Often, this bleeding is mistaken for a normal menstrual period as it occurs when the period is due.

If this bleeding is mistaken for a normal period, it means that women either seeking an abortion or con-

tinuing pregnancy, will be 4 weeks (by LMP calculations) further on than expected.

The consequences are:

- possibly an abortion after 10 weeks LMP when it's more risky.
- or confusion about the due date of the baby, which can necessitate medical intervention.

Being aware of your body, and knowing the signs of early pregnancy, can help detect bleeding which is not a normal period.

WOMEN'S TRADE UNION COMMISSION

The Women's Trade Union Commission is involved in the provision of children's services in New South Wales. It is particularly interested in the establishment of work-related children's centres and services for children for itinerant families living in caravans.

Staff will assist with submission writing, talking to community groups, bureaucracies, employers and unions.

Contact us at 5th floor, 34 Liverpool Street, Sydney, ph. 267-2177.

RIGHT TO CHOOSE

NO's 1-20

ABORTION AND CONTRACEPTION NEWS

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Book Reviews



Where did we first learn about child care? Certainly not in the platforms of any political party or the programme of a social movement. We learned as children from those people who cared for us. Those patterns form our notions of what appropriate child care is, what the needs of children are and who can do child care. By and large the carers of our childhood were women. Thus we learned that women take care of small children and that the absence of a mother is very frightening to a small child - for weren't we frightened when our mothers were away? But what do we know about the lives of those female carers - our mothers? During the last few years feminists have written about mothers as people with hopes and dreams rather than villains in the childhood psychic drama. Feminists have also written about the cultural pattern of child rearing as something that is not totally determined by female biology. This opens for us a new way to be mothers or daughters other than the traditional one, in which we are seen in relation to a man who represents the outside world, while we stay at home and become domesticated. For those who have missed those discussions this article can serve as a signpost in one of the most important intellectual journeys around - into the tangles of child care by way of mother-child relations.

Adrienne Rich's *Of Woman Born* is an excellent starting place. Rich touches on all aspects of motherhood as the definition of femininity under patriarchy, in language that is at once visionary and accessible. She recounts a history of women in which maternal power is first feared and respected and then destroyed by men. Today even childbirth is in the hands of men; women are little more than breeding bodies, with little or no say over what happens during this uniquely female process. Many child care experts are

also male in a culture in which most care takers are female. Our power has been taken from us, though not without a fight. The very strength of the ideology of motherhood is indicative of the determination of the struggle.

Women who sense within themselves the need for a life of their own are made to feel that they are bad mothers if they have children or that they are incomplete women if they choose a childless life. Guilt about abortion arises from this same bottomless pool of mother-guilt in a male dominated culture. Rich alternately arouses the tenderness, the passion, the pain, the contradictions, the guilt, the delight of motherhood as an institution and as an experience while at the same time drawing together the false dichotomy of body and mind/spirit which has so long divided women within themselves and from each other.

Dorothy Dinnerstein in *The Mermaid and the Minotaur, Or the Rocking of the Cradle and the Ruling of the World* examines the gender arrangements which determine who cares for children. She ranges wide through ancient mythology and contemporary social science to point to the effects of women being primary parents for children of both sexes. Dinnerstein's style of writing makes great leaps time and between ideas - for marriage this could be a very exciting way to get out of the rut of social policy-type thinking about how to take care of children. For others that very disjointedness may make the book hard to read straight through.

Dinnerstein looks to a future in which men take an equal responsibility for child care from birth as the only way to break down the current gender relations based on male power and female subordination.

Of the many books about mothers and daughters published in recent years Judith Arcana's *Our Mother's Daughters* is the best. Arcana inter-

viewed women aged 14 to 68 about their relationships with their mothers and, if those women were mothers themselves, about their daughters and how they felt about mothering. The women's voices fill the book - it is a testimony of the difficulty of the one relationship that all of us as women share - that of being a daughter to a mother. Arcana does not portray the relationship as a necessarily happy or fulfilling one, nor does she indulge in blaming the mother for the life of the daughter. She is a feminist committed to telling about women's lives under patriarchy and has used the centrality of the mother-daughter relationship to give an account in which we will all recognise a part of ourselves.

Perhaps the most difficult book among these four is *The Reproduction of Mothering* by Nancy Chodorow. Chodorow asks why women mother and seeks the answer in psychoanalysis. Traditional psychoanalysis takes mothering as a given, an almost biological necessity, which ignores the human needs for growth by a woman once she has had a child. In addition the mother-child relationship is usually the mother-son relationship so female development is under-theorised even for children.

Chodorow begins to redress that imbalance. Both male and female children are cared for by mothers so for both the primary love object, the primary person from whom they struggle to make an independent self, is a woman. This fact makes a difference in the importance of heterosexuality for men and women. Through a relationship with a woman a man can regain the closeness he once experienced with his mother without giving up his separateness as a person. Women, however, cannot regain that closeness from a man; women grow up needing to be separate but at the same time feeling the same as their mothers and so look for that tension



Book reviews cont.

in important relationships - men cannot provide it because they experienced their mothers as close and different but children can. Thus, mothering is the outcome of being raised primarily by women.

This is a very brief account of Chodorow's argument, meant as bait into the difficult work of reading it. The political conclusion Chodorow reaches is similar to Dinnerstein's: to end the oppression of women child care arrangements must be changed so that boys and girls experience primary care from both men and women and so do not grow up with such divergent psychic needs.

*Rebecca Albury
June, 1981*

WHY CHILDREN?

Why do we have children? Why indeed! For all the much-touted joys of motherhood, over the ages women have risked their health and their lives to avoid it. Prospective motherhood, whether planned or unplanned, seems to bring a woman face to face with her feelings about herself, children and her relationship to them, her body and her situation in society.

Once it all seemed so easy. In our mothers' day, if we believe the story, sex was alright only after "the ceremony of the bells and lace", and women were happy to stay at home having children in the suburbs while daddy worked to support the family. (Was it really so clear-cut?) Then came the contraceptive pill and the 'sexual revolution'. Women were allowed to work alongside men (although at lower wages) and could plan when to have children. Safe abortion became more available and the stigma attached to 'unwed mothers' lessened.

But the possibility of planning if and when to have children does not release us from the bonds that tie all of us to the 'institution of motherhood'. In our society women are still defined in terms of their men and children: John's wife, Mr. Smith's secretary, Peter's mum. Any woman who obstinately remains childless is regarded as deviant; in fact despite the large numbers of single parents, the ideal place to bring up children is still considered to be the family of one man and one woman with children.

In the book *Why Children*, edited by Stephanie Dowrick and Sibyl Grundberg, eighteen women talk about their feelings about having or not having children. Some of the women are single, some married; some are lesbian and some in heterosexual relationships, in nuclear families or in collectives. Some women have made the decision not to have children by not making a decision, others have decided consciously. Some of the women who are writers and artists challenge the assumption that having children is women's substitution for male 'creativity', but they admit that childrearing is so time-consuming that it would severely limit their work. *Why Children* is a totally absorbing book: you feel honoured that these women have talked to you so intimately about what is possibly the most significant personal question in their lives. The editors hope that the book will give women "the courage it takes to make choices about this world and the courage to try to change it, and encourage many women to look into themselves - and dare to imagine".

Prompted by the pregnancies of some women close to us, conversations among the WAAC collective have turned to the issue of motherhood. We

thought we might share some of our thoughts:

"I've had two abortions and each time I suspected I was pregnant I was horrified. My whole being rebelled against what I felt was the tyranny of nature in the form of my rampant fertility (both times it was a case of contraceptive failure). Both times an abortion brought feelings of immense relief and renewed energy. As I get older though I wonder more about having children. I've always thought that I would not make a good mother but I'm starting to see that the "good mother" demanded by society is a domestic slave always giving to her children and man. If good childcare was available, mothers would be released somewhat from the pressures of constant contact with children and could enjoy them more."

I could not bear to trade my independence for economic support by a man, and I still can't understand how most women do - from my childhood I know that the man earning the money has the power. And financially and emotionally I can't imagine having a child alone - women during pregnancy and after need so much support.

While I realise that childbirth is an earth-shattering and life-changing experience - a rite of passage which in our society appears to bestow full womanhood, I resent the feelings of superiority which women who've had children seem to entertain towards childless women.

If I ever fantasize about having a child, the child is a girl, a carbon copy of me, someone on whom I can foist my hopes and ideals, someone convenient to love and to expect love from. It seems unfair to lay this prospect on a child, so at the moment I feel I should persevere in trying to have better and more honest relationships with the adults I know."

C:

"When I fell pregnant a couple of months ago, I was stunned, absolutely horrified. I felt that my body and my whole situation had changed to rob me of what I consider a "civilised" lifestyle and relationship with T. It seemed at the time that I had to continue the pregnancy even though I didn't want to be pregnant because I didn't have a reason not to be pregnant. There was nothing that I
cont'd p. 28 Right to Choose 19

Children's Services Action.

Childrens Services Action is a group of parents, workers in childrens services and other concerned people who want to do something about the abysmal state of childrens services. Throughout the post-war economic boom in Australia and through the recession increasing numbers of married women have flooded into the work force. Many more remain at home, some of them isolated in suburbs without services in the far west of Sydney. Governments at the federal, state and local level couldn't care less about the child care needs of either group generally speaking. Many social problems, such as mental illness, child abuse and the inability to leave a violent marriage are related to lack of adequate, cheap, child care. Whether women do paid work or stay at home, such facilities are vital.



information centres, grants to the states for disabled children, youth accommodation programmes and welfare rights officers for single parents. No-one could quarrel with these programmes, but additional funds should be made available for them. They should not deplete an already disastrously reduced child care programme.

Half the 212 local government areas in N.S.W. have no provision at all for the all-day care of children under five. Only ten of the local government areas provide a ratio of less than fifty children per place in long day care and family day care combined, and over 90% of child care centres will not accept children under two years of age. Ironically, the areas of Sydney which have fewest children are best provided with child care facilities. In Double Bay, 1 in 2 children has access to a licenced centre. In some areas of the far Western suburbs only 1% of children have access to a licenced centre.

Childrens Services Action, which formed last year, lobbies wherever and however it can, to increase funding and to get the submissions model of funding changed because it results in such an unequal provision of services. Although the federal and state governments claim that child care provision should be extended first to those in greatest need, the submissions model of funding causes the opposite to happen. People who have time, education, self confidence and friends who are architects, solicitors and bureaucrats write the best submissions. They tend to be middle class home-based mothers and they have ended up with an unfair share of the child care funding as a result of their skills. Some of the people with the worst problems, for example, migrant factory workers, just aren't in the submissions race.

In the last federal and local elections, Childrens Services Action was busy drawing attention to the low level of funding and the inequity of the submissions model. In the federal election we held public meetings on childrens services with candidates in swinging seats and letterboxed child care leaflets supporting candidates who had good child care policies and records. At the local government level we have written to a large number of councils asking for accounts of their policies, suggesting they become more aware of need in their areas and that they increase their



The 1980-81 federal allocation for children's services of all kinds is a little over \$69 million - the same as last year, and much less than the \$74 million allocated in the 1975-76 Labor Budget. In real terms, the drop is over 55%. Of the \$69 million, \$33 million is earmarked for pre-schools, a kind of child care which too often serves middle class home based mothers whose children have least need of such developmental programmes. The rest of the federal allocation is to be divided between other childrens services - family day care, long day child care, after school care, etc. To add insult to injury, the allocation is being raided for community



own provision and lobbying activities in regard to child care. We have lobbied individual politicians at the state and federal level, organised a petition, written numerous articles and letters to newspapers and appeared on TV and radio talk back shows. To protest about federal cutbacks to childrens services we organised a public rally in Town Hall Square, with plenty of kids, clowns, balloons and placards.

The new planning and environment legislation offers scope at the local level for community intervention in the childrens services struggle. If developers can be made to subsidise low cost housing, why shouldn't some of their potential profits also go to supporting child care? This is particularly true in the case of shopping complex developments whose owners make millions of dollars largely from housewife shoppers. The Grace Bros. Development at North Ryde is an interesting case in point. It gained Council approval before the new legislation got off the ground and for nearly two years resisted pressure from the Women's Trade Union Commission and Ryde Council to provide shoppers and workers with badly needed child care facilities. Today, with the weight of Council and Women's Trade Union Commission pressure and an added push from the local community and Childrens Services Action, Grace Bros is at least talking over child care plans.

Another problem in the childrens services area is the deal the workers get. There are nine unions that cover them, from the Miscellaneous Workers Union to the Nurses Union, to Teachers Federation. None of them do much for their members and consequently few child care workers are unionised. One of the biggest problems of all is how to get a situation where child care workers in the same institution are not facing vastly different pay scales and holiday and sick leave provision. Family Day Care mothers aren't even considered to be workers - they're "just housewives". Consequently, some of them are working a 50 hour week for as little as \$35, looking after other people's kids. They constitute one of N.S.W.'s most exploited group of workers. Childrens Services Action has an industrial group which holds meetings and seminars to which union organisers have been invited. The problems, however, are enormous.

Because women everywhere want child care and are increasingly realising they have a right to it, we think an organisation like Childrens Services Action can exert a lot of political pressure. We meet on the 2nd and 4th Wednesday of every month at 7.30 p.m. at 5th Floor, 34 Liverpool Street, and are always pleased to see new faces. Won't you come along and join us? For more information ring: Carol: 88-9570 (at work); or Jan: 428-2531.



Community Child Care

Community Child Care sees itself basically as supporting the efforts of community groups trying to improve children's services in their local area. Also, where no such groups exist, Community Child Care has a role in assisting their establishment.

The growth of community groups has led to a need for independent bodies which can offer support and back up. The job which these groups are doing is an enormous one, especially when we consider that most groups consist entirely of volunteers and that most of the people involved have other commitments - children and/or work. Also, few of the people involved have had experience of bureaucracies, regulations, handling funds, running meetings and red tape!

They therefore need as much help as they can get from as many different areas. Community Child Care attempts to liaise and work closely with government departments and responsible bodies so that groups get as much assistance as possible in establishing services.

RESOURCES:

- We have a growing collection of **articles** on children, day care, the role of the mother, and other related subjects, and these are available at a small cost.

- We also have a **tape/slide presentation** which deals with the concept of locally based, community controlled children's services. It is called "*Every Street Should Have One*", and is available for loan for the cost of postage.

- We also have an **information kit** *Everything You Always Wanted to Know About Children's Services - Well Almost*. It's for those wanting to establish a service, or those interested in finding out more about different types of service.

- Finally, we administer a **seeding grant programme** - money is available in small amounts to groups who are working towards the establishment of community based, multi-purpose children's centres.

For further information contact Community Child Care, 34 Liverpool Street, Sydney. Phone: 267-2822.



What YOU Can Do



It is imperative and urgent that parents as well as individuals and organisations involved in children's services let our politicians and decision makers know that many more services are desperately needed.

You and/or your organisation could do this by either:

1. If you are in a political party, you should actively push for positive policies towards the provision of universal low cost, accessible services for children and parents.
2. Writing a letter to all Federal Liberal Members for NSW asking them to make representation on the question of children's services to the Minister for Social Security, Senator Chaney, and the Prime Minister, Mr. Fraser.

3. Writing a letter to all Federal Liberal Members for NSW and Senator Chaney and Mr. Fraser expressing your concern and asking for an increase in funding for children's services.

Senator the Hon. F.M. Chaney
Rt. Hon. J.M. Fraser
both at Parliament House,
CANBERRA, ACT, 2600

If you would like more information or help with writing you can contact:
Women's Trade Union Commission,
phone: 267-2177;
Community Child Care and Children's Services Action, phone 267-2822.

You can become actively involved by contacting these organisations who are trying to change the present system.



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LESBIAN MOTHERS

We are a group of lesbians who are trying to put together a practical manual on how we as lesbian mothers can gain custody of our children and maintain our lifestyle as lesbians. We would like to contact lesbians:

- who have been through the Family Court or a State Court who would be willing to allow us to use transcripts of their cases;
- who have had contact with Counsellors in the Family Court and would be willing to talk with us about their experience;
- who would be willing to share with us information concerning solicitors with whom they had contact during custody disputes;
- who would be willing to talk with us about their experience of living with their children;
- whose children would be willing to talk with us about their experiences of living with lesbians.

All information we receive will be confidential. The final draft of the manuscript would be available to all participants before publication.

Please contact: **The Lesbian Mothers Publication Group**,
c/o Leichhardt Women's Community Health Centre, 164 Flood Street, Leichhardt. Phone: 560-3011. Or phone: 827-2574.



CUSTODY RIGHTS SUPPORT FUND.....

This fund has been opened to help a lesbian mother fight for the custody of her children. Approximately half the lesbian custody cases fought since the Family Law Court commenced in 1975 have been lost. And there is no way of knowing how many have been abandoned before legal action for lack of support.....

This one we want to win but.....

One case can cost \$6000. This is another way of oppressing wommin. Scare us out - or price us out. Contribute what you can so we can fight this case and through this make other wommin's battles to keep their children easier by sending donations to:

Lesbian Mothers Custody Rights Fund
P.O. Box 6,
BALMAIN, 2041
Phone: 827-2574 or 560-6495.



SUPPORT AND DEPRIVATION

cont'd from p. 11.

essarily compensate for social and economic disadvantages and urged the government to provide assistance to all children from needy families. The Coleman Report recommended that each local community should decide the types of care to be provided. The report of the Priorities Review Staff generally endorsed the Coleman Report, though it was critical of some of the suggested administrative arrangements - most notably, the emphasis on local councils.

The Labor government, now in possession of three reports, presented its new policy in 1974. It indicated Labor's new sensitivity to the bitter differences of opinion over child care and it embodied the principle of a wide range of services to be provided on a needs basis. The policy was to be implemented by a Children's Commission, for which an Interim Committee was established.

Labor's new policy proved extremely difficult to put into practice. With the wisdom of hindsight it is now possible to say that this was because it embodied a fundamental contradiction - on the one hand allocating funds on the basis of submissions, and on the other giving a commitment to delivering services on a needs basis. The first progress report of the Interim Committee showed that 80% of its funds had gone to preschools. The submission model of funding was proving to be well-suited to middle-class, organised and articulate groups but relatively useless for the poorer, less organised sections of society.

PRESENT GOVERNMENT POLICY

Since the advent of the Fraser government, Australia has been moving into a period of deep recession and high unemployment. Child care spending during this period has been slashed and, equally alarming, policies in this area are being moulded to reinforce the 'family's' (read 'women's') responsibility for the care of children, and also to encourage certain groups of women to stay out of the workforce.

Since 1975 estimated Federal child care funding has been cut from \$74.0 million to \$69.3 million at a time when soaring inflation has made increases necessary just to keep the level of funding stable. Not only has funding been cut but budgeted allocations in the child care area have consistently

been underspent. This has allowed the state to claim (every year except 1978/79, when the decrease was obvious) that estimated expenditure on children's services was a significant increase on the preceding year.

Another significant implication of unspent funds is the tendency to assume that money was not spent because it was not needed. The question of need has in fact been constantly raised by the state, which insists that need must be demonstrated before funds are forthcoming. Thus, before new services are instituted submissions must be made to the Office of Child Care (or appropriate state-level bureaucracy) proving that they are needed in a certain area and outlining how such services will be implemented and used. Submissions require large amounts of time and effort for their preparation and can only be feasibly accomplished by a group that is able to remain intact for a period of several years. The members of a submitting group need to have large amounts of spare time to donate free to the gathering of data and the compilation of the submission. They also need a wide range of expertise such as statistical, accounting and political knowledge as well as an ability to write acceptable government submissions.

As one might expect, services most likely to attract funds through the submission method tend to be located in affluent middle-class areas. These areas are more likely to contain groups of women who can afford to stay home to care for their own children, a task that allows them the opportunity to become involved in the compilation of submissions. It is not surprising that mothers who stay at home are interested in services that cater for the needs of themselves and their own children, but such services are rarely of use to working mothers.

In the 15 years to 1979, the number of married women in the Australian workforce increased by 125 per cent. Nearly half of these women are

responsible for young children, and yet more than 80 per cent of preschool aged children in New South Wales have no access to any form of registered children's service.

The 1972 Child Care Act stipulated that places in child care centres should be allocated first to those in need.

Need was defined as:

- a. children of single parents;
- b. children of recently arrived migrants;
- c. children whose parents could comply with a very strict means test;
- d. children 'either of whose parents is sick or incapacitated'.

While it might be expected that such a policy would work in the interests of those most in need, in fact the combination of extreme shortage of child care services and the tendency for the few existing services to be located in middle-class areas has meant that, for the most part, working-class children are excluded from attendance at registered centres.

In short, despite its stated needs basis, government policy on provision of children's services virtually ensures that those most in need have least access to these services.

Government funding of children's services, despite being grossly inadequate, is being cut further. Not only are existing services being threatened, but new services have little hope of getting off the ground. Those new schemes which are getting funding tend to be in areas where the local community has mastered the submission system, i.e. stable middle-class areas.

In addition, the schemes that are currently attracting government funding are those that rely on cheap home-based or volunteer female labour. Many of these schemes are of little use to the children of working parents.

In the last five years, the Fraser government has begun to fund a range of children's services that were previously unavailable. Whereas the Federal Budget used to allocate funds



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SUPPORT AND DEPRIVATION *cont'd from p. 11.*

specifically and exclusively to pre-schools and child care centres, the present Federal government is now using its dwindling children's services budget to fund playgroups, occasional care centres and family day care schemes, all of which rely on cheap or free, and non-unionised female labour. While these new services are both necessary and worthwhile, it must be realised that they are expanding at the expense of traditional centre based care. This of course holds implications for the professional child care workers who staff such centres.

The kinds of services which are gaining momentum at present also tend to reinforce the place of women in the home. Either because, as with playgroups and occasional care centres, they can only be used by women who are in a position to donate their labour regularly during working hours or because, as with family day care, they utilise the labour of home-based women who mind children in their own homes for as little as 50 cents an hour per child.

The situation in the children's services area is becoming desperate. More and more women are joining the workforce (a large proportion of them as part-time workers) and their children are needing care. At the same time federal funding of such care is being cut, and channelled into areas which reinforce the place of women as mothers in the home.

If unchallenged, such a situation can only worsen, to the detriment of women and children alike. Fortunately various groups are beginning to form to question state policy and work to change it.

In the final section of this article we discuss some of these groups and the ways in which they are responding to the situation outlined above.

RESPONSES TO THE CRISIS IN CHILDREN'S SERVICES

Women's Electoral Lobby

WEL has been campaigning for some time to have the cost of child care allowed for taxation purposes as an expense incurred in earning an income. This campaign has involved petitioning members of federal parliament, and encouraging parents to claim child care expenses as tax deductions and to lodge objections when they are disallowed.

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One might question the ultimate wisdom of a strategy which adds to the range of mechanisms returning more to those with higher incomes than to those on low incomes. On the other hand, this is a progressive move in the sense that it asserts that providing care for children is as necessary to earning a living as is entertaining clients to 'business' lunches, or making sabbatical trips to the northern hemisphere. No guesses as to the sex of those who most commonly engage in the latter activities! The recognition of child care costs as necessarily incurred in earning an income would, we suspect, be progressive in another sense: it would be one of the few such tax deductible expenses (and certainly one of the largest) available to most low income earners and especially to women, given the nature of the work in which they are mostly engaged.

WEL recently organised a one-day seminar in Sydney on child care, in which they attempted to foster discussion of a range of perspectives on the child care problem, from left to right. We found it fairly difficult to envisage what such perspectives might look like (except, perhaps, for the extreme right position that it should not exist at all, or only in very exceptional circumstances). As it turned out, at least half the day was dominated by a discussion of permanent part-time work, as a solution to this and (it seemed) many other economic and social problems. Particularly prominent exponents of this line of thinking are the Liberal MLA for Vaucluse, Rosemary Foot, and the group known as Future Lobby, of which she is a member.

They attribute a number of advantages to the concept of permanent part-time work: most relevant in terms of the present discussion is that they appear to see it as reducing or eliminating the need for child care services. This, presumably, would happen because people sharing jobs

might also share child minding, spouses might between them have sufficient 'non-working' time to eliminate their need for child care, and because single parents might only need half-time care. (6) Perhaps it might also happen because parents on part-time wages could no longer afford the cost of child care.

We doubt that there will be any large-scale voluntary adoption of permanent part-time work, unless it is accompanied by 'fulltime' pay. Voluntary (and drastic) reduction of income is hardly likely to hold great appeal for those less affluent groups of workers whose principal motivation is not the intrinsic pleasures of work itself, but the avoidance of poverty.

In addition, the picture of why people 'need' child care implicit in these proposals is a very narrow one, directly tied to the amount of time which parents spend in paid employment.

It is worth noting, albeit briefly in this context, that two other aspects of child care provisions were the subject of particularly critical observations by participants in the conference: the submissions model; and a number of aspects of family day care (long day care for up to four children in the minder's own home), particularly the levels of pay and working conditions of the care givers. One conference participant resurrected the argument put forward in one of the original government reports recommending support for family day care schemes, (7) that if minders were paid at higher rates (i.e. commensurate with wages paid to unskilled workers), the schemes might attract 'the wrong kind of person'.

CHILDREN'S SERVICES ACTION

Children's Services Action was formed by a number of people who had participated in the WEL conference, and who were dismayed at the amount of attention focussed on permanent part-time work. The group is seeking to increase commun-



ity awareness about the political implications of the provision (or non-provision) of children's services, and to fight for an increase in the number and range of such services as well as a simplification of the bureaucratic procedures governing their provision. (8)

Community Child Care

Community Child Care was established in 1978 with a grant from the Family and Children's Services Agency (an autonomous state government body). Its functions to date have been principally of an information and referral kind, supporting the efforts of community groups trying to improve children's services in their local area, liaising with government departments on their behalf, and assisting in the establishment of such groups where none already exist. CCC has also been active in disseminating information about children's services and has published a kit designed to provide information about existing services and to assist groups trying to develop new services. (9)

National Coalition

At the National Child Care Conference held in Adelaide in May this year, a resolution was passed establishing a national child care coalition. A steering committee consisting of two delegates from each state and territory in Australia was appointed, and the aims of the coalition were described as follows.

To campaign for:

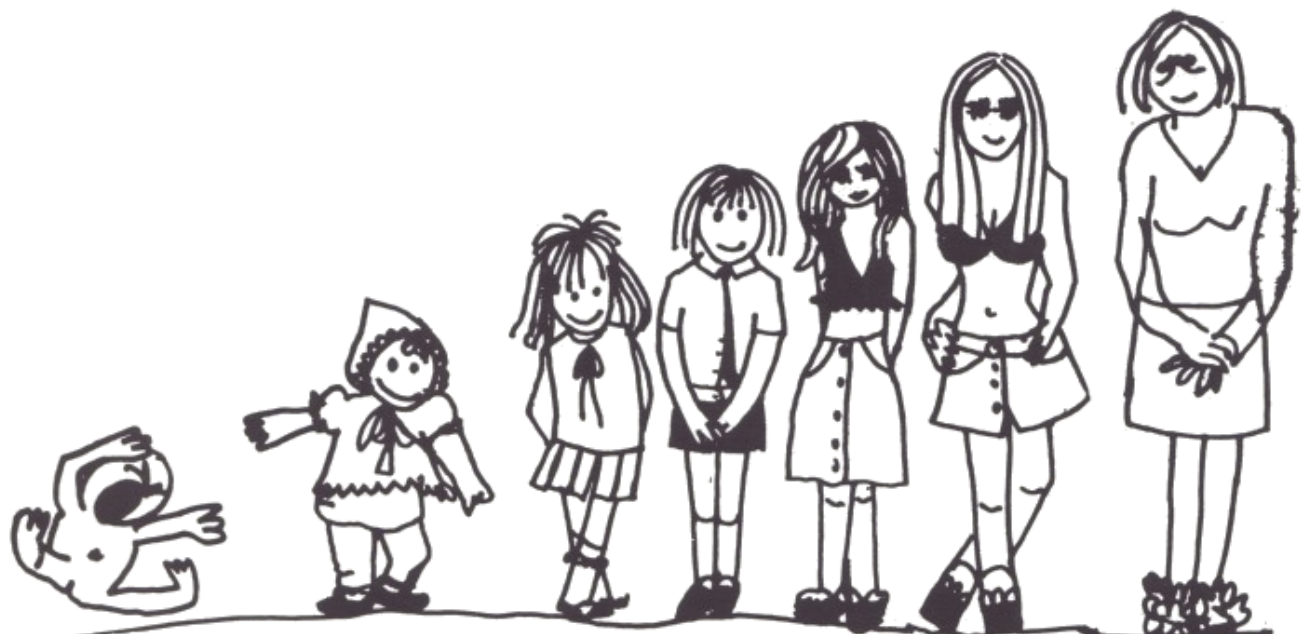
1. a review of priorities for the allocation of resources;
2. an increase in total funding of children's services;
3. a review of the bases of funding;
4. a simplification of the procedures for funding.

It should be noted that the establishment of this coalition, and the Women's Electoral Lobby taxation campaign, are the only truly national responses described in this section. The other groups and activities described here are specific to New South Wales (and, indeed, they are all centred in Sydney). This is entirely a reflection of the location of the authors of this article, and the activit-

ies with which we are familiar. We do not mean to suggest that similar responses are not happening elsewhere: we fervently hope that they are, and we would like very much to hear about them.

References

1. See e.g. Riley D (1979), 'War in The Nurseries', *Feminist Review* 2.
2. This section is drawn largely from Spearritt P 'Child Care and Kindergartens in Australia, 1890-1975' in Langford and Sebastian, *Early Childhood Education and Care in Australia*, 1979, pp. 10-38.
3. *Ibid*, p. 10.
4. *Ibid*, p. 17.
5. *Ibid*, p. 18.
6. Rosemary Foot, in her address to the conference, described Future Lobby as 'an action group committed to work for child care policies with major emphasis on promoting and supporting the nurturing role of the family and its network of relatives and friends'.
7. Social Welfare Commission (1974), *Project Care*, pp. 42-43.
8. Children's Services Action is only recently formed and welcomes all new members. It can be contacted c/o 34 Liverpool Street, Sydney, 2000.
9. Kits and other information about Community Child Care can be obtained from 34 Liverpool Street, Sydney, 2000.



PARENTS WORRY SILENTLY ABOUT THEIR DAUGHTERS GETTING RAPED WHILE THEY ARE ACTIVELY TRAINING THEM INTO LITTLE CUTIES WHO GROW INTO WOMEN WHO ARE PHYSICALLY WEAK + PSYCHOLOGICALLY SUBMISSIVE ENOUGH TO BE RAPED + BEATEN WITHOUT KNOWING HOW TO RESIST

health or ill-health as the new standard of good and evil. When women become 'sick' either mentally or physically, the penalty is constant attendance in the rooms of professionals. This penalty then becomes its own reward as such attention from professionals takes the place of real contact with other people, and nursing becomes a substitute for support from other women.

Regular check-ups with doctors and therapists keep the causes of deep "dis/ease" hidden. (16) This control ensures medicine its' status as provider of the goods, denying women's own powers of healing through our adventure into independence.

One justification for this continued surveillance is the fact that much medical treatment causes its' own brand of disorders. Such physician-caused disease is termed 'iatrogenesis'. *In vitro* fertilization has its' own cluster of risks, caused directly by such medical intervention.

Foetal monitoring is one known hazard. Because these pregnancies are unusual - because men have made them - it becomes necessary to keep a close electric eye on every stage of foetal development. Dr. Munsick, Professor of Obstetrics and Gynecology at Indiana University, claims that "One mother is sacrificed for every eight babies saved by electronic monitoring" (17) Foetal monitoring often leads to the need for cesarian section delivery which in turn produced a maternal death rate 26 times greater than in deliveries *per vagina*.

Another danger for women who undergo this treatment is inherent in the array of hormonal drugs that are prescribed, many of which are known to be detrimental. The cavalier fashion in which this is done is demonstrated by the words of Dr. Steptoe:

"We gradually realized why our endeavours were unsuccessful. The fertility drugs we prescribed had the unexpected effect of lengthening the menstrual cycle...we tried adding compounds similar to estrogen and progesterone to the treatment ...During early summer we prescribed more progesterone, more estrogen or related compounds for our patients." (19)

These drugs were given to many women who did not become pregnant. The medical profession has known for years about the hazards associated with estrogen use:

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"That systemic estrogens are associated with excess risk of uterine cancer should not be surprising. Gynaecologists through the years have been concerned with the effects of estrogens in mullerian tissues and have been aware that estrogens may either initiate or promote growth of tumours in the uterus. Forty years ago Novak warned of the carcinogenic possibilities of estrogenic substances." (20)

This juggling of hormones is another example of the methods medicine is using to construct the 'feminized woman'. Medicine is imposing a standard of what is 'healthy' for women and threatening dire consequences if women do not use the techniques to live up to these standards.

This construction is on the same level of abuse as unnecessary hysterectomy and mastectomy to 'prevent cancer', estrogen replacement therapy to maintain hormonal levels following hysterectomy and prescription of DES to prevent miscarriage, thereby causing vaginal cancer in female offspring. The next step, after years of inventing femininity, is for men to render women unnecessary by assimilating the power of reproduction totally into their own hands. *In vitro* fertilization is only the first step in this process. Other closely related areas include sex determination, the use of "surrogate mothers" cloning, hybrid genesis, etc.

Jan Hanmer and Pat Allen have argued the same point - that the male medical profession, representing male interests as a whole, want total control of mothering and that it is only technical difficulties that prevent them from maintaining human life completely outside of women's bodies. (21)



MALE MOTHERS MALPRACTICE *cont'd from p. 15.*

The earliest stages of life can be maintained artificially for six days before implantation. The later stages of pregnancy can be maintained after 24 weeks of foetal development in incubators now standard equipment in western hospitals. Researchers are busy trying to close the gap:

"Ultimately the prospect looms of human babies engendered completely outside any woman's body - test tube babies in the most literal sense." (22)

We may have hoped that it would not always be necessary for women to be completely responsible for child bearing and nurturing. Yet it is impossible to imagine any artificial program being in women's hands in this society, nor to imagine an artificial program that allows for the complex and interwoven process that is natural pregnancy. The motivation that is behind such research betrays man's fears of women's bodies and the sterility they wish to impose on the world. As a prominent American scientist reveals:

"I think I would be eager for the day when I could actually see, let's say through a glass container, a conceptus develop from fertilization through to term and see how all kinds of congenital mishaps which destroy or injure these babies might be prevented by medical tactics and medical strategies...it seems to me that what is known as artificial gestation is the most desirable thing in the world for me to imagine." (23)



Because pain and sickness are seen as evil, rather than natural, the medical profession has taken it upon themselves to envisage a manipulable environment where women are unnecessary, even inimicable to child bearing. Women are seen as the cause of 'congenital mishaps' and are, therefore, redundant.

This view reveals an imperative within male practice to manipulate anything that appears to be arbitrary and chaotic. There is no tolerance in this ideology for complexity and failure, or joy in spontaneity. Such manipulation necessitates high technology and hierarchy to maintain such specification and as such, seems useless for women's vision of the future. We must use our imagination to explore possibilities for broadening our range of choices that do not involve such technocratic resorts.

Another motivation for the interest in test tube babies has been the certainty assured of the paternity of the child. Most men who write on this subject mention this fact. For example:

"For the first time it will be possible to prove beyond a shadow of a doubt that a man is the father of his children." (26)

Far from being an outdated 'tribal' concept, it must still be a source of worry to man. Researchers into the origins of patriarchal society know that such assurance is important to the maintenance of male domination in kinship networks. Men have always tried to assert their reproductive power through the knowledge of paternity as it is essential to property relationships and the inheritance of status. Up until now, a pregnant woman was the only source of this certainty which gave us a foothold in determining such relationships.

One last point I would like to mention is that men fetishize women in order to specialise in such areas. In much of the writing on reproductive research, women are not referred to at all. Rather, "wombs" and "uteruses" are the closest they come to including us in the discussion. This type of objectification renders women invisible as well as rendering our suffering silent.

Objectification of women reduces the totality of our bodies and experience to a narrow, controllable image or object. The image or object is thus easily manipulated by men to fulfil their own desires. For example, transsexuals have become obsessed with obtaining vaginas and breasts in the hope of becoming 'real' women. As has been pointed out (24) this attempt is a pathetic one designed to somehow capture woman's spirit or creative energy which men know they lack.

Similarly, men have made a fetish of our ability to give birth - they have portrayed it as the centre of our creativity. I do not want to deny that giving birth is possibly a creative and exciting experience (as well as possibly painful and humiliating) but I do want to say that it is more a symbol of our total potential and not the be-all and end-all of women's power. Men have made pregnancy and childbirth a focus of their efforts to control our lives. From being the only legal performers of abortion, the manufacturers of contraception and the inventors of alienat-

ing delivery methods, men have tried to seize the power of reproduction from our hands. It is a quest not simply for economic and political domination, but a search for that uniquely female ability which they do not possess.

Medical appropriation of our bodies has broadened and deepened from the initial expropriation of women's healing powers during the witch hunts of the 13th - 18th centuries (24) to the point where men will soon have the ability to make and maintain human life without women. Male definitions of motherhood as an institution have reached the point that men now envisage themselves as "mothers" by substituting medical technology for women's knowledge and physical power. This take-over will make our very existence marginal or unnecessary to their social order.

Caroline King

FOOTNOTES:

1. Firestone, Shulamith: *The Dialectic of Sex* Paladin, 1971, p. 193 ff.
2. Rich, Adrienne: *Of Woman Born* Virago, 1977, p. 76.
3. Raymond, Janice: *The Transsexual Empire* Beacon Press 1979, p. 120.
4. Grossman, Edward: "The Obsolescent Mother", *Atlantic Monthly*, May 1971, p. 39.
5. Boston Women's Health Book Collective: *Our Bodies, Ourselves* p. 318.
6. *Buena Vista Women's Services Newsletter*, April 1971, "PID update".
7. *Boston Globe*, Thurs. July 13, 1978.
8. In relation to abortion, see *Right to Choose*.
9. Seaman, Barbara and Gideon: *Women and the Crisis in Sex Hormones* Harvester 1978, p. 134.
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11. For the story on the pill cover-up, see Seaman throughout.
12. *Public Citizen* report on Depo Provera, December 1979.
13. *Right to Choose*.
14. *Sydney Morning Herald* Sat June 21, 1980.
15. *Sydney Morning Herald* June 24, 1980.
16. See Daly, Mary: *Gyn/Ecology, The Metaethics of Radical Feminism* especially 'The Second Passage' ch. 7.
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18. *Brown News Bureau* Rhodes Island April 6, 1979.
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21. Hanmer, J. and Allen, P.: *Reproductive Engineering - The Final Solution* in *Alice Through the Microscope* Virago.
22. *The New York Times* quoted in Grossman *ibid*.

23. From transcript of ABC Network Television program July 13, 1978 "Directions - Test Tube Baby: Brave New World or Nightmare Alley?" p. 2.

24. Raymond, *op. cit*.

25.

26. Grossman, *op. cit*, p. 48.

USING THEIR TACTICS or TAKING UP POLITICAL ARMS AGAINST THE RIGHT TO LIFERS

U.S.A. During the 1980 election campaign, New York Planned Parenthood and the National Abortion Rights Action League (NARAL) fought back against the Right to Life election campaign with the following advertisements.

- An ad which appeared in 17 newspapers in New York State showed a fat man wearing a campaign button. A cigar stub juts from his mouth as he sits in a clutter of folding chairs, bunting and American flags. The legend above the picture reads "Abortion should be between you and a doctor. Not a politician". (Planned Parenthood)

- A radio ad which said "What do the words 'illegal abortions' remind you of? Coat hangers? Kitchen tables? Back alleys? Pain? Death? Should we make abortion illegal again like the Right to Lifers want? Would it stop women from having abortions or would it just take away the safety of clinics and hospitals and put our wives and sisters and daughters back in the hands of the butchers?" (NARAL)

Alfred Moran, executive director of Planned Parenthood N.Y. City said: "We wanted to make people understand what the Right to Life movement really stands for. Our second objective was to provoke public debate and our third, to give people a sense that Planned Parenthood saw this as a critical issue and that basically we were not going to stand by with our hands in our pockets and allow the Right to Life movement to deny women the right to abortion. The Right to Life movement basically wants to regulate your personal behaviour".

Extracted from an article by Robin Herman, *New York Times*, 9th Nov. 1980.

WHY CHILDREN? *cont'd from p. 19.*

felt would justify having an abortion, I was the right age, working from home, had a supportive family, caring husband with a secure job, etc.

Realising that I didn't need to justify my reasons for not wanting/wanting to be pregnant helped me to calm down. Either I wanted a child for my own reasons, not society's, or I didn't. Coming to this conclusion after the shock of a positive pregnancy test made it a lot easier to think clearly about the direction I wanted my life to take and I felt that there was no need for me to stop work stop having a "civilised" lifestyle and relationship. In short, I felt then and feel now that a child would not be a disaster. It would mean changes but I and I feel we can cope and are now really excited.

Sometimes I felt annoyed with my body because its not as comfortable to be in as it used to be, I now loathe loose clothing seat belts don't fit and I sway when I walk, rather like a rolling ship. But the baby has just started to kick and I can feel it moving around inside me, so that the inconvenience of things like pressure on the bladder seem insignificant when I think of the wonderful thing that is happening.

Women who've been pregnant have been really helpful, my doctor is a man and although I like him and think he's very good, I don't think he really understands what's going on.

Being pregnant hasn't been the traumatic experience I expected it to be. I am pregnant because I want this child, and I feel really good knowing that."

HEALTH GROUP DISPUTES DRUG COMPANY CLAIMS ON ORAL CONTRACEPTIVE

Washington, D.C. - Barbara Seaman, co-founder of the National Women's Health Network and noted author on women's health issues, revealed today that major U.S. drug companies were involved in distortion of birth control pill study results. Seaman named five top U.S. firms who gave funds for a study in which risks of the Pill were pronounced negligible. These findings differed significantly from a government study to be published in 1981.

Through a carefully-planned campaign financed by the G.D. Searle Co. and others, and executed by Hill and Knowlton, a giant public relations firm, American women are being falsely reassured that the Pill is safe. Ms. Seaman stated, "In hundreds of printed articles as well as TV and radio interviews, the public was never informed that Searle is the true sponsor of 'conclusions' being passed off as a 'government' study."

Those cited as violating the Pharmaceutical Manufacturers Assn.'s Code of Ethics include: doctors at the University of Pennsylvania, Searle Co. officials and a Californian physician, Dr. Savitri Ramcharan, with Kaiser-Permanente in Walnut Creek, CA. In 1968 she was awarded a contract for Pill research from the National Institute of Child Health and Human Development (NICHD) - a study which

cost taxpayers \$8.5 million. When government funding of this research was terminated, data analysis was funded by Searle, Mead Johnson, Ortho, Parke-Davis and Syntex - all Pill manufacturers.

"While we taxpayers paid for the study," Seaman added, "Pill companies paid for the results."*

Volumes I, II and III of the study confirm many previously-known Pill side effects, and reveal some alarming new ones, including cancers.

As the Walnut Creek study developed, it was wrought with dissention. Some of the scientists withdrew. In the end, the government cancelled before Ramcharan deemed it finished.

"Faulty as the study may be," Seaman added, "it still shows that low dose pills don't seem to help reduce disturbing metabolic changes - changes in blood pressure, sugar metabolism and blood clotting factors (Volume I)."

"But the cancer news is the worst," Seaman concluded. "There were 5 cancer deaths in women under 40, and all occurred in Pill users."

The U.S. Food and Drug Administration (FDA) plans to investigate. Dr. Peter Rheinstein, FDA Director of Drug Advertising stated, "I personally feel it is deceptive for companies to prepare materials and circulate them in a way that they expect will result in their being reprinted or broadcast anonymously in the media. Consumers, patients, health professionals and others have a right to know where opinions are coming from."

* In Canada, Wyeth is paying for the public relations promotion.

The National Women's Health Network.



SEX AND ARTHRITIS

Medical World News (Oct. 29, 1979) reports that arthritis patients experience considerable pain relief for four to six hours after sex. Any source/type of sexual arousal will do, but "The quality of the experience may also contribute to the soothing effect. Having sex with someone, who gives you a pain in the neck may not help the pain in your joints", says Dr. Jessie E. Potter.



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**DO NOT BUY ANY PRODUCTS
CARRYING THESE NAMES:**

NESTLES: Nescafe Instant Coffee
Nestea
Quik
Nestle Evaporated Milk
Nestle Condensed Milk
Nestle Reduced Cream
Milk
Nestle Malted Milk
Milo
Caro
Sunshine
Nan infant formula
Lactogen infant formula
Nestle Baby Foods in jars
Nestle Chocolates
Ricory, coffee

Girgare cheese;
Maggi - soups, stock cubes, baked
beans, spaghetti, instant noodles, etc.;
Kavli Crispbread;
International Roast instant coffee;
Cahill's restaurants and confectionaries
Tongala evaporated milk, condensed
milk, reduced cream;
Bear Brand evaporated milk;
Ideal evaporated milk, reduced cream
milk;
Dairy Frost ice cream;
Crosse and Blackwell products;
Lancome cosmetics;
L'oreal cosmetics;
Findus frozen fish;
McVities biscuits;
Burton Parsons & Co. (Aust) Pty. Ltd;
Alcon Laboratories (Aust) Pty. Ltd.



In NSW there is one licensed child care centre for every 10.5 children under 5 years of age. The majority of licensed places are provided by preschool centres whose hours of opening do not correspond to a full working day.

When the number of licensed places in long day care centres (the service most appropriate for working parents) is considered, the situation changes dramatically:

- there is one licensed place for every 674 children under 2!
- there is one licensed place for every 50 children under 5!

Reference: Women's Trade Union Commission.

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