

HOBART WOMEN'S HEALTH CENTRE NEWSLETTER



SUMMER 2011/12

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Let's Decide Tasmanian Women's Health Summit

by Julianne Campbell

On the 13th of October 2011, 45 representatives from across the State met in Launceston for a Women's Health Summit - to discuss health and wellbeing priorities for Tasmanian women. The Summit was a partnership between Hobart Women's Health Centre and the Tasmanian Women's Health Access Program (DHHS). It aimed to examine the National Women's Health Policy¹ priorities, along with the National Plan to Reduce Violence against Women and their Children², for the purposes of developing a Tasmanian agenda for women's health.

Participants came from a diverse range of government, community and private sector organisations. Discussions were similarly diverse and far reaching when it came to identifying issues affecting the health of Tasmanian women. However, when asked, "What do you think is the key issue for women in Tasmania?", a clear message emerged violence. It was strongly felt that violence is the issue arising time and again and seeming to affect the greatest number of women in the most profound ways. It was a chilling reminder to hear "one in three Australian women have experienced physical violence since the age of 15 and almost one in five have experienced sexual violence" (pg 2).³ These are proving difficult statistics to change.

The Summit was opened by the Honourable Rebecca White, MHA and was facilitated by Denele Crozier, Executive Officer of Women's Health New South Wales. The stated outcomes for the day were to:

- Examine the National Women's Health Policy priority areas for purpose of developing a Tasmanian Agenda for Women's Health;
- Identify a Tasmanian Agenda for Women's Health; and
- Identify opportunities for collaboration and implementation.

In working towards the stated outcomes, Denele presented a summary of the National and State contexts relevant to women's health.

National Context

- National Health & Hospitals Reform;
- Australian Women's Health Network;
- Convention on Elimination of all forms of Discrimination Against Women (CEDAW);
- National Women's Health Policy; and
- National Plan to Reduce Violence Against Women and their Children.



Rebecca White
Parliamentary Secretary
to the Premier

continued over...



State Context

Government Financial Position

- Premier Lara Giddings has previously announced Tasmania's revenue is forecast to drop by around \$1.7 billion over the next three years.
- The Tasmanian Department of Health and Human Services has been required to find savings of \$100.2 million from its budget for this year.

Medicare Locals

- There will be one Medicare Local in Tasmania.
- GP Tasmania was successful in its bid to win the Medicare Local contract and will modify its existing 3 regional Divisions to support the new state-wide requirements.

Local Hospital Networks

- There will be three "Tasmanian Health Organisations" (THOs) – Tasmania's Local Hospital Networks.
- The Tasmanian Health Organisations Bill 2011 will be the mechanism to establish THOs in Tasmania, as required by the National Health Reform Agreement. It outlines the powers and functions of THOs, Governing Councils and their CEOs and sets up the governance arrangements for THOs.

State Context - Policy

Tasmanian Women's Health Program

- Priorities and Directions Jan 2012 – Dec 2014.

Violence Against Women Strategy

- Currently have Safe at Home criminal justice response; and
- 1st Tasmanian Action Plan structures currently under development.

Tasmanian Women's Policy

- Tasmanian Women's Plan currently under development, driven by Women Tasmania Women's Health Program.

Youth Strategy

- Agenda for Children and Young people: Our children, our young people, our future.

Tasmanian Sexual & Reproductive Health Strategy

- New addition - currently under development.

Tasmanian Health Plan

- Future Health: Tasmania's Health Plan May 2007.

A Social Inclusion Strategy for Tasmania September 2009.

Mental Health and Wellbeing

- Building the Foundations for Mental Health and Wellbeing: A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania June 2009.

- Mental Health Services Strategic Plan: Partners towards recovery 2006 - 2011.

Tasmanian Homelessness Plan 2010 – 2013.

Disability Strategy

- Tas DHHS Disability Action Plan 2007 – 2010 (under National Disability Strategy).

The above list of policies and strategies gives some indication of the broad spectrum of areas women's health spans, especially when coming from a holistic perspective. Discussions on the day necessarily had to be limited; however, a fuller recognition of the social determinants of women's health would also include policy in areas such as employment, business/economics, education, environment and urban design for example.

With a clearer understanding of the National and State contexts, participants moved on to identify what a Tasmanian Agenda for Women's Health would aim to achieve. In summary, the main points included the development of a coordinated voice and improved collaboration within the women's sector, recognition of violence as a key determinant of health in Tasmanian women's lives and for the Agenda to influence the Tasmanian Women's Health Plan.

A number of recommendations came out of the Summit and by the end of the day there was a commitment from participants to stay in touch via an email list. Along with the group's first task, to write a letter to the Premier relaying concerns that women's equity issues may have lost a voice within the State government in two distinct areas, namely - the demise of Women Tasmania and the decrease in resources and emphasis within the Tasmanian Women's Health Program (Population Health – DHHS).

The good news for women's health in Tasmania is the recent call for survey participants and written submissions to inform the **Tasmanian Women's Plan 2012-17**. This is an opportunity for you to tell the government directly what you think is important for women and girls over the next five years and beyond. If you don't feel up to writing a submission, there is an online survey. Any comments, at any level of detail, will make an important contribution. The survey and template for written submissions can be found at www.dpac.tas.gov.au/community. Alternatively, we have copies in the waiting area of reception for you to collect.

The Tasmanian Women's Health Summit Report will be available on our website www.hwhc.com.au in the near future.

References

1. <http://www.health.gov.au/womenshealthpolicy>
2. <http://www.facs.gov.au/sa/women/progserv/violence/nationalplan/Pages/default.aspx>
3. <http://www.facs.gov.au/sa/women/progserv/violence/nationalplan/Pages/default.aspx>

LEADING FEMINISTS

Introduced by Shirley O'Toole

I was fortunate to meet Dale Spender in 1993 when I was working in Brisbane. She launched "Just the Way It Is" an anthology of young women's poetry and drawings. I was impressed by her deep respect and appreciation of the young women and her encouragement of them. We are delighted to have Dale as our second Leading Feminist.

When and how did you become involved in the feminist movement?

I'm not being funny – but it was when I was just fed up with being the unpaid servant for my husband – and was looking for a way to explain the fact that he thought it fair that I should do the all the maintenance – housework and ego massage (why would you get married if you weren't going to do the housework/cooking/ washing etc?). WHY INDEED!

And then Germaine Greer's *The Female Eunuch* was published; it gave me a framework for analysis and an explanation for what had previously just been a sense of terrible injustice. I was ready to fight once I recognised that it wasn't me who was 'wrong'. And, of course I got a divorce!

What inspired you to become involved?

Anger, sense of injustice – almost like there had been a conspiracy to silence women. Once I started talking about it, I found so many women felt the same – consciousness raising groups shot up all over the place in the 1970s, almost instantaneously. And there were many divorces! Amazing!

Is there one woman who you admire more than any other?

Germaine Greer opened my eyes – and gave me the tools for asking questions. But Christabel Pankhurst shares my birthday and was the one who insisted that women wouldn't get anywhere by asking nicely – that the only way to get the vote for example, was to make trouble. That's always been my philosophy since.

But Aphra Behn is the one whom I most admire - 1640-1689.

She was an adventuress who went to the West Indies, became involved in a slave rebellion, visited a tribe of Indians who had never seen Europeans before, was a spy for Charles II against the Dutch, was imprisoned for debts incurred in the service of the King – was a feminist who argued for women's education and the right to marry who they pleased or not at all; (was certainly a 'mistress'). She was a

political activist who argued her causes from Wills Coffee House and the stage of the Drury Lane Theatre - an early abolitionist, whose novel *Oroonoko*



Dale Spender

contained the first author's account of the horrors of slavery. She was a writer who insisted on being heard – and who successfully challenged the men who ran the literary world of Restoration England to recognise her as an equal.

In a London that boasted only two theatres, she had 17 plays produced in 17 years (more than any one man – and it is only men who have been acknowledged as the 'fathers' of the novel) and she wrote 13 novels thirty years before Daniel Defoe wrote *Robinson Crusoe* (held by the male literary establishment to be the first novel) and she published volumes of poems and translations. (with thanks to Angeline Goreau, 1980, *Reconstructing Aphra*)

Germaine gave me the starting points and the means of enquiry; Christabel pushed me towards strategic activism – and Aphra inspired me to study women writers and women's writing. (Crystal Eastman – an American Votes for Women agitator – was a real role model for public speaking).

Cheris Kramarae – a colleague and a live American linguist - was a guide and mentor in my study of women's silence and linguistics.

What do you consider your greatest achievement to be?

My contribution to the construction of knowledge which helped to show that women's voices had been silenced historically and that women's reality (and voice) is still shaped by the dominance of male perspectives; only males would see current work practices as normal and that accommodations have to be made for women to be part of the workforce.

Likewise, it is the male view that quotas apply to women – why not board numbers with a quota of 50% male? Violence against women in India – and then government proposal to place a curfew on women!!!! Only men could see that logic.

continued on page 11

When sex hurts

What you can do about Genital Pain

by Kathy Bond*

Good sexual functioning is an important part of *sexual health* and overall health and well-being. Research indicates sexual dysfunctions, such as genital pain, negatively impact quality of life, emotional health, relationships and general happiness. Genital pain that does not have an identifiable cause, such as an active infection, is diagnosed as either vulvodynia (also called vulvar vestibulitis) or vaginismus. It is believed around 15% of women experience vulvodynia and up to six percent experience vaginismus. The symptoms of vulvodynia include burning, itching, stinging or sharp pain involving either the entire vulva or specific areas of the vulva such as around the vagina, urethra or the clitoris. Vulvodynia is a chronic pain condition with various causal factors including past infections, inflammation, genetics, hormones, neurological changes and muscle dysfunction. It is thought that any of these factors can lead to changes in (1) the nervous system of the vulva and spinal cord leading to chronic pain, (2) the pelvic floor muscles and (3) psychosexual function which can lead to problems with sexual arousal, desire and orgasm. Treatment for vulvodynia includes medication to address neuropathic pain, infection and inflammation; surgery to remove the affected vulval tissue; physiotherapy and biofeedback to address dysfunctional pelvic floor muscles; and cognitive behavioural therapy/treatments (CBT) and psycho-education to reduce pain and improve sexual and relationship function.

Vaginismus is a tightening of the vaginal muscles that can make penetration painful or even impossible. It is thought to be a conditioned response to factors including negative sexual attitudes, strict religious beliefs, poor sexual education and sexual trauma. In vaginismus, a cycle evolves whereby fear and anticipation of pain increases muscle tightness of the pelvic floor - which in turn increases pain and/or makes penetration impossible, which then re-enforces the anticipation and fear of pain and penetration. Current treatments for vaginismus consist of pelvic floor physiotherapy, medication to address anxiety, general psychotherapy, sex therapy and cognitive behavioural therapy.

A current research project being conducted by the University of Sydney** investigating treatment seeking for genital pain conditions has found this condition is very distressing for women and has a significant impact on the lives of women with genital pain. The remainder of this article will look at the impact of genital pain on the lives of

women who participated in this study and will incorporate quotes from these women.

Women with genital pain often consult multiple doctors and have pain for between two and five years before receiving a diagnosis and appropriate treatment. This lengthy road from onset of symptoms to effective treatment contributes to the development of a chronic pain condition which can significantly impact the woman's life experience. Although genital pain is relatively common, women with these conditions often feel alone and isolated. There is also a tendency for the woman to blame herself and feel like she is crazy or somehow bringing this on herself.

"you feel a bit of relief [when you get a diagnosis] knowing that it is something that other people have, [that] I am not the only one."

"I didn't have any idea and I thought I was the only one, like maybe it's in my head, maybe I made myself think that I've got this pain when I don't"

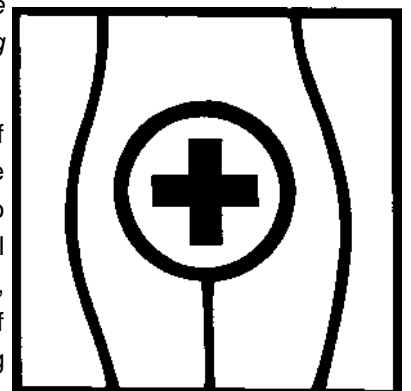
"[I felt like] it's my fault and that it's maybe a somewhat normal feeling, like that the pain wasn't really that much to complain about."

Society and the media enforce a belief sex is something that should be instinctual and that encountering a problem with sex is odd and unnatural, when in fact most people at some point in their life will experience a sexual problem. When women experience pain with sex they often feel bewildered, confused and distressed. It can also lead to questioning their relationship.

"My body wasn't responding [the way I thought it should], it confuses you, you think well maybe I'm not attracted to my husband because my body's not reacting to him or maybe I'm just broken."

"There were periods where I thought I should divorce my husband, I can't do this to him and I'll just have to live the rest of my life being celibate."

There are a number of reasons why it can be uncomfortable talking to a doctor about genital pain (embarrassment, feelings of shame, fear of finding something



serious), but prompt treatment is key to preventing pain becoming chronic and long term. If you are experiencing genital pain, remember you are not alone and there is likely to be real and treatable reasons for your pain. Your GP or the local sexual health clinic is a good place to start for a referral to a specialist. There are also a number of books and websites that provide good evidence-based information:

The National Vulvodynia Association - The National Vulvodynia Association (NVA) is a non-profit organisation created to improve the lives of individuals affected by vulvodynia (www.nva.org).

Vaginismus.com - a website for helping women overcome painful sex and penetration problems (www.vaginismus.com)

The Behavioural Institute of Australia has a website dedicated to information on vulvodynia and its treatment (www.vulvodynia.com.au)

Dr Howard Glazer, who developed a treatment for the pelvic floor muscles involved in vulvodynia and vaginismus, has a website and a book dedicated to information about vulvodynia (www.vulvodynia.com and [The Vulvodynia Survival Guide](#), published by New Harbinger Publications, Inc.)

**Kathy Bond is a Melbourne based sex therapist and PhD candidate at the University of Sydney.*

***If you are experiencing genital pain and would like to participate in this research please see the advertisement below or contact Kathy Bond directly via email at kbon3355@sydney.uni.edu.au.*

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Female Genital Pain: Women and their treatment choice

The University of Sydney (Online Study)

Subject: An online questionnaire investigating treatment decisions in women with genital pain conditions (vulvodynia and vaginismus).

Contact: Kathy Bond, PhD candidate

kbon3355@uni.sydney.edu.au or +61 425 798 425 or go directly to the on-line survey at <http://www.surveymonkey.com/s/FemaleGenitalPain>

Requirements: This research will help health professionals to better understand vulvar pain and its effects on women and treatment seeking. It is being conducted by the Faculty of Health Sciences at the University of Sydney and has Human Research Ethics Committee approval (ref # 11-2009/12243).

The survey will take approximately 45-60 minutes depending on how much detail you choose to give. To be eligible you must be a woman between 18 and 55, have pain in the vulvar/vaginal area associated with non-sexual or sexual activity (including oral sex, masturbation, intercourse, tampon use, pelvic exam, sporting activities, etc) and your pain must be either intermittent or continuous for at least the last 2 months. You must not be peri-menopausal or menopausal, breast feeding, have given birth within the last 6 months or have an active vulvar/vaginal infection.

Participation in this project is completely voluntary - you can withdrawal at any time. The information you give will be treated with the utmost confidence.

WHAT'S ON



HWHC

The following **group sessions and activities** are held at the Centre on a regular basis and are free unless otherwise stated. We welcome referrals to any of these programs.

Ageing Well with Weights	8 week strength training program on Fridays 2:15 - 3:30 pm. \$5 per class with physiotherapist Pat Sandercock. To be sent forms for the next course, please call the Centre on 6231 3212.
AWWW Practice	Practice times available, after course completion on Mondays 11:40 am to 1:00 pm and Wednesdays 3:00 to 4:00 pm. Last session for 2011 is December 14 and recommences January 4, 2012.
Birth and Beyond	2 nd and 4 th Friday of the month 10 - 11:30 am. Last session for 2011 at the Centre is November 25. For details on the December session see page 9. Contact the Centre to find out when the group recommences in 2012. A mothers' group for women interested in birth and parenting. Babies and children welcome. Phone Kelly for more information on 0411 127 870.
Breast Cancer	Support Group 3 rd Tuesday of the month 11:45 am - 1:15 pm. Last session for 2011 is November 15 and recommences January 17, 2012. For any woman diagnosed with breast cancer who would like information and support. Secondary Support Group - Secondary Sisters 1 st Monday of the month 10 am - 12 noon. Last session for 2011 is December 5 and recommences February 6, 2012. For any woman diagnosed with secondary breast cancer who would like information and support. New members welcome. Please phone Karen on 0400 494 646 before attending.
Community Health Nurse	Tuesdays 11 am to 1 pm Last session for 2011 is December 13 and recommences January 10, 2012. Blood pressure, sugar and cholesterol level checks and lots more.
Fitball Beginners' Class	Tuesday and Thursday 10 - 11:30 am. \$5 per class with physiotherapist Pat Sandercock. Last session for 2011 is December 1 and recommences January 10, 2012. Numbers are limited, so phone Pat for information and to book on 6229 7488.
Herbalist	Mondays 2 - 4 pm, by appointment only. Last session for 2011 is December 12, and recommences February 6, 2012. Cost is \$30 for the 1 st one hour consultation and \$20 follow up appointment. To make an appointment, phone Sally on 0407 872 792.
Laughter Group	Mondays 2:15 - 2:45 pm. Come along, it is easy and fun. Last session for 2011 is December 12 and recommences either January 23, or mid February 2012, for confirmation contact the Centre.
Life Validation Conversations	Friday afternoons with Shirley Catchpole. Last session for 2011 is December 16 and recommences January 6, 2012. The fee is negotiated according to income. Phone Shirley on 0450 887 875 to make an appointment.
Massage	Supportive massage for women living with chronic illness. Wednesdays from 12 - 4 pm by appointment only. Specialised gentle touch therapy to ease pain and/or anxiety and provide appropriate comfort and support at every stage of cancer, lymphoedema, MS, Parkinsons, depression, fibromyalgia and other chronic conditions. Flexible fees. Phone Christine Lambrechts for appointments on 0409 060 475. Last session for 2011 is December 14 and recommences January 4, 2012.
Meditation	Guided and safe relaxation meditation with Jean Gilbert. Tuesdays 10:30 - 11:30 am (beginners welcome). Last session for 2011 is December 6 and recommences January 10, 2012.
Nurse Practitioner	Tuesdays, Wednesdays and Thursdays 9:15 am to 12:30 pm. 30 minute bulk billed consultations with Lyn Fish by appointment. To book ring the Centre on 6231 3212. Last session for 2011 is December 15 and recommences January 3, 2012.
Pedicure	2 nd Monday of the month. Foot spa and massage. Phone Glenda McIntyre on 6253 5116 or 0458 535 116 to book an appointment. \$25 for pensioners and \$30 non pensioners. Last session for 2011 is November 14 and recommences February 13, 2012.
Single Mums Group	1 st and 3 rd Friday of the month 9:30 - 11:30 am. Last session for 2011 is December 2 and recommences January 20, 2012. Share stories, advice, a cuppa and some adult company. Babies and small children welcome. Contact Cat if interested on 0423 136 124.

WHAT'S ON



HWHC

Stitches and Stories	Last Thursday of the month from 1:30 – 3:30 pm. Last session for 2011 is November 24 and recommences February 23, 2012. The group is open to women of all ages to come together to stitch, embroider, sew, mend, share knowledge and stories.
Tai Chi	Mondays 10:30 - 11:30 am and 1 - 2 pm. This is a low impact form of Tai Chi, which focuses on increasing mobility and flexibility, while developing inner strength and tranquility. Last session for 2011 is the morning session on December 12 and recommences January 23, 2012.
Women's Friendship Group	2 nd Tuesday of the month from 1:30 - 3:00 pm. Last session for 2011 is December 13 and recommences January 10, 2012. Interested in meeting new people, having a laugh with likeminded women and becoming better informed about issues affecting you? The group is small, friendly and welcomes new faces. For more information about guest speakers contact the Centre.
Women's Walks	Thursday mornings, 10:30 am - 12:30 pm. Calendars are available from reception. Last session for 2011 is December 15 and recommences January 12, 2012.
Writers' Support Group	1 st Wednesday of the month, 2 - 4 pm. Last session for 2011 is December 7 and recommences February 1, 2012.
Yoga	Wednesday mornings, 9:45 - 11 am, for experienced participants and 11:15 am - 12:30 pm for beginners. \$5.50 per session with Kathy. Last session for 2011 is December 7 and recommences February 1, 2012.

Come in for a cuppa, browse in our library or use the photocopier.

HWHC membership a vote of confidence

Following our decision to promote membership of the Hobart Women's Health Centre we are pleased to report a number of women have jumped at the chance to join and show in a special way their support for our work. Having a base number of women who are willing to join is one of the ways we can demonstrate the value placed on our services to funding bodies, politicians and sponsors.

We are pleased to encourage a more active role for women in the decision making at HWHC. Being a member provides some specific ways for women to have a voice in the running of the Centre and in forward planning.

There will be the opportunity to vote at Annual General Meetings and Special meetings and stand for positions of the Board of governance. We will also ask our members for their views on specific issues from time to time.

Our new constitution is almost ready for adoption and we hope to hold a Special General meeting for that purpose in the New Year.

Membership fees of \$15 per year will also assist us with a small additional income source. Most important of all is the vote of confidence you can show us by putting your hand up to be part of us in this way. You can join the Hobart Women's Health Centre by filling out a form available from the front desk or by contacting us by phone or email.

Women are still able to use the Centre and participate in activities and services without the need to pay a membership fee and join.

Whatever you decide – you are always welcome and important to us at the Hobart Women's Health Centre.



ENCORE NEWS

Encore is an eight-week program of two hours duration, specially designed for women who have had breast cancer. It helps restore mobility, flexibility and confidence through gentle exercise.

February's Encore program is jointly supported by the Hobart Women's Health Centre, Avon and ADRA Southern Tasmanian Council.

The program provides trained facilitators, ground and warm water exercises and the opportunity for women to support one another.

Encore programs are free to participants and designed for women who have had breast cancer at any time in their lives.

Phone Rosemary at the Hobart Women's Health Centre to enrol or for further details on 6231 3212 or 0408 127 330.

Talking Herbs

The Modern Herbalist

Iridology is an interesting diagnostic tool used by many natural therapists as an aid in their evaluation of the whole person. It has a fascinating history. **Ignaz von Peczely** (1826-1911), an [Hungarian](#) physician, is believed to have noticed a mark appear in the eye of an owl with a broken leg. He nursed the bird back to health and noted the sign in the eye remained. When **von Peczely** noticed the same mark in the eye of a human patient with a broken leg, he started studying the eye and in time made a map of the iris in which he allocated areas to different parts of the body. The year was 1880.

Whilst still controversial within sections of the scientific community, the study of iridology has progressed since the first beginnings. Many have researched iridology since, including Dr. Bernard Jensen - a leader in this field for over 50 years in the U.S.A. - and Toni Millar, a current prominent iridologist in Australia.

In her book, Toni Millar points to the belief that patterns within the right iris are inherited from the father and the left eye, from the mother. It is also thought patterns are indications of events that may have happened in the lives of the grandparents or the great grandparents of an individual, encompassing the history of three generations. Current happenings in the body are also expressed in the iris. So how do we distinguish between current health issues and inherited issues? We question our clients to see if they have experienced the issues observed in the iris.

Iris structure refers to the appearance of the fibres in the iris radiating out from the pupil. They reflect the strength of the connective tissue throughout the body. The stronger and tighter the fibres of the iris, the stronger the connective tissue and therefore the constitution – the body make up. The further apart the fibres, the weaker the connective tissue. So we can see, at a glance, physiological strengths and weaknesses. Lifestyles may change the strength of these fibres.

Structural variation may be classified into four types, similar to the weaves in a cloth. Hence we have silk, linen, hessian and net. Each weave is likened to the physical strength of the body - silk being the strongest and net the weakest.

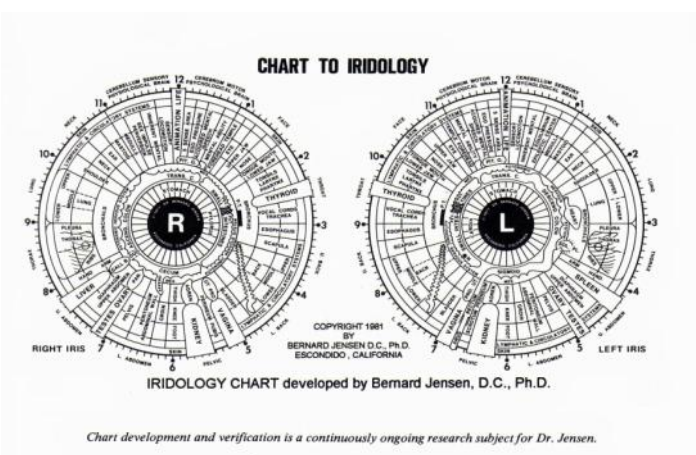
Evidence of toxins and problems can show up early in the eyes, before there may be any obvious sign of a disease. So-called lesions in an area may indicate weaknesses or tendencies towards disease, either inherited or current. A

by Sally Riley

dark grey area around the pupil is an indication of low acidity in the stomach. A light, white colouration in the same area may indicate hyperacidity.

An irritable bowel may be revealed by sharp peaks in a ring around the pupil called the collarette. Yellow spots in a ring around the edge of the iris may indicate lymphatic congestion. A blue ring around the outside of the iris may indicate poor circulation – cold feet and hands. Coloured spots, ranging from yellow to orange to brown, may reveal areas of toxicity.

These are just a very few of the observations that may provide an insight into the health and well-being of an individual via the iris. Charts of the eye, as developed by Jensen, are shown below. You may find them interesting.



References

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Lesbian and Bi Women

Rainbow Support & Discussion Group Anyone over 18 years in the "rainbow family."

For more information, call
Working It Out on 6231 1200.

Tom, Dick and Harriet – Queer Radio Tasmania's sexuality & gender issues radio show

Every Monday 10 am – 12 pm
Edge Radio 99.3 FM
Check out Tom, Dick and Harriet
on Facebook and Twitter.

About Lady Gowrie Family Day Care...

We are an early education and care option for families and a business option for individuals.

Lady Gowrie Family Day Care is a High Quality home-based child care and education service that offers a warm, safe, secure and stimulating home environment catering for young babies through to pre-teens.

Home based Educators...

Our family day care educators have personal qualities which reflect community diversity of families, values and cultures, such as:

- Empathy
- Warmth
- Flexibility
- Professionalism
- Maturity

Commitment to nurturing and educating children

Lady Gowrie has many Family Day Care Educators across Hobart and new services opening in **South Hobart, Mount Nelson, Austins Ferry and Claremont communities.**

If you need care give Lady Gowrie Family Day Care a call on **62233238** or email fdcmanger@gowrie-tas.com.au and talk about your options for care or for operating a high quality home based child care service in your own home with the potential to earn up to a \$1,000 a week.

Lady Gowrie Family Day Care looks forward to hearing from you and meeting your care requirements.

Maxine Lilley – Lady Gowrie Family Day Care Manager



I am looking for participants who are willing to share their experiences as pregnant women. If you are 18-50 years old and pregnant (approximately 3-4 months or 12-16 weeks), I would like to invite you to take part in a research project that would involve taking photographs of yourself and your life during your pregnancy/postpartum (digital camera provided) and then talking about the photographs you have taken in a series of interviews.

For more information, please contact:

Dr. Meredith Nash
University of Tasmania
School of Sociology and Social Work
Private Bag 17, Hobart TAS 7000
Email: meredith.nash@utas.edu.au
Phone: (03) 6226 2715

The real voyage
of discovery
consists not in seeking
new landscapes
but in having
new eyes.

MARCEL PROUST



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Birth and Beyond

Birth and Beyond North Hobart is a mothers group for women interested in birth and parenting.

The last session for 2011 will be a
BBQ gathering
on Saturday, December 10 at 12 noon
at South Hobart Park
(corner of Darcy and Washington Streets)

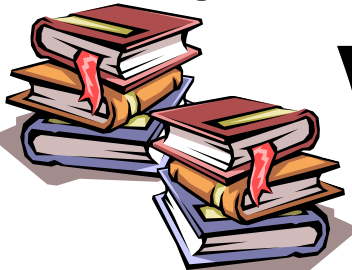
Please bring whatever you would like for the BBQ and either a salad or sweet to share.

**Dads are very
welcome too!**

Phone Kelly for more
information on 0411 127 870.



WOMEN'S WISDOM LIBRARY

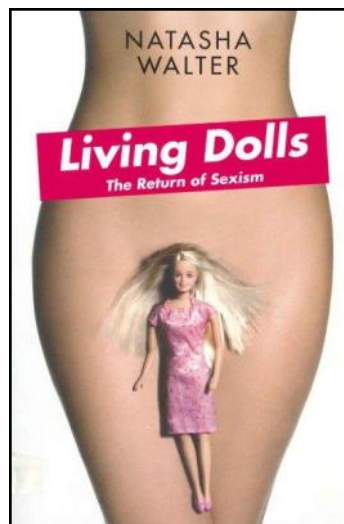


Living Dolls

The Return of Sexism

by **Natasha Walter**

'Empowerment, liberation, choice. Once the watchwords of feminism, these terms have now been co-opted by a society that sells women an airbrushed, highly sexualised and increasingly narrow vision of femininity. While the opportunities available to young women may have expanded, the ambitions of many young girls are in reality limited by a culture that sees women's sexual allure as their only passport to success. At the same time we are encouraged to believe that the inequality we observe all around us is born of innate biological differences rather than social factors.'



If these comments strike a chord with you, if you are concerned about the seemingly increasing sexualisation of women - particularly girls - and if you are sceptical about claims women have never had it so good in terms of choice and freedoms, then read this book. Natasha

Walter is a passionate writer and respected cultural commentator who has drawn on a broad range of research and personal interviews to present a compelling and disturbing picture of the reality women (and men) are living in our 21st century western culture.

Far from moving beyond the restraints of sexism and biological determinism, Walter demonstrates how a 'new sexism' and 'new determinism' have developed. Covering current debates on sexism around girls as dolls, women as girls, women as lovers, pole-dancers, lap-dancers, prostitutes and pornography and the re-emergence of deterministic concepts based on brain structure, hormones and the familiar stereotypes about women's and men's 'natural' abilities with words or numbers, I feel the same way as Walter when she says,

"I once believed that we only had to put in place the conditions for equality for the remnants of old-fashioned sexism in our culture to wither away. I am ready to admit that I was wrong."

Of course it is a much more complex issue and, while we are seeing another 'backlash' to feminism, there is no doubt the gains of the past have not been lost. As Walter describes it,

'feminists in the West have already set in motion the greatest peaceful revolution the world has ever known, by achieving political representation for women, rights to equal education and working opportunities, and rights over contraception and reproduction.'

And as the forms of sexism change and evolve, so too do the ways in which women resist the restraints imposed by gender and sex-based discrimination. The dream that one day women and men will be able to work and love side by side, freely, without the constraints of restrictive traditions, is as strong and alive as it has ever been.

"This dream tells us that rather than modelling themselves on the plastic charm of a pink and smiling doll, women can aim to realise their full human potential."

Julianne Campbell

For an information sheet on the alternatives to HRT go to Women's

Health Queensland Wide website at <http://www.womhealth.org.au/factsheets/alternativestoHRT.htm>



Newly established organisation Tasmania Recovery from Eating Disorders has a new website at www.tred.org.au

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What do you consider to be the greatest achievement of the movement?

Bringing women's reality into the public sphere – such as sexual harassment – the word didn't exist until the 1970s and there were many who said it was a concept that would never catch on. But the relief for women to have a word that described male behaviour from their perspective – instead of having to try and describe what it was they were trying to say.

And I suppose the work I did on the classroom showing that boys got more of the teachers' attention and that much of the curriculum was designed to interest males - (so they wouldn't be 'disruptive') not that the changes have endured.

How do you respond to young women who question the value of feminism?

I wait for them to get older.

I don't expect them to 'know' and be thankful I certainly was not grateful to the women who fought for me to vote when I was younger – I just took it for granted. I think that is much of what young women feel today – it's their right to wear what they want – to be treated equally etc. They are the real gains, the changes in consciousness. It's an achievement really - when it is the reality and not questioned.

How do you stay inspired in the face of lack of progress on issues for women such as the ongoing disparity in pay rates for women and the levels of violence against women?

Progress has never been easy – or even! But for the last few hundred years in the western world, women have moved from being chattels of men to becoming empowered. The increase in violence against women is sometimes attributed to the threat it represents to men. And this is understandable - most women experience sexual equality as a gain, many men experience it as a loss.

My life is a much more independent one than my mother's was. And hers was much more empowered than my grandmother's.

What is the one thing you would like to say to young women about feminism?

Feminism is an honourable commitment; it is a movement for women's rights! Which covers children, work, justice, the state of the world and the challenges for men! It's a big job that's not yet done! It is the basis for a meaningful life.



Check out and join the Hobart Women's Health Centre Facebook page. Receive regular updates on Centre events and participate in lively discussions on issues impacting on the health and wellbeing of women.

Ageing Well with Weights

The next Ageing Well with Weights eight-week strength training program will commence on **February 3, 2012**.

The course, run by physiotherapist Pat Sandercock, consists of some theory and specific exercises utilising weights tailored to each individual's needs.

Sessions are held on Fridays from 2:15 – 3:30 pm and cost is \$5 per class or \$35 for the full course, if paid by/on the first day. The use of weights in class and exercise handouts is provided. Comfortable clothing is recommended.

Please phone reception on 6231 3212 to receive an enrolment form, or collect one from the Centre during opening hours. The course is very popular, so it's good to book early. If you need or want more information about the course, contact the Centre.

Please note, practice times are available for women to maintain their strength after completing the program.



Ageing Well with Weights Practice Participants



INTRODUCING. . .

The Hobart Community Health Nursing Service provides a health promotion service at the Hobart Women's Health Centre, under their program Check and Chat with your Community Health Nurse.

Wendy is our new Community Health Nurse and she will be at the Centre on Tuesday mornings each week. Wendy is able to offer the following health checks - blood pressure, sugar and cholesterol levels and is able to assist with lots more.

Wendy has been working as a Community Health Nurse for the last five years, and around thirty as a Nurse. She has a wide and varied nursing career at numerous places around southern Tasmania.

In her spare time, Wendy enjoys the relaxing and peaceful pursuits of walking and fishing. Wendy has two wonderful adult children and a very patient husband. Wendy loves talking to people and listening to their life stories.



. . .AND

My name is Leonie Dickson and I have been on the Board for 1 year!

I currently work at the Royal Hobart Hospital as the Aboriginal Health Liaison Officer, and have worked in the Tasmanian Aboriginal Community for over 30 years in a variety of jobs including retail industry, office administration, Parks and Wildlife, Aboriginal Hostels, Tasmanian Aboriginal Centre, Aboriginal Development Commission, Aboriginal Adult Education, and the Women's Karadi Aboriginal Corporation.



I was born on Flinders Island in the Bass Strait, my family moved to mainland Tasmania where I completed my education.

I'm an Aboriginal artist and work with natural fibres, weaving traditional and contemporary baskets and also work with Bull Kelp making traditional water carriers and contemporary pieces, I have sold pieces internationally and nationally.

My family comes first in all things and then my community; I look forward to my second year on the HWHC BOM and working with the other Board Members.

CONTRIBUTIONS. . .

Contributions from readers are very welcome. If you have an article, review, comment or notice that would be of interest to our readers, please send it to the Newsletter Editor by post, email or drop it into reception when you visit the Centre.

To be considered for inclusion, all contributions must be received by the following deadline:

Autumn Edition: January 30, 2012 (newsletter distributed at the end of February)



Visit: **25 Lefroy Street North Hobart**

Tel: **03 6231 3212**

Outside the 62 area, freecall **1800 353 212**

Open: **Mon, Tues, Wed & Thurs 9:15 am to 4 pm**

Post: **PO Box 248 North Hobart Tas 7002**

Fax: **03 6236 9449**

Email: **info@hwhc.com.au** Website: **www.hwhc.com.au**

HWHC gratefully acknowledges the funding support of the Tasmanian Government through the Department of Health and Human Services.

. . .GETTING IN TOUCH