

EWHNET
European Women's Health Network



Women`s Health Network:

**State of Affairs, Concepts, Approaches, Organizations in
the Women`s Health Movement**

Country report
Austria

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1. The basic characteristics of Austrian health care

Health care in Austria is a public-sector responsibility. It is mainly looked after by regional and local authorities, as public health care is organised on a decentralised basis.

Access to health care facilities is governed by the law on social security (Doralt, 1992). There are 24 health insurance schemes organised according to professional groups. Austria has a system of compulsory insurance based on the solidarity principle, i.e. all wage-earners without exception must be covered.

Services are financed by the contributions paid by insured persons. The contribution level depends on income, dependants being covered without payment of additional contributions. Contribution levels are independently set by the health insurance schemes in accordance with the principle of autonomy. Employer and employee each pay half of the contribution rate (Federal Ministry of Health, 1996). There are maximum contribution rates, so that earners with a high income contribute a relatively lower proportion of their income.

2. Financing

Funds for the health service are raised as follows: 59% from contributors and taxpayers through the social security system, 20% from federal, regional and local authorities and 21% from private households (Federal Ministry of Health, 1994).

Those involved in financing are the users of services (consumers), who at the same time are insured persons, the providers of services (doctors, out-patient services, hospitals) and funding providers (insured persons, taxpayers and federal, regional and local authorities).

44% of resources is spent on in-patient facilities, 26% on the out-patient sector, 12% on medicines, 3% on auxiliary equipment and supplies and 15% on miscellaneous items (Federal Ministry of Health, 1994).

In 1995, 185 billion Austrian schillings were spent on health, or 8.1% of gross domestic product (Federal Ministry of Labour, 1997). Official health reports on global spending figures contain no gender-specific analysis.

3. Out-patient medical and psychotherapeutic care

The out-patient field is characterised by:

- free choice of doctor
- medical and dental practices and out-patient clinics, all of which can refer patients for in-patient treatment
- remuneration by performance. This means that medical services are paid for on the basis of a scale of fees negotiated between regional medical councils and the social security funding bodies. Total remuneration is capped.

Patients do not have to go through a general practitioner in order to gain access to the health service. They can also directly consult practising specialists or visit hospital out-patient facilities. To do this the insured person needs a so-called health insurance scheme cheque, which is issued by the employer; it is valid for three months and costs 50 AS, which the employer deducts from the employee's salary.

In addition there are 700 out-patient clinics (1994), 26% of them operated by social security funding bodies and the remaining 74% by private funders (Federal Ministry of Health, 1996).

The vast majority of practising doctors are contracted to one or more social health insurance schemes, the contracts being based on group contracts between the umbrella association of social security funding bodies and regional medical councils. Individual contracts based on these group contracts are then concluded between the doctor and the insurers.

With regional exceptions, the distribution of doctors throughout the country is relatively dense, and almost invariably they are sole practitioners. Even though the law allows group practices, de facto they do not exist.

On average there are 260 inhabitants per doctor in Austria. The EU average is 306 inhabitants per doctor (Federal Ministry of Health, 1996).

Nowhere in any of the official statistics used is a gender-specific listing of doctors to be found.

A gender-specific listing in the various fields in which doctors work, and in the various hierarchical levels at which they are represented, would be of great importance - not only for doctors, but also for women working in the other health professions. It would enable targeted measures to be taken in order to promote women doctors and women in other health professions in those fields in which they are particularly under-represented. To the extent that individual data are available, these show that women are particularly poorly represented in the upper hierarchy levels - and that they are compelled to work in less secure fields (few have contracts with health insurance schemes, many have elective status).

Less attention is paid to the psychosocial care of the population than to its medical care. The organizational structure of medical practices, the way they are financed and the inadequate training of doctors are some of the reasons for these deficiencies in care. But even if conditions were ideal, the medical profession alone would not be in a position to provide the population with psychosocial care. In recent years, in the teeth of opposition from the medical councils, psychotherapists have succeeded in obtaining a legal ruling permitting them as a profession both to treat persons with mental problems, illnesses and disorders and to charge such treatment to the health insurance schemes (the legal regulation and definition of psychotherapy, 1991; the inclusion of psychotherapy as a mandatory service provided by social

health insurance schemes, 1992) (Federal Ministry of Health, 1996). The precondition for psychotherapy is a doctor's certificate that there is nothing organically wrong with the patient which would account for the symptoms observed. On the whole, these legal measures improve the provision of basic psychological and psychotherapeutic care.

4. In-patient medical care

In 1996 the in-patient medical care of the Austrian population was provided by 328 hospital complexes with a total of 76,252 beds (Austrian Central Office of Statistics, 1998). In that year the nation-wide average number of beds per 1,000 inhabitants was 9.95 (Federal Ministry of Health, 1996).

27% of the hospital complexes were funded by the regions, 18% by local authorities, 16% by religious orders and religious organizations, 15% by private persons, 11% by accident and pension-insurance institutions, 4% by the federal government and 4% by societies (Federal Ministry of Health, 1996).

On average one Austrian in four is hospitalized once a year, making 0.231 hospitalisations per inhabitant (Federal Ministry of Health, 1996). The length of stay is 10.3 days per patient. No gender-specific is available.

5. The structural characteristics of Austrian health care and the limits of its reformability

On 12.3.1997, a Federal Structural Commission was established as a discussion forum on a national level, a decision-making body and information exchange for the health reform. Central aspects of the reform are the introduction of performance-related hospital financing, the drawing up of a pan-Austrian health plan (consisting of a plan for hospital complexes, already completed, together with plans for major apparatus, hospital out-patient departments, practices of doctors under contract to health insurance schemes, fields of care and rehabilitation, yet to be finalised). To provide the basis for the observation, analysis and continued development of the Austrian health service, documentation is to be standardised throughout the health service. Nine Regional Commissions will be established to ensure that account is taken of regional requirements in each of the individual steps (Federal Ministry of Labour, 1997).

No explicitly gender-specific reforms are listed. Women are not taken especially seriously as health-service consumers. There is no other way to account for the fact that although patients' rights, which are of particular importance for women, were the subject of detailed consideration in the last health report but one, in 1994, and various measures introduced to secure them, but the last health report in 1997 made no mention of the rights of female patients (Federal Ministry of Health, 1994 Federal Ministry of Labour, 1997; Groth, 1997). It is therefore not known to what extent those protective measures have actually been implemented.

Large sections of the 1994 and 1997 health reports contain nothing to suggest any awareness of the fact that gender and health are interrelated in a complex way. Moreover, only a few chapters take account of the recommendation of the Ministry of Women's Affairs that for reasons of social policy the specification of gender should always be considered relevant, and that information on both genders should be given (Kargl et al., 1997). There is a statement at the beginning of the report that personal expressions such as patient denote both women and men in equal measure (Federal Ministry of Labour, 1997).

6. Statistics by the Austrian Central Office of Statistics (1998)

The population of Austria in 1996	women	men	total
	4,149,188	3,910,197	8,059,385

Population, 1996	women 75 years	men 75 years	total
	355,879	156,836	512,715

Live births, 1996	female	male	total
	43,251	45,558	88,809

Sexual proportion, 1996 (male live births per 1,000 female live births): 1,053.3

overall fertility rate, 1996: 1.42

net reproduction rate, 1996: 0.68

average age at which women give birth for the first time, 1996: 27.8

Life expectation in years, 1996:			
	at birth	at the age of 30	at the age of 60
female	80.19	51.00	23.03
male	73.93	45.32	18.85

Infant mortality per 1,000 live births of the same sex, 1996

female: 4.8

male: 5.3

Childbirth mortality per 100,000 live births, 1996: 4.5

Deaths, 1996		
women	men	total
43,522	37,268	80,790

Causes of death 1996:

Deaths per 100,000 living persons of the same age and sex

Cause of death	female (ranking)	male (ranking)
cardio-vascular	624.1 (1)	456.7 (1)
malignant tumours	221.9 (2)	245.9 (2)
other illnesses	84.6 (3)	69.3 ()
wounding and poisoning	38.2 ()	81.0 (3)

Except for AIDS, cases of transmittable diseases are not broken down by gender in the official statistics. In 1996 23 females and 109 males were reported to be suffering from AIDS. The official statistics do not analyse deaths by gender.

Road-accident casualties in Austria, 1996		
female	male	total
21,096	30,876	50,700

Fatal accidents and suicides in Austria, 1996

Fatal accidents		
female	male	total
1,066	1,738	2,804

Per 100,000 inhabitants : 34.8

Proportion of women in per cent: 38

Suicides		
female	male	total
443	1,336	1,779

Per 100.000 inhabitants : 22.1

Proportion of women in per cent: 25

The specific health problems of women are not listed in the 1997 health report.

There is no mention in the 1997 health report of selected female target groups for health care or health promotion. The "Mutter-Kind-Pass" examination (a series of examinations according to a certain system) during pregnancy is an exception. It is listed as a measure specific to women and categorised as a health-promotion initiative (Federal Ministry of Labour, 1997). However, specific target groups for health-promotion measures are mentioned in regional health reports (Ludwig Boltzmann Institute, 1996; Rásky, 1998).

7. Framework conditions for the specific promotion of women's health in Austria

Austria has signed the Ottawa charter and the Rio resolutions (World Health Organisation, 1986). Individual cities are members of the "Gesunde Städte-Netzwerk" (a network of cities cooperating on health care matters). All these documents insist that governmental bodies must create structures permitting their citizens to become involved. Following up words by deeds - rather than tersely asserting, as in the brochure "Auf dem Weg zu einer nachhaltigen Entwicklung in Österreich" ("On the way towards sustainable developments in Austria"), which gives a summary of the situation 5 years after Rio, that "all is well" - could give women's health promotion a real boost in both research and practice (Federal Ministry of the Environment et al., 1997).

In Austria there are at present no explicit health-promotion targets specific to women, and hence also no articulated structural measures - such as, for example, guidelines and standards for the work of projects or the promotion of further training for female staff (Svoboda, 1998). These have yet to be developed (Nöstlinger, 1995; Helfferich et al., 1996). However, a conference on women's health held in Vienna by the World Health Organisation has meanwhile set the course concerning important matters (World Health Organisation, 1994). The success of specific women's health promotion will depend not only on the ability of the individual organizations already supplying women with services to network among themselves, but also on their success in co-operating and networking with other providers in the fields of social services and health (Wimmer-Puchinger et al., 1997). Making financial subsidies subject to proof of networking activity could perform a valuable service by encouraging the establishment of the necessary structures (Rásky, 1998).

The health reports mention the following measures for structural improvement in the field of non-gender-specific health promotion: the creation of a new department in the Ministry of Health, the new health-promotion law requiring 100 million Austrian schillings to be provided for health promotion each year until the year 2000, and the restructuring of the "Fonds Gesundes Österreich" ("Fund for a Healthy Austria") (law on health promotion, BGBl. no. 51/1998). A working party is currently working on preparations for the implementation of this law. Nobody has much time at present for the explicit promotion of women's health. Under the keyword "women's health", the database of the "Fonds Gesundes Österreich", for example, contains a single initiative - which is not actually gender-specific. For the terms "women" and "health" the search program comes up with 62 projects, most of which pursue no explicitly gender-specific approaches (<http://www.fgoe.org/>; Lins et al., 1997). In response to an enquiry by telephone about innovative women-specific projects and initiatives in the field of health promotion, I was given 16, among which, for example, the women's health center in Graz is not to be found at all and several initiatives, judging from the material provided, cannot be regarded as especially innovative or specific to women. Despite these drawbacks, the database is of great importance for health promotion.

8. The women's health movement

In Austria there is at present no women's health movement in the sense of a large number of women in a political movement declaring themselves to be the competent experts on their own health, developing joint projects, constituting a conscious self-help movement, drawing up woman-centred strategies and both seeing themselves, and promoting themselves to the public at large, as a counterweight to the experts in the health professions, particularly doctors .

There is also no women's health movement, i.e. a critical consumers' movement functioning as an advocacy for the health needs of other women, highlighting deficiencies in health care and campaigning for improvements in the field. The successful petition for a referendum on women in April 1997 - signed by 11% of citizens entitled to vote, or 644,665 persons - cannot obscure that fact. Its demands related to equality for women, the improvement of their situation at work, financial protection through both a basic wage and pension provision, and child-care facilities (<http://www.uff.at>). Even so, meeting these demands could be seen as a structural health-promotion measure in the terms of the World Health Organisation's concept of health. So far, however, none of these demands has been met.

No doubt this initial situation has historical causes. It may be relevant that Austria never had a bourgeois revolution, decisions regarding public welfare traditionally having been taken by the authorities. As an example, I wish to cite the reform on criminal law by Minister of Justice Dr. Christian Broda, which was passed by a socialist government in 1974. Among its provisions was the liberalisation of abortion. The legalisation of terminations within the first three months of pregnancy was introduced despite the fact that - unlike in other countries - there had been no strong women's movement campaigning for it. The result is that to this day this liberal law has yet to be implemented in all the federal regions, because there are no provisions making this mandatory and no representative bodies are campaigning for quality assurance in the abortion field. Women pay almost twice as much as they do in the Netherlands and Germany, and are often exposed to intolerable situations when they seek an abortion. To this day there has been no representative study of this topic in Austria. It would appear that in Catholic Austria the price paid for achieving a law seen throughout Europe as liberal was that abortion - if available at all - is expensive, and both the provision of essential information to consumers and the establishment of structures ensuring that it is carried out properly are either neglected or non-existent. Nobody appears to feel responsible for providing and monitoring quality-assured services, and on the other hand there is no strong lobby or representative body pressing for services to be safeguarded (Groth, 1998).

Since the 80s women who are professionally active in the most diverse fields of the social security and health services have been trying to achieve an improvement in women's health care. There are organizations in Austria which provide care fulfilling women's needs. Mention should be made of the **women's advice centers** (Stromberger et al., 1989). These are linked to form the **network of Austrian women's and girls' advice centers / network of Austrian women's and girls' service centers**, which meets at regular intervals to exchange information. The main topics are currently women's vocational orientation and the professionalisation of consultative activity specific to women. The network is involved in EU projects. There is as yet no nationwide network for work with girls. The individual advice and service centers for work with women and girls generally have very good inter-sector connections at the regional level and are clearly differentiated. Women's advice centers are among the oldest organizations specifically for women.

Contact address: Network of Austrian Women's and Girls' Advice Centres. President: Anneliese Erdemgil-Brandstätter, Skribanygasse 1, A-2340 Mödling. phone: ++43 / 22 36 / 41

0 85, or ++43 / 22 36 / 42 0 35, fax: ++43 /22 36 / 42 0 35, E-mail: Kassandra@FEM-WIEN.cl.sub.de, no homepage as yet.

Not until the 90s, far later than in other European countries, **women's health centers** were established, providing the services required by women and pressing for change. These still do not exist in all the federal regions. There are currently centers in Vienna, Graz, Salzburg, Linz, Dornbirn, and in the rural areas of Carinthia and Leibnitz in the country (Thaller et al., 1997; Groth, 1997; Groth et al., 1999; Halhuber-Ahlmann, 1997; Beham et al., 1995; working party, 1997; Rásky et al., 1999; Janes et al., forthcoming). The Innsbruck women's health center is in the process of being set up (Fleischer et al., 1998). There are thus no such organizations in Lower Austria and the Burgenland. The women's health centers differ in their organizational structure and their "corporate philosophy", but less so in the services they offer their clients. In March 1996, as a result of the Graz initiative, the women's health centers linked up to form the **network of Austrian women's health centers**. As yet no unified umbrella organization with coherent structures and distinct competencies has developed. This may possibly be due to the different approaches taken (hospital links vs. independence, critical public-relations work vs. the provision of advice), to the strong personalities active in this field and to the diverse ways in which female doctors are involved and how they see that involvement. The centers differ in the extent of their international connections, and some of them have adopted highly innovative concepts of structural change. The Graz women's health center, for example, has set up the **women's health forum** in and around Graz in co-operation with the Graz City women's department and the Styrian regional department for women, the family and society. This holds regular meetings with the objective of developing the exchange of information among women active in the health field, improving the collaboration which already exists, co-ordinating joint activities, developing strategies for the implementation of interdisciplinary measures, developing and sustaining visions and new ideas (<http://www.fgz.co.at>).

The **women's self-help movement** cannot be described as other than marginal. Groups concentrating on breast cancer exist, but they are heavily oriented towards medical thinking patterns. Very often their members and honorary members are doctors or doctors' wives, as a result of which the self-help movement in Austria is very largely dominated by doctors. The movement has not yet really succeeded in establishing and positioning itself as independent and critical of the medical system. There are at present no studies about any connection between individual self-help groups and the pharmaceuticals industry.

The self-help groups can be seen as sources of help for individual members, but not as a strong representative body - let alone a counter-movement or an organization attempting to change public opinion. There are hardly any nation-wide networked structures in the self-help field consciously articulating women's issues and seeing themselves as representative bodies.

Information on all self-help groups in Austria is available from: SIGIS (Service- und Informationsstelle für Gesundheitsinitiativen und Selbsthilfegruppen - Service and Information Centre for Health Initiatives and Self-Help Groups), Fonds Gesundes Österreich (Fund for a Healthy Austria), Ausstellungsstrasse 44, A-1020 Vienna, phone: ++43 / 1 / 726 02 60, fax: ++43 / 1 / 726 02 60 20, e-mail: andrea.lins@fgoe.org, Homepage: <http://www.fgoe.at/>. SIGIS regularly publishes a brochure listing existing self-help groups in Austria (SIGIS, 1997).

Research on women's health in Austria is so far rudimentary. There is virtually no co-operation among individual research institutes and researchers working in this field. The national research on women's health is thus in no position to supply scientific support for a possible health movement. Within the scientific fields related to sickness and health there is

hardly any awareness of the need for a gender-specific approach. And not even critical representative bodies (e.g. consumer protection bodies) are calling for one. In the good old Austrian tradition, a small contribution - 'if it won't help, at least it will do no harm' - is made by the federal and regional governments in the form of financing for individual projects (Mixa, 1997; Hochleitner, 1998 and 1999). No transparent objectives and structures exist, e.g. taking the form of explicit research programmes on women's health. There are, however, programmes for the promotion of women scientists. There is at present no public articulation or discussion of the need for equality for women in scientific decision-making bodies to be systematically promoted. (Bundesministerium, 1998)

The **Frauen-Forum Medizin Österreich (Women's Forum 'Medicine in Austria')** is a **networked platform** by the three medical faculties attempting to make gender specificity a topic of discussion. Lacking resources, however, it is currently little more than one element of medical education (Gredler et al., 1997). In future greater demands should be made of the academic field. Possibilities include financing a concrete women-specific research project and a chair of women's health. It would be helpful if information on all research projects on women's health were collected at a central point and listed. A particular objective of the Frauen-Forum Medizin Österreich in the field of research on women's health is the improvement of population-related data regarding the health situation of women, e.g. monitoring Austrian Women's Health Profiles (Ludwig Boltzmann Institute, 1995; Federal Ministry of Labour, 1997). This would mean regularly recording, analysing and extending this data-pool. Here it would be expedient to make financial support conditional on evidence of collaboration among scientists .

The Frauen-Forum Medizin Österreich currently holds regular meetings to discuss joint action. The office of co-ordinator rotates, which helps to share the workload. The platform will have to discuss an efficient organizational structure. The current co-ordinator of the 'Medicine in Austria' Women's Forum is associate professor Dr. Éva Rásky, Institute for Social Medicine, Karl-Franzens-Universität Graz, Universitätsstrasse 6/I, A-8010 Graz. phone: ++43 / 316 / 380 43 96, fax: ++43 / 316 / 380 96 65, e-mail: eva.rasky@kfunigraz.ac.at. Homepage: <http://www.kfunigraz.ac.at/ismwww/>.

In my personal view, the results of the following detailed study of **consciously women-specific approaches and systematic project networking in the health promotion field in Austria** do not mean bidding the issue of women's health farewell. There are very many committed initiatives and projects in Austria which are very well networked among both regions and sectors. There are no prospects, however, of the creation of structures for nationwide networking - not least because of the way in which projects are currently financed. I expect attitudes to change soon, leading to a new upsurge in women-specific research and policy. The decision-makers have made declarations of intent regarding citizen involvement. That would mean that this analysis of the current situation would no longer be valid. A rethink is called for both by public bodies, institutions and organizations, which should become more oriented towards consumers of women's health services and create structures to make this possible, and by those consumers themselves, who should demand an improvement in the services provided for women and establish a strong representative body.

9. Austrian networking structures in the field of the specific promotion of women's health

9.1 Subject field: Obstetrics

Structural problems

In this field, various professional groups are attempting to raise their profile and establish themselves alongside doctors and midwives. Together the various professional groups form a good representative body. And the falling birth rate is working in their favour, i.e. particularly the doctors working in this field are forced to adapt to women's needs. But the various providers are not yet sufficiently co-ordinated. The individual professional groups are still very concerned about distinguishing themselves from each other and defining their precise field of activity.

The **antenatal nurses** are organised in a nation-wide umbrella organization which was founded in 1992 and is represented in the European network. Its main concerns are the basic, further and advanced training of persons working in this field, the promotion of international collaboration, the dissemination of information to expectant parents and of information regarding the content and objectives of an integrated approach to antenatal care to medical specialists, and public-relations work on behalf of all those who work in antenatal care and obstetric units.

The **nursing and lactation consultants** have a well-developed network which operates an umbrella organization and issues guidelines. Even so, the work of the nursing and lactation consultants is still relatively unknown to the public and indeed to the medical profession . In the self-help field there are several well-organised groups throughout the country.

Nation-wide networked structures

The Austrian Board of Midwives represents the professional and political interests of midwives. Furthermore it constitutes a contact point between midwives and mothers-to-be. There is a branch in every federal region.

Contact person: president Renate Grossbichler. PO Box A-1060 Vienna. phone: ++43 / 1 / 597 14 04, fax: ++43 / 1 / 597 14 04. e-mail: grossbichler@hebammen.at or oehg@hebammen.at. Homepage: <http://www.hebammen.at/>.

Nursing and lactation consultants (IBCLC, International Board of Certified Lactation Consultants), member of the Association of European lactation consultants (VELB).

Contact person: Annemarie Kern, Lindenstrasse 20, A-2362 Biedermannsdorf, phone: ++43 / 22 36 / 723 36, fax: ++43 / 22 36 / 723 36, e-mail: stillen@netway.at. Homepage: <http://www.netway.at/vsloe/>.

The umbrella organization of the mother-and-child centers (DGE), NANAYA can be contacted through all members of the umbrella organization's board, Secretariat of the umbrella organization: Nanaya, Austrian umbrella organization for the preparation for birth and parenthood (DGE), Zollergasse 37, A-1070 Vienna, phone: ++43 / 1 / 523 17 11, fax: ++43 / 1 / 523 17 64. e-mail: nanaya@xpoint.at.

Member of ENCA (European Network of Childbirth Associations), European bureau: c/o Society for antenatal care - federal association e.V. (GfG), PO Box 22 01 06, D-40608 Düsseldorf, phone: ++49 / 211 / 25 26 07, fax: ++49 / 211 / 20 29 19.

Self-help group: La Leche, the Austrian league for nursing mothers, contact person: Maria Luise Gerstenbauer, Rofangarten 20, A-6212. phone: ++43 / 52 43 / 61 83, e-mail: a.gerstenbauer@tirol.com, homepage: <http://www.telecom.at/lalecheliga/>.

9.2 Subject field: Reproduction technologies

Structural problems

There is no publicly articulated, women-specific representative body in this field operating nation-wide. No independent information centers on this subject have even been established yet.

Counselling is offered at some centers. The psychotherapists' association has issued no guidelines or standards covering it.

Self-help groups for couples having difficulty in conceiving exist in almost every federal region. The contact person of the Austrian federal association is Doris Korec, PO Box 43, A-1213 Vienna, phone: ++43 / 663 / 910 64 56.

9.3 Subject field: Human genetics advice

Structural problems

There is no publically recognised representative body which critically analyses antenatal diagnosis. Information on this subject is disseminated exclusively by medical experts, and no independent patient-oriented critical public opinion exists. The women's health center in Graz is beginning a critical discussion (Journal of the Graz Women's Health Centers, 1998).

Counselling women during this critical period is not considered necessary by the medical system, and is therefore in many cases offered only if the woman specifically asks for it. There are no plans for structural measures such as establishing counselling centers.

9.4 Subject field: Abortion

Structural problems

The liberal provisions introduced by the legalisation of abortion within the first three months had no effect on the situation regarding representative bodies. There are no self-help groups or representative bodies with nation-wide networks. There is a plan for the Ministry of Women's Affairs to finance an information brochure which will be compiled by the network of Austrian women's health centers. The provisional publication date is autumn 1998.

9.5 Subject field: Prescriptions for the pill

Structural problems

There is no representative body calling for public financing of contraceptives. A plan by the Ministry of Women's Affairs to give young girls the pill without a gynaecological examination was not implemented.

The pill is generally prescribed by gynaecologists and general practitioners, but the health insurance schemes do not pay for it.

Nation-wide organizations

There is a legal basis for the work of the family advice centers which merely give advice on contraception, abortion and difficulties with conception: the law on family advice, which requires the centers to report annually on the numbers of persons advised. There are no nation-

wide standards for the work of the advice centers. How, for example, the pill is provided at these centers, and according to what criteria, is not known. It would be desirable to carry out a study to establish the extent of the effectiveness of the work of the family-consultation centers if, as is often the case, doctors working there have not demonstrated competence in sexual and gender-specific consultation, or have no basic, higher or advanced qualifications in those fields. Financing bodies are not at present discussing a study on this scale, though the intention is to improve qualitative documentation in the future (Janda, 1998).

9.6 Subject field: Gynaecological complaints (hysterectomies, myomas)

Structural problems

Opinions critical of the medical system are mainly expressed by a number of women's health centers. In contrast to other European countries, no critical voices opposing mainstream views are raised in public from within the medical establishment (Domenighetti et al., 1988). There are no population-related data on this topic, either. The argumentation is thus both difficult and, where the Austrian situation is concerned, speculative.

Those dissenting voices which do exist are hardly known to the public. Information is generally dominated by the medical system and the pharmaceuticals industry. Scientific journalists in Austria are very slow to report critical voices.

De facto there are no nation-wide women-oriented self-help groups on this topic. The brochure on self-help groups in Austria (SIGIS, 1997) contains no entries under the keywords "myoma", "hysterectomy/uterus removal".

Nation-wide organizations

Network of Austrian women's health centers

Contact person: Sylvia Groth, Frauengesundheitszentrum Graz (Graz women's health center), Brockmannngasse 48, A-8010 Graz. phone: ++43 / 316 / 83 79 98, fax: ++43 / 316 / 83 79 98 25, e-mail: sylvia.groth@fgz.co.at. Homepage: <http://www.fgz.co.at>.

9.7 Subject field: Breast cancer

Structural problems

There is no critical alternative body of opinion functioning nation-wide, e.g. from organizations concerned with environmental protection, on the subject of the origins of breast cancer (e.g. the discussion of xeno-oestrogens, which are considered to be responsible for causing it) (Gesundheitsgespräche [Health Discussions], 1997).

Austria has no population-related screening programme for the early diagnosis of breast cancer. Not all health insurance schemes are prepared to finance mammography as a precautionary measure. Critical opinions taking into account the situation of women - e.g. on the psychological effects of false positive findings on them, the quality or age of the equipment or the specialist expertise of the doctors working in the field - are rarely heard. A technology assessment of mammography was carried out as part of a EU project by the Academy of Sciences (Wild, 1997).

There are no interest groups which concern themselves with the various alternative treatments for breast cancer and make critical demands for quality improvement.

There are major structural problems with the aftercare of cancer patients. Women's centers offering integrated medical, psychological and social assistance are few and far between. There are no interest groups with an effective public profile campaigning for an improvement in this field. There are individual initiatives, but these are generally not networked. Krebshilfe (Cancer Aid) is a nation-wide organization with an effective public profile for cancer patients, which works to spread an understanding of cancer and to improve early diagnosis, claims not to work specifically with women.

Self-help groups exist, but - like all self-help groups in Austria - these are heavily medically oriented. They can thus relieve the suffering of individual women, but they are not a representative body for women suffering from cancer - let alone a counterweight to medical opinion.

Nation-wide networked structures

Krebshilfe is organised nation-wide, with regular meetings of the regional working groups, which operate autonomously. No explicitly woman-specific approaches are adopted. Austrian Cancer Aid, Rennweg 41, A-1030 Vienna, phone: ++43 / 1 / 796 64 50, fax: ++43 / 1 / 79 66 45 09.

The Österreichischer Dachverband Frauenselbsthilfe nach Krebs (Austrian umbrella organization for Women's Self-Help after Cancer) is in the process of reorganising its work following the death of its founder, who dedicated more than 20 years to building it up and leading it. Contact person: Mrs Büchler, Medizinisches Selbsthilfezentrum (Medical Self-Help Center), Obere Augartenstrasse 26-28, phone: ++43 / 1 / 332 23 48 or ++43 / 1 / 330 22 15, fax: ++43 / 1 / 334 65 50. The umbrella organization is a member of the European Breast-Cancer Coalition. Contact person: Christl Zimmermann, Suchardstrasse 23, A-6700 Bludenz. phone: ++43 / 55 52 / 670 18, fax: ++43 / 55 52 / 631 71. Homepage: <http://www.vois.org.uk/europadonna/>.

9.8 Subject field: Psychotherapy

Structural problems

The psychotherapy law provides that in Austria doctors as well as psychotherapists may work in the psychotherapeutic field. It is very heavily dominated by doctors, who are entitled by the possession of the so-called psych diploma, an extra medical qualification, to bill the health insurance schemes for psychotherapeutic treatment, thus approximately doubling their fee.

The Austrian psychotherapy association constantly concerns itself with sex-specific topics. Regional ethical commissions exist with nation-wide networking. The written ethical professional rules also address the problems of sexual harassment and sexual abuse (Stemberger, 1996).

No self-help groups, e.g. of therapy-damaged clients, figure in the SIGIS list of self-help groups. No special-interest groups have so far made themselves known.

Nation-wide networked structures

Österreichischer Bundesverband der Psychotherapie (Austrian Federal Psychotherapy Association). President: Prof. Dr. Alfred Pritz. Rosenbursenstrasse 8/3/7, A-1010 Vienna. phone: ++43 / 1 / 512 70 90, fax: ++43 / 1 / 512 70 91, e-mail: oebvp@psychotherapie.at, homepage: <http://www.psychotherapie.at/oebvp>. The federal association is a member of the European and World Psychotherapy Associations.

Self-help groups: Dachverband der Hilfe für Angehörige psychisch Erkrankter (umbrella organization - Assistance to relatives of the mentally ill (HPE Austria)). According to information available, the self-help groups - which are networked nation-wide - do not concentrate on women-specific topics, even though there is an disproportionate number of women in the groups. Contact person: Mag. Ingrid Rath, Bernardgasse 36/4/Top 14, A-1070 Vienna, phone: ++43 / 1 / 526 42 02 or ++43 / 1 / 526 78 54, fax: ++43 / 1 / 52 64 20 22 00.

9.9 Subject field: Menopausal complaints, osteoporosis

Structural problems

This field is heavily medically dominated. Many gynaecologists have established commercial out-patient clinics and institutes specialising exclusively in diagnosis and treatment in these subject fields. In the recent past they have also employed practitioners in complementary medicine. This ties the women under treatment more closely to the institution, and also attracts clients who might not otherwise have approached it.

A critical alternative approach is provided by the women's health centers, which besides organising groups for women at this stage of their lives also provide individual advice and carry out effective public campaigns. But this field is yet another in which the women's health centers do not put forward any coherent alternative view.

Nation-wide organizations

Network of Austrian women's health centers: see above.

There are no self-help groups active nation-wide with an umbrella-organization structure.

9.10 Subject field: Work with girls

Structural problems

There are at present various girls' centers in the federal regions which jointly form the Österreichisches Netzwerk der Frauen- und Mädchenberatungsstellen (Austrian network of women's and girls' advice and service centers. In Vorarlberg, a group of women is working on the formation of a network of all the region's facilities catering specifically for girls. Individual projects are mostly networked on a regional and sector basis. They concentrate mainly on the labour market, creating and reinforcing consciousness, violence against girls and women and violence within the family.

In Klagenfurt, there is a model project with a well-developed network, the Mädchenzentrum Klagenfurt (Klagenfurt Girls' Center), which will start an inter-regional cooperation project in the near future. Mädchenzentrum Klagenfurt. Contact person: Frau Mag. Janshoff. Alter Platz 30, A-9020 Klagenfurt. phone/fax: ++43/463 / 50 88 21. No e-mail and homepage established as yet.

Nation-wide organizations

Austrian network of women's and girls' consultation and service centers; see above.

Various types of self-help groups exist here and there, but there is no national network of these.

9.11 Subject field: Eating disorders

Regional networking is done by the women's health center F.E.M (Women Parents Girls) in Vienna: Bastiengasse 36-38; 1180 Vienna; Austria; phone: ++43 / 1 / 47 61 53 73; fax: ++43 / 1 / 47 61 53 07 and by the women's health center Graz in the Steiermark; Brockmannngasse 48; 8010 Graz, Austria; phone: ++43 / 316 / 83 79 98; fax: ++43 / 316 / 83 79 98; e-mail: frauen.gesundheit@fgz.co.at; Webside: <http://www.fgz.co.at>.

9.12 Subject field: Drugs

Structural problems

Since there are virtually no organizations pursuing women-specific approaches, neither is there any networking in this field. The same is true of representative bodies and self-help groups.

9.13 Subject field: Violence

Structural problems

There are women's shelters in many federal regions which jointly form the Netzwerk österreichischer Frauenhäuser (Austrian Women's Shelter Network). There is also an EU network structure organised by WAVE, part of the Daphne initiative, and the Task Force for Home and Justice Affairs, a programme supported by the EU Commission to combat violence.

The women's shelters were closely involved in the drafting of a new law - the law on protection from violence within the family, the so-called exclusion law - which was recently enacted in Austria. This empowers the executive to exclude a violent offender from the residence shared with his victim for a specified period (exclusion in accordance with §38a of the Police Safety Law (SPG), longer-term protection by temporary injunction (EV) in accordance with § 382 of the Enforcement Directive of 1.5.1997).

Intervention centers were set up to provide victims with the assistance they need (general advice, counselling, legal information and advice). In every federal capital exists an intervention center. But an umbrella organization was not founded yet. The intervention centers jointly co-ordinate their work, concentrating mainly on exchanging information and developing a statistical documentation programme. The intervention center in Linz is the only one who has a webside yet: <http://www.istlinz.or.at/istlinz>.

Nation-wide organizations

Austrian Women's Shelter Network: Centre Against Violence Against Women, Hofgasse 9/1/4, A-1050 Vienna, phone: ++43 / 1 / 544 08 20, fax: ++43 / 1 / 544 08 24, e-mail: aofef@xpoint.at. Homepage: <http://www.xpoint.at/users/aofef/>.

9.14 Subject field: HIV/AIDS

Structural problems

There are eight Aids centers in Austria which are operated as independent associations, but whose work is coordinated. With the exception of Burgenland and Niederösterreich, there are advice centers in all the federal regions. The Aids-Informationen-Zentrale Austria is in charge of coordination, information and documentation of the Aids centers, carries out nation-wide projects (i.e. the aids net austria) and functions as a contact for international organizations. In

the work of the Aids centers, women-specific topics have a prominent position. Self-help groups in this field are coordinated via the regional Aids centers.

Coordination address: Aids-Informations-Zentrale Austria. Managing director: Georg Bartosch. Fechtergasse 19/20, A-1090 Vienna. phone: ++43 / 1 / 315 42 04, fax: ++43 / 1 / 31 54 20 46, e-mail: aidshilfe@aidshilfe.or.at. Homepage: <http://www.aidshilfe.at/>.

9.15 Subject field: Caring for relatives

Structural problems

There are individual women-specific projects and initiatives in this field, but no network exists. Interest groups campaigning for the inclusion in the social welfare system of women who care for relatives, for example, do not engage in effective public activity.

There are no self-help groups organised on a nation-wide basis, either.

Organizations

In a model project the women's health center in Leibnitz (Styria) is working to improve the situation of women carers by establishing structures, networking, providing direct assistance to the women concerned and running courses in the rural Leibnitz area; this is also having an effect on the facilities which are available. The Leibnitz women's health center also has links with several European countries which are already pursuing various innovative approaches, e.g. Sweden (Janes et al., forthcoming).

Contact person: Eva Janes, FK. Leibnitz women's health center "The spider and the web". Fettingger Strasse 6, A-8430 Leibnitz. phone: ++43 34 52 / 740 20; fax: ++43 / 34 52 / 740 20; e-mail: frauen.pflege@fgzco.at. Homepage: <http://www.fgz.co.at>.

9.16 Subject field: Groups, women with chronic and mental illnesses, homeless women, prostitutes

Structural problems

There are no nation-wide umbrella organizations in any of these fields working specifically to promote women's health. There are no strong, publically effective representative bodies and virtually no self-help groups.

Self-help groups for relatives of the mentally ill do exist, but there is no nation-wide network and they do not consciously pursue a women-specific approach.

In the field of psychiatric care there are committed individuals who concern themselves with these issues, but it is not yet possible to speak of any general awareness in the psychiatric field that women may possibly need different care structures from men. Formerly progressive campaigners and professionals, who in the past have helped to achieve major changes in the psychiatric field, have yet to develop any awareness of these issues - and in consequence they see no need to develop care structures appropriate to women.

9.17 Subject field: Migrants/refugees, socially disadvantaged women

Structural problems

In neither field is there any nation-wide networking of projects working specifically to promote women's health. The Asylkoordinationsstelle (coordination center for asylum-seekers), a network of smaller groups/organizations working in the field of asylum/refuge and survivors of torture, has regular work meetings. Women-specific and health problems are part of their agenda. Asylkoordinationsstelle, contact person: Anny Knapp, Schottengasse 3a/59. phone: ++43 / 1 / 532 12 91, fax: ++43 / 1 / 533 77 52, e-mail: asylkoordination@mail.t0.or.at.

There are no strong, publically effective representative bodies and virtually no self-help groups.

The individual projects are highly focused (legal advice, psychological and psychosocial care, work and jobs). They are regionally and nationally networked.

Hemayat

In the field of socially disadvantaged women there is also no nation-wide project networking. The Women's Advice Centre in Vienna recently completed an EU project on disadvantaged women (Women Advise Women, 1997).

Contact address: Frauenberatung des Vereins Frauen beraten Frauen (Women's advice initiative by the Women Advise Women Association), Lehargasse 9, A-1060 Vienna, phone: ++43 / 1 / 587 67 50, fax: ++43 / 1 / 586 28 30.

10. Literature

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Journal of the Graz Women's Health Centre 1998; 3: 23.

11. Organizations within the Women`s Health Movement¹

Name of the organization:

Feminist Women`s Health Centre TROTULA
Feminist Joint Practice
Psychological Practice TROTULA

Address:

Friedrich Engels-Platz 21/2/1
1200 Wien
phone: ++43 / 1 / 334 53 53

Schwazspanierstr. 20/10
1090 Wien
phone: ++43 / 1 / 406 93 97

Gentzgasse 118
1180 Wien
phone: ++43 / 1 / 470 41 13

Contact:

Bibiane Dattler

Aims of the organization:

Trotula is a self-governed organization, where specialists from different areas work together with women at improving their concrete conditions of living, health and relationships.

Main topics of work:

Preventive care, education, counselling and movements at the following topics:

- psychosomatic
- psychotherapy
- caring for pregnant women
- contraception
- sexuality
- counselling at unwanted pregnancy
- conservation of health

Members:

single members: a doctor, a psychologist, a social worker, a life and social counsellor, a SHIATSU-practitioner, a secretary

By number:

6

Year of foundation:

1989

Legal form:

Association

Financing:

Mixed financing

Local institutions:

¹ This organizations themselves are responsible for this presentations.

Specialized groups:

Specific knowledge:

- Alternative methods of healing:
- Homoeopathy, phytotherapy, acupuncture, psychosomatic, shiatsu, chinese medicine, Lomi Lomi, dance;
- psychotherapy: NLP, Systemical family therapy, psychodrama, sexual counselling, body therapy, energy work;
- medical questions:
- hormones, prenatal diagnostics, mammography, bone density measures, birth, abortion

Name of the organization:

Women's Health Centre Graz

Address:

Women's Health Centre

Brockmanngasse 48

8010 Graz

phone: ++43 / 316 / 83 79 98

fax: ++43 / 316 / 83 79 25

e-mail: frauen.gesundheit@fgz.co.at

<http://www.fgz.co.at>

Contact:

Sylvia Groth managing director

Aims of the organization:

The Women's Health Centre, Graz, is an innovative model for a women-friendly health care as well as for prevention and health promotion. The Women's Health Centre takes part in women friendly health politics and promotes a women specific health research and practice.

Main topics of work:

Critical consumer information and counselling; courses and workshops; self-help groups; further education and concepts of development; documentation and management of information; representation of interests, lobbying, campaigns; public relations; networking; psychotherapeutical practice; Women's Health Centre: Leibnitz: structural project for caring relatives and friends; homoeopathical practice, gynecological practice;

Members:

30

Year of foundation:

1992, opening december 1993

Legal form:

charitable organization

Financing:

by the city of Graz, the province of Steiermark, the Federal Ministry for Women, the Federal Ministry for Work, Health and Social Matters, by donations and our own resources

Regional institutions:

Women's Health Centre Leibnitz

<http://www.fgz.co.at>

Fettingergasse 6

8430 Leibnitz

phone: ++43 / 34 52 / 740 20

fax: ++43 / 34 52 / 740 20 20

e-mail: Frauen.pflege@fgz.co.at

Specialized groups:

Women's Health Centre Graz and Graz area. Network of professionals in the field of women's health. Women's selfhelp after mammary carcinoma.

Specific knowledge:

Additional:

knowledge of the problems of caring relatives and friends,
knowledge of the critical consumer information, especially of reproductive health, gynecology, sexuality, menopause

Publications:

annual report, free, 3-4 times a year

program magazine, free

Sylvia Groth. Frauengerechte Gynäkologie für Patientinnen und für ÄrztInnen. Eine politische Interventionsstudie. In: Jürgen Pelikan, Wolfgang Dür: Gesundheitsförderung regional. Facultas Verlag, Wien 1997, 137-143.

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Östrogene und Mammakarzinom. Kontroverse mit Johannes Huber. Forum Dr. med 7/1997.

Questions and interests relevant to the current situation:

Questions and interests, that the organization is actually thinking about, especially questions, which are relevant to the international context

structural changes and networking on the way to a women friendly health system, improving the abortion at Austria, psychosocial caring for women that suffer from a mammary carcinoma, further education in gender specific approaches, point of research in the women's health research for multipliers; medicalisation of the menopause, support for women being thick;

Name of the organization:

ISIS - Gesundheit und Therapie

Address :

Willibald-Hauthalerstr. 12

A-5020 Salzburg

phone: ++43 / 662 / 44 22 55

fax: ++43 / 662 / 44 22 50

e-mail: isis@eunet.at

Contact:

Mag. Aline Halhuber-Ahlmann

Mag. Petra Schweiger

Mag. Hermie Steininger

Aims of the organization:

The organization is engaged in a holistic understanding of health, which considers the connections between the female life conditions and the causes of disease. The organization supports the care and precaution of women's and girls' health.

Main topics of work:

- advice service, lectures and groups about women-specific subjects from the area of health
- information and help for self-help
- advice-service (defective appetite; climacteric; situations of life which put strains on women; homoeopathy, diet)
- training of people who disseminate information and represent the organization: sensitization for the subject "women's health"

Members:

Individual members from the areas gynaecology, psychology, psychotherapy, communication studies and jurisprudence

Number of the members:

6

Year of the foundation:

autumn 1994

Legal Form:

charitable society

Financing:

the province of Salzburg, the city of Salzburg, the Bundesministerium für Arbeit, Gesundheit und Soziales (Austrian ministry for labour, health and social affairs) and fees for courses

The regional health insurance of Salzburg supports ISIS with sponsoring of projects.

Regional institutions:

none

Specialist groups in the organization:

none

Specific knowledge which is offered by the organization:

about problems and questions concerning medicine, psychotherapy and communication studies

Publications:

Programme (available free at the organization twice a year)

- progress report every year

Extract from a selected publication:

none

Questions and interests relevant to the current situation:

- intensification of activity in the country
- to initiate a report on women's health for the province of Salzburg

Name of the organization:

Linzer Frauengesundheitszentrum

Address:

Kaplanhofstr. 1

4020 Linz

Austria

phone: ++43 / 732 / 77 44 60

fax.: ++43 / 732 / 774 46 05 05

e-mail: office@fgz-Linz.at

<http://www.fgz.-Linz.at>

Contact:

Doris Nemeth Management, Coordination, Organization

Aims of the Organization:

The aim of the Linzer Frauengesundheitszentrum (center for women's healthcare) is to develop resources of health and appropriate strategies of solution for women.

Main emphasis of work:

Advice and treatment from the holistic point of view (Information, advice, therapy), development of health resources, help for self-help, support of the autonomous responsibility and of the knowledge about the own body (lectures, courses, groups), creation of a network between the Linzer Frauengesundheitszentrum and other already existing institutions in the area of somato-psycho-social work (central office for information about other institutions which exist in Linz or in the area of Austria)

Members:

1 member organization (society ISI), individual members

Number of the Members:

70

Year of the foundation:

1995

Legal Form:

politically independent society

Financing:

Financing by different sources: public sponsoring, money for projects, income from courses and membership fees

Regional institutions:

women's forum, Meetings of the network of Austrian centers for women's healthcare

Specialist groups:

open circle for discussion in the area of healthcare: "What makes women sick?", "What makes women healthy?"

Subjects: Women as therapists (female social workers, female psychotherapists, nurses,...)

Which role does the own role as a woman play?

How to handle hierarchies

Women as clients or patients

equal treatment for women and men

Questions and Interests relevant to the current Situation:

Exchange of experience, reflexion, possibilities of development.

Name of the organization:

FGZ Kärnten

Address:

Völkendorferstraße 23

9500 Villach

Austria

phone: ++43 / 42 42 / 530 55

fax: ++43 / 42 42 / 530 55 15

e-mail: fgz.sekretariat@carinthia.com

<http://www.fgz-kaernten.at>

Name of the organization:

FGZ in Tirol

Address:

Michael Gaysmayr Straße 11

6020 Innsbruck

Austria

phone/fax: ++43 / 512 58 91 19

Contact:

Dr. Inge Mühlsteiger

Name of the organization

Women's Health Center F.E.M (Women Parents Girls)

Address:

Bastiengasse 36-38

1180 Vienna

Austria

phone: ++43 / 1 / 47 61 53 73

fax: ++43 / 1 / 47 61 53 07

Name of the organization:

Women's Health Center F.E.M South

Address:

Kundratstraße 3

1100 Vienna

Austria

phone: ++43 / 1 / 601 91 52 01

fax: ++43 / 1 / 601 91 52 09

Model projects

Name of the Organization:

Association "Vitamin R", Center for Health Care

Address:

Hauptstr. 44a

9545 Radenthein

Kärnten

Austria

phone: ++43 / 42 46 / 49 20

fax: ++43 / 42 46 / 49 19

Contact:

Dr. Barbara Burgstaller, managing director/project manager

DAS Barbara Berger

Eva Maria Schennach

Aims of the Organization:

The aim of our work is to install the principles of "health care as structural development" into the social relevant areas or "health production" in a broad sense (schools, hospitals, institutions for counselling, the system of family ...); always regarding the layer of the regional context and the following terms: orientation towards needs, gender differences, resource orientation and empowerment

Main emphasis of work:

Structures:

Work groups, that are orientated towards translating new structures while including local resources and opinion-holders (e.g. networks that support families like F.U.N.; Doing a concept a decentralized "Women's Health Centre Kärnten" or rather the Women's Health Net Kärnten"

Counselling:

diverse offers, like consulting hours with a gynaecologist, always: developing a model: "counseling regarding health care"

Educational offers: Training for multipliers, courses, lectures, seminars - always with the greatest possible orientation towards translating the contents that have been worked out

A midwife of the region: Supporting or rather gaining back female competences through conscious support of processes of empowerment (example: integrating the midwife of the region into the official counselling for mothers)

Members:

Single members (all professions and classes, about 80% women)

By number:

120

Year of foundation:

Since 1995

Legal form:

Registered association

Financing:

Provincial government of Kärnten
Health department
Social department
Department of regional development
City community of Radenthein
Subscriptions and donations
Sponsoring
Own resources
(mixed financing)

Local institutions:

Field of structural development: Dr. Barbara Burgstaller

- structural development within the community
- Structural development "Womes Health Centre Kärnten" (contact and cooperation: Mag. Barbara Drobesh, UA Gesundheitsförderung , Amt der Ktn. Landesregierung, Hasnerstr. 8, 9020 Klagenfurt)
- Structural development "Health Care at the Region"

Workgroup Family supporting networks (FUN) DAS Barbara Berger, in Vit. R.

Workfield of the regional midwife: Midwife Eva Maria Schennach, in Vit. R.

Specialized groups:

Counseling: Developing specific, regional offers of counseling for women and girls regarding health care (B. Berger, in Vit. R.)

Regional midwife: Supporting self-determined, female, reproduction-concerned competences in decision-making and action (Eva Maria Schennach in Vit. R.)

Special knowledge:

Know-how on strategies of women's health care at a communal level

Know-how on developing organizations and projects

Know-how on endogenous regional development regarding the gender specific orientation towards needs.

Publications:

Articles:

- Burgstaller, Barbara, Berger, Barbara, Viel FUN in der Gesundheitsförderung, Ein Modellprojekt bringt bewegung in regionale Entwicklungen, in: Dür Wolfgang (Hg.) Qualität in der Gesundheitsförderung, Facultas Universitätsverlag, Wien 1998
- Burgstaller, Barbara, Vitamin R - Vital miteinander in Radenthein, in: :Dür Wolfgang (Hg.) Gesundheitsförderung regional, Facultas Universitätsverlag, Wien 1997
- Material:
- Programmbroschüren (gratis)
- regionale Gesundheitszeitung (ab Sept.1998; gratis)
- Dokumentation 1995 - 1998: Zentrum für Gesundheitsförderung? - Gesundheitsförderung im Zentrum! Ab Sept. 1998 (ca. ATS 100,-plus Versandkosten)
- Diverse Falter, Bereichsbeschreibungen und interne Artikel

Questions and Interests, that are relevant to the current situation:

Material about "health care in a regional context", especially contributions about how to make leading terms more clear and about innovative approaches regarding orientation towards resources and needs as well as gender specific and empowerment. Moreover contacts with professional women who might find themselves within this understanding of work or rather get close to this understanding. Material and contacts of a gender specific health care at the country, especially with women farmers.

Name of the organization:

Office for Intervention against Violence to Women and Girls within Families

Address:

Granatengasse 4

8020 Graz

Austria

phone: ++43 / 316 / 77 41 99

fax: ++43 / 316 / 774 19 94

Contact:

Marina Sorgo

Aims of the organization:

The office of intervention is dedicated to increase security for concerned women and girls and has the following partial aims:

- A secure private sphere as well as a fast, free and unbureaucratical access to the law.
- To show norms clearly by integrating violent acts at home into the legal system
- To optimize the cooperation of all offices and institutions, that are concerned with acts of violence at home

Main emphasis of work

- Looking after and active support in psychosocial and legal affairs.
- Cooperation and coordination of those institutions concerned with violence within families in order to prevent from violence

Members:

The team consists of female jurists and social workers

By number:

No members/only at the umbrella organization

Year of foundation:

The association Grazer Fraueninitiative exists for more than 18 years, it also runs the Grazer Frauenhaus - the Office for Intervention opened on Dec. 15, 1996

Legal form:

The Fraueninitiative Frauenhaus is the umbrella organization

Financing:

By subventions of the Federal Ministry of Internal Affairs and the Federal Ministry of Women's Affairs.