

Women's Health Matters: From Policy to Practice

10 point plan for Victorian women's health

2006-2010

The 10 point plan outlines a vision for women's health in Victoria over the next 5 years, recognising the impact of gender in health and health inequalities and redressing this.

Why do we need a new way forward?

Women are different from men. Their social experience of that difference, expressed as 'gender', impacts on every area of their lives.

- Victorian women's average weekly earnings are 20% lower than those of Victorian men¹
- The average earnings of employed women are still substantially lower than those of men²
- 15% of families with children under 15 are one-parent families. Of these 83% have a female head of family³
- Even when employed women are still largely responsible for looking after their homes and families
- 20% of Victorian women speak a language other than English and close to one in five women living in Victoria is an immigrant.⁴
- The number of Victorian women who identified as Indigenous in the 2001 census was 14,047⁵
- Women constitute a particularly large segment of the older/senior population⁶

There is growing evidence of the relationship between gender and health and understanding of gender as an important determinant of health and wellbeing. Although the difference is not news to most of us, it is still being discovered in many areas of health. Often, health has been dispensed as a 'one size fits all' model. However women need health care tailored to women's bodies and mindful of women's social roles.⁷

There are some conditions that affect more women than men, such as arthritis, osteoporosis and eating disorders. There are some conditions that affect women differently than they affect men. Heart attacks and HIV/AIDS are two of the more serious conditions that doctors sometimes overlook in women, because the signs and symptoms look different than they do in men. And there are some conditions that only affect women, such as pregnancy, childbirth and menopause. Too often, reproductive health is what 'women's health' is seen to be. But women's health is much more than this.⁸

¹ Office of Women's Policy (2005). Facts and Figures about Victorian Women

² *ibid*

³ Australian Bureau of Statistics (2004) Household and Family Projections, Australia, 2001 to 2026. Cat. No. 3236.0

⁴ Federation of Ethnic Communities' Council of Australia (2001). Age-Gender Profiles for Selected Birthplace Groups Victoria- 2001 Census

⁵ Australian Bureau of Statistics (2001) Population Characteristics Aboriginal and Torres Strait Islander Australians, Victoria. Cat. No. 4713.2.55.001

⁶ Australian Bureau of Statistics (2004) Population by Age and Sex, Australian States and Territories. Cat. No. 3201.0

⁷ With acknowledgements to the Canadian Women's Health Network

⁸ *ibid*

Despite the growing international recognition of gender as a determinant of health, this awareness has yet to be incorporated into mainstream health policy and the design and delivery of programs and services.

An investment in women's health is an investment in the health of all the community.

What are the fundamental elements?

1. Social Determinants of Health Approach

There is a need to create a comprehensive Victorian women's health policy that focuses on social, economic and cultural risks using a health determinants approach. This approach recognises that many factors in addition to access to health care services determine the health status of an individual. One of these factors is gender. Health should be promoted from the agreement that the 12 highly interactive determinants of health are:

- Income and social status
- Employment status
- Education
- Social environment (including social support and social exclusion)
- Physical environment (including access to food, housing and transport)
- Healthy child development
- Personal health practices and coping skills
- Health services
- Social support networks
- Biology and genetic endowment
- Gender, and
- Culture.⁹

2. Gender as a Determinant of Health

A new Framework should encompass the components of gender based analysis. The components include gendered data, gender impact assessment and gender awareness raising. It requires that legislation, policies and programs are responsive to the evidence base regarding sex and gender differences and women's health needs. A lack of gendered data leads to ineffective service planning and reduced cost effectiveness of outcomes. The strategic use of women's health services to inform planning processes is thus essential.

The gender based analysis framework should be overlaid with a diversity analysis that considers factors such as race, ethnicity, geographic isolation, level of ability and sexual orientation.

A good example of a gender based analysis application is 'Better Pathways: An Integrated response to women's offending and re-offending'.¹⁰

3. Overarching Values

Most Western countries, including the United Kingdom, Canada and New Zealand, have a national Human Rights Act or equivalent.¹¹ And although human rights laws operate within the jurisdiction of the Australian Capital Territory, Australia is the only Western country without a national Human Rights Act. In addition, Australia has no plans to ratify the UN Convention on the Elimination of All Forms of Discrimination Against Women and is the only developed nation to not be a signatory. In the absence of any Australian constitutional entrenchment of

⁹ Health Canada's Women's Health Strategy 1999 p13

¹⁰ 'Better Pathways: an integrated response to women's offending and re-offending'. A four year strategy to address the increase in women's imprisonment in Victoria, 2005-2009. Victorian Government Department of Justice, November 2005.

¹¹ Rights, Responsibilities and Respect. The Report of the Human Rights Consultation Committee. Victorian Government Department of Justice, November 2005

equality for women at the federal level, moves by the Victorian Government to enact a Bill of Rights are welcome.

In implementing a gender based-analysis framework, it is recommended that human

rights underpin the overarching values of this framework. It is recommended these include the creation of a society within which women have

- the right to live safely and free from violence and fear
- the right for women to fulfil their potential
- the right to informed and real choices.

4. Priority Issues

Priority issues for action over the next 5 years should be:

- statewide reproductive and sexual health policy and funded programs
- end violence against women
- emotional and mental health.

There should be a commitment to fund research in 5 identified women's health priority areas.

How can this be implemented?

5. High Level Cross-Government Leadership

Establish new Ministerial Women's Advisory Committees within each of the critical portfolio areas, including Women's Health, and develop a mechanism to achieve cross-portfolio collaboration.

6. Inclusive Approach

A process should be established which involves women's health advocates in priority setting and investment in translation of knowledge into policy development and health system and practice change.

7. Honesty and Transparency

Build honesty and transparency into consultation processes and turn consultation into action. When government is consulting with women it should be made clear from the outset where the results of the consultation will be visible, or whether the consultation is an information session, or whether it is an education session or other specific purpose.

8. Resourcing and Accountability

Allocate resource responsibility for carrying forward the gender based analysis approach in the women's action plan or health plan and make accountability for moving a women's agenda forward shared and visible.

The women's action plan or health plan should be an accountability tool for government departments to implement gender-based analysis in their policy, planning and funded service agreements.

Within Victoria currently, the apparatus in government for accountability to move a women's agenda forward is not clear. For example:

- Growing Victoria Together is not gendered.
- Challenges in Addressing Disadvantage in Victoria data analysis is not even sex disaggregated on those areas which inform the report such as school leavers unemployed, behavioural risks and socio-economic status, family violence reports and, unemployment. This is the paper which outlined the nature, extent and distribution of disadvantage in Victoria and led to the policy document *A Fairer Victoria*. The result is that *A Fairer Victoria* is not gendered. Visibility for accountability for moving a women's agenda forward is further diminished now that the *Forward Plan for*

Women and the Victorian Women's Health and Wellbeing Strategy have been rolled into A Fairer Victoria.

9. Women's Specific Services

The authentic place of standalone specialist women's health services and programs ensures that research, policy and practice address the economic, social and cultural obstacles that prevent women from reaching their potential.

Renew commitment to women-specific services and centres of excellence and further develop the roles of statewide, regional women's health services for intersectoral collaboration between the settings within which health is impacted.

10. Collaborative Frameworks

Maintain and properly fund specialist women's health expertise while supporting those collaborative frameworks that women's health services are currently in, or could potentially work in. These work across health promotion settings and environments and health treatment services in primary and acute care.