



WOMEN IN THE CITY OF BRIMBANK



WHY WOMEN'S HEALTH MATTERS

Women comprise approximately half the population in Brimbank and have different health and wellbeing needs from men. While it would appear that women and men have all the same formal opportunities, the unequal status of women in our community causes many to experience significant disadvantage, impacting on their safety and their physical, mental and social health and wellbeing.

To support women's health, safety and wellbeing, and to recognise and respond to men and women's different needs, it is imperative that we adopt a gender-sensitive approach to planning, and program and service provision.

KEY HEALTH PRIORITIES FOR WOMEN IN THE CITY OF BRIMBANK

Prevention of violence against women

- Between 2011-2012, there were 1,852 family violence incidents in Brimbank, which accounted for 12 per cent of all those reported for the North West region¹
- Reported family violence rates have increased in Brimbank from 898.2 per 100,000 in 2010-2011 to 972.3 per 100,000 in 2011-2012²

For Victorian women aged 15-44 years, intimate partner violence is the leading cause of illness, death and disability and is a greater contributor to the burden of disease than physical inactivity, unhealthy body weight, drug and alcohol-related harm and tobacco use.³

The notable increase in reported family violence incidents in Brimbank over recent years demonstrates that violence against women remains a significant and growing concern that requires redress.

Partnership opportunities with WHW to redress violence against women

Preventing Violence Together: Western Region Action Plan to Prevent Violence Against Women

This award winning project is the first collaboratively-developed, regional, primary prevention action plan of its type to prevent violence against women. It is comprised of a range of mutually reinforcing actions for signatory organisations to undertake, such as leadership commitment to prevention of violence against women, embedding gender equity practices into organisational plans and projects, and creating opportunities for men within organisations to engage in the promotion of positive masculinities.



**PREVENTING
VIOLENCE
TOGETHER**

Western Region Action Plan to Prevent Violence Against Women

Sexual and reproductive health

- The participation rate for pap screening among women in Brimbank aged 20-24 years is a concerning 31.5 per cent⁴
- Less than half (45.8 per cent) of the sexually active adolescents in Brimbank practice safe sex with a condom – this is lower than the Victorian average⁵
- There were 592 notifications of Chlamydia in Brimbank in 2011 – this is a percentage increase of 31.2 per cent over the last three years (2009-2011)⁶

Sexual and reproductive health is integral to supporting overall health and wellbeing. While the population of Victoria is one of the healthiest in the world, the burden of disease associated with poor sexual and reproductive health continues to increase.⁷

Teenage fertility rates, low pap screening rates and low proportion of contraceptive use all highlight the sexual and reproductive health of young women in Brimbank as a significant health priority.

Additionally, rates of sexually transmissible infections demonstrate the need to ensure that Brimbank health and wellbeing strategies support increased access to health services, accessible and affordable contraception, and sexual and reproductive health information and education.

Partnership opportunities to support sexual and reproductive health and wellbeing

Action for Equity: A sexual and reproductive health plan for Melbourne's West 2013-2017

Women's Health West is the lead agency in the Western Region Sexual and Reproductive Health Partnership, and is currently developing a regional action plan titled Action for Equity: A sexual and reproductive health plan for Melbourne's West 2013-2017.

The action plan seeks to support strategic, integrated and sustainable sexual and reproductive health promotion throughout the western region. It has a strong emphasis on changing the systems and structures that enable good sexual and reproductive health by working to redress the social determinants of health. In order to do this, a strong and diverse partnership is needed.

¹ Victoria Police, 2012, *Corporate Statistics*, Victoria Police, Australia

² Ibid

³ VicHealth, 2004, *The Health Costs of Violence: Measuring the Burden of Disease of Intimate Partner Violence*. Victorian Mental Health Foundation, Melbourne.

⁴ Victorian Cervical Cytology Registry, 2012.

⁵ DEECD 2012, Adolescent Community Profile Series, Victorian State Government, Melbourne.

⁶ Department of Health, 2012, Communicable Disease Epidemiology and Surveillance Section data, Victorian State Government, Melbourne.

⁷ Women's Health West, 2011, Social Determinants of Sexual and Reproductive Health, WHW, Victoria.

Mental health and social connectedness

- Only 32.9 per cent of all females living in Brimbank reported they participated in citizen engagement activities over the past year⁸
- Women constitute 84.3 per cent of the single parent population in Brimbank⁹
- Females in Brimbank are more likely than males to report undertaking unpaid childcare (23.9 per cent of women compared to 15.8 per cent of men)¹⁰
- 26.9 per cent of women in Brimbank undertake more than 15 hours of unpaid domestic work a week, compared to 7.8 per cent of men¹¹
- 13.1 per cent of women reported providing unpaid assistance to a person with a disability – slightly higher than that for the western region (12.2 per cent)¹²

The World Health Organisation outlines the importance of integrating a gender-sensitive approach to mental health promotion, policy, and program and service provision to ensure that the different needs of women and men are met.

The weight of greater childcare, domestic and caring responsibilities placed on women in Brimbank presents significant implications for their mental health and wellbeing. It is imperative that we support women and families with their caring responsibilities through provision of affordable and accessible childcare, disability support programs, health services and public transport.

Additionally, greater caring responsibilities and a lack of services can present barriers to women's opportunities for full social participation. Given that only half of the women living in Brimbank reported that they participated in citizen engagement activities in the past year, it is important that we support women's civic participation in local leadership and network opportunities.

Partnership opportunities with WHW to support mental health and connectedness

- Sunrise – a program that offers friendship, social connectedness, information and skills development for women in the west, who identify as having a disability.
- Power On – a strengths-based, peer education program that encourages women who experience mental illness to access information, develop skills and enhance their wellbeing.
- Lead On Again – a leadership program for culturally and linguistically diverse young women aged 16-24, studying, living or working in the western region.

⁸ Community Indicators Victoria, 2012, Wellbeing Reports, Community Indicators Victoria, Melbourne.

⁹ ABS 2011, Census of Population and Housing, Australian Bureau of Statistics, Australia.

¹⁰ Ibid

¹¹ Ibid

¹² Ibid



Cultural diversity

- Approximately 46.6 per cent of female residents in Brimbank were born overseas (higher than that for Victoria, at 26.4 per cent)¹³
- Women compose approximately 50.4 per cent of the residents in Brimbank who identify as Aboriginal and/or Torres Strait Islander¹⁴
- 23.1 per cent of female residents in Brimbank who speak a language other than English speak English 'not well' or 'not at all'¹⁵
- Ethnicity and culture have largely been recognised as important social determinants of health. Residents of migrant and refugee background often face a variety of challenges in supporting their health and wellbeing, including gaining access to culturally appropriate services. In particular, women from migrant and refugee backgrounds are noted as being at greater risk of poorer health and wellbeing¹⁶

The high number of female Brimbank residents who were born overseas presents significant implications, including the need for culturally appropriate and accessible services, and health promotion programs that are tailored for the specific health and wellbeing needs of women from migrant and refugee backgrounds.

Particularly, the higher proportion of female residents in Brimbank who reported that they did not speak English well or not at all, means that additional resources are required to ensure women's access to services and entitlements, employment and educational opportunities, social support and opportunities for participation.

¹³ Ibid

¹⁴ Ibid

¹⁵ Ibid

¹⁶ Multicultural Centre for Women's Health, 2011, *Women's Health Map*, Multicultural Centre for Women's Health, Melbourne.

KEY SOCIAL DETERMINANTS IMPACTING ON THE HEALTH OF WOMEN IN BRIMBANK

The social determinants of health refer to the social structures that influence and determine our health and wellbeing, including the economic, social, cultural and political conditions in which we live. In order to improve health outcomes and to redress inequities it is imperative that we adopt a social model of health; recognising the profound impact that social determinants have on the health and wellbeing of communities.

Employment

- 44 per cent of females residing in Brimbank were not in the labour force, compared to 29.3 per cent of males¹⁷
- Women in Brimbank were more likely than men to report being in part-time employment (18.9 per cent of females compared to 11.9 per cent of males)¹⁸
- 39.2 per cent of women in Brimbank have a weekly individual income of less than \$300 (compared to 28.3 per cent of males)¹⁹
- 8.5 per cent of males in Brimbank have an individual weekly income of greater than \$1,500, compared to a lesser 2.7 per cent of female residents²⁰

A significant proportion of women in Brimbank are either not in the labour force, or are engaged in part-time employment. It is noted that women are over-represented in non-career focused part time jobs, and casual employment. Such work is often lowly paid and provides fewer opportunities for training, development and career progression.²¹ Additionally, women regularly spend less time in the workforce because of childbearing and caring responsibilities, resulting in substantially less superannuation for retirement.

Women in Brimbank also report a lower weekly gross income than their male counterparts, impacting on their economic independence and financial security – and, in turn, their ability to leave a violent relationship. Strengthening women's access to education, employment and higher income opportunities in Brimbank are imperative strategies in supporting women's health, safety and wellbeing.



Women in Brimbank have lower individual weekly incomes than their male counterparts so housing costs present significant implications

17 ABS 2011, *Census of Population and Housing*, Australian Bureau of Statistics, Australia
 18 Ibid
 19 Ibid
 20 Ibid
 21 Western Australian Labour Relations Division, 2012, *Why is there a gender pay gap?*, Government of West Australia, Australia.

Education

- A higher proportion of female residents than male residents in Brimbank did not go to school (3.5 per cent of female residents)²²
- 17.8 per cent of females in Brimbank reported their highest year of schooling to be year nine or below (higher than that for the western region)²³
- Women in Brimbank were less likely than women for the western region to have graduate diploma, bachelor degree or postgraduate degree levels of non-school qualifications²⁴

Education has important implications for the health and wellbeing of populations; in particular, low levels of schooling can constrain employment opportunities, financial security, social connectedness and carries increased risk of poor health literacy. The differing levels of schooling and post-secondary education for male and female residents in Brimbank are therefore important to consider in health policy, program and service delivery.

Housing

- Approximately 22.2 per cent of households in Brimbank reported that housing costs were more than 30 per cent of their household gross income²⁵
- 43.2 per cent of households reported that they spend at least 30 per cent of their household gross income on rent²⁶

This data suggests that residents in Brimbank experience housing stress and affordability problems; high housing costs can severely deplete the residual income that people have available to spend on other essential items such as food, transport and health care.

Given that women in Brimbank have lower individual weekly incomes than their male counterparts, housing costs present significant implications for women on lower incomes – particularly sole parents with dependent children.

22 ABS 2011, *Census of Population and Housing*, Australian Bureau of Statistics, Australia
 23 Ibid
 24 Ibid
 25 Community Indicators Victoria, 2012, *Wellbeing Reports*, Community Indicators Victoria, Melbourne.
 26 Ibid

Public transport

- Over a quarter (27.6 per cent) of women in Brimbank have experienced difficulties in utilising transport in the past 12 months, such as disability access and the costs of public and private transport²⁷
- Only 22.7 per cent of all females in Brimbank feel 'safe' or 'very safe' walking alone at night in their local area, compared to 63.9 per cent of males in Brimbank²⁸
- Females in Brimbank reported the lowest perceptions of safety for the entire North West Metropolitan region (including feeling safe when walking alone during the day or night in their local area, and for feeling safe when being at home alone during the day or night)²⁹

Access to affordable, safe and reliable transport (both public and private modes of transportation) greatly increases women's capacity to participate in their community; to engage in work and educational opportunities, access health services and programs, and join in social and sporting activities, including participation in physical activity.

Indeed, research suggests that men and women experience transport differently; women are less likely to have access to a car and are more likely to walk and use public transport. Infrastructure that is poorly maintained (such as poor lighting, low levels of natural surveillance, cracked footpaths and graffiti) can greatly influence how women perceive and experience safety in their local area³⁰

27 Ibid
 28 Ibid
 29 Ibid
 30 Gender Equity in Local Government Partnership, 2012, *Gender Equity in Local Government Fact sheets*, Municipal Association of Victoria, Melbourne.