



WOMEN IN THE CITY OF MOONEE VALLEY



WHY WOMEN'S HEALTH MATTERS

Women comprise approximately half the population in Moonee Valley 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.

In order 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 public health policy, planning, and program and service provision.

KEY HEALTH PRIORITIES FOR WOMEN IN THE CITY OF MOONEE VALLEY

Prevention of violence against women

- Reported family violence rates have increased in Moonee Valley from 582.9 per 100,000 in 2010-2011 to 652 per 100,000 in 2011-2012¹

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.²

The notable increase in reported family violence incidents in Moonee Valley 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 the 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 Moonee Valley aged 20-24 years is a concerning 39 per cent³
- Less than half (47.6 per cent) of the sexually active adolescents in Moonee Valley practice safe sex with a condom - a lower proportion than for Victoria⁴
- The proportion of young women in Moonee Valley who are using contraception to avoid pregnancy is 66.2 per cent - lower than for Victoria⁵
- The teenage fertility rate in Moonee Valley has decreased, from 5.9 per 1,000 in 2005 to 3.4 per 1,000 in 2008⁶
- In 2011 in Moonee Valley there were 337 notifications of Chlamydia – this is a percentage increase of 15.8 per cent over the last three years (2009-2011)⁷

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.⁸

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

Additionally, rates of sexually transmissible infections demonstrate the need to ensure that Moonee Valley 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 VicHealth, 2004, *The Health Costs of Violence: Measuring the Burden of Disease of Intimate Partner Violence*. Victorian Mental Health Foundation, Melbourne.

³ Victorian Cervical Cytology Registry, 2012

⁴ DEECD 2012, *Adolescent Community Profile Series*, Victorian State Government, Melbourne.

⁵ Ibid

⁶ Ibid

⁷ Department of Health, 2012, *Communicable Disease Epidemiology and Surveillance Section data*, Victorian State Government, Melbourne.

⁸ Women's Health West, 2011, *Social Determinants of Sexual and Reproductive Health*, WHW, Victoria.

Mental health and social connectedness

- Women constitute 82.6 per cent of the single parent population in Moonee Valley⁹
- Females are more likely than males to report undertaking unpaid childcare (23.8 per cent of women compared to 18.2 per cent of men)¹⁰
- 29.4 per cent of women in Moonee Valley undertake more than 15 hours of unpaid domestic work a week, compared to 9 per cent of men¹¹
- 14.2 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
- Just over half of all females living in Moonee Valley reported that they participated in citizen engagement activities over the past year (53.9 per cent)¹³

The World Health Organisation outlines the importance of integrating a gender-sensitive approach to mental health promotion, policy, and to 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 Moonee Valley 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 53.9 per cent of the women living in Moonee Valley 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.

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

¹⁰ Ibid

¹¹ Ibid

¹² Ibid

¹³ Community Indicators Victoria, 2012, Wellbeing Reports, Community Indicators Victoria, Melbourne.



Cultural diversity

- Approximately 28 per cent of female residents were born overseas (higher than at the Victorian state level)¹⁴
- Women comprise 51.1 per cent of the residents who identify as Aboriginal and/or Torres Strait Islander¹⁵
- 17.2 per cent of female residents in Moonee Valley who speak a language other than English, speak English 'not well' or 'not at all'¹⁶
- 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 wellbeing¹⁷

The high number of female Moonee Valley residents who were born overseas, presents significant planning 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 proportion of female residents in Moonee Valley 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.

¹⁴ ABS 2011, Census of Population and Housing, Australian Bureau of Statistics, Australia.

¹⁵ Ibid

¹⁶ Ibid

¹⁷ 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 MOONEE VALLEY

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

- 37 per cent of females residing in Moonee Valley were not in the labour force, compared to 26.4 per cent of males¹⁸
- Women were twice more likely than men to report being in part-time employment (23.4 per cent of females compared to 12 per cent of males)¹⁹
- Approximately 29.3 per cent of women in Moonee Valley have a weekly individual income of less than \$300 (compared to 21.7 per cent of males)²⁰
- 22.1 per cent of males in Moonee Valley have an individual weekly income of greater than \$1,500, compared to a lesser 9.7 per cent of female residents²¹

A significant proportion of women in Moonee Valley 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.²² Additionally, women regularly spend less time in the workforce because of childbearing and caring responsibilities, resulting in substantially less superannuation for retirement.

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



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

¹⁸ ABS 2011, *Census of Population and Housing*, Australian Bureau of Statistics, Australia

¹⁹ Ibid

²⁰ Ibid

²¹ Ibid

²² 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 Moonee Valley did not go to school (1.9 per cent of female residents)²³
- 13.8 per cent of females in Moonee Valley reported their highest year of schooling to be year nine or below (higher than that for the western region)²⁴
- Males were more likely than females to have Postgraduate degree level education (8.5 per cent compared to 8 per cent)²⁵
- Females were more likely than males to have Bachelor degrees (35.6 per cent compared to 28.8 per cent)²⁶

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 Moonee Valley are therefore important to consider in health policy, program and service delivery.

Housing

- Approximately 17 per cent of households in Moonee Valley reported that housing costs were more than 30 per cent of their household gross income²⁷
- 33.8 per cent of households reported they spend at least 30 per cent of their household gross income on rent²⁸

This data suggests that residents in Moonee Valley 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 Moonee Valley 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.

²³ ABS 2011, *Census of Population and Housing*, Australian Bureau of Statistics, Australia

²⁴ Ibid

²⁵ Ibid

²⁶ Ibid

²⁷ Community Indicators Victoria, 2012, *Wellbeing Reports*, Community Indicators Victoria, Melbourne.

²⁸ Ibid

Public transport

- 15.3 per cent of women in Moonee Valley reported having difficulties in utilising transport in the past 12 months, such as disability access and the costs of public and private transport²⁹
- Only 69 per cent of all females in Moonee Valley feel 'safe' or 'very safe' walking alone at night in their local area (compared to 84.4 per cent of males)³⁰

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 to 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 area³¹

²⁹ Ibid

³⁰ Ibid

³¹ Gender Equity in Local Government Partnership, 2012, *Gender Equity in Local Government Fact sheets*, Municipal Association of Victoria, Melbourne.