



Women's Health West response to the draft National Women's Health Strategy

1. **Do the sections: About the Strategy, The Strategy in context, Women's health at a glance, Priority populations, Life course approach and What we want to achieve provide adequate context and background for the Strategy? Yes/No**

No

2. **Is anything missing from context and background (400 words)**

Women's Health West (WHW) congratulates the government on developing a comprehensive national women's health strategy that focuses on the health of all women, and particularly those at greatest risk of poor health.

We recommend that the government strengthen the Strategy by describing the social determinants of health and using these determinants to guide the development of actions. Many of the Strategy's actions focus on service provision without accompanying actions that are designed to redress structural drivers of poor health. For example, the Strategy includes increased resources for eating disorders treatment, but no investment in initiatives to address the societal and gendered drivers of disordered eating.

A social determinant approach best ensures effective, sustainable and equitable outcomes for all women, their families and communities. It recognises that the conditions in which people are born, grow, live, work, play and age directly affects their health outcomes (CSDH, 2008). Social structures and processes that systematically assign people to different social positions and distribute power and resources inequitably must be dismantled by health policy such as this Strategy, legislation and program delivery (VicHealth, 2015).

We recommend the government identify gender inequity as a key determinant of health and acknowledge that many women experience intersecting and compounding disadvantage and health risks due to their cultural and religious background, age, Aboriginal or Torres Strait Islander background, ability, sexuality and socio-economic status. Gender inequity and these intersecting forms of disadvantage directly affect health outcomes for individuals, families, communities and our wider society.

WHW recommends the government include violence against women as a key priority and reflect this in the context and background section. We suggest the government discuss the prevalence of men's violence against women in Australia and include the following statistics to highlight this unparalleled public health problem:

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- Men's violence against women contributes to more death, disability and illness in women aged 15 to 44 than any other preventable risk factor (VicHealth, 2018)
- One woman a week is murdered by a current or former partner and thousands more are injured or forced to live in fear (Our Watch et al., 2015)
- One in three women has experienced physical violence since the age of 15 (ABS, 2012)

3. Do the sections: Strategy blueprint, Policy principles and Strategy objectives adequately frame the approach for, and intent of, the Strategy? If no, please provide comments (400 words)

WHW congratulates the government on the policy principles identified in the Strategy. Each principle will be instrumental in the Strategy's success.

WHW recommends that the government include the social model of health as an overarching principle in the Strategy blueprint. This model acknowledges the effect of social, economic, cultural and political factors on the health and wellbeing of women and girls and recognises health as 'a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity' (World Health Organisation, 1986).

WHW recommends the government include human rights as an additional guiding policy principle. This will ensure that the Strategy supports the fundamental freedoms and entitlements as defined in the 'right to health' by the United Nations Universal Declaration of Human Rights in 1948. Specifically, this will ensure the Strategy supports the right to control one's health and body, the right to participate in decisions about one's health, and the right to freedom from violence. The government has a specific duty to ensure these rights are protected and fulfilled. They must be referenced in the Strategy and it must be acknowledged that these rights have been systematically denied to women.

WHW recommends the government include greater clarity about the focus on the 'social, cultural and commercial determinants of health' under Principle 2: Health equity between women. Specifically, the government must highlight that gender intersects with the social determinants of health, such as decision-making power, income, employment, education and housing, and can compound the disadvantage experienced by women and girls.

WHW congratulates the government on including a policy principle on prevention. However we recommend that the government change the objective under principle 4 to reflect health promotion principles rather than focusing on "holistic person-centred care". Holistic care is appropriate for intervention or treatment, not prevention. The principle should identify that a wide range of environmental, economic, social, political and cultural factors influence an individual's health. The government should take a primary prevention approach to improving health outcomes for women and girls, especially when preventing violence against women. A primary prevention approach works across the whole population to redress the attitudes, practices and power differentials that drive poor health outcomes.

4. Do you agree with the priority areas identified for the Strategy? If no, please provide comments (200 words)

WHW congratulates the government on recognising mental health and wellbeing and sexual and reproductive health as priority areas for action.

We strongly recommend that the government include preventing and responding to violence against women as a stand-alone priority, rather than embed it in "conditions where women are overrepresented". Men's violence against women contributes to more death, disability and illness in women aged 15 to 44

than any other preventable risk factor (Our Watch et al., 2015). Violence against women contributes to homelessness, financial insecurity, loss or limited access to employment and education, isolation and the development of children who witness or experience violence. This violence creates significant social and economic burden.

This Strategy is an opportunity for the government to use the significant evidence base and existing policy frameworks to prevent, intervene and respond to violence against women and girls. We recommend the government commit to actions articulated in *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia* (Our Watch et al. 2015).

Priority area 1: Mental health and wellbeing

5. Do the priorities and actions specified for Priority area 1: Mental health and wellbeing, adequately address the specific health needs of women and girls in Australia? Yes/No

No

6. With regard to Priority area 1, is anything missing or should anything be changed? Please provide your comments below (400 words).

WHW congratulates the government for recognising the social determinants of mental health and wellbeing and agree with the four key priority areas listed. We agree with actions designed to educate communities and health care professionals about mental illness and support women and girls who experience mental illness. However, we recommend that the government commit to actions that address the social determinants and specific intersectional, gendered drivers of mental ill-health by developing strategies that:

- Acknowledge the link between violence against women and poor mental health.
- Free women from intersecting forms of discrimination. Design preventative, intervention and treatment programs in collaboration with women and communities.
- Improve women's access to financial resources and employment.
- Financially recognise parenting and unpaid caring as an equal contribution to society.
- Address the causes of poverty, insecure housing and homelessness.
- Improve women's social connections.
- Recognise the specific vulnerabilities of older women.
- Address the societal and gendered drivers of disordered eating.

We also recommend that the government:

- Increase services to improve access to low cost counselling.
- Fund strength-based women only programs that enable women to build skills, confidence and social networks.
- Include depression in the detail of priority one, action one.
- Invest in mental health first aid training programs for a broad range of service providers and communities.
- Invest in measures to support unpaid carers' mental health and wellbeing.
- Increase screening and support services for perinatal anxiety and depression.

Priority area 3: Sexual and reproductive health

7. Do the priorities and actions specified for Priority area 3: Sexual and reproductive health, adequately address the specific health needs of women and girls in Australia? Yes/No

No

8. With regard to Priority area 3, is anything missing or should anything be changed? Please provide your comments below (400 words)

WHW congratulates the government on its focus on women's sexual and reproductive rights and health. To strengthen the Strategy we provide the following specific recommendations under each key priority:

Priority 1:

- Include workforce capacity building strategies to increase health workers' ability to provide culturally appropriate and safe services to all women
- Promote awareness of preconception and perinatal health through a range of settings, not only health care settings, and tailor health promotion to young people and other priority cohorts.

Priority 2:

- Increase support for women who have experienced female genital cutting including access to timely de-infibulation and culturally-informed and -appropriate care.
- Invest in workforce capacity building to ensure health providers and settings are culturally informed and competent.
- Promote the Baby Friendly Hospital Initiative to increase breastfeeding rates.
- Increase women's access to hospital and community lactation consultants.
- Invest in workforce capacity building to improve health practitioners' clinical knowledge about and ability to support breastfeeding women.
- Invest in public campaigns to normalise breastfeeding in public.
- Strengthen regulation and monitoring of the formula industry.
- Invest in initiatives to ensure workplaces are breastfeeding-friendly.

Priority 3:

- Commit to sexual and reproductive health education for children and young people that is culturally appropriate, inclusive of sex, gender and sexual diversity and is sex positive.
- Ensure that the self-education and self-management tools are co-designed with communities and are accessible and culturally appropriate. These tools should be promoted to communities as well as health professionals.
- Include reference to access to long acting reversible contraceptives, emergency contraception and both medical and surgical termination of pregnancy.
- Work with specialist services to increase access to cervical screening for under-screened populations.

Priority 4:

- Ensure that services are available to all, including those with visa restrictions and do not limit access to Medicare.

WHW also recommends that the government:

- Use more inclusive and less binary language when describing men and women throughout the Strategy.
- Identify the risk of sexually transmissible infections (especially chlamydia and gonorrhoea) for adolescent women in the 'life course summary and burden of disease' table on page 7, and acknowledge that 1 in 3 women will experience an unplanned pregnancy in their reproductive lifetime.
- Add young or adolescent women as a priority population.

Priority area 4 - Conditions where women are overrepresented

9. Do the priorities and actions specified for Priority area 4: Conditions where women are overrepresented, adequately address the specific health needs of women and girls in Australia? Yes/No

No

10. With regard to Priority area 4, is anything missing or should anything be changed? Please provide your comments below (400 words)

As previously stated WHW recommends that the Strategy include violence against women as a stand-alone priority. Men's violence against women is the biggest contributor to ill health and premature death in women aged 15 - 44 (VicHealth, 2018). We recommend that the government commit to preventing and responding to violence against women based on evidence described in *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia* (Our Watch et al. 2015).

WHW specifically recommends the government:

- Resource evidence based respectful relationships education and capacity building initiatives in education and training institutions and in community settings such as youth services and sporting clubs, as well as on digital platforms.
- Fund, resource and partner with organisations with gender equity expertise (such as women's health services) to provide violence against women education, training and capacity building.
- Focus efforts on cultural, behavioural and attitudinal change rather than 'awareness raising'. To do this the government must resource and partner with specialist organisations to develop and deliver:
 - evidence-based activities that prevent men's violence against women
 - strategies and programs in male-dominated settings and workplaces to advance gender equity
 - initiatives to build the knowledge, skills and capacity of individuals, communities and organisations to challenge sexism and the condoning of violence against women.
- Emphasise the government's responsibility to create safe and responsive services for women rather than 'empower women to speak up' about sexual violence. The government should clearly identify the services and environments it refers to and how it plans to ensure they are safe, coordinated and responsive.
- Add definitions of family, intimate partner and sexual violence.

Priority area 5: Healthy ageing

11. Do the priorities and actions specified for Priority area 5: Healthy ageing adequately address the specific health needs of women and girls in Australia? Yes/No

No

12. With regard to Priority area 5, is anything missing or should anything be changed? Please provide your comments below (400 words)

WHW supports healthy ageing as a priority area in this Strategy. We strongly support actions focused on closing the gap in life expectancy and achieving health equity for Aboriginal and Torres Strait Islander women. We also support services and programs for ageing women experiencing sociodemographic inequalities, and specifically those on low incomes, at risk of homelessness and living in remote areas.

Actions in this Strategy must recognise the effect of gender on ageing and subsequent health priorities. The socio-economic status of women is profoundly affected by a lifetime of gender inequality. Pay disparity, a systemic lack of power, the increasing casualisation of the workforce, underpayment and undervaluing of caring roles, an inequitable superannuation system, and experiences of family violence leave women at risk of poorer health outcomes. Recent research has highlighted that 34 per cent of single women over 60 live in permanent income poverty, compared to 27 per cent of single older men and 24 per cent of couples (Feldman and Radermacher, 2016).

WHW agrees that loneliness is a significant concern for older women. WHW recommends the government invest in innovative ways to redress isolation and support social inclusion and acknowledge the gender inequities that contribute to social exclusion.

We recommend the government identify the prevalence of elder abuse and design actions to prevent and intervene in abuse. Older women are significantly more likely to be victims of elder abuse than older men, and most abuse is intergenerational, with sons being perpetrators to a greater extent than daughters (AIFS 2016). Elder abuse includes intimate partner and family violence, as well as violence and abuse experienced in institutional care facilities.

We recommend the government include actions that promote and support the sexual and reproductive health of older women and refer to older women in the sexual and reproductive health priority area.

Section D: Research, partnerships and progress

Investing in research

13. Do the actions specified for Investing in research, adequately address the specific research needs to improve health outcomes for women and girls in Australia? With regard to Investing in research, is anything missing or should anything be changed? (400 words)

WHW supports increased research capacity and capability in women's health and diversification of research and data collection across all the priority areas. We recommend that the government invest in:

- Participatory social research methods to ensure that women from diverse backgrounds are represented.
- Research partnerships between universities and women's health services.
- Research on health issues that affect particularly marginalised women.
- Research into effective prevention of violence measures.

Strengthening partnerships

14. Does the section: Strengthening partnerships adequately outline that strong partnerships between government, patients, advocates, healthcare professionals and industry are necessary to implement the actions identified in the Strategy? Please provide your comments and explain your selection below (200 words)

WHW recommends that the government strengthen its approach to ensure place-based, local and tailored health service delivery. This is the most effective way to respond to diverse needs and inequities. Health initiatives and programs must respond to the local community context. and be designed in collaboration with women.

We encourage the government to highlight the importance of partnering with organisations and sectors that have strong links with community. The government should adopt a community development framework that enables women – collectively and individually – to design and develop their own programs and to advocate for systemic change. These sorts of government-resourced, community-led initiatives will lead to improved health, social and economic outcomes for women and their communities.

The success of this Strategy depends upon strong, coordinated action across federal, state and local government and the non-government sector. We suggest the government invest in cross-sectoral regional partnerships to achieve sustainable, effective outcomes for women and girls.

Achieving progress

15. What specific targets and measures should be used in this Strategy to determine progress towards achieving the overall purpose of the Strategy to: ‘improve the health and wellbeing of all women and girls in Australia, providing appropriate, accessible and equitable care, especially for those at greatest risk of poor health’? (400 words)

WHW recommends the government create a steering committee to design and oversee a comprehensive evaluation of the Strategy. We recommend that the committee (which should include a diverse range of members) create a theory of change framework to guide the development of measures. The theory of change should identify gender inequity as a key determinant of women’s poor health and show the complex, interrelated ways that gender inequity influences health outcomes.

WHW recommends the government resource and invest in collective impact evaluation measures, based on the theory of change. Collective impact evaluation is a useful approach to measure lasting social change and especially appropriate when many different stakeholders are working toward shared or similar outcomes.

We recommend the government use and build on existing research and data such as the National Community Attitudes Survey, Crime Statistic Agency, and specific evidence on the health of Aboriginal and Torres Strait Islander women and girls. The [Victorian Women’s Health Atlas](#) provides an excellent example of data on women’s health, gender equity and social determinants of health that could be collected and analysed nationally.

WHW recommends that the government invest in culturally safe methods to collect data on the health and wellbeing of Aboriginal and Torres Strait Islander women and girls. The process of collecting data from Aboriginal and Torres Strait Islander communities is sensitive and can be problematic. It can replicate colonial practices and further marginalise communities. We recommend the government partner with Aboriginal community-controlled organisations to design and implement evaluation frameworks.

We recommend that the government ensure accountability and transparency by regularly publicly reporting on progress against the Strategy. We suggest the Minister table a report to Parliament annually and provide detailed reports and evidence for the health sector and wider community to use.

Section E: Overall comments

16. Do you have any additional comments? (200 words)

WHW recommends that the Strategy refer to women, communities or patients rather than “end-users” and remove all reference to “ordinary women and girls” as this implies some women are not ordinary. The Strategy includes the phrase “women’s health in women’s hands” several times but it is not clear what this means in practice. We suggest the government clarify what is meant by the phrase or remove it.

We recommend that the National Men’s Health Strategy also include actions that contribute to gender equity. We suggest that the Men’s Health Strategy include actions to redress the effects of rigid gender norms and hyper masculinity and male peer relations that emphasise aggression on gender equity and violence against women. These cultural norms are a key driver of gender inequity and violence against women. We recommend the government fund specialist agencies to deliver programs that strengthen positive, equal and respectful relationships, as recommended in *Change the Story*.

Reference list

Australian Bureau of Statistics (2012a) Gender Indicators, Australia, 4125.0 - Gender Indicators, Australia, Australian Bureau of Statistics: Canberra.

Australian Institute of Family Studies (2016) Elder Abuse, accessed on 2 November at: <https://aifs.gov.au/publications/elder-abuse/export>.

Commission on the Social Determinants of Health (2008) Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health, World Health Organisation: Geneva.

Feldman and Radermacher (2016) *The Time of Our Lives Report?* Monash University, Melbourne.

Our Watch, VicHealth and ANROWS (2015) *Change the Story: A shared framework for the primary prevention of violence against women and their children*, Our Watch: Melbourne.

VicHealth (2015) *Fair Foundations: The VicHealth framework for healthy inequity*, Victorian Health Promotion Foundation: Melbourne.

VicHealth (2018) *Preventing Violence Against Women*, accessed on 2 November 2018 at <https://www.vichealth.vic.gov.au/our-work/preventing-violence-against-women>.

World Health Organisation (1986) *Ottawa Charter for Health Promotion: First International Conference on Health Promotion*, WHO Press: Geneva.