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GENDER  
EQUITY  
VICTORIA

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Submission to the Australian Government (Department of Health) on *Establishing a National Women's Health Strategy for 2020 to 2030*

Australian Government  
Department of Health  
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## 1. About Gender Equity Victoria (GEN VIC)

Gender Equity Victoria (GEN VIC) is the peak body for gender equity, women's health and the prevention of violence against women in Victoria. Our vision is for equality, wellbeing and freedom from violence for every woman and girl, in every community of Victoria. We exist to advocate, influence and collaborate to improve outcomes in gender equity, women's health and in the prevention of violence against women.

GEN VIC represents organisations across Victoria who advance gender equity and hold values that align with feminist principles. Our current membership reaches every region and community in Victoria, and includes nine regional women's health services and five state-wide services, being, Women's Health Victoria, Multicultural Centre for Women's Health, Women's Information and Referral Exchange (WIRE), The Royal Women's Hospital and Positive Women. GEN VIC is the only peak body in Victoria representing women and women's organisation with a focus on gender equality, women's health and the prevention of violence against women.

GEN VIC recognises gender as a key determinant of one's position or status in society, and therefore one of the most powerful drivers of health inequities. By addressing the role of gender inequality in women's health, GEN VIC aims to ensure the health, equality and freedom from violence for every woman and girl, in every community of Victoria.

GEN VIC performs a number of key functions that ensure that:

- women's voices are integral to policy, legislation and services
- deliver and support coordinated and evidence-informed women's health promotion activities
- facilitate collaboration and partnerships.

The following submission was written in consultation with our members.

# Response to Consultation Questions

## Section B – Structure of the Strategy

### 11. Overall Structure of the Strategy

*Is the overall structure of the strategy appropriate and easy to follow?*

**Yes**

### 12. Overall structure of the Strategy – Comments

GEN VIC congratulates the Federal Government on the development of the draft strategy. We appreciate the overall structure and the outline of the context of the draft as well as the emphasis on the life course approach.

From a structure perspective we recommend:

- That human rights be included in the principles of the strategy and that the role that social determinants of health play in achieving positive health outcomes for all women and girls be front and centre
- There should be a stronger emphasis on the role of primary prevention to ensuring the wellbeing and health of women.
- That prevention of violence against women be a stand-alone priority with specific evidence based actions that are informed by Change the Story from Our Watch.
- That placed based, local and tailored health services are emphasised as the best way to respond to diverse needs and inequalities.
- The strategy should recognise the strength that exists in partnership structures at the local level as a way to empower communities work together for better health outcomes.

### 13. Adequate context and background for the Strategy

*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?*

**No**

### 14 Is there anything missing from the context and background?

Gender Equity Victoria is concerned that the opening statement on gender equity is not expanded in detail across the priorities and their actions.

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The context would benefit from additional information on the factors that contribute to the wellbeing and health of women such as access to health services, health literacy, education, housing and employment.

With regard to the data and information provided in the section, "Women's health at a glance", we would strongly recommend

- The inclusion of evidence regarding the incidence and health impact of violence against women
- The Australian Dietary Guidelines should be referenced in the strategy as part of the enablers to achieve health and wellbeing of women and girls. These guidelines should be identified in the policy context as a key enabler.

We further recommend the development of national sexually transmissible infection strategy as the current one expired in 2017. This would greatly support the work of priority area three as it would deliver a specific focus on STI's that are unique to women and provide a strong evidence-based approach to women's sexual and reproductive health

In addition, the governance of the strategy would be strengthened if it articulated how it related to similar strategies for population health and women across the state jurisdictions and, how, from a COAG perspective, the strategy intends to act as an organising framework across the Federation. (For instance, the Victorian Government's *Women's sexual and reproductive health: key priorities 2017-2020*)

## 15 Strategy blueprint, policy principles and strategy objectives

Do the sections *Strategy blueprint, policy principles and strategy objectives* adequately frame the approach for and intent of the strategy?

No

## 16 Strategy blueprint, policy principles and strategy objectives – Comments

With regard to the overall blueprint, principles and objectives we would:

- Appreciate further explanation of the rationale of listing pregnant women and their children as a priority population as they would be identified within a life course approach
- Would recommend a discussion on the intersectionality of the priority populations.
- With regard to policy principle number 4, we believe the phrase in the objective, "with a focus on holistic-centred care" is incongruent with the concept of primary prevention and health promotion. It is a term more relevant to treatment or intervention, and may create ambiguity around the meaning of prevention. We recommend that the strategy could be strengthened by including more on the role of health promotion principles.
- The 'individual' as the focus of the strategy, fails to consider the wide range of factors that impact on a person's health. For example, the intrapersonal, interpersonal, institutional, environmental, economical, and societal components of health.
- The matter outlined in dot point 3 is more relevant to service provision and confuses and dilutes what prevention actually is.

- Dot point 4 should include attention to the social determinants of health.

## Section C – Priority Areas

17 Do you agree with the priority areas identified for the strategy?

### Priority Areas

1. Mental Health and wellbeing
2. Chronic disease and preventive health
3. Sexual and reproductive health
4. Conditions where women are overrepresented
5. Healthy aging

No

18 Priority areas comments

While this submission supports the overall structure of the priority areas we would strongly recommend the inclusion of violence against women as an additional area. For Australian women aged 15-44 years, intimate partner violence is identified as the leading contributor to death, disability and illness, outstripping other known risk factors like alcohol harm, illicit substances use, high blood pressure, obesity and smoking. Impacts may include poor mental health, problems during pregnancy and birth, drug and alcohol use, suicide, injuries and homicide. (Webster K (2016)) and the overlap that this area has with other factors impacting upon a women's health we think the inclusion of this is vital. Further, inclusion of the area of violence against women is also important in as much as it impacts the wellbeing and health of girls. We know that in 2016-17 around 34,000 children were homeless because of family violence and 1 in 6 girls were physically and/or sexually abused (AIHW Family Violence in Australia 2018).

We would also recommend that the area of eating disorders be moved and included in priority area 2 alongside other chronic disease and preventive health measures.

19 Priority Area 1 Mental Health and Wellbeing

*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*

No

20 Priority area 1 – anything missing

*With regard to Priority area 1 is anything missing or should anything be changed?*

A commitment to better understanding and addressing the overarching causes of poor mental health for women would strengthen priority area 1. This commitment should be underscored by

identifying and addressing the social determinants of health, including factors such as socio-economic status, ethnicity, sexuality, social disadvantage and education. The intersectional nature of women's experience, therefore should be noted in regards to how women are affected by and respond to aspects and experiences of mental health and wellbeing.

Therefore, investment in more targeted assistance and support, particularly for women from ethnically diverse backgrounds and those facing financial and social disadvantage should be implemented alongside policy and legislation

Further to this, the stigma associated with mental health remains widespread and further work needs to be done to counter these attitudes throughout the community. A particular emphasis should be on the gendered experience of discrimination and its impact on the mental wellbeing of women and girls.

In acknowledging the intersectional nature of women's experiences, we recommend that when designing actions and measures relevant to mental health and wellbeing, these are co-designed alongside relevant groups and communities, whenever possible. Ensuring these actions are also culturally appropriate will provide a more informed result.

A focus on the role and impact of family and intimate partner violence and sexual violence on mental health and wellbeing needs to be included. As has been documented widely, a woman's mental health is particularly at risk when family and intimate partner violence is involved. Family violence impacts markedly on women's mental health and wellbeing. It is our recommendation therefore that family and intimate partner violence should be a stand-alone priority as part of the strategy.

## 21 Priority Area 2 Chronic disease and preventive health

*Do the priorities and actions specified for Priority area 2 Chronic disease and preventive health, adequately address the specific health needs of women and girls in Australia*

No

## 22 Priority area 2 – anything missing

*With regard to Priority area 2 is anything missing or should anything be changed?*

The 3 priorities and their actions and details are not clearly delineated. Number 1 and 3 state a "prevention" focus but Number 3 also states "management". It would be clearer if these two areas were separated. The second action in Priority 2 states "ensure policy development ...". This could also be stated in a priority that is focused on prevention and health promotion. In summary: the 3 priority areas needs to be reformulated to delineate between prevention/health promotion, and service delivery and management. The actions and details in Priority area 2 also need to be more specific. At present, the following areas need clarification:

- Reducing the risk of chronic conditions amongst women is vital. However, any action or program design should consider the varied factors that contribute to their prevalence.

- Identifying the social determinants of chronic conditions will assist in better policy and legislative reform. Lifestyle choices, or things assumed to be down to individual choice, are almost always intertwined with access to support and information about health. Gender, sexuality, ethnicity and level of education all impact on women's experience of chronic health
- It is important to acknowledge these factors impact markedly on women's ability to make healthy and/or positive choices. Women's experiences of mental health and family violence for example clearly impacts on women's ability to prioritize aspects of their health. In addition, factors like homelessness and insecure housing can further prevent women from accessing appropriate health care for any chronic conditions they may be facing.
- The link between women's experiences of family and intimate partner violence and sexual violence and chronic health conditions has been well documented. It is important therefore, to take a gendered view of how these challenges will impact on the kinds of programs and actions that might be developed.
- A community wide commitment towards better understanding the entrenched conditions, including gendered inequality, that continue to impact on women's chronic conditions is vital. A primary prevention framework would provide a good platform to achieving such a widespread challenging of attitudes.

### 23 Priority Area 3 Sexual and reproductive health

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

No

### 24 Priority area 3 – anything missing

*With regard to Priority area 3 is anything missing or should anything be changed? Please provide your comments below*

The following additions would add value to this priority area:

- Identify areas of policy, legislation, and other systemic, social and economic factors that contribute to decreased access to SRH health services and rights for women. Make the links between violence against women and poor sexual and reproductive health clear.
- Including in the priority, action items beyond fertility, pregnancy and maternal health such as seeking to increase health literacy around use of contraceptives
- Seek to increase awareness of sexual and reproductive health including information on the long term effect of STI on fertility through comprehensive SRH health education in schools and the community. This learning and education program should be inclusive of sex, gender and sexual diversity, be sex positive and culturally appropriate. The strategy should aim to increase access to condoms, STI screening and treatment for women and those identifying as non-binary.

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- Have a clear statement that supports the reproductive rights of women – that a woman can choose when, with whom and how often they want to have a child. The strategy should also aim to remove cost barriers for women accessing long acting contraception and termination of pregnancy services through instigating Medicare rebates and pharmaceutical benefits.
- Include support to resource and promote health care services that support women in addressing common postpartum health problems such as urinary incontinence, haemorrhoids and bowel issues.
- A suite of approaches should be used for information sharing as rural and remote populations of women continue to have limited access to mobile and digital channels. The referral pathways to local services remain limited or nonexistent in many rural communities.

We suggest including the following actions –

- Ensure government funded hospitals and health services are resourced to provide the full suite of SRH services including pregnancy choices especially in rural and remote areas where women are disadvantaged if they need to travel. (Nickson C, et.al 2006)
- Increase access for women living in rural and remote areas to specialised services and practitioners through Government funded health services.
- Support ongoing professional development of health professionals in rural areas to ensure relevant, informed, up to date sexual and reproductive treatment options are available to women.
- Actively combat rigid stereotypes about who can access services and ensure all government funded services provide inclusive nonjudgmental services for all women from all communities, cultures and faiths including those that are gender diverse.

## 25 Priority Area 4 Conditions where women are overrepresented

*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*

No

## 26 Priority area 4 – anything missing

*With regard to Priority area 4 is anything missing or should anything be changed?*

We advocate for the inclusion of violence against women as a priority in the strategy. It should be based upon the “Our Watch Change the Story” prevention of violence framework which describes the drivers of family and intimate partner violence and sexual violence.

The concept of intersectionality is vital to better understanding the way in which individual women's experiences vary. This should be incorporated into the strategy. Although the draft acknowledges the vulnerability of some specific groups of the draft does not include the challenges women from ethnically diverse backgrounds encounter in relation to their experiences of family and intimate partner violence and sexual violence. As has been documented, responses to family violence vary across settings. Attitudes and beliefs about family violence are dependent on factors including

cultural and social understandings about women's role in society, how they are viewed in terms of power dynamics and the role of gender equity and inclusion.

A primary prevention framework needs to be integrated into the strategy. While the actions already included are commendable, working towards changing the social attitudes and conditions that continue to condone violence against women needs to be given greater emphasis and weight. As Our Watch states in *Change the Story*, "Individual behavior change may be the intended result of prevention activity, but such change cannot be achieved prior to, or in isolation from, a broader change in the underlying drivers of such violence across communities, organisations and society as a whole. A primary prevention approach works across the whole population to address the attitudes, practices and power differentials that drive violence against women and their children".

A clear definition of intimate partner violence and sexual violence needs to be included. We suggest, that in line with the Our Watch Framework, a similar definition be included so as to strongly reinforce what is meant when family and intimate partner violence. As it stands, the language used throughout the draft is somewhat vague and dated. There should be no ambiguity when discussing family and intimate partner violence and sexual violence.

While we recognise the role that men's behaviour change programs do have to address family violence and its burden of disease on women and girl, we would recommend that this initiative be a part of the Men's Health Strategy.

## 27 Priority Area 5 Healthy Aging

Do the priorities and actions specified for Priority area 5 *Healthy Aging*, adequately address the specific health needs of women and girls in Australia

No

## 28 Priority area 5 – anything missing

With regard to Priority area 5 is anything missing or should anything be changed? Please provide your comments below

We support the life course approach taken by the strategy and that it recognises the range of risk factors that impact upon an aging women's capacity to have quality of life. We would recommend that addressing the social determinants of health as it applies to this priority population would be a strong approach to achieving this outcome. In addition to this we would recommend that:

- To build the capability within the health system, to better manage the impact of an aging female population that more stakeholders than GPs and pharmacists be supported to build their capability. This includes community workers, outreach workers, health promotion and primary prevention practitioners.
- Need to address key risk factors that reduce quality of life for aging women as an action item to change community attitudes to aging in our community which are often a key contributor to the sense of wellbeing and health of older women particularly when it comes to safety (NZ Families Commission 2009)

## Section D – Research Partnerships and Progress

### 29 Investing in research

*Do the actions specific for investing in research adequately address the specific research need to improve health outcomes for women and girls in Australia*

**No**

### 30 Investing in research – Anything missing?

*With regard to Investing in Research is anything missing or should anything be changed?*

We welcome the action items to draw upon existing research and map gaps in understanding where possible. We support the actions provided in the strategy including those into short and long term impacts of violence against women (ANROWS). We recommend that the research include building the evidence and practice base on the intersectionality of factors that impact upon the wellbeing of women and girls, also support the disaggregation of data for SRH conditions.

We strongly recommend that the strategy include a specific and stand alone item on the effective implementation and distribution of research and evidence on improving women and girls health. Specifically:

- Commission reviews on what works for women and girls and health; to promote the scalable uptake of interventions that have proven effective into routine practice, with the aim of improving the health outcomes of women and girls. This could be undertaken via existing research organisations and should include primary prevention interventions.
- Support the closing of the research-to-practice gap by funding and supporting the distribution and understanding of evidence based interventions that work, in partnership with regional and local partnerships

### 31 Strengthening Partnerships

*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?*

**No**

### 32 Strengthening Partnerships - Comments?

To appropriately respond to the complexity of the strategy , partnerships should be established on shared values and trust (rather than drive change through a single entity). We celebrate the recognition that all action must be driven & owned by women and recommend that women lead the implementation and oversight of the strategy .

Further we recommend that the strategy

- Create a partnership model that is based on co-creation of outcomes to an agreed framework, leverages off the combined strength of diverse skills and knowledge, is accountable and has a transparent process that is supported by the Federal Government agency.
- Recognise the value and role of existing women's health services (local, state and national) as key pieces of infrastructure that can be used to drive the achievement of the strategy
- Government should act as the backbone organisation to coordinate collaboration across the networks including working with existing PHN's so they engage with primary prevention experts in the field of women's health to address the social determinants of health.
- Broaden the strategy definition of partners to recognise the role of community and other agencies outside of the health sector that can play a role in delivering positive health outcomes for women and girls.

### 33 Achieving progress

*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?*

We support that the strategy has provided a specific section on measuring, reporting and reviewing the progress of the strategy.

Further to this we would recommend that:

- A theory of change impact framework be created to set the context of measures that will be used to inform the success of the strategy and its implementation
- That the implementation of the strategy be based on existing evidence based and research informed measures of success for outcomes and outputs of improvements to women's health such as mental health rates in women, specific evidence on the wellbeing of Aboriginal and Torres Strait Islander women and girls, equity in access to education, jobs/income and housing, National Community Attitudes Survey and crime statistics on family violence
- That the Minister release through the Parliament once a year a report on progress against the theory of change. The report and evidence are publically available to the sector and the community to use.

In relation to the role of the Implementation Steering Group we strongly recommend that the make up of this group include representation from the different priority groups as well as representation from community health, health promotion and primary prevention as well as from secondary/medical expertise in women's health. It will be vital that this group also include expertise on gender equity and intersectional representation.

## Section E – Overall comments

34 Do you have any additional comments

This submission recognises and endorses the submissions provided to the consultation by colleague Women's Health Services including:

- Submission from Women's Health West
- Submission from Multicultural Centre for Women's Health (MCWH)
- Submission from Women's Health Victoria