





# THE AUSTRALIAN WOMEN'S HEALTH CHARTER 2019

The Australian Women's Health Network



## **Our Vision**

### A healthy society

We will have succeeded when every woman in Australia:

- ✓ Is safe, respected and secure, economically, emotionally and socially.
- ✓ Is free from violence and discrimination.
- ✓ Has genuine choices and access to high quality services for her sexual and reproductive health.
- ✓ Has a voice in her community and workplace and by governments.
- ✓ Experiences optimal mental and physical health and wellbeing.
- ✓ Has equal participation and access to decision making in all aspects of society.
- ✓ Has equal opportunity irrespective of diversity or disadvantage.

The impetus for an Australian Women's Health Charter came from the compelling evidence that what is needed for women to experience optimal health and well-being is a 'whole of government' policy and gender based services.

The Vision of the Australian Women's Health Charter is to inspire Australians to value women and to understand that a woman's wellbeing is the shared responsibility of the entire

# **Guiding Principles**

- 1. Adequate investment in universal and tailored health promotion and illness prevention strategies that support equitable outcomes across the population as a whole.
- 2. A gendered approach to healthcare and health promotion; promotion of gender equity and empowerment of women.
- 3. Valuing and resourcing of specialist women's health services so they can continue to provide expertise in primary prevention, primary healthcare and health promotion and strengthen the capacity of the health system to identify and respond to women's needs.

These Guiding Principles can be acted upon by Government by implementing the following five key proposals to support the Women's Health Charter.

# How AWHN will Promote Better Women's Health through the Charter

The Australian Women's Health Network calls on political commitment in the lead up to the Federal election 2019 to:

- 1. Address the five key proposals in this document.
- 2. Endorse the Charter, its principles and the evidence in and attached to this document to advocate for a sustained, integrated approach to women's health and well-being based on the Social Determinants of Health.
- 3. Endorse our call for a new National Women's Health Policy, embedded in the Social Determinants of Health.







# Five Key Proposals to Support an Australian Women's Health Charter

The five proposals would mark a new beginning for women's health at the national level and contribute to the creation of a fair and healthy society.

# 1) A New National Women's Health Policy which places gender into all Commonwealth portfolio areas and is underpinned by a Social Determinants Framework

To achieve the Vision in the *Australian Women's Health Charter*, Australia needs a new **National Women's Health Policy underpinned by a social determinants framework**. Such a policy would give clear direction to a 'whole of government approach' on how women and their families' lives could be improved.

This integrated approach would assist government to make better use of scarce resources by delivering timely and streamlined services to women and their families while delivering cost benefits to government by addressing acute problems before they became chronic.

# 2) Within a national women's health policy as a first priority develop a national women's sexual and reproductive health policy

Sexual and reproductive health demonstrates delivery against the Women's Health Charter guiding principles. It is chosen because significant change has occurred in legislation, clinical interventions, research and knowledge translation. This has occurred at Commonwealth and State territory levels. It encompasses pre-conception health. It needs to be translated into accessible, equitable service delivery to different communities of women, including Aboriginal and Torres Strait Islander and culturally and linguistically diverse women in relation particularly to female genital mutilation. This priority also fits with research priorities.

### 3) Government Funded Independent Women's Health Peak

To assist the development of a new National Women's Health Policy, the Australian Women's Health Network as an independent women's health peak with membership from all States and Territories be publicly funded to provide ongoing advice on policy, practice change, research and new and emerging areas of women's health.

It is important that the independent women's health peak **not** be directly involved with service delivery to ensure that there is no conflict of interest or perception of conflict of interest. Rather, it should work collaboratively with service providers to identify: emerging issues; policy development; and research areas of concern to women's health and well-being.

### 4) Establish Women's Equity Committees in all Federal Government Departments

### 5) Funded National Conversation & Sustainable Ongoing Funding

The Commonwealth fund a national, collaborative conversation to set priorities for new

conversation are sustainably funded to ensure its success and capacity to make a difference to women's health and well-being.



# The Social Determinants of Health

The Australian Women's Health Charter is underpinned by the World Health Organisation's (WHO) Social Determinants of Health perspective, which is explained as:

- » The circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.
- » The social condition of people's lives gives rise to health inequalities, factors such as housing, education, availability of nutritional food, employment, social support, access to health care systems, and childhood security all impact on health. In all countries there are unavoidable inequalities in health outcomes between socioeconomic groups (not just within disadvantaged groups). These inequalities can be ameliorated by incorporating a population health focus across all areas of government policy and service delivery. (Commission on Social Determinants of Health, 2008, p ii).

In 2005, the WHO formed the Commission on Social Determinants of Health because of increasing concerns that there were many avoidable disparities in health outcomes between and within countries. The final report of the Commission recommended three principles of action:

- 1. Improve daily living conditions
- 2. Tackle the inequitable distribution of power, money and resources
- 3. Measure and understand the problem and assess the impact of action.



The WHO has challenged all governments to look at adopting an inclusive policy approach that incorporates health across all sectors of government. In Australia, the Social Determinants of Health include:

Access to health services, including sexual and reproductive services

Income and income distribution

**Educational opportunities** 

Unemployment and job insecurity

**Employment and working conditions** 

Early childhood development

**Food insecurity** 

Housing

Social exclusion

Social safety network

Violence

Indigenous status

Gender

Race

**Disability** 

Public policy needs to be based on a holistic approach if it is to deliver the best health and well-being outcomes for women and their families. Importantly, a population health orientation also delivers cost savings to government. Clearly, improved population health will reduce the need for expensive medical and hospital services, which comprise the largest area of Commonwealth, State and Territory spending.



# AWHN Women's Health Charter – Appendix A

### Why Australia needs a Women's Health Charter

The highest attainable standard of physical and mental health is a fundamental human right, as well as being a social, economic and political issue.

Health outcomes and experiences for women (and men) continue to be profoundly shaped by sex (biological) and gender (social) and often reflect broader gender inequalities in society. Gender inequality and the imbalance of power in relationships impacts on social, emotional, economic and health outcomes for women.

Health inequalities also underpin and reinforce other inequalities. For example, violence against women limits their ability to participate in the workforce.<sup>2</sup>

It is also critical to note that gender is not the only factor impacting unequal health outcomes for women, and that specific groups of women experience relative privilege and disadvantage on the basis of factors such as racism, ableism and homophobia.

Some of the health inequalities experienced by women include:

### 1. Domestic violence:

- a. Intimate partner violence is the leading preventable contributor to ill health, injury and death of women aged 15-44 years in Australia.<sup>3</sup> Gender inequality is the key driver behind domestic violence.<sup>4</sup> One in 6 Australian women and 1 in 16 men have been subjected, since the age of 15, to physical and/or sexual violence by a current or previous cohabiting partner.<sup>5</sup>
- b. Aboriginal and Torres Strait Islander women are hospitalised at 32 times the rate of non-Indigenous women for family violence<sup>6</sup> and women are at an increased risk of experiencing violence from an intimate partner during pregnancy.<sup>7</sup>

Office of the United Nations High Commissioner for Human Rights, <u>The Right to Health: Fact Sheet no 31</u>, Geneva, 2008.

<sup>2</sup> Cox, P. (2015) Violence against women: Additional analysis of the Australian Bureau of Statistics' Personal Safety Survey 2012, Horizons Research Report, Issue 1, Australia's National Research Organisation for Women's Safety, Sydney, <a href="http://anrows.org.au/publications/horizons/PSS">http://anrows.org.au/publications/horizons/PSS</a>,

<sup>3</sup> Webster, K. (2016). A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women (ANROWS Compass, 07/2016). Sydney: ANROWS.

<sup>4</sup> Webster, K. (2016). A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women (ANROWS Compass, 07/2016). Sydney: ANROWS.

<sup>5</sup> Australian Bureau of Statistics (2017). Personal Safety Survey 2016. ABS cat. no. 4906.0. Canberra: ABS,

<sup>6</sup> Australian Institute of Health and Welfare 2018. Family, domestic and sexual violence in Australia 2018. Cat. no. FDV 2. Canberra: AIHW.

<sup>7</sup> Campo M (2015) Domestic and family violence in pregnancy and early parenthood: overview and emerging interventions. Australian Institute of Family Studies, Melbourne.

c. Violence against women can cause long-term physical and mental health problems, including high rates of anxiety and depressive disorders, and it is a leading cause of homelessness.<sup>8</sup> Research estimates that violence against women cost our society \$22 billion a year in 2015-16.<sup>9</sup>

### 2. Sexual and reproductive health:

- a. Common reproductive conditions such as endometriosis (which affects around one in ten women) and polycystic ovarian syndrome (which affects around one in five women of childbearing age) are under-researched and poorly understood, leading to underdiagnosis, and limited prevention and treatment options. For example, it takes an average of 7 years to be diagnosed with endometriosis and 70% of women with polycystic ovarian syndrome remain undiagnosed. Women still report that their health concerns are dismissed by health professionals.
- b. Fertility control is a key determinant of women's health. However, in some States and Territories, abortion remains in the Criminal Code, with penalties for women and their doctors unless specific requirements are met.<sup>14</sup> Even where abortion is legal, women still face barriers to accessing services, including: affordability, lack of availability of services, lack of privacy and anonymity (particularly in rural and regional areas), distance and lack of transport and/or childcare, and negative community and health professional attitudes.<sup>15</sup> There is no Medicare item number for a rebate for early medication abortion, reducing choice, and forcing some women to have a surgical procedure.
- c. Long-Acting Reversible Contraception (LARC) is over 99 per cent effective, but there is a low uptake in Australia (around 10%), compared with the US and UK (around a third).<sup>16</sup>

<sup>8</sup> Australian Institute of Health and Welfare 2018. Family, domestic and sexual violence in Australia 2018. Cat. no. FDV 2. Canberra: AIHW,

<sup>9</sup> PricewaterhouseCoopers Australia (2015) A high price to pay: the economic case for preventing violence against women, p. 10. Available from: <u>URL.</u>

<sup>10</sup> Sex-Specific Medical Research Why Women's Health Can't Wait [Report] Brigham and Women's Hospital 2014

<sup>11</sup> Jean Hailes for Women's Health (2016) Endometriosis [Fact Sheet].

<sup>12</sup> PCOS Australian Alliance (2014) Polycystic ovary syndrome : questions answered from the best available evidence, p.7.

<sup>13</sup> National Action Plan for Endometriosis, Department of Health. Australia, July 2018, p.4.

<sup>14</sup> Children By Choice, Australian abortion law and practice, 2018.

<sup>15</sup> Rural Victorian Women's Health Services, 2012 <u>Victorian Rural Women's Access To family Planning Service Survey Report</u>, Project of the Rural Services of the Women's Health Association of Victoria.

<sup>16</sup> Richters J, Fitzadam S, Yeung A, Caruana T, Rissel C, Simpson J M, et al. Contraceptive practices among women: the second Australian study of health and relationships. Contraception. 2016;94(5):548-55.



### 3. Mental health:

- a. Women are disproportionately affected by mental health conditions, compared with men.
- b. Depression and anxiety rates among women and girls are high. Anxiety disorders are the leading contributor to the burden of disease in Australian girls and women aged five to 44.<sup>17</sup> Women also report higher rates of depression or feelings of depression than men.<sup>18</sup> Factors associated with women's higher rates of depression and anxiety include poverty, discrimination, and socioeconomic disadvantage; insecure, low-status employment; gendered expectations of high levels of unpaid domestic labour and caregiving; and differential exposure to physical and sexual violence in domestic settings.<sup>19</sup>
- c. The number of suicides by young women aged 14-25 years now exceeds that of young men.<sup>20</sup>
- d. Women are more likely to self-harm than men and are at risk of starting to self-harm from early adolescence.<sup>21</sup> The Australian Longitudinal Study on Women's Health found that 45% of Australian women aged 18-23 years reported ever self-harming<sup>22</sup> and self-harming rates in young women are rising in Australia and around the world.<sup>23</sup>
- e. Young women report considerably higher concerns about body image than young men (41.1% compared with 17%).<sup>24</sup> Poor body image limits women's participation in physical activity<sup>25</sup> and women and girls with poor body image are more likely to have unsafe sex.<sup>26</sup>

<sup>17</sup> Australia's health 2018: in brief AIHW 2018.

<sup>18</sup> Australian Bureau of Statistics. (2015). National Health Survey First Results – Australia 2014-15. Canberra: ABS.

<sup>19</sup> World Health Organisation. (2012). Gender disparities in mental health. Available at <a href="http://www.who.int/mental-health/media/en/242.pdf">http://www.who.int/mental-health/media/en/242.pdf</a>.

<sup>20</sup> Australian Bureau of Statistics. (2015). Causes of Death, Australia, 2014. Catalogue No. 3303.0. Canberra: ABS.

<sup>21</sup> Robinson J, et al. (2016) Looking the other way: young people and self-harm Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.

<sup>22</sup> Holder C, Fitzgerald D (2016) ALSWH data book for first survey of 1989-95 cohort. Australian Longitudinal Study on Women's Health, Newcastle.

<sup>23</sup> Morgan C, et al (2017) Incidence, clinical management, and mortality risk following self-harm among children and adolescents: cohort study in primary care BMJ. 359:j4351, 1-9.

<sup>24</sup> Mission Australia (2016) Mission Australia youth survey report 2016. Mission Australia, Sydney.

<sup>25</sup> van Bueren, Elliott and Farnam (2016) 2016 Physical Activity and Sport Participation Campaign: insights report, p.7.

Wiederman (2012) Body image and sexual functioning. In: Encyclopedia of body image and human appearance. Vol 1. p. 148-52

### 4. Chronic conditions:

- a. Cardiovascular health (CVD) is the leading cause of premature death in women,<sup>27</sup> and women are more likely to die from heart attacks than men.<sup>28</sup> Research shows that a focus on men's symptoms means that women are less likely to be told they are at risk<sup>29</sup> and given appropriate medical treatment.<sup>30</sup>
- b. Lung cancer is the leading cause of cancer death in women.<sup>31</sup> Mortality rates from lung cancer in women are continuing to rise, while rates are dropping among men.<sup>32</sup> Breast cancer is the most commonly diagnosed cancer among women.<sup>33</sup>
- c. Longer lifespans mean that older women are more likely than older men to live alone,<sup>34</sup> more likely to be in residential care, are the majority of those with dementia,<sup>35</sup> and live fewer active years despite older age.<sup>36</sup> Dementia and Alzheimer disease have recently overtaken heart disease as the leading cause of death for females.<sup>37</sup> A lifetime of gender inequality means that they are less likely to have adequate superannuation or own their own home, and more likely to retire in poverty.<sup>38</sup>

<sup>27</sup> AIHW (2010). Women and heart disease: cardiovascular profile of women in Australia. Australian Institute of Health and Welfare, Canberra.

<sup>28</sup> National Heart Foundation of Australia (2014). Women less likely to survive a heart attack than men Heart Foundation, Sydney.

<sup>29</sup> American College of Cardiology (2015) Young women less likely to be informed of heart disease risk by providers. Science Daily (Oct 26). Available from: URL.

<sup>30</sup> Canto, Rogers, Goldberg and et al. (2012) Association of age and sex with myocardial infarction symptom presentation and in-hospital mortality. *Journal of the American Medical Association (JAMA)*. 307 (8):813-22. Available from: <u>URL</u>;

Turnbull, Arima, Heeley and et al. (2011) Gender disparities in the assessment and management of cardiovascular risk in primary care: the AusHEART study. European Journal of Cardiovascular Prevention and Rehabilitation. 18 (3):498-503:

Khera and et al. (2015) Temporal trends and sex differences in revascularization and outcomes of ST-Segment elevation myocardial infarction in younger adults in the United States. *Journal of the American College of Cardiology*. 66 (18):1961-72;

Leifheit-Limson and et al. Ibid. Sex differences in cardiac risk factors, perceived risk, and health care provider discussion of risk and risk modification among young patients with acute myocardial infarction.:1949-57; Nichols, Peterson, Alston and et al. (2014) Australian heart disease statistics 2014. Available from: <u>URL.</u>

<sup>31</sup> Australian Institute of Health and Welfare 2017. Cancer in Australia 2017. Cancer Series no. 101. Canberra: AIHW.

<sup>32 &</sup>lt;u>Lung cancer statistics</u>, Cancer Australia 2018.

<sup>33</sup> Australian Institute of Health and Welfare 2017. Cancer in Australia 2017. Cancer series no.101. Cat. no. CAN 100. Canberra: AIHW.

<sup>34 (2017)</sup> Longevity and loneliness biggest risks for older Australian women Aged Care Guide, (Oct.), 1

<sup>35</sup> Byles J, Dobson A, Pachana T, et al. (2010) Women, health and ageing: findings from the Australian Longitudinal Study on Women's Health Women's Health Australia, Newcastle.

<sup>36</sup> Council of Australian Government (COAG) Reform Council's, <u>Tracking equity: Comparing outcomes for women and girls across Australia</u> 2013.

<sup>37</sup> Australian Institute of Health and Welfare (2018). Deaths in Australia. Cat. no: PHE 229. Canberra: AIHW.

<sup>38</sup> Parkinson D, Weiss C, Zara C (2013) Living longer on less: women speak on superannuation and retirement Women's Health In the North and Women's Health Goulburn North East, Thornbury.

Gender intersects with other forms of inequality to negatively affect health outcomes. For example:

### 5. Aboriginal and Torres Strait Islander women

- a. Aboriginal and Torres Strait Islander women continue to have poorer health outcomes compared to non-Indigenous women in Australia. Their experience of significant socio-economic disadvantage is strongly related to poor health outcomes.<sup>39</sup>
- b. The life expectancy for Aboriginal women is nearly ten years less than from non-Indigenous women (73.7 compared to 83.1).<sup>40</sup> Aboriginal and Torres Strait Islander women aged between 25-44 years are admitted to hospital at four times the rate of non-Indigenous women.<sup>41</sup> Aboriginal and Torres Strait Islander women's maternal mortality ratios are double that of non-Aboriginal women.<sup>42</sup>
- c. Aboriginal women are more likely to have one or more chronic health conditions compared to Aboriginal men.<sup>43</sup>

### 6. Women with disabilities:

- a. Women with disabilities experience high levels of family and sexual violence and face additional barriers to seeking support and leaving abusive relationships.<sup>44</sup> They experience the same kinds of violence experienced by other women but also 'disability-based violence' and ableism.<sup>45</sup>
- b. Women with disabilities are less likely to be in paid employment than their male counterparts, are more vulnerable to living in insecure or inadequate housing and are more likely to live in poverty. They are over-represented in institutional care and experience difficulties in accessing appropriate health services and treatment. Forced sterilisation, contraception and menstrual suppression are also key issues facing women living with disabilities. We would be in paid employment than their male counterparts, are more vulnerable to living in insecure or inadequate housing and are more likely to live in poverty. They are over-represented in institutional care and experience difficulties in accessing appropriate health services and treatment.

<sup>39</sup> Fredericks B, Adams K, Angus S, and Australian Women's Health Network Talking Circle (2010). National Aboriginal and Torres Strait Islander women's health strategy. Australian Women's Health Network (AWHN), Melbourne. p.8.

<sup>40</sup> Holland A (2015). <u>Progress and priorities report 2015</u>. Close The Gap Campaign Steering Committee for Indigenous Health Equality. p. 7

<sup>41</sup> The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015 / Australian Institute of Health and Welfare, Canberra 2015.

<sup>42 5.2</sup> Trends and patterns in maternal and perinatal health. In: Australia's health 2016. Australian Institute of Health and Welfare, Canberra.

<sup>43</sup> Fredericks B, Adams K, Angus S, and Australian Women's Health Network Talking Circle (2010). National Aboriginal and Torres Strait Islander women's health strategy. Australian Women's Health Network (AWHN), Melbourne. p.25.

<sup>44</sup> Woodlock Delanie, Healey Lucy, Howe Keran, McGuire Magdalena, Geddes Vig and Granek Sharon (2014) Voices Against Violence Paper One: Summary Report and Recommendations, p.5. Available from: <u>URL.</u>

<sup>45</sup> Woodlock Delanie, Healey Lucy, Howe Keran, McGuire Magdalena, Geddes Vig and Granek Sharon (2014) Voices Against Violence Paper One: Summary Report and Recommendations, p.5. Available from: <u>URL.</u>

<sup>46</sup> Assessing the situation of women with disabilities in Australia – a human rights approach Women With Disabilities Australia 2011

<sup>47</sup> WWDA (2009) <u>Submission to the National Human Rights Consultation</u>. Women with Disabilities Australia, Tasmania. Available online at:

<sup>48</sup> Dunn, Cashelle (2018). <u>Sterilisation of Girls with Disability: The State Responsibility to Protect Human Rights</u>. Women with Disabilities Australia (WWDA): Hobart, Tasmania.

### 7. Migrant and refugee women:

- a. Migrant and refugee women are less likely than Australian-born to use preventative and primary health and social support services (and as such are overly represented in acute and crisis care) and less likely to have access to evidence-based and culturally relevant information to facilitate decision making around their health.<sup>49</sup>
- b. Residency and visa status determines different health access entitlements, rendering the Australian health system difficult to navigate and can restrict health services to some visa-holders.<sup>50</sup>

#### 8. Incarcerated women:

- a. The number of incarcerated women in Australia has increased by 50% in the past five years (compared with 37% for men)<sup>51</sup> and Aboriginal and Torres Strait Islander women are 21.2 times more likely to be incarcerated than non-Aboriginal women.<sup>52</sup>
- b. Incarcerated women experience high levels of mental ill-health, victimisation, substance abuse and social disadvantage.<sup>53</sup> Compared to male offenders, female offenders are 1.7 times more likely to have a mental illness,<sup>54</sup> more likely to have an acquired brain injury,<sup>55</sup> and more likely to have minimal employment histories, unstable housing and be the primary carer for children.<sup>56</sup> Prior to incarceration, these women have often experienced sexual assault and/or intimate partner violence.<sup>57</sup>

<sup>49</sup> Multicultural Centre for Women's Health, Sexual and Reproductive Health Data Report June 2016, Collingwood, 2016.

<sup>50</sup> Multicultural Centre for Women's Health. (2015) 'Women's Health Map: Assisting Immigrant and Refugee women to Navigate the Australian Health System, Peer Education Resource for Community Workers,' Multicultural Centre for Women's Health: Melbourne.

<sup>51</sup> ABS, 4512.0 - Corrective Services, Australia, September quarter 2018, 2018.

<sup>52</sup> Pathways to Justice-Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples (ALRC Report 133), Australian Law Reform Commission 2017.

<sup>53</sup> Stathopoulos M, Quadara A, Fileborn B, Clark H (2012) Addressing women's victimisation histories in custodial settings Australian Institute of Family Studies, Melbourne - (ACCSA Issues; 13).

<sup>54</sup> Victorian Ombudsman (2015) Investigation into the rehabilitation and reintegration of prisoners in Victoria Office of the Victorian Ombudsman, Melbourne.

<sup>55</sup> Corrections Victoria (2011) Acquired brain injury in the Victorian prison system Victoria. Department of Justice, Melbourne.

<sup>56</sup> Stathopoulos M, Quadara A, Fileborn B, Clark H (2012) Addressing women's victimisation histories in custodial settings Australian Institute of Family Studies, Melbourne - (ACCSA Issues; 13). Prior to incarceration, these women have often experienced sexual assault, intimate partner violence.

<sup>57</sup> ANROWS (2018) The forgotten victims: prisoner experience of victimisation and engagement with the criminal justice system: key findings and future directions ANROWS, Melbourne.





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