The Voice of Women’s Health

Creating a healthy society for all
INDIGENOUS WOMEN LIVE ON AVERAGE 17-20 YEARS LESS THAN OTHER AUSTRALIAN WOMEN.
We have a problem.

When it comes to women’s health we have a problem. It’s a problem that impacts upon the health, wealth and wellbeing of all Australians.

Women and girls make up over half the Australia population and use health services more frequently yet more than half of them (55.3%) would not recommend their general practitioners to other people.1

Whilst many Australian women may live longer than Australian men they are certainly not likely to be healthier. Research shows they live this longer life in poverty with a disabling chronic disease.2

Amongst groups of women things are just as unfair.

1. Indigenous women live on average 17–20 years less than other Australian women.

2. Women with a disability experience high rates of poverty, are over-represented in institutional care, and experience difficulties in accessing health services.

3. And refugee women have multiple complex health problems, including: chronic diseases; reproductive health issues; blood disorders such as anaemia; the physical and mental health consequences of rape and sexual assault; depression; anxiety and grief.

Women comprise the majority of health consumers’ yet Australian health care is, more often than not, designed by actively ignoring their unique needs. When you put this alongside the chronic underfunding of women’s health services and Australia’s geographic and demographic complexities the case for action becomes irrefutable.

Acting in the best interest of all women, men and children who are living in Australia.

There are significant economic benefits if all Australian women had equal access to care and freedom from long term health conditions.4

For example, it is estimated that the health costs of violence against women and their children in 2021-22 will cost $445 million.

Improving the health of women improves all of our lives.

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Health isn’t blind.

The female and the male body are biologically different and society also views women and men differently.

This means the approaches to health policy and care must be different. Otherwise we are at risk of harming a group of Australians because we are not appropriately considering their needs.

In Australia almost all health policies are designed ‘blind’ to the gender of the people who they are designed to care for. On top of this the male body continues to be considered the ‘norm’ in clinical trials as women’s bodies are considered ‘atypical’.

For example the clinical guidelines for cardiovascular disease in Australia are largely designed ‘blind’ to gender. Yet there is considerable evidence that women and men experience cardiovascular disease differently.

The results speak for themselves. Heart disease in women is largely being undiagnosed, under-managed and under-reported, with a poorer prognosis, greater likelihood of disability and higher rates of illness and death compared with men.

The solution is obvious. Clinical guidelines need to be updated to reflect the latest evidence around the unique care that women (and men) need to ensure they avoid and survive well cardiovascular disease.

The Australian Women’s Health Network is the national body that advocates to ensure policies and procedures that affect women’s health are not blind to the evidence.
THE MALE BODY CONTINUES TO BE CONSIDERED THE ‘NORM’ IN CLINICAL TRIALS AS WOMEN’S BODIES ARE CONSIDERED ‘ATYPICAL’
IT IS IMPOSSIBLE TO UNDERSTAND HEALTH OUTCOMES WITHOUT ALSO UNDERSTANDING THE SOCIAL CONTEXT OF PEOPLE’S LIVES.
Everything impacts on our health.

There was a time when we thought of the ‘health’ of a person as being separate to the ‘life’ that they were living.

Through that lens the environment we live in, the resources we have available to us, the exposure we have (or have had) to violence are irrelevant when it comes to designing policies around our health.

Luckily our understanding of health is now far more sophisticated.

We know that people who live in poverty have worse health outcomes than those who don’t. We know that people with different cultural backgrounds face different risks of certain diseases. And we know that people of different genders have different health outcomes.

It is impossible to understand health outcomes without also understanding the social context of people’s lives.

For example, on the following pages we will outline how violence against women impacts upon their health and wellbeing.

Currently, whilst we know all of this to be true, our Government’s response to health issues is often myopically focused on the delivery of health services and health policies only.

The Australian Women’s Health Network is the national body that advocates for policies that reflect the social determinants of women’s health.
Safe, respected & secure.

The mental and physical impact of violence against women causes a higher burden of poor health than the risk factors of smoking, alcohol and obesity combined.

Violence and abuse cut across lines of income, class and culture with long-term effects on women’s mental health.

Violence is still the leading contributor to death, disability and illness for women.

Violence is a health issue.

Every woman in Australia has the right to feel safe, respected and secure.

The Australian Women’s Health Network is the national body that advocates for policies that provide the right for every woman in Australia to feel safe, respected and secure.

Costs of Domestic Violence and Sexual Assault against Women

$13.6 billion each year

$15.6 billion by 2021

Violence is still the leading contributor to death, disability and illness for women.
DOMESTIC VIOLENCE AND SEXUAL ASSAULT PERPETUATED AGAINST WOMEN COSTS THE NATION $13.6 BILLION EACH YEAR.
WOMEN WITH DISABILITY ALSO FACE FORCED STERILISATION, CONTRACEPTION AND MENSTRUAL SUPPRESSION.
Some people say when compared to the rest of the world women who live in Australia have health that is better than average.

This is used as an argument to not invest in women’s health.

Whether in Australia or around the world, the health experience and outcomes for women are different than they are for men. Women and men experience different health issues, higher risk for some illnesses or diseases, or even the same conditions differently. They also have different experiences of health services, programs and interventions, and experience the social determinants of health differently.

For example, mortality rates from lung cancer in women are continuing to rise, while rates are dropping among men.

Women with diabetes have a higher risk of stroke than their male counterparts.

Women with disability face multiple types of discrimination and are often more disadvantaged than men with disabilities in similar circumstances.

Between groups of women there is also significant disparity.

For example, women with disability also face forced sterilisation, contraception and menstrual suppression.

In 2000–02, the maternal mortality rate of Indigenous mothers was over five times the maternal mortality rate of non-Indigenous mothers.

That’s why average isn’t fair.

Average isn’t good enough to inform our investment in health.

The Australian Women’s Health Network is the national body that advocates for policies that deliver fair access and fair health outcomes to every woman in Australia.

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**IN 2002-02, THE MATERNAL MORTALITY RATE OF INDIGENOUS MOTHERS WAS OVER FIVE TIMES THE MATERNAL MORTALITY RATE OF NON-INDIGENOUS MOTHERS.**

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<thead>
<tr>
<th>Year</th>
<th>Non-Indigenous Mothers</th>
<th>Indigenous Mothers</th>
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<tr>
<td>2000-02</td>
<td><img src="image-url" alt="Graph" /></td>
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THE VOICE OF WOMEN’S HEALTH
Informed choice is everything.

Women receive better health care and have better health outcomes when they have the knowledge they need to make a decision, the security and resources to act on that knowledge and access to appropriate services.

Women's health often suffers because they don't have the knowledge, security or access they need.

When it comes to women's sexual and reproductive health Australia has no national health strategy to appropriately guide research, policy and program development, implementation and evaluation.

Abortion is still a crime for women and their doctors in some states. Lack of clarity about state laws causes confusion. A national survey of GPs found that almost 40% are not confident in their knowledge of their state's or territory's abortion law. There is no Medicare item number for a rebate on medication abortion, while one is specified for surgical abortion.

The Australian Women's Health Network is the national body that advocates for policies that deliver informed choice to every woman in Australia.

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40% of GPs are not confident in their knowledge of abortion law.
GETTING GENDER IMPLICATIONS INCORPORATED INTO ALL AREAS WHICH IMPACT ON HEALTH IS A COMPLEX AND RELENTLESS TASK.
Women’s health is chronically starved.

Australia has a network of informed, articulate and dynamic people who work tirelessly to improve health and wellbeing outcomes of all women living in Australia.

Getting gender implications incorporated into all areas which impact on health is a complex and relentless task. The work they do as researchers, policy makers, practitioners, educators and promoters in addressing gender differences and how these impact on health improves the lives of all Australian’s. Their work has been and continues to be substantially and chronically under-funded.

As a result the health and wellbeing of Australian women is suffering.

- By the end of 2015 a woman was being murdered every week by a current or ex-partner in Australia
- In 2008, heart disease claimed the lives of 11,221 Australian women
- Increasing numbers of women are living in poverty and becoming homeless in their old age
- Gestational diabetes is a major cause of maternal and infant illness and death.
- Women are disproportionately affected by mental illness. Depression causes 10% of the disease they suffer. Violence is the major social factor that underpins depression.
- Refugee women are at greater risk of mental health disorders than the general population as result of experienced trauma.

Because they are chronically underfunded we are all suffering.

The kind of evidence available today about the differences between men and women, and being able to question the things that we do today, are only now possible because of the over 30 years of women’s health advocacy, research and services.

The Australian Women’s Health Network is the national body that connects people across women’s health to amplify the work they do by ensuring they are supported and their knowledge is heard, shared and implemented.

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INCREASING NUMBERS OF WOMEN ARE LIVING IN POVERTY AND BECOMING HOMELESS IN THEIR OLD AGE

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THE NATIONAL VOICE FOR WOMEN’S HEALTH.
Who are we?

The Australian Women’s Health Network’s vision is for a healthy society.

In a healthy society every citizen participates fully in its cultural, social, environmental and economic life. We believe passionately in everyone’s right to this participation. We know the result of this is a prosperous, dynamic, socially cohesive, thriving nation.

Our Role is to be the national voice for women’s health. When all women are healthier then all Australians will benefit.

We ensure the voices of women are heard in debates about design and implementation of policies that impact upon women’s health. We make visible the issues, often far reaching, that impact upon women’s health. We are a national body that works closely with our members, partners and government to deliver change.

We do this by being a national body that:

• Advocates for Australian policies and procedures that affect women’s health to reflect the evidence.
• Advocates for policies that reflect the social determinants of women’s health.
• Advocates for policies that are designed to deliver the right to feel safe, respected and secure to every woman in Australia.
• Advocates for policies that deliver fair access and fair health outcomes to every woman in Australia.
• Advocates for policies that deliver informed choice to every woman in Australia.
• Connects people across women’s health to amplify the work they do by ensuring they are supported and their knowledge is heard, shared and implemented.

By doing all of this the Australian Women’s health Network helps to ensure that the dollars invested in health in Australia get the best results possible.

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What we have done.

The Australian Women’s Health Network has influenced health policy, research and practice reform in a variety of key women’s health areas for over 30 years.
### 30 YEARS AGO

<table>
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<tr>
<th>The contraceptive pill was available but access to it was difficult for young women. Women were dying from ‘backyard’ abortions.</th>
<th>Women have better access to a range of safe and accessible reproductive health services BUT abortion is still a crime in some Australian states and territories.</th>
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<td>Tranquillizers such as Valium were being over prescribed by doctors, as ‘mother’s little helpers’, with pharmaceutical company advertisements depicting stereotyped images targeting women.</td>
<td>Valium is no longer known as ‘mother’s little helper’ BUT women still face stereotyped images in advertising that impact upon their health.</td>
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<td>There was no breast or pap screening.</td>
<td>We now have a national system of regular screening which underpins early intervention BUT access rates for women with disabilities are still poor.</td>
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<td>The dominant belief was that only overweight, white male executives have ‘heart attacks’.</td>
<td>There is an increased understanding that women are at risk of heart attacks BUT to some degree, this stereotype persists today. So women are dying because their cardiovascular disease is underdiagnosed and treated less robustly.</td>
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<td>Working women who became pregnant were often forced to leave their jobs.</td>
<td>It is illegal to force women to leave their jobs because of pregnancy and there is parental leave available. BUT taking time to have and care for children still results in a significant loss of income, job security and career advancement for women.</td>
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<td>There were very small numbers of women pursuing professional careers.</td>
<td>50% of people working in medicine are women and there have been significant increases of women in the fields of law, science and mathematics. BUT women are less likely to be in leadership positions.</td>
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<td>Women were rarely seen working in building, construction, mining and resources industries.</td>
<td>Women are now recruited into building, construction, mining and resources industries because they take better care of equipment and are more reliable BUT they still account for just 11 per cent of the total construction workforce and leave the industry at a rate almost 40 per cent higher than men.</td>
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<td>Women and children were suffering sexual and domestic violence and shamed into silence.</td>
<td>There is much more public discussion about sexual and domestic violence and a National Plan to Reduce Violence against Women and their Children exists that every state and territory has signed onto. BUT one woman still dies each week at the hands of a current or former intimate partner.</td>
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The Australian Women’s Health Network and its members are proud of what has been achieved so far, but clearly there is still much more to be done.
What we have done.

The progress we have made has been made together. The Australian Women’s Health Network has played its part by consistently improving women’s health research, policy and practice by:

- identifying gaps in the health care system and finding solutions to address them
- providing advice on research, policy and practice to Government and other key stakeholders
- analysing and translating available evidence to make clear the implications for women’s health
- growing the evidence base of what is best practice through the development and publication of women’s priority health issue resources
- building workforce capacity through the gathering, collating and sharing information on women’s health.

And we have delivered:

- We created the Women’s Health Hub - the only national, central entry point to access and share information on women’s health. awhn.org.au/healthhub 2015
- We published 9 resources on priority women’s health issues between 2012 & 2015.
- Made 30 direct policy submissions relevant to women’s health and wellbeing since July 2012.
- Contributed to the development of another 36 made by other stakeholders since July 2012
- Hosted 7 national women’s health conferences
- Supporting development of the inaugural Our Watch Awards for exemplary reporting to end violence against women
- Broadly consulted to develop an Aboriginal and Torres Strait Islander Women’s Health Strategy for the Commonwealth Government.
- Enabled an extensive and highly skilled network of individuals and organisations that have supported these achievements

There is still more to do.

We are proud of what has been achieved but we agree with the United Nations that there is still more to do. We will continue to work towards securing the human and health rights of all women in Australia.
Our Strategy.

**OUR VISION**
A HEALTHY SOCIETY.

**OUR ROLE**
THE NATIONAL VOICE FOR WOMEN’S HEALTH.

**GOAL 1**
TO INFLUENCE PUBLIC POLICY, PRACTICE AND TRADITIONS TO ENSURE THEY ARE BASED ON WOMEN’S EXPERIENCE OF HEALTH AND WELLBEING.

**GOAL 2**
TO RAISE AUSTRALIA’S CAPACITY TO IMPROVE WOMEN’S HEALTH AND WELLBEING.

**GOAL 3**
TO MAKE VISIBLE HOW GENDER AND INEQUALITY IMPACT ON WOMEN’S HEALTH.

**GOAL 4**
TO RUN A SUSTAINABLE, EFFECTIVE AND WELL RESPECTED ORGANISATION.
How you can help.

Your investment can help us create an independent and financially secure Australian Women’s Health Network.

According to the World Health Organisation,

“Taking action to improve gender equity in health and to address women’s rights to health is one of the most direct and potent ways to reduce health inequities and ensure effective use of health resources.”

SEN AND OSTLIN
2007, P. VIII

Since the early 1970s, there has been an active women’s health movement in Australia. However, important gains made are increasingly under threat and could be lost without ongoing and appropriate investment.

A national voice, that is sustainably supported to speak for the health of all women, is essential if we are to retain and build on past achievements.

Let’s work together.
Invest in Creating a Healthy Society.

Base level funding of $300,000 p.a. supports the Australian Women’s Health Network to continue its successful advocacy and health promotion work for the health and well-being for all women and girls in Australia.

Ongoing investment in AWHN of $300,000 p.a. would enable us to continue to employ the following staff:

- Chief Executive Officer – full-time
- Business Services Officer – 1 day p.w.
- Online Communications Officer – 1 day p.w.
- Administrative Support Officer – 1 day p.w.

AWHN has developed a very solid way of working to target its impact most effectively over the past few years. This has shown that a small investment can have a big impact.

Our way of working includes:

- driving public agenda priorities arising from women’s lived experience.
- analysing, translating and advising on women’s health related research, policy and practice.
- building workforce capacity through the gathering, collating and sharing information on women’s health.
- working across a wide range of stakeholders to build a healthy society
- continuing to build the AWHN website as the go-to place for women’s health knowledge and expertise for governments, business, communities and other stakeholder organisations www.awhn.org.au.
- continuing to build the Women’s Health Hub: Australian Women’s Health Network Clearinghouse www.awhn.org.au/healthhub/ providing a searchable, single entry point at the national level to access and share information on women’s health, which is free to all.
- leading and growing feminist women’s health public commentary through sustained social media engagement, such as via Twitter and Facebook.
- supporting AWHN members in their women’s health work and drawing on their deep and broad expertise.

An investment in AWHN of only $300,000 p.a. would secure its future and have a real impact on the lives of women and girls in Australia.

Funding received above this base line would fund project work, such as: developing and publishing women’s priority health issue resources; delivering workforce training; and facilitating nation conversations, including national conferences and events.

To discuss investing in AWHN’s important work, please contact our CEO Kelly Banister on 0408 061 901 or by email at cdeo@awhn.org.au, or our National Board Chair Marilyn Beaumont on 0419 597 516.