Australian Women's Health Alliance

Policy brief

Rebalancing care, work and health

Key messages

- An intersectional gendered lens on health highlights inequities in both paid and unpaid care work most often performed by women.
- Women are more likely to be informal, unpaid carers, and are more likely to be main carers. Aboriginal and/or Torres Strait Islander people, people with migration backgrounds from non-English speaking countries and people with disability are also more likely to be carers.
- The longer a person is a carer the greater the negative impacts on their health, mental health and socioeconomic outcomes.
- The gendered nature of unpaid household and caring work therefore determines women's health and wellbeing in negative ways.
- Women also make up more than 80% of the health workforce, very often in frontline caring roles, which, in a stretched health system, has led to burnout and a range of negative health impacts.
- Gender equitable preventive health requires workforce strategies to reduce gender segregation and address burnout, reform to social protections and transformation of heteronormative gender roles.

Purpose of this brief

Australian Women's Health Alliance works to articulate the policies and actions necessary to improve health outcomes for women. The purpose of this brief is to put an intersectional gender lens over the relationship between care, work and health, and to inform policy, strategy and practice. It is applicable in all jurisdictions.

There is poor understanding and a lack of accessible evidence across health and related sectors, about prevention with an intersectional gender and health equity lens. Further, there is a need to articulate how prevention can be more effectively integrated with health care, social care and social service programs developed for women.

This is a challenge for the National Preventive Health Strategy 2021-2030 (NPHS), the National Women's Health Strategy 2020-2030 (NWHS) and related policies, because without these understandings, it is difficult to identify and disseminate prevention strategies that will achieve health equity.

Why put an intersectional gender lens on care, work and health?

Care, work and health are intertwined in multiple and mutually reinforcing ways. An intersectional gendered lens on care and work highlights the impacts and ongoing power of traditional, heteronormative gender roles. Women, relative to men, disproportionately provide both paid and unpaid care work in Australia. The impacts of care inequity are further shaped by factors such as

disability, Aboriginal and Torres Strait Islander identity, experiences of migration, access to education and socioeconomic status. Being a carer, whether paid or unpaid, and including in the health workforce, is associated with poorer health outcomes.

Women spend a greater amount of time performing unpaid domestic work (including household work and errands) and childcare than men.[1] Women also make up greater proportion of informal carers,[2] (people who provide unpaid care to family, friends or neighbours), and the majority of main carers are women.[3] Women are also more likely to be carers for longer periods than men. Unpaid carers are disproportionately Aboriginal and/or Torres Strait Islander people or migrants from non-English speaking countries and caring is also highly associated with living with disability.[4]

Compared with non-carers and other carers, main carers have poorer general health and mental health outcomes. The longer a person spends as an unpaid main carer, the poorer their socioeconomic outcomes. Caring impacts women's ability to participate in the workforce, and therefore their economic security and superannuation outcomes.[5] Meanwhile, social protections such as Carer and Jobseeker payment, remain below the cost of living. The gendered nature of unpaid household and caring work therefore determines women's health and wellbeing in inequitable ways.

Gendered care inequity is associated with women's overrepresentation in paid care work, including healthcare. Women make up more than 80% of the health and social assistance care workforce.[6] The lower relative pay of sectors including aged care, disability care, childcare and community services is associated with the lesser social value ascribed to women's work. With women continuing to be overrepresented in these sectors, this inequity in value has ongoing impacts for women's socioeconomic status, and therefore health, outcomes.

Women are overrepresented in the health workforce, and this trend is exaggerated for frontline health roles such as aged care and nursing. Additionally, low paid sectors such as aged care, childcare and disability care have a greater proportion of workers born in a country other than Australia,[7] indicating how different intersectional factors shape the determinants of health for individual women. The general health workforce crisis and COVID-19 pandemic,[8] [9] have had negative impacts on the mental health and wellbeing of health care workers with high reported rates of anxiety, depression, burnout and post-traumatic stress disorder.

The relationship between gender roles, care and health outcomes is complex and mutually reinforcing and inequities in care work play an important and intersecting role in determining women's gendered health outcomes.

What does this mean for health equity?

Australian Women's Health Alliance recognises the importance of addressing inequities in care work in health care and prevention. Rebalancing care for better health outcomes requires multiple strategies which consider the unpaid, paid and cultural nature of care work.

Workforce strategies which value and support care work and rebalance inequities in gender-segregated care industries are needed. These include improvements in wages and conditions for care industries, including aged care, childcare, disability care and community sectors. Strategies to alleviate burnout in nursing and health workforces and reform to regulations preventing recognition of overseas qualifications is also needed.

Rebalancing care also requires strengthening of social protections for carers and parents, and people with disability. This includes increases to Carer and Jobseeker payments and the Disability Support Pension, and ongoing reform of parenting payments. Increases to parental leave, and the payment of superannuation of parental leave are also needed.

Broader gender equity work to challenge and transform traditional heteronormative gender roles which determine the distribution of care work within communities and in the home will also support more equitable health outcomes for carers.

National Health Strategies, including the National Preventive Health Strategy, need to consider the extent to which gender inequities, particularly those resulting from intersectionality, impact on women. In taking a determinants lens, the National Preventive Health Strategy must integrate with and support cross-portfolio initiatives which address social determinants of women's health outcomes.

About us

The Australian Women's Health Alliance provides a national voice on women's health. We highlight how gender shapes experiences of health and health care, recognising that women's health is determined by social, cultural, environmental, and political factors.

Contact us

Enquiries: Info@AustralianWomensHealth.org
Web: www.AustralianWomensHealth.org

Suggested citation

Australian Women's Health Alliance, *Policy brief – Rebalancing care, work and health*, Australian Women's Health Alliance, 2023.

We acknowledge the Traditional Custodians of the lands and waters on which we live and work. We pay our respect to Elders past and present. Sovereignty has never been ceded.

[1] R Wilkins, E Vera-Toscano, F Botha, M Wooden and T-Anh Trinh, *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 20*, Melbourne Institute: Applied Economic & Social Research, University of Melbourne, 2022, accessed 1 July 2023.

[2] R Wilkins et al., The Household, Income and Labour Dynamics in Australian Survey, accessed 1 July 2023.

[3] Australian Institute of Health and Welfare, *Informal carers*, Australian Government, 2021, accessed 1 July 2023.

[4] R Wilkins et al., The Household, Income and Labour Dynamics in Australian Survey, accessed 1 July 2023.

[5] R Wilkins et al., The Household, Income and Labour Dynamics in Australian Survey, accessed 1 July 2023.

[6] A Duncan, A Mavisakalyan and S Salazar, *Gender Equity Insights 2022: The State of Inequality in Australia*, BCEC|WGEA Gender Equity Series, Issue #7, October 2022 accessed 1 July 2023.

[7] C Eastman, S Charlesworth and E Hill, Fact Sheet 1: Migrant Workers in Frontline Care, University of NSW, n.d., accessed 2 July 2023.

[8] S McGuinness, J Johnson, O Eades, P Cameron, A Forbes, J Fisher, K Grantham, C Hodgson, P Hunter, J Kasza, H Kelsall, M Kirkman, G Russell, P Russo, M Sim, K Singh, H Skouteris, K Smith, R Stuart, H Teede, J Trauer, A Udy, S Zoungas and K Leder 'Mental Health Outcomes in Australian Healthcare and Aged-Care Workers during the Second Year of the COVID-19 Pandemic', *International Journal of Environmental Research and Public Health*, April 19 2022, 19(9):4951, accessed 1 July 2023.

[9] Australian Nursing & Midwifery Federation, *Overhauls needed to slow nurse and midwife exodus*, Australian Nursing & Midwifery Federation, 15 February 2023, accessed 2 July 2023.