Why disability is an important women's health issue?

Anne Kavanagh

Professor of Women's Health and Director of Centre for Women's Health, Gender and Society

The University of Melbourne

My journey

Parents - Dublin, Ireland

Born - Hitchin, Hertfordshire, England

Aged 4- 20 years - St Marys, Adelaide, South Australia
IRSD (978, 6th decile), 9 Km from city centre

Aged 21- 25 years - Adelaide, South Australia

Aged 26-35 years – Brighton UK, Canberra Aus, Boston US

Aged 36 years – Abbotsford, Brunswick and now Preston
IRSD (969, 6th decile), 9 Km from city centre

What is disability?

Disability is the result of

"the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others"

(United Nations General Assembly 2007).

"People are disabled by society, not just by their bodies" (*WHO 2011)*

Health of people with disabilities in Australia
A snapshot

- Poorer mental health
- More chronic disease including diabetes and hypertension
- Likely to have a poorer profile of risks factors for chronic disease such as smoking, obesity, physical activity and diet but less likely to consume alcohol and levels associated with harm
- Probably higher mortality
- Less likely to access preventative health services (e.g. Pap tests and mammograms)

Research evidence

- Many of the health differences are unrelated to the particular characteristics of the disability itself (Emerson et al. 2011).
- Emerging evidence (based on longitudinal studies) that a large proportion of the **poorer health** of people with disabilities can be attributed to the **socio-economic disadvantage** in which they live (Honey et al. 2011; Emerson et al. 2012; Emerson, Vick et al. 2012).
- Very little on gender but evidence from US that black women with MS tend to worse than black men, white women and white women in terms of disability trajectories

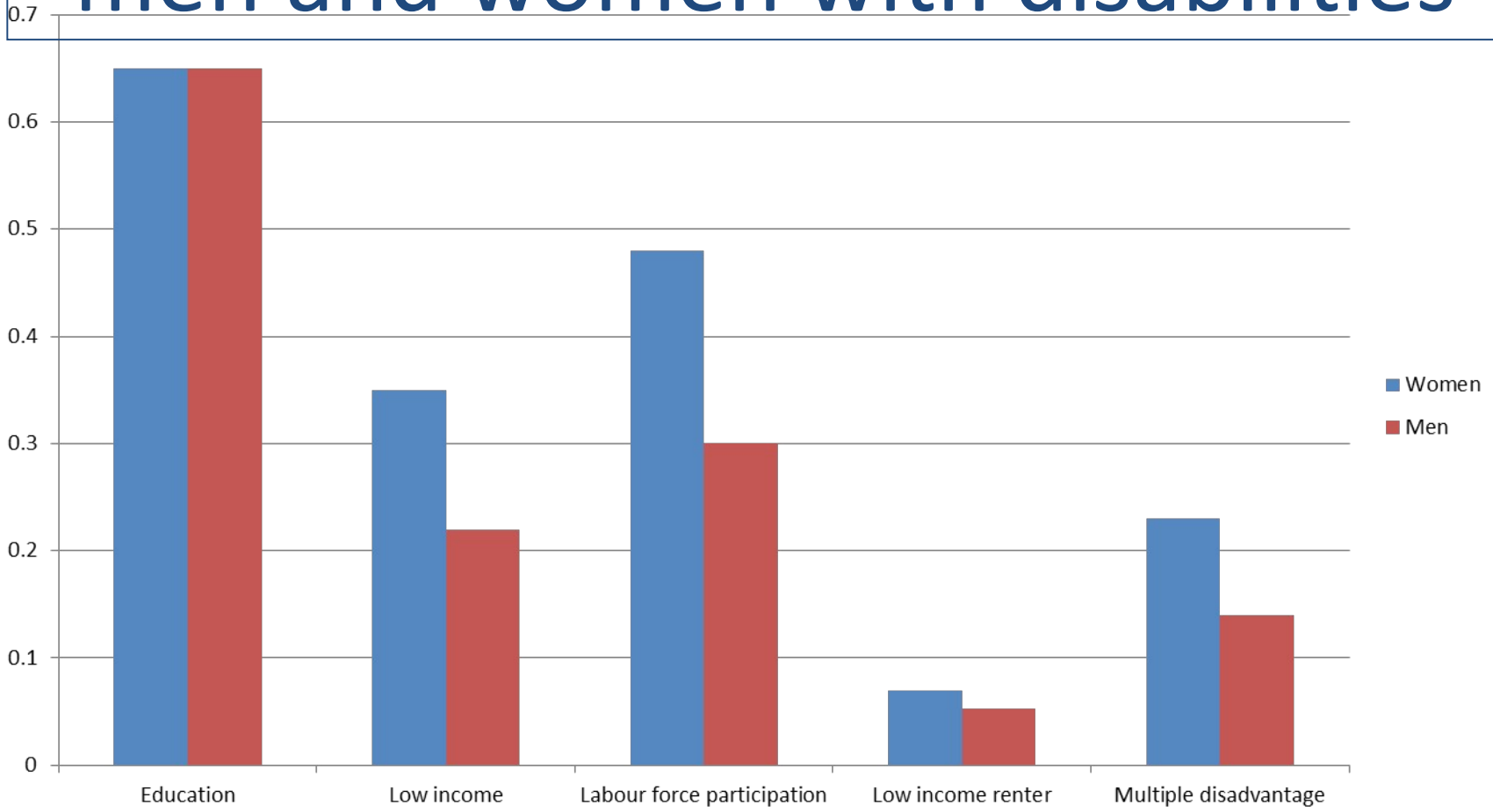
Disability and health inequalities in Australia

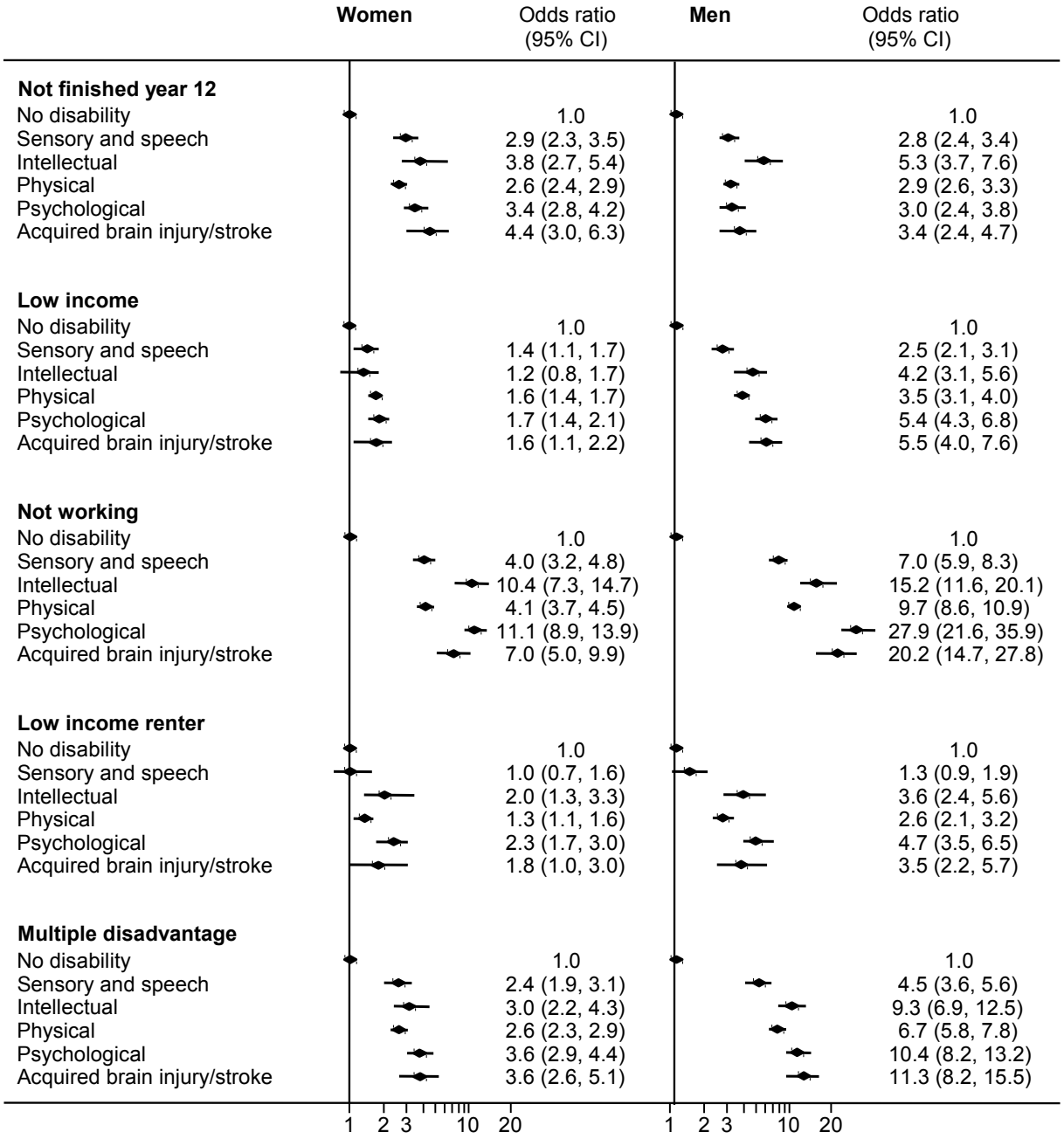
Research summary

Addressing the social and economic determinants of mental and physical health

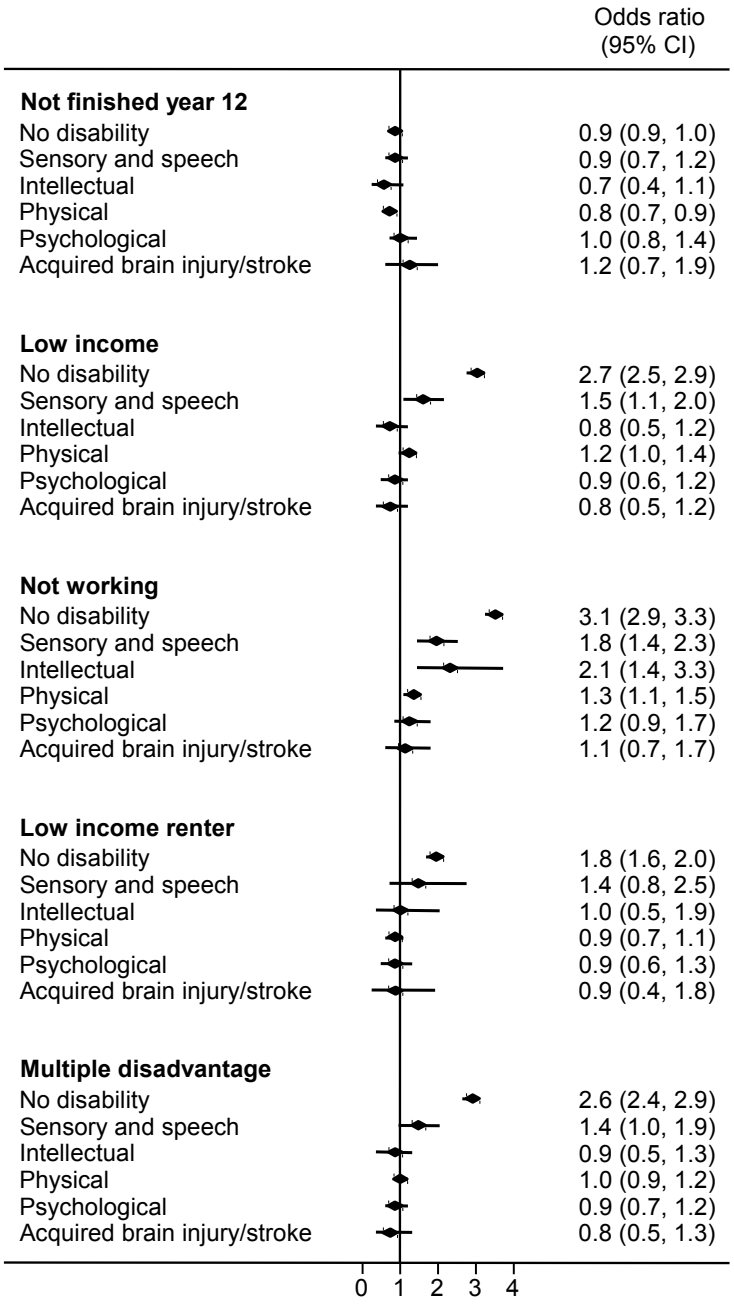
http://www.vichealth.vic.gov.au/Publications/Health-Inequalities/Disability-and-health-inequalities-in-Australia.aspx

Socio-economic disadvantage for men and women with disabilities





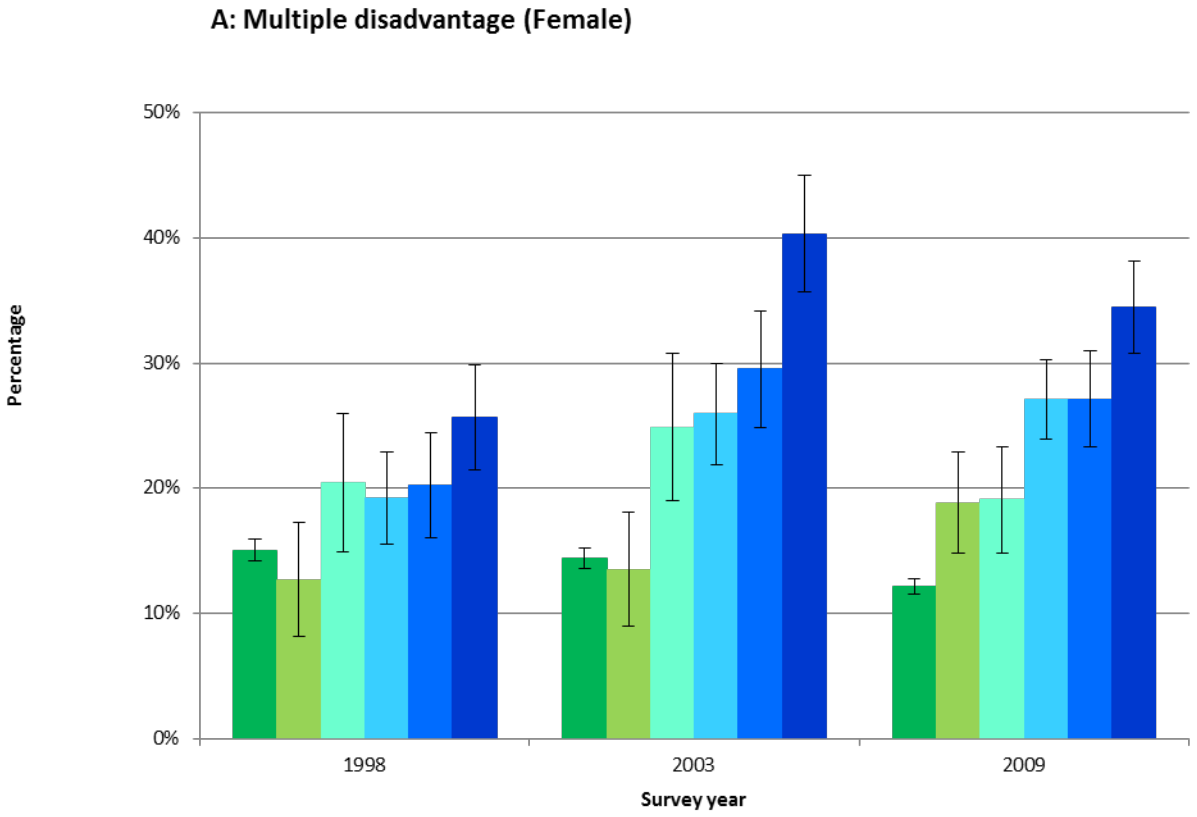
Comparisons in disadvantage and impairment type for men and women separately



Gender, disadvantage and impairment type

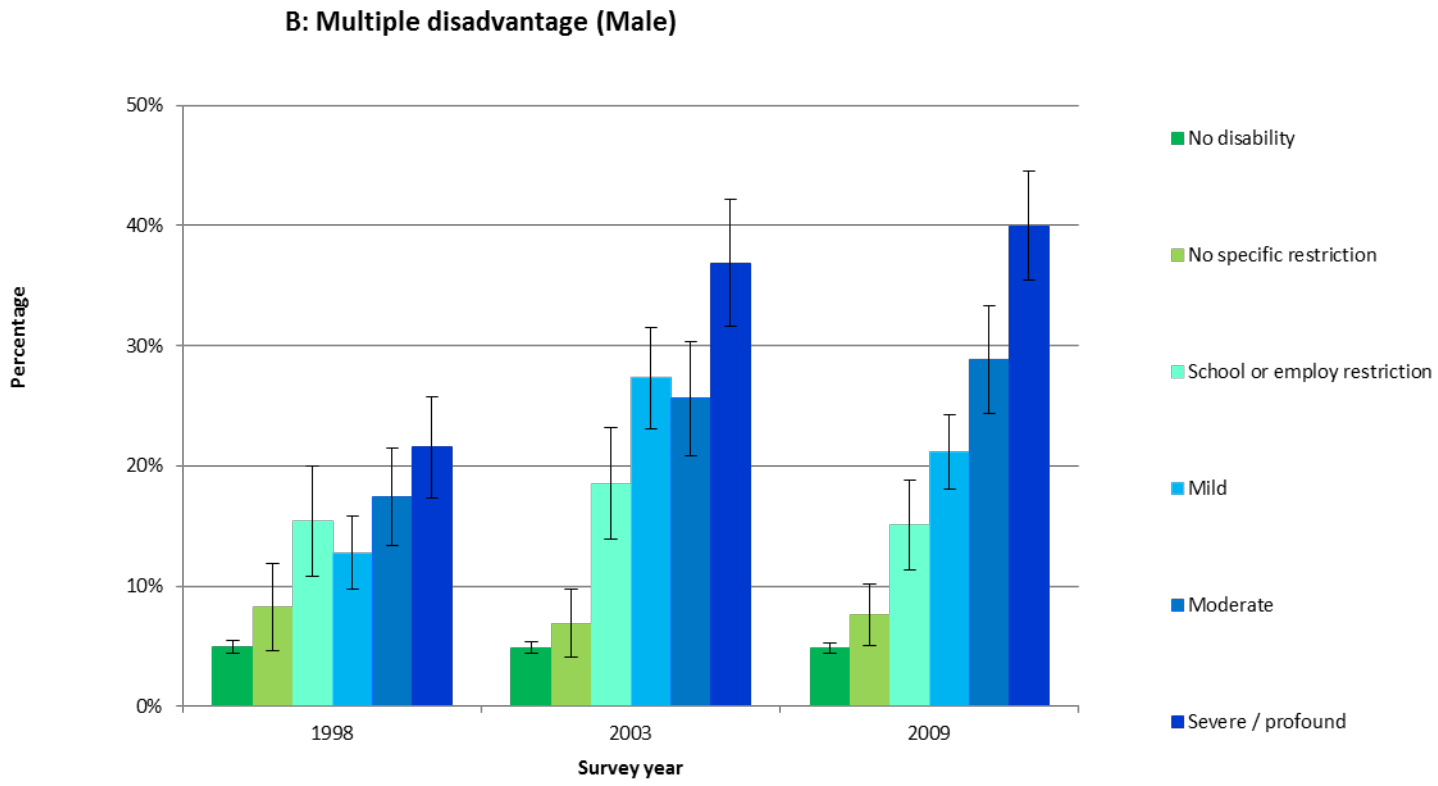
How are we tracking over time?

Prevalence of ‘multiple disadvantage’



How are we tracking over time?

Prevalence of ‘multiple disadvantage’



‘Disabilism’ from within: Reviewer comments…

“I feel that the thrust of this paper is tautologous. People with disabilities are by definition less able than those without disabilities – taken as a group (ie including all disabilities: cognitive, sensory, physical and mental) it is axiomatic that they will score lower on factors that require abilities such as completing year 12 or being in paid employment, particularly highly paid employment. In a society that rewards the exercise of abilities it is obvious that persons with disabilities (again taken as an entire group) will be disadvantaged socio-economically, though not necessarily in quality of life.

The communist ideal is the only model that purports not to reward the exercise of ability, but history has indicated that humans are not capable of such idealism: even in those pinnacles of socialist democracies, the Scandinavian countries (with levels of taxation which would I suspect be unacceptable to most Australians) the exercise of abilities is materially rewarded, though reward differentials are much smaller than in Australia. Without such rewards those with abilities tend not to exercise them for the benefit of the community.”

Summary

1. Evidence demonstrating that significant inequalities in health for people with disabilities and that socio-economic disadvantage is a major explanation for these findings
2. Both women and men with disabilities are more likely to live in socio-economic disadvantage than their 'able-bodied' peers (increases with severity and for psychological and intellectual impairments) and this is increasing over time
3. Taken as a whole group women with disabilities do somewhat worse than men across a range of indicators of socio-economic disadvantage
4. But, within impairment type and severity the differences between women and men are non-existent except that women with sensory and speech impairments still do poorly relative to men and women with intellectual disabilities for labour force participation but gender differences not as stark as non-disabled peers (men more likely to have sensory and speech disturbances and women psychological and severe disabilities)
5. Disabilism from without and within

Some thoughts…

1. Sex differences and similarities
    1. Gender, type and severity, and trajectories
    2. Socio-economic disadvantage and disabilities

2. Gendering the disabled body
    1. Asexual
    2. Non-reproductive
    3. Feminised

Where to – foregrounding disability as an issue

1. Women's health movement and academia it has been neglected
    1. Feminist critique/gender relational
    2. Advocacy
    3. Marginalised groups
    4. Bringing social issues to the health debate

2. Alliances with other organisations
    1. Within the health sector (PHAA, CHF, Medicare Locals etc)
    2. Non-health sector – housing, employment, disability
    3. Men's health groups