Gender sensitive indicators and government policy

Panel discussion at 7th Australian Women's Health Conference, 2013, Sydney

THE UNIVERSITY OF ADELAIDE AUSTRALIA

PHIDU

Women's Electoral Lobby (NSW)

NSW GOVERNMENT | Family & Community Services | Women NSW

Panel

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Gender Sensitive Indicators (GSIs) and social action

GSIs and sex-disaggregated data are important for advocacy:

- an NGO perspective

- the politics of reporting on gender
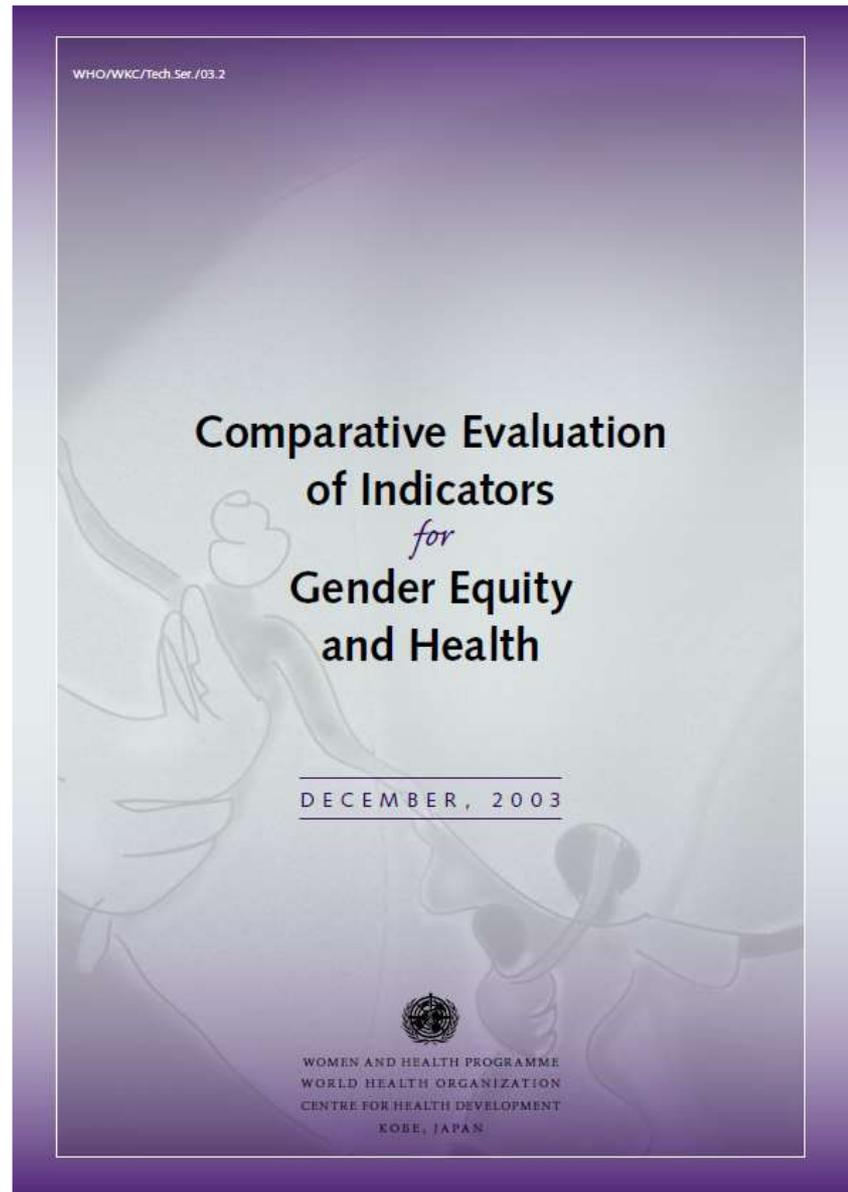
- planning vs implementation issues

GSIs and government

GSIs (eg on women's health outcomes and the performance of health services) important for:

- Raising awareness of gender disparities
- Improving the evidence base for decision-making
- COAG performance reporting

Same is true in other fields (eg workforce, education).

WHO Audit of international GSIs

WHO/WKC/Tech.Ser./03.2

Comparative Evaluation of Indicators *for* **Gender Equity and Health**

DECEMBER, 2003

WOMEN AND HEALTH PROGRAMME
WORLD HEALTH ORGANIZATION
CENTRE FOR HEALTH DEVELOPMENT
KOBE, JAPAN

What has happened at the international level on GSIs in health?

- WHO-sponsored international meetings on women and health called for **improved data collection and analysis relevant to action that strengthens women's empowerment**

- Audit resulted from this history of discussions & concerns
  - developed a framework (based on others in use, e.g. ISO 2000)
  - mapped and audited for their **gender-sensitivity** and relevance, indicators in use or proposed by international agencies (>1,000 indicators)

- Concluded implementing systems for monitoring gender equity in health needs: **the right data, quality data, and a social process** that reviews data

- WHO Kobe Centre work aimed for an agreed core set of gender-sensitive leading health indicators that could be used internationally despite country differences

- **Field testing** in a range of different country types continues for the core set (e.g. China, Canada, Columbia, Peru)

WHO Audit (2003) – background (cont)

- 2009, *WHO Strategy for Integrating Gender Analysis and Actions* report identified need to strengthen the knowledge-base by developing better systems and increasing capacity to generate vital statistics to advance a renewed agenda on women's health

- 2010+ WHO facilitated a series of policy dialogues to advance policies to improve the health of women, including the use of **disaggregated data and gender analysis**

- WHO currently implementing the *Strategy for Integrating Gender Analysis* to strengthen promotion and use of **sex disaggregated data and gender analysis** (also established a Scientific Resource Group on Health Equity Analysis and Research to support work on equity & health)

What makes a good GSI?

Indicators should:

■ Capture gender-related changes in society

Indicators should be:

■ Measurable for diverse populations (age, ethnicity, socio-economic status, rurality)

■ Easy to access, understand and use

■ Accurate and reliable

■ Policy-relevant; topics worth measuring

■ If possible measure impact not participation

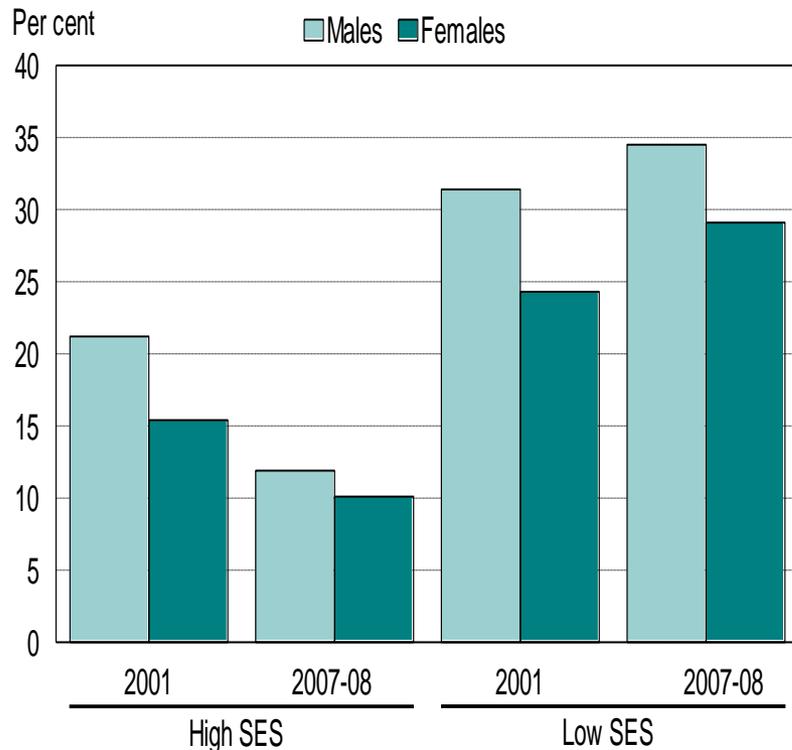# What makes a good GSI?

Other features, some debatable are GSIs should:

- Compare one group to a carefully chosen norm
- Enable measurement of changes over time
- Be accompanied by gender analysis & context
- Use existing data (to reduce administrative burden)
- Have predictive capability (function as early alerts)

Other good practice principles

GSIs should:

■ Be used and developed using the most participatory process possible

■ Cover topics where information can galvanise action

EG Smoking rates in Australia by SES and sex
- Absolute improvement, relatively poorer outcome

Per cent

Males Females

High SES | Low SES
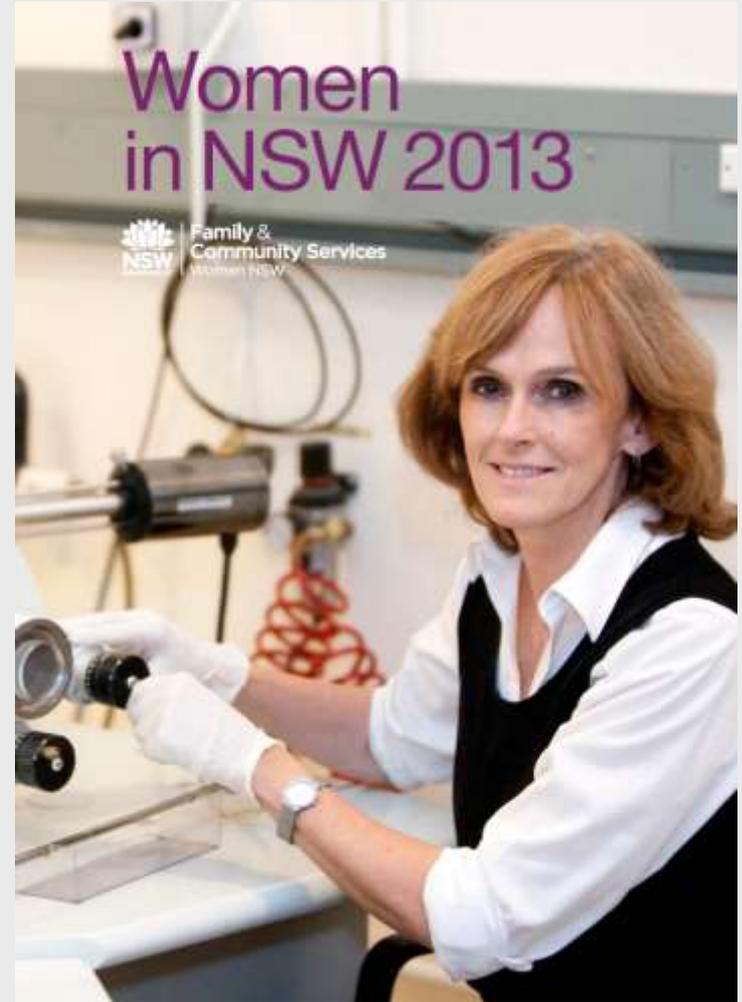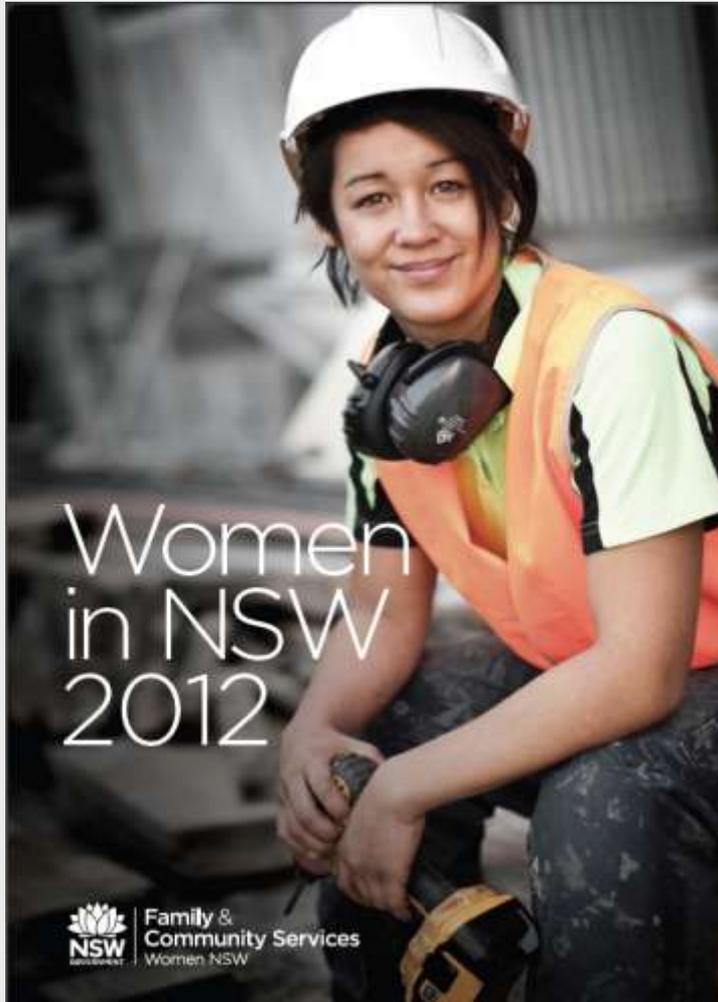2001 | 2007-08 | 2001 | 2007-08

- Smoking rates declined by 24% from 2001 to 2007-08 (28% for males, 22% for females).

- **Decline was not shared equally**; **only 13.8% among the most disadvantaged fifth of the population, compared to 35.3% for the most well-off fifth.** **For females comparable figures were 17% and 34%.**

- Ratio of smoking rates, low to high SES areas was 1.88 in 2001; by 2007-08 the gap had widened to 2.51. **For females, the increase in the differential was from 1.89 to 2.41.**

Source: Australian National Health Survey data held by PHIDU; indicator prepared 2010.

Women in NSW Reports

Operationalise this with a four-way analysis & discussion:

- Comparison of women vs men (gender gap)
- Track progress over time
- Compare experiences of pop^n sub-groups
- NSW vs national picture
- Discussion interpreting each indicator.
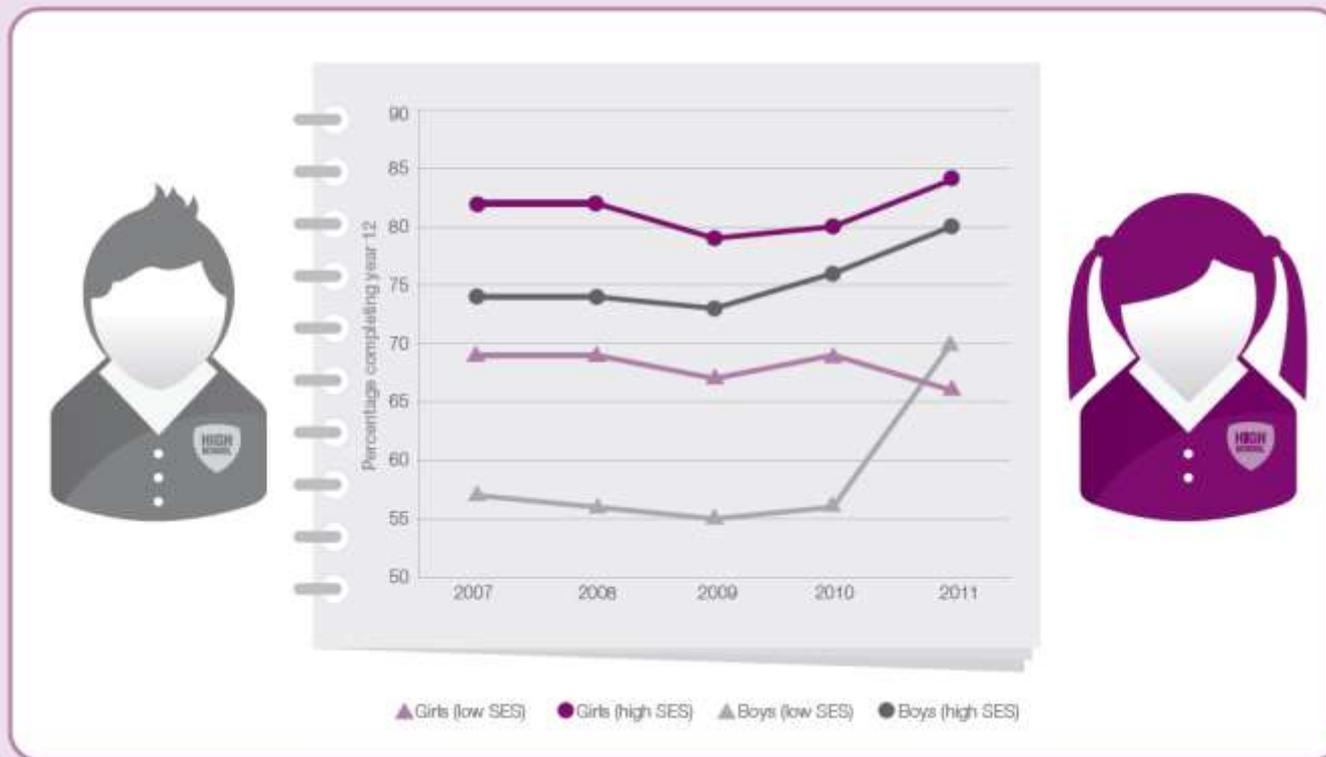
Women in NSW Reports

Women in NSW Reports

Contents:

- A profile of NSW women
- Health and wellbeing
- Education and learning
- Work and financial security
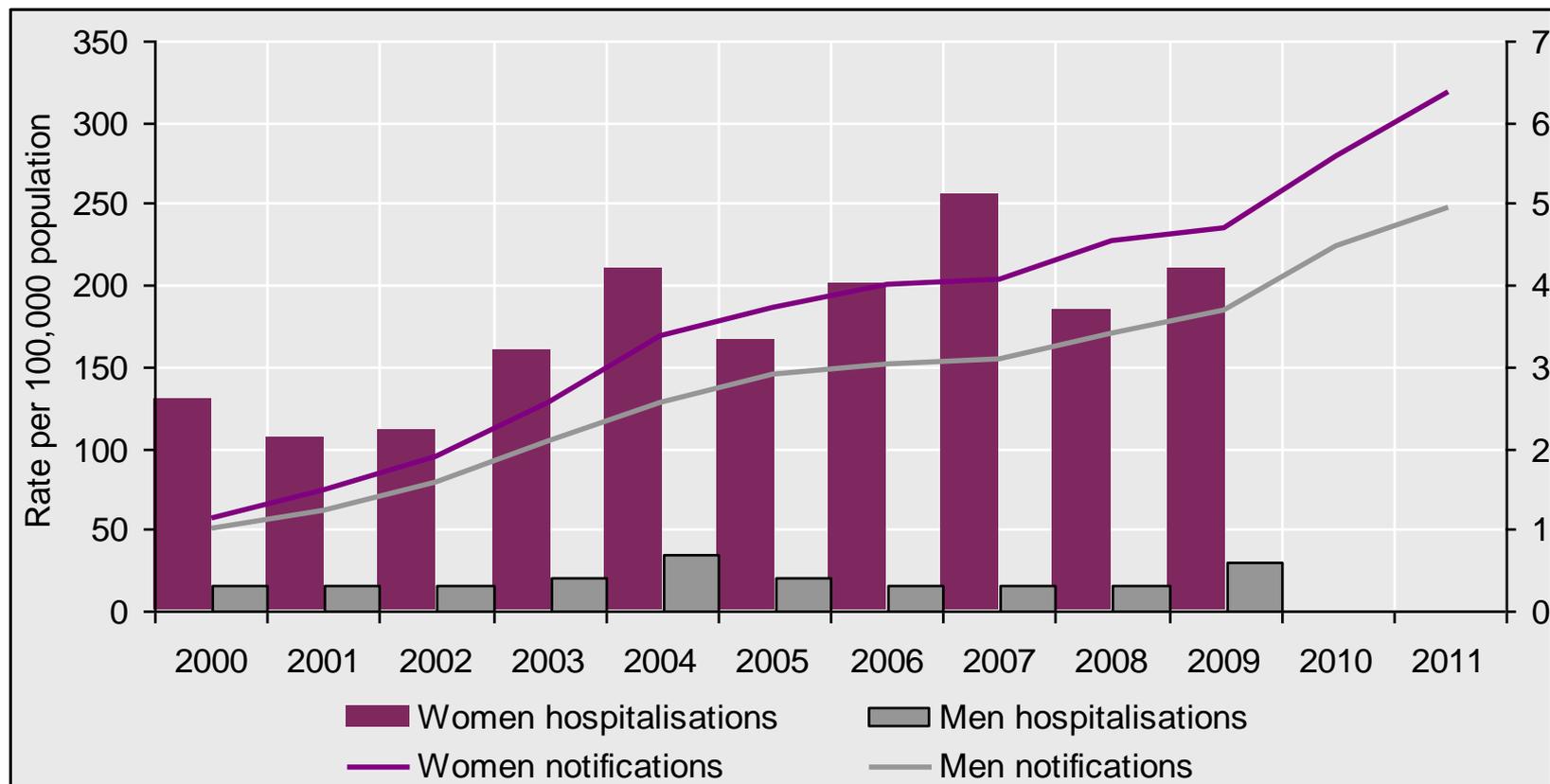- Leadership
- Safety and justice

Examples from Women in NSW 2013

Completion rates to year 12 by socioeconomic status
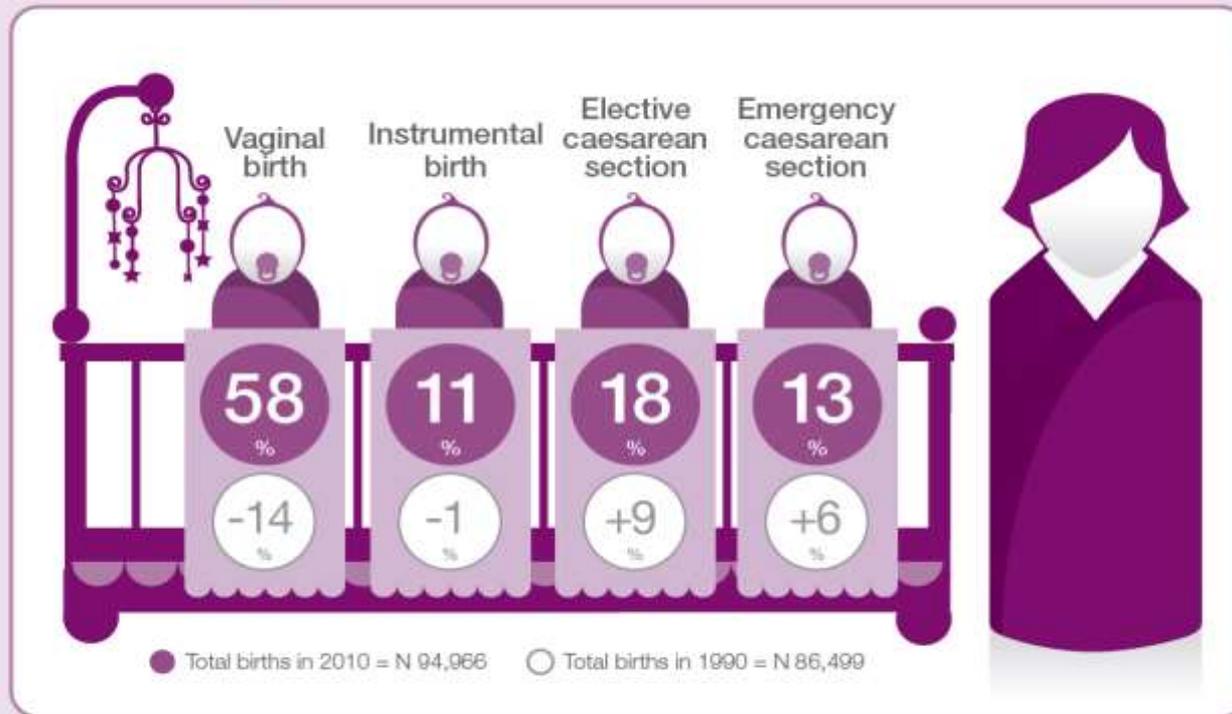
Examples from Women in NSW 2013

Chlamydia notifications and hospitalisations

Examples from Women in NSW 2013

Type of birthing delivery

Type of delivery, NSW mothers 1990 and 2010

Vaginal birth — 58% — -14%
Instrumental birth — 11% — -1%
Elective caesarean section — 18% — +9%
Emergency caesarean section — 13% — +6%

Total births in 2010 = N 94,966   Total births in 1990 = N 86,499

Note: Vaginal births include vaginal breech births. Instrumental births include those using forceps and vacuum extraction. The N = figure for total births also includes 'not stated.'
Population: Women giving birth in NSW.
Source: NSW Health NSW Mothers and Babies reports, 1996 to 2010.

Examples from Women in NSW 2013

Women screened for domestic violence by NSW Health, 2003-11

	Number of eligible women screened	Screened women who experienced DV %	Women unsafe to go home %	Women who accepted assistance %
2003	4,036	7	n/a	40.6
2004	7,774	7	18.7	71.0
2005	10,090	7	29.5	22.6
2006	11,581	6	32.9	25.9
2007	11,702	6	55.7	31.4
2008	12,536	6	52.2	24.0
2009	14,471	6	55.8	32.7
2010	14,301	5	44.2	26.7
2011	15,078	6	43.0	19.7

Note: Screening for DV is implemented in NSW Health antenatal services, early childhood services, and for women aged 16 and over who attend mental health and alcohol and other drug programs.
Population: Women screened under the NSW Health Domestic Violence Routine Screening Program.
Source: NSW Ministry of Health (2012) *Domestic Violence Routine Screening Program: Snapshot Report 9, November 2011*.

Some questions for all …

- Issues in use of GIs in developing as opposed to developed countries?

- How has *Women in NSW* influenced Government?

- What would make documents like *Women in NSW* report more useful as advocacy tools for the women's movement?