AUSTRALIAN WOMEN'S HEALTH NETWORK

THE AUSTRALIAN WOMEN'S HEALTH CHARTER

The Australian Women's Health Network

Our Vision

We pledge to work to create a healthy society where Australian women experience optimal health and wellbeing.

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.
- ✓ Is heard within her family, 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 community.

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, other organisations, businesses and the wider community** by implementing the following four 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 will:

1. Call on the Commonwealth government to address the **four key proposals in this document.**
2. Use the Charter, its principles and the evidence in this document to advocate for a sustained, integrated approach to women's health and well-being based on the Social Determinants of Health.
3. Call on **other organisations, businesses, governments and communities to adopt the Australian Women's Health Charter as their own,** to sign up to its Vision and endorse our call for a new National Women's Health Policy, embedded in the Social Determinants of Health.

Four Key Proposals to Support an Australian Women's Health Charter

The four proposals, if adopted by the Commonwealth, 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) Government Funded Independent Women's Health Peak

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

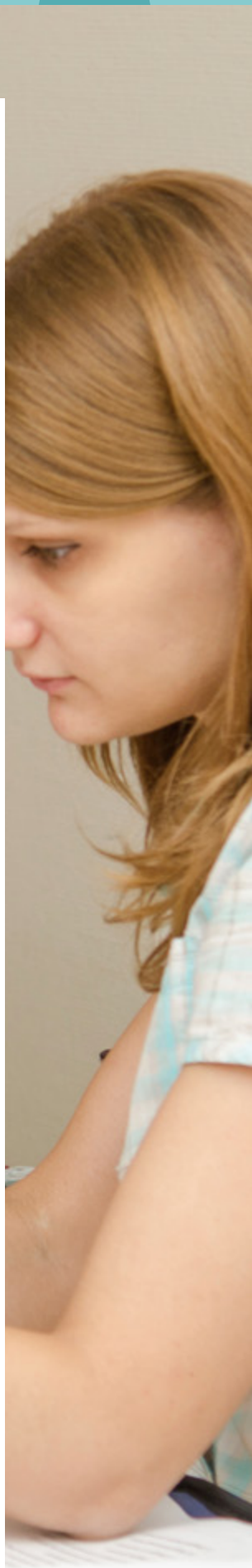
3) Establish Women's Advisory Committees and Diversity Units in all Federal Government Departments

To implement a new approach to creating a healthy society the Commonwealth to **set and report on, gender targets for all portfolio areas and establish Women's Advisory Committees and Diversity Units** in all federal Government Departments to report back to a central unit in the Department of Prime Minister and Cabinet.

4) Funded National Conversation & Sustainable Ongoing Funding

The Commonwealth **fund a national, collaborative conversation to set priorities for new initiatives and research.** These priorities to be **reviewed and knowledge shared through a funded national conference** in conjunction with women's health peak organisations.

Any priorities, new initiatives and research that are identified through the national 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).

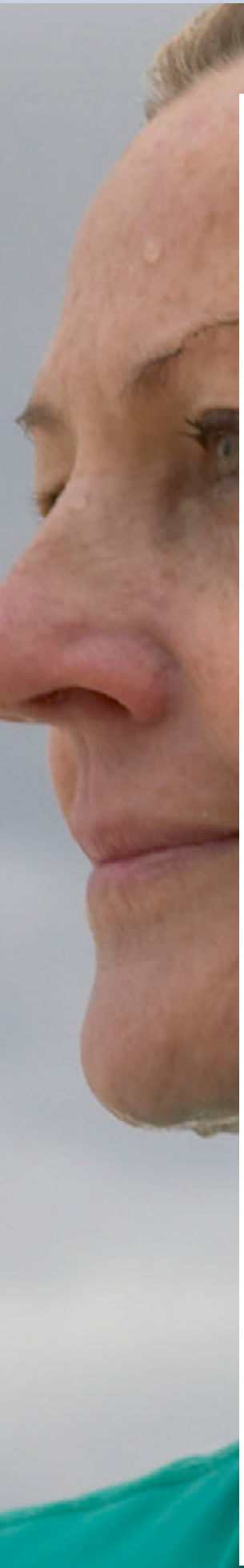
In 2005, the WHO formed the Commission on Social Determinants of Health because of increasing concerns that there were many avoidable disparities in health outcomes between and within countries. The final report of the Commission recommended three principles of action:

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.



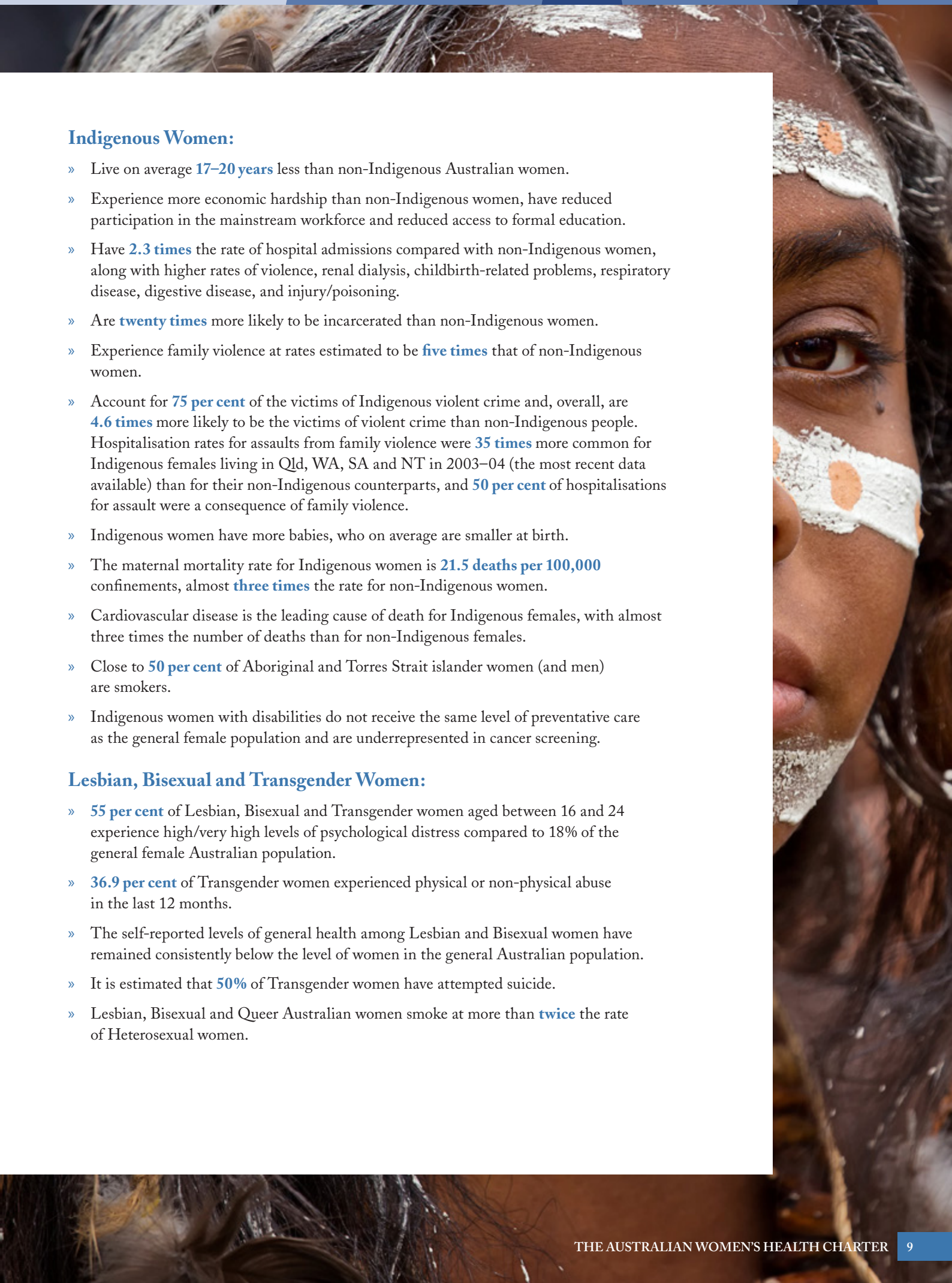
Compelling Reasons Why Australia Needs a Women's Health Charter

In Australia there are significant differences between health outcomes for women and men, and between different groups of women and different groups of men.

As well as being a social, economic and political issue, optimal conditions for good health is a fundamental human right.

General Factors:

- Women and girls make up over half the Australian population
- Social determinants are key influences on the lives of women, men and children.
- Gender inequality and the **imbalance of power in relationships** impacts on social, emotional, economic and health outcomes for women.
- Gender accounts for fundamental differences between the health experience of women and men. Government policy makers, health services and practices need to be responsive to the diverse **needs that flow from gender difference**.
- Women continue to be **underrepresented** in clinical research, which results in gender biased research findings often resulting in poorer outcomes for women.
- Statistics demonstrate that women comprise the majority of health consumers, the majority of health service providers, and the majority of carers.
- Women's health services have been substantially and **chronically under-funded**, despite the valuable work they undertake across demographically diverse catchments.
- Women, on average, live longer than men but have **poorer health across the lifespan**, and significantly less access to income throughout their lifetimes.
- Women who are most socially and economically disadvantaged are **twice as likely** to have long-term health problems compared with those who are least disadvantaged.
- Those who are most socio-economically disadvantaged are twice as likely to have a long-term health condition as those who are the least disadvantaged. The cost of government inaction on the social determinants of health leading to health inequalities for the most disadvantaged Australians of working age is substantial. If there were no inequity in the proportions in good health or who were free from long-term health conditions, then an estimated **370,000–400,000** additional disadvantaged Australians in the **25-64 year age group** would see their health as being good and some **405,000–500,000** additional individuals would be free from chronic illness.



Indigenous Women:

- Live on average **17–20 years** less than non-Indigenous Australian women.
- Experience more economic hardship than non-Indigenous women, have reduced participation in the mainstream workforce and reduced access to formal education.
- Have **2.3 times** the rate of hospital admissions compared with non-Indigenous women, along with higher rates of violence, renal dialysis, childbirth-related problems, respiratory disease, digestive disease, and injury/poisoning.
- Are **twenty times** more likely to be incarcerated than non-Indigenous women.
- Experience family violence at rates estimated to be **five times** that of non-Indigenous women.
- Account for **75 per cent** of the victims of Indigenous violent crime and, overall, are **4.6 times** more likely to be the victims of violent crime than non-Indigenous people. Hospitalisation rates for assaults from family violence were **35 times** more common for Indigenous females living in Qld, WA, SA and NT in 2003–04 (the most recent data available) than for their non-Indigenous counterparts, and **50 per cent** of hospitalisations for assault were a consequence of family violence.
- Indigenous women have more babies, who on average are smaller at birth.
- The maternal mortality rate for Indigenous women is **21.5 deaths per 100,000** confinements, almost **three times** the rate for non-Indigenous women.
- Cardiovascular disease is the leading cause of death for Indigenous females, with almost three times the number of deaths than for non-Indigenous females.
- Close to **50 per cent** of Aboriginal and Torres Strait islander women (and men) are smokers.
- Indigenous women with disabilities do not receive the same level of preventative care as the general female population and are underrepresented in cancer screening.

Lesbian, Bisexual and Transgender Women:

- **55 per cent** of Lesbian, Bisexual and Transgender women aged between 16 and 24 experience high/very high levels of psychological distress compared to 18% of the general female Australian population.
- **36.9 per cent** of Transgender women experienced physical or non-physical abuse in the last 12 months.
- The self-reported levels of general health among Lesbian and Bisexual women have remained consistently below the level of women in the general Australian population.
- It is estimated that **50%** of Transgender women have attempted suicide.
- Lesbian, Bisexual and Queer Australian women smoke at more than **twice** the rate of Heterosexual women.

Refugee Women:

- Have unique problems adjusting to life in Australia. Many refugee women are resettled in Australia under the Women at Risk program because of their experiences of **traumas and dislocation**.
- 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, all of which require gender specific and culturally sensitive health system responses.
- **One in four** refugees arriving in Australia has experienced torture or severe human rights violations, enduring harsh and lengthy periods of displacement before being accepted for settlement.
- Almost **three in four** refugees have been exposed to traumatic events, such as being subjected to rape and other forms of torture or have been forced to witness such violent attacks, and have lost or been separated from family members in violent circumstances.
- Refugee women are at greater risk of mental health disorders than the general population, exacerbated by unemployment, lack of English language skills, lack of access to appropriate housing and appropriate health services, and discrimination. These life experiences create a sense of hopelessness, low self-esteem and despair.

Women with Disabilities:

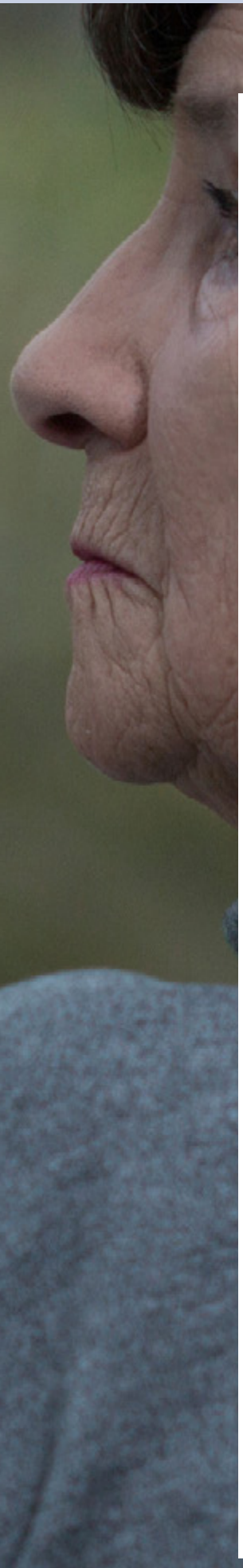
- Experience **high rates of poverty**, are over-represented in institutional care and experience difficulties in accessing appropriate health services.
- Face multiple types of discrimination and are often more disadvantaged than men with disabilities in similar circumstances.
- Are often denied equal enjoyment of their human rights, by virtue of the lesser status ascribed to them by tradition and custom, and as a result of **overt and covert discrimination**.
- Are often **information poor** with regard to health, particularly in relation to issues such as managing menstruation, contraception, exploitative relationships, sexual assault, violence, sexually transmitted infections, late onset incontinence, osteoporosis, sexuality, self-management, fatigue and increased dependency.
- Do not receive the same level of preventative care as the non-disabled population.
- Forced sterilisation, contraception and menstrual suppression are **key issues** facing women living with disabilities.

Violence against Women:

- 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.
- Women and young people are at greatest risk of harm from others' misuse of alcohol. In Australia every year, **24,000** women are victims of alcohol-related domestic violence assaults.
- Domestic violence and sexual assault are the most pervasive forms of violence experienced by women in Australia.
- Violence causes **9.4 per cent** of poor health among women and is the leading contributor to death, disability, physical injury and mental health disorders among women **15-44 years of age.**
- Violence and abuse cut across all levels of income, class and culture and the impact on women's mental health is long-term.
- Domestic violence and sexual assault perpetrated against women cost the nation **$13.6 billion** each year and, by **2021**, the figure is likely to rise to **$15.6 billion** if extra steps are not taken.

Sexual and Reproductive Health:

- Women are **significantly more likely** to experience sexual violence.
- Women take the major role in contraceptive decision-making and often take sole responsibility for pregnancy.
- Pregnancy is time in a woman's life for **increased risk of violence**.
- Access to abortion in Australia varies according to individual state/territory law and a lack of consistently publically funded services.
- In some States and Territories, abortion remains in the Criminal Code, with penalties for women and their doctors unless specific requirements are met. Lack of clarity about State and Territory laws causes confusion within the medical profession with almost **40 per cent of GPs** not confident in their knowledge of their State's or Territory's abortion law.
- There is no Medicare item number for a rebate for early medication abortion, **reducing choice**, and forcing some women to have a surgical procedure.
- Sanitary products, such as pads and tampons, are considered a non-essential item and so attract GST.



Chronic Conditions:

Cardiovascular disease

- Heart disease in women is **often undiagnosed**, under-managed and under-reported, with a poorer prognosis, greater likelihood of disability and higher rates of illness and death compared with men.
- Social determinants, such as socioeconomic status, cultural background, health literacy, and rurality adversely impact on cardiovascular health in women.
- Heart disease is the overall **leading cause of death** in older women.
- Many important diagnostic and therapeutic procedures for Cardiovascular Disease tend to be used less often for [Australian] women than men.

Cancer

- Cancer is the **highest killer** of women aged **25-64 years old**.
- Lung cancer is the leading cause of cancer death in women.
- Mortality rates from lung cancer in women are continuing to rise, while rates are dropping among men.
- Lung cancer is the only common cancer among women for which **mortality rates** are **increasing** rather than decreasing.
- Breast cancer is the most commonly diagnosed cancer among women, at a rate approximately **double** that of bowel cancer.

Diabetes

- Women with diabetes have a **higher risk** of stroke than their male counterparts.
- Women with diabetes have a **poorer rate** of survival after stroke.
- As the prevalence of type 2 diabetes in women of reproductive age has increased, so too has the prevalence of gestational diabetes (GDM), a form of diabetes during pregnancy.
- GDM is a major cause of **maternal and infant morbidity** and mortality and a key factor in the intergenerational transmission of diabetes.

Lung Disease:

- Chronic Obstructive Pulmonary Disease (COPD) occurs at **lower levels of exposure** to tobacco smoking in women than men.

Mental Health:

- Women are disproportionately affected by mental illness compared with men.
- Among women who experience three or more forms of gender-based violence (such as rape, sexual assault, stalking or being physically assaulted by a partner), the lifetime rate of mental disorder is **89.4 per cent** compared to **28 per cent** for women who have not experienced violence.
- In Australia, anxiety and depression are the leading causes of disease burden for women.
- Depression causes a significant burden of poor health in women, causing **10 per cent** of the total disease burden. Violence is the major social factor underpinning depression.
- An important social factor causing mental ill health is violence against women, perpetrated against them both as children and adults. As a **result of traumas**, women can experience profound mental disorders, such as depression, anxiety, post-traumatic syndrome and Borderline Personality Disorder.
- Women are experiencing increasing rates of alcohol, ecstasy and related drug abuse, which in turn can cause mental illnesses, such as psychosis or depression. However, there are **very few** women-focused alcohol and drug abuse **recovery programs**.
- For refugee women, grief is ongoing and associated not only with the loss of family through death and dispersal but also with the loss of country and a particular way of life.
- Biological factors, including reproductive hormone fluctuation across the life-cycle, have not been adequately addressed with respect to impact on mental health.
- Women experiencing psychiatric disorders, such as Borderline Personality Disorder, are **often misdiagnosed** and there is currently very little appropriate treatment available.
- Mixed gender wards in psychiatric inpatient units are common in Australia, in both the private and public sectors, leading to a number of incidents of assault, predominantly against female inpatients.

Health policy must be addressed within other major national debates, such as economic growth and productivity, affordable housing, better work and family balance, climate change and other environmental concerns.

With the changing and increasingly demanding roles filled by Australian women, AWHN believes it is more important than ever that the health needs of women are framed as an integral and integrated part of our national public policies. Women's health claims should not be seen as special interest group pleading or as a subset of reproductive health issues.

It is not acceptable that in Australia today there is so much disparity between male and female health outcomes and between different groups of men and women.

The information for "Compelling Reasons Why Australian Needs a Women's Health Charter" is drawn from AWHN's priority women's health resources, available at www.awhn.org.au.

We invite you to visit and to look at The Hub for more cutting edge research on women's health and well-being.

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