

Bridging Men's and Women's Health:

From Theory to Policy and Practice in the Northern Territory

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Overview of Presentation

- Brief history of Women's and Men's Health Policy.
- Overview of gender theories.
- Policy to Practice: the current situation in the Northern Territory, specifically the Department of Health and Families Health for men's and women's health program structures, policy development and implementation.

Women's and Men's Health Policy

- Women's Health Policy released in 1989.
- Accompanied by targeted funding and high level reporting and oversight.
- Funding emerged from policy for women specific services and structures to support women's health service delivery and policy development.
- Policy also supported the study of the impact of gender on women's health.

Women's and Men's Health Policy

- The study of the impact of gender on men's health later to emerge.
- Gender roles are socially assigned.
- Gender roles impact on health.
- Traditional male gender roles can mean high risk behaviour which puts both men and women's health at risk.
- First National Men's Health Policy just released. Limited exploration of gender in the policy.

- Targeted services for women can make dramatic impacts on health outcomes.
- Rate of cervical cancer for Aboriginal women decreased by 68% and deaths decreased by 92% since 1991.
- Aboriginal women's life expectancy in the Northern Territory increased by 3.2 years between 2000 – 2004 from 65 years to 68.2 years.

Health, Gender and Policy

- Aboriginal men's life expectancy has not improved significantly over the same period and remains years behind that of Aboriginal women.
- These examples support the need for having targeted men's and women's health services.
- Men are beginning to advocate successfully for their own health services.
- Where men's and women's health intersect is through looking at gender.

Gender analysis and mainstreaming

- Gender analysis and mainstreaming in a health context means looking at health issues, policies and programs to identify inequalities between men and women arising from their differing gender and power roles.
- Without gender analysis our health policies and practices, risk of no or little changed in gender-related health issues such as violence, excessive risk taking, sexual assault and refusal or reluctance to seek necessary health services.
- These are issues with no ‘one’ response.
- Gender analysis one tool – not magic!

Strengths in the NT

- Expertise in and commitment to Public Health.
- Well established women's health services in remote communities with outstanding improvements for women's health in some areas.
- Strong leadership and commitment to policy development in public health including men's and women's health policy.
- Building a cohesive team with a new Men's Health Strategy Unit emerging.

Strengths in the NT

- Collaborative between NT Government, Aboriginal controlled health services and Menzies School of Health Research into knowledge and perceptions about sex and sexual health in young Aboriginal people.
- Seven new positions across NT for addressing Aboriginal sexual health issues.
- New Integrated Maternity Framework and emerging improvements for continuity of care for Aboriginal women from remote areas.
- Strong working relationship with the Office of Women's Policy and the D&FV Policy Team.

Weaknesses

- Lack of research into men's and women's health and gender issues in an Aboriginal cultural context.
- No current men's or women's health policy in the Northern Territory.
- While women's services are excellent they are still scarce in urban and remote settings. Strong Women's Program is excellent but only in a few communities. Some remote areas not serviced by a midwife.
- Struggle with staff recruitment and retention and so services are often not provided despite available funding.
- Lack of consistent awareness and application of cultural security practices even in remote communities.

Threats

- Aboriginal health is so poor that there are many competing demands for health policy and health services.
- Can be hard to prioritise and hard to measure success.
- So while new funds and resources are welcome they are often poorly coordinated and therefore it is hard to measure success or not.
- Change is slow and people suffering poor health, their families and communities and the health staff working with them become overwhelmed with the ongoing hardships.

Opportunities

- New funds.
- New staff particularly in remote health service provision.
- Relationship building and partnerships within the Department and between the Department and Aboriginal Controlled Health Services and NGOs.
- Strength and resilience of Aboriginal communities.