Australian
Women's
Health Alliance

Policy brief

Strengthening Gender Equity Through Research and Evidence

Key messages

- Research and evidence are important because they underpin how Australia's healthcare system and public policy is delivered. A stronger intersectional gendered evidence base is needed to address the significant inequities that exist across priority populations of women.
- There are gaps in data and evidence across prevention and healthcare about conditions that affect priority populations.
- Gaps in gender disaggregated data must be filled to inform needs analysis and monitor change.
- A wide range of evidence, including qualitative data, quantitative data and the lived expertise of health consumers and women impacted by poor health are all critical to understanding gendered experiences of health and health care.
- Health research must incorporate gender at every stage of the process, including conceptualisation, study design, data collection and analysis, and reporting and implications.
- National indicators and inclusive data collection standards are required to close data gaps, genuinely include a greater number of gendered priority populations in health-related research and strengthen the evidence base of healthcare areas that are poorly monitored.

Purpose of this brief

Australian Women's Health Alliance works to articulate the policies and actions necessary to improve health outcomes for women. This brief places a gender lens over research and evidence to inform policy, strategy and practice for health equity. 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. Gaps in gendered evidence impact the way health policies and systems are designed and implemented, including how to achieve equitable outcomes for priority populations of 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. Both the NPHS and NWHS aim to achieve health equity within priority populations. Applying a gender equity lens is crucial in research, policymaking, education and training, and in health service provision to ensure implemented programs and systems promote health equity.

However, while the NPHS commits to equitable approaches to prevention[1] and acknowledges the determinants of health, it does not include how gender is a determinant of different health experiences and outcomes. Notably, women are not identified as a priority population.[2]

Why put an intersectional gender lens on research and evidence?

Research and evidence are important because they underpin how Australia's healthcare system and public policy is delivered. A stronger intersectional gendered evidence base is needed to address the significant inequities that exist across priority populations of women. Historically and still today, women, especially women who experience multiple intersecting forms of disadvantage, are not sufficiently consulted about conditions that affect them. Women have been excluded from medical research, and most research data that has been collected from male respondents is generalised to female respondents, intersex people, transgender people and people beyond the gender binary.[3] [4]

This has resulted in a lack of understanding on the different symptoms of conditions such as heart disease between cis-men and people of all other genders and/or sex. As an example, women are less likely than men to receive life threatening diagnoses and appropriate treatment.[5]

These gendered data gaps impact the evidence available to address health disparities between and within population groups. While there is emerging focus to gather gender disaggregated and intersectional data on health issues affecting the whole population (e.g., mental health, alcohol and tobacco use, and some chronic conditions), more is needed to ensure data is collected on priority populations of women. Gaps in gender disaggregated data must be filled to inform needs analysis and monitor change.

Further, there is limited data collection on key women's health issues, experiences of health care and pathways to accessing care. Some priorities under the NWHS have national datasets and increasing research investment (e.g., maternal health, stillbirth prevention and cervical cancer).[6] However, there is currently no national dataset on abortion and reproductive healthcare. While endometriosis is receiving increased attention, understandings of prevention and treatment options alongside other conditions such as polycystic ovary syndrome (PCOS), menopausal symptoms and chronic pelvic pain remain nascent due to a historical lack of investment in research on reproductive health and prevention.

Investing in women's health research builds a gendered evidence base that can inform service system planning and implementation and lead to improved outcomes, for instance, as in the case of breast cancer research.[7]

Applying a gender equity lens to conducting research

Gender-responsive evidence requires research conducted with a robust gender equity lens to inform policy and practice that addresses health inequities. Health research must incorporate gender at every stage of the process, including conceptualisation, study design, data collection and analysis, and reporting and implications/recommendations.[8] This may involve adopting an intersectional definition of gender in the study design; critical considerations on the social and gendered determinants that impact upon the research topic, participants, and researchers; choosing methodology and methods that effectively capture gendered considerations and gender disaggregated data; and an ethical navigation of power dynamics between all parties involved in the research process, including gendered dynamics and experiences.

More inclusive data collection standards are required to close gendered and intersectional data gaps and increase representation in major studies and national datasets. This includes standards to ensure health research is inclusive of trans women, gender diverse people and LGBTIQ+ communities, research methods are culturally responsive, accessible to women with disability and people who have low English proficiency and that data is disaggregated by gender and priority populations.

Research must consider the ways data is collected and informed by women's lived experiences, cognisant of who information is being collected about, who is collecting the information, and whose experience, expertise and insights are excluded. There is a diversity of lived experience and subsequent expertise, including the voices of health consumers and women impacted by poor health. Qualitative and quantitative research are both critical to understanding women's gendered experiences of health and health care.

Embedding the diverse living expertise of health consumers alongside researchers and health professionals[9] is key to bridging data gaps to better understand women's health within and across priority populations. By centring ethical, inclusive, culturally responsive and intersectional data collection, gender-responsive research can inform the implementation of policies and practices across the broader health system. The implications of future research and recommendations must also be relevant to the local, regional or national contexts of communities that such research is being conducted in to address health disparities for women and contribute to real life solutions.

What does this mean for health equity?

Gender-responsive evidence requires data and research across the broader health ecosystem to consider how gender impacts a person's health outcomes. Such data is critical for continuous improvement (e.g., in disaster response, workforce planning, program and service development) and improving health care experiences and health outcomes for women.

Government health strategies and related policies must consider gender as a key aspect of health equity when evaluating the effectiveness of prevention actions. The NPHS recognises the importance of involving researchers in the early stages of prevention policy, program, and service design.[10]

Embedding researchers with a robust gender lens starts with incorporating intersectional feminist theory in health, medical, social science and related research disciplines. It must then continue through to policies and mechanisms that foster equitable funding of health research for all genders, address gender inequities in health and medical research, and provide structural support for women in interdisciplinary fields to conduct and publish research grounded in the social model of health.[11]

National indicators are required to close data gaps, include more priority populations of women in health-related research and strengthen the evidence base of healthcare areas that are poorly monitored, including abortion and reproductive healthcare. This work would highlight existing inequities and serve as a useful starting place for the design of appropriate systemic responses.

Inclusive data collection standards are essential in national health, medical and social research, such as for the Census data to incorporate the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 ('2020 Standard') in full.[12] Doing so will provide more accurate population level data to help identify existing health inequities and strengthen the prevention system accordingly.

About us

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

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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.

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[1] Preventive health action considers the inequities that exist across Australia, including gender inequities, and promotes equitable access to health care that is culturally safe and tailored to diverse community needs. Action must focus on the external barriers that impact on health. Department of Health, *National Preventive Health Strategy 2021-2030*, Commonwealth of Australia, 2021, p. 10, accessed on 22 January 2024.

[2] Department of the Prime Minister and Cabinet, *National Strategy to Achieve Gender Equality – Discussion Paper*, Australian Government, 2023, accessed on 22 January 2024.

[3] L Merone, K Tsey, D Russell, C Nagle, 'Sex and gender gaps in medicine and the androcentric history of medical research', *Australian and New Zealand Journal of Public Health*, 2021, 45(5), pp 424-426, doi: 10.1111/1753-6405.13139, accessed on 22 January 2024.

[4] L Merone, K Tsey, D Russel, C Nagle, 'Mind the Gap: Reporting and Analysis of Sex and Gender in Health Research in Australia, a Cross-Sectional Study', *Women's Health Reports*, 2022, 3(1), pp 759–767, doi: 10.1089/whr.2022.0033, accessed on 22 January 2024.

[5] Department of the Prime Minister and Cabinet, *National Strategy to Achieve Gender Equality Discussion Paper*, p 14.

[6] For example, national datasets and research include *Maternity models of care in Australia, 2023*, National Core Maternity Indicators, *Australia's mothers and babies* and the *National Cervical Screening Program monitoring report 2023*.

[7] L Merone, et al., 'Sex and gender gaps in medicine'.

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[8] T Morgan, LA Williams, M Gott, '[A Feminist Quality Appraisal Tool: exposing gender bias and gender inequities in health research]', *Critical Public Health*, 2017, 27(2), pp 263-274, doi: 10.1080/09581596.2016.1205182, accessed on 22 January 2024.

[9] "Embedding the expertise of consumers, communities and health care professionals is critical to effective research and evaluation[238]. It ensures that research and evaluation is ethical, responsive and beneficial to the people it impacts, and reflective of local needs and priorities." *National Preventive Health Strategy 2021-2030*, Commonwealth of Australia, 2021 p. 42.

[10] *National Preventive Health Strategy 2021-2030*, Commonwealth of Australia, 2021, p. 42.

[11] For instance, the National Health and Medical Research Council acknowledges the systemic disadvantage experienced by women in the health and medical research sector and has established a new funding framework to address gender disparities in the Investigator Grant scheme. See, A Kelso, '[Towards gender equity in Australian health and medical research funding]', The Medical Journal of Australia, 2023, 218(2), pp 58-60, doi: 10.5694/mja2.51767, accessed on 22 January 2024.

[12] Australian Bureau of Statistics, *[Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020]*, Commonwealth of Australia, 2021, accessed on 22 January 2024.