

Policy Brief

Eliminating Gendered Health Discrimination

Key messages

- Gendered discrimination is a systemic issue within health care delivery and medical research. It occurs on both the interpersonal and institutional level.
- Gendered health discrimination results in delayed access to care, misdiagnosis, and neglect. These experiences can contribute to poorer mental health outcomes and medical trauma.
- Gendered health discrimination can expose women, particularly those who experience intersectional discrimination, to violence within overlapping service systems.
- Gendered health discrimination is reinforced by gender hierarchies that result in underfunding of women's health and research, women's exclusion from leadership and exploitation of feminised workforces.
- Adhering to anti-discrimination practice and ensuring all women and gender diverse people can access respectful, evidence-based, culturally responsive and trauma health care is critical to preventive health.

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 applies a gendered lens to discrimination in health care to inform policy, strategy and practice. It is applicable in all jurisdictions.

Gendered health discrimination has a profound effect on all aspects of health and wellbeing.¹ Recognising gendered discrimination within the health care system and collecting evidence of the extent and impacts of this form of discrimination is key to its elimination. For the *National Preventive Health Strategy 2021-2030* (NPHS), the *National Women's Health Strategy 2020-2030* (NWHS) and related policies to make meaningful progress towards eliminating gendered health discrimination, policymakers must broaden their knowledge and evidence base of the systemic inequities faced by women and gender diverse people seeking health care. Building a deeper understanding of how gendered discrimination operates in health care delivery and medical research can inform implementation and strengthen capacity in the health system to provide more equitable care and work conditions.²

Why put an intersectional gendered lens on health discrimination?

Gender is a significant determinant of health, leading to different experiences and outcomes for women and gender diverse people.³ Growing evidence continues to expose the systemic nature of gendered discrimination within the health care system, revealing why women often suffer poorer health outcomes.⁴ Placing an intersectional gender lens on health discrimination recognises how power and hierarchy manifest in health systems in ways that mean some people are more likely to gain benefit, be supported, and advanced, while others are more likely to be marginalised, disempowered or harmed.⁵ This lens can be used to understand the compounding discrimination



specific communities of women face within the health care system highlighting, for example, the specific forms of discrimination First Nations women with disability face as a result of racism, sexism and ableism,⁶ as well as the interpersonal and institutional nature of gendered health discrimination.⁷

What does gendered health discrimination look like?

Discrimination in health care settings takes many forms and often involves denying an individual or group access to diagnoses, treatment or services.⁸ It also occurs through denial of services that are only needed by certain groups.⁹ Restrictive gender norms and biases reinforced within health care systems frequently result in experiences of gendered health discrimination,¹⁰ with women being subject to: delayed or misdiagnoses, dismissal of their pain and symptoms, physical and verbal abuse or violence, involuntary treatment, institutionalisation, breaches of bodily autonomy, breaches of confidentiality and/or denial of autonomous decision-making, and lack of free and informed consent.¹¹

Gendered health discrimination on the interpersonal level can result in delayed access to care, misdiagnosis, and neglect, and is linked to poorer mental health outcomes and experiences of medical trauma. Medical trauma refers to the developmental, physical, existential, relational, occupational, emotional and spiritual impacts a person experiences in response to pain, injury, illness, medical procedures and discriminatory treatment within medical settings, such as obstetric violence.¹² Medical trauma can significantly impact women's future interactions with services and dissuade health seeking behaviour.¹³ It can also expose women to violence within overlapping services, such as the family policing system, also known as the child removal/welfare system.¹⁴

Gendered health discrimination also occurs at the institutional level, with gender inequality deeply embedded within health care systems and structures. This contributes to the exclusion of women from governance and leadership positions within health care systems,¹⁵ chronic underfunding of women's health services and items under Medicare, gender hierarchies that see men secure a greater share of medical-research funding than women,¹⁶ and undervaluing feminised workforces including nurses, midwives and community health workers.¹⁷

What does this mean for health equity?

Addressing gendered health discrimination through anti-discrimination practice is an important preventive measure to ensure health equity. Anti-discrimination practice is any action that enables self-determination and bodily autonomy in health. It includes access to universal health care services, accurate health information in our own languages and formats, and ensuring that broader health research and knowledge sharing is accurate, accessible and informed by lived experiences.

For health care systems to become gender-responsive, health services and workers must adhere to anti-discrimination practice with the understanding that preventing gendered discrimination in health is just as important as preventing disease. Through taking seriously Australia's obligations under conventions such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), policymakers can design health care systems capable of providing all women and



gender diverse people with access to respectful, evidence-based, culturally responsive, trauma-informed and non-judgmental health care, leading to safer and more equitable health outcomes.

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 Department of Health, [National Women's Health Strategy 2020-2030](#), Australian Government, 2018.

² A Samulowitz, I Gremyr, E Eriksson and G Hensing, ["Brave Men" and "Emotional Women": A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain](#), *Pain Research and Management*, 2018, 25;2018:6358624.

³ Department of the Prime Minister and Cabinet, [National Strategy to Achieve Gender Equality: Discussion Paper](#), Australian Government, 2023.

⁴ Department of Health and Aged Care, [National Women's Health Advisory Council](#), Australian Government, 2023.

⁵ K Hay, L McDougal, V Percival, S Henry, J Klugman, H Wurie, J Raven, F Shabalala, R Fielding-Miller, A Dey, N Dehingia, R Morgan, Y Atmavilas, N Saggurti, J Yore, E Blokhina, R Huque, E Barasa, N Bhan, C Kharel, JG Silverman, A Raj, Gender Equality, Norms, and Health Steering Committee, ['Disrupting gender norms in health systems: making the case for change'](#), *Lancet*, 2019, 393(10190): pp 2535–2549.

⁶ Women With Disabilities Australia, [Towards Reproductive Justice for young women, girls, feminine identifying, and non-binary people with disability \(YWGwD\): Report from the YWGwD National Survey](#), WWDA, 2022.

⁷ Department of Health, [National Women's Health Strategy 2020-2030](#).

⁸ WHO, UNAIDS, ILO, IOM, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNWOMEN, WFP, [Joint United Nations Statement on Ending Discrimination in Health Care Settings](#), United Nations, 2017.

⁹ WHO, UNAIDS et al., [Joint United Nations Statement](#).

¹⁰ A Samulowitz, I Gremyr, et al., ["Brave Men" and "Emotional Women"](#), 2018.

¹¹ WHO, UNAIDS et al., [Joint United Nations Statement](#).

¹² M Flaum Hall and S Hall, ['When Treatment Becomes Trauma: Defining, Preventing, and Transforming Medical Trauma'](#), *VISTAS Online*, 2013.

¹³ B Alba, [Everyday sexism & women's mental health](#), La Trobe University, 2019.

¹⁴ V Turnbull-Roberts, ['I was 10 years old when I was taken from my home. The stolen generations never ended'](#), *The Guardian*, 12 February 2023.

¹⁵ K Hay, L McDougal, et al., ['Disrupting gender norms in health systems: making the case for change'](#).

¹⁶ H Else, ['Outcry as men win outsize share of Australian medical-research funding'](#), *Nature*, 2021.

¹⁷ World Health Organization, ['Delivered By Women, Led By Men: A Gender and Equity Analysis Of the Global Health and Social Workforce'](#), *Human Resources for Health Observer Series No. 24*, 2019.