

## Policy Brief

### Enabling Agency in Health Care

#### Key messages

- Agency is when people have the freedom and resources to make decisions and act in ways that influence their lives.
- Women's agency in health care has 4 main dimensions: decision-making power, access to information, freedom of movement and the promotion of gender equitable attitudes.
- Women face a range of interpersonal and institutional barriers that restrict their agency, including in important decision-making contexts.
- Using an intersectional gendered lens is important to understand how different cohorts of women have their agency restricted.
- Greater focus must be placed on giving women the resources, platforms and power to exercise agency to access their desired health care and embed gender-responsive approaches to health and prevention in research and policy.

#### Purpose of this brief

Australian Women's Health Alliance works to articulate the policies and actions necessary to improve health outcomes for women. The purpose of this brief is to put a gendered lens over barriers to universal access to health care and to inform policy, strategy and practice. It is applicable in all jurisdictions.

Agency is an important principle within the delivery of health care. This is reflected in the *National Preventive Health Strategy 2021-2030 (NPHS)* and the *National Women's Health Strategy 2020-2030 (NWHHS)*, with both affirming the need for women and girls to be informed and empowered to be part of the decision-making process around their care to improve overall health and wellbeing.<sup>1</sup>

This brief provides policymakers with an understanding of the key dimensions of women's agency in health care, outlining common restrictions on women's autonomy and agency in the health care system.<sup>2</sup> It encourages clinicians, policymakers and governments to commit to giving women and girls the resources and power necessary to be partners in decision-making around their health care.<sup>3</sup>

#### Understanding women's agency in health care

Agency is a person's ability to make decisions and act in ways that influence their own life.<sup>4</sup> Women's agency in health care has 4 main dimensions:

1. **Decision-making power:** this promotes women's ability to decide on their health care, household, and financial issues, which in turn allows women to use health services.<sup>5</sup>
2. **Access to information:** this supports women's ability to inform decisions when managing their health and wellbeing.



3. **Freedom of movement:** this is vital for women to cover the distance to health services to access and receive care.<sup>6</sup>
4. **The promotion of gender-equitable attitudes:** this improves women's ability to have control over and access to financial resources to spend on their health, to have access to health care services, and to negotiate reproductive choices with their partners.<sup>7</sup>

Many women in Australia are faced with barriers to exercising agency on an interpersonal level, for example, because of a partner controlling access to health care as a result of domestic and family violence.<sup>8</sup> Experiences of gendered discrimination and stigma perpetrated by clinicians can also restrict women's agency, especially in important decision-making contexts such as those involving sexual and reproductive health care, palliative care, end-of-life care and advanced care planning.

On the institutional level, a lack of culturally responsive, trauma-informed, accessible and affordable health care services affects the ability of many women to exercise agency around their health and wellbeing. For specific cohorts of women, such as First Nations women, Autistic women, women with intellectual disabilities and women with psychosocial disabilities, legal forms of violence including guardianship and financial management laws alongside ableist attitudes and other substitute-decision making regimes often undermine their agency within health care settings.<sup>9</sup> This includes the unequal power women hold in health care policy and leadership roles. Unequal investment in research and treatments for health conditions that disproportionately impact women, such as autoimmune diseases or connective tissue disorders including Ehlers-Danlos Syndrome, further contribute to the restrictions on women's choice and control in decision-making about their bodies.

### Why put an intersectional gendered lens on agency?

Placing an intersectional gendered lens on agency in health care provides an understanding of the different barriers that limit women's agency, including gendered discrimination, racism, queerphobia and transphobia, ableism and inaccessibility, geographic location, citizenship status, socioeconomic status, housing security and histories of incarceration and institutionalisation.

Using an intersectional gendered lens to examine women's agency in health also demonstrates the need for health care services and systems to be informed by the voices of women and gender diverse people and organisations. Platforming the voices of different cohorts of women who have their agency restricted supports the implementation of targeted solutions. For example, Autistic women are often denied agency over their health care and bodies. Decision makers working in co-design with Autistic women through the National Autism Strategy Oversight Council and its affiliated working groups are collaborating to address this through the development of the National Roadmap to Improve the Health and Mental Health of Autistic People.<sup>10</sup>

### What does this mean for health equity?

To design and deliver equitable health care services that promote agency and achieve the goals of the NPHS and NWHS, policymakers must commit to strong and continued collaboration with women and girls, especially those from priority populations, and ensure they are partners in decision-making around their health care.<sup>11</sup>



The persistence of gendered constraints on agency results in increased risks to women's health, particularly sexual and reproductive health and rights to bodily integrity. Enabling agency in health care means giving women the resources and power necessary to exercise agency, access their desired health care and improve their overall wellbeing.<sup>12</sup>

On the service delivery level, this requires increased funding to women's health services and workforces that support different cohorts of women to exercise agency, such as Aboriginal and Torres Strait Islander health liaison officers and independent disability advocates. On the structural level, this requires long-term funding of platforms that elevate the voices of women and gender diverse people and organisations, ensuring gender-responsive approaches to health and prevention are implemented in national decision-making on health care.

### 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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<sup>1</sup> Department of Health, [National Women's Health Strategy 2020-2030](#), Australian Government, 2018.

<sup>2</sup> J Code, ['At the Heart of Resilience: Empowering Women's Agency in Navigating Cardiovascular Disease'](#), *CIC Open*, 2023.

<sup>3</sup> Department of Health, [National Women's Health Strategy 2020-2030](#).

<sup>4</sup> J Code, ['At the Heart of Resilience'](#).

<sup>5</sup> M Vizheh, F Rapport, J Braithwaite and Y Zurynski, ['The Impact of Women's Agency on Accessing and Using Maternal Healthcare Services: A Systematic Review and Meta-Analysis'](#), *International Journal of Environmental Research and Public Health*, 2023, 23;20(5):3966.

<sup>6</sup> M Vizheh et al., ['The Impact of Women's Agency on Accessing and Using Maternal Healthcare Services'](#).

<sup>7</sup> M Vizheh et al., ['The Impact of Women's Agency on Accessing and Using Maternal Healthcare Services'](#).

<sup>8</sup> L Papas, O Hollingdrake and J Currie, ['Social determinant factors and access to health care for women experiencing domestic and family violence: Qualitative synthesis'](#), *Journal of Advanced Nursing (JAN)*, 2023, 79(5) pp 1633-1649.

<sup>9</sup> C Frohmader, Dr L Steele, H Siciliano, Dr E Rose, E G Kaye on behalf of Women With Disabilities Australia (WWDA), [Our Right to Decide: Equality and Autonomy for Women with Disability](#), WWDA, 2022.

<sup>10</sup> Department of Health and Aged Care, [National Roadmap to Improve the Health and Mental Health of Autistic People](#), Commonwealth of Australia (Department of Health and Aged Care), 2023.

<sup>11</sup> Department of Health, [National Women's Health Strategy 2020-2030](#).

<sup>12</sup> M Vizheh et al., ['The Impact of Women's Agency on Accessing and Using Maternal Healthcare Services'](#).