



## **GENDER AND HEALTH POLICY**

### **The Public Health Association of Australia notes that:**

1. Gender is a significant component when describing patterns of morbidity and mortality; life expectancy; quality of life; access to health care and health promotion resources; and expectations of physical, mental and emotional wellbeing. <sup>1,2,3,4</sup> (See PHAA Policy on Health Inequities)
2. Gender is more than biologically determined sex difference, and also refers to the inherently relational practices that *constitute* individuals as men and women; *organise* the distribution of power and resources among men and women; and *generate* the physical and behavioural expressions of masculinity and femininity.
3. Gender forms the basis of power and inequality in the organization of relations between and among men and women. <sup>5</sup>
4. Opportunities for health and vulnerability to illness are shaped by the gendered material and social realities of everyday life. <sup>6</sup>
5. The complex relationship between gender and health exceeds the limiting definitions of biologically sex-specific health conditions, and is only partially represented by quantitative sex-based difference in health status. <sup>7</sup>

### **The Public Health Association of Australia acknowledges:**

6. The previous and continuing work of the Women's and Men's Health Movements in Australia in highlighting specific health concerns of women and men, and advocating for greater attention to gender as a significant aspect of health and illness.

7. The continuing community interest in the 1989 National Women's Health Policy, and the existence of the National Women's Health Program and ongoing State initiatives for women's health.<sup>8,9</sup>
8. Growing public, professional and political interest in men's health and the release of a national discussion paper on a men's health policy by the Australian Government Department of Health and Ageing in June 2008.<sup>10, 11, 12, 13</sup>
9. The Australian Government's in principle commitment to national policies on both men's and women's health.

**The Public Health Association of Australia affirms:**

10. The need for coherent, theoretically sound and evidence-based national and state and territory based policy on gender and health.
11. The requirement for such policy to incorporate the particular needs of Indigenous women and men; women and men of CALD background; and women and men with disability and mental illness.
12. The value of a dual strategy of: i) policies that focus explicitly on gender and health; and ii) gender mainstreaming (the incorporation of attention to gender in all policies and programs).<sup>14</sup>

**The Public Health Association of Australia understands that policy on gender and health must include initiatives that extend beyond conventional health policy and services because of the social, economic and power dimensions of gender.**

**Consequently, the Association believes that the following steps should be taken:**

13. The mainstreaming of a gender perspective into all national, state, territory and local formulations of policy in areas that impact health, including ageing and aged care; income and family support and Medicare; employment and workplace relations; unpaid family care; childcare reform; judicial and correctional services; transport; and the provision of public and recreational space. Such mainstreaming should include:

- Using a gender perspective to allocate appropriate resources among the ageing population through such services as nutrition counselling, mobility support, home maintenance and grief counselling.
- A gendered analysis of income support and family support services to ensure critical consideration of any policy's effects on gendered social disadvantage.
- Introducing a national sexual and reproductive health education program for children and adolescents informed by gender theory and incorporating gender diversity.
- Continuing the pursuit of gender equity in the workplace. (See PHAA policy on Paid Maternity Leave and Women's and Children's Health).
- Using government-funded initiatives to: i) reduce pressure on women to sacrifice their own health in order to care for children, elderly, and the infirm; ii) promote gender equality in unpaid family care work; iii) develop programs that support vulnerable people and those who care for them (paid and unpaid); iv) formulate industrial relations policies that are family friendly for all employees. (See PHAA policy on Paid Maternity Leave and Women's and Children's Health)
- Using a gender lens to examine judicial and correctional services to ensure equitable outcomes and access to relevant services for both women and men.
- Prioritising the pursuit of safe public spaces and transport systems in order to increase the mobility and access to services of individuals isolated by their gender.

**The Public Health Association of Australia recommends:**

14. A 'stages of life' approach as the structure/framework for mainstreaming gender into the formulation of health policy, incorporating an understanding of gender and health at key stages across the lifespan.
15. More research into the nexus between gender and other axes of social disadvantage or empowerment such as ethnicity, socio-economic status,

linguistic background, age, disability, and urban or rural residence (See the PHAA Policy on Health Inequities).

16. Greater emphasis on gender analysis and gender theory in the training of medical and allied health professionals. Such training should focus on awareness of gender dynamics, questioning these dynamics when they increase vulnerability, and responding to them creatively to improve health outcomes and diminish illness and health risk.
17. An increased research and policy focus, in the context of Australia's growing rates of chronic diseases, on how the behavioural and relational aspects of a gendered existence underpin the circumstances and decisions that put individuals at varying risk of conditions such as obesity, diabetes, cancer and heart disease.<sup>17</sup>
18. Initiatives to increase the participation of women generally, and of men with marginalised masculinities, in decision-making about the allocation of health resources through, for example, public consultative forums and the initiation of more inclusive recruitment to policy-making positions.
19. Respectful incorporation of gendered narratives in the planning and development of policy positions relevant to health promotion work and the delivery of health services.

**The Australian Public Health Association of Australia resolves to:**

20. Advocate at all levels for the inclusion of a gender focus in policies and research which aims to identify and combat inequities arising from the social determinants of health.
21. Form alliances with other appropriate agencies to enhance such advocacy.
22. Provide input to current national policy development processes in relation to both men's and women's health in line with the objectives outlined in this policy, also advocating the need to incorporate considerations of gender in all health policies.
23. Incorporate gender perspectives into the development of all new PHAA policies and existing policies as they come up for review.

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The Gender and Health policy was developed and adopted as part of the 2008 policy revision process.