



## Gender Equity for Health Outcomes

The World Health Organisation<sup>1</sup> identifies **gender** as a social determinant which has a **significant influence on the health of women**.

A gender equity approach to health acknowledges that men and women do not function on a level playing field and as a result, women are prevented from fully benefitting from what society has to offer.<sup>2</sup> The power relations and unequal status between men and women in society are a root cause for gender inequality, as they determine a person's ability to take control over their life and health.<sup>3,4</sup> A gender equity approach recognises that strategies and measures must be implemented to account for these disparities in order to ensure equitable outcomes.<sup>2</sup>

Gender biases in power, resources, entitlements, historical norms and values around the role of women in society, and the way in which organisations are structured and programmes are run negatively impact the health of girls and women. It can also affect women's capacity to access resources such as income, education and employment, which themselves promote health.<sup>4,5,6,7</sup>

### Social and Economic Circumstances

Gender discrimination means that women are not represented in many areas of society (e.g. in leadership roles), further perpetuating unequal status between men and women. National data shows that:

- Women only hold 12.3% of Board Directorships in the ASX 2006 companies and 9.2% in the ASX 500 companies.<sup>8</sup>
- Only 26% of federal parliamentarians are women.<sup>9</sup>

In Australia, working women continue to earn less than men; in 2013 the gender pay gap stood at 17.5%.<sup>10</sup> The average weekly earnings of women working full time is \$1,252.20 per week, \$266.20 per week less than men.<sup>10</sup>

Across the Eastern Metropolitan Region, women were more likely undertake various tasks and roles that influence their health outcomes. Data from the 2011 census showed that in comparison to men, women were:

- 71.70% more likely to do unpaid domestic work
- 24.18% more likely to volunteer
- 27.46% more likely to have primary responsibility to care for children
- 37.13% more likely to assist a person with a disability.<sup>11</sup>

### Health Risks and Health Impacts

Many of the health outcomes experienced by women are a result of societal norms and gender roles, which can have a profound impact on the mental and physical health of women and girls.<sup>1</sup> The National Women's Health Policy<sup>5</sup> states that *"gender can contribute to differences between and among women and men in financial security, paid and unpaid caring work and experiences of violence... resulting in different and sometimes inequitable patterns of exposure to health risk, in unequal access to and use of health information, care and services, different help-seeking behaviour and, ultimately, different health outcomes."*

Power and privilege differ between groups of women, and as such, some groups of women experience even poorer health outcomes. These groups include:

- Women from culturally and linguistically diverse backgrounds
- Women with disabilities
- Women living in rural, regional and remote locations
- Lesbian and bisexual women
- Migrant and refugee women
- Older women<sup>5</sup>

The link between gender inequality and health outcomes is clearly demonstrated through the issue of gender violence. Violence against women is a pervasive and serious issue which has its roots in gender and power inequality, which are reinforced through a complex web of cultural and social norms and structures that perpetuate unequal relationships.<sup>12,13</sup> The feeling of lack of control over one's life sometimes experienced by women, due to a range of socially determined gender roles, can lead to feelings of depression and helplessness.<sup>3</sup> Mental health issues are major causes of disability for women of all ages, with research showing that women and girls suffer higher rates of depression and anxiety compared to men.<sup>14</sup> Adolescent girls are especially susceptible to lower self-esteem over body image issues, leading to higher rates of depression and anxiety, self-harm and suicide and the development of eating disorders.<sup>3,15</sup>

A lack of equity in women's pay, single parenting, lower education levels and unemployment means that women are particularly susceptible to socioeconomic disadvantage and poverty.<sup>5,16,17</sup> Many health issues and diseases experienced by women are closely tied to disadvantage, with research showing that women from low socioeconomic background have a much higher exposure to risk factors for poor health.<sup>18,19</sup> Overweight/obesity, tobacco smoking, poor diet and nutrition and insufficient physical activity are much more prevalent in low socioeconomic status groups.<sup>19</sup> This can lead to higher prevalence of chronic disease including heart disease, cancer, liver disease, respiratory disease and Type 2 Diabetes.<sup>17,20</sup>

**'Taking action to improve gender equity in health and to address women's rights to health is one of the most direct and potent ways to reduce health inequities and ensure effective use of health resources'<sup>26</sup>**

Women are also more susceptible to poor health literacy, which is integral to women being able to take control of their health, make informed decisions, effectively navigate the health care system and receive appropriate and timely care. Improving health knowledge and literacy can lead to better health status, health experiences and health outcomes for women.<sup>21</sup>

In addition to financial insecurity, some groups of women experience barriers that limit their ability to develop financial literacy which can lead to financial exclusion. Single parents, women from culturally and linguistically diverse backgrounds and women in violent or controlling relationships experience particular barriers that make them more vulnerable to poor financial literacy.<sup>22,23</sup> The impacts of financial exclusion and poor financial literacy, combined with the impacts of poor health literacy in a policy environment that encourages consumer led purchasing, are yet to be determined.

## Emerging Social Issues and Gender

Emerging social issues are also likely to have a gendered dimension, and need to be considered in terms of their impacts on women's health. For example:

- Women face greater risks from the impacts of climate change for a variety of reasons including gender inequality, the socially constructed roles that are applied to men and women and women's longer life expectancy.<sup>24</sup>
- The global financial crisis has had profound implications for the economic and social empowerment of girls and women worldwide, impacting on emotional and physical health.<sup>25</sup> Decreased power in households, increased risk of intimate partner violence and mental health problems have shown to have arisen in the aftermath of the economic crisis, demonstrating how the relationship between the global financial crisis and gender inequalities can impact on the health and wellbeing of women.<sup>25,26</sup>
- Changing directions in the health system toward more consumer led decision making and purchasing must be monitored for impacts on women's health.

While **gender inequity** is prevalent and serious, it is also **socially generated and can therefore be changed**.<sup>1</sup> Achieving gender equality is possible through **shifting social values** and **acknowledging that women are disadvantaged in many areas of society**, thus contributing to poor health outcomes. A gender equity approach to health means that the inequities experience by women are recognised, and policies and practice can be put into place to **ensure gender equality and positive health outcomes for women**.

# References

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