



## Gender Equity for Health Outcomes

The World Health Organisation (WHO) identifies **gender** as a social and structural determinant that has a **significant influence on the health outcomes of women**.<sup>1</sup>

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 women and men in society are a root cause for health inequalities between the genders, as they determine the ability of women to take control over their lives and consequently their health.<sup>3,4</sup> Gender biases in power, resource and entitlements; historical norms and values around the role of women in society; and the way that organisations are structured and programs are run, each influence women's opportunities to access resources such as income, education, employment and the health care system.<sup>4,5,6,7</sup> Strategies and actions must therefore be implemented that tackle the root cause of health disparities – namely, gender inequality – in order to ensure equitable population health outcomes.<sup>2</sup>

### Social and economic circumstances

Gender inequality means that women in Australia are disadvantaged, discriminated against, and not equally represented in many areas of society. In business leadership, for instance:

- 25.3% of directors in the ASX 200 are women;
- fewer women hold top positions as Chairs or CEOs of ASX 200 companies than men named John, Peter or David;
- meanwhile, female culturally diverse ASX leaders account for 188 of 7,491 directors and only 15 of 1,482 CEOs.<sup>8</sup>

In political leadership, 32% of federal parliamentarians are women.<sup>9</sup>

In paid work, the current average weekly earnings of Australian women who work full time is \$1,387.10 per week, \$251.20 per week less than men. The gender pay gap stands at 15.3%; and while this reflects a decrease of 0.9 percentage points over the previous 12-month period, the gender pay gap has stubbornly hovered between 15% and 19% for the last two decades.<sup>8,10</sup>

In unpaid work, figures for the Eastern Metropolitan Region show that compared to men, women are:

- almost 5 times more likely to do 30 hours or more of unpaid domestic work each week;
- almost 1½ times more likely to provide assistance to a person with a disability, long-term health condition or problems related to old age, over any given fortnight;
- around 1¼ times more likely to provide unpaid care to their own children or other children over any given fortnight.<sup>11</sup>

### Health risks and health impacts

Gender inequality has a profound impact on the health outcomes of women, including their physical and mental health.<sup>1</sup> The Australian Women's Health Network, following WHO, notes that:

- gender, or how we live our biological sex as women and men in accordance with prevailing societal norms, institutions, expectations or behaviours, positions women and men differently in society;
- this differential positioning results in the unequal distribution of power, resources and prestige between the genders, and hence shapes differences in the material circumstances of women and men;

Power and privilege operate **between** groups of women too. As such, some groups of women have poorer health outcomes relative to others, including:

- Migrant and refugee women
- Culturally and linguistically diverse women
- Women living with disabilities
- Women in rural, regional and remote locations
- Gender and sexually-diverse women
- Aboriginal and Torres Strait Islander women
- Older women<sup>5</sup>

- this in turn exposes women to unique and specific risks for poorer health outcomes, compared to men;
- which in turn has consequences for women's health and illness in ways that are unique to them **as women**.<sup>17</sup>

The links between gender inequality and poor health outcomes are clearly demonstrated through the issue of violence against women. Violence against women is a pervasive and serious problem that has its roots in gender inequality. The health impacts of violence against women are wide-ranging and persistent. Anxiety and depression, for instance, make up almost 70% of the disease burden among Australian women resulting from violence perpetrated against them.<sup>12</sup>

More broadly, a lack of control over one's life due to a range of socially determined gender roles can lead to feelings of depression and helplessness among women.<sup>3</sup> Mental health issues are major causes of disability for women of all ages, with research showing that women suffer higher rates of depression and anxiety compared to men.<sup>13</sup> Younger women and 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>3,13,14</sup>

Gender inequality exposes women to disadvantages such as unequal pay for work of comparable worth, precarious work conditions, unemployment, unstable housing, homelessness, financial insecurity and poverty.<sup>5,15,16</sup> Many health issues experienced by women, as well as known risk factors for poorer health, are tied to these disadvantages.<sup>17,18</sup>

- Overweight or obesity, tobacco smoking, poor diet and nutrition, and insufficient physical activity are more prevalent in lower socioeconomic groups.<sup>18</sup> Women are over-represented in these groups. These risk factors can lead to chronic diseases such as heart disease, cancer, liver disease, respiratory disease, and Type 2 Diabetes.<sup>16,19</sup>
- Poor physical and mental health is closely connected to unstable housing. Young single mothers are particularly vulnerable to the adverse health consequences resulting from housing insecurity.<sup>26</sup>
- Health outcomes are tied to financial security, itself influenced by participation in the paid labour market and financial literacy. Single mothers, women from culturally and linguistically diverse backgrounds, and women in violent relationships can experience barriers to financial security and are particularly vulnerable to the health impacts of poor financial literacy.<sup>20,21</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>25</sup>

More on gender inequality, socioeconomic disadvantages, and the risk factors and health problems mentioned above, can be found on Women's Health East's [website](#) (fact sheets series).

In addition to action on gender inequality, attention to health literacy can contribute to improved health outcomes for women. Health literacy is integral to being in control of one's health, as it includes the capacity to make informed decisions and to navigate the health care system for appropriate and timely care. Among Australian women, those over the age of 65 years have the lowest levels of health literacy. These women are the highest users of health care and services, which makes health literacy even more important as a factor influencing their health outcomes.<sup>22</sup>

## Emerging social issues and gender

Emerging social issues often have a gendered dimension, and need to be assessed for their impacts on women's health.

- 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, increased violence toward women in the wake of natural disasters, and women's longer life expectancy.<sup>23</sup>
- The global financial crisis had profound implications for the economic and social empowerment of women worldwide, impacting on emotional and physical health.<sup>24</sup> Decreased power in households, increased risk of intimate partner violence, and mental health problems have shown to have arisen in the aftermath of economic crises, demonstrating how the relationship between the global financial instability and gender inequalities can impact on the health and wellbeing of women.<sup>24,25</sup>

Gender is **socially constructed** and can be changed.<sup>1</sup> Achieving gender equality is possible through acknowledging that **women are systemically disadvantaged** in many areas of society, contributing to poor health outcomes. It means **shifting societal norms and values**. Gender equity means that the drivers of disparities in health outcomes are redressed, and policies and practices are put into place for **gender equality** and **positive health outcomes for women**.

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