Women's Health East

Strategic Plan

2021-25

Investing in Equality and Wellbeing for Women

Women's Health East acknowledges the Wurundjeri people, the Traditional Owners of the land on which we work. We pay our respects to elders past, present and emerging.

Women's Health East acknowledges the support of the Victorian Government.

Contents

Women's Health East

Our Values

Inclusion

We value and embrace women's diversity in all its forms, for an inclusive society, where everyone belongs

Respect

We are respectful, at all times, of people's lived experiences, histories, views and opinions

Integrity

We are honest, ethical and transparent

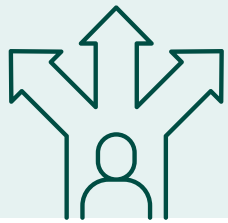
Excellence

We strive for excellence and innovation, translating evidence into practice and generating creative solutions to complex issues

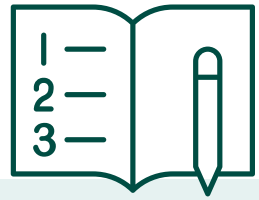
Our Approach

Our approach is underpinned by these principles

- ✓ Social model of health
- ✓ Health promotion
- ✓ Population health
- ✓ Human rights and social justice
- ✓ Collaboration and community connectedness
- ✓ Intersectional feminism



Our Priorities



Advance Gender Equality

Intended outcomes

- Women equitably participate in our communities and experience decreased discrimination
- Women experience improved mental health and wellbeing
- Organisations have skills and knowledge to effectively advance gender equality

Prevent Violence Against Women

Intended outcomes

- Women benefit from coordinated, evidence-informed action to prevent violence
- Organisations and their workforces have skills and knowledge to effectively prevent violence against women
- Prevention initiatives are informed by the voices of women

Improve Sexual and Reproductive Health

Intended outcomes

- Women benefit from coordinated action to address their sexual and reproductive health and rights
- Organisations and practitioners have skills and knowledge to effectively improve women's sexual and reproductive health
- Women have improved access to reproductive and sexual health information, services and choices

Our Enablers

The quality of our partnerships and our reputation are critical to our success. To ensure continued high-quality expertise to support collective social impact, we will pay attention to four key enablers:

Partnering and contribution to collaborative governance

We will continue to partner for effective action in the Eastern Metropolitan Region and with statewide or national stakeholders

Strong reputation and regional leadership role

We will sustain and communicate our social, environmental and economic impact

Our staff, board and volunteers

We will continue to develop, value and support our people

Funding

We will keep a focus on sustainable growth and diversify funding streams

Introduction

Women's Health East (WHE) is the women's health promotion agency for the Eastern Metropolitan Region (EMR) of Melbourne. We are an independent feminist organisation focused on women's wellbeing and equality across seven Local Government Areas (LGAs) – Yarra Ranges, Knox, Maroondah, Manningham, Monash, Whitehorse and Boroondara.

Women's Health East is one of nine regional and three statewide women's health organisations that make up the Victorian women's health sector. Women's health services across Victoria promote good health and wellbeing for Victorian women. They apply an expert gender lens to health issues and systems to influence the underlying contributors to women's health and wellbeing and improve outcomes for women.

We are an active member of the Women's Health Services Council, supported by our peak body Gender Equity Victoria (GEN VIC). We work closely with state and local governments, health and community organisations, and other community partners with a role in improving health outcomes for women.

We counteract gendered health inequities by designing and delivering health promotion programs to address the social determinants that intersect with gender and impact on women's health and wellbeing. We break down barriers so that Victorian women have access to tailored, gendered health information and healthcare choices.

This Strategic Plan, developed in late 2020 and early 2021, was formulated in uncertain times due to the ongoing COVID-19 pandemic and changes in the external environment such as the Gender Equality Act and the Royal Commission into Victoria's Mental Health System. WHE Board will therefore proactively undertake regular review of this Plan.

Our Approach:

Social model of health

We seek to address the determinants of women's health, safety and wellbeing. We recognise that individual change occurs within a social, economic, spiritual, political, environmental and cultural context that requires intervention at many levels.

Health promotion

We use a health promotion approach to improving women's wellbeing and equality. We endorse the World Health Organization's definition of health promotion: the process of enabling people to increase control over the determinants of health and thereby improve their health. Our approach therefore entails a focus on the social, economic and environmental factors that affect health and aligns with the Ottawa Charter for Health Promotion[1]. Our approach includes a focus on primary prevention, which is about intervening at a population or societal level to address the primary cause of an inequality or illness before it manifests.

Population health

We aim to improve the health and wellbeing of all women, while reducing inequities between women. We focus on the interrelated conditions and factors that influence the health of women over their life course, identify systematic variations in patterns of occurrence, and develop and implement actions to improve their health and wellbeing[2].

Human rights and social justice

We preserve and promote women's economic, social, cultural, civil and political rights and take an equity approach to our work, with a particular focus on gender equity.

Collaboration and community connectedness

We engage in an inclusive and collaborative way with our diverse communities, community partners and stakeholders. We build trusting and respectful partnerships to create sustainable change.

Intersectional feminism

We take a feminist approach that recognises and redresses the compounding discrimination that many women face, in addition to gender inequality. We aim to leave no-one behind.

Our Region

The Eastern Metropolitan Region of Melbourne spans 3000 square kilometres. According to Victoria in Future 2019 the region's population projected to 30 June 2021 is estimated at 1,157,936. This figure reflects 16.9% of Victoria's total population.

Over the next 15 years (to 2036) the population is projected to increase to an estimated 1,350,569 persons. It is expected that Monash and Whitehorse will see the largest increases in population. The population of women is expected to continue to age, with the largest increases being in the 65 years and over age group.

The region has diverse ethnic, socio-economic groups within the population, with varied access to resources and support across Melbourne's East. The region is predominantly urban however the municipality of Yarra Ranges includes many rural areas which face significant service access issues.

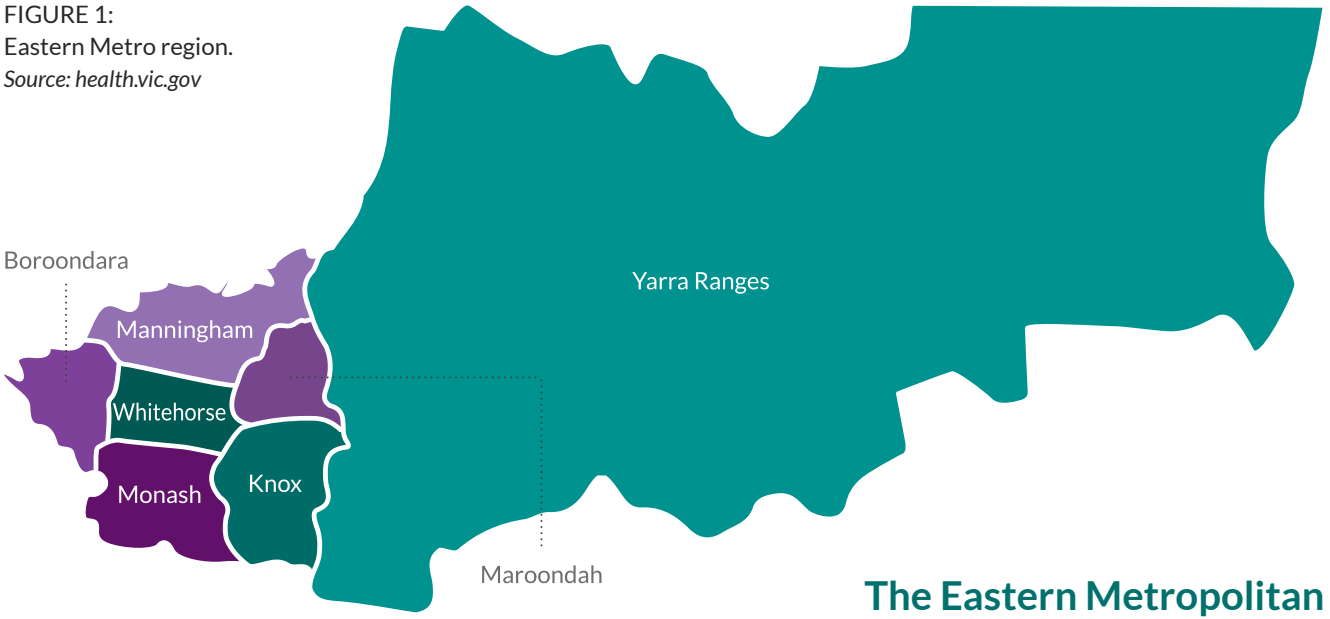
The largest female populations of those identifying as Aboriginal or Torres Strait Islander reside in the Yarra Ranges, followed by Maroondah and Knox. Over the last five years to 30 June 2020, some 26,391 females have settled in the region, with highest numbers in Monash followed by Whitehorse and then to a lesser extent in Boroondara and Manningham. The top five non-English speaking countries of birth as reported at settlement were (in descending order): China, India, Sri Lanka, Malaysia and Iran. From 2015 to 2020, 816 females settled in the region through the humanitarian migration stream, with 66.8% reporting their country of birth at settlement as Myanmar, and with most of these women settling in Maroondah and Yarra Ranges.

The region is generally considered one of relative advantage. While this is true there are significant pockets of disadvantage in every municipality. Within our community and the broader society there are some groups of women who face greater and/or intersecting levels of disadvantage and discrimination, and more barriers to attaining good health and wellbing. These include Aboriginal women, immigrant and refugee women, women of diverse sexual and gender identities, women experiencing socio-economic disadvantage and women with a disability.

For example, as an ageing region the EMR reflects the reality that disability is correlated with age. Of those with a "serious and profound disability living in the community" 3.3% are people under 65 and 11.8% are over 65 years of age[3]. WHE's own research has informed awareness of the health impacts of homophobic and transphobic attitudes within the wider community and lack of culturally safe access to services[4].

In 2016, we also know that 82% of lone-parent households in our region were female, which meant there were 4,546 single mothers struggling with low income and associated health and wellbeing impacts[5]. Single mothers remain one of the most economically disadvantaged groups in Australia[6].

FIGURE 1:
Eastern Metro region.
Source: health.vic.gov



The Eastern Metropolitan Region of Melbourne spans 3000 square kilometres.

Our Planning Process

The process for developing Investing in Equality & Wellbeing for Women Strategic Plan 2021-2025 involved a range of steps.

These included:

- a review of the external environment including COVID, the policy and legislative framework, key demographic data, health and wellbeing profiles for the region and organisational considerations
- stakeholder feedback mechanisms
- facilitated consultations with Board and staff to analyse the above information

A snapshot of some of the data is available at the end of this document.

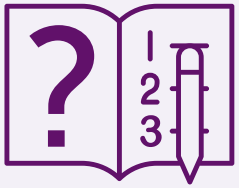
What you told us

Consultation occurred with stakeholders including partners working in local government, community services, primary health, education, employment and training agencies, other women's health services, Aboriginal Community Controlled Organisations, state government agencies and other organisations. Twenty-four stakeholders participated and provided advice on priorities for WHE to focus on and to collaborate with others across the region.

Partners of Women's Health East nominated the following priorities:

Preventing violence against women	Supporting gender equality	Improving mental health and wellbeing	COVID-19 recovery	Promoting financial independence and wellbeing	Promoting sexual and reproductive health	Tackling climate change
100%	95%	70%	65%	55%	50%	30%

Members of Women's Health East were also surveyed, and their top priorities were:



Preventing violence against women	Improving mental health and wellbeing	Supporting gender equality
100%	75%	68%

Promoting financial independence and wellbeing and COVID-19 recovery were also rated highly.

Taking into account government public health and wellbeing priorities, other key policy documents, stakeholder feedback and an analysis of issues impacting on women's health, the Women's Health East Board has identified three key priority areas for 2021-2025.

Our Priorities

1

PRIORITY ONE:

Advance Gender Equality

2

PRIORITY TWO:

Prevent Violence Against Women

3

PRIORITY THREE:

Improve Sexual and Reproductive Health

PRIORITY ONE:

Advance Gender Equality

Intended outcomes:

- Women equitably participate in our communities and experience decreased discrimination
- Women experience improved mental health and wellbeing
- Organisations have skills and knowledge to effectively advance gender equality

Action commitments:

- "Build Back Better" – a gender equal pandemic recovery
- Align with and support the Gender Equality Act
- Focus a gender lens on mental health promotion
- Contribute a gendered perspective to other major health promotion and prevention issues

During 2021-25 we will:

"Build Back Better" – a gender equal pandemic recovery

The social, economic and health consequences of the pandemic will necessarily be a focus throughout 2021-2025 and will form a lens through which this priority area, and the whole plan shall be viewed.

Align with and support the Gender Equality Act 2020.

The expertise of WHE in gender equality and workplace change will continue during 2021-25.

Our work will continue to align with and support the implementation of requirements under the Gender Equality Act 2020. We will provide support for development of Gender Equality plans and undertaking gender impact analysis of community-facing services, policies and programs.

Focus a gender lens on mental health promotion

Women's mental health and wellbeing was nominated as a high priority by 70% of our stakeholders. The Victorian Government Royal Commission into the Mental Health System and the significant COVID recovery investments will necessitate use of a gendered lens and gendered responses. Our focus will be on improving women's mental health through enabling social inclusion, reducing discrimination in its varying forms and its intersections with gender, and addressing women's economic/financial independence and wellbeing.

Contribute a gendered perspective to other major health promotion and prevention issues

We will seek to respond to other key reforms, where opportunities arise at the local and regional level. For example, we will work to ensure women's voices are incorporated into an understanding of climate change impacts. It is critical to ensure women's voices are incorporated into emergency preparedness plans and into supporting community resilience during high intensity events such as bushfires, heatwaves, drought and flood.

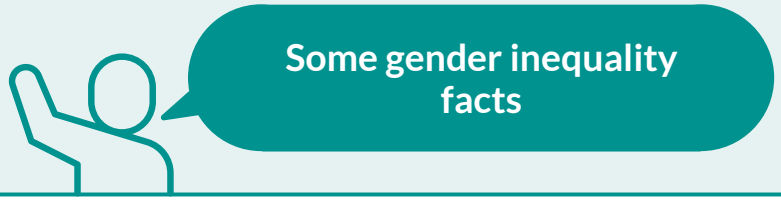
Background context

Lack of gender equality within Australia and our region is a core issue for Women's Health East. Advancing gender equality underpins all of our work and intersects with all of our priorities.

Social position is the factor that most determines health inequities, and discrimination based on gender is one of the key factors influencing social position. This makes gender equality an essential focus of effective population health practice.

Advances in gender equality lead to improved health outcomes for women across the broad range of social and health areas. Promoting and normalising gender equality in public and private life is an essential action in the prevention of violence. Improving women's sexual and reproductive health and rights is also well recognised as a key action in achieving gender equality.

In our region the Framing Gender Equality Messaging project identified that people in our region hold more progressive attitudes about gender equality than other Australians. Progress is also evident in the local government 2020 elections results with women comprising 49% of elected councillors in this region. Key data however tells us there is still much more progress needed. Our stakeholder survey indicated that 95% of our stakeholders supported a continued priority of advancing gender equality.



Some gender inequality facts

- **Gender pay gap.** The ongoing difference in pay between women and men is a key hurdle to equality. The 2016 census shows that women in Manningham, Whitehorse and Monash exceeded the Victorian average of those earning less than the minimum wage. (See further data and references).
- In 2019 the pay gap for women was 13.4% for full-time base salary or 20.1% for total remuneration across all industries and occupations[7]. To ensure economic equality for those most impacted, COVID-19 recovery stimulus benefits require a gendered lens.
- **Employment outcomes don't reflect educational attainment.** In 2020, 72.2% of women aged 25-29 years had attained a formal qualification of Certificate III or above (men 65.4%) and 48.3% had attained a bachelor's degree or above (men 36.1%)[8], however the gender pay gap persists as does women's lower workforce participation and concentration in precarious and insecure work.
- **Workforce participation.** Women make up only 38.1% of the full-time workforce yet dominate the part-time workforce (75.1%) and casual work (56.3%)[9]. The COVID-19 pandemic disproportionately impacted sectors with high female participation.
- **Superannuation and retirement incomes are gendered.** Women continue to retire with less superannuation than men[10].
- **Unpaid domestic work.** On average, Victorian women do 13 additional hours per week (or 85 days per year) of unpaid work and care than men[11].
- **Mental health.** Women and people in LGBTIQ communities are disproportionately represented in mental health statistics. We know that gender inequality drives poor mental health outcomes for women and girls. (See further data and references).
- **Representation in local government.** Since the 2020 Eastern Metropolitan region local government elections, women make up 49% of elected Councillors (51% men). 3 of the 7 local government areas elected a female mayor.

> "WHE are the 'go to' organisation for so many people in the EMR."
>
> - Quote from stakeholder survey

Impacts of COVID-19

The coronavirus pandemic exacerbated gender inequality across our society. The ABS Household Impacts of COVID-19 survey highlighted the growing inequality in the home with women, who already do more than their fair share of housework and caring (about double), suddenly doing even more. This was commonly with the added responsibility of overseeing homeschooling. The survey findings also highlighted the disproportionate and significant impact of COVID-19 on women's mental health, with women reporting higher rates of of depression, anxiety, stress and loneliness than men in 2020.[12]

Women's employment and financial security were impacted with women more likely to be unemployed and underemployed. A report by the McKell Institute in August 2020[13], reported that based on ABS monthly labour force data we had the highest number of Victorian women who are unemployed, ever.

The Worsening of Australian Women's Experiences under COVID-19 study[14] showed that women's health was adversely impacted with Victorian women experiencing compounding disadvantage – job loss, business disruption, higher childcare and housework burdens – and are consequently suffering worse mental and physical health including anxiety and sleeplessness.

Government policy and reform

The Victorian Government's violence prevention agenda recognises the importance of addressing the drivers of gendered violence, through the ***Safe and Strong*** strategy. The ***Victorian Public Health and Wellbeing Plan 2019-2020*** highlights that a consideration of gender and intersectionality should be applied to all actions of the plan. The ***Gender Equality Act 2020*** creates expectations and opportunities for WHE to support workplace change for gender equality.

The **Royal Commission into Victoria's Mental Health System** has acknowledged the gaps in the service system and a need for a focus on mental health promotion. It has highlighted the need for a gender lens to be applied to mental health. Across Victoria, Women's Health Services were funded to play a role in improving women's mental health as it related to COVID, affirming that a gender-sensitive approach to mental health reform is critical.

The **reform of aged services** impacts women as carers, as recipients of community-based care, as residents in residential aged care and as paid workers and volunteers.

Tackling **climate change** and its impact on health is a government priority and is a gendered issue.

PRIORITY TWO:

Prevent Violence Against Women

Intended outcomes:

- Women benefit from coordinated, evidence-informed action to prevent violence
- Organisations and their workforces have skills and knowledge to effectively prevent violence against women
- Prevention initiatives are informed by the voices of women

Action commitments:

- Refresh our *Together for Equality & Respect* (TFER) Partnership
- Provide leadership and increase sector capacity to enable intersectional approaches to preventing violence

During 2021-25 we will:

Refresh our *Together for Equality & Respect* (TFER) Partnership.

We will work with our regional and statewide partners to refresh and strengthen our intersectional, long-term coordinated approach to the prevention of violence against women, through the *Together For Equality & Respect Strategy*. The TFER Partnership is well established and our partners expect the work to continue.

Provide leadership and increase sector capacity to enable intersectional approaches to preventing violence.

We will continue to support our partners through capacity building activities. These will align with strategies such as *Change the Story* and *Change the Picture*, as well as our own *(Re)Shaping Respect* research report and other emerging evidence. Our support for intersectional approaches will include strengthening capacity to prevent violence against women with disabilities and women from culturally diverse backgrounds.

Background context

The prevention of family and other violence against women requires a gendered approach and a generational effort. As a major contributor to women's morbidity and mortality, this issue remains a core health promotion priority for our organisation. Prevention of family violence requires focused attention as it contributes to homelessness, mental ill-health, exposure to the child protection system and longer-term health outcomes.

Gender equality is the key to ending violence. To prevent violence against women we need long-term, coordinated action to advance gender equality across all sections of our community, in all of the settings in which people live, work and play: for example in the home, at schools, in workplaces, in community settings, online, and in the media.

Our Watch's recent *Tracking Progress in Prevention* report highlights progress towards gender equality being achieved in Australia, although change is not linear, and population-level social change is happening slowly.

Prevalence figures from ANROWS and Our Watch show that violence against women is a national emergency with almost one in three women (30.5%) having experienced physical violence and almost one in five women (18.4%) having experienced sexual violence, since the age of 15 years. One in two women has experienced sexual harassment during her lifetime.[15]

Within our region, family violence statistics remain unacceptable. With the higher population density of the EMR compared with other regions, actual incident numbers by LGA in 2019 were higher than the Victorian average right across the EMR, in particular Knox, Yarra Ranges and Monash. Rates per 10,000 are generally higher in Knox, Yarra Ranges and Maroondah than other EMR areas.

Our stakeholder survey indicated that 100% of our stakeholders see Prevention of Violence Against Women (PVAW) as our highest priority area.

Some violence against women facts

- **Intimate partner violence.** This is the leading cause of death, disability and illness in Australian women aged 18-44 years. On average one woman each week is killed by a current or former partner. [16]
- **Sexual Harassment in the workplace.** Almost two in five women (39%) have experienced sexual harassment in the workplace in the past five years. Aboriginal and Torres Strait Islander people were more likely to have experienced workplace sexual harassment than people who are non-Indigenous (53% and 32% respectively)[17].
- **Sexual harassment in public spaces.** According to Victoria Police statistics, one in 11 women has reported being sexually harassed while on public transport[18].
- **Use of public space/recreation.** Nearly two-thirds (61%) of Victorian women feel unsafe while walking alone at night in their neighbourhoods, compared to about a quarter (26%) of men[19].
- **Intersectional experience of violence.** Women with intersectional identities of race, religion, Indigeneity, disability, sexuality, migration, lone parenthood and socioeconomic status continue to have an increased risk of severity and frequency of violence.
- **Compounding impacts.**
  - Women from diverse cultural and religious backgrounds, and gender diverse people are more likely to encounter acts of verbal or physical assault in public places[20].
  - Gender diverse people are also more likely to experience acts of physical violence[21].
  - Women with disabilities experience higher rates of violence over longer periods of time, in more settings, and by more perpetrators[22].
  - Three in five Aboriginal and Torres Strait Islander women have experienced violence by a male intimate partner. This violence is perpetrated by men of all cultural backgrounds and is more severe and complex in its impacts [23].

> "WHE have been a tireless advocate and shown strong leadership in organising a regional response to reduce violence against women and promote respectful relationships and gender equity in the community."
>
> - Christine Farnan, Senior Advisor, Department of Health and Human Services

> "The regional effort and combined forces are really moving PVAW in the right direction."
>
> - Owen Piestsch, Senior Health Promotion Practitioner, Access Health & Community

Impacts of COVID-19

The coronavirus pandemic increased the risk of family violence for women. Crime Statistics Agency figures for 2020 showed an increase in family violence incidents of 9.6% .These figures represented a significant increase based on trends over the past five years. Data from our region also highlighted an increase in women presenting to services for the first time and an increase in high risk referrals from police, indicative of women experiencing increased frequency and severity of violence

Government policy and reform

The Victorian government's continuing reform agenda is driven through the ***Free from Violence Strategy*** and the ***Rolling Action Plan 2020-2023***. The ***Victorian Public Health and Wellbeing Plan 2019 – 2023*** includes improving the prevention of all forms of violence as one of ten priorities. The Victorian government's commitment to intersectionality is outlined in the ***Everybody Matters Inclusion and Equality Statement***. At a federal level, ***the National Action Plan to Reduce Violence against Women and their Children*** will be refreshed in 2022.

PRIORITY THREE:

Improve Sexual and Reproductive Health

Intended outcomes:

- Women benefit from coordinated action to address their sexual and reproductive health and rights
- Organisations and practitioners have skills and knowledge to effectively improve women's sexual and reproductive health
- Women have improved access to reproductive and sexual health information, services and choices

Action commitments:

- Strengthen an intersectional, regional approach to addressing women's sexual and reproductive health and rights
- Influence systemic access to SRH health services, and prevention and promotion approaches in our region

During 2021-25 we will:

Strengthen an intersectional, regional approach to addressing women's sexual and reproductive health and rights

In partnership, we will work towards the rights of women in the Eastern Metropolitan Region to optimal sexual and reproductive health and wellbeing being fully realised, regardless of age, sexuality, disability, language, culture or ethnicity, and socioeconomic status. We will focus on equity, capability and access, in alignment with our regional strategy - *A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025*.

Influence systemic access to Sexual and Reproductive Health (SRH) health services, and prevention and promotion approaches in our region

In alignment with *A Strategy for Equality* and government policy priorities, we will work to build capability of service providers and the healthcare system in relation to women's SRH. This includes improving women's access to health promotion as well as screening and treatment for issues such as polycystic ovary syndrome and endometriosis, STIs and BBVs, abortion and contraception, violence against women and mental health.

Background context

Sexual and reproductive health (SRH) is an essential component of women's general health and wellbeing and has a substantial impact on women throughout their lives. It is also a fundamental human right. Optimal sexual and reproductive health includes the right to healthy and respectful relationships, to choose if and when to have children, to have full bodily autonomy and reproductive choice, and to have access to health services that are inclusive, culturally appropriate, safe, and responsive to identified needs.

To improve women's sexual and reproductive health and wellbeing an equity approach is needed; one which focuses efforts on shifting the underlying structural conditions and systems that mean that some women experience better or worse sexual and reproductive health than others. So this is exactly what we aim to do with our regional partners, in line with *A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025*.

Some progress over the last few years has been made particularly in relation to medical abortion service access in the EMR with the establishment of the Sexual and Reproductive Health Hub at EACH and a clinic at Family Planning Victoria, but there remains an unmet need for publicly funded surgical abortion services in the region.

Our SRH promotion and prevention activity has a number of active partners and it rated in the top 5 of proposed priorities in our stakeholder survey. It is also a priority highlighted by our funders.

Some sexual and reproductive health facts

- **Teenage birth rates** in the EMR region were lower in 2016-17 per 1,000 women than the Victorian average, but substantially higher in Yarra Ranges than other eastern LGAs. (See further data and references).
- **Chlamydia rates** for women were higher in 2018 in Boroondara and Maroondah than other eastern LGAs. **Hepatitis B** occurs at a higher prevalence in Monash, Whitehorse and Boroondara LGAs.
- **Cervical screening** rates in the EMR in 2015-16 were in line or better than the Victorian average, except for Whitehorse and Monash, where screening gaps may require attention.
- **Aboriginal and Torres Strait Islander women** experience poorer SRH outcomes than non-Aboriginal women. Engagement with mainstream health services is generally lower among Aboriginal women.
- **Women with disabilities** experience distinct barriers to exercising their SRH rights and accessing services, including negative attitudes and stereotypes, limited or inaccessible services and inadequate funding for specialised services, and lack of engagement in service planning.
- **Women from culturally and linguistically diverse backgrounds** may have poorer SRH due to limited access to healthcare, social services and culturally relevant, multilingual health information.
- **Older women's** SRH is linked to a range of factors including physiological, hormonal and emotional changes associated with menopause and ageing, and their SRH experience is often dismissed.
- Homophobia, biphobia, transphobia and heterosexism result in poor SRH outcomes among **LGBTIQ community members**. The Women's Health East 2019 report, *Young and Queer in Melbourne's East* demonstrated gaps in access to SRH information and services for women in our LGBTI communities[24].
- Endometriosis affects at least 200,000 Victorians (an estimated 830,000 Australians), or 10% of those who menstruate, and can cause debilitating pain for those affected [25].
- PCOS affects 8-13% of women and people with a uterus of reproductive age, and around 21% of Aboriginal women. It is associated with infertility. Up to 70% of women with PCOS are undiagnosed [26].

There are many opportunities for improvement in our region. Attention is required to ensure access to abortion is an option, and that connections are made between mental health, family violence and access to SRH information and services.

"Too often many aspects of women's sexual and reproductive health are not provided adequate focus. Yet others, such as reproductive choices, seem to always be a focus, and are all too political. This is why we need a collective strategy to support the rights of women in Melbourne's East."

- Kristine Olaris, CEO Women's Health East

Impacts of COVID-19

The coronavirus pandemic made access to sexual and reproductive health services, supports and information more difficult, and affected women's confidence to use such services. Community members who already face barriers to good health and wellbeing were significantly impacted. This was heightened in periods of lockdown. For example women expressed greater anxiety in pregnancy and Victorian cancer screening services reported a 37% drop in breast screens in 2020. Women need specific and accessible COVID vaccination information with those who are pregnant currently being advised not to have COVID vaccinations (May 2020) and many women who are breastfeeding or trying to become pregnant expressing hesitancy about vaccination.

Government policy and reform

The Victorian Government's ***Women's Sexual and Reproductive Health Key Priorities 2017 – 2020*** was due for renewal as this plan was being finalised. A collective strategy to improve women's sexual and reproductive health, informed by an intersectional feminist framework, is necessary.

The ***Victorian Public Health and Wellbeing Plan 2019 – 2023*** includes improving sexual and reproductive health as one of ten priorities.

Women's Health East worked with others to develop ***A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025***. This Strategy identifies key sexual and reproductive health issues for women living and working in the Eastern Metropolitan Region over the next five years. Three key priorities were identified: strengthening gender equity to improve sexual and reproductive health; improving sexual and reproductive health capability among service providers; and increasing access to sexual and reproductive health services.

Further Data and References

Snapshot of women in the Eastern Metropolitan Region

In 2019, the Eastern Metropolitan population to 30 June 2021 was projected at 1,157,936 people or 16.9% of Victoria's total population[27]. Over the next 15 years (to 2036), the population in all local government areas within the region is projected to increase to an estimated 1,350,569 people[28].

Over the next 15 years, the proportion of females in the 65 years and over age groups will continue to increase.

The cultural diversity of the region continues to develop and change as people move into the EMR from overseas. A total of 26,391 women settled in the EMR over 2015-20. Two thirds (66.5%) of all women arrived from five countries: China, India, Sri Lanka, Malaysia and Iran. A total of 816 women settled through humanitarian migration, with 66.8% (n = 545) reporting their country of birth at settlement as Myanmar, and with most of these women settling in Maroondah and Yarra Ranges.

Demographics

GRAPH 1:
Age distribution of females in the eastern metropolitan region, 2021 and 2036

Source: Victoria in Future 2019 Population and Household Projections

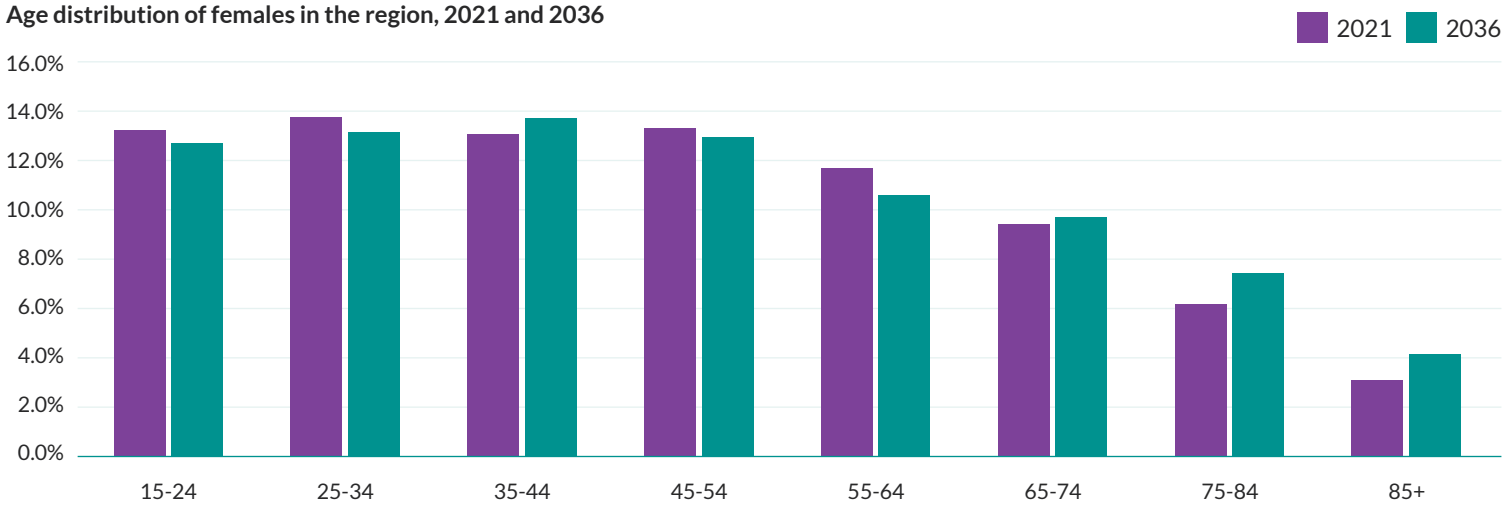


TABLE 1:
Recently settled females in the eastern metropolitan region, 2015 to 2020.

Source: Department of Home Affairs (special settlement data report request)

	Female settlers in EMR local government areas All migration streams by country of birth 2015–2020							
	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	Eastern Metro
China	1724	865	1465	435	2976	3001	86	10552
India	767	366	183	266	1413	994	98	4087
Sri Lanka	104	144	33	49	425	228	17	1000
Malaysia	115	108	151	96	282	218	33	1003
Iran	95	105	288	121	92	172	27	900

Gender equality and gendered gaps

TABLE 2:
Lone-parent households by sex across the local government areas in Melbourne's east

Source: ABS Census of Population and Housing 2016 (via the Victorian Women's Health Atlas)

	Per cent of lone-parent households that are female or male headed, 2016								
	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	Eastern Metro	Victoria
F	83.3	82.2	82.4	82.6	82.3	81.6	79.5	81.9	81.0
M	16.7	17.8	17.6	17.4	17.7	18.4	20.5	18.1	19.0

TABLE 3:
Individual weekly incomes of females and males (above or below the minimum weekly wage) across the local government areas in Melbourne's east

Source: ABS Census of Population and Housing 2016 (via the Victorian Women's Health Atlas)

	Per cent of females and males earning less than the minimum weekly wage ($0 to $649), 2016								
	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	Eastern Metro	Victoria
F	36.7	45.7	46.7	43.8	48.4	46.4	45.0	44.7	45.7
M	26.7	29.9	32.9	27.8	36.1	33.5	28.0	30.7	32.5

TABLE 4:
Satisfaction with life rates across the local government areas in Melbourne's east, 2017

Source: Victorian Population Health Survey 2017

	Per cent of females and males reporting high or very high levels of satisfaction with life, 2017								
	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	Eastern Metro	Victoria
F	80.8	76.2	78.7	77.5	76.9	88.5	84.4	80.4	78.3
M	81.2	77.7	78.0	85.5	81.8	76.7	69.3	78.6	78.8

TABLE 5:
Anxiety or depression rates across the local government areas in Melbourne's east, 2017

Source: Victorian Population Health Survey 2017

	Per cent of females and males who have ever been diagnosed with anxiety or depression, 2017								
	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	Eastern Metro	Victoria
F	26.6	28.4	24.6	33.5	22.5	23.6	40.8	28.6	36.9
M	17.7	23.7	8.4	18.5	9.9	17.2	35.8	18.7	22.6

In relation to mental health it is noteworthy that while life satisfaction is high in most EMR LGAs, there are concerns regarding prevalence of depression and anxiety. In Yarra Ranges, over 40% of women have been diagnosed with depression or anxiety (state average = 36.9%). In Monash women are twice as likely to experience psychological distress compared with men. Mental health inequities can particularly impact single parents, older women living alone and recent migrant women living in locations with poor public transport options or women who are culturally isolated.

For women, higher psychological distress is commonly associated with being a victim of violence or harassment, severe pain associated with gynaecological conditions, and intense or prolonged burden of informal (unpaid) caregiving. Women's mental health has been disproportionately impacted by the pandemic.

Prevention of violence against women

Our Watch's Tracking *Progress in Prevention* report showed progress towards gender equality being achieved in Australia, although change is not linear, and population-level social change is happening slowly.

There is a need to continue to address the various forms of resistance and 'backlash' common to all efforts that challenge existing power dynamics. The report found:

- only modest improvements in women's decision-making power
- little evidence of substantial change in the rate of men taking up caring roles in the home or workforce
- men's continued dominance of leadership positions in public life
- ongoing economic inequality for women, manifesting in the gender pay gap and superannuation gap
- many women continuing to experience discrimination and oppression on the basis of race, religion, Indigeneity, disability, sexuality, migration, lone parenthood and socioeconomic status.

Source: Our Watch, Tracking progress in Prevention, full report. https://www.ourwatch.org.au/resource/tracking-progress-in-prevention-full-report/

TABLE 6:
Family violence reported incidents across the local government areas in Melbourne's east, 2019

Source: Crime Statistics Agency Victoria

	Family violence reported incidents counts by sex, 2019								
	Boroondara	**Knox**	**Manningham**	**Maroondah**	**Monash**	**Whitehorse**	**Yarra Ranges**	**Eastern Metro Av.**	**Victoria Av.**
F	618	1365	526	884	1016	904	1222	933.6	801.9
M	265	448	207	326	382	319	452	342.7	265.3

	Family violence reported incidents rates per 10,000 population by sex, 2019								
	Boroondara	**Knox**	**Manningham**	**Maroondah**	**Monash**	**Whitehorse**	**Yarra Ranges**	**Eastern Metro**	**Victoria**
F	36.95	88.58	45.24	80.09	55.64	55.78	81.72	63.4	115.6
M	15.85	29.07	17.80	29.54	20.92	19.68	30.23	23.3	38.1

	Family violence reported incidents rates per 10,000 females for 2015, 2016, 2017, 2018 and 2019								
	Boroondara	**Knox**	**Manningham**	**Maroondah**	**Monash**	**Whitehorse**	**Yarra Ranges**	**Eastern Metro**	**Victoria**
2019	36.95	88.58	45.24	80.09	55.64	55.78	81.72	63.4	115.6
2018	32.83	82.02	42.06	76.83	55.64	47.32	79.85	59.5	108.3
2017	35.8	76.4	42.6	67.3	50.3	48.4	76.4	56.7	102.5
2016	36.1	80.1	47.2	79.9	54.6	47.3	79.6	60.7	109.3
2015	35.3	83.3	44.6	76.0	56.1	51.7	77.4	60.6	106.9

Sexual and reproductive health

TABLE 7:
Teenage birth rates across the local government areas in Melbourne's east, 2016 and 2017

Source: Department of Health and Human Services, Consultative Council on Obstetric and Paediatric Mortality and Morbidity

Teenage birth rate per 1,000 females aged 13–19 years, 2016 and 2017 (aggregate)								
Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	Eastern Metro	Victoria
0.31	4.50	1.42	6.18	1.64	1.89	7.10	3.3	10.6

TABLE 8:
Chlamydia rates across the local government areas in Melbourne's east, 2018

Source: Victorian Notifiable Infectious Diseases Surveillance Database

Chlamydia rates per 10,000 persons by sex, 2018									
	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	Eastern Metro	Victoria
F	19.67	13.63	14.28	18.21	15.66	15.92	13.64	15.9	20.8
M	20.39	9.60	12.56	13.68	14.35	14.01	10.37	13.6	18.1

TABLE 9:
Cervical screening rates across the local government areas in Melbourne's east, 2015 and 2016

Source: Victorian Cervical Cytology Registry

Per cent of eligible women (aged 20–69 years) who have had a cervical screening test within the target two-year period of 2015 and 2016								
Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	Eastern Metro	Victoria
62.9	58.5	61.4	59.3	53.4	56.3	61.8	59.1	57.8

TABLE 10:
Hepititis B rates across the local government areas in Melbourne's east, 2018

Source: Victorian Women's Health Atlas

Hepatitis B notifications by location and gender, 2018									
	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	Eastern Metro	Victoria
F	36	16	30	11	58	45	5	201	800
M	34	22	25	16	50	36	7	190	923

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