

# PROMOTING WOMEN'S HEALTH, SAFETY AND WELLBEING IN HEALTH PLANS

SEPTEMBER 2020



**WOMEN'S HEALTH  
IN THE NORTH**  
voice • choice • power

**Women's Health In the North (WHIN) is the regional women's health service in the northern metropolitan region (NMR) of Melbourne.**

WHIN aims to ensure that the municipal public health and wellbeing plans, integrated health promotion plans and strategic plans of organisations in the NMR, apply a gender analysis and consider and respond to the health, safety and wellbeing of all women.

In the lead up to municipal and health planning for 2021, this document outlines key considerations for women's health, safety and wellbeing, including:

- the rationale for applying a gender lens to health planning
- an overview of the priority health, safety and wellbeing issues for Victorian women, outlined in the Victorian Public Health and Wellbeing Plan 2019–2023
- priority actions that WHIN has identified that are critical for inclusion in all health plans across the NMR of Melbourne, and
- the steps organisations should take to apply a gender analysis to a health planning process.

This information, combined with the use of the WHIN's women's health fact sheets and other recommended resources, will support professionals across the region to take a gendered approach to health planning. Additionally, WHIN staff are available to provide advice and expertise to planning staff and committees



# GENDER ANALYSIS

The role of organisations in advancing gender equality is highlighted in the Victorian Government's *Safe and Strong: A Victorian Gender Equality Strategy* (Victorian Government, 2016) and *Free From Violence: Victoria's Strategy to Prevent Family Violence and all Forms of Violence Against Women* (Victorian Government, 2017). This approach is now mandated in legislation through the *Victorian Gender Equality Act 2020* (Gender Equality Act, 2020).

As a social determinant of health, gender plays a key role in shaping health and wellbeing outcomes across the lifespan. Women and gender-diverse people experience particular health inequities and disadvantage due to their sex and gender. For many, the impact of gender inequality is compounded by the way that gendered barriers interact with other forms of disadvantage and discrimination (Victorian

Government, 2016). Increasing gender equity relies on careful consideration of the differences in women's, men's and gender-diverse people's lives and in recognising that different approaches may be required to produce equitable outcomes for all.

**A gender analysis is a process of considering gender and gender inequalities when analysing data and in program planning. It informs action to address inequalities that arise from the different roles of women, men and gender-diverse people, the unequal power relationships between them and the consequences of these inequalities on their lives, their health and wellbeing (Victorian Government, 2016).**



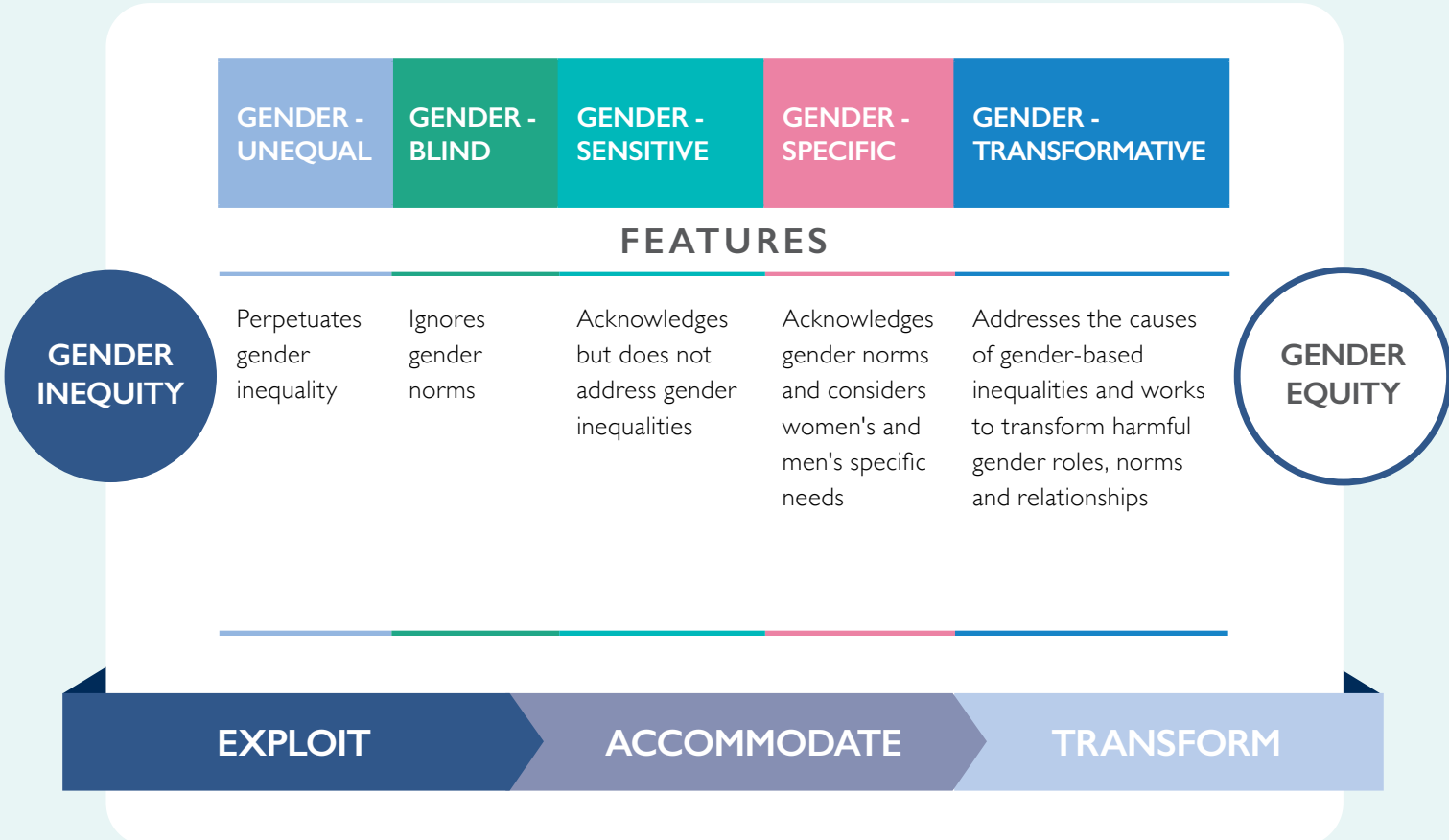
## A GENDER ANALYSIS IS USED:

- to ensure that women, men and gender-diverse people are not disadvantaged by a policy, program or project,
- to enhance the sustainability and effectiveness of activities, or
- to identify priority areas for action to promote equality (Victorian Government, 2016).

When a gender analysis is applied to health planning, the frameworks, programs and projects that are created will be gender responsive. This means that the health plans and related outputs will consider and address norms, practices and structures that promote gender equality and therefore lead to gender sensitive or gender transformative practice (Women's Health In the North, 2020).

The Gender Responsive Assessment Scale below can be used to identify if and how health plans address the current needs created by gender inequality and if they also aim to transform them (Greaves et al., 2014).

# APPROACHES



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This means that the health plans and related outputs will consider and address norms, practices and structures that promote gender equality and therefore lead to gender sensitive or gender transformative practice (Women’s Health In the North, 2020).



# WHIN PRIORITY HEALTH PROMOTION RECOMMENDATIONS

WHIN believes that to achieve the best health outcomes for women in the NMR of Melbourne, organisations should work collaboratively across the region. Health plans will have the greatest reach and impact when they are aligned both formally and informally. WHIN has developed key actions for each of WHIN's health promotion priority areas and encourages stakeholders and partners to incorporate them within their own health plans.

## GENDER EQUITY, HEALTH AND WELLBEING

- Embed intersectional gender analysis processes across the whole organisation, including service and program planning, facilities and public spaces, and budget processes.
- Improve workplace gender equity by implementing either the [Gender Equality Act 2020](#) (if applicable), the [Workplace Gender Equality Agency citation](#), or the [Our Watch 'Workplace Equality and Respect Standards'](#).



## PREVENTING VIOLENCE AGAINST WOMEN

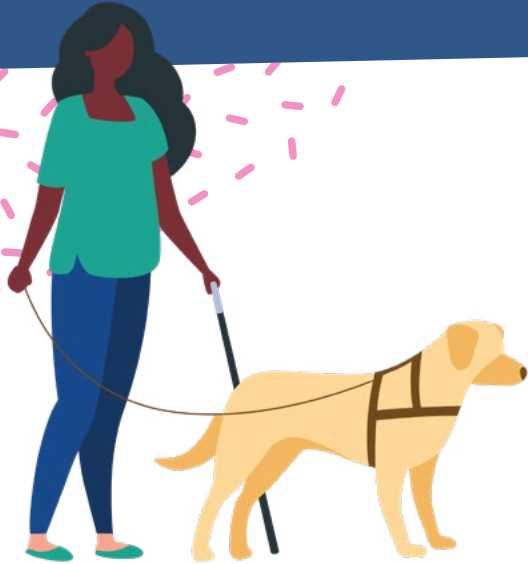
- Continue or commence membership of the [Building a Respectful Community Partnership](#) and commit to reflecting the principles of the new *Building a Respectful Community Strategy 2022 – 2026* across the organisation.
- Implement a whole-of-organisation action plan for preventing violence against women, including training for all staff in responding to and preventing violence against women. WHIN has created violence against women fact sheets to inform and influence health planning across the region, available to download from the [WHIN website](#).

## SEXUAL AND REPRODUCTIVE HEALTH

- Signatory of WHIN's new Going South in the North Sexual and Reproductive Health Strategy (2021-2024) and commit to a collective effort to implement the associated action plan.
- Advocate for:
  - A dedicated sexual and reproductive health (SRH) service in the NMR.
  - Ongoing funding and support of SRH telehealth models, including 1800MyOptions and expanded telehealth services that cover medical termination of pregnancy, sexually transmissible infection (STI) testing and treatment including HIV prevention services.
- Implement SRH training and capacity building of relevant staff in community health services and councils on key SRH issues as outlined in WHIN's SRH factsheets, available to download from the [WHIN website](#). These staff may include Maternal Child Health Nurses, Doctors, Youth Workers, Refugee Health Nurses, Practice Nurses and other allied health professionals.

## ECONOMIC EQUALITY

- Apply an intersectional gender analysis to all economic development, local business and employment projects, recognising women's access to employment and economic resources as a social determinant of health. WHIN has created an economic equality fact sheet to inform and influence health planning across the region, available to download from the [WHIN website](#).
- Implement women's financial literacy and capacity building programs in diverse community settings.



## GENDER AND DISASTER

- Integrate Gender and Disaster Pod research into emergency planning and apply the Gender and Emergency Management Guidelines.
- Apply an intersectional gender analysis to COVID-19 response and recovery. WHIN has created a document which outlines the considerations needed for a gender sensitive recovery from COVID-19, available to download from the [WHIN website](#).

## VICTORIAN HEALTH AND WELLBEING PLAN PRIORITIES

Guidance on the development of health promotion priorities is provided in the Victorian Public Health and Wellbeing Plan 2019–2023. Fostering gender equality has been noted as an essential aspect of this plan in taking a comprehensive and inclusive approach and responding to health inequalities.

For organisations implementing action towards the priorities of the 2019–2023 plan, consideration should be given to the importance of gender and intersectionality (Department of Health and Human Services, 2019). The Victorian Government is focussing on compounding inequities for women living in rural and regional areas, migrant and refugee women, Aboriginal and Torres Strait Islander women, women with disabilities and LGBTIQ Victorians.

**The plan has the following approach:**

- 10 priorities for public health and wellbeing, giving continuity to the priorities of the previous plan.
- Placing increased attention on four focus areas where additional support and guidance will be provided over the next four years.
- Three identified strategic actions to direct effort across each of the focus areas.

WHIN has developed the table on the following page to provide an example of the considerations that will become visible when a gender analysis is applied to the Victorian public health and wellbeing priorities. WHIN encourages stakeholders and partners to use this table as a starting point and to apply a gender analysis to each priority included in their health plans. The Women's Health Atlas can assist in the identification of gender impacts on key health areas. It provides data which is useful for health planners enabling data comparisons to be made between local government areas (LGAs), regions and across the state. The data is sex-disaggregated, which is the first step in applying a gender analysis.

TABLE 1. Applying a Gender Analysis to the Victorian Public Health and Wellbeing Priorities.

VICTORIAN PUBLIC HEALTH & WELLBEING PLAN PRIORITY	GENDER ANALYSIS
<p>Tackling climate change and its impact on health.</p>	<ul style="list-style-type: none"> <li>• <a href="#">The Impact on Women’s Health of Climatic and Economic Disaster</a>, written by the Australian Women’s Health Network explains that climate disaster affects women disproportionately as the risk is multiplied by women’s economic vulnerability and women’s socially constructed role as primary carer for dependents (Australian Women’s Health Network, 2014).</li> <li>• An intersectional gender analysis needs to be applied to climate change decision-making, economic wellbeing and natural disasters. This includes having women’s voices heard in discussions about infrastructure, energy, transport, agriculture, environmental management and disaster.</li> </ul>
<p>Increasing healthy eating.</p>	<ul style="list-style-type: none"> <li>• Women’s relationship with food is impacted by gender expectations, as well as biological factors related to sex. <a href="#">Serving up inequality: how sex and gender impact women’s relationship with food</a> created by Women’s Health Victoria explores various aspects of women’s health relating to food. Key points to consider for health planning include:             <ol style="list-style-type: none"> <li>1. Time pressure is a barrier to meeting vegetable consumption guidelines for many women due to work, study, or caring responsibilities.</li> <li>2. Older women who are housebound, in residential care or with decreased food intake may be at risk of deficiency.</li> <li>3. Australian women’s food access, behaviours and health outcomes are strongly influenced by socioeconomic determinants and the environment in which food is prepared, shared and consumed (Upston et al., 2017)</li> </ol> </li> </ul>
<p>Increasing active living.</p>	<ul style="list-style-type: none"> <li>• Women’s participation in physical activity is impacted by gender expectations and biological factors.</li> <li>• Women face numerous barriers to being physically active including caring responsibilities, body image issues, fear of judgement, perceptions of safety, and lack of sporting facilities tailored to women (Women’s Health Victoria, 2020).</li> <li>• Specific strategies are required to increase women and girls’ involvement in sports and recreation. VicHealth is working with Victorian sporting organisations who are providing tailored participation opportunities for women and girls to get involved in sport and physical activity through the <a href="#">Active Women and Girls for Health and Wellbeing Program</a> and the <a href="#">This Girl Can Campaign</a>.</li> </ul>



TABLE 1. Applying a Gender Analysis to the Victorian Public Health and Wellbeing Priorities.

VICTORIAN PUBLIC HEALTH & WELLBEING PLAN PRIORITY	GENDER ANALYSIS
<p>Improving mental wellbeing.</p>	<ul style="list-style-type: none"> <li>• Biological factors and gender roles and expectations influence the mental health and wellbeing of women, making their mental health needs different from men's.</li> <li>• Anxiety disorders in women are twice as common as in men from puberty to around the age of 50. Women are also more likely to have multiple psychiatric disorders during their lifetime than men, most commonly depression. (Women's Health Victoria, 2020).</li> <li>• Women are more likely to self-harm than men, female admissions comprise two thirds of Victorian hospital admissions for intentional self-harm related injury (Women's Health Victoria, 2020).</li> <li>• Body image concerns are a key mental health issue for women and girls impacting self-esteem and social participation. Local research repeatedly demonstrates the impact this has on Australian girls and women. A recent Mission Australia survey reported 41 per cent of females report being extremely or very concerned about their body image (Bailey et al., 2016).</li> <li>• Research shows that a disproportionate number of LGBTIQ people experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers. This has been shown to be directly related to stigma, discrimination and abuse experienced (National LGBTI Health Alliance, 2020).</li> <li>• Family and sexual violence can impact women's mental health significantly, this includes anxiety and depression, panic attacks, as well as alcohol and illicit drug use, and suicide (VicHealth, 2017).</li> <li>• The Women's Mental Health Alliance calls for primary prevention strategies for mental health to address the gendered social determinants of poor mental health for women, men and gender-diverse people in their recent position paper (Women's Mental Health Alliance, 2019).</li> </ul>
<p>Reducing tobacco-related harm.</p>	<ul style="list-style-type: none"> <li>• In Victorian women, significantly higher smoking prevalence is associated with midlife, low education level or low annual household income (Greenhalgh et al., 2020).</li> <li>• All people who smoke have an increased risk of developing cancers and heart disease, however women experience smoking-related risks due to pregnancy, oral contraceptive use, and cervical cancer (Women's Health Victoria, 2020).</li> </ul>



TABLE 1. Applying a Gender Analysis to the Victorian Public Health and Wellbeing Priorities.

VICTORIAN PUBLIC HEALTH & WELLBEING PLAN PRIORITY	GENDER ANALYSIS
Reducing harmful alcohol and drug use.	<ul style="list-style-type: none"> <li>• Different expectations apply to men and women in relation to alcohol consumption. While men’s behaviour is more likely to be excused, women are judged more harshly on behaviour and appearance if they have consumed alcohol (Gilchrist et al., 2015).</li> <li>• Women face specific barriers in accessing alcohol and drug treatment, including social stigma, childcare concerns, fear of losing children and a lack of gender-sensitive treatment programs (Women’s Health Victoria, 2019).</li> <li>• Alcohol and drug use is a contributing factor of violence against women (not a cause). There is evidence that it contributes to the severity of violence inflicted. “Women whose partners drink excessively are more than twice as likely as other women to experience physical abuse, and more than one-and-a-half times as likely to experience psychological abuse (Women’s Health Victoria, 2020).”</li> </ul>
Preventing Violence Against Women.	<ul style="list-style-type: none"> <li>• See WHIN Priority Recommendations, page 4</li> </ul>
Sexual and Reproductive Health.	<ul style="list-style-type: none"> <li>• See WHIN Priority Recommendations, page 4</li> </ul>

## COVID-19 AND HEALTH PLANNING:

As organisations move into health planning it is vital that they take into consideration the effects of the COVID-19 pandemic.

It is essential to recognise and acknowledge that this will contribute significantly to the burden of disease and health inequalities faced in Victoria, and that this impact will be different for women, men and gender-diverse people.

As a result, prevention measures will need to be in place to address this threat to health and wellbeing as well as the wider determinants of health, both social and economic. How we design and deliver public health and wellbeing interventions must be inclusive of this. WHIN has created a document which outlines the considerations needed for a gender sensitive recovery from COVID-19, available to download from the [WHIN website](#).





# STEPS IN APPLYING A GENDER ANALYSIS TO HEALTH PLANNING:

WHIN has several tools to assist with applying a gender analysis to health planning.

The WHIN Gender Analysis Planning Tool is designed for use during planning processes and can be also applied to the development of organisational policies and plans. It is a how-to tool designed to guide staff about which questions to ask, when to ask them and where to focus their attention. This tool can be applied at each stage of program, policy and service planning to assist with gender sensitive practice. The tool can also be used retrospectively as a way of evaluating programs (Women's Health In the North, 2016).

## EIGHT KEY STEPS TO APPLY A GENDER ANALYSIS TO HEALTH PLANNING:

- 1** Select the Victorian health promotion priorities that your organisation will be addressing and start to develop an understanding of how sex and gender impact on these issues. This includes consideration of biological sex differences and the impact of gender and gender roles. Have discussions with staff and community members to identify underlying factors that explain why women, men and gender-diverse people may be affected differently by this issue.
- 2** Select a gender analysis tool or framework to use (see suggestions below). Find the tool that is the best fit for your organisation and purpose. You may choose to take prompts from several gender analysis tools and create your own tailored tool.
- 3** Review the sex and gender disaggregated data relating to the health promotion priorities you have chosen. Further analyse the data with an intersectional lens in relation to ethnicity, migrant status, language spoken, ability, sexual orientation, socio-economic status, age and locality (rural/urban). For sex and gender disaggregated data broken down by LGA, region and state on key health issues visit the [Victorian Women's Health Atlas](#).
- 4** Consult with community and stakeholders. You can engage WHIN as the regional gender specialists to support you to undertake this work. Consider if you need to do any capacity building with staff internally to support them to apply a gender analysis, this could take the form of the provision of resources, information sessions and internal consultation.
- 5** Create your health plan, drawing on your gender analysis tool as you go. Are different aims and objectives required to meet the needs of women, men and gender diverse people? Are different strategies and approaches required to meet the needs of:
  - **Aboriginal and Torres Strait Islander women and men**
  - **Refugee and migrant women and men**
  - **Women and men with disabilities**
  - **People of diverse gender and sexual identities**
  - **Women and men of low socio-economic status**
- 6** Plan for a gender sensitive evaluation. How will you evaluate and measure if your health plan has improved the health outcomes for all women, men and gender diverse people?
- 7** Reflect on this gender analysis process you have taken, have women, men and gender diverse people been involved in all aspects?
- 8** Plan the ways that you can ensure gender will be considered throughout the projects and programs that are designed from this health plan. How will you build staff capacity to embed gender analysis processes across the organisation?

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# RESOURCES TO ASSIST WITH APPLYING A GENDER ANALYSIS TO HEALTH PLANNING

- [Communications Guidelines for Preventing Violence Against Women \(WHIN\)](#)
- [Gender Analysis Tool \(WHIN\)](#)
- [Generating Equality and Respect: Tools and Resources \(VicHealth\)](#)
- [Local Government Gender Analysis Tool Kit \(Latrobe City Council and Gippsland Women's Health\)](#)
- [The Victorian Public Health and Wellbeing Plan 2019–2023 \(Victorian Government\)](#)
- [Why Gender Matters: A Guide For Community Health Services \(Women's Health West\)](#)

## CONTACT INFORMATION

The Health Promotion Team at WHIN is available to offer advice and expertise throughout the health planning process.

For further information on promoting women's health, safety and wellbeing in health plans, contact Sandra Morris, Manager Health Promotion at [sandram@whin.org.au](mailto:sandram@whin.org.au)



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