



Women's Health West
317-319 Barkly Street, Footscray
Telephone: (03) 9689 9588
Contact: Dr Robyn Gregory, Chief Executive Officer
www.whwest.org.au

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Senate Committees: Australia's domestic response to the World Health Organization's Commission on Social Determinants of Health report *Closing the gap within a generation*

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Introduction

Women's Health West (WHW) is the regional women's health service for the western metropolitan region of Victoria. Our services include research, health promotion, community development, training and advocacy around women's health, safety and wellbeing. Since 1994, WHW has hosted the region's largest family violence crisis support and prevention program. These two main arms of the service place WHW in a unique position to incorporate women's experiences directly into our research, health promotion and project work, ensuring that we clarify the connections between structural oppression and individual experience. As a feminist organisation we focus on redressing the gender and structural inequalities that limit the lives of women. WHW's work is underpinned by a social model of health and, as such, we recognise the important influence of, and aim to improve, the social, economic and political factors that determine the health, safety and wellbeing of women and their children in the western region.

Informed by the vision of equity and justice for women in the west, the work of WHW is guided by the following five strategic goals:

- Delivering and advocating for accessible and culturally appropriate services and resources for women across the region
- Improving the conditions in which women live, work and play in the western region of Melbourne

- Putting women's health, safety and wellbeing on the political agenda to improve the status of women
- Recognising that good health, safety and wellbeing begins in our workplace
- Working with others to achieve our goals

Women's Health West welcomes the Senate Committee's Inquiry into Australia's domestic response to the World Health Organization Commission on Social Determinants of Health report *Closing the gap within a generation*. This is a unique opportunity to improve the health of Australians in a comprehensive, lasting and innovative way. This inquiry represents a positive step towards strengthening our health structures and building an enabling environment for all Australians to live a healthy life across their life span. A social determinants of health approach provides a holistic understanding of health that moves beyond the treatment of illness, and acknowledges the complex combination of factors that influence quality of life and wellbeing.

This submission considers first the importance of gender as a social determinant of health, followed by the importance of a 'Health in All policies' approach to incorporating the social determinants into policy and practice, before making some key recommendations in relation to questions (c) and (d).

Gender as a social determinant of health

A key social determinant of health is gender and this must be reflected in Australia's response to *Closing the Gap*. Gender equity has been identified as a key social determinant in *Closing the Gap in a Generation: Health equity through action on the social determinants of health*:

Gender inequities damage the health of millions of girls and women. They influence health through, among other routes, discriminatory feeding patterns, violence against women, lack of access to resources and opportunities, and lack of decision-making power over one's own health¹.

Even though Australian women and men appear to enjoy similar levels of rights and freedom, gender inequity remains embedded in our society. This gender power imbalance has negative consequences on the health and wellbeing of Australian women and girls. Examples of gender inequity in Australia today are listed below.

- **Gender pay gap**

Women who are employed and who perform work of equal value to men, receive less remuneration. In February 2012, the average weekly ordinary time earnings for adult women in Australia was \$1,186.90 and for men \$1,437.40².

- **Women are underrepresented in senior positions**

Women comprise only 14.6% of ASX 200 Board members³. Even in the sectors where women make up 85% of employees, men still hold the majority of senior positions⁴.

- **Women take on significantly more unpaid work**

Women are the primary carers of elderly, disabled and mentally-ill members of the family⁵. This responsibility hinders a woman's ability to fully participate in paid work⁶. Carers not only suffer financially, but also emotionally, physically and socially⁷. From the age of 24 (as women begin to take on carer roles in families) more women than men report running out of food and being unable to afford more in the past 12 months⁸.

- **Sexual objectification of women**

Women are more often presented as sexual objects in the media and in popular culture than men⁹. Objectification of women's body – that is, presentation of women's bodies or body parts as sexual objects – demeans and dehumanises women¹⁰. Objectification can also be conveyed in non-visual ways, for example from the use of derogatory language and the ways women are treated as sexual servants to men. These messages tell girls and boys, women and men that this is the way women should be treated and devalued. Objectification is linked to eating disorders, depression, and sexual dysfunction¹¹.

- **Violence against women, sexual assault and sexual coercion**

Violence against women occurs within a broad social context where traditional gender roles are supported and perpetuate male power and control¹². Research has shown a strong link between men's attitudes regarding gender and perpetration of violence against women. For instance, men who hold conservative or traditional attitudes about gender roles, believe in male authority and/or have 'sexually hostile attitudes' are more likely to perpetrate violence against their intimate partners than men who do not subscribe to such views¹³. Similarly, men who believe that violence is trivial or can be excused because women 'ask for it' or 'deserve it' are more likely to perpetrate violence against women¹³. Statistics on intimate partner violence can sexual violence in Australia illustrates that these gender discriminatory attitudes are pervasive in our culture:

- Nearly one in six women have experienced violence by a current or previous partner in their lifetime¹⁴. The majority of cases are perpetrated by men against women and their children¹⁴.
- One in five Australian women has been coerced into unwanted sex¹⁵. For young women in Years 10 and 12, experience of unwanted sex has increased from 28.1% of sexually active female students in 2002 to 37.8% in 2008¹⁶.
- Approximately one in five women (19%) have experienced sexual violence at some stage in their life since the age of 15¹⁴.
- Sexual violence by male intimate partners remains one of the least recognised, under-reported, and least prosecuted crimes¹⁷.

Health in All Policies approach

In order to effectively create health systems and structures that are informed by the social determinants of health, there must be a whole of government commitment to embedding these principles at every level and in every sphere. This includes in organisations and institutions, in businesses and workplaces, in education and in homes at local, state and national levels. The role of government is to provide supportive structures, incentives and accountability mechanisms, and to enshrine and implement laws and policies that

communicate the rationale and practical 'how-to' of social determinants of health as outlined in the Health in All Policies approach at:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/d4f9bd0043aee08bb586fded1a914d95/omseet-sahealth-100610.pdf?MOD=AJPERES&CACHEID=d4f9bd0043aee08bb586fded1a914d95>

There is a strong synergy between the World Health Organization's *Closing the Gap* and the Government of South Australia's *Health in All Policies* approach to the social determinants. Health in All Policies recognises that health is influenced by measures that are often managed by government departments other than health¹⁸. It seeks to highlight the connections between health and policies from other sectors¹⁸. Health in All Policies can be used to shape action on the social determinants across policy domains such as agriculture, education, the environment, fiscal policies, housing and transport¹⁸.

The *Adelaide Statement on Health in All Policies*¹⁸ outlines the following:

The interdependence of public policy requires another approach to governance. Governments can coordinate policy-making by developing strategic plans that set out common goals, integrated responses and increased accountability across government departments. This requires a partnership with civil society and the private sector.

Since good health is a fundamental enabler and poor health is a barrier to meeting policy challenges, the health sector needs to engage systematically across government and with other sectors to address the health and well-being dimensions of their activities. The health sector can support other arms of government by actively assisting their policy development and goal attainment.

To harness health and well-being, governments need institutionalized processes which value cross-sector problem solving and address power imbalances. This includes providing the leadership, mandate, incentives, budgetary commitment and sustainable mechanisms that support government agencies to work collaboratively on integrated solutions.

The Health in All Policies approach provides an opportunity to embed the social determinants in a systematic way across government.

Recommendations

(c) The extent to which the Commonwealth is adopting a social determinants of health approach

The government currently undertakes a number of measures that address different aspects of the social determinants of health, however a systematic approach that embeds, monitors and evaluates progress is needed.

Recommendation: Set up and provide adequate and long-term funding for a Social Determinants of Health Centre of Excellence, or similar body, to be responsible for the implementation, monitoring and evaluation of **efforts to address the social determinants of health.**

- (d) Scope for improving awareness of social determinants of health:**
(i) in the community,
(ii) within government programs, and
(iii) amongst health and community service providers.

The following recommendations are made in relation to government, health and community service providers, and the community. It is anticipated, however, that action on the social determinants must be led by a comprehensive, long-term and well-funded whole-of-government approach.

1. Government

1.1 Systems and structures

- 1.1.1 Systemically enforce legislation that promotes social determinants of health, including gender equity, across all policies areas, using a Health in All Policies approach.
- 1.1.2 Support programs that address the social determinants of health, such as health literacy, healthy living and health conditions, racism and discrimination

1.2 Capacity building

- 1.2.1 In partnership with research institutions and health promotion agencies (such as Women's Health services), create a Social Determinants of Health Framework, which includes key indicators such as gender equity to be used across all governmental departments.
- 1.2.2 Provide training and education to public service employees about the rationale and how to use the Social Determinants Framework.
- 1.2.3 In partnership with research institutions and health promotion agencies (such as Women's Health services), create a systematic tool for reporting, monitoring and evaluation of the Social Determinants Framework.

1.3 Gender equitable policies and collaborations

- 1.3.1 Set up and provide adequate and long-term funding for a gender equity unit that is mandated to analyse and to act on policies, programmes, and institutional arrangements that impact on gender equity
- 1.3.2 Include the economic contribution of household work, care work, and voluntary work in national accounts and strengthen the inclusion of informal work
- 1.3.3 Support women in their economic roles by guaranteeing pay equity through law, ensuring equal opportunity for employment at all levels, and by setting up family-friendly policies that ensure that women and men can take on care responsibilities in an equal manner

1.4 Education and communications

- 1.4.1 Together with service providers, educate the public about the social determinants of health. This includes the development of clear communications messages and language around the social determinants of health. The Robert Wood Johnson Foundation¹⁹ has suggested six ways to communicate about social determinants of health, adapted here:
- Health starts – long before illness – in our homes, schools and job
 - People should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their gender, income, education or ethnic background
 - Your neighbourhood or jobs shouldn't be hazardous to your health
 - Your opportunity for health starts long before you need medical care;
 - Health begins where we live, learn, work and play
 - The opportunity for health begins in our families, neighbourhoods, schools and jobs
- 1.4.2 Tasmanian Council of Social Service has created an excellent resource in communicating gender as a social determinant of health in their *Social Determinants of Health Factsheet series: sexuality, sex and gender identity*²⁰ <http://www.tascoss.org.au/Portals/0/Publications/SDoH%20Gender%20FINAL.pdf>. This could be adapted for use at a broader level and act as an educative tool at the community level.

2. Health and community service providers

- 2.1 Use the Social Determinants of Health Framework in developing programs and services.
- 2.2 Train students in the health care professions about the social determinants of health and to see their role in health care as a part of a holistic spectrum of health.
- 2.3 Collaborate with research institutions on data collection for the indicators and in using the evidence to inform their practice.
- 2.4 Create a community of practice for sharing resources and best practice initiatives on social determinants of health.
- 2.5 Formalise information sharing and referral pathways between relevant services in government and NGOs.

3. The community: private sector

- 3.1 Collaborate with the private sector in creating a healthy workplace.
- 3.2 Ensure that workplaces recognise that employment and employment conditions are social determinants of health, and adapt policies accordingly.
- 3.3 Participate in mental and physical health promotion programs using the workplace as a setting.

References

1. World Health Organization. Closing the gap in a generation: Health equity through action on the social determinants of health. Geneva, Switzerland, 2008
2. Australian Bureau of Statistics. Average weekly earnings, Australia, Feb 2012. Canberra, 2012
3. Australia. Equal Opportunity for Women in the Workplace Agency. Australian census of women in leadership. Canberra, 2008
4. YWCA Australia, The Australian Council of Social Service, Women on Boards. Reflecting gender diversity: an analysis of gender diversity in the leadership of the community sector, Inaugural survey results 2012.
5. Australian Bureau of Statistics. Disability, Aging and Carers Australia: Summary of Findings, 2003. Canberra, 2004
6. Crowther E. MI support. Mental Illness Fellowship. 2004.
7. Lee C. Family care giving: A gender-based analysis of women's experience. In: Payne S, Hill E, editors. Chronic and terminal illnesses: new perspectives on caring and carers. Oxford, UK: Oxford University Press; 2001.
8. Victoria. Department of Human Services. Victorian Population Health Survey 2007. Melbourne, 2008
9. American Psychological Association Task Force on the Sexualization of Girls. Report of the APA Task Force on the Sexualization of Girls. 2007.
10. Bartky cited in Moradi B and Huan YP. Objectification theory and psychology of women: A decade of advances and future directions. *Psychology of Women Quarterly*. 2008;32:p. 377-98.
11. Fredrickson and Roberts cited in Moradi B and Huan YP. Objectification theory and psychology of women: A decade of advances and future directions. *Psychology of Women Quarterly*. 2008;32:p. 377-98.
12. Ki-moon B. Ending violence against women: from words to action. Study of the Secretary-General-In-depth study on all forms of violence against women: Report of the Secretary-General. Sixty-first session, 2006
13. VicHealth. Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria. Carlton South, VIC, 2007

14. Australian Bureau of Statistics. Personal safety survey. Canberra, 2005
15. De Visser R O SAM, Rissel C E, Richters J & Grulich A E,. Sex in Australia: Experiences of Sexual Coercion in a Representative Sample of Adults. *Australian and New Zealand Journal of Public Health*. 2003;27(2):p. 198-203.
16. Australian Research Centre in Sex Health and Society. Fourth National Survey of Australian Secondary Students and Sexual Health 2009. Melbourne, 2009
17. D Parkinson. Rape by a partner: a research report. Canberra: Women's Health Goulburn North East, Australian Institute of Family Studies; 2008.
18. Government of South Australia, World Health Organization. Adelaide Statement on Health in All Policies: moving towards a shared governance for health and well-being. Adelaide, 2010
19. Robert Wood Johnson Foundation Vulnerable Population Portfolio. A new way to talk about the social determinants of health. New York City, USA, 2010
20. Tasmanian Council of Social Service, Australian Health Promotion Association. Social Determinants of Health Factsheet series: sexuality, sex and gender identity Hobart, 2012