

**Hobart Women's Health Centre**

**Submission to the Australian Commonwealth Government  
on the 'Development of a New National Women's Health  
Policy Consultation Discussion Paper 2009'**

**June 2009**

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## Introduction

### Hobart Women's Health Centre

The Hobart Women's Health Centre (HWHC) was established in 1987 by a community-based group of women who worked voluntarily to successfully write submissions and lobby for state and federal government funding. The success in gaining funding had been preceded by various women's health groups in Tasmania who had been lobbying for funding for a women's health centre since 1975.

The funding gained at this time was for an eighteen month project for the health centre group to do a research project on cardiovascular issues for women. This grant was not specifically to establish a women's health centre but it did enable the group to employ three collective health workers and a researcher, all on a part-time basis.

The research project enabled the new women's health centre to be widely publicised by talks on radio and to community groups and also generated substantial interest in local the media and in question time of State Parliament. This gave the collective a strong base from which to work towards securing ongoing funding. The end of the 18 month project coincided with the election of a State Labor government, and after some very effective lobbying by the women working at the centre and from their Board of Management the state government committed to ongoing financial support for the HWHC. Currently the HWHC is funded through the State and Federal Government's Public Health Outcomes Funding Agreement PHOFA

### HWHC Principles and Philosophy

HWHC, as a community based feminist women's health service, is based on principles of social justice and a philosophy which recognises the need for a gendered approach to health within a social context, as endorsed by governments throughout Australia.

A social model of health recognises that:

- health is determined by a broad range of social, environmental, economic and biological factors

- differences in health status and health objectives are linked to gender, age, socio-economic status, ethnicity, disability, location and environment, racism, sex-role stereotyping, gender inequality and discrimination, ageism, sexuality and sexual preference
- alongside high quality illness treatment services, it is also necessary to address health promotion, disease prevention, equity of access to appropriate and affordable services and strengthening the primary health care system.
- information, consultation, advocacy and community development are important elements of the health process.

Feminist principles underlying a gendered approach to health recognise that:

- The service is provided for women by women
- Women will be involved in, and have control of, decisions about their bodies.
- Women will have access to a wide range of information, and be assisted to fully comprehend this information, to enable them to make informed choices.
- Women have a right to dignity and respect.
- Women will be guaranteed confidentiality.
- Women will be offered affordable and accessible health care.
- Women will be offered a safe and supportive environment.
- HWHC will adopt a holistic approach to women's health.
- HWHC will focus on primary interventions as well as a preventative approach to women's health.
- HWHC will actively promote strategies to maintain and improve women's health.
- HWHC uses existing data, research and policy concerning women's health, as well as incorporating women's views about their own health and the best strategies to address their health needs, in service planning and development.

## HWHC Vision Statement

Tasmanian women are informed, supported and active decision makers in their own health and wellbeing.

## HWHC Mission Statement

To be a leader in advancing women's health in Tasmania

## Values Statement

The Hobart Women's Health Centre strives to deliver a range of creative, vibrant and responsive services that are planned, implemented and evaluated by women, in order to advance women's health and the understanding of it in the broader community.

## Operation of HWHC

HWHC is run on a day-to-day basis by a team of women's health workers. These workers provide individual support, information and referral to women on general health issues. They also have areas of specialisation which have been developed to address gaps identified in existing health services. These include Older Women's Health, Health Promotion, Sexuality & Gender, a women-centred GP Service and Information & Resources. Workers develop programs, run workshops and conduct forums that offer women opportunities to gain new skills and facilitate a broader understanding of women's health issues. Such activities emphasis a preventative perspective and the development of a broader social awareness rather than focus on a limited medical model or curative approach to health care. In addition, workers advocate and lobby for and on behalf of women for improvements to appropriate and accessible health services and policies.

Further detail about the structure and services offered by HWHC can be found at [www.hwhc.com.au](http://www.hwhc.com.au)

## Summary of Recommendations

### General

- The National Women's Health Policy give equal focus on issues common to a broad range of women as well as addressing the needs of individual groups.
- The National Women's Health Policy have a balance in it's overall goal, principles, priorities and implementation between recognising and addressing both the structural and individual determinants of health.

### Social Model of Health

- The National Women's Health Policy must be based on a social model of health which addresses the social determinants of health as endorsed by the World Health Organisation.

### Gender Equity

- The National Women's Health Policy includes a gender analysis framework and assessment tool to be implemented across all Commonwealth health research, policy development and implementation, program management and evaluation.
- The Commonwealth Government fund and implement a standardised National Women's Health Program to facilitate implementation of the National Women's Health Policy

### Equity Between Women

- Where the 'Development of a New National Women's Health Policy Consultation Paper 2009' states, 'The women's policy will address the needs of: Aboriginal and Torres Straight Islander women; Immigrant and refugee women; Women from disadvantaged backgrounds, including women experiencing homelessness; Women from rural and remote areas; and Women with a disability, including mental illness. It must also include: older women; women as carers; lesbian, bisexual, transgender and intersex women.

- The National Women’s Health Policy must recognise the distinct needs of women living with a disability and those with mental illness by representing these women in their own Policy areas.
- The new National Women’s Health Policy encourage the expansion and even distribution of Women’s Health Centres across Australia

## Prevention

- The National Women’s Health Policy contain a balance of prevention strategies aimed at the individual and structural levels
- All prevention strategies contained in the National Women’s Health Policy must be based on the underlying social determinants of health with a focus on gender.
- The Commonwealth Government develop a mechanism to ensure a gender analysis framework and gender analysis tools are utilised by all Government Departments across all policy development and program areas impacting on health.

## Evidence Base

- The National Women’s Health Policy includes the provision of a funded body to act as a national clearinghouse for women’s health information.

## The Participation of Women in Health Decision Making and Management

- The National Women’s Health Policy include the provision to continue to consult with women in general, women’s health stakeholder groups, health professionals and others about ways in which women, as consumers and service providers, can increase their participation in health decision making and management in relation to the development and delivery of health care services and programs, and about their own health.

## Status of Women

- The Australian Women's Health Policy includes the status of women as a priority area and the Commonwealth Government fund appropriate strategies to address the issue of gender based discrimination through designated programs administered by the National Women's Health Program.

## Economic Health and Wellbeing

- The Australian Women's Health Policy includes economic health and wellbeing as a priority area.
- The Commonwealth Government implement strategies to address the pay equity gap between women and men.

## Mental Health and Wellbeing

- The Australian Women's Health Policy includes mental health and wellbeing as one of its priority areas.
- The Australian Women's Health Policy includes strategies to encourage further research into women and mental health with the inclusion of a gender analysis into all research.

## Sexual Health and Wellbeing

- The National Women's Health Policy includes sexual and reproductive health as a priority area.
- The National Women's Health Policy include provisions to provide access to publicly funded, safe and legal, abortions; including medical abortion.
- The development of a National Sexual Health Strategy include provisions to provide access to publicly funded, safe and legal, abortions; including medical abortion.
- The development of a National Sexual Health Strategy include a gender analysis framework.

## Violence Against Women

- The National Women's Health Policy include violence against women as a priority area
- Commonwealth and State Governments continue support for, and expand, women's health services at the local level to provide violence prevention strategies and individual support

## Access to Appropriate Services

- The National Women's Health Policy includes funding provisions to expand support for women's health services to continue the 'dual strategy of action.

## Women's Health

### A Focus on Common Concerns

One of the most difficult challenges to emerge for feminist based women's health services has been to retain a strong and coordinated feminist voice when advocating for improvements to the level of health and wellbeing amongst women. Operating within an ever changing social context, the relevance of feminism and the value of focussing on discrimination against women, as opposed to gender based discrimination, has been questioned. Whilst the consequences of sexism still affect the lives of all women in similar ways, as a society we are moving away from ways of identifying and acting upon the underlying structural reasons as to why this discrimination persists, and seem to focus more on what individuals can do to change their own behaviour and situation. The inability of individuals to come together and recognise that personal problems have social and political causes prevents the opportunity for political action and social/structural change.

Joan Mandle, in her essay 'How Political is the Personal', argues that the successes of the 60s, 70's, and into the 80s, in terms of the enormous changes in the range of behaviour and choices open to women began to change with the conservative move seen in all areas of political life (p.2). Susan Faludi has referred to it a 'Backlash' against the progressive changes of the previous decades. By the late eighties not only feminists were becoming disillusioned but also those involved in earlier social justice movements such as the peace movement, the student movement, and those working towards civil rights and gay and lesbian rights. 'In an era where the conservative politics of Reganism were dominant, the tragedy was that no compelling alternative progressive world-view was being constructed. A vision of society of fairness and justice was not offered to counter the conservative hegemony, and the attainment of an egalitarian society seemed less and less possible' (Mandle, p.3).

It is within this context that identity politics has arisen. Identity politics is centred on the idea that activism involves group's turning inward and stressing separatism, strong collective identities, and political goals focussed on psychological and personal self-esteem. Rather than looking for the commonalities and the formation of coalitions between groups the development of identity politics requires that groups

focus on their unique differences. Feminism has also felt this changing dynamic with many different factions emerging within the movement and the difficulties associated with the aim of working for social change when the ability to work together is severely undermined. Further undermining the ability of women's health services to work together is the current trend of 'competition policies' in Australia. Competition policy requires agencies to tender for services and has seen women's services face the dilemma of having to compete directly with other the women's organisations. As noted by WESNET, the national women's peak advocacy body aimed at addressing domestic or family violence, "The challenge is for us to understand our experiences in this broader context and to fully grasp ... that the key threat we face is lack of collaboration within the sector' (p.6). This statement is as relevant today as it was over ten years ago.

HWHC believes that the earlier women's movement's recognition that the personal is political is a most important factor in creating a politics of engagement and cooperation which speaks to all people, women and men. When offering services the HWHC incorporates into the program the opportunity to explore the reasons why the service is needed and ways in which women themselves can be a part of changing the situation. An example of this is the current 'Wearing Politics' project, which is a partnership between HWHC and Yemaya, women's sexual assault service in Launceston. The project aims to encourage women to dig out old activist items such as tee-shirts, badges, or stickers and tell their story. The result will not only be a record of women's political activism presented in book form and as a travelling exhibition, but also an opportunity for women to come together, and for raising awareness of women's issues through hearing their stories.

Experience has shown that politics of division cannot create social change, therefore, focussing on issues that are common to different groups and aiming for strategies that have the potential to form coalitions must be the way forward. Furthermore, on a practical level, while we are 'here for all women' clearly we do not have the capacity to fulfil all needs of all women required for optimum health. This is an unrealistic ask of the Commonwealth Government as well.

## Recommendation:

The National Women's Health Policy give equal focus on issues common to a broad range of women as well as addressing the needs of individual groups.

The National Women's Health Policy have a balance in it's overall goal, principles, priorities and implementation between recognising and addressing both the structural and individual determinants of health.

## Principles of the National Women's Health Policy

The HWHC puts forward the following six principles as a foundation to the new National Women's Health Policy.

### Social Model of Health

The commitment of the Commonwealth Government to adopting a social model of health has been demonstrated from the development of the first National Women's Health Policy through to the release of the current consultation discussion paper. HWHC strongly supports this approach.

### Recommendation

The National Women's Health Policy must be based on a social model of health which addresses the social determinants of health as endorsed by the World Health Organisation (WHO)

### Gender Equity

The WHO has identified gender as a fundamental social determinant of health. It is the only social determinant that affects all women, and as such, recognising gender discrimination and making a commitment to addressing this inequality must be included as one of the underlying principles of the policy. HWHC supports the Commonwealth Government's move towards adopting the principle of a gendered analysis to health and its investigation into various gender assessment tools to encourage the health system to be more responsive to the needs of women. To oversee this process and the implementation of other aspects of the policy the

Government must support the various State and Territory Women's Health Programs. Appropriately funded, this National Program has the capacity to encourage the expansion of women's health services both in government and non-government sectors.

### Recommendations:

The National Women's Health Policy includes a gender analysis framework and assessment tool to be implemented across all Commonwealth health research, policy development and implementation, program management and evaluation.

The Commonwealth Government fund and implement a standardised National Women's Health Program to facilitate implementation of the National Women's Health Policy

### Equity Between Women

Programs at HWHC are developed upon identified gaps in service delivery for women. Most recently a worker was asked by a local community housing support agency whether HWHC had shower and laundry facilities, or knew of referral options. Anecdotally, we knew this had become a need in the community and as we do have a shower it was decided to do some quick research to demonstrate the lack of showers available in Hobart for homeless women who are not supported by a shelter or other crisis accommodation. Policy was written, occupational health and safety taken into account, council approval sought, and now we are able to offer this service. It is in these sorts of ways HWHC acts to support women who are at increased risk of poor health and wellbeing. Evaluation of this initiative will no doubt reveal that the women accessing this service are affected by multiple levels of marginalisation based on the social determinants of health impacting on their lives. The consultation paper recognises there are specific groups of women at increased risk of ill health and that the specific needs of these women must be taken into account.

It is a difficult task to represent the voices of all marginalised groups of women when attempting to be inclusive, however, where the discussion paper states, 'The women's policy will address the needs of:

Aboriginal and Torres Straight Islander women;

Immigrant and refugee women;

Women from disadvantaged backgrounds, including women experiencing homelessness;

Women from rural and remote areas; and

Women with a disability, including mental illness.

HWHC recommends the inclusion of:

older women;

women as carers;

lesbian, bisexual, transgender and intersex women.

HWHC also believes there are distinct issues affecting the health of women living with a disability and those with mental illness, and as such must be represented in their own Policy areas.

Across Australia women's health centres provide an invaluable avenue for identifying the diverse needs of women in the community and offering appropriate responses based on the particular situation. They also act as gathering places where women from a range of backgrounds have the opportunity to discover common goals, make connections, become more aware and empowered. It is then that people across the social spectrum can work together on issues affecting them. The debate about paid maternity leave, parental leave and childcare, along with issues such as the levels of violence in society and the personal restrictions imposed by a structure adhering to rigid sex role stereotypes, are all examples of issues affecting people regardless of social standing, and which also provide a basis for the formation of coalitions aimed at political action and structural change. While continuing a focus on the needs of particular groups of women we must equally focus on initiatives based on addressing the broader needs common to these groups.

**Recommendations:**

Where the 'Development of a New National Women's Health Policy Consultation Paper 2009' states, 'The women's policy will address the needs of: Aboriginal and Torres Strait Islander women; Immigrant and refugee women; Women from disadvantaged backgrounds, including women experiencing homelessness; Women from rural and remote areas; and Women with a disability, including mental illness. It must also include: older women; women as carers; lesbian, bisexual, transgender and intersex women.

The National Women's Health Policy must recognise the distinct needs of women living with a disability and those with mental illness by representing these women in their own Policy areas.

The new National Women's Health Policy encourage the expansion and even distribution of Women's Health Centres across Australia

## Prevention

HWHC supports the inclusion of prevention as one of the principles of the new National Women's Health Policy. As with the need to take a balanced view to the individual and structural aspects to health and wellbeing, it is necessary to take the same approach to primary prevention strategies. The consultation paper appears to talk only from an individual perspective, concentrating on physical health issues and personal behavioural change strategies. Changing the social structures that determine the health of women require a focus on raising awareness and creating a dialog in the community and amongst service providers through an ongoing campaign of information distribution, education and training opportunities. Prevention strategies aimed at both the individual and structural level must be based on the underlying social determinants of health with a focus on gender. Furthermore, as mentioned above in the discussion around gender equity, the importance of applying a gender analysis to health policy is essential. It is also essential to acknowledge that the social determinants effecting women's health go beyond the scope of the Women's Health Policy. The Public Health Association of Australia has recognised this in their Gender and Health Policy. The Policy states;

‘The Public Health Association of Australia understands that policy on gender and health must include initiatives that extend beyond conventional health policy and services because of the social, economic and power dimensions of gender.’ It goes on to recommend;

‘The mainstreaming of a gender perspective into all national, state, territory and local formulations of policy in areas that impact health, including ageing and aged care; income and family support and Medicare; employment and workplace relations; unpaid family care; childcare reform; judicial and correctional services; transport; and the provision of public and recreational space.’

HWHC supports this position and recommends;

The Commonwealth Government develop a mechanism to ensure a gender analysis framework and gender analysis tools are utilised by all Government Departments across all policy development and program areas impacting on health.

## Recommendations:

The National Women’s Health Policy contain a balance of prevention strategies aimed at the individual and structural levels

All prevention strategies contained in the National Women’s Health Policy must be based on the underlying social determinants of health with a focus on gender.

The Commonwealth Government develop a mechanism to ensure a gender analysis framework and gender analysis tools are utilised by all Government Departments across all policy development and program areas impacting on health.

## Evidence Base

HWHC relies on a strong evidence base to target areas where limited resources must be utilised most efficiently. One of the barriers to providing effective women’s health services is the lack of research offering evidence on which to base policy and programs. Furthermore, without a central point, or clearing house, for information and research on women’s health, individual services find it difficult to not have to ‘reinvent the wheel’ and the research that is undertaken risks being done in an isolated or ad-hoc way. This issue was highlighted in the report ‘Research into Bi-

Cultural Women's Health Recommendations', published by HWHC (Campbell, 2001) and was also noted in the Australian Women's Health Network (AWHN) Discussion Paper (p.23). The development of the new Australian Women's Health Policy represents an opportunity to begin to address these issues by recognising the need for a National Clearinghouse for Women's Health Information.

#### Recommendation:

The National Women's Health Policy includes the provision of a funded body to act as a national clearinghouse for women's health information.

#### The Participation of Women in Health Decision Making and Management

The Government is to be acknowledged for recognising the importance of women being active participants in the decisions and management concerning their health. As the 1989 Policy principle states 'Women's health policy must aim to promote greater participation by women in decision making about health services and health policy, as both consumers and providers'. HWHC strongly supports this position.

#### Recommendations:

The National Women's Health Policy include the provision to continue to consult with women in general, women's health stakeholder groups, health professionals and others about ways in which women, as consumers and service providers, can increase their participation in health decision making and management in relation to the development and delivery of health care services and programs, and about their own health.

## Priorities of the National Women's Health Policy

HWHC puts forward the following six priority areas on which to base the new National Women's Health Policy.

### Status of Women

The need for a gendered approach to health care is recognised widely. This recognition also acknowledges the inequitable distribution of privilege, value, power, resources and responsibility between men and women within our society. As the Government's Consultation Paper states, 'Gender equity is not a question of which sex 'really' has worse health. Rather, it is about social justice in the sometimes gendered distribution of those resources fundamental to good health'. HWHC agrees it is a matter of social justice, fairness and respect for other human beings. HWHC also believes it is important to not only acknowledge gender discrimination, particularly sex role stereotyping, effects men as well, but to also acknowledge that negative gender discrimination disproportionately effects women across all social determinates of health. This is clearly the case in terms of violence in society and can be seen in more subtle ways such as the persisting gap in wages between men and women and the gap in superannuation savings at retirement. As stated by Broderick, (2008. p.14), 'Sex discrimination and sexual harassment overwhelmingly affect women more than men'.

Despite the lack of a broad based and committed effort to raise awareness and address discriminatory assumptions made about women and men, sections of the community have taken the opportunity to raise their concerns surrounding this issue, via the recent Human Rights and Equal Opportunity Commission Report; *Gender equality: What matters to Australian women and men* (p.15). When asked about their views on discrimination, harassment and violence the report noted:

'there is a culture of disrespect towards women, led by the way they are portrayed in the media, normalises and encourages sexual harassment'

‘participants spoke about assumptions about men and women, attitudes, stereotypes and the sex discrimination that is a reality of their daily lives’.

‘there was a clear message from the community that gender equality is a pervasive and deep rooted phenomena that will not be successfully addressed without significant attitudinal change’

Issues relating to the status of women go far beyond the scope of the Commonwealth Department of Health and Ageing and efforts are needed at all levels of society for change to happen. These efforts must not only recognise that it is not a ‘level playing field’ but go one step further in articulating that it is overwhelmingly women who are denied a fair opportunity and this is directly related to gender as a social determinant and women’s devalued status in society.

### Recommendations:

The Australian Women’s Health Policy includes the status of women as a priority area and the Commonwealth Government fund appropriate strategies to address the issue of gender based discrimination through designated programs administered by the National Women’s Health Program.

### Violence Against Women

HWHC views violence against women as having a major impact on the health of women across the board. Many of the women accessing HWHC have experienced gender based violence and are seeking support to deal with health issues directly and indirectly associated with their experiences. HWHC recognises the previous government’s influential Partnerships Against Domestic Violence (PADV) program and urges the present Government to build upon this work in advancing a more integrated prevention and crisis response strategy. HWHC also recognises the present Government’s commitment to reducing levels of violence against women as demonstrated by the establishment of the National Council to Reduce Violence Against Women and Children. As noted by the Women’s Health Association of Victoria, women’s health services are already working in a range of ways to prevent violence against women with current initiatives in primary prevention, early

intervention for those at risk, and intervention for victims and survivors of violence. Current responses require a coordinated Government approach along with additional funding for women's health services and a greater commitment from the broader community.

### Recommendations:

The National Women's Health Policy include violence against women as a priority area

Commonwealth and State Governments continue support for, and expand, women's health services at the local level to provide violence prevention strategies and individual support

### Economic Health and Wellbeing

Economic security and employment status has been a primary focus of the women's health movement for many years. Socio-economic status has a considerable impact on life chances and affects all other areas of health and wellbeing, including physical mental and emotional health. Australian women are disproportionately affected by economic disadvantage on almost every indicator of economic health and wellbeing in comparison to men. (AWHN, p.19).

Much research and lobbying has been done over the years specifically aimed at redressing gender based inequalities in relation to economic security and workplace practices. HWHC commends the work of the Commonwealth Sex Discrimination Commissioner in promoting the importance of women's representation in leadership and decision making roles, particularly in the business sector, the focus on balancing paid work and family responsibilities, sexual harassment in the workplace and looking at ways to redress the gender gap in retirement savings (Broderick, p.20). To this HWHC would also add the need to focus on ways of addressing the pay equity gap existing in Australia between women and men.

### Recommendations:

The Australian Women's Health Policy includes economic health and wellbeing as a priority area.

The Commonwealth Government implement strategies to address the pay equity gap between women and men.

## Mental Health and Wellbeing

HWHC sees the most important policy response to women's mental health as the inclusion of a gendered perspective. To date Australia's policy development in the area of mental health does not formally recognise gender as a social determinant of women's mental health.

Socially constructed gender roles, when interacting with biological differences, have been found to contribute to mental health problems and help seeking behaviours.

They also have a strong influence on responses provided by the health sector (WHO 2002). Sexism, gender role expectations, responsibilities and power relations, along with structural and cultural gender based divisions of labour in the home, community and workforce all can have a detrimental effect on women's mental health.

### Recommendation:

The Australian Women's Health Policy includes mental health and wellbeing as one of its priority areas.

The Australian Women's Health Policy includes strategies to encourage further research into women and mental health with the inclusion of a gender analysis into all research.

## Sexual Health and Wellbeing

Sexual and reproductive health has appropriately been highlighted in the Consultation Paper as an important area of women's health and wellbeing. In the Consultation paper, however, the examples given all fall within a medical model. As with all other areas of women's health there are significant structural factors which interact with female biology. These structural factors include women's experience of (sexual) violence, access to contraception, the over medicalisation of women's

sexual and reproductive health, and lack of access to information and appropriate services, for example.

Women's health services are able to offer specialist information and support in relation to women's sexual health and wellbeing. As one Centre user put it;

*'Every time I come to the Centre I feel welcomed and very comfortable. I sometimes feel fragile and not very strong (is it menopause???) but I always feel that I am amongst people who care when I come here – which makes me feel valued and 'put back together'!*

Making informed choices about sexual and reproductive health requires access to impartial information and publicly funded services. The ability of women to make informed choices and access appropriate services is particularly difficult for those seeking support for pregnancy or terminations. Abortion laws vary across Australia, the availability of medical abortion is severely limited, and support services are inconsistent in the 'type' of support offered based on individual agencies philosophical beliefs.

Many of the issues faced by women concerning their sexual and reproductive health can be significantly addressed by a national approach. The lack of coordination in legislation, and policy and program delivery, means that there is a high level of variability and inconsistency in the sexual health and sexuality education provided across Australia (AWHN, p.23). This problem also affects the efficient development of appropriate research and consultation with community women. The development of a National Sexual Health Strategy will provide a framework which feeds down to the grass roots level in providing consistent strategies to implement research, policy development, education and prevention strategies.

### Recommendations:

The National Women's Health Policy includes sexual and reproductive health as a priority area.

The National Women's Health Policy include provisions to provide access to publicly funded, safe and legal, abortions; including medical abortion.

The development of a National Sexual Health Strategy include provisions to provide access to publicly funded, safe and legal, abortions; including medical abortion.

The development of a National Sexual Health Strategy include a gender analysis framework.

### Access to Appropriate Services

One of the most important strategies of the 1989 Policy was to aim for a dual strategy of action where women's health services offer a complementary specialist service alongside mainstream health services. Women's health services are able to demonstrate best practice in women's health service delivery while advocating for change within the mainstream. The Australian Women's Health Network's Position Paper (p.24, 2008) lists many of the barriers faced by women in accessing appropriate and affordable health care services and highlights the role women's health services play in the development and implementation of accessible policies and programs. This dual approach has been instrumental in the development of a strong network of women's health services across Australia, offering improved levels of primary health care through direct service delivery and through the improvements made to mainstream services. The importance of the service HWHC offers is reflected in the words of one Centre user;

*'The service is always friendly and it is great to use the library, especially the herb and natural medicine books and medical reference books as these are empowering women to look after their own health, the educational resources are very important, I use the rooms for a reading group which is great too'*

### Recommendations:

The National Women's Health Policy includes funding provisions to expand support for women's health services to continue the 'dual strategy of action'.

## Revisiting the 1989 National Women's Health Policy

One of the most significant advances to be made in women's health in Australia was the development of the 1989 National Women's Health Policy. Most importantly the Policy was backed up with resources and administered through the newly formed National Women's Health Program. The Policy and accompanying Program has been instrumental in supporting services such as HWHC, and has led to the establishment of a greatly valued and important network of women's health services in Australia. This has occurred alongside very productive partnerships between these services and mainstream health services aimed at encouraging the mainstream to become more aware of, and sensitive to, the needs of women. This 'dual strategy' of providing specialist services alongside strategies to influence mainstream services must be expanded upon in the new Policy.

The most important underlying principle of the 1989 Policy, and the most important to the current Policy proposal, is that it be based on a social model of health. This enables the Policy to recognise gender as the social determinate affecting the health of all women. Building on the 1989 Policy where gender is recognised as a social determinant to levels of health and wellbeing, there is a need within the new policy to include gender equity as a stand alone principle, enabling a focus on strategies aimed at addressing sex and gender based inequalities at all levels of society. Similarly, with the priority health issues identified in the 1989 Policy, a focus on the social effects of gender based discrimination must continue and can be articulated in the new Policy by including the original priority of addressing 'Violence Against Women'. and in retaining a focus on 'The health effects of sex role stereotyping on women'.

### Conclusion

The development of a new Australian Women's Health Policy is a very exciting prospect and HWHC congratulates the Commonwealth Government for following through on commitments made before the last federal election. This Policy, based on principles of social justice with a focus on gender as the overarching social determinant of health, will see Australia once again amongst world leaders in measures aimed at improving levels of women's health and wellbeing.

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