

Commonwealth Department of Community Services and Health

**NATIONAL WOMEN'S HEALTH POLICY  
ADVANCING WOMEN'S HEALTH IN AUSTRALIA**

Summary of the report  
presented to Australian Health Ministers  
in Burnie, 21 March 1989

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## INTRODUCTION

This summary is intended to provide readers with an overview of the *National Women's Health Policy: advancing women's health in Australia*, which is available through Commonwealth Government Bookshops. The full policy document provides more detailed background information, further discussion of the issues raised by women in the national consultations which contributed to the development of the policy and the recommendations for action by Commonwealth, State and Territory governments.

The summary has three sections. The first section provides brief background information about why the national policy was developed, how it was developed, and the preparation and content of the report. The second section presents the statement of the National Women's Health Policy and the third section deals with how the policy will be implemented.

The National Women's Health Policy was endorsed in principle by Australian Health Ministers at their annual conference in Burnie on 21 March 1989.

## **DEVELOPING THE POLICY**

### **Why we need a national women's health policy**

Developing a National Women's Health Policy became a major focus for the first time in Australia in September 1985, at the second national conference 'Women's Health in a Changing Society' which was held in Adelaide. The conference, attended by over 700 women, resolved that such a policy be developed, 'based on a clear recognition of the position of women in society and ... the way this affects their health status and their access to health services appropriate to their needs'.

In November 1985, the Prime Minister, the Hon. R.J. Hawke MP, announced the Government's commitment to developing an overall strategic plan for women to the year 2000, through a national Agenda for Women. This fulfilled international obligations following the Nairobi conference which marked the end of the United Nations Decade for Women. The Prime Minister's announcement included a commitment to formulate a National Women's Health Policy which would provide a framework and planned strategy to improve the health of women in Australia and to meet their health care needs to the year 2000.

### **Developing the policy**

In June 1987, the Minister for Community Services and Health, Dr Neal Blewett, appointed a Special Adviser, Ms Liza Newby, to coordinate the development of a National Women's Health Policy. In October of that year the Australian Health Ministers' Advisory Council (AHMAC) established a Subcommittee on Women and Health to report to it and to the Australian Health Ministers' Conference (AHMC) on matters affecting the health of women. The Commonwealth, State, Territory and non-government members of the Subcommittee worked with the Special Adviser to develop the policy.

In February 1988 *Women's health: a framework for change. A discussion paper for community comment and response* was issued. The paper outlined a framework for change, and built on health concerns and needs which women had identified in various State policy reviews, consultations, conferences and research.

### **Consultations and submissions**

Between February and May 1988, the Special Adviser met women in all States and the Territories to seek their comments on the discussion paper. Meetings were held in all capital cities and in selected rural centres in most States (Alice Springs, Bendigo, Bunbury, Burnie, Ceduna, Katherine, Launceston, Morwell and Townsville), to

ensure that the views of women from all sectors of the Australian community were taken into account.

In addition, pre-consultation forums were held in Queensland, Tasmania and the Northern Territory.

Women at the consultations and in submissions confirmed the general approach presented in the discussion paper. Participants wanted to make sure that decision makers were aware of the daily realities of women's lives. At all meetings women also made it plain that they knew the Government had to take hard economic decisions to balance competing priorities. Their plea was for recognition of quality of life issues and for an effort to be made towards more creative solutions to women's health problems.

The fundamental importance of women's health issues was reinforced by the large numbers of women who attended the public meetings and over 300 written submissions made by Commonwealth, State and Territory government agencies, non-government organisations, unions, health professionals and allied workers, professional organisations and individuals.

Taking into account the representative nature of many organisations which commented on the discussion paper, as well as individual submissions, more than one million women in Australia contributed to the formulation of the National Women's Health Policy.

Overall, women expressed their strong appreciation of the opportunity to participate in consultations and to put forward constructive and positive suggestions for solutions. For the majority of women the consultations were the culmination of successive earlier consultations. They look forward to significant changes in the approach to women's health in this country.

### **Coordination with other initiatives**

The policy focuses on the issues which women have identified as affecting quality of care because of the way health service structures work. The policy also takes into account existing and new programs and initiatives. It is envisaged that there will be continuing liaison on programs such as the National Campaign Against Drug Abuse, the Better Health Program and the developing AIDS Strategy, so that women's health policies and services can be modified to take account of new developments. Liaison and review mechanisms are needed to effectively coordinate the full range of health care activities from these other programs which have an impact on women.

The National Better Health Program, recommended by the report, *Health for all Australians*, involves the Commonwealth and States in a four-year cost shared program to target people most susceptible to avoidable injuries and diseases. Part of a health and social welfare budget package which recognises a comprehensive or holistic approach to well-being, one of its key target groups is

disadvantaged women. Both the National Better Health Program and the National Women's Health Policy acknowledge a social view of health which recognises the impact of physical, socioeconomic and cultural factors on the health of the community. Close cooperation with the Better Health Program will ensure that maximum value is achieved from projects which affect women.

The National Women's Health Policy also recognises and supports the importance of primary health care designed to provide accessible services to promote good health in the community and to prevent illness. Such an approach can reduce the demand for long hospital stays and treatment.

There will be appropriate liaison and cooperation on the Aboriginal Health Strategy to provide for the special health needs of Aboriginal women in culturally appropriate health services.

### **National Women's Health Policy report**

#### *Preparation*

In the latter half of 1988 and early 1989, the Women's Health Unit of the Commonwealth Department of Community Services and Health coordinated the development of the final policy document in cooperation with a working group of the Australian Health Ministers' Advisory Council (AHMAC) Subcommittee on Women and Health (SCWH).

The consultation meetings and submissions showed great consistency in the problems experienced by women across Australia, the needs they identified, and their preferred solutions. This was even though some groups of women face special barriers or experience particular disadvantage because of poverty, cultural background, language, age geographic location or disability.

The document focuses on issues of concern to all women, but takes special account of the needs of particular groups of women. Findings from relevant academic research have been included to support the claims of women.

#### **Content summary of the full report**

The following chapter *content summaries* provides an outline of the structure of the policy document for information. The statement of the National Women's Health Policy which details the goal, principles, priority health issues and key action areas (chapter five of the report) is presented in full in the following pages, along with a summary of the recommendations of chapter six of the full report.

**Chapter one** provides brief details of the background to the national policy, the development of the policy and the presentation of the report.

**Chapter two** summarises the significant World Health Organisation policy issues of 'Health for all by the year 2000', primary health care and the social health perspective. It also notes the link between socioeconomic status and health of women, and some of the social attitudes to women which underlie their experience of health care, or limit their access to appropriate and effective health care.

**Chapter three** provides details of concerns about specific health care issues which were confirmed by women as priority issues in consultations and submissions. Information on current initiatives is incorporated into the discussion where possible. The major issues identified are:

- reproductive health and sexuality
- the health of ageing women
- emotional and mental health
- violence against women
- occupational health and safety
- the health needs of women as carers
- the health effects of sex role stereotyping on women

**Chapter four** addresses the areas for action within the health system which were identified in the discussion paper *Women's health: a framework for change*, Draft Recommendations 5-16. The problems which various groups of women experience are outlined and the major strategies which they have proposed for change are set out. The action areas include improvements in health services for women, health information, research and data collection, participation in decision making on health and the training of health care providers.

Chapter five provides the statement of the National Women's Health Policy developed from the consultation process and current international and national health philosophies and initiatives. It reflects the thrust of Draft Recommendations 2, 3 and 4 of the discussion paper.

Chapter six outlines the proposed implementation of the National Women's Health Policy, comprising a cost shared National Women's Health Program, and recommended action in other programs or sectors for implementation by the Commonwealth, States and Territories. Recommendations and implementation mechanisms are proposed for each component of the national policy.

The **appendices** provide a reference list, a glossary of health terms, background information to support the material in chapter four, membership listings for policy related committees and summary details of the organisations and individuals who made submissions or participated in the national consultations.



**STATEMENT OF THE NATIONAL WOMEN'S HEALTH POLICY  
(CHAPTER FIVE)**

**Introduction**

This policy endorses the World Health Organization's definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. Health is thus a resource for everyday life rather than an end in itself. Supporting the community to improve its health is therefore a major investment in social and economic development.

Women in this country are responsible for a large proportion of informal and formal health care. They take the main responsibility for the health of their families and are the majority of health service consumers. Some groups of women still experience substantial social and economic disadvantage which adversely affects their health. Women overall remain under-represented in decision making in health and other areas.

The report of the Better Health Commission (1986) and the subsequent *Health for all Australians* report endorsed to the Australian Health Ministers (1988) emphasise the need to redress inequalities in health status and in access to health services by the socially and economically disadvantaged. The consultations on the National Agenda for Women identified women's health and women's access to health services as a major issue for women and of even greater concern to Aboriginal, ethnic and isolated women.

Significant improvement in the health of women needs a cooperative and coordinated approach by Commonwealth, State and Territory governments, public and private health services, professional and union organisations, and the community.

**Goal**

The goal of this policy is to improve the health and well-being of all women in Australia, with a focus on those most at risk, and to encourage the health system to be more responsive to the needs of women.

**Principles underlying the Women's Health Policy**

1. The Women's Health Policy is based on an understanding of health within a social context as emphasised by the World Health Organization and endorsed by the Australian Government in its

national policy 'Health for all Australians'. This view recognises that:

- C health is determined by a broad range of social, environmental, economic and biological factors;
  - C differences in health status and health outcomes are linked to gender, age, socioeconomic status, ethnicity, disability, location and environment;
  - C health promotion, disease prevention, equity of access to appropriate and affordable services, and strengthening the primary health care system are necessary, along with high quality illness treatment services; and
  - C information, consultation and community development are important elements of the health process.
2. Women's health policy must encompass all of a woman's lifespan, and reflect women's various roles in Australian society, not just their reproductive role.
  3. 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.
  4. Women's health policy must recognise women's rights, as health care consumers, to be treated with dignity in an environment which provides for privacy, informed consent and confidentiality.
  5. Women's health policy must acknowledge that informed decisions about health and health care require accessible information which is appropriately targeted for different socioeconomic, educational and cultural groups.
  6. Women's health policy must be based on accurate data and research concerning women's health, women's views about health, and strategies which most effectively address women's health needs.

### **Issues of importance in women's health**

Seven priority health issues for women have been identified by reference to current Australian initiatives and previous policy developments based on consultation with women, analysis of research data and the consultations and submissions received in response to the discussion paper, *Women's health: a framework for change*. These are reproductive health and sexuality; the health of ageing women; women's emotional and mental health; violence against women; occupational health and safety; the health needs of carers; and the health effects of sex role stereotyping.

However, women's health concerns extend beyond specific health problems to include the structures that deliver health care and

information, and the processes which influence women's interactions with the health system. These structures and processes affect the quality of care women receive, their access to appropriate and acceptable services and their health outcomes.

Five broad structural areas of the health system in which action is required to improve women's health have therefore been identified: improvements in health services for women; the provision of health information for women; research and data collection on women's health; women's participation in decision making in health; and training of health care providers.

### **Priority health issues for women**

#### *C Reproductive health and sexuality*

Reproductive health issues concern all women, and include the management of menstruation, fertility control, abortion, pregnancy and childbirth, breast feeding, sexually transmitted diseases, menopause, infertility and diseases of the reproductive organs. Nutrition is of particular importance during pregnancy, lactation and at menopause.

The safety and effectiveness of contraceptive methods and the availability of information about sexuality and reproduction are matters which require action as they are of great concern to women.

Sexual and reproductive health care often involves the provision of assistance to women in making and implementing important life decisions (about relationships and family formation). The health system must recognise the partnership between women and health professionals in this area, where social concerns as well as medical expertise are critical factors in appropriate care.

#### *C Health of ageing women*

Ageing is of particular concern to women and is an issue on which consultation is necessary. The views of older women about their health and quality of life should be sought to break down existing stereotypes, to complement epidemiological data and to ensure the provision of appropriate services.

In addition to specialised care in the case of illness, many older women need assistance to maintain independence. Support through grief counselling, assistance with nutritional needs, ambulation and incontinence programs should be extended. Special attention is needed where inappropriate prescribing practices occur.

#### *C Women's emotional and mental health*

Women are subjected to stresses as a result of their many roles in the community and within families.

These can affect emotional well-being and women are concerned that normal life stress is being medicalised by prescription of

tranquillisers rather than by assistance through support mechanisms, counselling, child care and other alternatives to medication.

In particular, resources are required to develop and strengthen social support networks and services, which are a significant factor in improved emotional health outcomes. The relationship between women's emotional health and specific life circumstances (such as unemployment or widowhood) needs to be explored through further research.

### *C Violence against women*

For many women violence is an aspect of their everyday lives. Preventive strategies directed towards the conditions which underlie women's vulnerability to physical and sexual violence are needed. Supportive services for survivors and their children, economic support, and community education programs are also required, including interventions directed towards perpetrators. Security from violence is a major concern for older women.

### *C Occupational health and safety*

Women in the paid workforce tend to be in lower level occupations than men and to be subject to a lack of control over their work environment and activities. Many women also work in the home and care for frail, elderly, sick and disabled people on a voluntary basis. Physical, chemical, biological and social factors in these work environments can have a negative impact on women's health.

Continuing action is needed by governments, employers and unions to identify the particular health care needs and specific hazards which affect women in paid and unpaid work, and to develop and implement effective protective strategies for improvement.

### *C The health needs of women as carers*

Health of women as carers is a particular issue identified by women. The majority of carers in the community are women and many also have family and work commitments. The role of caring makes physical, emotional and social demands and the extent of informal care provided by women is increasing with deinstitutionalisation.

Current services and support mechanisms should be supplemented and additional support services provided to protect the physical and emotional health of carers. Additional financial and other assistance may also be needed to protect their present and future economic status.

The conditions, environment and working relationships experienced by women in the caring professions also need improvement.

### *C The health effects of sex role stereotyping on women*

Health of many women is adversely affected by societal pressures to conform to preferred images of women fostered through socialisation processes, education, the arts and the media.

Efforts are needed to reduce pressures on women to conform to inappropriate images. Strategies are urgently needed to assist

women to develop a more positive self-image, to improve physical fitness, to raise community awareness of the unhealthy impact of stereotyping and to support women in undertaking their multiple roles. Education of health care professionals to improve understanding of the impact of social aspects of women's lives on their health is essential.

### **Key action areas in the health care system to improve women's health**

#### *C Improvements in health services for women*

Women need a range of health services that are affordable, acceptable, accessible and appropriate to their needs.

A dual approach to the provision of health services is required to meet women's needs, ie. The provision of more special women's health services and complementary improvements to existing general health services. Both approaches should focus on the priority health issues identified by women.

Special women's health services are needed to examine new issues and develop new models of services, and to influence general health services. Such services are often more responsive to women's health needs due to the greater participation of women in all aspects of service delivery.

A comprehensive and accessible network of primary health care services should be available for women, as well as access to high quality secondary and tertiary services when required.

#### *C Provision of health information for women*

Access to relevant, timely and clear information about their health and health care is needed to assist women in taking responsibility for the maintenance and improvement of their own health, in preventing specific problems and in seeking appropriate assistance when necessary. Informed consent to medical treatment and to active participation in health research requires adequate information.

Professional training for all practitioners should address the special strategies that are needed to assist some groups of women who face particular difficulties in gaining access due to barriers of language culture, age, disability or isolation.

#### *C Research and data collection on women's health*

Research studies are needed to increase our knowledge and understanding of how social and environmental factors work together to affect women's health, and to enable effective approaches to be developed for the prevention and management of ill health in women.

#### *C Women's participation in decision making on health*

The participation of women in decision making about their health and health services at government and community levels and as active partners in their own health care, needs to be strengthened.

The health industry is a major employer of women. Equality of opportunity in health industry employment is an important goal for women as workers and will benefit women as consumers.

There is also a need to increase women's involvement in health research so that it is more responsive to key issues in women's lives and experience.

### *C Training of health care providers*

Training in women's health needs should be expanded and improved at both undergraduate and post graduate levels for all health professionals.

All curricula should address the issues which can affect the health status and the health care needs of particular groups of women. Specific clinical skills relating to women's health care should be developed, along with high level interpersonal skills. The needs of women in relation to acceptance of their lifestyle choices, their wish to participate and the elimination of discriminatory and other practices which undermine their dignity and privacy should also be addressed.

It is important that practitioners in institutional, community, public and private sectors participate in continuing education in this area.

**IMPLEMENTATION OF THE NATIONAL  
WOMEN'S HEALTH POLICY  
(SUMMARY OF CHAPTER SIX)**

**Components of the National Women's Health Policy**

The recommendations for implementing the National Women's Health Policy are based on the five priority action areas that were confirmed by women in the consultations and submissions. They also align with international and national health policy philosophies, initiatives and priorities. In the Policy report the objectives and desired outcomes for each action area are stated, and supported by the recommendations and proposed implementation approaches.

The National Women's Health Policy recommendations include proposals for:

- C a National Women's Health Program; and
- C action in other programs or in other sectors administered by the Commonwealth, States and Territories.

**The National Women's Health Program (NWHP)** is proposed for an initial five-year period as a Commonwealth-State-Territory cost shared program. Funding recommendations relate to the priority areas for action with an emphasis on the identified health issues for women.

**Action in other programs or sectors** is in addition to the recommendations for funding under the National Women's Health Program. These further recommendations of the National Women's Health Policy are for development and implementation within States, Territories and the Commonwealth to achieve both short and long term improvements in health services for women. A number of these recommendations require a new approach, and not necessarily more funding.

**Summary of recommendations in priority areas for action**

*Priority area no.1: Improvements in health services for women*

NWHP funding recommendations are proposed for projects to:

- C develop a network of innovative community based and controlled services and special programs in hospitals which address some or all of a range of identified issues. Examples could include recruiting a multidisciplinary team to provide information, services and activities relating to menopause for either non-English speaking women or women from non-English speaking backgrounds or to provide counselling support for female victims of violence;

- C investigate expanded roles for health care professionals and their remuneration, such as alternatives to fee-for-service;
- C establish quality assurance standards and outcomes in consultation with women in various areas such as hospital and community maternity services and respite and support services for women as carers;
- C develop local women's health plans based on a coordinated primary health care approach.

The additional recommendations relate to the special needs of rural women, carers, young women, older women, women at work, Aboriginal women, NESB women, and women with disabilities, improved cooperation between sectors which have an affect on health; the rights of users of health and related services and issues of informed consent; gender issues and violence; the continued implementation of illness prevention and health promotion campaigns and the development of new approaches.

*Priority area no.2: Provision of health information for women*

NWHP funding recommendations are proposed for projects to:

- C develop a women's health information strategy, particularly for disadvantaged groups of women, in recognition of the need for cultural and linguistic sensitivity in materials;
- C prepare, publish and distribute information and education materials focusing on agreed priority areas. Topics might include options for fertility control, pregnancy and postnatal depression, incontinence, and the appropriate use of medications;
- C identify priority areas and impalement women's health education and prevention campaigns which would use radio, television, ethnic and women's print media, health care providers, health centres, schools and workplaces;
- C develop packages for inclusion in personal development program for girls and boys on women's health issues of relevance to young people, to include issues such as sexuality, violence, and a positive self-image;
- C convene women's health workshops biennially.

Additional recommendations relate to improving and expanding current information provision and dissemination, developing a national health translation service, supporting current initiatives on domestic violence, initiatives to increase women's understanding of and participation in health care research, and effective exchange of information across government departments.



*Priority area no.3: Research and data collection on women's health*

NWHP funding recommendations are proposed to:

- C support a number of specific research projects in key areas such as comparative levels of medical intervention, eg. Caesarean section, hysterectomy, tranquilliser prescription rates; evaluation trials of interventions in primary care settings which contribute to improved health outcomes for women; and expanded evaluation of current screening for breast and cervical cancers and the needs of carers;
- C support social research in women's health. Examples of topics suggested include sexual abuse and long term mental health, prevention of incontinence, overmedicalisation of normal life events and life stresses, and traditional ways of caring for older Aboriginal women;
- C develop a set of health status indicators which are sensitive to women's health issues; and
- C review health legislation.

Additional recommendations relate to examining existing health research funding sources with a view to increasing grants relating to women's health issues; developing and using appropriate women's health indicators; broader analysis of existing and new data; and using other surveys to enhance understanding of health issues and the inclusion of gender information in all data bases.

*Priority area no. 4: Women's participation in decision making @ health*

NWHP funding recommendations are proposed to:

- C support women's health organisations;
- C encourage women to participate in health services decision making by developing model awareness packages and innovative projects; and
- C improve employment equity in the health workforce.

Additional recommendations relate to increasing women's participation in decision making as workers; as members of decision making boards and committees; as consumers; and in policy, program and research at all levels. It has also been recommended to establish or expand women's health or equivalent units.

*Priority area no.5: Training and education for effective health care*

NWHP funding recommendations are proposed to:

- C continue education in women's health for all health care professionals.

Additional recommendations relate to including modules and courses on women's health in undergraduate and postgraduate curricula for all health professionals; liaison by educational institutions with health professionals and consumers in developing courses; curricula and modules; including a range of practical experiences which involve the active participation and informed consent of women, including in community settings in the training of medical practitioners; establishing a joint working party to develop coordinated national strategies in health professional tertiary training for women for integration into the National Plan of Action on Women in Education; and further development of continuing education for primary health care workers, carers and unpaid workers.

### **Monitoring**

Effective coordination and cooperation of all sectors will be need to effectively implement the National Women's Health Policy. It is proposed that review, monitoring and reporting functions be undertaken through a Commonwealth and State-Territory structure like the existing AHMAC Subcommittee on Women and Health. A resource component for administration is proposed.