

# Gender and Health

## Policy Position Statement

**Key messages:** Gender is a significant factor when describing morbidity and mortality; life expectancy; quality of life; access to health care; health promotion; healthy lifestyles; and physical, mental, emotional and wellbeing. Gender intersects with other social determinants of health. A comprehensive gender policy approach requires policies that focus explicitly on gender and health and gender mainstreaming (i.e., the incorporation of attention to gender in all policies, research, and programs).

**Key policy positions:**

1. An inclusive gender focus in health and social determinants of health policies and research is required.
2. Gender equity in income and pay must be achieved.
3. Adequate funding is needed to support implementation of national gender-specific health policies.

**Audience:** Australian, State and Territory Governments, policy makers and program managers.

**Responsibility:** PHAA Women's Health Special Interest Group

**Date adopted:** September 2022

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## Policy position statement

1. This policy focuses on gender and its relation to health. However, the PHAA acknowledges that there are intricate and often inseparable inter-relations between biological sex, gender, sexuality, and sex characteristics”.
2. This policy should be read in conjunction with the PHAA policies on Health Inequities and on Health of People with Diverse Genders, Sexualities, and Sex Characteristics.

### PHAA affirms the following principles:

3. The need for coherent, theoretically sound and evidence-based national and state and territory based policies on gender and health.<sup>1</sup>
4. The requirement for such policy to incorporate the intersectionality of gender and particular needs of minority and marginalised populations.<sup>2</sup>
5. The value of a dual strategy of:
  - policies that focus explicitly on gender and health, and
  - gender mainstreaming (the incorporation of attention to all genders in all policies and programs).<sup>3</sup>
6. That policy on gender and health must include new public health initiatives that can address a range of determinants of health, such as the socio-economic and cultural dimensions of gender.

### PHAA notes the following evidence:

7. Gender is a social and cultural construct which is related to but not necessarily the same as the biological sex that is assigned to someone at birth (usually male or female).<sup>12</sup> There is an intricate relation between gender and sex which influences one’s health and wellbeing status through biological and socially constructed means.
8. Gender is a spectrum and one’s gender identity may not fit the binary categories of man and woman. One’s gender as assigned at birth may or may not be congruent with their gender self-identity, and one’s gender identity may or may not remain the same throughout their life. Trans or gender diverse people (herein trans) refers to someone whose gender identity is incongruent to the sex assigned to them at birth.<sup>13</sup> Some people identify as gender-fluid, gender-queer, or having non-binary gender or other gender categories.
9. Failure to recognise the full spectrum of gender identities and the distinctions between one’s assigned gender at birth and self-identified gender identity/-ies can contribute to barriers for accessing health care and contribute to inequities in health care.<sup>5</sup>

## PHAA Position Statement on Gender and Health

10. Gender is a significant determinant of morbidity and mortality; life expectancy; quality of life; access to health care; health promotion; healthy lifestyles; and physical, mental, emotional wellbeing.<sup>4</sup>
11. Sustainable Development Goals/SDGs 3 (good health and well-being), 5 (gender equality) and 10 (reduced inequality) directly relate to gender and health, and other SDGs to some extent intersect with gender (For example, 1 (No Poverty) & 4 (Quality Education)).
12. Gender intersects with other social determinants of health that result from the distribution of power and resources along the social gradient, including but not limited to: pay equity, workforce participation, culture and ethnicity, religion, housing, education, rural or urban residence, and superannuation.<sup>5,6</sup>
13. Trans people of all ages are often unable to access adequate, gender-affirming health care.<sup>7,8</sup>
14. Expectations to behave according to gendered societal norms may perpetuate prejudice, discrimination and stigma, which impacts on health and wellbeing. These prejudices are often exacerbated for people with diverse genders, sexualities, and sex characteristics (also known as LGBTQIA+ people).
15. An inclusive and gendered perspective on health matters, health care provision, and health policy-making is needed to ensure holistic patient-/client-centred care for all peoples.
16. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goal 3 – Good Health and Wellbeing](#) and [Goal 5 – Gender Equality](#).

### PHAA seeks the following actions:

17. A continued commitment to working with health organisations and other networks to highlight specific health concerns of people from all genders, and advocating for greater attention to gender as a significant aspect of health and illness.<sup>3</sup>
18. An ongoing monitoring of policies across all levels of government to ensure inclusivity of peoples from all genders including people from non-binary genders, towards Health equity for all people irrespective of gender.<sup>9</sup>
19. The mainstreaming of a multidimensional and inclusive gender perspective into all national, state, territory and local formulations of policy in areas that impact health.<sup>10</sup>
20. Promoting and advocating for a gendered perspective in agencies' and organisations' policy development and implementation, including a multidimensional, cross-cultural and trans- and non-binary-inclusive gender perspective.<sup>1, 2, 9</sup>
21. Mainstreaming gender into the formulation of health policy by incorporating an inclusive and multidimensional understanding of gender and health at key stages across the lifespan.<sup>1</sup>
22. Advocating for action-orientated research into the nexus between gender and other social determinants of health.<sup>1, 3, 9</sup>

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23. Including gender inclusive approaches (incorporating trans specific health needs) in the basic training and continuing professional development programmes of medical, allied health professionals, and public health workforce.
24. Increasing research and policy focus on how social and behavioural aspects of gender affect the risks, outcomes, and prognoses of health conditions.<sup>4, 11</sup>

### PHAA resolves to:

25. Advocate support for gender-specialised policy units and health agencies/organisations that are inclusive of people from all parts of the gender spectrum.
26. Advocate for the inclusion of a gender-diverse focus in policies and research which aims to identify and combat inequities arising from gender-related aspects of the social determinants of health.
27. Advocate for income and pay equity regardless of gender.
28. Advocate for adequate funding to support implementation of national gender-specific health policies.

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**(First adopted 2008, revised 2011, 2015 and 2018)**

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