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 policy approach requires: policies that focus explicitly on gender and health; and gender mainstreaming (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. Income and pay equity 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

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Gender and Health

Policy position statement

1. This policy should be read in conjunction with the existing PHAA policy on Health Inequities.

PHAA affirms the following principles:

2. The need for coherent, theoretically sound and evidence-based national and state and territory based policies on gender and health.

3. The requirement for such policy to incorporate the particular needs of minority and marginalised populations.

4. The value of a dual strategy of:
   - policies that focus explicitly on gender and health
   - gender mainstreaming (the incorporation of attention to all genders in all policies and programs).

5. 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 socio-economic dimensions of gender.

PHAA notes the following evidence:

6. Sustainable Development Goals 3 (health and well-being for all), 5 (gender equality) and 10 (reduction of inequality within and among countries) relate to gender and health.

7. Gender is a social and cultural construct which is related to but not necessarily the same as the sex that is assigned to someone at birth (e.g. usually male or female). Trans or gender diverse people refers to someone whose gender identity is incongruent to the sex assigned to them at birth (herein trans).

8. Gender is a significant component of health-related patterns of: morbidity and mortality; life expectancy; quality of life; access to health care; health promotion; healthy lifestyles; and physical, mental, emotional wellbeing.

9. Gender intersects with other social determinants of health that result from the distribution of power and resources along the social gradient, including pay equity; workforce participation; culture and ethnicity; religion; housing; education; rural or urban residence, and superannuation.

10. Failure to recognise the distinctions between assigned gender categories and gender identity can contribute to barriers for accessing health care and contribute to inequities in health care.

11. Trans people of all ages are often unable to access adequate health care.
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12. Expectations to behave according to gendered societal norms may perpetuate prejudice, discrimination and stigma, which impacts on health and wellbeing. These prejudices may be exacerbated in the case of LGBTIQ people.

PHAA seeks the following actions:

13. A continued commitment to the work with health organisations and other networks to highlight specific health concerns of all people, and advocating for greater attention to gender as a significant aspect of health and illness.¹


15. The continued development and updating of policies that focus explicitly on health equity for all people, irrespective of gender, across all levels of government.⁹

16. The mainstreaming of a multidimensional and inclusive gender perspective into all national, state, territory and local formulations of policy in areas that impact health.¹⁰

17. Support for agencies and organisations to support the mainstreaming of a gender perspective in policy development and implementation including a multidimensional, cross-cultural and trans-inclusive gender perspective.¹,²,⁹

18. 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.¹

19. Action-orientated research be undertaken into the nexus between gender and social determinants of health.¹,³,⁹

20. Gender inclusive approaches (incorporating trans specific health needs) be included in the training of medical and allied health professionals and in public health courses.

21. An increased research and policy focus on how determinants of health and social and behavioural aspects of gender affect risk of chronic conditions such as obesity, diabetes, cancer, heart disease.⁴,¹¹

PHAA resolves to:

22. Advocate support for gender specialised policy units, health agencies/organisations that are inclusive of LGBTIQ people.

23. 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.


25. Advocate for people of all genders.

26. Advocate for adequate funding to support implementation of national gender-specific health policies.

ADOPTED 2018

(First adopted 2008, revised 2011 and 2015)
References


