

Women's Health NSW

Principles of Women's Health Care



Women's Health NSW aims to provide a strong independent public voice on women's health and wellbeing from a feminist, wholistic perspective that values women's safety and dignity

This document and fact sheet was prepared by

Women's Health NSW
PO Box 341
Leichhardt NSW 2040
Australia
+61 (0)2 9560 0866

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To find your local Women's Health Centre go to www.whnsw.asn.au

Women's Health NSW

Women's Health NSW is an association of statewide women's health centres and specialist women's centres.

All centres are non-government, community based, feminist services that provide choices for women to determine their individual health needs.

The centres have a common aim to improve the health status of women by providing a unique, holistic, women-centred approach to primary health care.

They blend medical and clinical services and a range of counselling, health promotion, education, self-help and consumer advocacy services. They also aim to provide women with the knowledge, skills and resources to enable them to take more responsibility over factors that adversely affect their lives.

Operating from a feminist perspective they link the cause of ill health in women to a multiplicity of factors including biological, social, cultural, environmental and economic. These factors influence women's health status, their need of health services and their ability to access appropriate services.

Association Objectives

Women's Health NSW promotes and resources its members through advocacy, networking, research, training, sector development and infrastructure management.

The Association is responsible for promoting a coordinated approach to policy and planning, service delivery, staff development, training, education and consultation between members, NSW Health and other government and non-government agencies.

- To provide ongoing **training and education** in all aspects of management and service delivery
- To provide ongoing **programs** to enable services to identify women's health needs, women in need and health determinants
- To provide **guidelines** in the development of policies, procedures, protocols and practice
- To provide **models of best practice**
- To provide forums which aim to foster **accountability**, prevent professional isolation and minimise duplication of labour
- To encourage public **debate, research and education** in the areas of women's health and related issues
- Develop **partnerships** with key organisations relevant to women's health policy development, research training and service provision.

Principles of Women's Health Care

Community based feminist women's health services are based on principles of social justice and an understanding of a gendered approach to health or health within a social context, as endorsed by governments throughout Australia. This endorsement was originally expressed in the National Women's Health Policy (1989) *Advancing Women's Health in Australia* and subsequently in various State and Territory broader policy frameworks for health priorities that have a gender view of health such as the *Women's Health Outcome Framework* developed by NSW Health (2002).

This view 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 preferences
- 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
- information, consultation, advocacy and community development are important elements of the health process.

In accordance with these principles, feminist women's health centres provide a service which:

- encompasses all of women's lifespans, and reflects women's various roles in Australian society, not just their reproductive role
- promotes the participation of women in debate and decision making about health issues, their own health care, health service policy, planning, delivery and evaluation
- recognises women's rights, as health care consumers, to be treated with dignity, in an environment which provides for privacy, informed consent, confidentiality and safety
- acknowledges that informed decisions about health and health care require accessible information, which is appropriately targeted for different socio-economic, educational and cultural groups

- 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
- provides appropriate women's health care to women in local communities, within a state-wide, co-ordinated approach
- ensures equity and accessibility of services without financial, cultural, geographic and or other barriers.
- ensures effective community management and operation of women's health centres by women, for women
- provides a broad range of services and strategies within a preventive and holistic framework, which:
 - is provided by women, for women
 - values women's own knowledge and experience
 - facilitates the sharing of women's skills, knowledge and experience
 - links women's individual experience and health needs to the social and cultural context of women's lives
 - empowers women
 - challenges sex-role stereotyping, gender discrimination, racism and homophobia which affect health
 - increase the accessibility, sensitivity and acceptability of health services for women
 - relates to identified health priorities at the local and state level.

These principles are informed by the National Women's Health Policy and NGO women's health centres.

Women's Health Status

Women are still the major users of health services. They report more episodes of ill health, consult medical practitioners, chemists and other health professionals more frequently and take medication more often. Women have higher rates of hospital use both during their reproductive years and after the age of 70. Women comprise of 72 per cent of those in nursing homes and long-stay institutions and report a higher prevalence of psychosocial problems than men – particularly severe and chronic depression. *Women's Health Services in NSW* (1985).

A multiplicity of factors including biological, social, cultural, environmental and economic, influence women's health status, their need of health services and their ability to access appropriate services. In particular women's health needs stem from the fact that:

- Women are more socially disadvantaged than men in terms of poverty, education and power. Socially disadvantaged people are more likely to become ill.
- Women are more likely to use health services because of their social role as carers of children, older people, or people with disabilities and the extra strain this places on their health.
- Women have particular sexual and reproductive health needs, for example, menses, pregnancy, childbirth and menopause.
- Women are treated differently from men in society generally because of gender inequality resulting in, for example, violence against women and sexual assault. The *Women's Safety Survey* (1996) conducted by the Australian Bureau of Statistics, found that 5.9 per cent of women surveyed had experienced physical violence in the previous 12 month period, and a further 1.5 per cent had been sexually assaulted. On a population basis, these combined figures represent 490,000 women across Australia.
- Women are also treated differently within the health system. For example, Williams et al (1995) conducted a major study examining gender differences in depression. The study found that women were almost twice as likely as men to be diagnosed with depression and/or anxiety disorders and major and/or longstanding depressive disorders. The study also found that women diagnosed with depression were significantly more likely to be prescribed antidepressant drugs than men with the same diagnosis. *Strategic Framework to Advance the Health of Women* (2000).

- Women have frequently been excluded from being health and medical research participants leading to major gaps in knowledge about women's health. Even when women are included in "people" research the results are often not analysed in terms of gender so differences between men and women are often not known, or an assumption is made that women are affected the same as men. This can lead to prevention, intervention and policy decisions that adversely affect women.

It was because of these and other factors that women in the community, feminist women, applied for and received funding from the Australian Commonwealth Community Health Program in 1974. Services were also developed using a socio-political, feminist analysis that highlighted the patriarchal nature of society and the oppression of women. For many years, women have argued for an understanding of a social view of health, highlighting the links between health status and the social position of women in society.

There are now 22 community managed women's health services funded by the NSW Health Department. They are complemented by various projects funded under other women's health initiatives. While the services vary in focus and size, their core principles remain consistent with those expressed in this document.

The following definition of women's health was endorsed by the Australian Health Minister's Advisory Council in 1993:

"The advancement of women's health requires the promotion of physical, mental and social well being, following the broad definition of health adopted by the World Health Organisation. Women's Health issues are defined as social conditions, illnesses and disorders unique to, more prevalent among, or more serious in women, or for which there are different risk factors, interventions or strategies for women than for men."

In 2000 NSW Health adopted a policy framework approach recognizing that gender leads to different social, economic and political opportunities for women and men. These inequalities can create, maintain or exacerbate exposure to risk factors that endanger health. They can also affect the access to and control of resources, including decision making and education which protect and promote health. *Gender Equity in Health 2000*.

The Women's Health Services are actively involved in strategies to change the social structure that negatively affect women's health. At the same time they provide appropriate individual, group and community services, information and referral to women across Australia. *The Nature of Women's Health: Past; Present; Future 2002*.

