Applying a gender lens to municipal public health and wellbeing planning

Hindmarsh Shire Council, November 2024

This resource is intended to support councils in the Grampians region to apply an intersectional gender lens to their municipal public health and wellbeing plans.

Ten priorities have been identified in the *Victorian public health and wellbeing plan 2023-2027*. This resource provides a brief gender analysis of the seven priorities that overlap with Women's Health Grampians' portfolio areas. It provides local statistics where available, and offers suggestions for actions.

The *Victorian public health and wellbeing plan* also refers to:

- Reducing racism and discrimination
- Achieving sex and gender equality
- Recognising intersectionality, diversity and inclusion

The Health Promotion Team at Women's Health Grampians (WHG) can provide tailored advice on applying an intersectional gender lens to the health planning process.

For further information, contact Rose Durey, Manager Strategy and Programs at rose@whg.org.au or on 0419 185 770, or your CoRE Consultant.

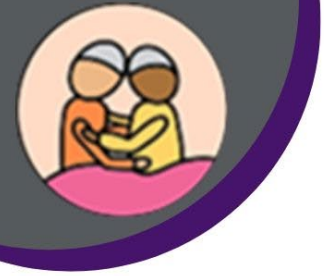
A note on terminology

WHG acknowledges that while gender is often portrayed as a binary between men and women, it is much more diverse and varied than this. This resource will largely focus on the experiences of men and women, as the data and research related to health impacts for trans and gender diverse people is limited at present. We continue to advocate for improved datasets that allow for a greater understanding of health impacts for trans and gender-diverse people.

Relevant resources

Department of Health Municipal public health and wellbeing planning advice: https://www.health.vic.gov.au/population-health-systems/requirements-of-municipal-public-health-and-wellbeing-planning

Victorian public health and wellbeing plan 2023-2027: https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27



Improving sexual and reproductive health

Gender analysis

- Sexual and reproductive health outcomes can impact all aspects of women's lives – finances, education, families and overall health. Access to comprehensive and timely services is fundamental for gender equality and women's participation in society.[1]
- Women and girls carry the burden of responsibility for family planning and access to contraception. While oral contraception is most commonly prescribed, health professionals regard Long Acting Reversible Contraception (LARC) as best practice.[2]
- 1 in 4 women had an unintended pregnancy in the past 10 years. Women in rural areas are 1.4 times more likely to experience unintended pregnancy. For those aged 18-32 years 41% reported an unintended first pregnancy.[3]
- Teenage parenting is not always a result of an unplanned pregnancy. However, teenage girls are less likely to access antenatal care services, more likely to experience complications during pregnancy and childbirth (including early labour), less likely to be financially secure, and more likely to experience emotional distress. [4]
- Young women are more vulnerable than older women to unsafe or unwanted sex. [5]
- Sexually transmissible infections (STIs) continue to be a significant public health concern. STIs, in particular chlamydia, are a major cause of infertility in women.[6]

Local statistics

Adolescent Births – *rate per 1,000 women <20yrs (2020)*			***Chlamydia –*** *rate per 10,000 women (2021)*		
Hindmarsh	**Grampians**	**Victoria**	**Hindmarsh**	**Grampians**	**Victoria**
11.0	14.4	8.2	10.5	11.6	16.3

Long Acting Contraception – *rate per 1,000 women aged 12-54 years (2022)*			***Early Medical Abortion –*** *rate per 1,000 women aged 12-54 years (2022)*		
	IUD	**IMPLANT**		**Hindmarsh**	**Victoria**
Patient*	3.5	5.6	**Patient***	2.5	5.3
Provider*	1.1	2.8	**Provider***	0.0	4.9
* Patient/Provider Rates indicate the number of pharmacy claims based on the Patient or GP Provider location. These rates indicate a shortfall of services provided based on local patient demand.					

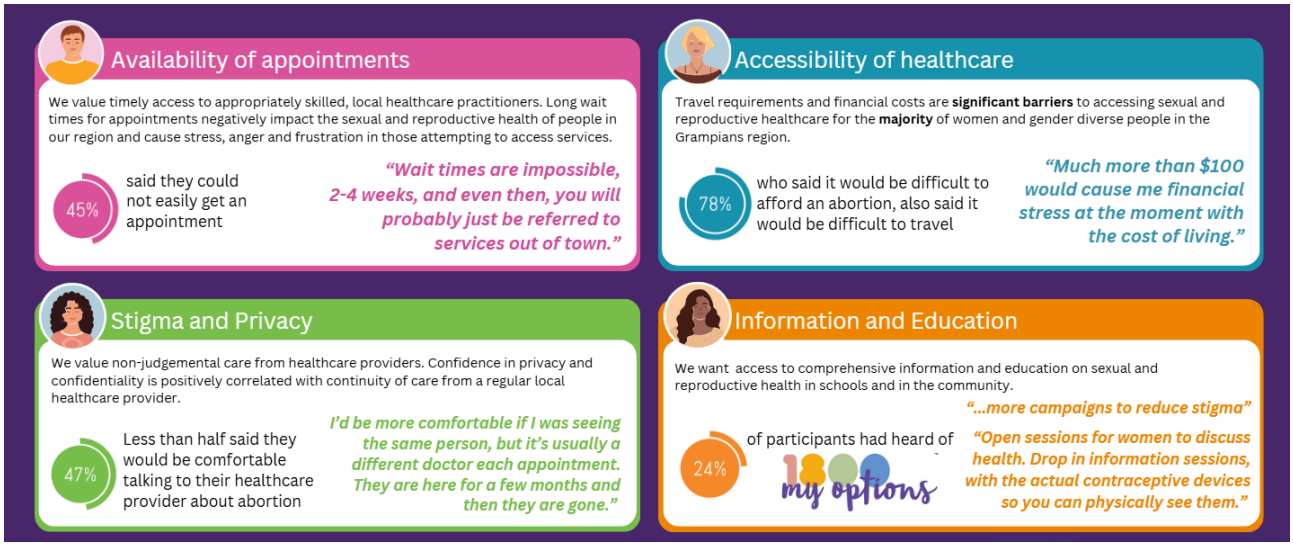
Sexual and Reproductive Health Indicators [7]

Suggestions for action

1. Advocate for local providers to promote sexual health services through 1800 My Options including support for contraception, abortion, STI testing and treatment.
2. Increase access to condoms as the only method for preventing transmission of STIs. Install condom vending machines in public spaces that young people (and others) can easily access.
3. Implement health promotion campaigns and programs to promote a respectful and inclusive culture, including support for diversity and de-stigmatisation of sexual and reproductive health.

Tell Your Story Report

Data from 2022 on the rates of provision of long acting contraception and early medical abortion provide evidence of the shortfall of local services across the Grampians region. Women's Health Grampians Tell Your Story report describes how this shortfall of services impacts women. 110 women and gender diverse people generously shared their lived experience of accessing contraception and abortion services. These stories highlight the importance of local, affordable and timely sexual and reproductive healthcare. [8]



Relevant Resources

DHHS Guidance Priority Area 1: https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/sexual-and-reproductive-health-guidance

Tell Your Story: Lived experiences of accessing contraception and abortion services in the Grampians region: https://whg.org.au/wp-content/uploads/2024/06/Tell-Your-Story-Report.pdf

Harm from tobacco and e-cigarette use

Gender analysis

Tobacco

- All people who smoke have an increased risk of developing cancers and heart disease, however women experience additional risks related to pregnancy, oral contraceptive use, and increased risk of cervical cancer.[9]
- For Victorian women, significantly higher smoking prevalence is associated with mid-life (age 45-54), low education level or low annual household income.[10]
- Factors associated with smoking prevalence in women include: low socioeconomic status; young motherhood and sole parenting; depression; mental illness; violence and trauma; stress; poor physical health; peer pressure; fear of weight gain; Indigenous status; and living in remote areas.[11]
- Rural and remote living is associated with unique challenges including physical and social isolation, greater social acceptance and norms regarding smoking, and lower education and socioeconomic levels.[12]

E-cigarettes/vaping

- There is increasing evidence that inhalation of aerosolized e-liquids (vaping) may have detrimental effects on respiratory function.[13]
- There have been large increases in the use of e-cigarettes among females ages 18-24 years 2.8% (2018) to 15.2% (2022).[14]
- Gender and sexuality-based harassment has been linked to increased e-cigarette use among LGBTQIA+ high school students.[15]

Local statistics

Current Smokers %						
Hindmarsh		Grampians Region		Victoria State		
Female	**Male**	**Female**	**Male**	**Female**	**Male**	**All**
17.8%	17.9%	18.8%	16.9%	13.2%	20.3%	16.7%

Victorian Population Health Survey[16]

Suggestions for action

1. Ensure tobacco and e-cigarette education, information and cessation efforts incorporate gender-responsive messaging and involve affected communities in their design and delivery.
2. Take a strengths-based approach – inform and empower women and gender diverse people to respond to the impact of tobacco and e-cigarette use, and second-hand smoke on their health.

   Interventions tailored to women are often primarily focused on pregnant and postpartum women. Consider the impact of smoking and vaping on women and gender diverse people across the life-course, and on women from diverse backgrounds.
3. Trial and evaluate smoking/e-cigarette use cessation interventions in rural areas. Ensure a Gender Impact Assessment is performed on new programs or services.
4. Develop holistic tobacco and e-cigarette cessation approaches to the LGBTQIA+ community that acknowledges and responds to experiences of discrimination and harassment.

Relevant Resources

Australian Institute of Health and Welfare, Tobacco and e-cigarettes: https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/tobacco

Department of Health Guidance - priority area 2: https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/reducing-tobacco-related-harm

VicHealth, Vaping quick facts: https://www.vichealth.vic.gov.au/our-health/vaping/quick-facts

Improving wellbeing

Gender analysis

The impact of gender on mental health manifests in a multitude of ways. Gender stereotyping, inequality, sexual harassment, discrimination, sexualisation, gendered violence, economic disadvantage, women's disproportionate responsibility for unpaid caring and domestic work, and the marginalisation of women's health needs within the health and mental health service system all impact on mental health outcomes for women. Adverse childhood experience, in particular childhood emotional abuse, is also a significant risk factor for developing mental health disorders, and this risk is higher for women than men.[17]

The Victorian Women's Mental Health Alliance summarises:

- Women report consistently higher levels of psychological distress than males
- Women are almost twice as likely to experience mood disorders (e.g. depression, bipolar disorder)
- Women are more likely to experience anxiety disorders
- Women are twice as likely to be diagnosed with Post-Traumatic Stress Disorder
- Women are hospitalised for intentional self-harm at almost twice the rate of males
- Women are more likely to attempt suicide than males
- 95% of hospitalisations for an eating disorder are for women.[18]

Women from diverse groups face particular challenges. The rate of death by suicide for First Nations women is 2.5 times the rate for non-Indigenous women.[19] Young women are also at risk. Almost a third of women aged 15 to 34 years were diagnosed with depression and/or anxiety in 2021, with rates increasing, particularly for women and young people, between 2009 and 2021.[20] Women also experience specific mental health conditions across their lifespan - for example, 55% of women experiencing menopause symptoms reported negative impacts on their mental and emotional wellbeing, while 32% reported negative impacts on their relationship with their partner.[21]

Local Statistics

Mental Health Conditions % *- per 10,000 women*					
Hindmarsh		Grampians Region		Victoria State	
Female	**Male**	**Female**	**Male**	**Female**	**Male**
1237.69	829.54	1,291.9	865.8	1,142.2	756.6

Mental Wellbeing Indicators[22]

Self-Harm % *- per 1,000 women*						
	Hindmarsh		Grampians Region		Victoria State	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**
2021	0	0	1.6	0.7	1.4	0.6
2020	3.14	0.88	2.1	0.8	1.4	0.7

Mental Wellbeing Indicators[23]

Self-Harm % - Number of hospital admissions						
	Hindmarsh		Grampians Region		Victoria State	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**
2021	0	0	25.5	8.0	59.0	25.4
2020	9	<5	27.7	9.9	53.5	26.1

Mental Wellbeing Indicators[24]

Suggestions for action

1. Ensure wellbeing initiatives incorporate gender-responsive messaging and involve impacted communities in their design and delivery.
2. Support women's mental health through actions that promote social inclusion, freedom from discrimination and violence, and access to economic resources.
3. Increasing people's mental health literacy to support self-care, as well as to reduce stigma, and encourage help-giving and help-seeking for mental ill-health and suicidality

Relevant Resources

Women's Mental Health Alliance (2021) Snapshot of Australian women's mental health: https://whv.org.au/resources/whv-publications/snapshot-australian-womens-mental-health

Department of Health Guidance - priority area 3: https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/reducing-tobacco-related-harm

Women's Health Victoria (2022) Towards a gendered understanding of women's experiences of mental health and the mental health system: https://whv.org.au/resources/whv-publications/mhexperiences

Unpacking the determinants of migrant and refugee women's mental health (2022): https://www.whin.org.au/wp-content/uploads/sites/2/2022/11/mental-health-report_PDF.pdf

Increasing healthy eating

Gender analysis

Societal, environmental and individual factors influence food availability and access for women, men and gender-diverse people.

Overall diet quality among Australian men and women is poor.[25] While Australian adult women (18-35 years) report having higher overall diet quality than males for the frequency of consumption and variety of fruit, vegetables, vegetarian protein sources, breads and cereals in their diets, the barriers to food access and availability differ.[26, 27] For example, men who conform to traditional hegemonic masculinities often resist and challenge health promotion advice and are less likely to be involved in meal preparation,[28] while lower incomes,[29] time constraints, and body image distress/diet culture, can influence food choices for women.[30, 31]

Local Statistics

Fruit Consumption *%* - Met daily guidelines					
Hindmarsh		Grampians Region		Victoria State	
Female	**Male**	**Female**	**Male**	**Female**	**Male**
38.3	34.4	46.2	42.2	46.8	39.3

Victorian Population Health Survey[32]

Vegetable Consumption *%* - Met daily guidelines					
Hindmarsh		Grampians Region		Victoria State	
Female	**Male**	**Female**	**Male**	**Female**	**Male**
9.6	NA	10.7	1.6	8.4	2.2

Victorian Population Health Survey[33]

Pre-Obese or Obese %					
Hindmarsh		Grampians Region		Victoria State	
Female	**Male**	**Female**	**Male**	**Female**	**Male**
50.8	57.7	48.5	60.4	43.7	58.2

Victorian Population Health Survey[34]

Suggestions for action

1. Undertake health promotion campaigns where the narrative encourages healthy eating, avoids reinforcing harmful gender norms, and focuses on health rather than weight. Encourage critical awareness of gender roles related to food, food practices and body image.
2. Promote food relief organisations and local community food hubs, especially low-income earners and single-parent households.
3. Provide free healthy food options at Council owned facilities and events, especially sites that women frequently visit including libraries, recreation centres, aquatic centres.
4. Build the capacity of the community to cultivate their own fresh fruit and vegetables through increased participation in community gardens. Ensure Gender Impact Assessments are conducted on Community Garden Policies to remove barriers to participation for diverse communities.
5. Ensure food literacy campaigns or programs (i.e. buying and cooking meals on a budget) do not reinforce harmful gender norms and roles (i.e. targeting mothers as the primary caregivers, emphasising weight over health).

Relevant Resources

Women's Health Victoria. (2017). Serving up inequality: How sex and gender impact women's relationship with food. https://womenshealthvic.com.au/resources/WHV_Publications/Issues-Paper_2017.10.03_Serving-up-inequality-Women-and-food_Version-2_(Fulltext-PDF).pdf

DHHS. (2024). Healthy eating Guidance: https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/increasing-healthy-eating

Increasing active living

Gender analysis

Women's participation in physical activity is impacted by both gender expectations and biological factors.[35] Women face numerous barriers to being physically active including: caring responsibilities; body image issues; fear of judgement; perceptions of safety; and lack of sporting facilities tailored to women.[36]

In Australia, 46.9% of adults describe their day as mostly sitting (sedentary), with males aged 18–64 years more likely than females to report mostly heavy labour or physically demanding work (19.4% compared to 6.8%)[37]

Local Statistics

Physical Activity % - Met daily guidelines[38]					
Hindmarsh		Grampians Region		Victoria State	
Female	**Male**	**Female**	**Male**	**Female**	**Male**
47.5	50.8	49.1	49.9	49.0	52.8

Perceptions Of Safety % - People who feel safe when walking alone at night[39]					
Hindmarsh		Grampians Region		Victoria State	
Female	**Male**	**Female**	**Male**	**Female**	**Male**
55.2	93.2	46.2	81.8	44.0	78.8

Suggestions for action

1. Councils could consider allocating funds to be available for sporting clubs to participate in WHG's Act@Play program, designed to challenge sexism, discrimination and violence against women, or other programs aimed at creating inclusive clubs.
2. Partner with WHG and our Equality Advocates to support the implementation of the State Government's Fair Access Policy – and improve equitable access to and use of facilities, stadia, reserves for everyone to benefit.
3. Partner with State Sporting Associations/Regional Sports Assemblies to offer recreation opportunities outside structed sport such as socially-modified sport (e.g. Rock Up Netball, Wheelchair Basketball, Cardio Tennis) that cater to all ability levels.

Relevant Resources

OurWatch: Equality and Respect in Sport: https://www.ourwatch.org.au/sport

DHHS. (2024). Active living guidance: https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/increasing-active-living

WHG Gender and sport resources: https://whg.org.au/actplay-resources/

Tackling climate change and its impact on health

Gender analysis

Climate change affects health and wellbeing both directly and indirectly. Direct impacts include the increased frequency and intensity of extreme weather events such as bushfire, flood, drought and heatwave that pose immediate risk to health and safety. Indirect impacts include reduced air quality, risks to food safety and drinking water quality, effects on mental health and to the spread of infectious diseases.

While climate change is a threat for everyone, it does not affect everyone equally. The social, cultural, economic, health and human rights impacts perpetuate and magnify structural inequalities affecting women and girls disproportionately, especially the most marginalised groups.[40] Gender is also a key factor in a person's attitude towards climate change, their ability to play a part in climate change-related decision-making and their experience of the impacts of climate change.[41]

Statistics

- Extreme weather events and disasters are associated with an increase and intensification of violence against women, which is more likely to be excused or justified because of the stress and trauma experienced by perpetrators.[42]
- People with disabilities are also at higher risk of death, injury and loss of property as a result of natural disaster.[43]
- Death from heatwaves is higher in women, and male suicide rates have been found to increase faster with increasing heat.[44]
- The impacts of climate change are felt earlier and will be most pronounced for children and young people, pregnant women, people over 65 and those living alone, people experiencing homelessness or insecure housing, people with a disability, Aboriginal and Torres Strait Islanders, CALD communities, LGBTQIA+ communities, those living with chronic disease and people who work outside.[45]
- Disasters place pressure on people to conform to gender stereotypes and exacerbate existing gender inequalities, causing unequal health, social and economic outcomes for people of all genders.[46]
- Stress and trauma associated with climate events significantly impact mental health, with women often bearing the responsibility of caring for family members affected by these events.[47]
- Natural disaster has a profound and enduring impact on women's financial stability. These catastrophic events not only lead to the loss of homes and livelihoods but also aggravate existing economic inequalities, disproportionately disadvantaging women.[48]

Suggestions for action

1. Apply the Gender and Emergency Management Guidelines to emergency planning, preparedness and response.
2. Apply an intersectional gender analysis (Gender Impact Assessment) to climate change decision-making. Include women in discussions about emergency and disaster management (planning, preparedness, response and recovery), infrastructure, energy, transport, agriculture, environmental management and disaster.
3. Undertake Gender and Disaster Australia – Lessons in Disaster training and interventions to identify and respond to the gender-specific impacts of disasters, including pandemics.
4. Ensure climate change, its intersectional and gendered impacts on health is on the agenda at all levels of council and considered in all relevant environmental health policies, plans and procedures.

Relevant Resources

Women's Health East. (2018). Women and Climate Change factsheet: https://whe.org.au/wp-content/uploads/2018/03/Women-and-Climate-Change-Fact-Sheet_20-03-18.pdf

Department of Health - Climate change and health: https://www.health.vic.gov.au/environmental-health/climate-change-and-health

Gender and Emergency Management Guidelines: https://knowledge.aidr.org.au/resources/national-gender-and-emergency-management-guidelines/

Preventing all forms of violence

Gender analysis

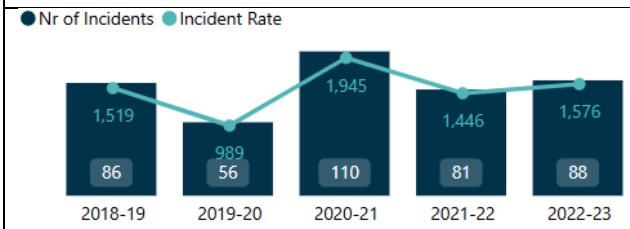
- Gendered violence has far-reaching negative impacts on the health and wellbeing of women, children, families and communities. It also inflicts a significant economic burden on the Grampians region.[49]
- Women from diverse backgrounds, such as Aboriginal and Torres Strait Islander women or women with disabilities, are more likely to experience higher rates of violence.[50]
- Addressing the underlying causes of men's violence against women and gender diverse people is key to preventing it. Research indicates the key drivers include: beliefs and behaviours reflecting disrespect for women; low support for gender equality; and an adherence to rigid gender roles and identities.[51] It is not sufficient to challenge these attitudes and beliefs in isolation - the structures, policies and practices supporting them also need to be addressed. Engaging men in the change process is also vital.

Local statistics

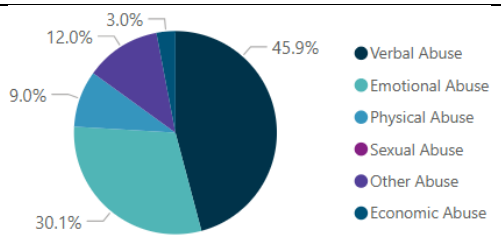
Perceptions Of Safety % - People who feel safe when walking alone at night[52]					
Hindmarsh		Grampians Region		Victoria State	
Female	**Male**	**Female**	**Male**	**Female**	**Male**
55.2	93.2	46.2	81.8	44.0	78.8

Family Violence - Incident rate per 10,000[53]					
Hindmarsh		Grampians Region		Victoria State	
Female	**Male**	**Female**	**Male**	**Female**	**Male**
115.83	52.65	137.6	45.6	119.0	40.5

Number and rate of police recorded family violence incidents[54]



Recorded abuse types at incidents[55]



Suggestions for action

1. Continue to support an organisational culture in which taking bystander action to prevent violence against women is the norm. Ensure new staff and councillors receive active bystander training.
2. Support men to play a role in gender equality and prevention of violence against women activity, for example, through tailored awareness raising and allyship activities.
3. Ensure CoRE Action Plan is up to date and on track.
4. Engage Equality Advocates to deepen action on intersectional experience of sexism, discrimination and violence.
5. Review the CoRE Taking Action Guide and consider implementing some of the actions that are included.

Relevant Resources

DHHS Guidance Priority Area 8: https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/sexual-and-reproductive-health-guidance

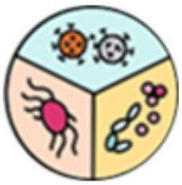
MAV Local Government Guide for Preventing Family Violence and All Forms of Violence Against Women: https://www.mav.asn.au/what-we-do/policy-advocacy/social-community/family-violence-prevention/preventing-family-violence-guide

Women's Health Grampians Preventing Violence Against Women resources: https://whg.org.au/publications/prevention-of-violence-against-women/

Additional priority areas

Reducing harm from alcohol and drug use

Reducing injury



Decreasing antimicrobial resistance across human and animal health

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Gender plays a key role in shaping health and wellbeing outcomes across the lifespan. Women and gender-diverse people experience particular health inequities and disadvantage due to their sex and gender, and a gender analysis of these additional priorities will reveal the different ways that they are impacted.[56]

If you are including these priorities in your Municipal Health and Wellbeing Plan, consider how the issue impacts women, men and gender-diverse people differently.

1. Use and collect gender-disaggregated data, and where possible, data that is broken down by Aboriginal and Torres Strait Islander status, ethnicity, migrant status, language spoken, ability, sexual orientation, socio-economic status, age and locality (rural/urban).

2. For each priority area, seek evidence on how gendered expectations and barriers can impact on the effectiveness of programs and services for women, men and those from diverse backgrounds.

3. Consult with a broad range of stakeholders and community members from a range of diverse backgrounds, and incorporate their feedback into the development of actions.

The Gender Equality Act Gender Impact Assessment process provides a structure for addressing this and Women's Health Grampians can support local councils to do this through CoRE.

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