Applying a gender lens to municipal public health and wellbeing planning

HORSHAM RURAL CITY COUNCIL, February 2021

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

Ten priorities have been identified in the *Victorian public health and wellbeing plan 2019–2023,* with four highlighted as focus areas. Councils are required to specify measures to prevent family violence and respond to the needs of victims, and meet their Gender Equality Act 2020 obligations. The *Victorian public health and wellbeing plan* also refers to:

- **Fostering gender equality**
  Consideration should be given to the importance of gender and intersectionality.
- **Responding to the needs of our diverse population**
  Consideration should be given to the needs of Victoria's diverse population, including Aboriginal and Torres Strait Islander communities, people with disabilities, those from culturally diverse backgrounds, and LGBTIQ populations.

This resource provides a brief gender analysis of the four focus areas as well as the Prevention of All Forms of Violence and Improving Sexual and Reproductive Health priorities. It provides local statistics where available, and offers suggestions for actions. A note on the gendered impacts of COVID-19 response and recovery is also included.

The Health Promotion Team at Women's Health Grampians (WHG) can provide guidance on applying a 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 Regional Consultant.

Relevant Resources

Municipal public health and wellbeing planning 2021–2025 DHHS Advice Note 1 August 2020

Victorian public health and wellbeing plan 2019–2023: https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan

FOCUS AREA
Tackling Climate Change and its Impact on Health

Gender analysis

- Climate change affects women disproportionately, as the risk is multiplied by women's economic vulnerability and women's socially constructed role as primary carer for dependents.[1]
- Extreme weather events and disasters are associated with an increase in violence against women.[2]
- Women's patterns of energy use and fossil fuel consumption are different to men's. Women are more likely to live alone or be rearing children alone, and to be responsible for others (family, kin, and neighbours) as paid and unpaid caregivers. They are more likely to make short trips by vehicle, depend on public transportation and travel with dependents. Women face additional challenges in meeting the rising energy, transport and food costs associated with climate change.[3]

Statistics

- Compared to the Victorian average (3%), Horsham had a higher proportion of the female population aged 15-54 years receiving the single parenting payment (6%).[4] This was highest in the Wimmera catchment, suggesting women in Horsham may be more vulnerable to the increasing costs of living associated with climate change (e.g. energy, food, transport).[5]
- A greater proportion of females (58%) in Horsham accessed specialist homelessness services compared to males (42).[6] Natural disasters may prolong displacement for those already homeless (i.e. spending longer in emergency shelters as a result of fire or floods).[7]
- 3.2% of Horsham residents reported access to public transport as good or very good. This is significantly lower than the Victorian average (61.2%),[8] influencing decisions around active transport.

Suggestions for action

1. Apply the Gender and Emergency Management Guidelines to emergency planning.
2. Apply an intersectional gender analysis to climate change decision-making. Include women in discussions about infrastructure, energy, transport, agriculture, environmental management and disaster.
3. Roll out delivery of Gender and Disaster Pod training and interventions to identify and respond to the gender specific impacts of disasters, including pandemics.

Relevant Resources

Women and Climate Change factsheet, Women's Health East, 2018: https://whe.org.au/wp-content/uploads/sites/3/2018/03/Women-and-Climate-Change-Fact-Sheet_20-03-18.pdf

DHHS Guidance: https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/tackling-climate-change

Gender analysis

- Women's relationship with food is impacted by gender expectations, as well as biological factors related to sex.[9]
- Socially-constructed body image ideals and normalisation of dieting and other weight control behaviours are significant, and affect young women's relationship with food in particular.[10]
- Australian women's food access, behaviours and health outcomes are strongly influenced by socioeconomic determinants and the environment in which food is prepared, shared and consumed.[11]
- Time pressure is a barrier to meeting vegetable consumption guidelines for many women due to work, study, or caring responsibilities.[12]
- Older women who are housebound, in residential care, or with decreased food intake may be at risk of deficiency.[13]

Statistics

- The Index of Relative Socio-Economic Disadvantage shows Horsham in the lower half of all Victorian LGAs, indicating moderate to high levels of disadvantage.[14] Women living in areas of most disadvantage and experiencing food insecurity are more likely to be obese. This correlation is not observed in men.[15]
- Women in Horsham were more likely to be obese/pre-obese (56.6%) compared to males (46.3%).[16] This rate for women was higher than regional (50%) and state averages (43.7%).[17]
- 45.2% of female Horsham residents consumed the recommended daily intake of fruits, with only 7.3% consuming the advised intake of vegetables. This is below the state averages for adequate fruit consumption (46.8%) and vegetable consumption (8.4%).[18]

Suggestions for action

1. Ensure nutritious and affordable food is available in settings outside the home, particularly residential services.
2. 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.
3. Involve women with diverse identities and experiences in the design and delivery of health promotion programs and campaigns. Give equal consideration given to social, emotional and physical aspects of health.
4. Consider the feasibility of subsidising families to outsource household work. Women who report time pressure as a barrier are significantly less likely to meet the Australian Dietary Guidelines' recommended intake of fruit and vegetables per day.

Relevant Resources

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

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

FOCUS AREA
Increasing Active Living

Gender analysis

- Women's participation in physical activity is impacted by gender expectations and biological factors.[19]
- 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.[20]

Statistics

- Females of all ages generally have lower physical activity participation rates than males.[21]
- Females in Horsham were more likely than males to be sedentary and undertake insufficient levels of physical activity.[22] Compared to males (48%), only 45% of the female population are meeting the physical activity guidelines (Victorian state average = 49%).[23]
- 82.6% of Horsham residents feel safe in the community.[24] However, only 37.9% of women in Horsham feel safe walking alone at night versus 71.6% of men, influencing decisions around and timing of physical activity.[25]

Suggestions for action

1. Partner with local sporting clubs to implement a targeted gender equality program, such as Act@Play, to identify and address the gendered barriers to participation.
2. Ensure sporting facilities (grounds, venues) meet female friendly guidelines and foster safe, welcoming, and inclusive spaces.
3. Provide professional development workshops that support women to apply for board positions in community sport and promote representation of women in leadership.
4. Partner with State Sporting Associations to offer socially modified forms of sport (e.g. Rock Up Netball, Wheelchair Basketball, Cardio Tennis) that cater to all ability levels.
5. Use sex-disaggregated and intersectional data to inform physical activity and sporting initiatives.
6. Consider the impact of emergency management, response and recovery on sport and physical activity, including damage to facilities and public space.

Relevant Resources

OurWatch: A team effort, preventing violence against women through sport - evidence guide. https://www.ourwatch.org.au/resource/a-team-effort-preventing-violence-against-women-through-sport-evidence-guide/

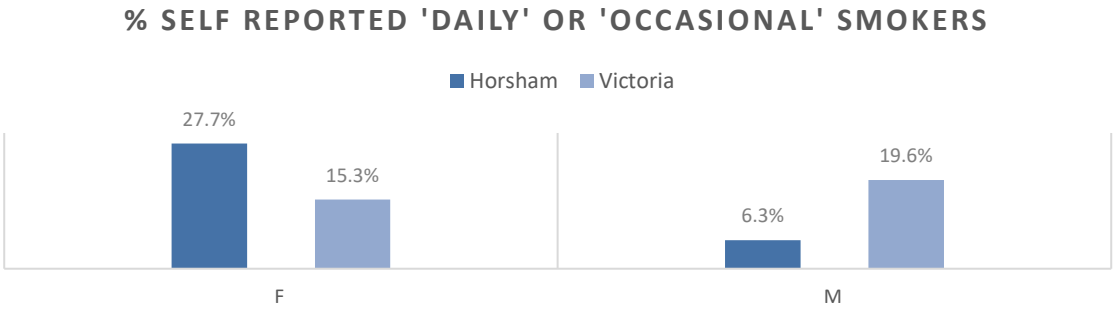
DHHS Guidance: https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/increasing-active-living

FOCUS AREA
Reducing Tobacco-Related Harm

Gender analysis

- All people who smoke have an increased risk of developing cancers and heart disease, however women experience additional smoking-related risks due to pregnancy, oral contraceptive use, and cervical cancer.[26]
- In Victorian women, significantly higher smoking prevalence is associated with mid-life, low education level or low annual household income.[27]
- Factors associated with smoking prevalence in women include: peer pressure; fear of weight gain; low socioeconomic status; young motherhood and sole parenting; depression, mental illness; violence and trauma; stress; poor physical health; Indigenous status; and living in remote areas.[28]
- Prevalence of current smoking in Victoria continues to decline in both men and women. While typically higher among men than women, this gap has narrowed over time.[29]

Statistics



Avoidable Mortality Indicator: Current Smokers 2017 [30]

Suggestions for action

1. Ensure tobacco education, information and cessation efforts incorporate gender-responsive messaging. Involve affected communities in their design and delivery.
2. Take a strengths-based approach – inform and empower women to respond to the impact of tobacco use and second-hand smoke on their health.
3. Interventions tailored to women are often primarily focused on pregnant and postpartum women. Consider the impact of smoking on women across the life course, and on women from diverse backgrounds.

Relevant Resources

Women's Health East. Women and Tobacco factsheet: https://whe.org.au/wp-content/uploads/sites/3/2018/03/Women-and-Tobacco-Fact-Sheet-FINAL_1-3-18.pdf

DHHS Guidance: https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/reducing-tobacco-related-harm

PRIORITY
Improving Sexual and Reproductive Health

Gender analysis

- Sexual and reproductive health outcomes have flow-on effects to all aspects of women's lives – finances, education, families and overall health. Access to timely services is fundamental for gender equality and women's participation in society.[31]
- 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.[32]
- Sexually transmissible infections (STIs) continue to be a significant public health concern. STIs, in particular chlamydia, are a major cause of infertility in women.[33]
- Teenage parenting is not always a result of an unplanned pregnancy. However, teenage women are less likely to know how 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. [34]
- Young women are more vulnerable than older women to unsafe or unwanted sex. [35]

Statistics

Table 1: Sexual and Reproductive Health Indicators[36]

TEENAGE BIRTH FERTILITY RATE (2018)	CHLAMYDIA STI NOTIFICATION (2018)	CONTRACEPTION LARC: IUD (2018)	CONTRACEPTION LARC: IMPLANT (2018)
32.1 Horsham	14.3 Horsham	8.7 Horsham	7.6 Horsham
14.6 Grampians 9.5 Victoria	18.6 Grampians 20.8 Victoria	6.1 Grampians 5.7 Victoria	10.3 Grampians 9.3 Victoria
per 1,000 women 13-19yrs	Cases per 10,000 persons	MBS claims per 1,000 women	MBS claims per 1,000 women
Rank #2 in Victoria Trend up since 2014	Highest in females (68%) Highest in 15-24 years	Good uptake of IUD option Implant rates trend down since 2015	

Local Services: Two medical clinics and one pharmacy. No hospital, imaging or counsellor options with 1800 My Options, the Victorian database of sexual and reproductive health service providers who consent to have their information provided to women.

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.

Relevant Resources

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

Gender analysis

- Violence against women 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.[37]
- 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.[38]
- Addressing the underlying causes of men's violence against women 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.[39] It is not sufficient to challenge these attitudes and beliefs in isolation; rather we also need to address the structures, policies and practices supporting them.

Statistics

PERCEPTIONS OF SAFETY

% women who feel safe walking at night

37.9 Horsham

46.2 Grampians | 44.0 Victoria

2015 VicHealth Community Indicators Survey

Second lowest in region

FAMILY VIOLENCE

Incident rate per 100,000 (Oct '19 – Sept '20)

2805 Horsham

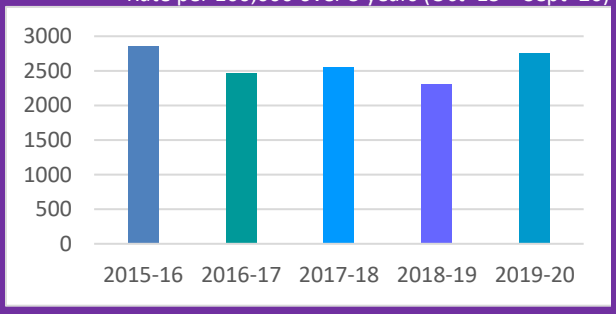
1600 Grampians | 1486 Victoria

Crime Statistics Agency

6th highest rate in state

FAMILY VIOLENCE

Rate per 100,000 over 5 years (Oct '15 – Sept '20)



Crime Statistics Agency

Suggestions for action

1. Ensure CoRE Action Plan is up to date and on track.
2. Engage Equality Advocates to deepen action on intersectionality.
3. Continue to support an organisational culture where taking bystander action to prevent violence against women is the norm. Ensure new staff receive bystander training.
4. Consider how COVID-19 has increased risk and prevalence of family violence. Ensure primary prevention efforts include this context, and that workplace policies and procedures incorporate measures relating to COVID-19, such as family violence risk when working from home.

Relevant Resources

Family violence and municipal public health and wellbeing planning - guidance for local government: https://www2.health.vic.gov.au/about/publications/policiesandguidelines/family-violence-and-municipal-public-health-and-wellbeing-planning-guidance-for-local-government

ADDITIONAL PRIORITY AREAS

- **Reducing Harmful Alcohol and Drug Use**
- **Reducing Injury in the Community**
- **Improving Mental Wellbeing**
- **Decreasing the Risk of Drug-Resistant Infections in the Community**

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.[40]

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

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.

Resources that may assist include the CoRE Gender Lens Checklist (https://whg.org.au/wp-content/uploads/2019/09/CoRE-Gender-Lens-Checklist.pdf) or the Victorian Women's Health Atlas for data (https://victorianwomenshealthatlas.net.au/#!/).

For additional guidance and resources, please contact your WHG Regional Consultant.

RECOMMENDED AREA
Addressing COVID-19

Gender analysis

- Women are the frontline of essential workers in this pandemic – in healthcare, teaching, aged care, social assistance and childcare. Female-dominated industries such as hospitality, retail and the arts have been hard hit by social distancing requirements, and more women than men have lost their jobs. Lower-income workers are more likely to be out of work than the highest income-earners. These women are often from diverse backgrounds.
- The existing division of labour and gendered social norms may be exacerbated as the burden of caring for children, the ill and the elderly falls unequally on women.
- Women's health is often adversely affected by pandemics as resourcing and priorities shift away from essential services such as sexual and reproductive health.
- Family violence increases during and in the aftermath of pandemics, particularly as people self-isolate at home without access to support networks and services.

Statistics

- Women make up 80.5% of people employed in the healthcare and social assistance industry in the Grampians region.[41]
- More women than men work in casual employment, and in industries likely to be hit by any economic downturn. For example, women make up 58.5% of the retail industry in the Grampians region.[42]
- Women are paid less than men and more women than men live below the poverty line. 48.2% of women and 35.7% of men in the Grampians earn below the minimum wage, affecting their ability to access supplies or recover from periods of economic crisis.[43]

Suggestions for action

1. Ensure decision-making is gender equal in post-pandemic planning, and that all rebuild efforts and investment apply a gender lens so that women and men benefit equally.
2. Collect and report on sex and age-disaggregated data to inform COVID-19 response and recovery. COVID-19 impacts not only health but also economic and social wellbeing, and therefore data should be collected on impacts on livelihoods, physical and mental wellbeing, gender-based violence, and child protection.
3. Ensure any messaging regarding COVID-19 appropriately targets women, including those from diverse backgrounds. Consult representatives from Indigenous communities, women's organisations, culturally and linguistically diverse communities, family violence organisations, LGBTQI+ organisations and disability organisations to tailor communication messaging and mediums to the needs and preferences of each group.

Relevant Resources

GenVIC COVID-19: https://www.genvic.org.au/resources/covid-19-resources/

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