

**WCHM Position Paper
on
Gender Sensitive
Health
Service Delivery**

**November
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A. Background

Women's Centre for Health Matters Inc (WCHM) works to improve the health and wellbeing of women in the ACT and surrounding regions, with a focus on women who experience disadvantage. The WCHM Strategic Plan for 2008-12 identifies women's access to gender sensitive health practitioners as an unmet need, and an intended outcome being to have a stronger evidence base around access issues and barriers as well as of women's experiences of gender sensitivity. Consequently, this brief has been developed in accordance with the Strategic Plan in order to guide further work around gender sensitive health service delivery.

Both women and men need and benefit from gender sensitive health service delivery, however, a vast majority of health research has been conducted by men about men and the results have frequently been applied to women, sometimes leading to inappropriate or ineffective interventions for women and a health system not free from the traditional biases against women.¹ In recognition of this and in line with WCHM's mission and strategic agenda, this brief deals specifically with the risk factors, responses and service requirements common to women. Through emphasising women's health, WCHM is not claiming that women's health is more important than men's, but rather WCHM wishes to highlight that much more is already known about men's health in comparison to women's health.²

And too often, health services have been delivered as a 'one size fits all' model, and mainstream health policy and the design and delivery of programs and services are not gender sensitive, and do not collect or use evidence about the differences between men and women and the need for services that cater for their differing needs. Some of the key issues are:

- Male dominated health services and gender-blind service delivery
- Medicalisation of health
- Women's health is seen as reproductive or sexual health
- Lack of access to information
- Gender-blind research and policy

¹ The Women's Health Council, 2007, *A Guide to Creating Gender-Sensitive Health Services*, 4.

² Lissa Donner, 2003, *Including Gender in Health Planning – a guide for regional health authorities*, Prairies Women's Health Centre for Excellence, Winnipeg. <http://www.pwhce.ca/gba.htm>.

B. Gender, women and health

Women and men are different, both as a result of biological differences and because of the differences in the ways that they live, work and play. Because of these differences, men and women have different health needs. Women, certainly, are affected by sex specific diseases such as cervical cancer, but the influencing factors that determine women's health are far broader than the traditionally principle reproductive issues.^{3 4} The differences in social roles assigned to women and men affect the "degree to which women and men have access to, and control over, the resources and decision-making needed to protect their health",⁵ which results in inequitable patterns of health risk, use of health services and health outcomes.⁶

One example is found in the view in our society of women as nurturing, interdependent and family oriented. While these are all positive qualities in that they are protective of other's health, domestic responsibilities limit economic resources and can increase women's vulnerability to poverty, affecting her own and her children's health.^{7 8} Domestic responsibility can also limit women's opportunities to weave their private and public worlds effectively,⁹ which can then greatly increase the risk of isolation. Caring demands have also been found to create potential pathways to the "female excess of 'minor' physical and mental ill health, such as tiredness, headaches and chronic pain".^{10 11}

To be more specific, social and biological factors in our society can influence women's:

- access to and understanding of information about disease prevention, management and control;
- subjective experience of illness and its social significance;
- attitudes towards the maintenance of one's own health and that of others;
- patterns of service use; and,

³ The Women's Health Council, 2007, *op cit.*, 1.

⁴ Carol Vlassoff and Claudia Garcia Moreno, 2002, "Placing gender at the centre of health programming: challenges and limitations", in *Social Science and Medicine*, vol. 54, issue. 11, 1714.

⁵ World Health Organization, 2002, *Madrid Seminar on Gender Mainstreaming Health Policies in Europe*, <http://www.euro.who.int/document/a75328.pdf>.

⁶ *ibid.*

⁷ Margaret Miers, 2002, *op cit*, 71.

⁸ Hilary Graham, 1993, *When Life's a Drag: Women, Smoking and Disadvantage*, HMSO, London.

⁹ Margaret Miers, 2002, *op cit*, 73.

¹⁰ *ibid.*

¹¹ Jennie Popay and Keleigh Groves, 2000, "'Narrative' in research on gender inequalities in health", in Ellen Annandale and Kate Hunt (eds.), *Gender Inequalities in Health*, Open University Press, Buckingham.

- perceptions of quality of care.^{12 13}

These differences manifest in such a way that sees women accessing health services more than men and with greater frequency. It is true that women in the ACT have a higher life expectancy than men but they also have higher rates of chronic illness and disability, and are more likely to be alone in old age when they require care. Also, women are more likely to seek health care than men, seek it earlier and seek it for others. Despite this, women are often excluded from drug and clinical trials and the male-oriented results are applied universally across men and women, often leading to undesirable or inappropriate effects and outcomes amongst women.¹⁴

Looking through the social determinants of health model lens, the risk factors that determine health and ill health are not the same for women and men. Gender in our society may make women more vulnerable to:

- domestic and sexual violence;
- issues around body image and self esteem;
- over-representation as unpaid carers;
- over-representation as lone parents;
- employment insecurity, through over-representation in part-time or casual work;
- under-representation in positions of power; and,
- lower socio-economic status.^{15 16}

Gender can also influence the way in which health practitioners and services provide their services, how effective the service is, and the degree to which they meet the needs of women consumers. For example, heart disease affects both men and women, however, the symptoms associated with heart disease, such as severe and sustained chest pain, are those that commonly only present in men. Women present with different symptoms, such as abdominal pain, fatigue and nausea and are commonly recommended less urgent and less aggressive treatments than men.¹⁷

¹² The Women's Health Council, 2007, *op cit.*, 4-5.

¹³ Carol Vlassoff and Claudia Garcia Moreno, 2002, *op cit.*, 1713.

¹⁴ The Women's Health Council, 2007, *A Guide to Creating Gender-Sensitive Health Services*, 4.

¹⁵ Women's Health Association of Victoria, 2001, *op cit.*

¹⁶ The Women's Health Council, 2007, *op cit.*, 4-5.

¹⁷ Carol Vlassoff and Claudia Garcia Moreno, 2002, *op cit.*, 1716.

C. What is gender sensitive health delivery?

Gender sensitive health service delivery is services/care that effectively addresses men's and women's different health care needs and recognises that these needs are distinct not only because of the differences between men's and women's bodies, but also because of differences in lifestyle and upbringing – how they live, work and play, and how they were raised as children. Gender sensitive services recognise and respond to a broader range of factors which impact on women's health, such as domestic violence, mental health, eating disorders, the effects of ageing and disability and women's multiple and often conflicting roles of workers, mothers and carers. Furthermore, gender sensitive service delivery understands that women who have fewer resources in terms of time, money, language proficiency and health insurance often face unique barriers to the healthcare system.

Issues concerning gender-sensitive service delivery have not been explored in depth, but in the end they concern practice – what should be done on the ground, and how services need to be delivered make them more gender sensitive.

This Position Paper seeks to define a WCHM view of the principles and characteristics of gender sensitive health service delivery, to inform our responses to policy and to advocate for improvements to women's health services.

D. Principles of gender sensitive health service delivery

The following is a set of principles that guide gender sensitive health service delivery:

- Women and men are not the same; many factors such as age, race, ability, language, sexual orientation, education and access to resources influence an individual's capacity to achieve optimal health and wellbeing. Gender is no different.¹⁸
- Health service delivery should strive for equity. This does not mean that each individual should receive the same treatment and access to services but rather, that they receive the access and treatment they need to realize equal health outcomes between different

¹⁸ Women's Health Association of Victoria, 2001, *op cit*.

women and between women and men.^{19 20 21} Equal health outcomes between women and men benefit society as a whole.

- Women must be involved in decision-making about policies and programs surrounding health service delivery. This includes taking the necessary measures to ensure that disadvantaged women's voices are heard and responded to.²²
- A health practitioner needs to be reflective about their own experience of gender and use this to facilitate their understanding of others; never losing sight of the fluidity of gender across time, culture and social position.²³
- Gender sensitive health service delivery acknowledges the role that health practitioners may play in empowering or disempowering those in their care. Research has found that women's main complaints against their health practitioners arose from being objectified or stereotyped as unintelligent, infantile, incompetent or 'unbalanced' and having their illness misdiagnosed or ignored.²⁴
- Men and women do have typical rates of morbidity and mortality but these should be understood in tandem with the particularities of individual experience.²⁵

E. What does gender sensitive health service delivery look like?

Gender-sensitive health services are more than just 'women only' services. After talking to women service users, providers and reviewing a wide range of literature, WCHM has identified four key qualities that must inform gender sensitive health service delivery: availability, accessibility, affordability and appropriateness. Gender sensitive health service delivery understands that 'women are their own experts' and that women are best placed to make decisions about the issues that affect their health and well-being.

Gender sensitive health services are likely to have the following characteristics:

- They offer women choices about the type of support they receive, and who provides it to them (i.e. a choice between a male or female doctor). This is of particular importance for some CALD/Aboriginal and Torres Strait Islander women, for women who have suffered

¹⁹ The Women's Health Council, 2007, *op cit.*, 3.

²⁰ *ibid.*

²¹ Carol Vlassoff and Claudia Garcia Moreno, 2002, *op cit.*, 1714.

²² Women's Health Association of Victoria, 2001, *op cit.*

²³ *ibid.*

²⁴ Margaret Miers, 2002, *op cit.*, 74.

²⁵ *ibid.*

trauma, and/or for women who may feel uncomfortable disclosing personal information to a male practitioner.

- They provide women with opportunities to be actively involved in their own care and treatment, including service planning and delivery.
- They offer women choice in treatment options, which may include medication, alternative therapy and/or other community-based services like peer support.
- They treat women with respect, give them time to talk and listen to what they have to say, including the provision of longer consultations and more preventative health measures and counselling where needed.
- They have staff and practitioners with qualifications in women's health and/or who are trained to understand the impact of gender on health and well-being.
- They are culturally sensitive.
- They understand that all health issues and life events may affect men and women differently across their lifespan and use a life course approach in service planning and delivery.
- They take into account the 'social determinants of health', that is, they acknowledge the way that women's personal circumstances and socio-economic status affects health. For example, a woman's child and/or other caring responsibilities, her relationships, housing status, income, age, sexuality, ethnicity, religion and cultural and linguistic background, all have the potential to negatively impact upon a her health and wellbeing.
- The service adapts to the social reality of women's lives and its impact on their health.
- They employ a holistic, individual approach to service delivery that recognises that women often have a multitude of concurrent challenges, which then often leads into a cycle of difficulties (i.e. chronic pain may lead to unemployment, mental health issues and/or alcohol and drug abuse misuse).
- They have 'women only' spaces within their buildings where it is required.
- They provide family-friendly and more specifically child-friendly environments (i.e. affordable childcare and/or supervision).
- They keep women's personal information confidential at all times.
- Services are community based, and either located near women and/or public transport routes, or an outreach program should be available in most localities.
- Pathways of care are easy to navigate, information is provided in preferred formats, and for those women who experience difficulty in understanding and/or navigating the health system, assistance is provided.

- Established and effective services are able to provide continuity of care through a stable and secure funding base.²⁶

F. Conclusion

Gender sensitive health service delivery is important if health services are to become more responsive, more accessible and more effective in the ACT, and to ensure that individual women have access to women-sensitive services and access to gender sensitive information so that they can make informed decisions regarding their health.

Further, it will assist health providers in making “connections between individuals, their health and the complexity of contemporary gender relations,”²⁷ and find appropriate responses. Successful gender sensitive health service delivery begins at the research and policy level, by using gender analysis and sex disaggregated data to examine the differences and disparities in the roles that men and women play, the power relations between them and their constraints and opportunities.²⁸ This knowledge will lead to a more nuanced understanding of men’s and women’s exposure to risk factors, of the manifestation, severity and frequency of disease, and in the social and cultural consequences of disease that create inequalities in access to technology, information, resources and health care.²⁹ It is only then that health research and policy will be truly informative of gender sensitive health service delivery.

A key role for WCHM will be to continue advocating to government, as well as other health institutions, to ensure they recognise social issues and provide policy and services that meet women’s needs.

A gender sensitive health service delivery system does not have to equate to spending more money or providing more services, but rather, is about building the capacity of existing services to ensure they are more appropriate to the needs of the patient.³⁰ If health providers have an

²⁶ M. Barnes, A. Davis, S. Guru, L. Lewis, H. Rogers, “Women-only and women-sensitive mental health services: A summary report” (University of Birmingham: UK, 2002)

²⁷ Margaret Miers, 2002, *op cit.*, 76.

²⁸ World Health Organization, 2002, *op cit.*

²⁹ *ibid.*

³⁰ The Women’s Health Council, 2007, *op cit.*, 6.

increased knowledge of how gender interacts with health and health care they will better be able to reduce the burden of illness for women and their families.³¹

WCHM supports further development of a gender sensitive health service delivery approach in order to better meet the needs of women in the Australian Capital Territory (ACT).

³¹ *ibid.*

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