



Submission on the National Strategy to Achieve Gender Equality

April 2023

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Introduction

Women’s Health Victoria (WHV) welcomes the opportunity to provide a submission on the draft of Australia’s first National Strategy to Achieve Gender Equality. WHV is a statewide women’s health promotion, policy, advocacy and support service with a proud history of over 29 years. We are an independent, feminist, not-for-profit organisation. We advocate and build system capacity for a gendered approach to health that reduces inequalities and improves health outcomes for women. We collaborate with women, health professionals, researchers, policy makers, service providers and community organisations. Our health promotion, information and support programs work with and for women using an intersectional lens, to identify and respond to service gaps and health inequalities in innovative ways.

WHV’s key priority areas include gender equality, the prevention of violence against women, women’s mental health, sexual and reproductive health, and women and cancer. We bring almost three decades of experience across these areas, including:

- being leaders in the design, delivery, dissemination and evaluation of workplace training and capacity building programs and the national Gender Equality in Advertising project, which apply evidence-based approaches to gender equity and prevention of violence against women;
- leading the Women’s Mental Health Alliance (the Alliance), a coalition of around 45 organisations and individuals who provide expert advice to policymakers and health services on the mental health of women and girls and undertake advocacy to ensure all women have access to evidence-based, gender-sensitive and trauma-informed mental health support; and
- leading sexual and reproductive health policy advocacy as well as operating *1800 My Options*, a state-wide information and referral service for contraception, pregnancy options, abortion and sexual health.

We are well-placed to provide advice on gender equality and its intersection with health (particularly mental health, sexual and reproductive health, and cancer) as well as gendered violence.

This submission outlines WHV’s responses and recommendations in relation to selected consultation topics in the Discussion paper (Australia PM&C 2023) that align most closely with our expertise as detailed in the table below.

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Definitions and consultation

WHV recognises that gender inequality impacts women, girls, men, boys, and trans and gender diverse people and children. However, given the community our work serves, this submission focuses on how the National Strategy to Achieve Gender Equality can best address the needs and concerns of women, girls, and trans and gender diverse people and children. In terms of language, throughout this submission we use ‘women’, ‘women and girls’, and ‘women and trans and gender diverse people’.

In developing this submission, WHV consulted the Equality Rights Alliance (ERA) National Gender Equality Strategy consultation paper and submissions by the rural Victorian Women’s Health Services and Multicultural Centre for Women’s Health (MCWH), in addition to documents recommended by the Office for Women and WHV’s own research.

We share ERA’s concern over the speed of the consultation process for this Strategy, and the restricted scope for input in this second, public phase. A consultation period of six months is very limited for a strategy of such significance – Australia’s first national gender equality strategy – and confining public submissions to an 800-word response to a single question will limit the ability of many stakeholders and members of the public to respond to the Discussion paper (Australia PM&C 2023) in any depth.

WHV also endorses the submissions of the rural Women’s Health Services and MCWH.

Consultation topics

Vision for gender equality

- *What should be the role of government, business and the community in achieving gender equality?*
- *What are your priorities for achieving gender equality in Australia?*

In 2022, Australia ranked 43rd internationally for gender equality, with an overall gender parity score of 73.8% (World Economic Forum 2022). This compares with the top 10-ranked countries whose gender parity scores ranged from 80 – 90%. Since the Global Gender Gap Index report was first published, Australia's gender gap has improved by a mere two percentage points over 16 years. The pace of change has been too slow, and significant work across the entire Australian community is needed if we are to become 'one of the best countries in the world for equality between men and women' (Australia PM&C 2023).

Important steps have been taken at the national level to address gender inequality. These include establishing the Workplace Gender Equality Agency and introducing the National Plan to End Violence against Women and Children. WHV also commends the current federal government on the policies and legislation to advance gender equality it has already introduced, as outlined in the Women's Economic Equality Taskforce letter to the Minister for Women (WEET 2023). These include but are not limited to increasing paid parental leave, introducing paid family and domestic violence leave in the National Employment Standards, and implementing all 55 Respect@Work recommendations.

However, recent evidence shows widespread community resistance to acknowledging the full scale of gender inequality or violence against women. For example, the latest National Community Attitudes Towards Violence Against Women Survey conducted by ANROWS shows a decline in the proportion of Australians who understand that men are more likely than women to perpetrate domestic violence, and an increase in the share of those who believe gender inequality is exaggerated or no longer a problem (Politoff 2017). These ingrained and persistent community attitudes show that improving gender equality, despite encouraging gains, will be a decades-long task. A National Strategy to Achieve Gender Equality to drive and coordinate our efforts is essential, and long overdue.

Although the general community, business, and a range of other sectors must all be involved, government has a particularly key role. The Commonwealth controls several critical policy levers for gender equality, including employment and industrial relations, social security, superannuation and childcare, as well as providing a large share of the funding for state-run services, including health services and schools. These are crucial areas where the National Strategy to Achieve Gender Equality can demonstrate leadership through a gender-transformative approach to legislation, policy and funding.

However, as we have learned through related efforts to prevent violence against women, and as we make clear in our recommendations below, the key to shifting entrenched attitudes and behaviours and achieving long-lasting change is a coordinated, whole-of-

community strategy, supported by long-term investment, in which all settings and population groups are engaged and committed to change. As noted in the Discussion paper (Australia PM&C 2023), the National Strategy to Achieve Gender Equality must be integrated with relevant intersecting policies, strategies and legislation. It must also engage cross-sector partners and leverage specialist gender equity expertise, such as that available in organisations like WHV.

Finally, WHV holds that an intersectional approach is essential to achieving gender equality in Australia. We believe that the National Strategy to Achieve Gender Equality must embed the understanding that structural gender inequality is compounded by systemic disadvantage because of First Nations heritage, race, disability, LGBTIQ+ status, housing and income insecurity, migrant/refugee status, location and age. In this respect, we endorse the points made on intersectionality within the submissions by the rural Women's Health Services, Multicultural Women's Health and Equality Rights Alliance (Rural Women's Health Services 2023; MCWH 2023; ERA 2022).

Burden of care

- *What are the underlying challenges in the way we value and allocate care that the strategy could address?*

WHV endorses the Discussion paper's acknowledgement that the way care is currently (under)valued and (unfairly) allocated in Australia:

- is influenced by social and economic structures reflective of gendered care norms associating women with caregiving, and
- is a key contributing factor to women's over-representation in insecure, lower paid and lower status work relative to men, with the attendant economic implications over the lifecycle.

We also support ERA's recognition in their National Strategic Plan on Gender Equality consultation report (ERA 2022) that care is 'where the greatest gain can be made [in] shifting gender norms and challenging stereotypes'.

Government and employers have important roles to play in changing how care is valued and allocated to address the undue burden on women and contribute to greater gender equality.

For government, areas for reform include:

- support for parents of young children (paid parental leave, income and child support for single parents who are overwhelmingly women);
- support for other carers (i.e., of people with medical conditions, a disability, substance abuse issues, or who are aged – again, more likely to be women) via the carer payment and carer allowance; and
- the regulation of employment conditions in caring industries such as childcare, disability care and aged care. Employers can review their organisational policies and practices to better support parents and other carers to allow them to balance not only work but also career pathways with caregiving.

Recommendations

To facilitate a more even sharing of the burden of care on people of all genders, the National Strategy to Achieve Gender Equality should:

- Incentivise employers to implement policies and practices that support employees of all genders to take on unpaid caregiving duties equally and to undertake leadership positions in a part-time capacity.
- Improve income support for single parents and eliminate welfare conditionality.
- Expand the current 20 weeks shared Paid Parental Leave (PPL) for birth parents and partners to OECD best practice (61 weeks shared), to encourage shared childcare and employment responsibilities. Superannuation should be paid on PPL.
- Ensure access to high quality, universally accessible and affordable childcare
- Adequately remunerate childcare, disability, and aged care workers.
- Increase uptake of flexible work arrangements by parents of all genders to support the sharing of parenting responsibilities, as well as for single parents who must also manage unpaid domestic work and childcare requirements.
- Provide expecting parents with information in the prenatal period to support positive, equal and respectful co-parenting relationships including fostering realistic shared expectations around how parenting and domestic duties will be allocated.
- Challenge normative expectations that women are responsible for domestic and parenting work.

Gendered violence

- *Australia has a National Plan to End Violence Against Women and Children – how could the GE strategy contribute to ending violence and supporting the Plan?*

The development of the National Strategy to Achieve Gender Equality is critical to the achievement of the aim of the National Plan to End Violence Against Women and Children 2022-2032 (the National Plan) to end gender-based violence within a generation. As noted in the Strategy Discussion paper (Australia PM&C 2023), gender inequality is a central driver of violence against women and children, and the persistence of gendered violence reflects ongoing gender inequality. Without a national strategy to address gender inequality, gendered violence will likely continue.

Intersectionality

Women, girls and trans and gender diverse people who face intersecting forms of oppression and discrimination simultaneously are at increased risk of gender-based violence and lack culturally safe and accessible services. WHV endorses the recommendations relating to gendered violence and rural, regional, migrant and refugee women in the submissions of the Victorian Rural Women's Health Services and MCWH respectively, while noting that the Strategy must also address the drivers of gendered violence and service needs facing First Nations women, LGBTQIA+ individuals, women with disability, and

women and trans and gender diverse people at particular life stages (e.g., adolescence, the perinatal period, older age).

Mental health impacts of gendered violence

The National Plan's inclusion of recovery from gender-based violence is welcome, as is its recognition of the trauma and mental health impacts and the lack of adequate recovery services. However the National Plan does not acknowledge the additional problem of a lack of coordination between the mental health, family violence and sexual assault sectors in supporting the trauma recovery needs of victim-survivors. While it is hoped that the Five-Year Action Plans address this issue, WHV recommends it be included in the National Gender Equality Strategy as a means of supporting this aspect of the National Plan.

Respect@Work recommendations

WHV commends the Federal Government on implementing all recommendations from the Respect@Work Inquiry. However, we urge going beyond recommendation 25 and implementing an Equal Access costs model for all discrimination cases to further reduce the barriers to individuals wishing to make sexual harassment or sex discrimination complaints (Power to Prevent Coalition 2023).

Recommendations

The National Strategy to Achieve Gender Equality should:

- closely align with the National Plan to End Violence Against Women and Children 2022-32 and the implementation of the Respect@Work recommendations, and
- recognise the physical and mental health impacts of gendered violence and incentivise improved coordination among family violence, sexual assault and the physical and mental health sectors.

Impact of sex and gender on health and access to health services

- *Australia has a National Women's Health Strategy supported by an Advisory Council – how should the National Strategy for Achieving Gender Equality support this effort and reflect the role of health and wellbeing in achieving gender equality?*

Gender inequality is a driver of poor and uneven health outcomes for men, women and gender diverse people. WHV supports the Discussion paper's acknowledgement of systemic issues in healthcare delivery and medical research that results in women disproportionately experiencing delayed diagnosis, overprescribing, and a failure to properly investigate symptoms (Australia PM&C 2023).

Building the evidence base with sex and gender analysis in medical research

To improve the health and wellbeing of Australians, health and medical research must urgently address research knowledge gaps in the health of women, girls and trans and gender diverse people. Australian medical research has fallen behind the United States, Canada and Europe in recognising the importance of sex and gender in health research, and in incorporating policies and practices requiring sex and gender analysis in grant funding (Swannell 2020).

Sex differences impact epigenetics, physiology, the way some diseases present and drug metabolism, and have major consequences for the way diseases are treated and medication prescribed (Lamon & Knowles 2021). However, not enough is being done to understand these differences, which is a critical first step in creating evidence-based policies, training and other interventions that improve recognition of sex differences and reduce gendered health inequities (George Institute for Global Health 2023).

Mandating the incorporation of sex and gender dimensions in research design, analysis and translation of medical research will:

- lead to more reliable and reproduceable research findings;
- increase our understanding of social and biological risk factors for health conditions and how to address them, supporting better targeting of prevention initiatives; and
- reduce the potential harms of poorly targeted treatments for women, men and gender-diverse people.

This will contribute to achieving true gender equity in health outcomes into the future.

Recommendations

- Federally funded medical research grants supported via the National Health and Medical Research Council must have an equitable number of male and female research participants (unless there is a good reason not to), include trans and gender diverse participants where possible, and require that all data must be analysed and reported on by sex and gender to improve knowledge gaps.
- Grants should also be increased to accommodate the cost of comprehensive research incorporating people of all genders.
- Additional funding may also be necessary to train researchers and clinicians in how to undertake research that includes comprehensive sex and gender analyses (Sex and Gender Sensitive Research Call to Action Group 2020).

Importance of access to SRH services to gender equality

Gender-unequal health policies and service delivery are a significant barrier to good sexual and reproductive health (SRH) in Australia. The SRH system lacks integration with mainstream health services, and oversight of SRH is ad hoc and disconnected.

A national approach to workforce capacity and training, with emphasis on increasing investment in and coordination of the SRH workforce, is needed to overcome access barriers. Current workforce shortages impede access to medication abortion, late-gestation

abortion, long-acting reversible contraception, and rural and regional services. This is exacerbated by the lack of standardised pre-medical training (Cheng et al. 2021) and nursing training (Desai et al. 2022) relating to surgical abortion, medical abortion, LARC, menopause, pelvic pain or other SRH conditions; and by confusion about practitioner obligations in relation to conscientious objection laws. Nurse-led models increase access to LARC, medical abortion and STI diagnosis and treatment, however greater investment is needed to expand these (Women's SRH COVID-19 Coalition 2020).

In addition, a shortage of public hospitals offering surgical abortions leads to lengthy access delays, service system vulnerability (e.g. to staff shortages) and public uncertainty about where to access abortion services (Dawson et al. 2016).

Cost is also a prohibitive factor impeding access to sexual and reproductive health services in Australia (Shankar et al. 2017). This reflects the limited role of the public health system in SRH provision, and the lack of investment in public sexual and reproductive system enablers, such as MBS items, telehealth and emergency funds and Medicare access for all migrants. The time-limited aspect of many SRH services – especially early medical abortion – makes telehealth an essential part of access, with comparable safety, efficacy and accessibility to in-person services (Women's SRH COVID-19 Coalition 2020).

Recommendations

- A national SRH taskforce to coordinate and integrate the SRH system with specific aims, performance indicators and outcomes, with representation from the National Advisory Council on Women's Health and consumers, healthcare providers, academics, and advocacy organisations.
- A national workforce industry plan to increase capacity to respond to abortion and other SRH issues as part of standard healthcare provision, particularly in regional and rural areas. This includes:
 - SRH training at all levels of practice for healthcare practitioners, including GP, nursing, midwifery and associated healthcare workforces, and appropriate accreditation (and remuneration).
 - Investing in and expanding current nurse-led models operating around Australia to enable nurses to better support LARC and medical abortion. Changes in state and federal-level legislation will be needed to support this.
 - Training all workers responsible for health communications in plain English communication, inclusivity and intersectionality, and best practice use of interpreters.
- Require all public hospitals with capability to provide abortion options, and all public hospitals without capability to provide transparent, evidence-based and timely referrals to care.

- Address cost barriers by investing in public SRH system enablers:
 - Continue MBS telehealth item numbers for SRH consultations beyond June 2023.
 - Extend Medicare entitlements to include all migrants.
 - Review the MBS and PBS coverage of LARC devices and services, acknowledging their efficacy as well as the time required for appropriate provision.
 - Establish an emergency fund to address immediate costs of specific SRH care for those ineligible for Medicare or unable to access services in the public system, administered by an external service (such as women's health networks), while an affordable, sustainable, and accessible public health system is established.

A gendered approach to mental health

Gender disparities in mental health are significant. Women are almost twice as likely as men to experience mental illness due to a mix of biological (sex), social (gender) and intersecting forms of inequality, while rates of mental ill-health are even higher among trans and gender diverse people. Sex, gender and intersectional factors also affect women and trans and gender diverse people's experiences in the mental health system. Yet most mental health research, education and services are premised on a male-centric model that overlooks the needs and experiences of people of other genders. (For further detail, see [WHV's latest Issues Paper](#)).

WHV therefore commends the [National Women's Health Strategy](#) for its recognition of:

- the role of sex and gender in driving adverse mental health outcomes for women and girls (including the important contribution of gendered violence),
- the need for mental health service system reform from promotion and early intervention through to service delivery and response to better address the gendered drivers of mental ill-health and improve women's experiences of care, and
- the need to increase awareness of and address the health impacts of gendered violence.

To address the drivers of women and trans and gender diverse people's mental ill-health and improve experiences of care requires systemic reform of not only the mental health system (such as that being attempted in Victoria following the recent Royal Commission) but also intersecting service systems such as family violence, sexual assault, alcohol and drugs, and more. While this is beyond the scope of the National Strategy to Achieve Gender Equality, it can support the National Women's Health Strategy by similarly recognising the closely interconnected nature of gender inequality, gendered violence, trauma, and women and girls' mental (and physical) ill-health, and by supporting the associated reforms. In addition, WHV recommends the following two priorities for the Federal Government to focus its efforts in addressing gender disparities in mental health: workforce capability-building; and a gendered approach to stigma and discrimination.

To improve the mental health and wellbeing of women and trans and gender diverse people, it is essential to have appropriately skilled mental health workforces that are able to deliver trauma-informed, gender- and culturally responsive mental health support, as well as address the gendered social, economic and cultural determinants of mental ill-health through primary prevention. (For more detail please see the Women's Mental Health Alliance's 2021 [submission to the National Mental Health Workforce Strategy](#)). The Federal Government is well-placed to drive the development of a national capabilities framework that clearly identifies the required capabilities for different parts of the mental health workforce to support this.

WHV welcomes the National Mental Health Commission's work on the Draft National Stigma and Discrimination Reduction Strategy, particularly its definition of stigma as including structural stigma, focus on bringing about behavioural change, recognition of key issues such as discrimination beyond the mental health sector, and focus on human rights. However, a gendered approach must be taken more broadly to address the ways in which stigma and discrimination in the form of gendered expectations and stereotypes can shape women and trans and gender diverse people's access to and experiences of mental health care, and of other services (e.g., overuse of certain mental health diagnoses such as borderline personality disorder, stigmatising attitudes of health professionals, and emphasis on the biomedical model of mental health that pathologises rational responses to traumatic events).

Recommendations:

- Develop a national mental health capabilities framework for the mental and general health workforce to address the specific mental health needs and experiences of women, girls and trans and gender diverse people. Suggested capabilities include intersectional gender competence, responding to gendered violence, gender-responsive trauma-and violence-informed practice, culturally-responsive practice, prevention of and response to gendered violence in mental health facilities and other settings, and gender-informed mental health promotion/primary prevention.
 - Ensure the implementation of a national capabilities framework or frameworks is supported by standardised pre-service and in-service training, practice guidance, organisational leadership, and resourcing.
 - Establish a sector capacity building role (in each state and territory) to engage organisational leaders and key stakeholders in mental health to identify and respond to statewide family and sexual violence capacity building needs within the mental health workforce.
- Ensure that anti-stigma training in the mental health and related sectors (e.g., justice sector) includes specific efforts to address harmful gender biases, stereotypes, and discrimination in the mental health system and among the public.
- Use the biopsychosocial model of mental health in anti-stigma initiatives to challenge the dominance of the biomedical model.

Impact of gendered factors across the lifespan

- *What are critical factors that exacerbate gendered disadvantage over the life course?*
- *Are there issues your organisation would address first? Are there issues that should be addressed together?*

WHV supports the position of the Strategy Discussion paper that gendered factors combine and impact across a life course, and its summary of the critical factors that can exacerbate gendered disadvantage over a lifetime (Australia PM&C 2023). These include financial insecurity, gendered violence, reproductive health issues that affect workforce participation, the gender pay gap and inequitable labour market, and the unequal burden of unpaid care work. In addition, WHV strongly recommends that the Strategy recognises and addresses the long-term mental health impacts of gendered violence and disadvantage. Earlier experiences of violence and ill-health, such as childbirth trauma, poor maternal health care, and sexual violence, can significantly impact a woman's quality of life as she ages (Crocket & Cooper 2016, p. 7). A gendered lens on mental health will also ensure biology-specific mental health conditions occurring at different life stages are addressed, for example pre-menstrual dysphoric disorder and perinatal anxiety and depression (Kulkarni 2014).

Addressing gender inequality over the life course requires that health information be provided in ways that are accessible and relevant to people of different ages, from diverse backgrounds, and according to different sexual and reproductive health needs. For example, while older women continue to have sexual health needs past their years of fertility, they are a hidden population that is absent from sexual health campaigns and government policies, and they face significant barriers in accessing information and care (Ezhova et al. 2020; Rowlands et al. 2015).

WHV endorses the Discussion paper's emphasis on the compounding impacts of financial insecurity over a woman's life (Australia PM&C 2023). To address this, it is important that the Strategy implement policies which make workplaces more equitable through providing leave for non-fertility-related reproductive health needs.

Reproductive leave is essential to gender equity, and to ensuring that all people can exercise their reproductive rights. Reproductive leave has the potential to ensure that all women and gender diverse people can participate actively, productively and creatively in the workforce according to their individual needs.

Recommendations

To address the long-term, life-course impacts of gendered disadvantage, WHV recommends that the National Strategy to Achieve Gender Equality:

- Invest in mental health care for older women and trans and non-binary people, in recognition of the fact that gendered disparities and inequalities compound and intensify over the life course, with particular impacts on mental health

- Invest in sexual and reproductive health care services and education campaigns that are informed by changing needs across the lifespan, from menstruation to menopause
 - Ensure that all people in Australia access culturally appropriate, best practice, evidence-based information about sexual and reproductive health, throughout all life stages.
 - Invest in evidence-based, culturally appropriate, accessible education initiatives that provide information about SRH across the lifespan to people of all ages and reproductive life stages.
 - Ensure that all workers responsible for health communications are able to communicate in plain English, with understandings of cultural considerations and best practice use of interpreters.
 - Ensure that underserved communities have their needs appropriately met by the entire SRH service system. This includes migrant and refugee women, women with disabilities, First Nations women and trans and gender-diverse people.
- Implement policies that require workplaces to offer leave entitlements for DFSV, primary carer responsibilities and reproductive conditions outside parental leave (e.g., menstrual leave, infertility leave, menopause leave)
- Create provisions in national legislation for reproductive leave via both modern awards and in National Employment Standards, that enshrine the right to paid gender-inclusive reproductive leave for any conditions relating to menstruation, perimenopause, menopause, miscarriage, pelvic pain, IVF and other forms of ART, vasectomy, hysterectomy, contraception, and abortion. This right includes the right to paid leave in addition to regular personal leave and annual leave, as well as flexible working arrangements.

Stereotypes

- *In what areas are stereotypes a key barrier to achieving gender equality?*

Gender stereotypes and rigid norms about both masculinity and femininity create social conditions of gender inequality and are one of four key drivers that underpin violence against women (Our Watch 2021). Below are four examples of areas where stereotyping influences opportunities and therefore outcomes for women, girls and non-binary people.

Stereotypes about gender can affect educational opportunities and limit career opportunities. In Australia, female-dominated fields of study include education (73.9% female) and health (74.1% female). Male-dominated fields of study include informational technology (80.8% male) and engineering and related technologies (82.1% male) (WGEA 2021). Gender segregation in field of study influences occupational gender segregation, which matters because average pay for female-dominated industries is lower than in male-dominated industries and female employees are paid less than male employees across 'gender

dominant', and indeed all classifications (WGEA 2019). Gendered stereotypes about leadership traits such as assertiveness and risk-taking also mean that men hold the majority of leadership positions in Australia, even in female-dominated industries (WGEA 2019).

Stereotypes about gender and beauty standards are perpetuated consistently by the Australian advertising and media industries, which are largely self-regulated. There are currently no federal laws that restrict or prohibit sexist advertising (Women's Health Victoria 2020). Problematic portrayals of women reinforce and perpetuate beliefs and behaviours that limit the role and value of women within society. Sexualisation and objectification of women in ads and mass media causes society to view women as less capable and less intelligent, and normalises violence against girls and women (McKenzie et al. 2019).

Stereotypes about gender and caregiving mean that women are perceived as more nurturing and better suited to taking on a greater proportion of unpaid domestic and care work. Australian women spend more than an hour a day longer participating in this unpaid work than Australian men (4.5 hours compared to 3.2 hours) (ABS 2022). Greater time spent in unpaid work limits women's career opportunities and earning potential, as well as contributing to the gender pay gap.

Recommendations

WHV recommends that the National Strategy to Achieve Gender Equality:

- Continue to commit the Australian government to invest into programs and initiatives that aim to address gender stereotypes in society, including those that:
 - Build workplace capacity around gender equality and respect
 - Provide guiding primary prevention frameworks for change e.g., [Change the Story](#)
 - Address gender equality and promote the use of progressive portrayals in advertising and media, e.g., [shEqual](#)
 - Support development of primary prevention and supporter workforces.
- Introduce regulatory and legislative levers that strengthen the enforcement of advertising and media standards for gender portrayals. Examples of promising practice are the UK's co-regulatory system that bans gender stereotypes that are likely to cause harm or serious or widespread offence; and Iceland's Act on the Equal Status and Equal Rights of Women and Men that mandates against sexist advertising.

Measuring progress

- *When building the evidence base and assessing progress, where should we focus?*
- *What accountability and reporting mechanisms would you prioritise?*

The National Strategy to Achieve Gender Equality should require the establishment of a comprehensive outcomes framework, which involves regular reporting against relevant indicators and measures, and is supported by sex-disaggregated data, research and robust evaluation of initiatives, in order to prioritise effort, hold Government and stakeholders accountable, and track change over time. An independent body should also be established to oversee monitoring and accountability processes for the Strategy.

Priorities for building the evidence base and assessing progress

Reporting against a clear outcomes framework

Establishing and reporting against a clear outcomes framework will be crucial for clarifying priorities, measuring progress and promoting accountability. Appropriate indicators and measures should be developed for each outcome that will demonstrate change over set timeframes. Outcome measures should be co-designed with relevant non-government partners that will play a key role in contributing to their achievement. These measures should then inform the design and targeting of interventions and strategies across different regions and population groups.

Sex-disaggregated data

Collection of sex-disaggregated data is essential to support outcomes measurement and evidence-based decision making. Government must play a lead role in improving the availability of sex-disaggregated data, both through its own data collection and by incentivising or mandating its partners and stakeholders to collect these data.

Sex-disaggregated data must be cross-tabulated to make visible the ways in which sex intersects with other social factors, including race, culture, age, ability, gender identity, sexual orientation, socio-economic status and geography, to impact women's experiences. It is important that definitions applied, particularly those relating to disability and cultural and linguistic diversity, are comprehensive so that these groups are more accurately represented in reporting. Definitions should be developed in consultation with relevant stakeholders and applied consistently across all agencies to allow for cross analysis of datasets.

A review is required to investigate which disaggregations are currently available by the social factors listed above for datasets relevant to each outcome measure, to identify gaps and determine what new data are needed. Addressing these gaps should be prioritised and supported through investment in national and sub-national statistical systems strengthening. This is crucial to ensure rigorous assessment of progress and barriers for underserved communities.

Sex-disaggregated data needs to be as current as possible, published in a manner that is easily understandable and accessible to the public to promote accountability and transparency. The high costs of obtaining certain datasets are often a barrier to their use. It is also important that sex-disaggregated data is not only reported in updated snapshots, but also across time, so that changes are visible in relation to previous time periods.

Women's Health Victoria endorses the Discussion paper's call for the federal Government to make better use of its data holdings, especially to support government decision making and identify priority areas for action (Australia PM&C 2023).

Gender analysis

Public reporting on gender equality indicators should be accompanied by gender and social analysis to provide broader context to the data and ensure that information is interpreted correctly. It is important to explain how poorer outcomes reported for specific groups are a result of structural and systemic issues and do not reflect an inherent deficiency within these groups. The [Victorian Women's Health Atlas](#), founded by Women's Health Victoria in 2015, is an example of good practice in relation to presentation of sex-disaggregated data and gender analysis.

Qualitative data

Qualitative data must also be regularly collected and reported to measure progress on gender equality outcomes to aid a deeper understanding of trends relating to gender inequality observed in quantitative data and better target interventions to address underlying contributing factors. Currently, there are few nation-wide initiatives that collect and publish these data. Additional attitudinal data are required to investigate lived experience of gender inequality and community views on gender norms in Australia. Qualitative data collection and analysis should also include sex-disaggregation and cross-tabulation with other demographic factors (as listed above).

Evaluation

Evaluation must be viewed as an essential component of funding for initiatives under the National Strategy to Achieve Gender Equality to support evidence-based decision making. Evaluations should be designed according to best practice approaches for evaluating gender equality initiatives and utilise a feminist framework. Focus should be placed on investigating which approaches work best for different population groups. It is then vital that learnings are used to inform ongoing implementation of initiatives and the design of future policies and programs. To support effective evaluation of initiatives, gender equity and gender analysis training should be incorporated into ongoing professional development for all federal Government staff.

Research

It is important that investment in research is prioritised to build the evidence base for effective gender equality interventions.

Priorities for accountability mechanisms

The governance framework should involve:

- monitoring by an independent body,
- a Cabinet committee to drive whole-of-government action,
- a coordinating unit within a central agency,
- gender 'focal points' in all departments, and
- an interdepartmental committee with senior representation.

Recommendations

- A comprehensive outcomes framework should be implemented with regular reporting against set indicators and measures.
- Relevant sex-disaggregated qualitative and quantitative data, cross-tabulated by key social factors, should be collected, used to guide policy and program development and measure progress in achieving outcomes, and easily available to the public and accompanied by gender analysis to promote accountability.
- Evaluation should be a component of all initiatives, with findings used to inform ongoing implementation and development of policies and programs.
- Investment in research should be prioritised to build the evidence base for effective gender equality interventions.
- An independent body should be established to oversee monitoring and accountability processes for the National Strategy to Achieve Gender Equality.

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