

Consultation on the National Strategy to Achieve Gender Equality

What is the name of your organisation? Please note organisation names will not be published: Australian Longitudinal Study on Women's Health, Centre for Women's Health Research, University of Newcastle

Which of these best describes your type of organisation?

- National
- State
- Non government, non profit
- Non government for profit
- Academic institution**
- Other...

Which of these best describes the core business of your organisation?

- Health and caring
- Education
- Public policy
- Research**
- Other...

How would you describe the population you serve?

- Rural
- Urban/surburban
- Low income
- Middle income
- High income
- Mostly men
- Mostly women**
- A mixture of men and women
- LGBTQI+
- First Nations People
- Culturally and linguistically diverse, migrant and refugee people
- Other...

Tell us what your organisation thinks are the priorities to achieve gender equality in Australia. (800 words max). A discussion paper has been created to help inform your response.

Addressing gender bias, stereotypes and societal attitudes that perpetuate gender inequality

Gender stereotypes are a key barrier to achieving gender equality. These stereotypes lead to poorer outcomes for women. For example, sexist ideologies can reinforce controlling attitudes and violent behaviours towards women (e.g. domestic violence and workplace harassment), and traditional gender roles place the burden of childcare on women, restricting their participation in the paid workforce. The Strategy should acknowledge the role of gender stereotypes in perpetuating systemic gender disadvantage, commit to building an evidence base to better understand how societal attitudes affect women, and support policies and initiatives that facilitate change in societal attitudes.

Addressing the prevalence and impact of gendered violence

Violence against women is a pervasive issue that exacerbates gender disadvantage over the life course. For example, as identified in the *National Plan to End Violence against Women and Children 2022-2032* and the *Women's Budget Statement October 2022-23*, findings from the Australian Longitudinal Study on Women's Health (ALSWH) revealed that 51% of women in their twenties had experienced sexual violence. Those who had experienced sexual violence had poorer health, worse economic outcomes, and higher healthcare costs than those who had not experienced sexual violence.

The Strategy should advance primary prevention efforts to address the high national prevalence of violence. The Strategy should also advocate for secondary prevention of disadvantage for the high proportion of women who have already experienced violence. A key priority is to address the poor outcomes of these women by developing an evidence base to identify gold standard trauma-informed initiatives and treatments which address the health deficits of women who have experienced violence, and prevent further disadvantage and inequality.

Addressing women's economic disadvantage

Women's economic disadvantage is also a major barrier to achieving gender equality. Poor economic outcomes can result from gender-related factors and life experiences, such as experiences of violence, and an inability to undertake paid work due to childcare responsibilities. Economic disadvantage can lead to further financial hardship and trap women in the cycle of gender inequality. For example, financial insecurity impacts women's ability to leave violent relationships and recover from abuse. Similarly, gender-related barriers can restrict women to lower incomes than men, which extends their repayments on education loan schemes (e.g. HECS and HELP) and increases their debt over time.

The Strategy should prioritise addressing women's systemic economic disadvantage by driving policies and initiatives that actively encourage and support women to participate and progress within the paid workforce. This may include: addressing high childcare costs and workforce shortages; addressing sexual harassment in the workplace; developing financial schemes for women escaping violence; and developing education and training pathways designed for women.

Improving women's health services and evidence base

Women's health and wellbeing also has an important role in achieving gender equality. Women have unique and ever-changing sexual and reproductive health needs, and can suffer poor health and face higher healthcare costs due to gender inequity. For example, ALSWH demonstrated that women who had experienced sexual violence have poorer health and higher healthcare costs than those who had not experienced sexual violence. For women who are financially insecure, high costs may also act as barrier to accessing health services. Additionally, the ongoing issue of gender bias in health care and the historical generalisation of findings from male research participants to women, and under-funding of women's health research and services has likely worsened health service disparities between men and women.

The Strategy should support *the National Women's Health Advisory Council* by prioritising the investment in and adoption of evidence-based approaches to achieve equitable health services and research efforts. This includes: prioritising affordable access to health services for women; addressing workforce shortfalls in equitable service provision; and investing in women's health research.

Strengthening and utilising the longitudinal evidence base

Gender inequality is a complex and multifaceted issue, which is not fully understood. The Strategy should not only draw from a comprehensive evidence base in guiding its priorities, but also utilise evidence to measure and evaluate the impact of the Strategy. As identified in the *National Women's Health Strategy 2020-2030*, investment in existing longitudinal studies, such as ALSWH, is essential to improving long-term outcomes for women. Longitudinal studies offer a baseline measure of health and wellbeing and a cost-effective opportunity to evaluate the impact of the Strategy over time. ALSWH has been running since 1996 and has over 57,000 participants (alswh.org.au). A large volume of existing quantitative and qualitative data can be used to examine trends in health, demographics, and life experiences across the lifecourse, including transitions into and out of paid work, and through to retirement. The Strategy should focus on investing in and strengthening these data assets to capture diverse experiences, and also utilise the data to measure progress towards the Strategies objectives.