A Case for a National Women's Health Strategy in Aotearoa New Zealand by Women's Health Action

Women's Health Action is a women's health promotion, information and consumer advisory service.

We are a non-government organisation that works with health professionals, policy makers and other not for profit organisations to inform health policy and service delivery for women. Women's Health Action, which grew out of Fertility Action, founded by women's health activists Phillida Bunkle and Sandra Coney is in its 30th year of operation and remains on the forefront of women's health in Aotearoa New Zealand.

We are highly regarded as leaders in the provision of quality, evidence-based consumer-focused information and advice to ensure health policy and service delivery meets the needs of diverse women, and has intended and equitable outcomes.

We have a special focus on breastfeeding promotion and support, body image, as well as women's sexual and reproductive health and rights.

We provide:

- Expertise in the development of high-quality health consumer information resources.
- Consumer representation and women's health perspectives in a range of consultations, working parties and health service reviews.
- Extensive networks in the public health and not-for-profit sector. We coordinate regional networks in breastfeeding, eating disorder services and family violence.
- Discussion forums, seminars and presentations on women's health, public health and gender issues
- Evidence-based analysis and advice to health providers, NGOs and DHBs, the Ministry of Health, and other public agencies on women's health (including screening), public health, gender and consumer issues including a focus on reducing inequalities.
- A range of breastfeeding promotion activities which connects us with young women, their families, and communities.

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Foreword

FOREWORDS BY GILL GREER AND GILL SANSON

New Zealand has long been a world leader in women's health and women's rights. The 20th century saw considerable advances in health care for women including safe easily available contraception, better medical treatment, and more options for childbirth. But while health outcomes continue to improve for New Zealand women, we remain disadvantaged by not having a specific health strategy that addresses the different needs of our diverse female population. Adopting a strategy that considers the specific needs of all women over their lifetime and reflects international human rights principles, especially those of the Convention on the Elimination of All Forms of Discrimination against Women, will align New Zealand with other similar countries already addressing sex and gender differences in health. Most importantly, it will help to achieve the complete physical, mental and social wellbeing for all women that we aspire to.

Gill Sanson
Women's Health Action Trust Board Chair

It gives me great pleasure to write a few words as a foreword to this important discussion document. *A Case for a National Women's Health Strategy in Aotearoa New Zealand* deserves to be widely read and discussed as it demonstrates clearly that a critical policy element is missing from our country's health and social policy landscape.

The resourcing and implementation of such a strategy would guide health services in ensuring that all people in our country have access to the highest attainable standard of health. As in other countries, the resulting improvements in health and wellbeing have the potential to transform the lives of women, girls and their families by improving their health outcomes throughout the life course. The ripple effect will go beyond this to achieve a far reaching intergenerational impact on communities, on the reduction of inequality, and the achievement of inclusive economic growth.

As elsewhere the statistics speak for themselves, especially for those women and girls who carry the unfair burden of multiple disadvantages and I look forward to being involved in further discussion on these issues and further analysis of the evidence. This is a call to action. It is time for New Zealand's global commitments to the international human rights framework, including the right to health, to truly become a reality for all, including women and girls.

Thank you to Women's Health Action for giving us this opportunity to turn years of global rhetoric into local reality.

Kia kaha, kia manuanui.

Gill Greer, CBE, MNZM

"To achieve the highest standard of health, health policies have to recognize that women and men, owing to their biological differences and their gender roles, have different needs, obstacles and opportunities" (World Health Organisation, 2002)[1].

A Case for a National Women's Health Strategy in Aotearoa New Zealand

This discussion document examines why we need a women's[2] health strategy and provides a set of principles that should guide its development drawing from an evidence base of international women's health strategies.

A women's health strategy recognises that sex and gender[3] are basic determinants of health, which give rise to different health outcomes and different health care needs for women and men. Similar jurisdictions to Aotearoa New Zealand such as Australia, Canada and the USA have specific women's health policies or strategies which address sex and gender differences in health, emphasise prevention and health promotion, and take into account the social determinants of health and the diversity of their female populations.

The World Health Organization's definition of health includes *"complete physical, mental and social wellbeing and not merely the absence of disease and infirmity. Women's Health involves their emotional, social and physical wellbeing and is determined by the social, political and economic context of their lives, as well as biology"*.[4] Aotearoa New Zealand has high levels of violence against women and children, there is a significant income gap between men and women, and women are often held responsible for the health of their families. Women are also subjected to societal pressures about appearance and body size, and the effects of sexism, all of which impacts on their wellbeing.

Women's Health Action believes it is essential that Aotearoa New Zealand develop a specific women's health strategy to guide health services. Such a strategy would help achieve:

- A health system that is responsive to the needs of all women and actively promotes participation of women in health care
- Planning and delivery of health services and health research that includes all women and will prioritise the needs of those with the highest risk of poor health
- Health equity between women and with men
- Gender analysis in health care policy and research and greater understanding of gender as a key determinant of health
- Greater understanding of how women's health needs differ with life stages
- Equitable access and safe services including culturally diverse health services for specific populations including Māori, Pasifika, older, teen, disabled, rural and Lesbian, Bisexual, Transgender and Intersex people[5]
- The strategy should be consistent with the principles of the Treaty of Waitangi and other relevant Aotearoa New Zealand legislation such as the Human Rights Act and the international human rights conventions to which we are signatories[6]

Why do we need a Women's Health Strategy?

Aotearoa New Zealand has never had a specific comprehensive health strategy aimed at improving the health of women. So why is a women's health strategy so important?

Gender is a determinant of health

While New Zealand women in all groups live longer than New Zealand men, there are sex and gender differences in significant areas of health. Biological differences, including anatomy, physiology, metabolic processes and genetics, may result in differing biological responses for women and men to illnesses and disease. In addition, gendered norms[7] shape many aspects of women's lives including career, body image, education and physical activity, which also affect health.[8] Women may also have different attitudes to health and view health as more intimately connected to their lives and be, or be seen as, responsible for the health of others including children and adults disabled by age or chronic illness.[9]

The past 50 years have seen significant change in women's social roles. Women today balance the stresses of multiple roles, including family and childcare responsibilities, paid employment, and community and voluntary activities. Despite many gains, women in New Zealand continue to experience persistent inequities, including higher rates of poverty, a gender

pay gap, high rates of intimate partner and sexual violence, lower representation in decision-making and disparate access to paid parental leave and early childhood education. Multiple disadvantages compound and restrict women's access to health, undermining their basic right to health.[10]

Women have been excluded from much of the health care research that guides policy development and what is known in medical research is often characterised by a gender blindness or failure to consider the effects of health interventions on women. A focus on gender provides an important window for studying all aspects of health and can form the basis for health policies which target the specific or unique needs of women.

There are health issues that are unique to women

Improving women's health requires recognition and respect for women's unique natural life courses including, menstruation, fertility, pregnancy, childbirth, breastfeeding and menopause. Respect for women's reproductive choice is fundamental across their life course. This requires that women's health policy and services are based on and informed by the reproductive and sexual rights framework, which is founded on four ethical principles: bodily integrity, personhood, equity and respect for diversity.[11]

Research, policy development and health care service provision must address health issues unique to, prevalent amongst or more serious in women, and illnesses which have differing risk factors for women and girls.[12] There are significant differences between men and women in both the causes of death and in the years of healthy life lost due to disease or injury. For example, international studies note women experience higher rates of anxiety and depression, breast cancer, cardiovascular disease, dementia and Alzheimer's disease, and migraine.[13]

In addition, there are sex specific conditions which affect women's sexual and reproductive health. In 2001, a comprehensive Sexual and Reproductive Health Strategy was produced to guide New Zealand health services and improve the population's sexual and reproductive health[14]. The 2013 Health and Independence report notes that reproductive and gestational disorders (excluding cancers) are a major cause of health loss amongst women of reproductive age.[15] These include menstrual disorders, endometriosis, and pelvic organ prolapse.[16 17 18 19] Gestational disorders such as diabetes, ectopic pregnancy and high blood pressure can cause serious illness, death and long term effects.[20]

At least one in three New Zealand women experience psychological or physical abuse from their partners in their lifetime, often with longterm effects on their physical health.[21] Experiences of violence, along with poverty, also influence women's recovery from illness including mental illness and substance abuse, and can compromise pregnancy and mothering.

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At the same time, women's access to health is often guided by morality rather than evidence and informed consent. Access to abortion, contraceptive advice and support for victims of sexual violence remain areas often influenced by ill informed moral debate rather than the right to health of women and girls.

In addition, women have not always lived longer than men and there is emerging evidence that in some areas women's longevity is deteriorating or not increasing as fast as men's.[22] Research from Aotearoa New Zealand has also shown that while life expectancy has increased for all New Zealanders the increase in health expectancy for women has not kept pace with that of men. *Women can also expect to live 14 percent of their lives in poor health or with a disability.*[23]

Improving the health of women improves the health of the whole community

Women are the majority of health consumers, the majority of health service providers and the majority of carers in our society. Increasing participation and decision making at community, government and service level and involving women in both the development and delivery of services improves service provision for everyone.[24]

Addressing health inequalities

Health inequities are *"the avoidable inequalities in health between groups of people within countries and between countries."*[25] These include the effects of colonisation, culture, affluence and deprivation, political and economic systems, and socioeconomic characteristics, such as education, employment and income as key determinants of health.[26] The 2004 Action Plan for New Zealand Women noted that inequalities exist between men and women across a wide range of indicators including health.[27] Addressing health inequalities requires a targeted approach and a health system that is responsive to the specific needs of all women and the provision of *"appropriate gender sensitive care."*[28]

There is ample research that suggests positive changes in the adverse conditions of people's lives reduce avoidable health inequalities.[29] Women are over represented amongst lower income New Zealanders, and are more likely to be receiving a benefit, providing unpaid care, sole parenting and receive lower incomes than men. It is the adverse social and economic circumstances of people's lives that lead to high levels of stress and unhealthy behaviours that then lead to high rates of disease and injury.[30] Issues such as poverty, homelessness, transportation and accessibility impact on women's health service use.[31] Women on a low income are less likely to prioritise their own health and dental care, and have a poorer nutritional intake.

Health inequality is also affected by social exclusion or the *"the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas."*[32] Being part of a socially or economically disadvantaged group may mean there are barriers to health care access including a lack of affordable health care services or female doctors, or a lack of Māori and Pacific service providers. Discrimination and prejudice such as the racism, homophobia or transphobia of staff may also prevent women accessing health services.[33] Similarly, lack of public transportation, language barriers and poor disabled access to buildings may affect access to health care of migrant, rural, disabled or older women. Health policy must therefore be designed to meet the needs of women of all ages and backgrounds, take account of the diversity of cultural and ethnic backgrounds and be culturally and linguistically appropriate.

Research describes persisting health inequities for Māori in New Zealand. Māori women experience poorer health across almost all health areas and age groups compared to other women. For example: life expectancy is shorter; mental health conditions more prevalent including post partum depression;[34] and breast cancer, diabetes, circulatory diseases and cervical cancer are also more prevalent. More Māori women have experienced assault or sexual violence and more have a chronic illness or disability.

Similarly, in cultures where both sexism and ageism are present older women face the *"double jeopardy of exclusion related to both"*.[35] The problematising of age creates another challenge in constructing health policies for older women adding to the existing gender bias of health research. Studies here and overseas have documented higher rates of medical service use by women (compared to men) and considerable differences in health outcomes, disease rates and response to medications.

In a similar pattern to Australia,[36] many migrant women may arrive in New Zealand with better health than other New Zealand women due to selective immigration policies, the health of refugees and some ethnic groups may be at higher risk due to genetic predispositions to developing certain diseases and with the adoption of Western diets and lifestyles. Australian studies have shown many migrant women also experience a double disadvantage due to lower levels of English proficiency than male migrants, which may impact on the ability to access health related knowledge, health services, and more broadly, education, employment and income.[37] Common health issues include poor mental health e.g. anxiety, depression and post traumatic stress disorder; poor dental health or nutritional deficiencies; and infectious and communicable diseases.[38]

Recent studies note women in rural and remote areas and women who experience socio-economic disadvantage have poorer health.[39] Economic disadvantage, limited access to services and inadequate housing,[40] are directly associated with reduced life expectancy, premature mortality, injury and disease incidence and prevalence, and biological and behavioural risk factors.[41] In general social exclusion and the effects of stigma and discrimination have also been found to have negative impacts on health. For example studies have found that LBTI women experience higher rates of physical and mental illness and have reduced levels health service access.[42]

Principles for the development of a Women's Health Strategy

The development of a Women's Health Strategy should be based on the following principles:

1. Human Rights

A women's health strategy must be informed by New Zealand's human rights principles. As a signatory of the International Covenant on Economic, Social and Cultural Rights, New Zealand is required under international law to progress the right to health, that is, the *"right of everyone to the enjoyment of the highest attainable standard of physical and mental health."*[43]

Human rights are applicable across the spectrum of health issues, including *"sexual and reproductive health, environmental health, medical confidentiality, access to education and information and the health of marginalized and vulnerable groups such as women, ethnic and racial minorities, refugees and people with disabilities. Human rights are also relevant to promoting health in broader contexts, such as in poverty reduction strategies."*[44]

"Health policy must recognise key developmental and transition points in women's lives such as pregnancy and childbirth, menopause, and the cumulative effects of experiences over time."

2. Gender equality[45]

A gender equality approach takes into account the different challenges that women face in managing their health, including their different health requirements and the different barriers they face in accessing services. Sex and gender sensitive analysis *"permits the identification of potential inequalities that arise from belonging to one sex or other or from relations between the sexes"*.[46] Gender based analysis and ensuring gender equality must be part of research, planning and service delivery.[47]

3. Health equity between women

Some groups of New Zealand women have not benefited as much from overall health improvements. There are major inequalities in health status between certain groups of New Zealand women. Most Aotearoa New Zealand adults (89%) report being in good health (that is, they rated their own health as excellent, very good or good). However, some population groups were less likely to report being in good health, including Māori, Pacific, LGBTI and people living in more deprived areas. An overlap between being a member of a marginalised group and socio economic disadvantage also plays a significant role in the health status of Aotearoa New Zealand women.[48] Studies have found cost was a major reason for women not seeking medical care when needed and two in five women aged 25 – 44 years had experienced some type of unmet need in the past year. Women's health policies must recognise diversity including ethnicity, age, ability, income, geography and sexual orientation and gender identity.[49]

4. A focus on prevention and promotion

The prevention of illness requires the identification of its causes in order to modify, reduce or eliminate them[50] and build and strengthen protective factors. This approach would enable a cross sectoral approach to serious health issues affecting women and girls such as sexual and domestic violence. A National Women's Health Strategy would have a health promotion and illness prevention focus.

5. Evidence base

There is a need for comprehensive gender-relevant evidence, and further knowledge on how women and health professionals can best address women's health issues and promote health. To identify current and emerging health issues disaggregated data and more complex gender based analysis *"would contribute to improving our understanding of the ways that social and biological factors interact in producing or limiting health for girls and women"*.[51] The adoption of gender based analysis by the health system and health planners will be an integral part of a Women's Health Strategy and ensure resources allocated for health research are equitably distributed between the health concerns of both women and men.[52]

6. A life course and holistic approach

A life course approach explores the distinctive roles and experiences as an individual progresses from birth to death.[53] New Zealand women are living longer lives, however, in later life many will face higher rates of disabilities as well as economic disadvantage, medicalisation of the aging process, and are more vulnerable to elder abuse than men.[54]

Health policy must recognise key developmental and transition points in women's lives such as pregnancy and childbirth, menopause, and the cumulative effects of experiences over time. Health policy must also address risk factors such as socio economic status the effects of poor environments such as access to safe healthy food and recreational spaces and barriers to health care access such as transportation, location, cultural appropriateness and cost.

7. Women's health strategy has strategic direction and is adequately resourced

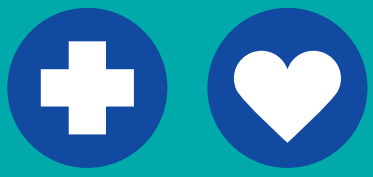
Training, workforce development, public education, community and employer initiatives[55] are required to ensure the development of gender sensitive health services. Women must have effective mechanisms for input into policy and service development including in decision making roles and service monitoring.[56] Women's participation and representation in health and related service decision making and developing women's capacity to support service change is a crucial aspect of developing a women's health strategy.

8. Women's health in all policies

Many of the key determinants of women's health lie outside the health sector. All sectors should include consideration of the impact on health and wellbeing in policy and legislation and apply a gender lens to uncover particular issues which may affect women and their health.

Summary

The achievement of health equity in New Zealand will necessitate the inclusion of gender considerations into all facets of health research, policy and programme development. The mandate for this has been set by both the United Nations and the World Health Organisation and a road map has been provided by international women's health strategies. This paper has provided the rationale, and a set of suggested principles for the development of a women's health strategy for Aotearoa New Zealand.



Notes

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2 In this document the term women includes women and girls.

3 Sex – the biological differences between women and men. Gender – the cultural norms that determine femininity and masculinity. World Health Organisation. 2002. Integrating Gender Perspectives in the Work of WHO. http://www.who.int/gender/documents/gender/a78322/en/index.html

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6 For example The United Nations Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

7 Gender influences the socially constructed roles and relative power of both sexes in society. Women's Health Action also recognises that some people may be "intersex", the general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of female or male. Likewise, gender is a fluid concept. BC Women's Hospital & Health Centre and British Columbia Centre of Excellence for Women's Health. 2004. P.19

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11 The right of *reproductive choice* is a key element of reproductive rights, enshrined in the Convention on the Elimination of Discrimination against Women (CEDAW). Article 16 requires that "State parties shall take all appropriate measures to eliminate discrimination against women relating to marriage and family relations" and goes on to list several aspects of marriage and family relations where the basis of equality should operate and, in the context of reproductive choice. "The critical value of CEDAW on this issue is its recognition of the individual (in this case the woman) over and above the family, recognizing that prominence given to the family as the basic unit in society can work against women's equality". (Boland, et al. 1994 *Honoring Human Rights in Population Policies*: 94 – 95)

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