# *Women's Health - - SANDAS Position Paper No.2*

## *Primary purpose:*

*"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"*[1]

The purpose of this position paper is to assist in the improvement of women's health. While it is universal in its reach, the immediate focus is on women who have the least access to health outcomes.

When women make-up more than 50 per cent of the South Australian population, and are the main health consumers, and health providers, the evidence for strengthening women's health, and its priorities is clear.

Over the past few years the federal and state governments have sought to address the need for gender specific health policies and responses, acknowledging that health systems must respond to the diverse needs of women, to ensure that the most appropriate services and facilities are delivered.

Women's health in an Alcohol and Other Drug (AOD) context brings with it a range of complexities that must be addressed in any policy development discussion. This position paper provides the foundation on which key priorities will be identified and developed over time, within the women's health framework, to inform reform of the health system.

The underlying objectives of this position paper are:

- To protect, promote and advance the health of all women;
- To improve health outcomes, access and participation of Aboriginal and Torres Strait Islander women;
- To ensure women from Culturally and Linguistically Diverse (CALD) backgrounds get the services appropriate for them;
- To ensure any women's health care policy is based on principles of social justice and an understanding of a gendered approach to health, recognising that:

[1] World Health Organization (WHO) definition of Health http://www.who.int/about/definition/en/print.html

- health is determined by a broad range of social, environmental, economic and biological factors;
- differences in health status and health objectives are linked to gender, age, socio-economic status, ethnicity, disability, environment, and sexual orientation;
- health promotion, disease prevention, equity of access to appropriate and affordable services especially for women in rural and remote areas, and strengthening the primary health care system are necessary, along with high quality illness treatment services;
- Information, consultation, advocacy and community development are important elements of the health process.

### *Women's health principles:*

To ensure that future policy discussions are informed and well developed, recognition that a gendered approach to AOD, comorbidity and women's health, that encourages the development and growth in providing a range of service, is required.

The following principles[2] should be used to guide policy development and service provision that:

- Promotes the participation of women in debate and decision making about health issues, their own health care, health service policy, planning, delivery and evaluation;
- Recognises women's rights, as health care consumers, to be treated with dignity, in an environment which provides for privacy, informed consent, confidentiality and safety;
- Acknowledges that informed decisions about health and health care require accessible information, which is appropriately tailored to different socio-economic, educational and cultural groups;
- Uses existing data, research and policy around women's health, including incorporating women's views about best strategies to address their health needs, in service planning and development;
- Provides appropriate women's health care to women in local communities, within a state-wide, co-ordinated approach;
- Ensures equity and accessibility of services without any barriers;
- Safeguards effective community management and operation of women's health centres; and
- Provides a broad range of services and strategies within a preventive and holistic framework, which:

    - is provided by women, for women;
    - values women's own knowledge and experience;
    - facilitates the sharing of women's skills, knowledge and experience;
    - links women's individual experience and health needs to the social and cultural context of women's lives;
    - empowers women;

[2] These principles are informed by the National Women's Health Policy and NGO women's health centres

- challenges sex-role stereotyping, gender discrimination, racism and homophobia;
- increases the accessibility, sensitivity and acceptability of health services for all women; and
- relates to identified health priorities at the local and state level.

## *Key priority areas and future direction:*

There has been a growing awareness over the years of the importance of gender in medical treatment and research. Recognition that biologic and psychosocial differences between men and women influence the prevalence, presentation, comorbidity, and treatment of substance use disorders is important.

Initiatives to increase the participation of women generally, in decision making about the allocation of health resources through, for example, public consultative forums are essential, especially when supporting women with complex needs.

Respectful incorporation of gendered narratives in the planning and development of policy positions relevant to the delivery of health services should be considered by government agencies.

As the peak body for NGO drug and alcohol services in South Australia, SANDAS will continue to monitor emerging women's health issues and trends in local, regional and state-wide health planning and service delivery, to ensure that any reform directions remain current and responsive to the changing needs of women.

The following key priority areas have been identified as the first four position papers to be developed, with further areas to be included at their conclusion:

- Women who are mothers, and/or carers
- Sex workers, drugs and "enslavement"
- Aboriginal and Torres Strait Islander and CALD women's health
- AOD misuse in young women and adolescents

*While efforts have been made to incorporate and represent the views of our member organisations, the position presented in this paper are those solely of SANDAS*