

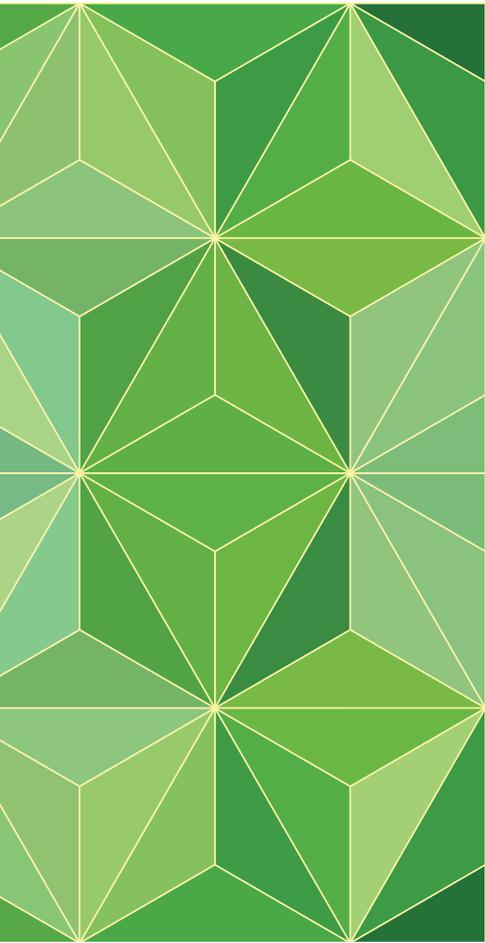
Gendered Data and Health Planning

A RESOURCE FOR LOCAL GOVERNMENTS

MAY 2016



WOMEN'S HEALTH
GOULBURN NORTH EAST
Challenging inequity, embracing diversity.



Contents

Introduction	3
Using a gendered lens	5
Preventing Violence against Women	11
Sexual and Reproductive Health	17
Breastfeeding Promotion and Family Friendly Communities	21
Resources and support available	27



Introduction

Women's Health Goulburn North East (WHGNE) is the government funded specialist women's health service for the Goulburn Valley and North-East Victoria. We are dedicated to promoting the health and wellbeing of all women and to improving the delivery of health and community services for women in their local communities.

We provide training, information, and assistance with service improvement for service providers and planners, as well as consultancy services on equity, gender and health, and evaluation, planning, and research.

WHGNE has designed this resource to assist local government in the planning, development, implementation and evaluation of the Municipal Public Health and Wellbeing Plans 2017 – 2021. This resource demonstrates the value of sex-disaggregated data, and highlights some of the most pressing needs for women in your communities.

This resource provides gendered data and information on the following WHGNE priority areas:

- Using a gendered lens in all planning;
- Prevention of violence against women;
- Sexual and reproductive health; and,
- Promotion of breastfeeding and family friendly communities.

WHGNE has aligned its priority areas with the *Victorian Public Health and Wellbeing Plan 2015 - 2019*.

The Public Health and Wellbeing Act 2008 requires Council Municipal Public Health and Wellbeing Plans to consider the directions and priorities of the *Victorian Public Health and Wellbeing Plan*. The *Municipal Health and Wellbeing Plans 2015–2019* priorities for promoting health and wellbeing are based on the most significant causes of poor health and wellbeing that are most responsive to preventive action, and that cause the greatest inequalities in health outcomes across the population. These are:

- **healthier eating** and active living;
- tobacco-free living;
- reducing harmful alcohol and drug use;
- improving mental health;
- **preventing violence and injury; and,**
- **improving sexual and reproductive health.**



WHGNE acknowledges the pivotal role Local Government plays in shaping and promoting the health and wellbeing of the population, and the close relationship you develop with your communities. This resource can be utilised to achieve the best outcomes for women, men and children in your community, and we encourage you to consult with WHGNE for any further information you may need.

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Using a gendered lens

The Australian government recognises that women and men have different health and wellbeing experiences and needs, especially those at greatest risk of poorer health outcomes – Aboriginal and Torres Strait Islanders, migrant and refugee people and women and men living in rural and remote areas ¹.

A gender lens assists in ensuring that the diverse needs of a community are comprehensively addressed; it contributes to the creation of equitable and inclusive communities ².

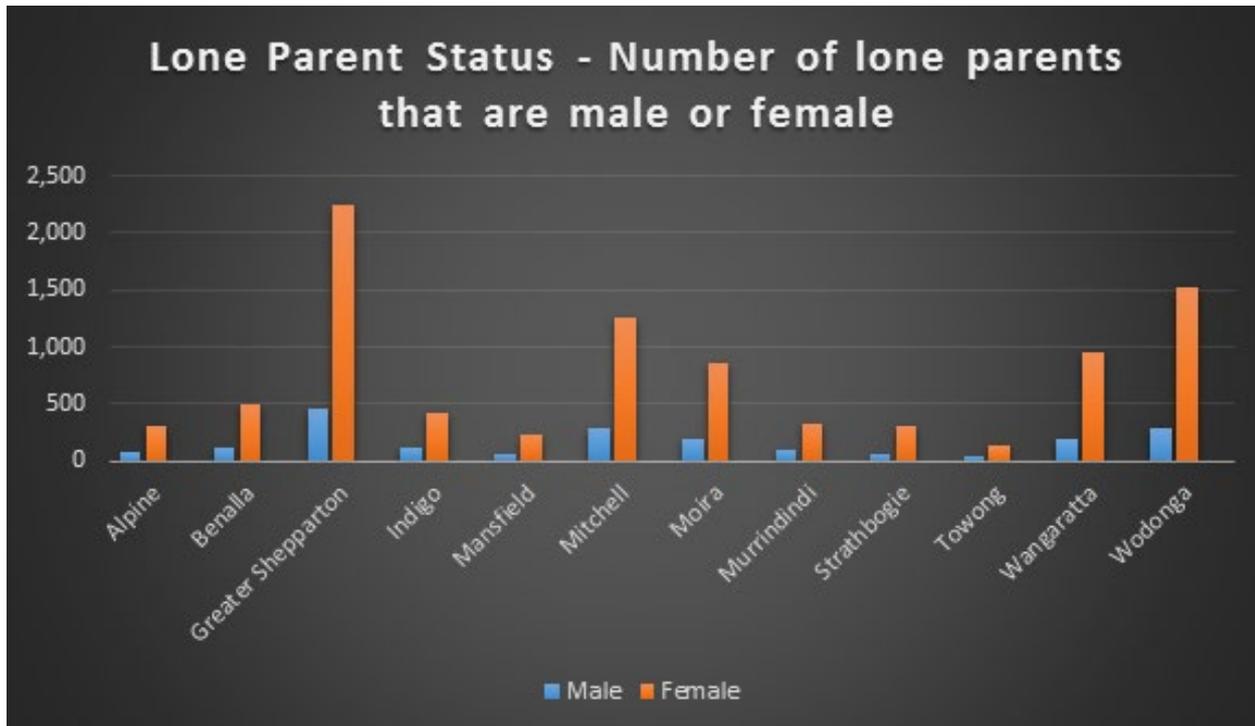
Analysing data and information using a gendered lens can help to better identify the ways in which community members may respond to a particular issue or changes to infrastructure and services. This improved ability to predict outcomes can in turn contribute to policy being more effective and efficient ².

A gendered lens is important for anyone involved in policy, program development and service delivery. Consideration of equality and diversity during planning and development can have a significant bearing on the extent of women’s economic, social and civil participation in society and also access to facilities, transport and public spaces ⁸. A gender and equity lens should be applied across all levels of an organisation ².

Did you know...

Lone Parent Status - Number of lone parents that are male or female		
Local Government Area	Female (No.)	Male (No.)
Alpine	301	83
Benalla	502	115
Greater Shepparton	2256	451
Indigo	422	116
Mansfield	222	50
Mitchell	1252	279
Moira	856	182
Murrindindi	321	102
Strathbogie	302	61
Towong	139	39
Wangaratta	953	187
Wodonga	1529	283
Hume Region Average	754.6	162.3
State Average	2,293.5	477.7

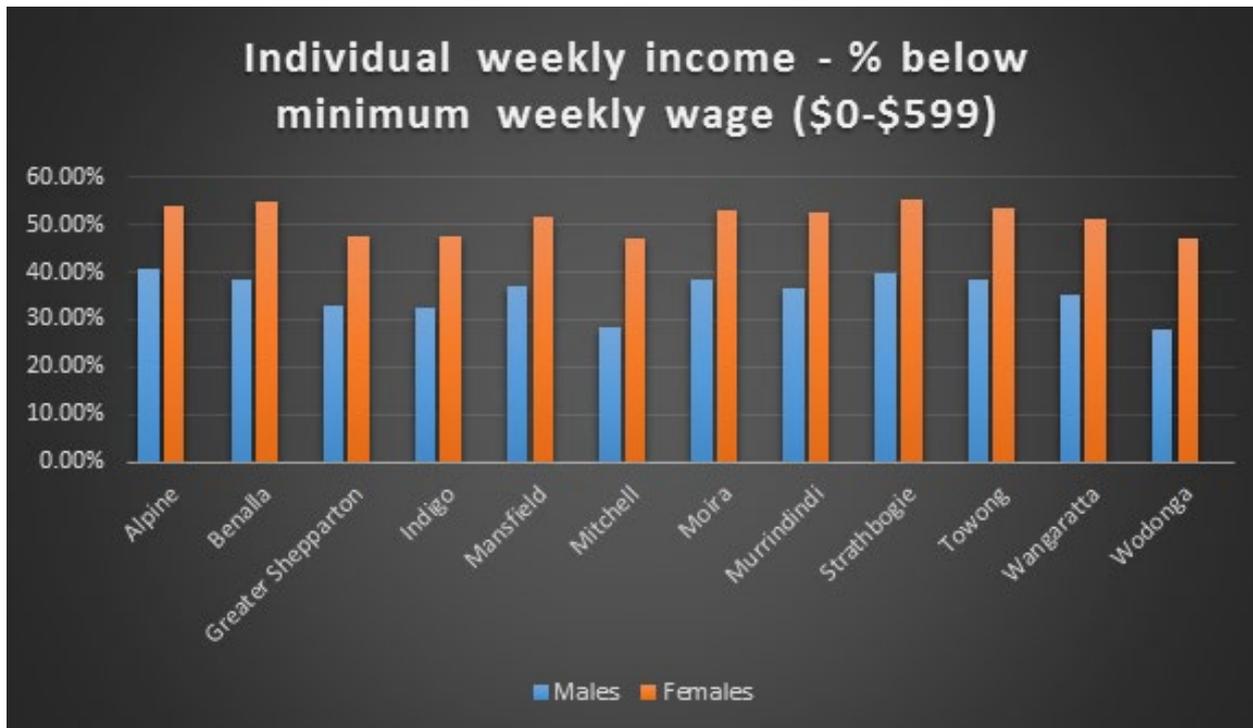
(Source: 2011 Census of Population and Housing, ABS)



(Source: 2011 Census of Population and Housing, ABS)

Individual weekly income % below minimum weekly wage (\$0-\$599)		
Local Government Area	Female (%)	Male (%)
Alpine	54	40.7
Benalla	54.9	38.2
Greater Shepparton	47.4	32.9
Indigo	47.7	32.5
Mansfield	51.6	36.9
Mitchell	47	28.5
Moira	53.1	38.6
Murrindindi	52.5	36.5
Strathbogie	55.1	39.8
Towong	53.7	38.5
Wangaratta	51.2	35.2
Wodonga	47.1	27.7
Hume Region Average	51.3	35.5
State Average	48.8	33.3

(Source: 2011 Census of Population and Housing, ABS)



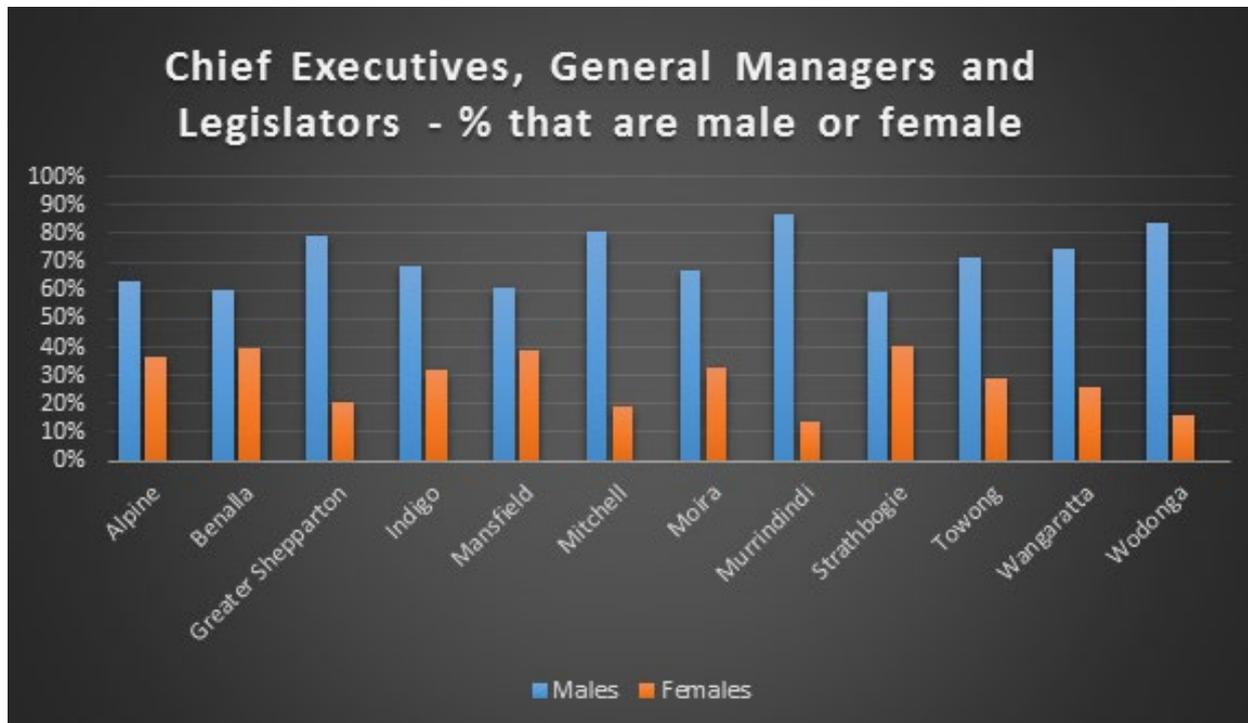
(Source: 2011 Census of Population and Housing, ABS)

As the graphs above indicate, there are more single parent families headed by women, as well as a greater number of women that have an income below the minimum wage. This has a number of implications councils should take into consideration:

- **Women and their families are at increased risk of food insecurity.** The National Nutrition Survey has consistently found the risk of food insecurity to be higher in people who are unemployed, in single parent households and those in the two lowest wealth quintiles³.
- **Women and their families are at increased risk of obesity.** In Australia, obesity is most commonly seen in individuals who are at the highest risk of food insecurity³.
- **Difficulty in purchasing healthy food options.** Healthy food options are likely to be reduced in rural areas of Victoria, particularly in small towns serviced by only one store. In addition to the reduced availability, healthy foods are often more expensive in rural areas which requires more of the family budget³.
- **Families without adequate income are more likely to have insufficient resources to support a minimum standard of living.** This can affect access to medical care, the safety of their environment and the family's ability to provide appropriate housing, heating and clothing⁴.
- **Lone parents are more than twice as likely to be affected by poor mental health** as parents in couple families⁴.
- **Children from low-income families are also more prone to psychological or social difficulties and behavioural problems**⁴.
- **Men experiencing greater barriers to becoming a sole parent.** Social norms relating to the gender roles of women and men operate inside workplaces and may manifest in harmful stereotypes. Men are penalised more than women for requesting flexibility at work because the act of doing so makes them viewed by employers as deviating from their traditional role of fully committed breadwinners⁵.
- **Women have less superannuation.** Men aged 55-64 in 2013-14 had a much higher average superannuation balance than women the same age: \$321,993 compared with \$180,013. There was less discrepancy between men and women aged 44 years and younger but male superannuation balances were still higher in every age group⁶.

Chief Executives, General Managers and Legislators % that are female or male		
Local Government Area	Female (%)	Male (%)
Alpine	36.4	63.6
Benalla	40	60
Greater Shepparton	20.5	79.5
Indigo	31.8	68.2
Mansfield	39.1	60.9
Mitchell	18.9	81.1
Moira	32.7	67.3
Murrindindi	13.5	86.5
Strathbogie	40.6	59.4
Towong	28.6	71.4
Wangaratta	25.6	74.4
Wodonga	16.2	83.8
Hume Region Average	28.7	71.3
State Average	26.4	73.6

(Source: 2011 Census of Population and Housing, ABS)



Source: 2011 Census of Population and Housing, ABS)

The graph opposite indicates the proportion of males and females in senior leadership positions across the Hume region, with all municipalities having a higher proportion of male senior leaders. This has a number of implications councils should consider:

- **Women experience greater caring responsibilities.** Women still largely shoulder the majority of caring responsibilities for children, family members or friends with disability, chronic illness or frailty due to older age. Women who put their careers on hold for even a couple of years are left with risks of being on lower salaries than men; side-lined from leadership positions; and with little in the way of retirement savings⁵.
- **Women face greater barriers in obtaining positions of leadership.** Prevailing gender stereotypes persist in some workplaces in relation to the 'ideal worker' and the roles of women and men as carers⁵. The Australian Human Rights Commission uncovered mothers returning to work face harmful stereotypes around the perceived incompatibility of being an effective caregiver and committed worker, and some women encountered the view that women should stay at home to look after their children and that they needed to make a choice between work and motherhood⁵. Another Australian study found the prevailing profile of the good business leader reflects the stereotypical traits of masculinity, resulting in gender stereotyping that excludes women from leadership roles⁷.

What Local Government can do to address gender and inequity in their municipality...

Workplace culture

Identifying and 'calling-out' the harmful stereotypes in operation within a workplace is the first step to dismantling them. This will bring visibility as to how these stereotypes are impeding the capacity of the workplace and workforce. Leaders within an organisation play an important role in naming the harmful stereotypes that exist and taking steps to remove them from the workplace⁵.

The second critical step is to challenge those stereotypes within the workplace, including through exposing and removing the stereotypes and unconscious bias underlying the organisation's policies and practices for leave, flexible work, and promotion and performance indicators⁵.

The following resources can support you to do this:

- Vic Health [Equal Footing Toolkit](#);
- [Courageous Conversations Workplace Checklist](#); and,
- Australian Human Rights Commission [Ending Workplace Harassment: A resource for small, medium and large employers](#).

Workplace Training

- Educating and training managers and employees on stereotyping and unconscious bias is critical to changing workplace culture. This can prevent harmful stereotypes from being perpetuated in the practical implementation of policies and programs⁵.
- Providing regular training and professional development for Council staff on the social models of health and disability to address environmental, social and economic barriers to health, safety, access and community participation for men and women of all abilities.
- Providing information as part of orientation for reception staff that improves awareness of local financial counsellors and financial assistance for those on low incomes, including Victorian State Government concessions.

Planning and Development

- Consult with the community to determine how men and women use public space in your municipality.
 - Does the public space cater for the needs of men and women of all abilities?
 - Are there any barriers to their participation?
- Consult with your local community so you are aware of the various barriers and constraints men and women face to participating in community life. Ensure this information is taken on board and gender and equity considered in all policy, planning and service delivery.
- Ensure all data collected by the Council is gendered and disaggregated by sex/gender identity.
- Encourage and advocate for other organisations and bodies you work with to collect data by sex/gender identity.
- Ensure the social determinants of health are considered in all planning, and ensure all council activities have an understanding of the social determinants of health.
- Review processes for advertising on community billboards to discourage the promotion of pay-day lenders and rent-to-buy companies that target people on low incomes.

“Importantly, understanding and acting on these social determinants is directly aligned to the 2013-2017 Council Plan, which has defined the vision for Darebin as ‘the Place to Live’ ... For Darebin to become the place to live for all people, the conditions that engender health and wellbeing need to be available and accessible to all.”

(Darebin City Council Municipal Public Health and Wellbeing Plan)

Organisational promotion and materials

- Review the images used in your plans and promotional images by someone with an understanding of gender and equity. Do they reinforce gender stereotypes? Do the images used in your plans and promotional images show a diverse representation of your community? Including young and old, aboriginal, culturally and linguistically diverse and those with a disability?

References

1. Australian Government (2011) *Women’s Budget Statement 2011-2012*, Commonwealth of Australia, Canberra
2. Women’s Health in the North, 2011, *Gender Analysis – A Snapshot*, Women’s Health in the North, Thornbury
3. Women’s Health Victoria, 2010, *Women and Food Insecurity*, Women’s Health Issues Paper No. 7, Women’s Health Victoria, Melbourne
4. Australian Institute of Health and Welfare, 2016, *Families and Communities*, Australian Government, retrieved from <http://www.aihw.gov.au/child-health/families-and-communities/>
5. Australian Human Rights Commission, 2014, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report*, Australian Human Rights Commission, Sydney
6. Australian Bureau of Statistics, 2016, 4125.0 Gendered Indicators Australia, Economic Security, Commonwealth of Australia, retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4125.0~Feb%202016~Main%20Features~Economic%20Security~6151>
7. Pitterman, H, 2008, *The Leadership Challenge: Women In Management*, Hannah Piterman Consulting Group, retrieved from <https://www.dss.gov.au/our-responsibilities/women/publications-articles/economic-independence/the-leadership-challenge-women-in-management?HTML>
8. Our Watch, Australia’s National Research Organisation for Women’s Safety (ANROWS) and VicHealth, 2015, *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne

Preventing Violence against Women

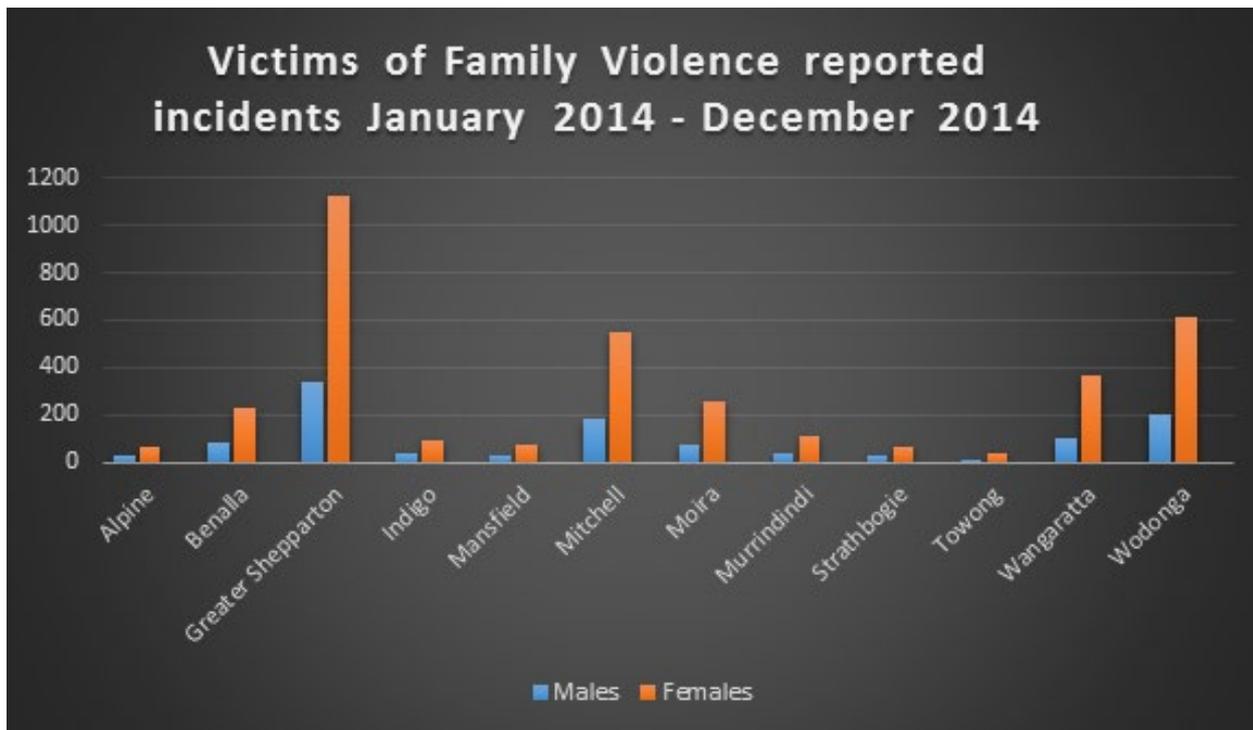
Did you know...

- In 2015, 79 women were murdered in Australia from men's violence ¹;
- One in three woman has experienced physical violence, since the age of 15 ²;
- One in five woman has experienced sexual violence ²;
- In 2014-15 violence against women cost an estimated \$21.7 billion ³;
- Intimate partner violence contributes to more death, disability and illness in women aged 15-44 than any other preventable risk factor ⁴; and,
- Women and girls with disabilities are twice as likely as those without disabilities to experience violence throughout their lives ⁷.

Local statistics do not tell us the full story. We know that of women who had experienced violence from an ex-partner, 58% had never contacted the police, and 24% had never sought advice or support ⁸.

Victims of Family Violence - Reported Incidences January 2014 to December 2014		
Local Government Area	No. of incidences - Female	No. of incidences - Male
Alpine	65	27
Benalla	227	79
Greater Shepparton	1122	337
Indigo	90	34
Mansfield	69	25
Mitchell	549	180
Moira	255	70
Murrindindi	113	33
Strathbogie	66	24
Towong	35	10
Wangaratta	366	105
Wodonga	613	201
Hume Region Average	297.5	93.8
State Average	677.6	217.8

(Source: Crime Statistics Agency 2015)



(Source: Crime Statistics Agency 2015)

The gendered nature of violence...

Australian Women	Australian Men
1 in 6 Australian women had experienced <i>physical or sexual violence</i> from a current or former partner	1 in 19 Australian men had experienced <i>physical or sexual violence</i> from a current or former partner
1 in 5 Australian women had experienced <i>sexual violence</i>	1 in 22 Australian men had experienced <i>sexual violence</i>
1 in 3 Australian women had experienced <i>physical violence</i> (mostly from a current or former male partner in a private dwelling)	1 in 2 Australian men had experienced <i>physical violence</i> (mostly from a male stranger in a public space)

(Source: Our Watch and ANROWS 2014)

Around 95% of all victims of violence – whether women or men – experience violence from a male perpetrator⁴.

Women are five times more likely than men to require medical attention or hospitalisation as a result of intimate partner violence, and five times more likely to report fearing for their lives⁴.

Violence against women can be prevented...

International research consistently identifies gender inequality as the underlying driver of violence against women⁴. To prevent violence against women we must address gender inequality.

Gender inequality today...

- Coverage of women in sport made up 9% of all sports coverage in Australian television news media, while male sport occupied 81% of television news reporting⁵;
- Up to 28% of Australians endorse attitudes supportive of male dominance of decision-making in relationships, a dynamic identified as a risk factor for partner violence²;
- More than a quarter of Australians believe that men make better political leaders²; and,
- A quarter of women experienced sexual harassment in the workplace, 90% of whom said they were harassed by a man⁶.

How we can prevent violence against women...

To prevent violence against women evidence demonstrates we must commit to the following actions:

- Challenge condoning of violence against women;
- Promote women's independence and decision-making in public life and relationships;
- Foster positive personal identities and challenge gender stereotypes and roles;
- Strengthen positive, equal and respectful relations between and among women and men, girls and boys; and,
- Promote and normalise gender equality in public and private life.

No one organisation can undertake all these actions, but all stakeholders can contribute as part of a shared community approach to preventing violence against women⁴.

What Local Government can do to prevent violence against women...

Include in your Council Plan.....

“Promote equity and contribute to building an empowered community that values our diversity, is inclusive, continues to celebrate the vibrancy and vitality that all forms of diversity bring to our neighbourhoods and where everyone is supported to engage and participate fully in all aspects of community life.” (Darebin City Council Plan 2013)

“Promote gender equity, prevent violence against women and support the right of women to engage and participate fully and equally in all aspects of community life.”

(Darebin City Council Plan 2013-17)

View [Darebin City Council Plan](#)

Include PVAW actions in your Municipal Public Health and Wellbeing Plan...

“Implement Communication Plan to promote Councils work in gender equity and preventing violence against women, including media releases/articles, Social Marketing and internal mediums.”

(Darebin City Council, PVAW Action Plan 2013-15)

“Partner with sporting associations and clubs in developing/delivering Preventing Violence Against Women initiatives and actions in sporting club communities.”

(Darebin City Council, PVAW Action Plan 2013-15)

- Use the [Courageous Conversations Sporting Club Handbook](#) to support this

“Audit library books and resources on the topics of family violence, gender equity and respectful relationships. Hold library events that help raise awareness of family violence or preventing violence against women (e.g. author talk).”

(Darebin City Council, PVAW Action Plan 2013-15)

“Incorporate questions on gender equity indicators, family violence and violence-supportive attitudes into Community Surveys.”

(Darebin City Council, PVAW Action Plan 2013-15)

View [Darebin City Council Preventing Violence Against Women Annual Action Plan 2013-2015](#)

Develop other council plans and strategies ...

Other councils have developed action plans and strategies such as a Gender Equity Plan or a Preventing Violence Against Women Strategy to ensure their council commits to actions to address the drivers of violence against women, both internally and externally. This may be something your council chooses to adopt either as a standalone council strategy, or in partnership with other councils or organisations.

EXAMPLES

- [Maribyrnong City Council Gender Equity Strategy](#)
- [City of Yarra Gender Equity Strategy](#)
- [City of Whittlesea Gender Equity Strategy](#)

Training and networking for staff...

- Ensure all staff members and senior leaders have an understanding of the underlying drivers of violence against women, and how to address them;

- Engage WHGNE and/or other organisations to deliver Gender Equity training, Identifying Family Violence Training, Prevention of Violence against Women Training or Bystander Training;
- Support staff to participate in professional development opportunities delivered by organisations such as Our Watch, Vic Health, MAV and women's health services;
- WHGNE have developed [a series of short films](#) that provide information on domestic violence, including the causes, how to identify and respond to a woman experiencing domestic violence. These videos may be useful as part of staff induction or staff training;
- Participate in the [MAV PVAW Network](#) (occurs quarterly in Melbourne); and,
- Participate in the Hume Region Local Government PVAW Network.

Leadership opportunities for women...

- Review the gender diversity among leaders/managers and councillors - using the [Courageous Conversations Representation Checklist](#); and,
- Set targets and timelines for achieving a more equal balance of men and women in leadership positions.

Develop a role for PVAW in council...

- Ensure Gender Equity/PVAW is integrated into and a key part of a staff member's role at council.

Family Friendly Workplace ...

- Implement and support flexible work options that both men and women are able to take advantage of;
- Ensure council policies and programs actively seek to redress gender stereotypes and promote equal and respectful relationships between men and women;
- Ensure council has a zero tolerance to sexism, discrimination and disrespectful behaviour, and that all council staff actively challenge sexist comments, the reinforcement of gender stereotypes and discrimination; and,
- Use the Courageous Conversations Workplace Checklist to assist in starting conversations and actions regarding gender and equity

Make information and support available for staff and community members

- Include Family Violence Help Cards and information at all council community events and forums;
- Make violence against women information and the local services, and state-wide 24-hour emergency contact details available at council offices and buildings; and,
- Implement a [Staff Family Violence Policy](#), allowing those affected by intimate partner violence to access leave – the [WORKPLACE GUIDE to Domestic violence policy and procedures](#) resource will support this process.

References

1. Destroy the Joint, 2015, *Counting Dead Women in Australia*, Destroy the Joint
2. VicHealth 2014, *Australians' attitudes to violence against women. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)*, Victorian Health Promotion Foundation, Melbourne, Australia
3. PricewaterhouseCoopers Australia, 2015, *A High Price to Pay: The economic case for preventing violence against women*, Our Watch and Victorian Health Promotion Foundation, Melbourne
4. Our Watch, Australia's National Research Organisations for Women's Safety (ANROWS) and Vic Health, 2015, *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, Australia
5. Greenwood, K, Caple, H & Lumby, C, 2010, *Towards a Level Playing Field: Sport and Gender in Australian Media*, Australian Sports Commission, retrieved from <http://apo.org.au/resource/towards-level-playing-field-sport-and-gender-australian-media>
6. Australian Human Rights Commission, 2012, *Working Without Fear; Results of the 2012 Sexual Harassment National Telephone Survey*, Australian Human Rights Commission, Sydney
7. Women with Disabilities Victoria 2014, *Fact Sheet 3: Violence Against Women with Disabilities*, Women with Disabilities Victoria, Melbourne
8. Our Watch and Australia's National Research Organisation for Women's Safety (ANROWS), 2014, *Violence Against Women: key statistics*, Our Watch and ANROWS, Melbourne

Sexual and Reproductive Health

Sexual health is not merely the absence of disease, dysfunction or infirmity; it requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence

(World Health Organisation, 2006).

Did you know...

Sexual activity and pregnancy

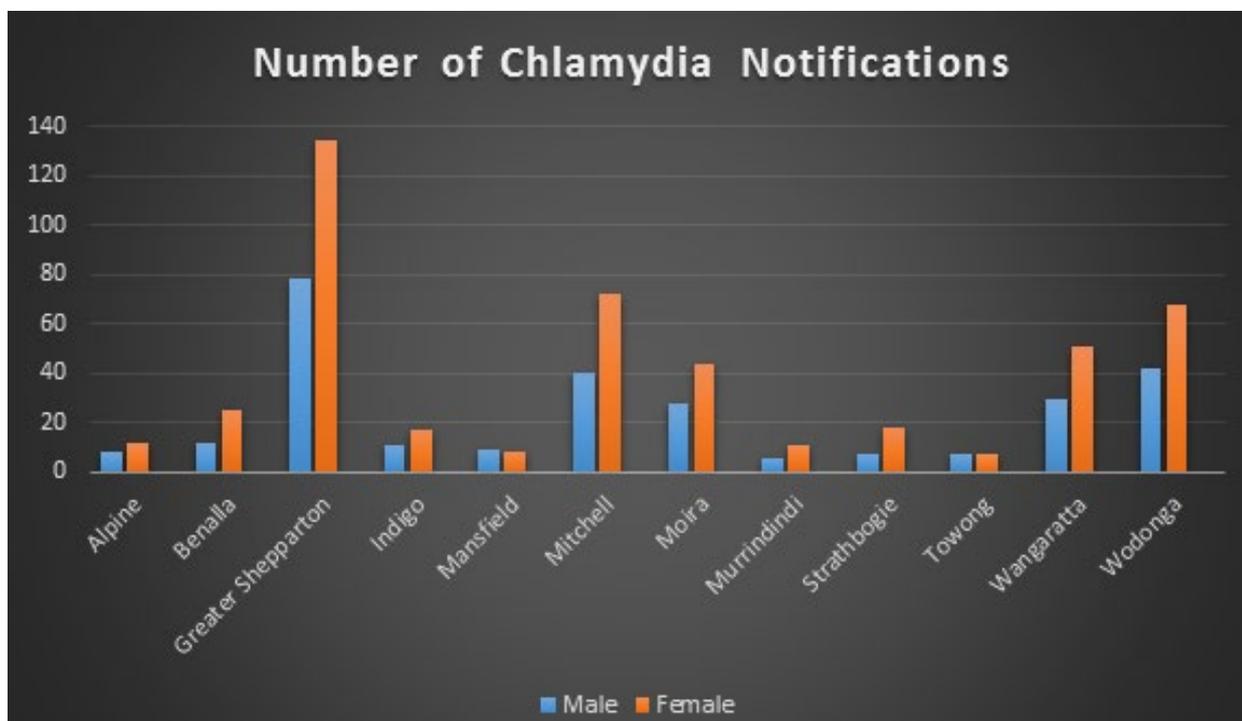
- In the 2013 national school survey, 28% of young women in years 10-12 reported having unwanted sex, compared to 19% of young men ¹;
- Higher proportions of young women having unwanted sex reported being influenced by their partner (61% vs 37%) and being frightened (34% vs 15%) ¹;
- In 2009, the percentage of young people aged 12-14 who had had sexual intercourse was higher in rural Victoria (6.2%) than in metropolitan Victoria (5.6%). The rate for 15-17 year olds was also higher in rural areas (30.5%) than in metropolitan ones (24.3%) ²;
- Teenage motherhood, can be (although not always) associated with higher than average rates of poverty, poor housing, early school-leaving, and depression ³; and,
- 51% of Australian women of reproductive age have experienced an unintended pregnancy in their lifetime ⁴.

Sexually transmitted infections and contraception

- The rate of STIs among adolescents has been consistently higher in rural Victoria than the state average since at least 2004, when the Victorian Child and Adolescent Monitoring System (VCAMS) figures were first gathered. In 2010, the rate of infections per 1000 adolescents was 4.2 in regional Victoria, compared to 2.3 in Melbourne ⁵.
- There can be high costs of contraception, lack of bulk billing services available, and time taken travelling to and from appointments; studies have found that 96% of patients were referred somewhere other than their small town ⁶.
- In rural and regional areas, confidentiality and anonymity are significant issues; one report found that 72% of respondents considered privacy to be an issue for their local area ⁶.

Chlamydia Notifications		
Local Government Area	No. of notifications - Female	No. of notifications - Male
Alpine	12	8
Benalla	25	12
Greater Shepparton	134	78
Indigo	17	11
Mansfield	8	9
Mitchell	72	40
Moira	44	28
Murrindindi	11	<5
Strathbogie	18	7
Towong	7	7
Wangaratta	51	29
Wodonga	68	42
Hume Region Average	38.9	22.8
State Average	138.7	101.5

(Source: Victorian Notifiable Infectious Diseases Surveillance database, DH, 2014)



(Source: Victorian Notifiable Infectious Diseases Surveillance database, DH, 2014)

Case study - collecting local data

During 2013, the WHGNE-led Sexual and Reproductive Health Steering Committee engaged with 453 young people aged 12-26 years, in seven local government areas across Hume region. The goal was to enable rural youth to provide information about their needs and priorities for improving young people's sexual and reproductive health in their area.

Rural youth from community groups and organisations participated using a range of youth engagement tools developed by WHGNE. Data and information was collated and summarised by WHGNE for use by partner organisations to support evidence based planning and action in their area.

The partnership allowed 292 young people living in Towong Shire to highlight key barriers to sexual health information and services for local youth: the fear of negative community and professional attitudes due to lack of anonymity and the lack of availability due to distance and health service hours.

WHGNE collation of Towong Shire specific data and information from young people strengthened the partnership between the local health service and secondary school to plan and establish a Young People's Clinic at the school, staffed by the health service funded sexual nurse practitioner.

Figures below compare youth attendances before and after the availability of the school based youth clinic:

- 2013-2014 = 14 Youth attendances at the hospital-based clinic
- 2014-2015 = 120 Combined youth attendances at hospital and school-based clinics

The data highlights the significant increase in young people's access to sexual health information and services when specific barriers are identified and addressed and the value of partnerships to support evidence based strategic planning.

What local government can do to improve the sexual and reproductive health of individuals in their municipality ...

Condom vending machines...

- Consult with youth and install condom vending machines in appropriate and accessible council-owned facilities and ensure they are maintained on a regular basis.
- Support local businesses and organisations (such as service stations, sporting clubs etc) to install condom vending machines, that are adequately maintained.

Sexual and reproductive health information

- Partner with WHGNE and community organisations to collect sex disaggregated data and information.
- Consult regularly with diverse groups of young men and women across the municipality to identify youth health needs and priorities.

- Support schools and community organisations to deliver a sustainable and evidence-based approach to sexuality and relationships education for young people.
- Provide sexual and reproductive health information, local services contact details and referral pathways on council websites and at council buildings and events.

Local services

- Know the services that are in your municipality, neighbouring shires and across the state. Know where people can access:
 - Confidential and free STI checks and screening;
 - Qualified specialist pregnancy choices counselling and support.
 - Termination of pregnancy; both surgical and medical (drug RU486); and,
 - Condoms (condom vending machines, condoms free of charge at local organisations).
 - Ensure relevant council staff have access to current information and training to provide accurate, unbiased information.

References

1. Mitchell, A, Patrick, K, Heywood, W, Blackman, P and Pitts, M.(2013) *5th National Survey of Australian Secondary Schools and Sexual Health 2013*, Australian research Centre in Sex, Health and Society, Latrobe University: Melbourne
2. Department of Education and Early Childhood Development (DEECD), 2012, *State of Victoria's Children Report*, DEECD, Melbourne, 2012, p.47.
3. DEECD, 2010, *Adolescent Community Profile: Barwon South-West*, Melbourne, 2010, p.41; DEECD, 2010, *Adolescent Community Profile: Eastern Metropolitan Region*, Melbourne, 2010, p.41; DEECD, 2012, *State of Victoria's Children*, 2012, p.49
4. Marie Stopes International, 2007, *What women want: when faced with unplanned pregnancy*. Marie Stopes International, Melbourne
5. Youth Affairs Council of Victoria (YACVIC) 2013, *Young People and Sexual Health in Rural Victoria*, YACVic, Melbourne p. 10
6. Women's Health Goulburn North East 2012, *Local stats about women*, Women's Health Goulburn North East: Wangaratta
7. Women's Health Association of Victoria 2012, *Proposal for Victorian Sexual and Reproductive Health Strategy*, Women's Health Association of Victoria: Melbourne.

Breastfeeding Promotion & Family Friendly Communities

The World Health Organisation and Australia's dietary guidelines recommend exclusive breastfeeding for the first six months of an infant's life, and continued breastfeeding once solid food is introduced for up to two years ¹. Breastmilk provides the optimal nutrition to match babies needs for growth and development, and helps to protect infants from infection².

While the benefits of breastfeeding are abundant, women can face challenges when it comes to breastfeeding. This may take the shape of physiological challenges, or experiencing barriers to breastfeeding present in the community. The barriers in the community are very real and need addressing. These barriers may include, but are not limited to:

- Discrimination against breastfeeding in public spaces;
- Difficulty managing breastfeeding with the return to work due to inflexible work practices;
- Limited facilities in the CBD to care and feed for their child e.g. baby change rooms;
- Limited support from partners, family and friends; and,
- Inability to access professional support or peer support groups.

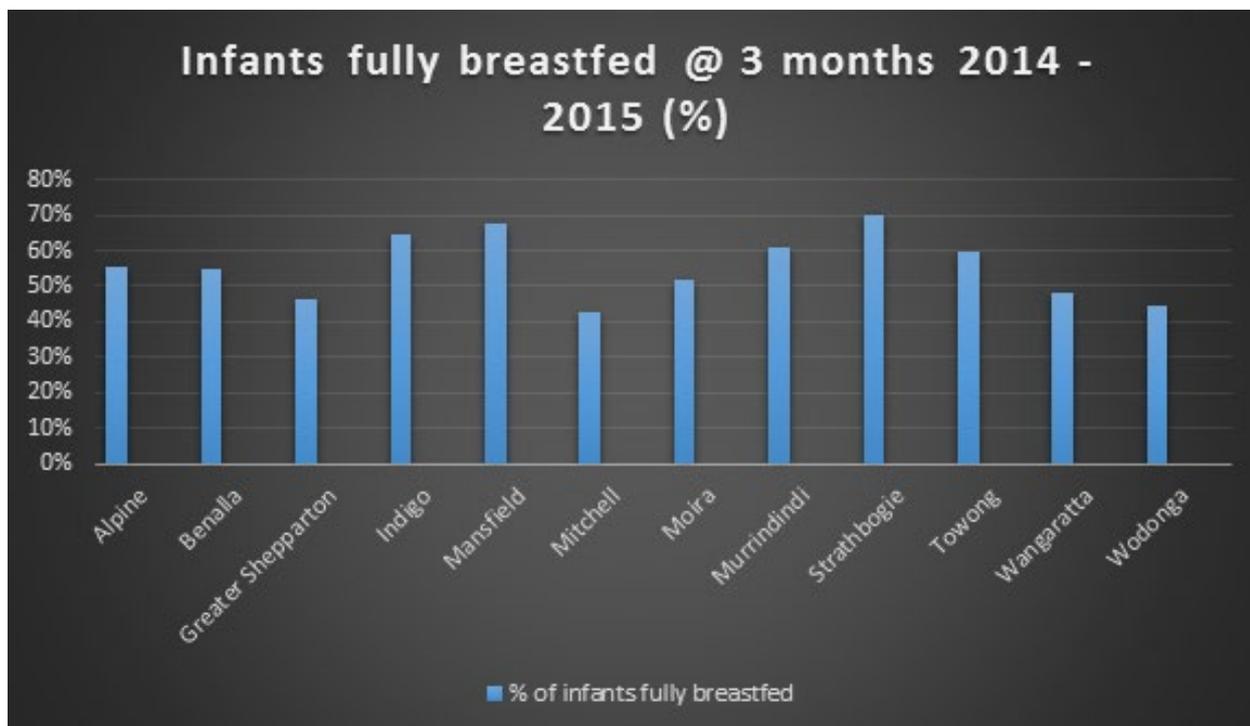
Local governments across Victoria are acknowledged as the leaders in local area early years planning, with councils committing staff and financial resources to undertake the Municipal Early Years Planning process ³.

The Victorian Government affirms local government has a responsibility to ensure that local service systems work well for their community, as well as a need to focus on long-term facility planning and the social inclusion of those most vulnerable families ³. It is pivotal that councils design and create cities that are sensitive to families' needs, and enable families to fully participate in all forms of community life.

Did you know...

Percentage of Infants Fully Breastfed @ 3 Months 2014-15	
Local Government Area	Statistic
Alpine	55.2%
Benalla	50.0%
Greater Shepparton	46.4%
Indigo	64.9%
Mansfield	67.4%
Mitchell	42.7%
Moir a	52.1%
Murrindindi	60.7%
Strath bogie	70.1%
Towong	59.7%
Wangaratta	48.1%
Wodonga	44.4%
Hume Region Average	49.3%
State Average	51.4%

(Source: Maternal and Child Health Services Annual Report 2014-2015)



(Source: Maternal and Child Health Services Annual Report 2014-2015)

No. of registered Breastfeeding Welcome Here venues	
Local Government Area	Statistic (No.)
Alpine	Mt Beauty – 2
	Bright – 3
	Myrtleford - 9
Benalla	16
Greater Shepparton	28
Indigo	Rutherglen - 1
Mansfield	5
Mitchell	Kilmore – 3
	Broadford - 3
	Seymour - 14
Moirā	Yarrawonga – 16
	Nurmurkah – 15
	Nathalia – 11
	Cobram - 31
Murrindindi	Yea – 2
Strathbogie	Euroa – 2
	Avenel – 1
	Corryong - 4
Wangaratta	36
Wodonga	46

(Source: Australian Breastfeeding Association April 2016)

Discrimination Returning to Work...

The Australian Human Rights Commission 2014 *Pregnancy and Return to Work National Review* ⁴ found many men and women still face discrimination during pregnancy, parental leave or on return to work:

- One in two mothers reported experiencing discrimination at some point during pregnancy, parental leave or on return to work.
- One in four fathers reported experiencing discrimination when requesting or taking parental leave or when they returned to work.
- More than a third of mothers reported experiencing discrimination when returning to work after parental leave. Of the 36% of mothers who reported experiencing discrimination in the workplace when returning to work after parental leave:
 - 50% reported discrimination when they requested flexible work arrangements; and,
 - One in five (22%) reported discrimination related to breastfeeding or expressing milk.

Breastfeeding in public ...

A mother has the right to breastfeed her baby wherever she happens to be. This right is legally supported through the *Sex Discrimination Act 1984*. The requirements of a baby are different to those of an adult, and all mothers have the right to meet their baby's needs. A hungry baby shouldn't be expected to wait, and no mother can be forced to ignore the needs of her baby⁵.

While discrimination against breastfeeding in public isn't a common occurrence, it still occurs and can be associated with a range of unsettling feelings that can be a roadblock to breastfeeding⁵.

Venues can receive a *Breastfeeding Welcome Here* sticker to display that they welcome breastfeeding on their premises. Mothers can look for the *Breastfeeding Welcome Here* sticker when out and about or check our website listings to find a [breastfeeding friendly venue](#).

Criteria for breastfeeding friendly venues to display the sticker are:

- A welcoming attitude from staff and management;
- A smoke-free environment; and,
- Room to move a pram.

Case Study: Parents Needs Survey Wangaratta

A number of municipalities, including Alpine, Mansfield, Mitchell and Wangaratta have implemented a survey, investigating the needs of parents in their community. Results from the surveys indicated all shires weren't meeting the needs of parents and carers in terms of safe and suitable places to feed and care for their children whilst in the CBD. Wangaratta has actively taken steps to address these needs and received positive feedback in a follow up survey, summarised below:

- The survey administered in 2013 showed that parents of young children were choosing to shop in other towns outside the municipality due to a lack of family friendly facilities, with 63% reporting that finding a safe and suitable place to feed/change/care for baby/child was poor.
- Wangaratta local businesses were losing clientele and business due to the CBD not accommodating families' needs.
- Following the survey results a parents room was implemented in the Co-Store complex that was in the development stage at that time.
- The Co-Store parents' room provides a change table, microwave, couch and a private area sectioned off with a chair for feeding a baby/child.
- The Travellers' Aid Access Spot was also being developed in a similar time frame, and while its primary purpose is to provide travel-related support, advice and help to people who experience difficulties with transport, it also offers baby change and nursing facilities for all members of the public.
- When the survey was re-administered in 2015, 60% had reported they had noticed an improvement in available facilities in Wangaratta since the original survey had been completed, and only 18% reported finding a safe and suitable place to feed/change/care for baby/child as poor.

What Local Government can do to support breastfeeding and promote family friendly communities...

Council facilities and events

- Identify the number of public parent rooms and baby care facilities that are easily accessible in the CBD;
- Ensure both men and women are able to access the parent rooms/baby care rooms and that they are well maintained;
- Consult with families and parents in your municipality seeking feedback whether your community is pram friendly and that parents and carers are easily able to participate in community life;
- Provide family friendly parking e.g. longer car parking in CBD and wider car parks to enable easier access of prams and babies;
- Encourage and support local businesses in your municipality to be breastfeeding friendly and display the Breastfeeding Welcome Here sign;
- Encourage and support local businesses in your municipality to become more family friendly e.g. toys for children, space for wheelchair and pram, highchairs available etc;
- Ensure all council-owned buildings display the [Breastfeeding Welcome Here](#) sticker and provide a comfortable area for a mother to feed her baby; and,
- All council public events take into consideration parents' and families' needs and provide a space for women and men to feed babies and children, that are smoke free and easily accessible by pram, public transport and mobility aids.

Internal council policies and practices

- Review and implement flexible and family friendly work practices supporting men and women to balance caregiving and work;
- Encourage the inclusion of parent room and baby care facilities in local council development and planning processes; and,
- Implement a policy supporting women to breastfeed on their return to work – learn more about this via the *Communities Latching Onto Breastfeeding, Breastfeeding and Work Handbook*.

Consider the support services for women in your community

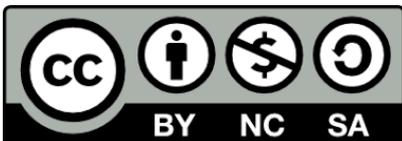
- Identify and promote a breastfeeding support group in your municipality. Support local existing groups such as Australian Breastfeeding Association peer support groups;
- Promote the lactation clinic/lactation nurse in your local government area or neighbouring shires to all parents and carers; and,
- Ensure all residents in your community are able to readily access maternal and child health, including low income, Aboriginal and Torres Strait Islander and multicultural communities. This includes providing culturally appropriate resources, and ensuring the location is easily accessible via public transport etc.

References

1. Australian Breastfeeding Association, 2014, *Breastfeeding rates in Australia*, Australian Breastfeeding Association, retrieved from <https://www.breastfeeding.asn.au/bf-info/general-breastfeeding-information/breastfeeding-rates-australia>
2. Better Health Channel, 2016, *Breastfeeding*, State Government of Victoria, retrieved from <https://www.betterhealth.vic.gov.au/health/healthyliving/breastfeeding>
3. Municipal Association of Victoria, 2011, *Municipal Early Years Planning Framework and Practical Resource Guide*, Municipal Association of Victoria and Department of Education and Early Childhood Development, Melbourne
4. Australian Human Rights Commission, 2014, *Supporting Working Parents: Pregnancy and Return to Work National Review – Report*, Australian Human Rights Commission, Sydney
5. Australian Breastfeeding Association, 2014, *Breastfeeding in public - your legal rights*, Australian Breastfeeding Association, retrieved from <https://www.breastfeeding.asn.au/bf-info/breastfeeding-and-law/legalright>

Resources and support available

Preventing Violence Against Women	Sexual and Reproductive Health	Breastfeeding	Gender Lens
Courageous Conversations Continuum: Gender and Violence against Women, what's the Link?	Women's Health West Social Determinants of Sexual and Reproductive Health	Communities Latching onto Breastfeeding website and resources	WHGNE NILS
Family Violence Awareness training	World Health Organisation Social determinants of sexual and reproductive health	Communities Latching onto Breastfeeding workplace handbook	Courageous Conversations Workplace Checklist
Bystander training	Young people and sexual health in rural and regional Victoria	Australian Breastfeeding Association	Women's Health Victoria Data Atlas
Our Watch " Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia "	Women's Health Victoria Models of good practice in sexual and reproductive health for women	Breastfeeding Friendly Workplace	Women's Health Victoria Gender Transformative Policy and Practice
VicHealth Equal Footing Toolkit	WHGNE Sexual and Reproductive Health Plan for Young People in Hume Region 2013-2017		Gender and Disaster POD
MAV Resources			

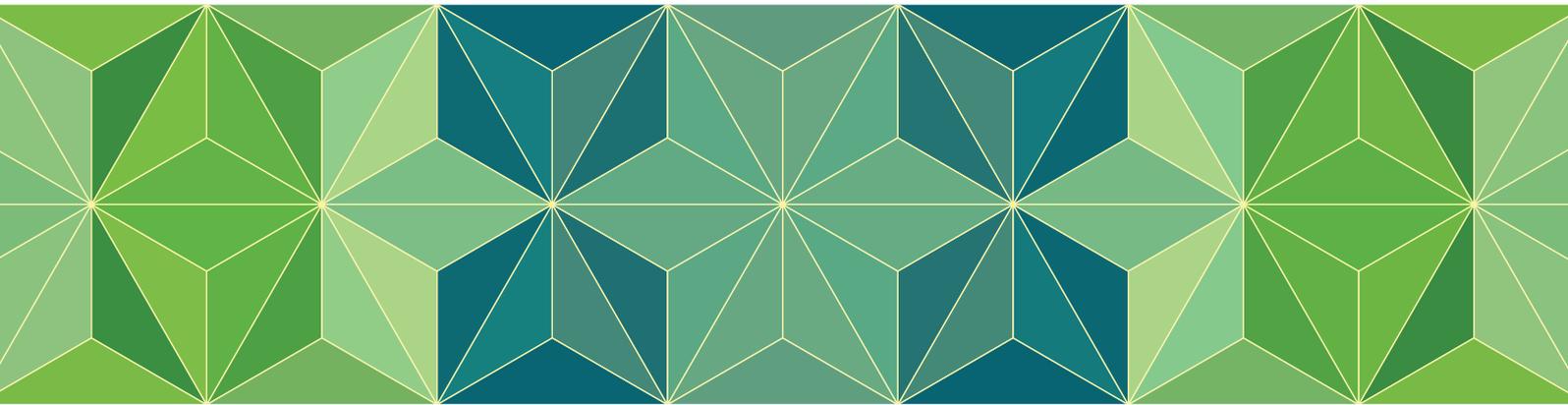


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Challenging inequity, embracing diversity.