

Gendered data and planning

A RESOURCE FOR LOCAL GOVERNMENTS

Women's Health Goulburn North East
Challenging inequity. Embracing diversity.

We are intersectional in our approach and are proud to stand beside generations of great women whose work has brought us closer to equality for all.

We acknowledge the wisdom, living culture and connection of the Traditional Custodians of the unceded lands on which we work, and acknowledge the profound disruption of colonisation and the Stolen Generations on Aboriginal and Torres Strait Islander peoples.

We believe in shared and just cultural transformation that embraces diversity, and these acknowledgements are part of the ethical principles that guide our work and conduct.

We're listening to your feedback on our work – please let us know how we're doing.



Women's Health Goulburn North East
Last updated August 2020

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women's health
goulburn north east
challenging inequity, embracing diversity

Contents

About	1
Applying a Gender Lens	3
Women’s Health Goulburn North East Regional Priority Areas:	
Gender equity	5
Prevention of violence against women	16
Sexual and reproductive health	26
Climate change	37
Victorian Health and Wellbeing Priority Areas	
Reducing injuries	46
Increasing healthy eating	51
Increasing active living	57
Improving mental wellbeing	62
Reducing tobacco-related harm	69
Reducing harmful alcohol and drug use	75
Bibliography	81

About

Women's Health Goulburn North East

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, evaluation, planning and research.

Actions towards gender equality

- Act
- Empower
- Lead

This resource

This resource demonstrates the value of gender-disaggregated data, and highlights some of the most pressing needs for women in each municipality, across the region and the state, as defined by the Victorian State Government.

This Gendered Data and Planning Resource is to be used alongside the Gender Equity Snapshot.

The Gender Equity Snapshot highlights gender inequities in each municipality relevant to women's education, representation in leadership, workforce participation and safety.

Together, these tools will assist local government in the planning, development, implementation and evaluation of the Municipal Public Health and Wellbeing Plans (MPHWP) 2021 – 2025.

Gendered data and information are provided on current WHGNE priority areas, some of which are also priority areas indicated in the Victorian Public Health and Wellbeing Plan 2019 – 2023.

Key terminology

Gender equality

Gender equality is the outcome of gender equity. It refers to the enjoyment of equal opportunities, worth, resources and wellbeing by all people, regardless of their gender.

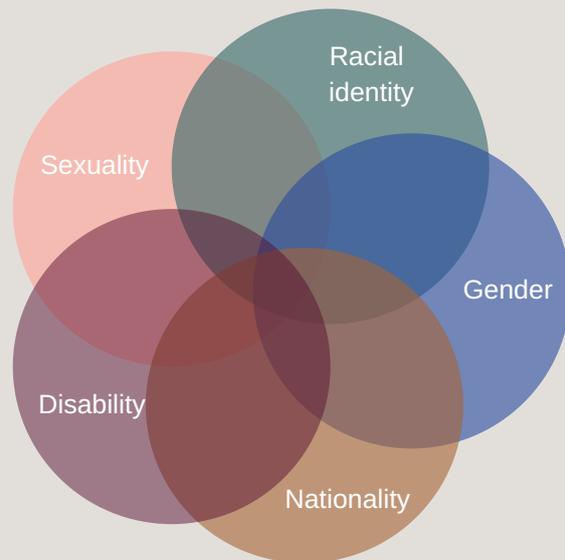
Gender equity

Gender equity is the process of being fair and inclusive to all people, regardless of their gender. It recognises the barriers that prevent people from participating fully and equally in life and employs strategies to overcome these.

Intersectionality

Intersectionality is a framework for understanding where people are located within a society. The term was coined by Kimberlé Crenshaw and seeks to identify the multiple sources of oppression that may disadvantage an individual, including:

- Gender
- Cultural background
- Sexual orientation
- (Dis)ability
- Aboriginality
- Faith
- Ethnicity
- Income
- Education
- Age
- Migration status
- Rural/regional place of residence



Kimberlé Crenshaw on intersectionality



Source: Crenshaw, K., National Association of Independent Schools (NAIS), 2018. What is Intersectionality?, Available from www.youtube.com/watch?v=VIDtnfQ9FHc

Applying a gender lens

The Australian Government recognises that women and men have different health and wellbeing experiences and needs.

A gender lens helps ensure the diverse needs of a community are comprehensively addressed; it contributes to the creation of a society that is equitable and inclusive.¹

A gender lens can identify how men, women and gender-diverse people may experience different barriers and enablers that impact their experience of policies, programs and services. This improved ability to predict outcomes can, in turn, contribute to policies, programs and services being more effective in the community and economically viable.²

Applying a gender lens increases the extent of women's economic, social and civil participation and access to facilities, transport and public spaces.³ It also benefits the entire community by boosting the economy, enhancing social cohesion, improving relationships and increasing happiness in children and young people.⁴

A gender lens should be applied across all levels of an organisation.⁵

From 2021 onwards, under the Gender Equality Act 2020, the Victorian public sector, Court Services Victoria, the Office of Public Prosecutions, universities, local governments and other special bodies will be required to make progress towards gender equality in the workplace by planning, measuring and tracking their actions. This will include the application of a gender lens to any new or reviewed policies, programs or services via a gender impact analysis to demonstrate how they will meet the needs of different genders, address inequities and promote gender equality.

Applying a gender lens to the development and implementation of the MPHWP will enhance local government agencies' (LGAs) understanding of the wide-ranging health and wellbeing impacts of gender inequality in the community and the workplace.

By considering gender now, LGAs can begin setting the foundation for meeting their new requirements and embracing new opportunities under the Act 2020.

1. Women's Health in the North. 2016. Gender analysis overview.

2. Ibid

3. 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.

4. Howard J. 2018. 5 Ways Gender Equality Benefits Everybody.

5. Women's Health in the North. 2016. Gender analysis overview.



A quick guide to using this resource

Each focus area in this resource has three main sections.

At a Glance: Guidance for local government

This section contains suggestions for partnerships and both internal and external actions to address the gendered impacts of the priority area.

A Closer Look: Gender analysis

This section analyses the key gender inequities related to the priority area including statistics and associated research.

The Local Context: Statistics and case studies

This section contains current related statistics for each LGA, as well as region and state averages. Case studies highlight examples of local government action within the priority area.

Gender equity

Gender equity is the process of being fair and inclusive to all people, regardless of their gender.

It recognises the barriers that prevent people from participating fully and equally in life and employs strategies to overcome these. Gender equality is the outcome of gender equity, where all people enjoy equal opportunities, worth, resources and wellbeing, regardless of their gender.

To achieve gender equality, structural and systemic barriers to equality must be removed, and social norms, behaviours and practices that perpetuate inequality and gender stereotypes must be addressed.⁶

The Victorian Government recognises that gender equality affects people of all genders and across the lifespan, and has a vision for a Victoria,⁷ where:

- All Victorians live in a safe and equal society, have access to equal power, resources and opportunities and are treated with dignity, respect and fairness.
- All Victorians recognise that gender equality is essential to economic prosperity and that gender inequality has a significant economic cost.
- Victoria leads the way in gender equality with sustained, enduring and measurable action.

6. Gender Equity Victoria (Gen Vic). 2018. Strategic Priorities 2018-2021.

7. State Government of Victoria. Department of Premier and Cabinet. 2016. Safe and strong: A Victorian gender equality strategy.

AT A GLANCE: GENDER EQUITY



Guidance for local government

*Gender inequality causes many women to experience significant disadvantage, impacting on all aspects of their health and wellbeing. Gender equity in the community will enable an environment that is more just, inclusive and fair for men, women and gender-diverse people – supporting them to achieve optimal health and wellbeing.*⁸

To improve gender equity, local government could partner with:

Other local government areas	Youth service providers
Sporting clubs	Community health services/providers
Legal, justice, corrective services	Women's Health Goulburn North East
Childcare and early education providers	Local media

8. Gender Equity in Local Government Partnership. 2020. Ten ways local government can advance gender equity.

AT A GLANCE: GENDER EQUITY

To improve gender equity, local government can:

<p>Conduct a pay gap audit to ensure women and men are paid equally for work of equal value.</p>	<p>Include information in staff orientation on local resources such as family violence support services, financial counsellors and concessions available to people on a low income so that this information can be accessed by the community. Have it available in council offices, websites and social media.</p>
<p>Review the language and images used in council's communication materials - assess whether they are perpetuating or challenging gender stereotypes and whether they accurately reflect community diversity.</p>	<p>Engage and consult with diverse stakeholders to collect gender-disaggregated and intersectional data to drive operational and service delivery improvements - encourage other organisations to do the same.</p>
<p>Apply a gender lens to council's human resources policies and procedures. Examine the availability of flexible working arrangements, as well as barriers that may impact their uptake for men, women and gender-diverse employees.</p>	<p>Encourage women to nominate as candidates and raise the profile of Aboriginal and Torres Strait Islanders, young women, women from culturally and linguistically diverse backgrounds, women with disabilities and LGBTIQ+ women.</p>

A CLOSER LOOK: GENDER EQUITY

Women earn less than men.

Australia's national gender pay gap is 20.8 percent.⁹ Women who graduate from university earn less than men as a starting salary – a pay gap that grows when graduating from a post-graduate degree.¹⁰ Contributing factors to the gender pay gap include hiring and pay discrimination, limited workplace flexibility and women's disproportionate share of unpaid caring - work that is estimated to be worth \$650.1 billion.¹¹

Women are also more likely to be underemployed than men – meaning they are in the workforce but want additional work and income.¹²

Underemployment is linked to poorer mental and physical health, as well as little job and long-term financial security.¹³ It is a contributing factor to women, on average, having much less superannuation than men, which is related, in turn, to increasing rates of homelessness among older women.¹⁴

Migrant and refugee women face additional systemic barriers to accessing employment and education, contributing

to their overrepresentation in insecure and low-paid work.¹⁵

[See Figures 1 and 2 for local statistics.](#)

Attitudes and norms that reinforce gender inequality are harmful to women and children.

Violence against women and girls is driven by gender inequality, men's control of decision-making and limits to women's independence.

One in three Australians think it is natural for a man to want to appear in control of his partner in front of his male friends, and nearly a quarter see no harm in telling sexist jokes. Both attitudes perpetuate gender inequality and reinforce harmful gender norms that drive violence against women.¹⁶

Overall, in Victoria, there is low support for gender equality in relationships (41.5 percent of men compared to 31.6 percent of women) which perpetuates gender inequality and violence against women.¹⁷

[See Figure 3 for local statistics.](#)

9. Workplace Gender Equality Agency. 2020. WGEA Data Explorer, Home
10. Quality Indicators for Learning and Teaching. 2019. Graduate outcome survey.
11. Workplace Gender Equality Agency. 2016. Unpaid care and the labour market.
12. Australian Government. Department of Education, Skills & Employment. 2019. Newsroom: a statistical snapshot of women in the Australian workforce.
13. Li, J Duncan, A & Miranti, R. 2015. Underemployment among mature age workers in Australia.
14. Australian Human Rights Commission. 2019. Older Women's Risk of Homelessness: Background Paper

15. State Government of Victoria. Department of Premier and Cabinet. 2016. Safe and strong: A Victorian Gender Equality Strategy.
16. Australia's National Research Organisation for Women's Safety Limited (ANROWS). 2017. National Community Attitudes Survey 2017.
17. Victorian Women's Health Atlas. 2020. Gender Equality: Low gender equality in relationships, % 2015.

A CLOSER LOOK: GENDER EQUITY

Women are more likely to be lone parents than men.

Single mothers are one of the most economically disadvantaged groups in Australia - the gender pay gap, women's overrepresentation in casual and part-time work and time out of the workforce due to childbearing are all contributing factors.¹⁸

In contrast, men experience greater barriers to becoming a lone parent due to social norms and gender stereotypes within the workplace. Men who seek workplace flexibility for caring responsibilities may experience discrimination by employers who view them as less committed, give them fewer rewards and lower performance ratings than men who don't seek this flexibility.

However, research shows that when men can work flexibly, they can increase their engagement in caregiving and the household.¹⁹ Increased job control and access to flexible work challenge the gender norms that promote gender inequality.

Research also shows that when men have greater control over their working lives, they are healthier and happier.²⁰

Women are underrepresented in leadership.

In 2018-19, only 17.1 percent of CEOs in Australia were women.²¹ This is because women face greater barriers in obtaining positions of leadership, including the prevailing idea that a good business leader reflects stereotypical masculine traits.²²

Research shows that mothers returning to work face harmful stereotypes around the perceived incompatibility of being an effective caregiver and committed worker, while some women encounter the view that women should stay at home to look after their children.²³

[See Figures 4 and 5 for local statistics.](#)

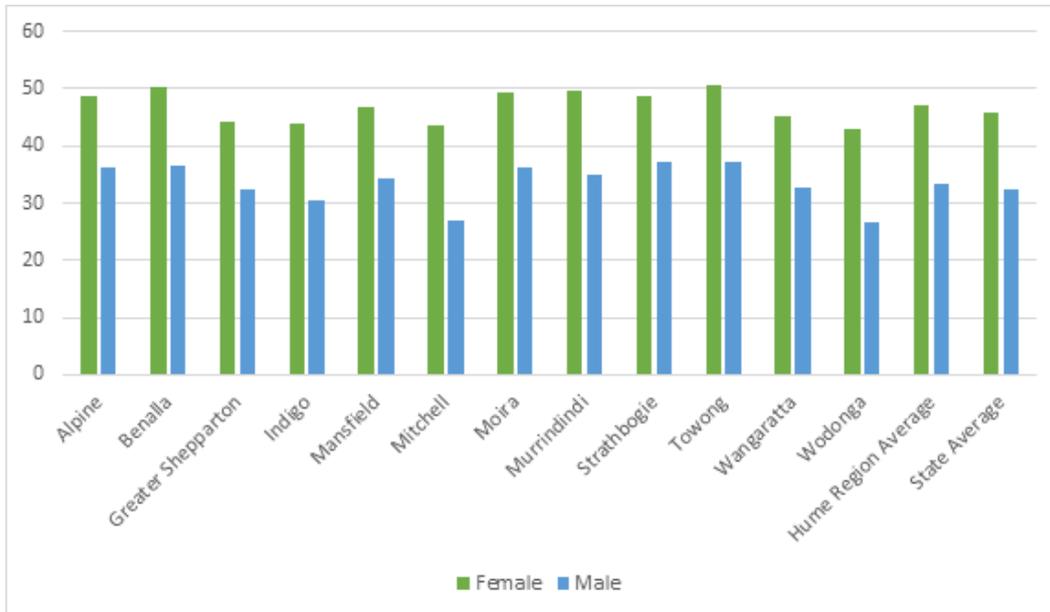
Gender inequality has many short- and long-term impacts on the health of men, women and gender-diverse people. More information on the intersections of gender inequality and health are found throughout this resource.

18. Victorian Women's Health Atlas. 2020. Gender Equality: Lone Parent Status, % Proportion that are female or male 2016.
19. Workplace Gender Equality Agency. 2019. Increased job control and access to flexible work is linked to better mental health outcomes among employees.
20. Australian Human Rights Commission. 2014. Supporting Working Parents.

21. Workplace Gender Equality Agency. 2018. Women in leadership.
22. Piterman H. 2008. The Leadership Challenge: Women in Management.
23. Australian Human Rights Commission. 2014. Supporting Working Parents.

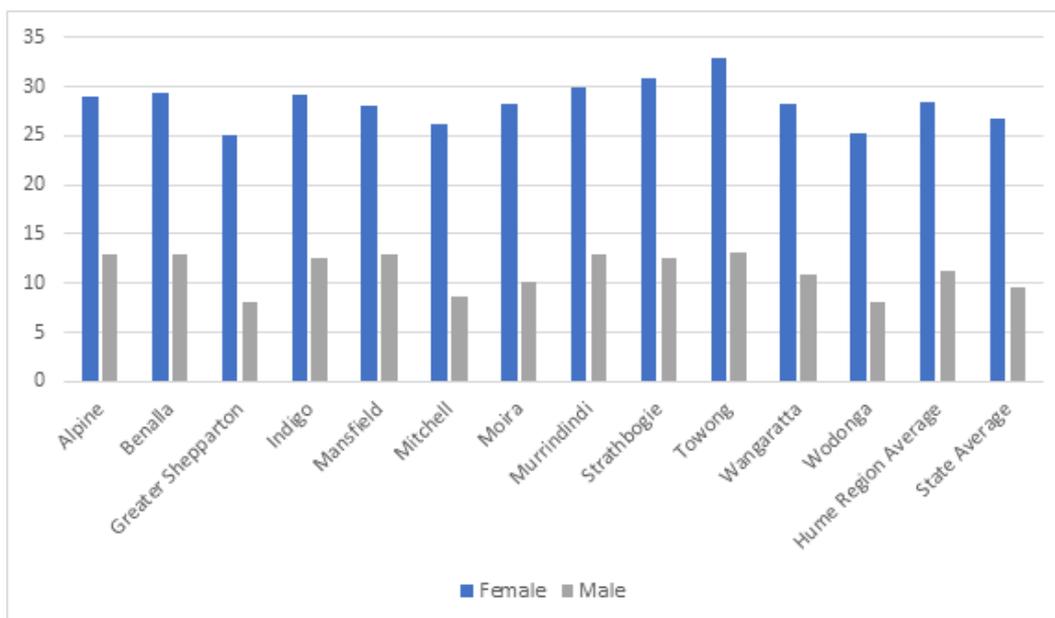
THE LOCAL CONTEXT: GENDER EQUITY

Figure 1 - Individual Weekly Income 2016 % Below minimum weekly wage



Source: Victorian Women's Health Atlas. 2020. Gender equality: individual weekly income, % below minimum wage, 2016. Available from: <https://victorianwomenshealthatlas.net.au>

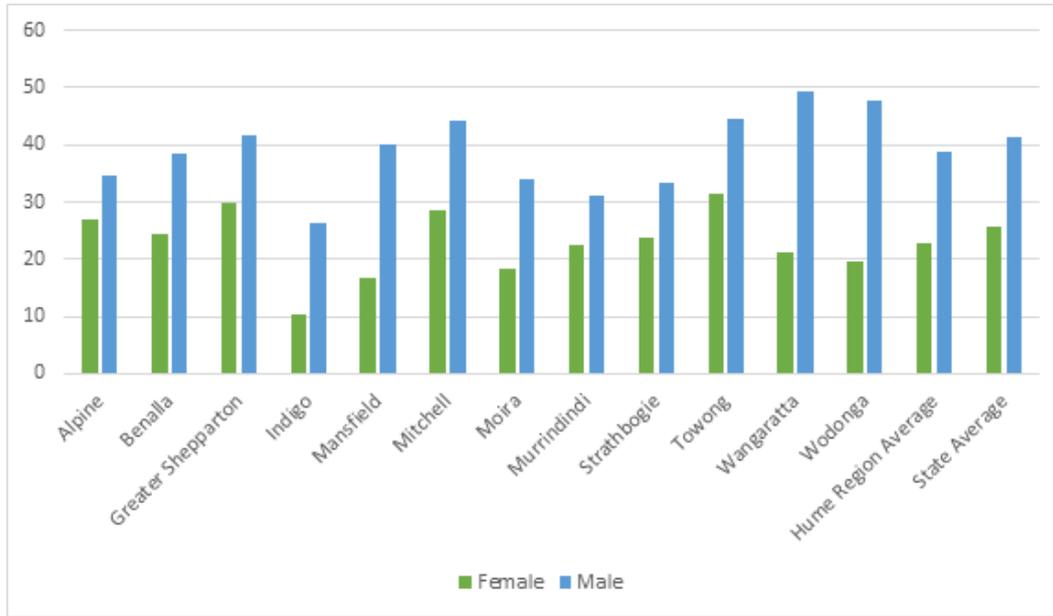
Figure 2 - Unpaid Domestic Work 2016 % People who worked 15+ hours per week



Source: Victorian Women's Health Atlas. 2020. Gender equality: unpaid domestic work, % people who worked 15+ hours per week, 2016. Available from: <https://victorianwomenshealthatlas.net.au>

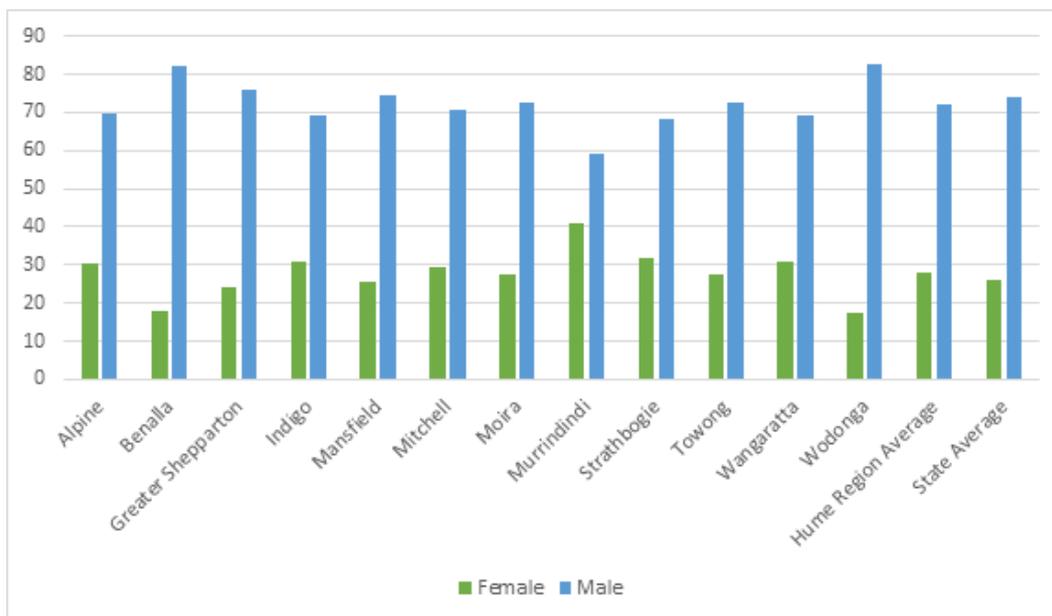
THE LOCAL CONTEXT: GENDER EQUITY

Figure 3 - Low Support for Gender Equality In Relationships 2015 %



Source: Victorian Women's Health Atlas. 2020. Gender equality: low gender equality in relationships, %, 2015. Available from: <https://victorianwomenshealthatlas.net.au>

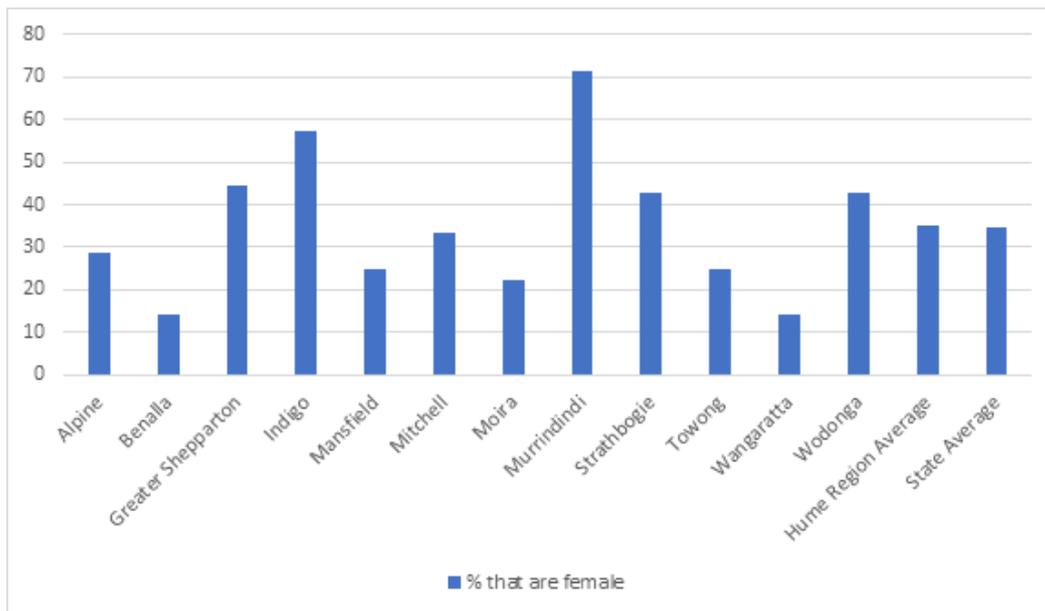
Figure 4 - Chief Executives, General Managers And Legislators 2016 % Proportion that are female or male



Source: Victorian Women's Health Atlas. 2020. Gender equality: chief executives, general managers and legislators, %, 2016. Available from: <https://victorianwomenshealthatlas.net.au>

THE LOCAL CONTEXT: GENDER EQUITY

Figure 5 - Councillors 2015 % Proportion that are female



Source: Victorian Women's Health Atlas. 2020. Gender equality: councillors, %, 2015. Available from: <https://victorianwomenshealthatlas.net.au>

THE LOCAL CONTEXT: GENDER EQUITY

Tip: Lead

Show leadership within council and to the community by conducting an internal gender pay gap audit.

This will be required by all councils under the Gender Equality Act 2020. Ensure that women and men performing the same role are paid the same amount, and women and men performing different work of equal or comparable value are paid equitably.

Think about unintended gender biases that may contribute to hiring, promotion, performance and pay decisions and revalue skills, responsibilities and working conditions in a non-discriminatory way.²⁴

Tip: Challenge

Develop or support education programs that encourage people to challenge rigid gender stereotypes that have harmful effects on men, women and gender-diverse people.

This may include supporting the roll-out of Respectful Relationships in schools in the area or delivering gender equity training in the workplace. Promote these messages in the community – via the council website or through social media.

24. Workplace Gender Equality Agency. 2018. Guide to gender pay equity.

CASE STUDY: GENDER EQUITY

Gender equity in design

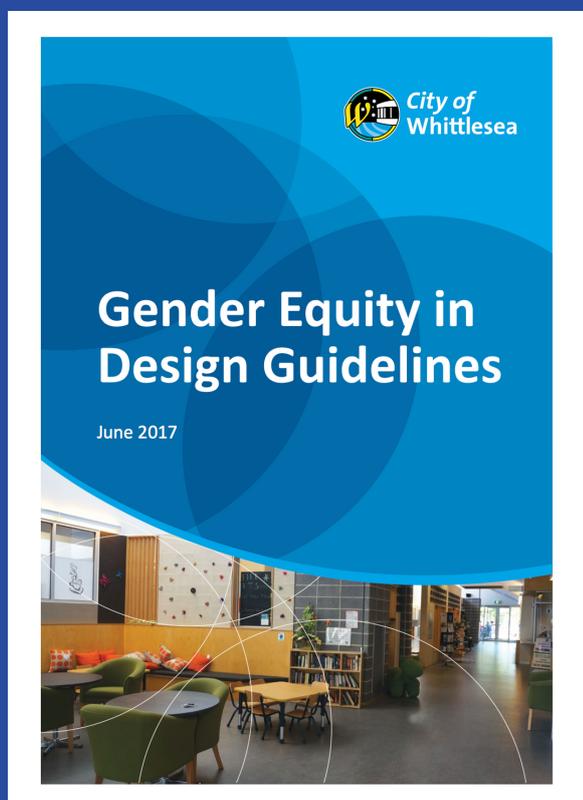
Whittlesea City Council, in partnership with JMA Architects, has developed Gender Equity in Design Guidelines for new or redeveloped council community facilities.²⁵

The broad aim of the project was to ensure Whittlesea's facilities were welcoming, safe and inclusive settings that were equitably accessed by people of all genders. The resource can be shared, adapted and built upon by all local governments.

Council found that the guidelines highlighted inequality embedded in council facilities and budgets and encouraged conversations about gender equity among staff.

Find out more at

http://mav.clients.squiz.net/_data/assets/pdf_file/0016/7306/Whittlesea-City-Council-Gender-Equity-in-Design-Guidelines.pdf



Breastfeeding nook, Hazel Glen Child and Family Centre (City of Whittlesea)

25. City of Whittlesea. 2017. Gender equity in design guidelines.



Prevention of violence against women

The Victorian Government recognises that family violence has a profound impact on health and wellbeing – and that it is rooted in gender inequality.

Family violence includes a broad range of behaviours, not just physical and sexual violence – it also includes psychological, emotional, cultural, spiritual and financial abuse.²⁶

Violence against women is a significant public health issue with serious social, economic and health consequences for women, their families and communities and it can be prevented.²⁷ Given the extensive role local government plays in creating safe public environments, developing community facilities and providing health and community services, it is well placed to take an active role in preventing violence against women.²⁸

The Victorian Government has a vision for a future Victoria, where:

- Women, men, girls and boys are treated equally, with respect and dignity;
- All parts of the community are engaged in practical and creative ways to learn about respectful, safe and equitable relationships;
- Women and children are resourced, supported and empowered to make decisions about their safety and wellbeing; and
- All Victorians feel safe and empowered to take a stand against family violence.²⁹

Family violence disproportionately impacts women and children, with impacts on physical and mental health, loss of housing and employment, decreased financial security, isolation, alienation of social support, and death.³⁰

26. State Government of Victoria. 2019. Ending family violence: Victoria's plan for change.

27. VicHealth. 2007. Preventing violence before it occurs A framework and background paper.

28. Ibid

29. State Government Victoria. 2019. Victorian public health and wellbeing plan 2019–2023.

30. Ibid.

AT A GLANCE: PREVENTION OF VIOLENCE AGAINST WOMEN



Guidance for local government

Applying a gender lens to the prevention of violence against women in the MPHWP allows for the development of tailored strategies, services, and programs that address the different needs of men, women, and gender-diverse people, ensuring better long-term health and social outcomes for the community.

To prevent violence against women, local government could partner with:

Women's Health Goulburn North East	Family and domestic violence service providers
Community health services/providers	Victoria Police
Sporting clubs	Local non-government organisations
Other local government areas	Schools and other education providers
Media outlets	Workplaces and local businesses
Faith-based organisations	

AT A GLANCE: PREVENTION OF VIOLENCE AGAINST WOMEN

To prevent violence against women, local government can:

Make information and support available for staff and community members who may be impacted by family violence. Offer an Employee Assistance Program, family violence leave, have resources and information on local services available in council offices, on council websites and promote them through social media.

Consult with diverse stakeholders, including women, men and gender-diverse people of all abilities, backgrounds and life stages, on all council decisions that impact the community. Ensure buildings, infrastructure, services and programs are safe and accessible for all people.

Develop a whole-of-council approach to preventing violence against women that promotes gender equality across all domains, including sport and recreation, health and community services, arts and culture, workplaces, leadership and human resources and urban development.³¹

Make gender awareness and bystander training compulsory for all local government staff to improve individual and organisational gender equity knowledge, attitudes and behaviour.³²

Support schools in the area in the roll-out of the Respectful Relationships program.

Include the prevention of violence against women as a focus area in the MPHWP.

31. VicHealth. 2016. Gender equality and respectful relationships, local government action guide.

32. Ibid

A CLOSER LOOK: PREVENTION OF VIOLENCE AGAINST WOMEN

Australian women ³³	Australian men ³⁴
One in four women has experienced physical or sexual violence by a current or previous partner since the age of 15.	One in sixteen men have experienced physical or sexual violence by a current or previous partner since the age of 15.
One in five women has experienced sexual violence since the age of 15.	One in twenty men have experienced sexual violence since the age of 15.
One in three women have experienced physical violence (mostly from a current or former male partner in a private dwelling).	One in four men have experienced physical violence (mostly from a male stranger in a public place).

One in four Australian women has experienced physical or sexual violence by a current or former intimate partner since the age of 15.³⁵

In Victoria about one-third of reported sexual offences are related to family violence. Family violence is the leading cause of death and disability in women aged 15 to 45 years and is the biggest contributor to women’s ill health. It is also the largest driver of homelessness

for women and results in a police call-out on average once every two minutes across Australia.³⁶

Women are five times more likely than men to require medical attention as a result of intimate partner violence³⁷ and children exposed to violence in the home often suffer long-term health and wellbeing impacts.³⁸

Women and girls with disabilities are twice as likely as those without disabilities to experience violence.³⁹

33. Our Watch. 2020. Quick facts.

34. Australian Institute of Health and Welfare. 2019. Family, domestic and sexual violence in Australia: continuing the national story.

35. Our Watch. 2020. Quick Facts.

36. Victorian Women’s Health Atlas. 2020. Violence Against Women: Sexual Offences: Rate per 10,000 2018.

37. 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.

38. Australian Institute of Health and Welfare. 2018. Family, domestic and sexual violence in Australia.

39. Women with Disabilities Victoria. 2014. Fact Sheet 3: Violence Against Women with Disabilities.

A CLOSER LOOK: PREVENTION OF VIOLENCE AGAINST WOMEN

Compared to non-Indigenous women, Aboriginal and Torres Strait Islander women are 32 times more likely to be hospitalised due to family violence, 3.4 times more likely to experience sexual assault and 11 times more likely to die due to assault.⁴⁰

In 2014-15 violence against women in Australia cost an estimated \$21.7 billion.⁴¹ Both state and Commonwealth governments carry one-third of the cost burden - \$7.8 billion - to deliver associated health services, criminal justice and social welfare for victims.⁴²

See Figures 6 and 7 for local statistics.

About 95 percent of all victims of violence – whether women or men – experience violence from a male perpetrator.⁴³

Men who conform to rigid stereotypes of how to be a man are more likely to have sexist attitudes and behaviours, which in turn makes them more likely to perpetrate violence against women.⁴⁴

Prevention strategies have a proven effect on levels of violence.

Engaging the whole community in prevention and giving community members skills for respectful relationships will reduce the costs associated with violence.⁴⁵



*Our Watch has created a national framework for a consistent and integrated approach to preventing violence against women, with gender equality at its heart.*⁴⁶

40. Commonwealth of Australia. 2019. Fourth Action Plan—National Plan to Reduce Violence against Women and their Children 2010–2022.

41. PricewaterhouseCoopers Australia. 2015. A High Price to Pay: The economic case for preventing violence against women.

42. Our Watch. 2015. Violence against women costing Australia \$21.7 billion a year.

43. 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.

44. Our Watch. 2019. Tough man stereotype can hurt women and men: report.

45. Our Watch. 2015. Violence against women costing Australia \$21.7 billion a year.

46. 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.

A CLOSER LOOK: PREVENTION OF VIOLENCE AGAINST WOMEN

Applying an intersectional lens to intimate partner violence⁴⁷

Women are more likely to experience violence from a former or current partner if they:

- are young (between the ages 18-24 years)
- have a disability
- are Aboriginal or Torres Strait Islander
- identify as LGBTQIA+
- are pregnant
- have recently separated or are currently separating from their partner
- were abused before the age of 15
- witnessed domestic violence as a child
- are unemployed or receive government payments as their main source of income
- are experiencing financial hardship
- live in a regional or remote area

Violence against women resulted in the murder of 61 women in 2019, but it can be prevented.⁴⁸

International research consistently identifies gender inequality as the underlying driver of violence against women.⁴⁹

Preventing violence against women means challenging gender inequality.

Our Watch's Change the Story Framework outlines the particular expressions of gender inequality that constantly predict higher rates of violence against women, the reinforcing factors that can increase the frequency or severity of violence and the essential and supporting actions to address these gendered drivers.⁵⁰

Find out more at
www.ourwatch.org.au/change-the-story/

47. Australian Institute of Health and Welfare. 2019. Family, domestic and sexual violence in Australia: continuing the national story.

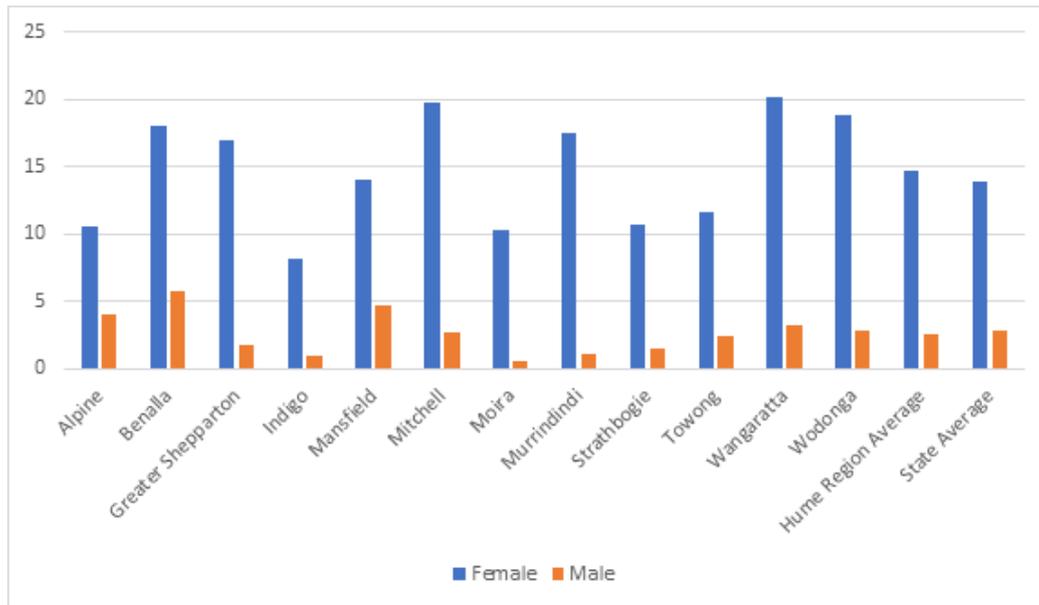
48. Destroy the Joint. 2019. Counting Dead Women in Australia. Destroy the Joint.

49. 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.

50. Ibid

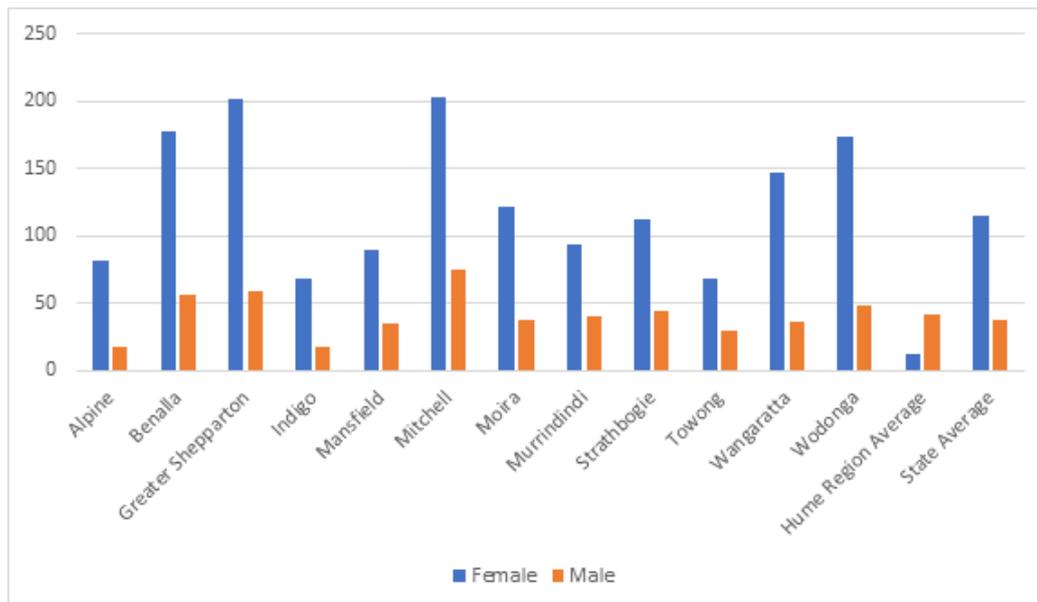
THE LOCAL CONTEXT: PREVENTION OF VIOLENCE AGAINST WOMEN

Figure 6 - Sexual Offences 2019 Rate (per 10,000)



Source: Victorian Women's Health Atlas. 2020. Violence against women: sexual offences; rate per 10,000 2019. Available from: <https://victorianwomenshealthatlas.net.au>

Figure 7 - Family Violence 2019 Rate (per 10,000)



Source: Victorian Women's Health Atlas. 2020. Violence against women: family violence: rate per 10,000: 2018. Available from: <https://victorianwomenshealthatlas.net.au>

THE LOCAL CONTEXT: PREVENTION OF VIOLENCE AGAINST WOMEN



Tip: Act

Small steps can make a significant difference.

Reducing the prevalence of intimate partner violence in Australia (27 per cent of women across their lifetimes) to that of Denmark (22 per cent) - a five per cent reduction in intimate partner violence - would prevent 6,000 new cases of violence-related injury, illness and disability.

It would save \$38 million in health sector costs and \$333 million in productivity costs over time. Think about the small steps a local government could take – and the big impact these might have.⁵¹

51. Cadilhac D, Magnus A, Cumming T, Sheppard L, Pearce D & Carter R. 2009. The health and economic benefits of reducing disease risk factors – Research report.



Sexual and reproductive health

Sexual and reproductive health (SRH), in all its facets, is interlinked with many other aspects of health, particularly mental health.

Sexual and reproductive health needs change across the lifespan and are different for men, women and gender-diverse people.

Good sexual and reproductive health means all people enjoy a “responsible,

satisfying and safe sex life and the capability to have children and the freedom to decide if, when and how to do so.

“Men, women and gender-diverse people should have access to safe, effective, affordable and acceptable methods of contraception and access to appropriate health care services, including abortion services”⁵⁴.

54. World Health Organisation Regional Office for Europe. 2020. Sexual and reproductive health.

AT A GLANCE: SEXUAL AND REPRODUCTIVE HEALTH

The Victorian State Government has clear objectives for improving sexual and reproductive health:

- promote and support positive, respectful, non-coercive and safe sexual relationships and reproductive choice;
- improve knowledge and awareness of factors that affect the ability to conceive a child and increase access to contemporary, safe and equitable fertility control services to enable Victorians to exercise their reproductive rights;
- early diagnosis, effective treatment and management of specific reproductive health issues, such as endometriosis, polycystic ovary syndrome and menopause;
- reduce sexually transmissible infections (STI) and blood-borne viruses through prevention, testing, treatment, care and support;
- work towards eliminating HIV and viral hepatitis transmission and significantly increase treatment rates; and
- reduce and eliminate stigma, including homophobia, transphobia and biphobia.⁵⁵

Gender is a key factor in a person's experience of relationships and sex, sexual and reproductive health issues, and their ability to access safe and responsive sexual and reproductive health services.

55. State Government Victoria. 2019. Victorian public health and wellbeing plan 2019–2023.



Guidance for local government

Applying a gender lens to sexual and reproductive health in the MPHWP allows for the development of tailored strategies, services and programs that address the different needs of men, women and gender-diverse people, ensuring better long-term health and social outcomes for the community.

To improve sexual and reproductive health, local government could partner with:

Youth service providers	Centre for Excellence in Rural Sexual Health (CERSH)
Community services	Women's Health Goulburn North East
Community stakeholder groups	State-wide support services
Sexual health services	Healthcare providers and facilities

AT A GLANCE: SEXUAL AND REPRODUCTIVE HEALTH

To improve sexual and reproductive health, local government can:

<p>Engage and consult with diverse stakeholders to collect gender-disaggregated and intersectional data. Identify and respond to the unique sexual and reproductive health needs of men, women and gender-diverse people in the community – encourage other organisations to do the same.</p>	<p>Support initiatives for making condoms freely or cheaply available in a range of public, anonymous settings with after-hours access in rural communities. Work with rural businesses such as supermarkets and pharmacies to make purchasing condoms easier for young people.⁵⁶</p>
<p>Advocate for locally provided SRH services that are safe, affordable, inclusive, confidential and responsive to individual needs. Highlight any great SRH work across the region via social media.</p>	<p>Make information and support available for staff and community members who may be impacted by family violence. Offer an Employee Assistance Program, family violence leave, have resources and information on local services available in council offices, on council websites and promote them through social media.</p>
<p>Support schools in the area in the roll-out of the Respectful Relationships program and in the delivery of sexual and reproductive health education.</p>	<p>Provide sexual and reproductive health information, local service contact details and referral pathways on council websites and at council buildings and events.⁵⁷</p>

56. Youth Affairs Council of Victoria. 2013. Young people and sexual health in rural and regional Victoria.

57. Women's Health and Wellbeing Barwon South West. 2017. Gendered data and health planning: a resource for local government (Moynes Shire Council), Warrnambool.

A CLOSER LOOK: SEXUAL AND REPRODUCTIVE HEALTH

In 2018, 36.8 per cent of young women in years 10 to 12 reported having unwanted sex, compared to 15.9 percent of young men.⁵⁸

These women often report being frightened as the reason.

Fifty-one percent of Australian women of reproductive age have experienced an unintended pregnancy in their lifetime.⁵⁹

Women in regional, rural and remote areas face many barriers to accessing pregnancy options. These include a lack of options, knowledge among rural GPs, lack of GP support from local hospitals, a higher number of overseas-trained doctors who are more likely to have a conscientious objection to abortion (65 percent) than doctors trained in Australia (15 percent), lack of access to timely ultrasounds and community stigma. These women often face added costs due to travel to access abortion services.⁶⁰

Additionally, young women who become teenage mothers face many social barriers, including a lack of social acceptance of their motherhood.⁶¹ Unsupportive schooling environments and financial pressures can have long-term impacts on their employment opportunities and housing arrangements.

[See Figure 8 for local statistics and Table 1 for recent changes over time.](#)

Intimate partner violence (IPV) has been shown to have significant implications for women's reproductive and sexual health.

These can include unplanned pregnancies, high rates of pregnancy termination, low birth weight babies and increased incidence of sexually transmitted diseases, including HIV. Young women who have experienced IPV are three times more likely to experience a miscarriage, report having herpes and HPV and 11 times more likely to report hepatitis C.⁶²

58. Fisher C, Waling A, Kerr L, Bellamy R, Ezer P, Mikolajczak G, Brown G, Carman M & Lucke J. 2019. Sixth national survey of Australian secondary students and sexual health 2018. Australian Research Centre in Sex, Health & Society, La Trobe University.

59. Marie Stopes International. 2008. Real choices: Women, contraception and unplanned pregnancy.

60. Tomnay J. 2019. The University of Melbourne. Early medical abortion is legal across Australia, but rural women often don't have access to it.

61. Family Planning Victoria. 2018. Teenage Pregnancy.

62. Australian Government, Department of Health. 2011. Violence and sexual and reproductive health.

A CLOSER LOOK: SEXUAL AND REPRODUCTIVE HEALTH

Women are at increased risk of intimate partner violence during pregnancy. If it already exists within a relationship, it is likely to increase in severity during pregnancy and is associated with poor birth outcomes and post-natal depression.

Research shows that pregnancy can be a trigger for perpetrator jealousy and control, as a woman exerts greater autonomy over her body and independence from her partner.⁶³

Access to sexual and reproductive health services is more difficult in rural areas than in metropolitan areas.

There can be high costs of contraception, lack of bulk-billing services available and longer travel time for appointments.

In rural and regional areas, confidentiality and anonymity are significant issues; one report found that 72 percent of respondents considered privacy to be an issue in accessing sexual and reproductive services within their local area.⁶⁴

Women generally bear the primary responsibility for contraception but differences in gender power relations mean that women do not always feel they have the power to insist on partner contraceptive use.⁶⁵

This power imbalance means that women of any age, particularly young women, feel less able to refuse sex and are more vulnerable to sexual coercion.⁶⁶

The rate of STIs among adolescents has been consistently higher in rural Victoria than the state average since at least 2004.

In 2010, the rate of sexually transmitted infections in adolescents in regional Victoria was almost double the rate in Melbourne.⁶⁷

63. Campo M. 2015. Australian Institute of Family Studies. Domestic and family violence in pregnancy and early parenthood: overview and emerging interventions.

64. Women's Health Goulburn North East. 2012. Local stats about women. Women's Health Goulburn North East, Wangaratta.

65. Australian Government, Department of Health. 2011. Contraception and safe sex.

66. Australian Government, Department of Health. 2011. Violence and sexual and reproductive health.

67. Youth Affairs Council of Victoria. 2013. Young people and sexual health in rural and regional Victoria.

A CLOSER LOOK: SEXUAL AND REPRODUCTIVE HEALTH

Sexually transmitted infections affect men and women differently. For example, Chlamydia rarely causes long-term issues in men, but in women it can result in pelvic inflammatory disease which can cause ectopic pregnancies, chronic pain, infertility and increased

risk of pre-term labour.⁶⁸ In women, the infection is often asymptomatic, resulting in untreated disease and ongoing transmission.

[See Figure 9 for local statistics.](#)

Applying an intersectional lens to pregnancy in young women⁶⁹

Pregnancy rates are higher in young women who experience:

- family situations with regular conflict
- poor school performance and attendance
- family violence or sexual abuse during childhood
- Aboriginal or Torres Strait Islander status
- unstable housing arrangements living in rural and remote areas
- a mental health diagnosis
- undisclosed same-sex attraction

68. Victorian Women's Health Atlas. 2020. Sexual and reproductive health: Chlamydia rate (per 10,000): 2018.

69. Family Planning Victoria. 2018. Teenage pregnancy.

THE LOCAL CONTEXT: SEXUAL AND REPRODUCTIVE HEALTH

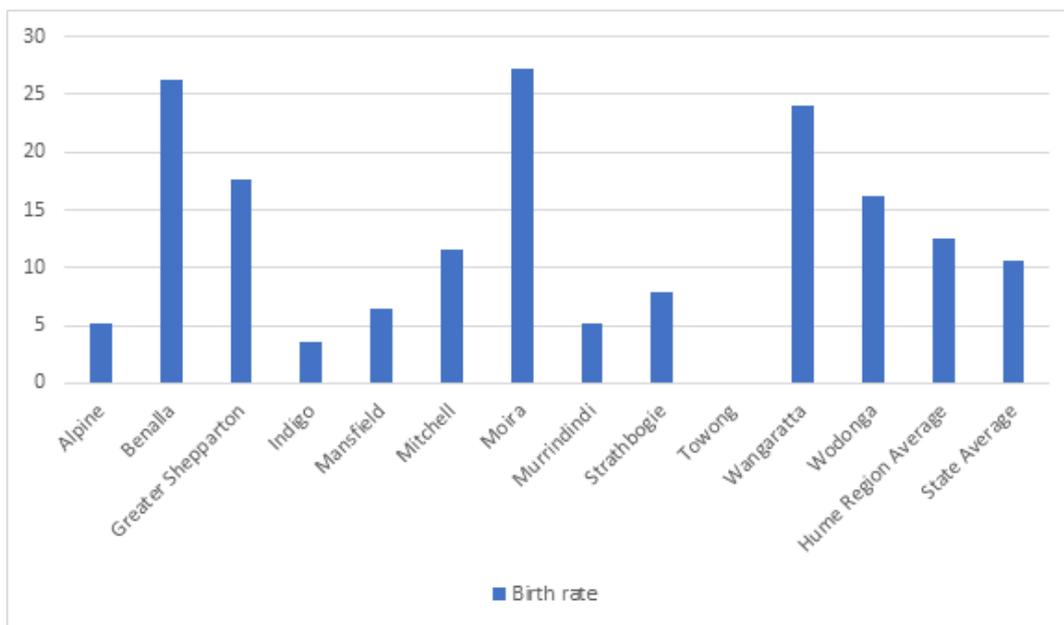
Table 1.

Teenage birth rate per 1,000 - aggregate two-year rate January 2012 to December 2013 and January 2016 to December 2017⁷⁰		
LGA	2013	2017
Alpine	5.49	5.15
Benalla	24.55	26.27
Greater Shepparton	33	17.71
Indigo	14.14	3.63
Mansfield	5.63	6.46
Mitchell	22.05	11.58
Moira	23.88	27.17
Murrindindi	18.69	5.12
Strathbogie	38.59	7.86
Towong	18.66	0
Wangaratta	22.06	24.01
Wodonga	25.63	16.25
Hume region average	21	12.6
State average	17.4	10.6

70. Victorian Women's Health Atlas. 2020. Sexual and reproductive health: teenage birth: aggregate 2 year rate (per 1,000): 2017.

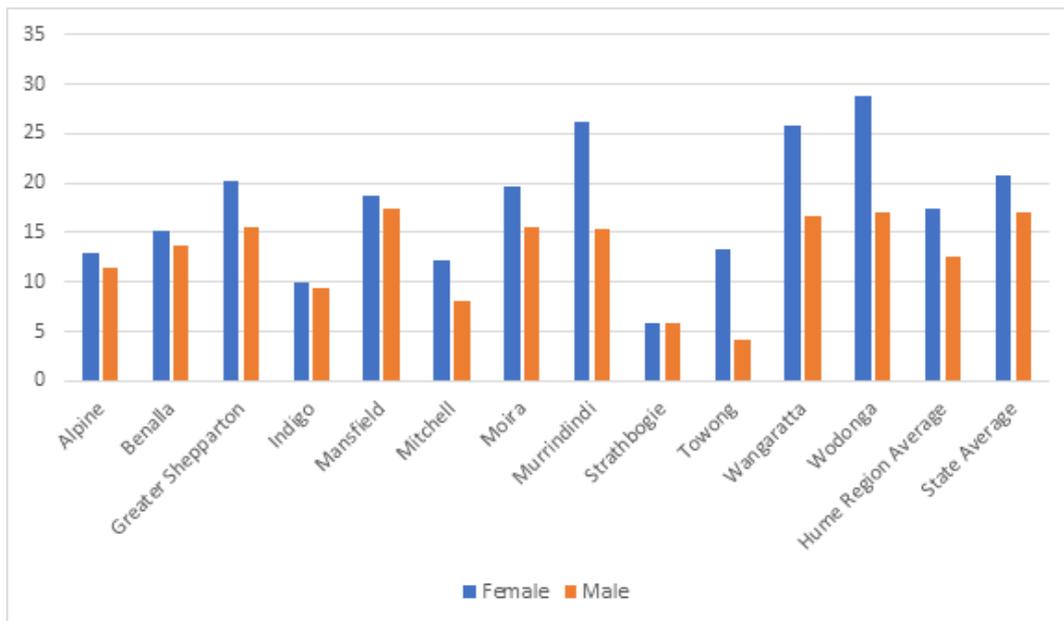
THE LOCAL CONTEXT: SEXUAL AND REPRODUCTIVE HEALTH

Figure 8 - Teenage birth 2017 aggregate 2 year rate (per 1,000)



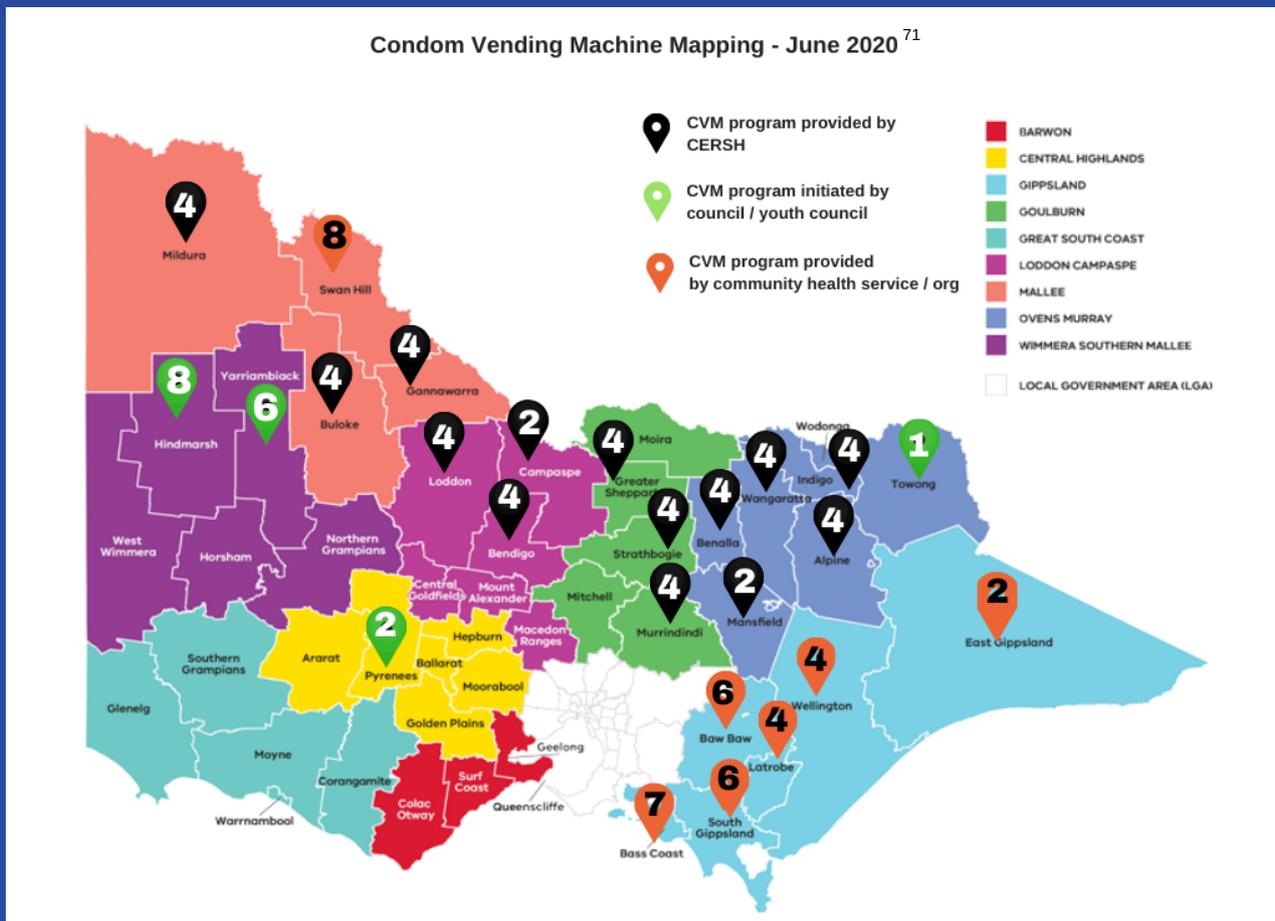
Source: Victorian Women's Health Atlas. 2020. Sexual and reproductive health: teenage birth: aggregate 2-year rate (per 1,000): 2017. Available from: <https://victorianwomenshealthatlas.net.au>

Figure 9 - Chlamydia 2018 rate (per 10,000)



Source: Victorian Women's Health Atlas. 2020. Sexual and reproductive health: Chlamydia rate (per 10,000): 2018. Available from: <https://victorianwomenshealthatlas.net.au>

CASE STUDY: SEXUAL AND REPRODUCTIVE HEALTH



Condom vending machine pilot

The Centre for Excellence in Rural Sexual Health piloted a project with LGAs in the Hume region to install condom vending machines (CVM) in publicly accessible locations - increasing 24/7 access to affordable condoms.

Evaluation from the project found that the CVMs installed in rural towns in

north-east Victoria were accessible to young people after business hours, were cost-effective for councils and did not generate any complaints from residents.

Apply a gender lens to ensure CVMs are accessible for men, women and gender-diverse people.⁷²

Find out more at <https://www.cersh.com.au/projects/improving-access-to-condoms/>

71. Centre for Excellence in Rural Sexual Health. 2020. Improving access to condoms for rural young people project summary.

72. Ibid



Climate change

Climate change affects health and wellbeing, both directly and indirectly.

Directly, through the increased intensity and frequency of extreme weather events like prolonged heatwaves and bushfires that pose immediate threats to health, and indirectly through changes to air quality, changes in the spread of infectious diseases and mental health impacts.⁷³

Further, predictions of increased drought severity and time spent in drought conditions, increased extreme fire danger weather, reductions in average rainfall, increased water scarcity, heat stress and increased climatic variability pose risks for food security, the economy and industries and communities dependent on primary production.⁷⁴

The Victorian Government's objectives for tackling climate change and its associated health impacts revolve around:

- Resilient and safe communities that are adapting to the public health impacts of climate change;
- Decreased health impacts associated with climate change; and
- Increased action to reduce greenhouse gas emissions and realise associated health co-benefits.⁷⁵

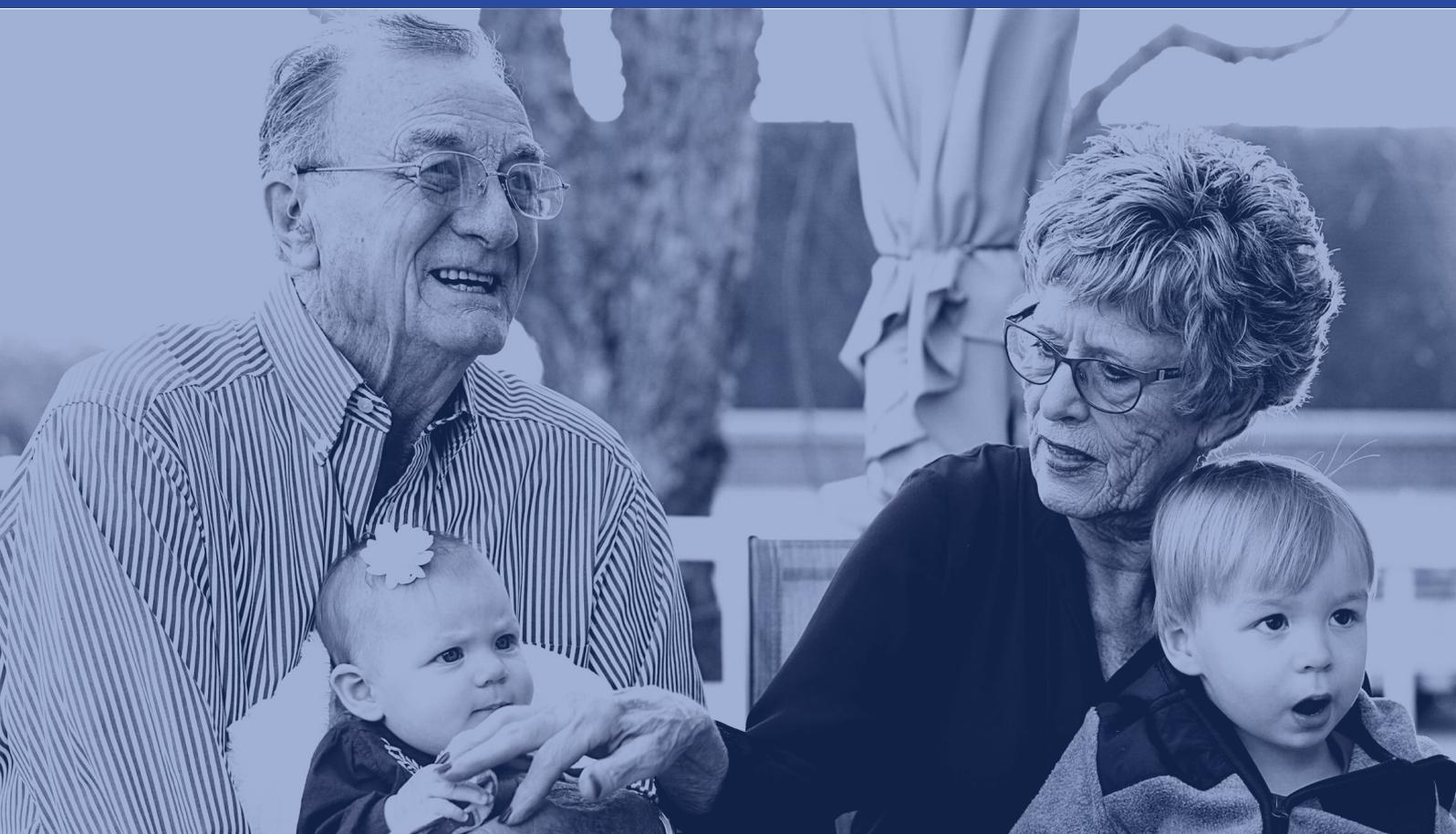
Gender is a key factor in a person's attitude towards climate change, their ability to play a part in climate change-related decision-making and their experience of the impacts of climate change.

73. State Government Victoria. 2019. Victorian public health and wellbeing plan 2019–2023.

74. Climate Council of Australia. 2015. Feeding a Hungry Nation: Climate change, Food and Farming in Australia.

75. State Government Victoria. 2019. Victorian public health and wellbeing plan 2019–2023

AT A GLANCE: CLIMATE CHANGE



Guidance for local government

Applying a gender lens to climate change in the MPHWP allows for the development of tailored strategies, services and programs that address the different needs of men, women and gender diverse people, ensuring better long-term health and social outcomes for the community.

To address climate change and its gendered impact on health, local government could partner with:

Diverse community stakeholder groups	Local businesses
Women's Health Goulburn North East	Research institutions
Other government agencies	Emergency services
Local agricultural sector	

AT A GLANCE: CLIMATE CHANGE

To address climate change and its gendered impact on health, local government can:

Collect gender-disaggregated and intersectional data to assess the different experiences and impacts of climate change on men, women and gender-diverse people to inform gendered mitigation and adaptation planning.

Recognise, engage and raise the voices of women contributors as decision-makers, educators and experts in non-traditional roles such as science, technology, engineering and maths (STEM). Amplify the voices of those who identify as Aboriginal and Torres Strait Islander women, young women, women from culturally and linguistically diverse backgrounds, women with disabilities and LGBTIQ+ women.

Make information and support available for staff and community members who may be impacted by family violence during and after a disaster. Have resources and information on local specialist services available in council offices, on council websites and promote them through social media.

Collaborate with other levels of government and other organisations on equitable and affordable energy efficiency and renewable energy programs to support low-income households and renters to access climate-appropriate and -safe housing

Engage the Gender and Disaster Pod to increase the resilience of men, women and gender-diverse people in the face of emergencies and disasters in the community.

Remove regulatory barriers to and support the creation of short-supply-chain, low emissions food economies - farmer's markets, verge gardens, community gardens and fresh produce "banks" - with a focus on equity of equal participation, affordability and accessibility.

A CLOSER LOOK: CLIMATE CHANGE

Young women and girls in Australia see climate change as the single most pressing issue facing the world and their futures by far.⁷⁶

Recent research shows that women are more likely to recognise current impacts of climate change than men (80 per cent compared to 72 per cent) and are more likely to see 'climate change as a serious and pressing issue' compared to men (52 per cent compared to 47 per cent).⁷⁷

This consciousness of climate change influences women's reproductive decision-making – around a third of women under 30 said they were reconsidering having children or more children because of concerns about an unsafe future due to climate change.

Around a quarter of women aged 30 to 39 years with children were worried about the dangers of climate change for their children.⁷⁸

Entire industries, decision-making, and professional level roles related to the environment and climate change mitigation and adaptation are dominated by men.⁷⁹

When male voices dominate climate protection and planning processes, mechanisms fail to consider the practical and strategic needs of women.

Both during and after disasters, women are affected differently and in many cases more severely than men.

Gender plays a large part in the roles people have in disaster preparation, response, recovery and reconstruction. Traditional gender roles see men as the 'protector' and 'defender' and women as 'passively sheltering' during a disaster.⁸⁰

76. Plan International Australia. 2019. She has a Plan – The Unique Power of Girls to Lead Change.

77. Australian Conservation Foundation and 1 Million Women. 2019. What do Women Think about Climate Change?

78. Ibid

79. WGEA. 2020. Gender segregation in Australia's workforce.

80. Gender and Disaster POD. 2016. Gender and Emergency Management Guidelines A literature review.

A CLOSER LOOK: CLIMATE CHANGE

These traditional gender roles also tend to resurface in the aftermath of disasters, when women are often relegated to childcare and domestic tasks within the home and men are often tasked with organising finances and leading community efforts.⁸¹

When natural disasters strike, men and women respond differently. Both international and Australian research shows an increase in reports of family violence that in the aftermath of disasters.⁸²

Women are more likely than men to live in rented or public accommodation, housing stock which is seldom appropriate for a changing climate.

Low income renters are especially vulnerable as they live in poorer quality housing, have less capacity to climate-proof their homes and are more likely to suffer from higher energy and water prices.⁸³

Those in low-cost housing are likely to live in properties with insufficient insulation and often rely on inefficient heating and cooling devices.⁸⁴

Heatwaves and other extreme weather events will impact the elderly and those with existing chronic health conditions.⁸⁵

Women are already more likely than men to experience food insecurity, a key determinant of which is poverty.

One in five women and almost half of all single mothers live in households with low economic resources.⁸⁶ The existing barriers to accessing affordable, good quality, safe food will only be further exacerbated by climate change.⁸⁷

81. University of Colorado at Boulder. 2019. When natural disasters strike, men and women respond differently.

82. Parkinson, D & Zara C. 2013. The hidden disaster: domestic violence in the aftermath of natural disaster.

83. Tenants Union of Victoria. 2016. Tenants union of Victoria response to regulation of property conditions in the rental market: issues paper of the Residential Tenancies Act review.

84. Ibid

85. Ibid

86. Australian Bureau of Statistics. 2019. 4125.0 – Gender indicators, Australia, Nov 2019. Economic Security.

87. Climate Council of Australia. 2015. Feeding a Hungry Nation: Climate change, Food and Farming in Australia..

Tip: Engage

Women's Health Goulburn North East in partnership with Women's Health in the North and the Monash MUDRI, in the form of the Gender and Disaster Pod, have completed significant research into the gendered impacts of disaster.

There are many resources available on the GAD Pod website and a suite of training that can be delivered on a range of related topics, including family violence after disasters, men after disaster, gender equity and disaster, and living LGBTI in disaster.

This training builds capacity for the development gender-responsive emergency management plans and disaster relief, recovery and rebuilding.

Find more information at www.genderanddisaster.com.au

Tip: Empower

Encouraging women into non-traditional roles such as science, technology, engineering and maths (STEM) is an important consideration for local government.

Local government, along with all workplaces, faces the challenge of a knowledge-based economy and the opportunity to recruit and retain women in the more traditional roles of engineering, IT and planning. There are opportunities to assist female STEM graduates gain valuable workplace experience and then transition into senior management careers within council.⁸⁸

Search for women in STEM at www.stemwomen.org.au

88. McGowan R. 2017. Gender equity in local government: Research Companion.

CASE STUDY: CLIMATE CHANGE



Darebin's Solar Saver program supports low-income households to install solar panels on their homes.⁸⁹



Solar Saver Program for Pensioners



This Australia-first program offers eligible homeowners the chance to install solar power for no up-front cost, and pay for this through their rates over the next 10 years. A massive energy and cost saving for Darebin residents! This is a limited offer!

Darebin City Council is offering homeowners who receive a pensioner rate rebate the chance to purchase and install 1.5kW or 2kW solar panel systems through this program. These solar systems provide significant electricity cost savings – generally between \$361 and \$760 per year depending on size and energy use. The systems also come with a 10 year warranty on panels, inverter and installation.

The solar systems range in cost between \$2,440 - \$2,790 for a 1.5kW system and \$2,805 - \$3,450 for a 2kW system, excluding switchboard upgrades, if needed. Prices vary depending on how many storeys your house is and the type and shape of your roof.

You pay 10% of the system cost in your rates every year over ten years. So at the prices above, most will save more each year on their electricity bills than they pay in the rates solar repayment! And if you move or sell up during the ten years, the remaining payments transfer to the new owner.

This program is run through our trusted providers Positive Charge and Energy Matters, and is open for the first 280¹ eligible applicants to sign up. Check further details on our website www.darebin.vic.gov.au/solar

Secure your place by contacting the Darebin City Council Environment Team - details below.

What if I'm not eligible?

While the Solar Saver program is only available for a limited number of homeowners, the Solar Bulk-Buy program offers heavily discounted solar panel systems to all Darebin properties. For more information, see the Darebin Solar Bulk-Buy program details over the page, or contact the Darebin City Council Environment Team - details below.

Apply now!

To apply for the Solar Saver program contact the Darebin City Council Environment Team on (03) 8470 8888 or email solar@darebin.vic.gov.au

*subject to available Council funds



PROGRAM PARTNERS



Interest-free solar system loans

As a diverse community with many pensioners, low income households and people that are socially isolated – Darebin City Council's climate change focus has been on heat stress response.

People within these groups are often unable to afford air conditioning and other heat management options during

times of extreme heat – hence Darebin Council's 'Solar Saver Program'.

The program enables pensioners to install solar power to their homes with no upfront cost and to pay the system off through their council rates over 10 years, interest free.

Find out more at www.darebin.vic.gov.au/Darebin-Living/Caring-for-the-environment/EnergyClimate#Saving-Energy.

89. City of Darebin. 2016. Energy and climate.

CASE STUDY: CLIMATE CHANGE

Local food strategy

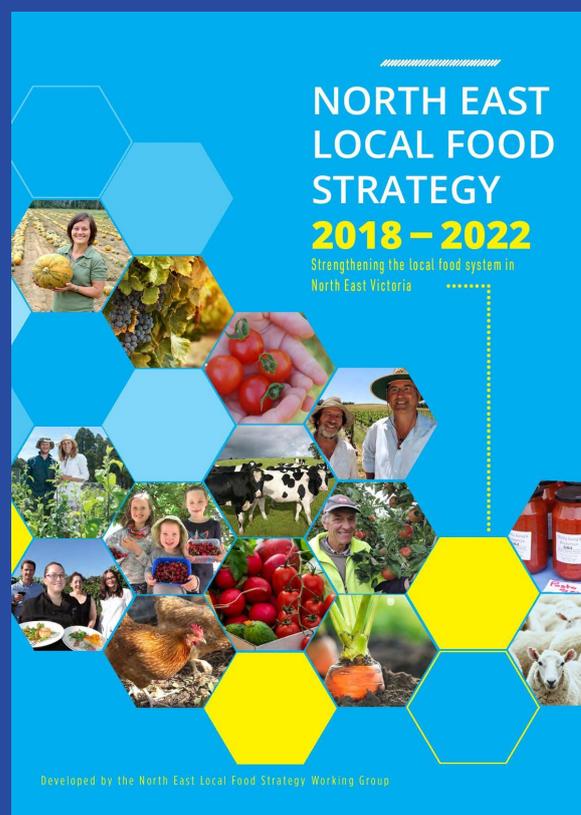
The North East Local Food Strategy 2018-2022 was developed through the collaboration of local government agencies, health and community services and local businesses in North East Victoria.

Working across a region that often experiences drought/dry conditions, this strategy addresses issues such as food insecurity, climate change, food waste, food transport and the food supply chain.

This locally developed, community-owned regional strategy aims to keep fresh food local, grow the local economy, reduce food waste, create new jobs and tackle the complex problem of climate change adaptation.

Post emergencies of drought, bushfire, flooding and COVID-19, these communities are banding together to address complex issues and build local resilience.

Together, locals are growing their own food, establishing their own food-growing businesses or building new food systems while tackling climate change adaptation. Through collaboration, they are creating a more resilient community with social connections, as they create and implement new local food solutions.



The North East Local Food Strategy was developed in response to an identified need for a collaborative, cross-sector, approach to ensure a sustainable, resilient and equitable food system in North East Victoria.⁹⁰

Find out more at
https://gatewayhealth.org.au/images/brochures/NE_Local_Food_Strategy_2018_2022.pdf

90. North East Local Food Strategy Working Group & Croft, A. 2019. North east local food strategy 2018-2022.



Reducing injuries in the community

Applying a gender lens to the reduction of injuries in the MPHWP allows for the development of tailored strategies, services and programs that address the different needs of men, women and gender-diverse people, ensuring better long-term health and social outcomes for the community.

Guidance for local government

To reduce the gendered impact of injuries in the community, local government could partner with:

Victorian Injury Surveillance Unit	Alcohol and drug services
Sporting organisations	Women's Health Goulburn North East
Schools and education providers	Hospitals
Emergency services	Aged care facilities
Workplaces	Victoria Police

AT A GLANCE: REDUCING INJURIES IN THE COMMUNITY

To reduce the gendered impact of injuries in the community, local government can:

Provide a range of health programs that are inclusive and accessible to men, women and gender-diverse people in the community to increase strength and fitness with an emphasis on improving general fitness and falls prevention.⁹¹

Support schools in delivering preventative mental health programs like Live4Life.⁹²

Know where staff and the community can access safe and welcoming mental health and family violence support services and in the local area. Make this information available in a format that is accessible to all and available in council offices, websites and social media.

Support schools and community organisations in delivering preventative road safety programs like 'Looking After Our Mates'.⁹³

Develop a whole-of-council approach to preventing violence against women that promotes gender equality across all domains, including sport and recreation, health and community services, arts and culture, workplaces, leadership and human resources and urban development.⁹⁴

91. City of Greater Dandenong. 2011. Community safety plan 2011-2014: a safer greater Dandenong.

92. Live4Life. 2020. Homepage.

93. Vic Roads. 2018. Secondary school road safety education resources.

94. VicHealth. 2016. Gender equality and respectful relationships.

A CLOSER LOOK: REDUCING INJURIES IN THE COMMUNITY

Men account for 75 per cent of deaths by suicide.⁹⁵

Since 2014, an average of six men have committed suicide every day in Australia.⁹⁶ However, women are more likely than men to be hospitalised for self-inflicted injuries.⁹⁷

[Find out more information about suicide and self-harm in Mental Health on pages 64-65.](#)

Male road users account for three-quarters of total road deaths (74.3 per cent) in Australia.⁹⁸

Men typically drive more frequently and longer distances than women and are more likely to engage in risky practices such as not using seatbelts, driving under the influence of drugs and/or alcohol and speeding.

There are strong links between men who adhere to traditional gender stereotypes of masculinity and the

number of traffic accidents they are involved in.⁹⁹

[See Figure 10 for local statistics.](#)

Almost one in three hospitalisations for assault injury are due to family and domestic violence.¹⁰⁰

Of these family violence-related hospitalisations, two-thirds involve a perpetrator who is a spouse or partner. Across all age groups, women are more likely to be hospitalised due to family violence than men.¹⁰¹

Of all age groups, older women are most likely to be hospitalised due to injury.

Women aged 65 years and over are more likely to be hospitalised due to injury, whereas men are more likely to be hospitalised in the 25 to 44 years age group.¹⁰²

95. Black Dog Institute. 2020. Facts about suicide in Australia.

96. Simon-Davies J. 2019. International Men's Health Week.

97. Australian Institute of Health and Welfare. 2019. Injury Overview

98. Bureau of Infrastructure, Transport and Regional Economics. 2019 Road trauma Australia 2018 statistical summary.

99. The Men's Project & Flood M. 2018. The Man Box: A Study on Being a Young Man in Australia.

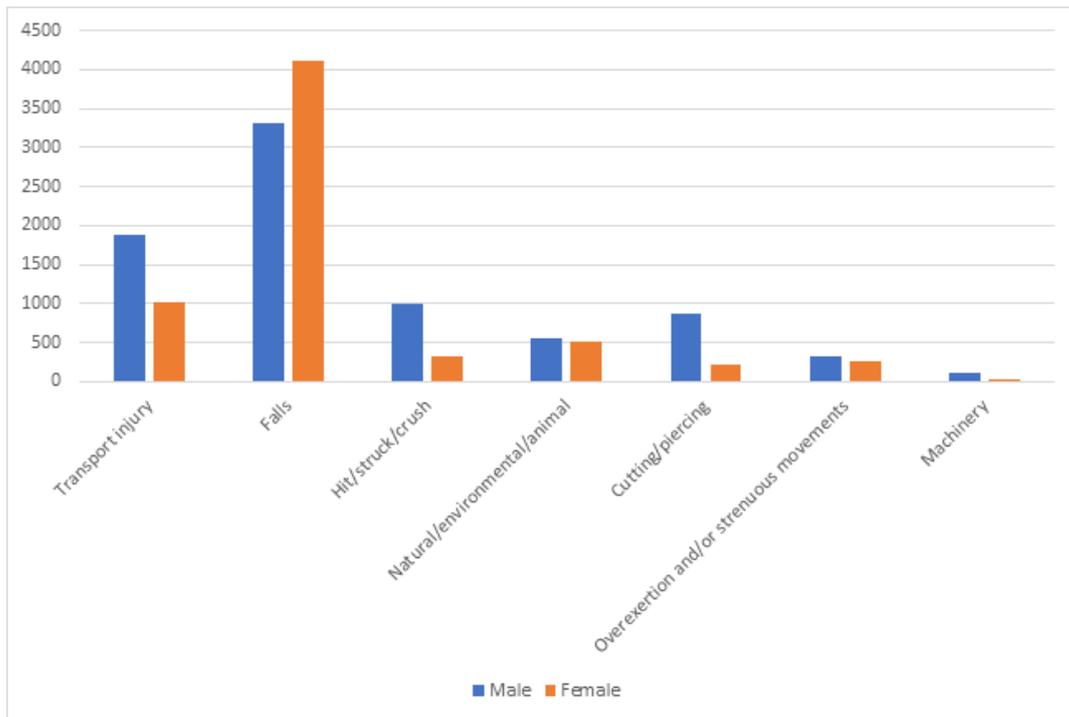
100. Australian Institute of Health and Welfare. 2019. Family, domestic and sexual violence in Australia.

101. Ibid.

102. Australian Institute of Health and Welfare. 2019. Injury: Overview.

THE LOCAL CONTEXT: REDUCING INJURIES IN THE COMMUNITY

Figure 10 - Injury Hospital Admissions 2014-2019 Hume Region rate (per 100,000)



Source: Victorian Injury Surveillance Unit. 2020. Custom dataset: Victorian admitted episode dataset for the Hume region.

CASE STUDIES: REDUCING INJURIES IN THE COMMUNITY

Positive ageing

Under the Age-Friendly Communities Project, Mitchell Shire Council's Positive Ageing Ambassadors have developed a Positive Ageing Guide.

The guide highlights local services, activities and programs across the shire and the state in support of 'Positive Ageing'. Physical activity is particularly important for injury prevention in women aged 65 years and over.

Senior strength classes are promoted in the guide, as well as opportunities for social connection.

The guide is available through multiple channels - on the council website, by phoning the customer service and in hard copy from local libraries and customer service centres.

Find out more at

https://cdn.mitchellshire.vic.gov.au/general-downloads/Community%20Development/MS_C_PositiveAgeingGuide.pdf

Responsible driving

'Looking After Our Mates' is a free interactive presentation tailored to young people on the impacts of drink/drug driving, responsible driving and looking after each other.

Ideally hosted in a Year 12 or sporting club setting, the program provides information on the related laws and practical strategies to avoid drink and drug driving behaviours.

In partnership with the Department of Education, Bayside City Council's Road

Safety Strategy 2014-2019 included a strategy to help raise schools' awareness of available programs, like 'Looking after Our Mates', associated resources, funding opportunities and contact/access points for support.

Find out more at

<https://www.vicroads.vic.gov.au/safety-and-road-rules/road-safety-education/secondary-schools/secondary-school-road-safety-education-resources>

Increasing healthy eating

Applying a gender lens to healthy eating in the MPHWP allows for the development of tailored strategies, services and programs that address the different needs of men, women and gender-diverse people, ensuring better long-term health and social outcomes for the community.

Guidance for local government

To increase healthy eating and its gendered impact on health, local government could partner with:

Diverse community stakeholder groups	Local businesses and food outlets
Women's Health Goulburn North East	Community health services
Local growers/producers	Local markets
Other council departments such as: Recreation and planning; Transport; Sustainability and Biodiversity; Community services; Community safety; Community wellbeing	Local non-government organisations
Sporting groups	Schools and kindergartens
Emergency food relief providers	Food co-operatives

AT A GLANCE: INCREASING HEALTHY EATING

To increase healthy eating and its gendered impact on health, local government can:

Challenge gender stereotypes in the workplace and the community - the imbalance of power, distribution of resources, and allocation of duties between women and men's food-related and domestic work. ¹⁰³	Establish or promote local food co-ops, Foodbanks, meal packs or budget meal options for people experiencing food insecurity. ¹⁰⁴
Collect gender-disaggregated and intersectional data on healthy eating in the community. Use it to develop gender-responsive programs, policies and services that encourage healthy eating in men, women and gender-diverse people in the community	Support organisations in the community that may already be doing work to improve healthy eating and encourage them to apply a gender lens.
Review the language and images used in council's communication materials - assess whether they are perpetuating or challenging gender stereotypes and whether they accurately reflect community diversity including people of all body shapes and sizes.	Provide parenting facilities, environments and messages for breastfeeding in public places. Develop, update and disseminate of a list of venues containing breastfeeding friendly facilities within local areas. Ensure that parenting facilities are available at community events.

103. Women's Health Victoria. Serving up Inequality: How sex and gender impact women's relationship with food.

104. Government of South Australia. SA Health. 2017. Creating Healthier Local Food Environments: a guide for local government.

A CLOSER LOOK: INCREASING HEALTHY EATING

Women spend two and a half times more time on food preparation than men.¹⁰⁵

This includes meal planning, shopping, preparing, cooking and cleaning and has remained a trend even as more women are engaged in paid work.¹⁰⁶

Social gender norms enforce the expectation that women take on the role as the provider of food for their family, contributing to women's unequal burden of stress and time spent on food preparation.¹⁰⁷

A person's income influences their ability to access a healthy diet.

For low-income households, cost is the most important factor when making food choices. Healthy foods are often more expensive than less nutritious counterparts, especially in rural areas. In a low-income household, up to 40 per cent of household income is required to purchase the foods that make up a healthy diet.¹⁰⁸

Lone parent families, the majority of which are headed by women, make up a

large proportion of low-income households.

Women generally consume more fruit and vegetables than men.¹⁰⁹

International research shows men are more likely to consume meat and poultry products and women are more likely to consume fruits, vegetables and nuts.¹¹⁰ Contributing to this is the portrayal of certain foods as 'masculine' or 'feminine', which can influence food choice through gender stereotypes.¹¹¹

[See Figures 11 and 12 for local statistics.](#)

Women are more likely to experience food insecurity than men.¹¹²

Other intersections such as being a lone parent or living in regional or remote areas compound the likelihood of experiencing food insecurity.¹¹³ Women experiencing food insecurity are also more likely to experience negative mental health impacts than men.¹¹⁴

105. Australian Bureau of Statistics. 2009. 4102 – Australian Social Trends, March 2009 – Trends in Household Work.

106. Women's Health Victoria. *Serving up Inequality: How sex and gender impact women's relationship with food.*

107. Ibid

108. Barosh L, Friel S, Engelhardt K, Chan L. 2014. The cost of a healthy and sustainable diet – who can afford it?

109. Australian Bureau of Statistics. 2018. 4364.0.55.001 – National Health Survey.

110. American Society for Microbiology. 2008. Men and Women Have Different Eating Habits, Study Shows.

111. Zhu L, Brescoll V, Newman G & Uhlmann E. 2015. The Implicit Effects of Gendered Food Packaging on Preferences for Healthy and Unhealthy Foods.

112. Food Bank. 2019. Foodbank Hunger Report 2019.

113. Ibid

114. Ibid.

A CLOSER LOOK: INCREASING HEALTHY EATING

Of women surveyed in the 2019 Foodbank Hunger Report, more than half of the women who had faced food insecurity had also experienced domestic violence.¹¹⁵

There are complex links between the experience of food insecurity and an increased risk of obesity in women – a correlation that is not observed in men.¹¹⁶ Contributing factors are cost, social roles and identity, stress, food skills and physical access to various food choices.¹¹⁷

A mother faces many barriers in breastfeeding her infant.

Breastfeeding practices are heavily influenced by societal pressures. These include negative attitudes towards breastfeeding in public, media portrayal of the breast as sexual, inflexible and unsupportive workplaces.¹¹⁸

Mothers and their infants who are not breastfed or cease to breastfeed early face many short and long-term health risks.¹¹⁹

Applying an intersectional lens to food insecurity¹²⁰

The risk of food insecurity is higher among people who experience:

- Unemployment
- Lone parenting
- Low income
- Live in a rental property
- Are young
- Are Aboriginal or Torres Strait Islander
- Past domestic violence
- Past financial abuse

Others who are more susceptible to food insecurity also experience:

- Culturally and linguistically diverse backgrounds
- Refugee status
- No or limited access to private and/or public transport
- Misuse of alcohol and/or tobacco
- A disability, are unwell or frail

115. Food Bank. 2019. Foodbank Hunger Report 2019

116. Women's Health Victoria. Serving up Inequality: how sex and gender impact women's relationship with food.

117. VicHealth. 2016. Too little and too much: exploring the paradox of food insecurity and obesity in disadvantaged populations.

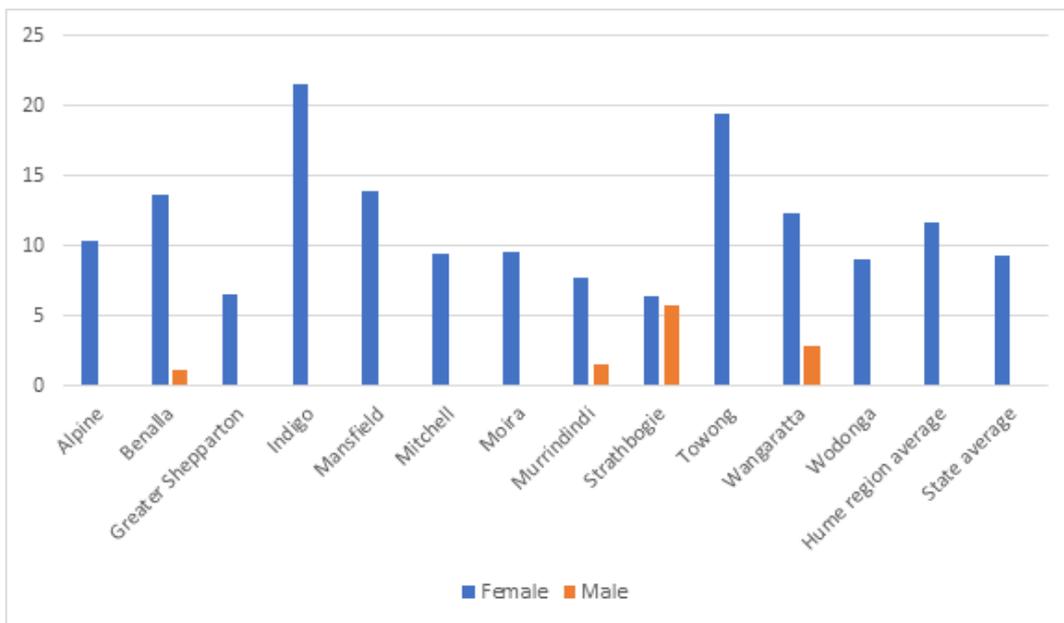
118. COAG Health Council. 2019. Australian National Breastfeeding Strategy 2019.

119. State Government of Victoria. Department of Education and Early Childhood Development. 2014. Promoting breastfeeding – Victorian breastfeeding guidelines.

120. Rosier K. 2011. Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it?

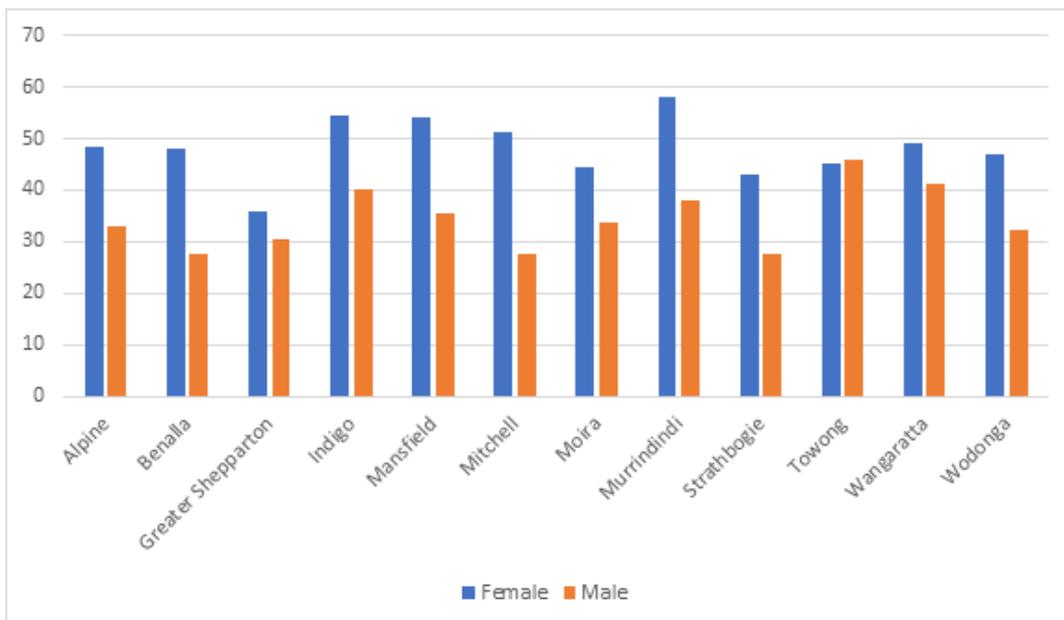
THE LOCAL CONTEXT: INCREASING HEALTHY EATING

Figure 11 - Vegetable Consumption 2017 % Proportion who met daily guidelines



Source: Victorian Women's Health Atlas. 2020. Avoidable mortality: vegetable consumption: proportion: 2014. Available from: <https://victorianwomenshealthatlas.net.au>

Figure 12 - Fruit Consumption 2017 % Proportion who met daily guidelines



Source: Victorian Women's Health Atlas. 2020. Avoidable mortality: fruit consumption: proportion: 2014. Available from: <https://victorianwomenshealthatlas.net.au>

CASE STUDIES: INCREASING HEALTHY EATING

Healthy living in Barwon

A partnership between the City of Greater Geelong, Barwon Health and Bellarine Community Health in 2013 saw the delivery of a healthy living pilot program in the LGA.

Considering the complex relationship between obesity, body image and mental health and its impact on physical activity and eating behaviours in women, the program was designed to be low cost and easily delivered, with flexible delivery options such as at a local school or kindergarten.

Benefits included an increase in positive attitude towards their health for almost all the participants, new links between the local government and community agencies and direct community engagement that provided gendered insight into women's unique challenges and enablers to achieving better health.

Find out more information at www.barwonhealth.org.au/images/downloads/services/community_health/HeLP%20her%20Evaluation%20Report%20FINAL.pdf

Community food distribution

The City of Greater Dandenong partnered with Avocare and a range of emergency food relief agencies out of concern about the high level of food insecurity in the area.¹²¹

After an initial needs assessment and feasibility study, location scouting and the development of a training and work experience program, the Avocare Community Distribution Centre was opened.

Community benefits include greater access to healthy fresh food for people experiencing food insecurity, training and employment opportunities for people who undertake training at the centre and reduced amounts of food going to landfill.

Initiatives like this have wide-ranging impacts on intersecting health and wellbeing priorities like improving mental health, prevention of injuries and gender equity.

121. State Government of Victoria. Healthy Together Victoria. 2014. Healthy Food Connect Case studies.

Increasing active living

Applying a gender lens to increasing active living in the MPHWP allows for the development of tailored strategies, services and programs that address the different needs of men, women and gender-diverse people, ensuring better long-term health and social outcomes for the community.

Guidance for local government

To increase active living in the community and its gendered impact on health, local government could partner with:

Diverse community stakeholder groups	Sporting clubs
Women's Health Goulburn North East	Schools and education providers
TAFE	Building developers
Other council departments such as: Recreation and planning; Transport; Sustainability and Biodiversity; Community services; Community safety; Community wellbeing	

AT A GLANCE: INCREASING ACTIVE LIVING

To increase active living in the community and its gendered impact on health, local government can:

Promote physical activity opportunities by appealing to the motivations of women and girls, emphasising the social and enjoyment benefits of programs; the fun, excitement and time with friends.¹²²

Include women and girls' voices in the creation of programs to give them a sense of control and involvement. This will also allow you to identify motives or barriers and the ability to address them accordingly.

Adopt policy and planning approaches that can equitably enable all the community to engage in active recreation and active travel through transport plans, parks, street amenities, paths, trails and open spaces.¹²³

Examine physical activity and sporting organisations operating within council settings. Do they offer gender-inclusive policies and practices, and flexible timing of programs and competitions to cater for child-caring responsibilities?¹²⁴

Promote general information in the community on how to live a healthy lifestyle using inclusive language and images which show women, girls, LGBTIQ+ and culturally and linguistically diverse people of all body shapes and sizes.¹²⁵

122. VicHealth. 2015. Female participation in sport & physical activity.

123. VicHealth. 2016. Increasing participation in physical activity and reducing sedentary behaviour: Local government action guide.

124. Ibid.

125. Ibid

A CLOSER LOOK: INCREASING ACTIVE LIVING

Women of all ages generally have lower physical activity participation rates than men.¹²⁶

Women face significant barriers to being physically active. Consistently across all age groups, women report barriers such as lack of confidence, knowledge and belief in their ability, a lack of motivation, time and finances, and access to opportunities.¹²⁷

Girls and adolescents' participation are influenced by body image and they frequently drop out of physical activity due to social and peer pressures on appearance.¹²⁸

For women aged 18 to 55 years, unpaid work is a barrier to participation, which can lead women to neglect their health and not have the time or energy to participate in physical activity.¹²⁹

Women aged 55 years and over report a fear of injury, long-term sedentary patterns and existing health problems as common barriers.¹³⁰

See Figure 13 for local statistics.

Women experience different motivations to engage in physical activity than men.

These motivations change across the lifespan, from having fun with friends as a child to being motivated by physical appearance and weight management as a young adult, being a positive role model for the family as a mother, and improved health outcomes as an older adult. Social interaction is a motivator common to women and girls across all age groups.¹³¹

Insufficient levels of physical activity in women and girls contribute to several sex-specific health issues.

These include the earlier onset of puberty, polycystic ovary syndrome (PCOS) and gestational diabetes.¹³²

126. Victorian Women's Health Atlas. 2020. Avoidable Mortality: Physical Activity: Proportion: 2014.

127. VicHealth. 2015. Female participation in sport & physical activity.

128. Ibid

129. Victorian Women's Health Atlas. 2020. Avoidable Mortality: Physical Activity: Proportion: 2014.

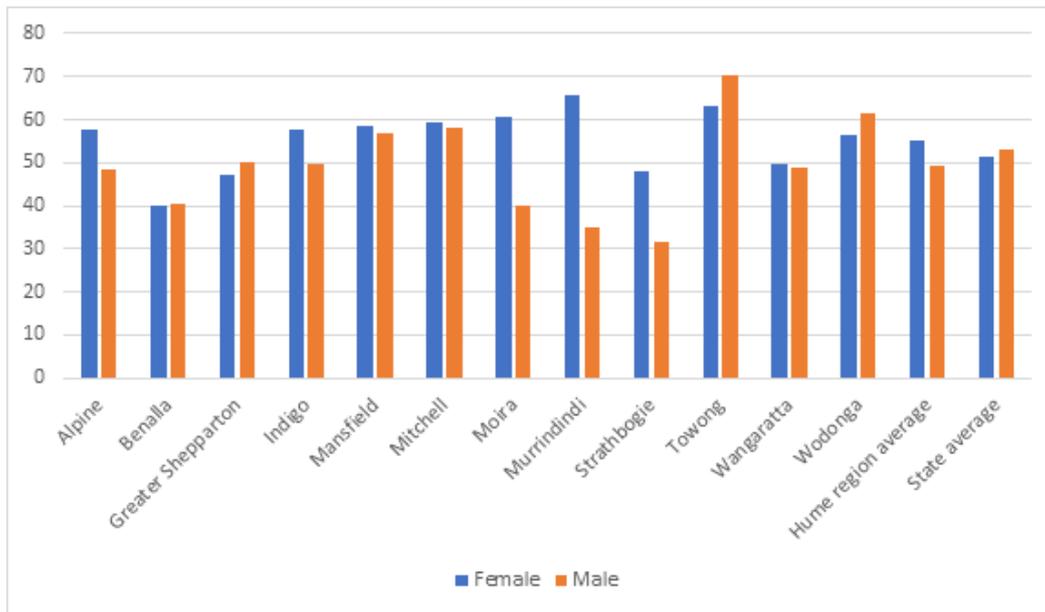
130. VicHealth. 2015. Female participation in sport & physical activity.

131. Ibid

132. Victorian Women's Health Atlas. 2020. Avoidable Mortality: Physical Activity: Proportion: 2014.

THE LOCAL CONTEXT: INCREASING ACTIVE LIVING

Figure 13 - Physical Activity 2017 % Proportion who met weekly guidelines



Source: Victorian Women's Health Atlas. 2020. Avoidable mortality: physical activity: proportion: 2014. Available from: <https://victorianwomenshealthatlas.net.au>

Tip: Lead

In the design of sport and recreation facilities, consider infrastructure that is inclusive and welcoming to men, women and gender-diverse people.

Ensure that buildings and surrounding areas offer enabling environments by including unisex change facilities that are safe, clean and easily accessible and cater for needs of all people. Prioritise making community spaces safe for all people, by consulting with diverse stakeholders to identify their needs.

For more information, see the Gender Equity in Design Guidelines at www.mav.asn.au/data/assets/pdf_file/0016/7306/Whittlesea-City-Council-Gender-Equity-in-Design-Guidelines.pdf

CASE STUDIES: INCREASING ACTIVE LIVING

Gender equity in community sport

Sports North East partnered with Women's Health Goulburn North East and the Rural City of Wangaratta to address gender inequity in local sporting clubs. This partnership acknowledged the key role of sporting clubs in regional and rural areas in shaping community attitudes and behaviour.

By promoting gender equality and removing gendered practices, sporting clubs can increase the participation of women and girls while addressing the underlying drivers of violence against women.

A range of events were held, including a community forum and follow-up training

to build the capacity of sporting leaders to adopt a gender equity approach that embedded structural and systemic change within their clubs.

A subsequent podcast project was established to focus on intersectional exclusion that may be impacting women and girls across the region.

The virtual community created for diverse women and girls is expected to enhance resilience, participation and community support for women through the long-term culture change journey.

Find out more at

<https://whealth.com.au/research/courageous-conversations-sporting-club-handbook/>

Inclusive sporting clubs

Since 2009, Moreland City Council has been researching, consulting, reviewing, evaluating and adapting its Active Women and Girls Strategy.¹³³

Initial research across the LGA found there was a lack of competition, teams and social activities for women and girls and a lack of female participants. There were also minimal development pathways, a drop out of female participants at adolescence, and significant financial and time barriers to women's and girls' participation.

Council introduced a policy to address these inequities by prioritising council support of sporting clubs that demonstrated inclusiveness.

A few years later, upon review of the policy, its scope has been broadened and council's position strengthened.

Moreland City Council has seen a 13 per cent increase in female sports ground users since the introduction of the policy.

133. State Government Victoria. 2018. Female Friendly Sport Infrastructure Guidelines: Section 3: Policy that Drives Change..



Improving mental wellbeing

Applying a gender lens to improving mental wellbeing in the MPHWP allows for the development of tailored strategies, services and programs that address the different needs of men, women and gender-diverse people, ensuring better long-term health and social outcomes for the community.

Guidance for local government

To increase mental wellbeing in the community and its gendered impact on health, local government could partner with:

Mental health clinicians	Sporting clubs
Women's Health Goulburn North East	Schools and education providers
Community groups	Workplaces
Community health services	Diverse community stakeholder groups

AT A GLANCE: IMPROVING MENTAL WELLBEING

To improve mental wellbeing in the community and its gendered impact on health, local government can:

Know where staff and the community can access safe and welcoming mental health and family violence support services and in the local area. Make this information available in a format that is accessible to all and available in council offices, websites and social media.¹³⁴

Develop a whole-of-council approach to preventing violence against women that promotes gender equality across all domains, including sport and recreation, health and community services, arts and culture, workplaces, leadership and human resources and urban development.¹³⁵

Engage and consult with diverse stakeholders to collect gender-disaggregated and intersectional data. Identify and respond to the unique mental health needs of men, women and gender-diverse people in the community. Encourage other organisations to do the same.

Ensure that people within the community feel a sense of social belonging – plan and support locally run events, programs and festivals that celebrate local diversity.¹³⁶

Support schools in delivering preventative mental health programs like Live4Life.¹³⁷

Provide mental health first aid training to the community.¹³⁸

134. Women's Health East. 2013. Women's Mental Health & Wellbeing: An Overview of the Eastern Metropolitan Region of Melbourne.

135. VicHealth. 2016. Gender equality and respectful relationships Local government action guide.

136. Women's Health East. 2013. Women's Mental Health & Wellbeing: An Overview of the Eastern Metropolitan Region of Melbourne.

137. Live4Life. 2020. Homepage.

138. Mental Health First Aid. 2020. Homepage.

A CLOSER LOOK: IMPROVING MENTAL WELLBEING

Women are more likely to be diagnosed with anxiety or depression than men.

In 2018-19, the majority of Victorians who accessed mental health services were women or girls (50.4 per cent), with 32.7 per cent of those Victorians residing in rural areas.¹³⁹

Gender-specific risk factors that contribute to women's poorer mental health include income inequality, food insecurity, the burden of caring responsibilities and gender-based expectations about roles, responsibilities and power relations. However, intimate partner violence is the greatest cause of women's poor mental health and wellbeing.¹⁴⁰

See Figure 14 for local statistics.

Men are more likely than women to commit suicide.

Since 2014, an average of six men have committed suicide every day in Australia.

The number of men who die by intentional self-harm every year (2,348) is around double the national road toll (1,225). Research shows that men who conform to traditional masculine norms (that men should be tough, invulnerable, and self-sufficient) experience poorer mental health than those who don't.¹⁴¹

Many young Australian men agree that society pressures them to be strong even when they feel scared or nervous inside,¹⁴² which inhibits young men's ability to show vulnerability and engage in help-seeking behaviour.¹⁴³

However, women are more likely to self-harm than men. Self-harm often begins in adolescence, is often used to manage difficult emotions and is hidden in places on the body that can be easily covered. Stigma reduces the likelihood of women seeking treatment and can lead to ongoing, worsening self-harm with long-term consequences such as scarring and increased severity.¹⁴⁴

See Figure 15 for local statistics on self-harm.

139. State Government Victoria. Department of Health and Human Services. 2019. Victoria's Mental Health Services Annual Report 2018-19.

140. Women's Health East. 2013. Women's Mental Health & Wellbeing: An Overview of the Eastern Metropolitan Region of Melbourne.

141. Wong, J Ho, M, Wang, S & Miller, I. 2017. Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes.

142. The Men's Project & Flood M. 2018. The Man Box: A Study on Being a Young Man in Australia.

143. Simon-Davies J. 2019. International Men's Health Week.

144. Victorian Women's Health Atlas. 2020. Mental Health: Self-harm: Rate per 1,000: 2017.

A CLOSER LOOK: IMPROVING MENTAL WELLBEING

LGBTIQA+ people are more likely to experience a mental health disorder than the rest of the population.¹⁴⁵

When compared to the rest of the population, LGBTIQA+ young people aged 16 to 27 years are five times more likely to attempt suicide. For transgender people aged 18 years and over, this statistic increases to 11 times more likely.¹⁴⁶

Evidence shows that discrimination and marginalisation experienced by LGBTIQA+ people increase the risk of developing mental health issues and create barriers to accessing support services.¹⁴⁷

The inequalities LGBTIQA+ people experience are compounded by intersectionalities - if people are also Aboriginal or Torres Strait Islander, from a culturally and linguistically diverse backgrounds, have a disability, live in rural locations or experience homelessness.

Men feel less connected to community than women.

Traditional gender stereotypes of men as silent, resilient, unemotional and self-reliant can make it harder for them to engage with others.¹⁴⁸ Feeling part of a community has positive impacts on mental health and emotional wellbeing.¹⁴⁹

[See Figure 16 for local statistics.](#)

145. National LGBTI Health Alliance. 2020. Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People.

146. Ibid

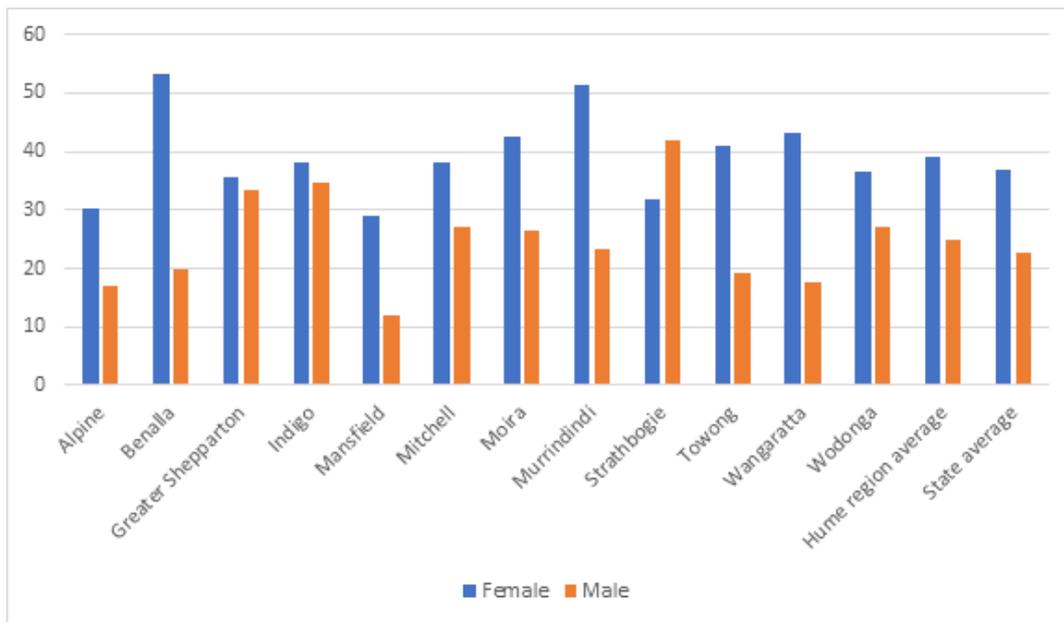
147. State Government Victoria. Department of Health and Human Services. 2019. Victoria's Mental Health Services Annual Report 2018-19.

148. Beyond Blue. 2014. Men's social connectedness.

149. Victorian Women's Health Atlas. 2020. Mental Health: Community Connectedness: Index: 2011.

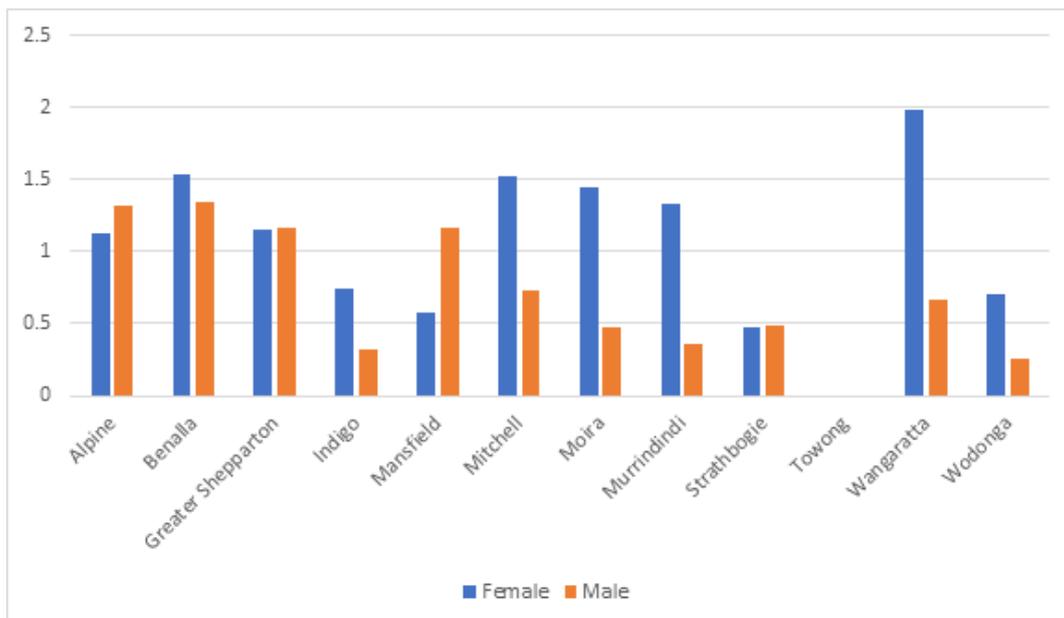
THE LOCAL CONTEXT: IMPROVING MENTAL WELLBEING

Figure 14 - Anxiety or Depression 2017 % Proportion ever diagnosed



Source: Victorian Women's Health Atlas. 2020. Mental health: anxiety and depression: % with lifetime prevalence: 2011. Available from: <https://victorianwomenshealthatlas.net.au>

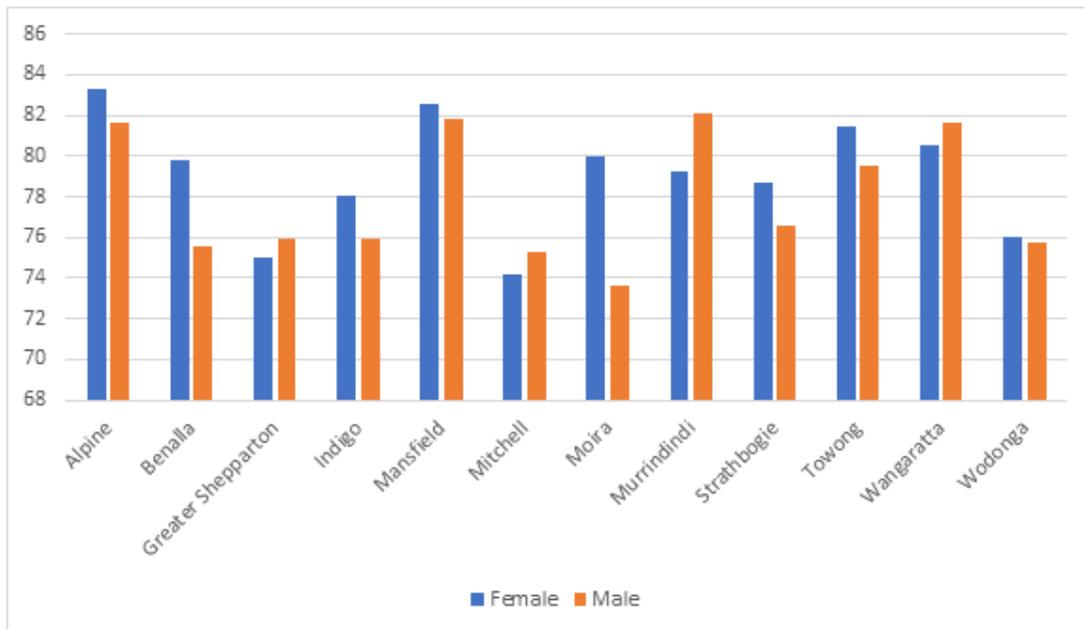
Figure 15 - Hospital Admissions due to Self-harm 2017 rate (per 1,000)



Source: Victorian Women's Health Atlas. 2020. Mental health: self-harm: rate per 1,000: 2017. Available from: <https://victorianwomenshealthatlas.net.au>

THE LOCAL CONTEXT: IMPROVING MENTAL WELLBEING

Figure 16 - Community Connectedness Index 2011



Source: Victorian Women's Health Atlas. 2020. Mental health: community connectedness: index: 2011. Available from: <https://victorianwomenshealthatlas.net.au>

Tip: Promote

Encourage social inclusion in the community for people who identify as LGBTIQ+.

Let them know where they can access safe, welcoming services. Find out if there are any Rainbow Tick accredited services in the area. Promote them through council channels – the council website, newsletters and social media.

Celebrate diversity and inclusion in the community by showing support for: International Day Against Homophobia, Biphobia, Intersexism & Transphobia (IDAHOBIT), Trans Day of Visibility & Wear it Purple Day (and many others) – could council develop its own local celebration for the LGBTIQ+ community?

CASE STUDY: IMPROVING MENTAL WELLBEING

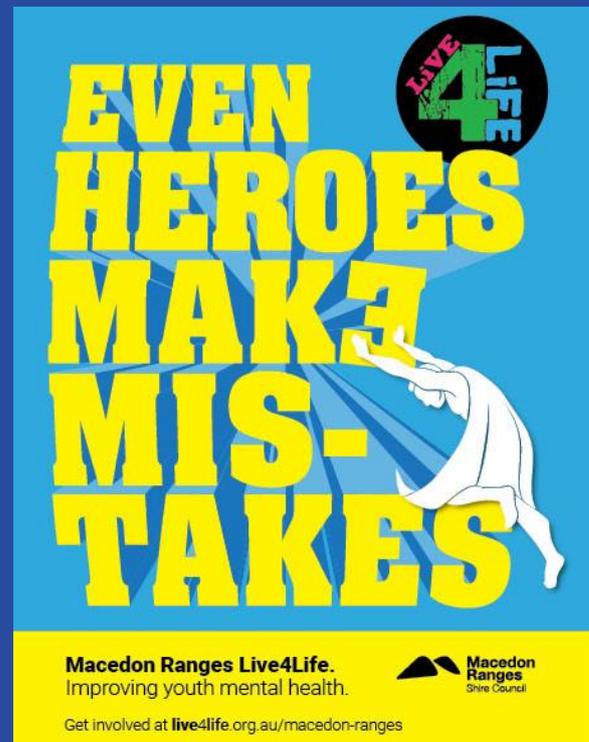


Young people Live4Life

Macedon Ranges Shire Council works in partnership with community organisations and secondary schools to deliver the Live4Life model yearly. The Live4Life model works to reduce youth suicide, reduce barriers to help-seeking, decrease stigma and increase awareness and availability of mental health support.

It was developed in 2009 in response to an increase in mental health issues across the shire, training thousands of students in mental health and teen mental health first aid and hundreds of adults in youth mental health first aid.

The students involved hold events throughout the year to promote good mental health and wellbeing.



In 2017, Benalla Shire Council launched their own Live4Life model in partnership with local schools, community organisations and the flexible learning centre.

Learn more at
www.live4life.org.au/



Reducing tobacco-related harm

Applying a gender lens to reducing tobacco related harm in the MPHWP allows for the development of tailored strategies, services and programs that address the different needs of men, women and gender-diverse people, ensuring better long-term health and social outcomes for the community.

Guidance for local government

To reduce tobacco-related harm in the community and its gendered impact on health, local government could partner with:

Diverse community stakeholder groups	Women's Health Goulburn North East
Community health services	Schools and education providers
Council staff	Local businesses
Hospitals	

AT A GLANCE: REDUCING TOBACCO-RELATED HARM

To reduce tobacco-related harm in the community and its gendered impact on health, local government can:

Engage and consult with diverse stakeholders to collect gender-disaggregated and intersectional data related to tobacco use in the community. Use this data to identify and respond to the unique needs of men, women and gender-diverse people in the community – encourage other organisations to do the same.

Inform the community about the negative effects of smoking and second-hand smoke exposure through council publications and local media. Ensure marketing materials are appealing to men, women and gender-diverse people and show the diversity of the community.¹⁵⁰

Work with local social and health services to identify and target those most at risk of the harmful effects of smoking.¹⁵¹

Support and encourage council staff to quit smoking – apply a gender lens to any related programs or policies.¹⁵²

Expand smoke-free areas and de-normalise smoking culture.¹⁵³

150. VicHealth. 2016. Preventing tobacco use: local government action guide.

151. Ibid

152. Ibid

153. Ibid

A CLOSER LOOK: REDUCING TOBACCO-RELATED HARM

Men are more likely than women to smoke across all age groups.

See Figure 17 for local statistics.

Pregnant women are at increased risk of tobacco-related harm.

Women who smoke during pregnancy are at increased risk of ectopic pregnancy, spontaneous abortion, premature labour and delivery of low birth-weight infants.¹⁵⁴

Pregnant women who do not smoke themselves but who are exposed to secondhand smoke are more likely to experience pregnancy complications than those who are not. Those exposed are 23 per cent more likely to experience stillbirth and 13 per cent more likely to have a child with a congenital malformation.¹⁵⁵

Women who smoke have an increased risk of certain health conditions than men.

This includes cardiovascular disease and stroke, especially when the woman is also using oral contraceptives.¹⁵⁶ Women who smoke are twice as likely as non-smokers to be infertile.¹⁵⁷

Women smokers are also at increased risk of lung cancer due to their increased likelihood of carrying genetic mutations that increase lung cancer risk.¹⁵⁸

Gender stereotypes put unique pressure on women to quit smoking.

Research shows that women are twice as likely as men to experience pressure from children and other family members to quit smoking. This is likely related to the traditional gender stereotype that sees women as primarily responsible for health and to care for others.¹⁵⁹

154. Victorian Women's Health Atlas. 2020. Avoidable Mortality: Current Smokers.

155. Cancer Council NSW. 2016. Women and Smoking: Information for staff in social and community services.

156. Victorian Women's Health Atlas. 2020. Avoidable Mortality: Current Smokers.

157. Cancer Council NSW. 2016. Women and Smoking: Information for staff in social and community services.

158. Victorian Women's Health Atlas. 2020. Avoidable Mortality: Current Smokers.

159. Triandafilidis Z, Ussher J, Perz J & Huppatz K. 2018. Young Australian women's accounts of smoking and quitting: a qualitative study using visual methods.

A CLOSER LOOK: REDUCING TOBACCO-RELATED HARM



Applying an intersectional lens to women who use tobacco

Smoking rates among women are higher in those who experience:

- Non-completion of high school¹⁶⁰
- Living in a low-income household (less than \$40,000/year)¹⁶¹
- Between 45 and 54 years of age
- A mental or behavioural condition¹⁶²
- Are lone parents¹⁶³
- Homelessness¹⁶⁴
- Others substance use disorders¹⁶⁵

160. Victorian Women's Health Atlas. 2020. Avoidable Mortality: Current Smokers.

161. Ibid

162. Greenhalgh E, Bayly M, Winstanley M & Hanley-Jones S. 2020. Prevalence of smoking in other high-risk sub-groups of the population.

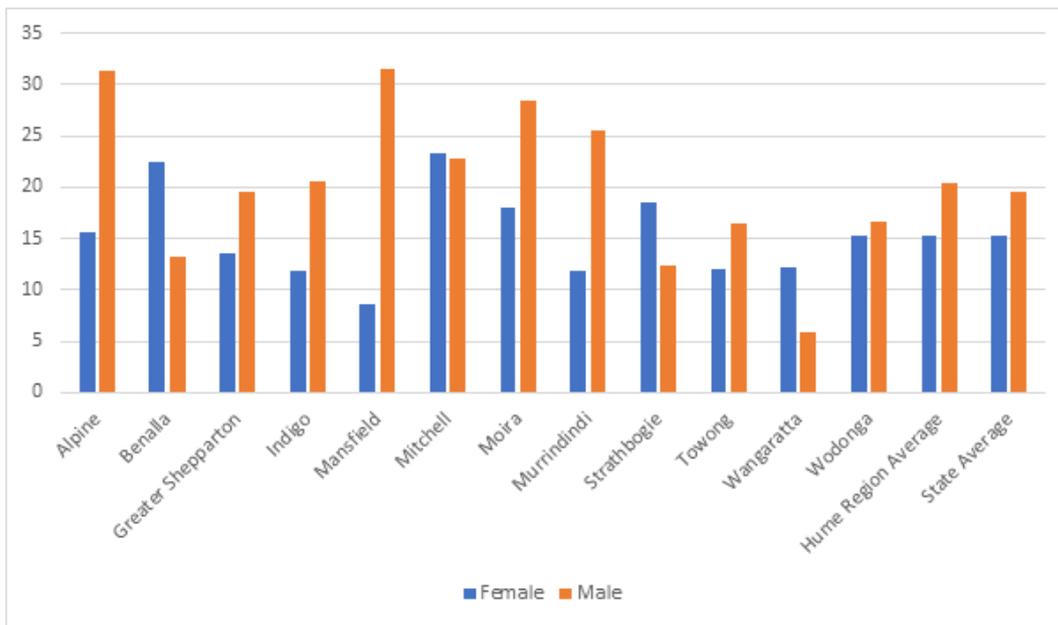
163. Ibid

164. Ibid

165. Ibid

THE LOCAL CONTEXT: REDUCING TOBACCO-RELATED HARM

Figure 17 - Current Smokers 2017 % Proportion



Source: Victorian Women's Health Atlas. 2020. Avoidable mortality: current smokers: proportion: 2014. Available from: <https://victorianwomenshealthatlas.net.au>

Tip: Protect

Protect pregnant women and children from the damaging effects of secondhand smoke in the community by expanding smoke-free areas and de-normalising smoking.¹⁶⁶

This can be achieved by extending smoke free areas to outdoor public venues like public transport waiting areas, taxi ranks, council events, the town/city centre and shopping centre entrances. The use of e-cigarettes in public places can be limited and partner organisations can be encouraged to implement smoke-free events.

166. Australian Council on Smoking and Health. 2020. Priorities for WA Local Governments.

CASE STUDY: REDUCING TOBACCO-RELATED HARM



Tamworth Regional Council has implemented a city-wide outdoor smoking ban.¹⁶⁷

A smoke-free city centre

Tamworth Regional Council (NSW) in partnership with the Heart Foundation, the Cancer Council and local health committees and services, launched a smoke-free environment policy. The policy outlined a city-wide outdoor smoking and electronic cigarette ban.

Council-led community consultation and public debate on the topic uncovered overwhelming support for the CBD-wide ban.

Health and social benefits to the community have included reduced risk of second-hand smoke and vapour harm for non-smokers, children and pregnant women.

The CBD is cleaner, safer and healthier – boosting potential business activity and tourism in the area.

To find out more, visit: www.healthyactivebydesign.com.au/case-studies/tamworth-smoke-and-e-cigarette-free-cbds/

167. Heart Foundation. Healthy Active by Design. 2016. Tamworth smoke and e-cigarette free CBDs.

Reducing harmful alcohol and drug use

Applying a gender lens to reducing harmful alcohol and drug use in the MPHWP allows for the development of tailored strategies, services and programs that address the different needs of men, women and gender-diverse people, ensuring better long-term health and social outcomes for the community.

Guidance for local government

To reduce harmful use of alcohol and drugs in the community and its gendered impact on health, local government could partner with:

Victoria Police	Licensees
Women's Health Goulburn North East	Diverse community stakeholder groups
Schools	Sports clubs
Community centres	Local businesses
Drug and alcohol services	Local non-government organisations
Government bodies	Young people

AT A GLANCE: REDUCING HARMFUL DRUG AND ALCOHOL USE

To reduce harmful drug and alcohol use in the community and its gendered impact on health, local government can:

Manage the environment and amenities around licensed premises to make them safe for men, women and gender-diverse people (e.g. supervised taxi ranks, lighting, regulating venue queues).¹⁶⁸

Use the VicHealth Alcohol Cultures Framework to plan and deliver alcohol-related cultural change projects that target gender norms, beliefs and attitudes influencing people's alcohol consumption.¹⁶⁹

Design and implement a comprehensive whole-of-council alcohol management plan that considers the impacts of alcohol on men, women and gender-diverse people of all abilities.¹⁷⁰

Collect gender-disaggregated and intersectional data to identify inequities in alcohol and drug-related consumption and related harms in the community. Ensure council resources, policies and programs prioritise the inclusion of these groups.¹⁷¹

Identify inequities in alcohol and drug-related consumption and related harms and ensure council resources, policies and programs prioritise the inclusion of these groups.¹⁷²

Ensure education campaigns addressing the harms of alcohol and drug use are designed to appeal to the diverse people of your community and promote them through council channels (website, newsletter, social media).¹⁷³

168. VicHealth. 2016. Reducing harm from alcohol: Local government action guide.

169. Ibid

170. Ibid

171. Ibid

172. Ibid

173. Slade T, Chapman C & Teesson M. University of New South Wales. 2020. Women's alcohol consumption catching up to men: why this matters.

A CLOSER LOOK: REDUCING HARMFUL DRUG AND ALCOHOL USE

Alcohol misuse does not cause violence against women, but research shows that it does weaken pro-social behaviour and exacerbates the probability, frequency and severity of violence against women.¹⁷⁴

Women whose partners drink excessively are more likely to experience violence than other women. They are twice as likely as other women to experience physical abuse and one and a half times more likely to experience psychological abuse.¹⁷⁵

Young women under the influence of alcohol are particularly vulnerable to sexual violence. While not a cause of sexual violence, alcohol is a complex contributing factor that acts together with social and cultural factors to influence social norms and sexual interactions.¹⁷⁶

Men and women metabolise and distribute alcohol differently in the body.

This is due to a range of factors including blood chemistry and body fat composition.¹⁷⁷

Women are more susceptible to alcohol-related organ damage than men, which develops at lower levels of consumption and over a shorter period. This alcohol-related health damage includes liver disease, breast cancer and osteoporosis.

Alcohol consumption increases the risk of breast cancer by nine per cent, with each additional alcoholic drink per day being relevant to risk level.¹⁷⁸

Drinking alcohol while pregnant impacts the health of mothers and their babies. This includes maternal malnutrition, foetal alcohol spectrum disorders, impaired learning ability in childhood and behaviour problems in children.¹⁷⁹

174. Our Watch. 2020. The Issue.

175. Victorian Women's Health Atlas. 2020. Avoidable Mortality: Alcohol Related Harm: Proportion: 2014.

176. Wall L & Quadara A. Australian Institute of Family Studies. 2014. Under the influence?

177. Victorian Women's Health Atlas. 2020. Avoidable Mortality: Alcohol Related Harm: Proportion: 2014

178. Ibid

179. Australian Government. The Department of Health. 2011. National Women's Health Policy: Alcohol Consumption.

A CLOSER LOOK: REDUCING HARMFUL DRUG AND ALCOHOL USE

The rate of women drinking at risky levels has been increasing at a greater rate than men.¹⁸⁰

This is likely due to a range of social factors, with some research showing that women report using alcohol to challenge traditional gender roles.¹⁸¹

Where women develop substance use disorders, they are more likely to be socially criticised than men.

This stems from traditional gender stereotypes that commonly paint women as society's 'care-givers', generating and perpetuating social and institutional stigma. This results in fewer women seeking out treatment for related issues and reduces the quality and efficacy of services for them.¹⁸²

See Figure 18 for local statistics.

Applying an intersectional lens to the harmful use of alcohol and drugs in women:¹⁸³

Women who seek treatment for alcohol and other drug issues commonly experience or have past experience of:

- Domestic violence
- Mental health issues
- Complex family/childhood trauma
- Physical or sexual abuse
- Are pregnant
- Current or recent separation from a partner
- Economic hardship
- Pregnancy and childcare issues

180. Australian Government. The Department of Health. 2011. National Women's Health Policy: Alcohol Consumption.

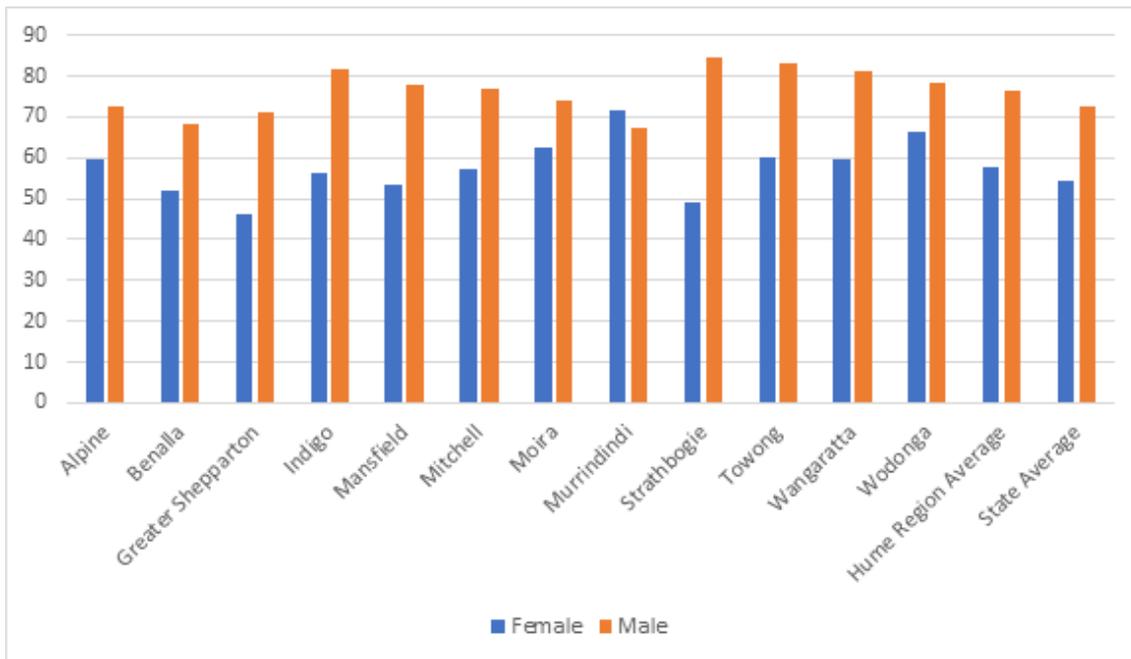
181. Victorian Women's Health Atlas. 2020. Avoidable Mortality: Alcohol Related Harm: Proportion: 2014.

182. Alcohol and Drug Foundation. 2019. Substance Use – the Gender Divide Explained.

183. Ibid

THE LOCAL CONTEXT: REDUCING HARMFUL DRUG AND ALCOHOL USE

Figure 18 - Alcohol Related Harm Lifetime Risk 2017 % Proportion of regular and excessive drinkers of alcohol



Source: Victorian Women's Health Atlas. 2020. Avoidable mortality: alcohol related harm: proportion: 2014. Available from: <https://victorianwomenshealthatlas.net.au>

Tip: Engage

Engage with diverse stakeholders including men, women and gender-diverse people of all abilities and backgrounds to determine their specific needs regarding the harmful use of alcohol and drugs.

What are the specific drivers of harmful alcohol use for different members of the community? What concerns them most? What barriers do they face when accessing AOD services? The answers to these questions are likely to be different based on gender and other intersections that shape people's diverse experiences.

CASE STUDY: REDUCING HARMFUL ALCOHOL AND DRUG USE

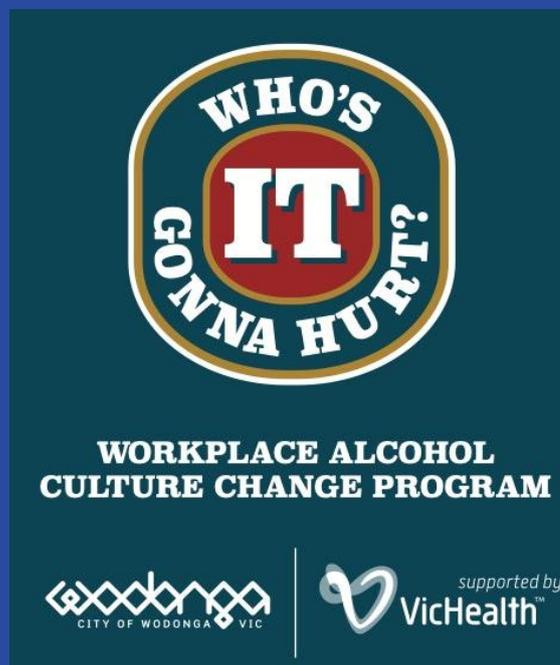
Changing local drinking culture

Wodonga City Council partnered with Deakin University and two manufacturing sites to implement its 'Who's It Gonna Hurt?' project.

Through extensive consultation with men in blue-collar industries in Wodonga via focus groups, forums and surveys, the habits, patterns, trends and attitudes of men towards alcohol were uncovered. Considering the complex interaction of environmental and interpersonal factors that impact on risky drinking behaviours, a workplace peer-support program was developed.

The program encouraged peer support for low risk drinking, aimed to reduce the negative impacts of alcohol and change the drinking culture in Wodonga.

The program highlighted men's needs and values and was supported via a social media campaign, community events and video of local men speaking about the impacts of drinking on families, finances and work performance.



Campaign materials from the Who's it Gonna Hurt? alcohol culture change program.¹⁸⁴



See the campaign website here: www.whositgonnahurt.com.au/

184. Taylor C. City of Wodonga. 2019. New year's resolutions for the Wodonga manufacturing industry.

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women's health
goulburn north east
challenging inequity, embracing diversity