

# WOMEN AND COMMUNITY HEALTH

## GLOBALLY

Being a woman or a man has a significant impact on health. This is a result of both biological and gender-related differences. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors such as:

**UNEQUAL POWER RELATIONSHIPS BETWEEN MEN AND WOMEN**

**SOCIAL NORMS THAT DECREASE EDUCATION AND PAID EMPLOYMENT OPPORTUNITIES**

**AN EXCLUSIVE FOCUS ON WOMEN'S REPRODUCTIVE ROLES; AND**

**POTENTIAL OR ACTUAL EXPERIENCE OF PHYSICAL, SEXUAL AND EMOTIONAL VIOLENCE.<sup>1</sup>**

**ALMOST 99% OF MATERNAL AND 90% OF NEONATAL MORTALITIES OCCUR IN THE DEVELOPING WORLD<sup>2</sup>**

Even when presenting with identical symptoms, **WOMEN ARE MORE LIKELY TO BE DIAGNOSED AS DEPRESSED** than men, **MORE LIKELY TO BE PRESCRIBED MEDICATION FOR MENTAL HEALTH PROBLEMS**, and **LESS LIKELY TO BE DIAGNOSED AS HAVING PROBLEMS WITH ALCOHOL.<sup>3</sup>**

For more facts see: [The Australian Women Donors Network Fast Facts Page.](#)

## IN AUSTRALIA

While life expectancy is higher for women than men, **WOMEN GENERALLY HAVE A LOWER QUALITY OF LIFE AND POORER HEALTH** due to unequal access to information, care and basic health practices.<sup>4</sup>

**DISCRIMINATION** on the basis of their sex leads to many **HEALTH HAZARDS FOR WOMEN**, including physical and sexual violence, sexually transmitted infections, HIV/AIDS, malaria and chronic obstructive pulmonary disease.<sup>5</sup>

AUSTRALIAN WOMEN FILL MORE PRESCRIPTIONS THAN AUSTRALIAN MEN

WOMEN 84% → MEN 78%

THEY ALSO HAVE MORE PATHOLOGY

WOMEN 55% → MEN 42%

AND IMAGING TESTS

WOMEN 37% → MEN 25%

AND ASK FOR MORE PHARMACEUTICAL ADVICE

WOMEN 28% → MEN 14%<sup>6</sup>

**MARGINALISED WOMEN**, those who are discriminated against, or who cannot find culturally appropriate services, such as **ABORIGINAL AND TORRES STRAIT ISLANDER, MIGRANT, REFUGEE, ABUSED, HOMELESS, LGBTI AND DISABLED WOMEN**, have been known to **WITHDRAW FROM SEEKING MEDICAL** help altogether. Avoiding treatment is a contributing factor to poorer general health standards amongst these groups.<sup>7</sup>

<sup>1</sup> World Health Organisation Women's Health 2013 [http://www.who.int/topics/womens\\_health/en/](http://www.who.int/topics/womens_health/en/)

<sup>2</sup> World Health Organisation Maternal Mortality 2014 <http://www.who.int/mediacentre/factsheets/fs348/en/>

<sup>3</sup> World Health Organisation Department of Mental Health and Substance Dependence: Gender Disparities in Mental Health [http://www.who.int/mental\\_health/prevention/genderwomen/en/](http://www.who.int/mental_health/prevention/genderwomen/en/)

<sup>4</sup> RACGP curriculum statement Women's health The RACGP Curriculum for Australian General Practice (2011) <http://curriculum.racgp.org.au/media/12308/womenshealth.pdf>

<sup>5</sup> RACGP curriculum statement Women's health The RACGP Curriculum for Australian General Practice (2011) <http://curriculum.racgp.org.au/media/12308/womenshealth.pdf>

<sup>6</sup> ABS Australian Social Trends (April 2013) <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features20April+2013#p2>

<sup>7</sup> RACGP curriculum statement Women's health The RACGP Curriculum for Australian General Practice (2011) <http://curriculum.racgp.org.au/statements/womens-health/>; Victoria Department of Health Services Gender and Diversity Lens for Health and Human Services, Victorian Women's Health and Wellbeing Strategy Stage 2: (2006-2010)