

Position statement: The empowerment of women and girls in the Australian health system

Women and girls in Australia experience some of the best health outcomes globally, including one of the highest life expectancies of Organisation for Economic Co-operation and Development (OECD) member countries. Despite this, persistent and often preventable health inequities among Australian women and girls remain.

Compared to men, women generally live longer but are more likely to spend a significant portion of their lives living with illness or in poorer health. Many women and girls continue to face high rates of chronic conditions, mental ill-health, reproductive health challenges and the ongoing health impacts of violence.¹

The empowerment of women and girls is imperative to achieving health and gender equity.

This position statement provides a clear and comprehensive understanding of what empowerment means for women and girls within the Australian health system. It identifies key structural barriers and enablers to empowerment in health settings. It provides practical examples and considerations for embedding empowerment into practice, policy and research.

Researchers, health professionals, policy makers and communities each have a vital role in creating conditions that enable active participation in decisions about health and wellbeing. This position statement serves as a shared resource to guide inclusive, evidence-based policies, programs, initiatives, and strategies that empower women and girls.

Gender is understood as a diverse social identity, and people's health experiences are shaped by both biological and social factors. While the terms 'women', 'woman' and 'girl/s' are used throughout, we acknowledge that trans, gender diverse and non-binary people may also have health experiences relevant to the issues discussed.

Snapshot of women's health in Australia

- **Chronic conditions are common**, with 61% of women living with at least one long-term health condition, and with 39% living with two or more conditions known as multimorbidity.²
- **Mental health remains a major concern**, with 44% of women having experienced mental illness and women at greater risk of mental ill-health across all life stages.^{3,4}
- **The leading contributors to disease burden** among women are dementia (5.7%), followed by anxiety disorders (4.9%), and back pain and problems (4.5%).⁵
- **Women experience a greater share of the burden** in reproductive and maternal conditions (94%), blood and metabolic disorders (59%), neurological conditions (57%) and musculoskeletal conditions (56%).⁶
- **Women are more likely to experience higher out-of-pocket healthcare costs**, and more likely to defer or skip care because of costs.^{7,8}

- **Over half of women (55%) rated their health as excellent or very good** in 2020–21, with the highest ratings among those aged 15–24 (69%).⁹
- **Women make up 74% of the health workforce**, yet higher-income health professions remain highly represented by men.¹⁰
- **Participation in cancer screening is relatively strong**, with 52% of eligible women screened for breast cancer and 73% for cervical cancer.¹¹

The International Covenant on Economic, Social and Cultural Rights (ICESCR) recognises “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) requires states to eliminate discrimination in health-care services and ensure women have access to services, including those related to family planning. Together, these international human rights frameworks, along with the Sustainable Development Goals principle of ‘Leave no one behind’, reinforce Australia’s commitment to achieving equity in health access and outcomes for all people, including women and girls.

Defining empowerment

Empowerment can be defined as the expansion of **choice** and strengthening of **voice** through the transformation of **power** relations, so women and girls have more **control** over their lives.¹² This definition and model of empowerment, developed by the Gates Foundation, provides a framework for strengthening the empowerment of women and girls within the Australian health context by:

- improving the gender responsiveness of health research and translating evidence into accessible health information for women and girls, so they clearly understand their options and can make informed decisions about their health and the health of people in their care.
- expanding the choices and opportunities available to women and girls, including options for healthcare and services, as well as the social and environmental factors that impact access to choice (for example, education, income and location).
- strengthening opportunities for women and girls to speak up and be heard in the discussions and decisions that shape both their individual health and the broader health system.
- transforming unbalanced power dynamics to ensure women and girls have the agency to make and act on decisions that support their health, with a strong sense of dignity and self-worth.
- supporting the solidarity, community and collective action of women and girls as health leaders, advocates, policymakers and decision-makers.

It is also important to consider the empowerment of women and girls in health through an intersectional lens that recognises how gender intersects with many aspects of identity to shape experiences of power, opportunity, and discrimination. Access to resources, rights and healthcare is influenced by overlapping factors such as age, cultural background, socioeconomic status, visa status, disability and sexual orientation. Understanding gender as a determinant of health alongside broader social determinants is necessary to respond to the diverse realities and specific barriers faced by priority populations, including women and girls in rural and remote communities, migrant and refugee women, culturally and linguistically diverse women, women with disability and the LGBTQIA+ community.

Key elements of empowerment

Key element definition	Applied to the Australian health system
Agency: the capacity for women and girls to safely make decisions, take action and pursue their own interests.	• make informed decisions that impact health, including what service to use or how to manage or treat a condition. • build confidence and autonomy to seek care, ask questions and advocate for individual needs. • participate in health decision-making at individual, community and systemic levels.
Institutional structures: the formal and informal social arrangements that influence women and girls' ability to express agency.	• ensure health systems are inclusive, gender-responsive and accessible for women and girls. • support universal health access through public policy and funding structures. • challenge gender bias and discriminatory norms and practices in healthcare. • represent women and girls in healthcare leadership and key decision-making processes.
Resources: the tangible and intangible sources of power that women and girls use in exercising agency.	• address social and environmental determinants like access to nutritious food and safe housing. • ensure access to safe, affordable and quality healthcare services throughout the life course. • provide quality health education and trusted information that is accessible to women and girls across education levels, abilities, geographic locations and cultural backgrounds, to build knowledge and skills. • strengthen social support and community networks. • improve economic resources, including income and transport, that enable access to healthcare.

Barriers and enablers to empowerment

Barriers	Enablers
Systemic bias in research and evidence Women and girls are underrepresented in health research and many conditions predominantly faced by women and girls have experienced historic underfunding, resulting in a limited evidence base to guide decision-making and health system design.	Adopting an intersectional approach to research, healthcare and policy Women and girls experience health and empowerment differently based on overlapping factors like race, class, age, disability, and visa status. Applying an intersectional lens helps ensure that healthcare, research and policy reflect these diverse realities, avoid one-size-fits-all solutions, and address the systemic barriers faced by priority populations.
Structural barriers to universal healthcare access Affordability, availability, location, discrimination, and Medicare ineligibility can limit women and girls' access to timely, appropriate care.^{13 14}	Gender-responsive healthcare Health systems are increasingly adopting models that recognise the specific and diverse needs of women and girls. These approaches prioritise trauma-informed responses to violence, equitable access to services including screening and mental healthcare, timely and affordable diagnoses, and the delivery of culturally safe, community-controlled care. Learning from the leadership of women's health services can support the translation of evidence into gender-responsive practice.
Gender bias and discrimination in healthcare Women and girls report ongoing gender-based bias in healthcare services and systems including not being believed about their health concerns and being denied access to information or appropriate and safe treatment.	Upholding bodily integrity and safety Bodily integrity means that women and girls have the right to control their physical and mental wellbeing, make informed choices about their bodies, and live free from violence, coercion or fear. Empowering women in healthcare requires not only access to quality care, but also freedom from institutional, relational and societal barriers that undermine safety, dignity, and autonomy.
Health impacts of violence Gender-based violence, including sexual violence, financial abuse and coercive control, disproportionately affects women and girls' health, wellbeing, autonomy and access to support. Women and girls may also experience restrictions on healthcare choices and economic participation by a partner or others.^{15 16}	
Restrictive gender norms Socially held beliefs about how women and girls should behave shape expectations around health, caregiving, and help-seeking. These norms can discourage women from prioritising their own health, restrict access to sexual and reproductive healthcare, and silence health concerns.^{17 18}	Access to knowledge, skills and resources Access to tangible and intangible assets like health knowledge, education, income, and social networks enables women and girls' greater agency and autonomy in making decisions about their health and healthcare. Access to quality health information helps put the power of decision-making into the

	hands of women and girls and those they care for.
Income inequities Many women have fewer economic resources and opportunities, including fewer employment opportunities, unequal pay, and work that is predominantly led by women being socially and economically undervalued.	Allyship of men and boys Men and boys play a critical role in shaping women's health decisions and outcomes as partners, members of the community, and leaders in the political and health sectors. When men are engaged as allies in gender equity, they can help challenge harmful norms, support women's health, and promote shared decision-making, leadership and economic security.
Underrepresentation in health leadership While women make up most of the healthcare workforce, they are underrepresented in key economic, political and healthcare leadership and decision-making. ¹⁹	Leadership in institutional health structures Women and girls must have real decision-making power in health systems, policy, and research. Intentional power-sharing at all levels of governance, funding, service design and workforce leadership helps dismantle structural inequities and ensures health systems are shaped by those they serve. Critical consciousness and collective action Women and girls build critical consciousness when they identify and question inequities and power imbalances, and transform their sense of self to exercise agency and their health rights. Empowerment in health is amplified when women and girls engage collectively to both support and advocate for health, including through peer support, community or political engagement and organisational advocacy.

Considerations for embedding empowerment in practice, policy and research

Future health policy, research, initiatives and strategy should consider empowerment as essential to strengthening the health of women and girls. This means moving beyond one-way communication or service delivery toward deeper approaches that centre women and girls in decision-making, support the sharing of power, and elevate their leadership and ability to exercise their health rights. Empowerment is about more than informed choices at the individual level. It requires real influence over the systems and decisions that shape health, both personally and collectively.

A focus on empowerment requires a shift away from seeing women and girls only as beneficiaries of health and development programs, and towards recognising them as agents of change in their own individual and collective empowerment.

Future health initiatives must be shaped through a gender-responsive lens that centres lived experience, promotes agency and leadership, and addresses structural barriers to access. By embedding empowerment at every level, we can build a health system that is not only more equitable, but also more effective, inclusive and just.

Examples of embedding empowerment in practice, policy and research

- Use this statement to inform clear and consistent language, terminology and approaches that embed empowerment when developing and evaluating current and future gender-responsive strategies and initiatives.
- Embed gender-responsive, trauma-informed workforce training across primary, specialist and digital healthcare.
 - Enhance training for healthcare workers to identify and support victim-survivors of family, domestic and sexual violence.
- Continue embedding cultural safety and recognition in health services to ensure First Nations women and other priority populations working within the health system have agency within their workplace for themselves and the communities to which they provide care.
 - Partner with Aboriginal and Torres Strait Islander peoples to develop and implement strategies, programs and initiatives to improve health and wellbeing that work towards the *Closing the Gap Priority Reforms* and socio-economic outcomes and targets 1, 2 and 14. Ensure Aboriginal and Torres Strait Islander peoples are leaders in the research that includes or studies First Nations.
- Raise workforce and community awareness of existing and emerging initiatives that increase access to gender-responsive healthcare, such as expanded Endometriosis and Pelvic Pain Clinics, Birthing on Country programs, Medicare reforms including Medicare Benefits Schedule (MBS) items, and Pharmaceutical Benefits Scheme (PBS) listings including for contraception and menopausal hormone therapies.
- Engage women with lived experience when developing health information and designing research, awareness-raising and education initiatives, and to address barriers to help-seeking.
- Provide health information that supports women and girls to exercise their health rights.
- Fund initiatives that will train and support women from multicultural communities to be community leaders.
- Conduct research into the barriers and enablers of empowerment for different priority groups to create people-centred service delivery.
- Conduct research that integrates lived and living experience to embed intersectionality into health data, funding, research and evaluation frameworks.
- Use clear and consistent sex- and gender-specific language, terminology and approaches when conducting health and medical research using the Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research.
- Prioritise research to improve the safety, efficacy and quality use of medicines and medical devices by women and girls, and to address data gaps that increase the disease burden and healthcare burden borne by women.
- Ensure policy advice amplifies and draws on women's health expertise and the lived and living experience of women and girls throughout policy development cycles.

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- ¹ Department of Health, Disability and Ageing, [*National Women's Health Strategy 2020-2030*](#), Australian Government, 2018.
- ² Australian Institute of Health and Welfare, www.aihw.gov.au/reports/women/the-health-of-women-in-australia
- ³ Australian Institute of Health and Welfare, www.aihw.gov.au/reports/women/the-health-of-women-in-australia
- ⁴ Department of Health, Disability and Ageing, [*National Women's Health Strategy 2020-2030*](#), Australian Government, 2018.
- ⁵ Australian Institute of Health and Welfare, www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2024/contents/summary
- ⁶ Australian Institute of Health and Welfare, www.aihw.gov.au/reports/men-women/female-health/contents/how-healthy
- ⁷ Grattan Institute, <https://grattan.edu.au/report/not-so-universal-how-to-reduce-out-of-pocket-healthcare-payments/>
- ⁸ Australian Institute of Health and Welfare, www.aihw.gov.au/reports/women/the-health-of-women-in-australia
- ⁹ Australian Institute of Health and Welfare, www.aihw.gov.au/reports/men-women/female-health/contents/how-healthy
- ¹⁰ Australian Institute of Health and Welfare, www.aihw.gov.au/reports/australias-health/cancer-screening-and-treatment
- ¹¹ Australian Institute of Health and Welfare, www.aihw.gov.au/reports/workforce/health-workforce
- ¹² Gates Foundation, [BMGF_EmpowermentModel.pdf](#)
- ¹³ Australian Women's Health Alliance, [*Gendered Framework for Action on Prevention and Healthcare*](#)
- ¹⁴ Jenkinson B, Dobson A, Hockey R, Martin S, Ferguson M & Mishra GD, [*#EndGenderBias survey results – Detailed report*](#), Australian Government Department of Health and Aged Care, 2024.
- ¹⁵ Australian Women's Health Alliance, [*Addressing the Gendered Nature of Violence and its Health Impacts Policy Brief*](#), Australian Women's Health Alliance, 2023.
- ¹⁶ Gates Foundation, [BMGF_EmpowermentModel.pdf](#)
- ¹⁷ Gates Foundation, [BMGF_EmpowermentModel.pdf](#)
- ¹⁸ Commonwealth of Australia, Department of the Prime Minister and Cabinet, [*Working for Women: A Strategy for Gender Equality*](#)
- ¹⁹ Gates Foundation, [BMGF_EmpowermentModel.pdf](#)