Tasmanian Legislative Council Inquiry into Tasmanian experiences if gendered bias in healthcare.

Dear Secretary's Ms Murphy and Ms de Groot,

In relation to the Sessional Committee on Gender and Equality's Inquiry into the Tasmanian experiences of gender bias in healthcare, I wish to submit my experiences for the Committee's consideration.

Firstly, thank you for the opportunity to consider my submission of lived personal and professional experiences and the professional evidence and recommendations attached.

In relation to Terms of Reference (1)- Examples of Tasmanian's lived experience of gender bias in healthcare- my own lived examples as a father during the antenatal and post-natal periods for both my children, highlighted various discrepancies and opportunities for equality and inclusion as a father/non-birthing parent. As the non-birthing parent, I was often excluded from assessments and enquiry as to my own wellbeing and inclusion during our appointments with midwifes and child health nurses. The language used at times, was divisive and continued to promote role delineation. There was limited spatial room and seating considerations, and, in some instances, I was not acknowledged or introduced to, by the health care staff at all. This did not provide the environment for me to engage, enquire and advocate for myself or wife and children. I struggled with post-natal anxiety (1 in 10 Australian men experience this-1 in 20 experience post-natal depression), yet when any screening was done with my wife, after I made every effort around work to attend every appointment, I was not provided with the same questionnaires or assessments around mental health and wellbeing that my wife was. I was able to locate online resources for myself but felt that this shouldn't have had to have been the case. As a health care professional with experience in Paediatrics and Mental Health, I felt there was obvious gaps in care based on my gender and parenting 'role perceptions'.

My concerns around this are that many non-birthing parents are subjected to this also and research supports that gender biases are prevalent through Tasmania and Australia. With an increasing number of same sex parenting families and differing family parenting structures throughout Australian society, I strongly advocate for increased funding and support for front line services to access the appropriate education and resources to address these issues raised.

In relation to Terms of Reference (2) Areas of healthcare in which gendered bias is particularly prevalent - as above-mentioned areas of healthcare, including midwifery and child health services, was where I experienced a gender bias and at times felt dismissed or excluded from heath screening and assessments. ToR 2 is also addressed in greater detail below.

In relation to Terms of Reference (4)- Systemic behaviours that cause gender bias in healthcare-

Gender Bias and Paternity considerations:

Australian society, and our health system, have not kept pace with the changing needs, expectations, roles, and diversity of modern-day families.

Non-birthing parents, most commonly men, are not systematically engaged or supported from preconception to parenthood. They are often treated as secondary to fertility, birthing, and parenting processes — welcome but not active partners. Many do not receive the care they need if they are unable to conceive, if they lose a child or if they are struggling with parenthood. Opportunities to prepare them for this major life transition are lost. This negatively impacts the health and well-being of all family members, as well as relationships within families.

Australian fathers/non-birthing partners want and deserve more from our health system. Non-birthing parents, most commonly men, are not systematically engaged or supported from preconception to parenthood. They are often treated as secondary to fertility, birthing and parenting processes — welcome but not active-partners (Healthy Male- Plus paternal: A focus on fathers-Case for Change).

Australian fathers at a glance: 1 in 5 Australians are fathers – that's 5 million fathers. Most men desire to be fathers. Fatherhood is a time of significant transition. 1 in 20 fathers experience depression while their partner is pregnant. Men's preconception health affects fertility and the health of their children. Over 2 million fathers have a child under 18 years of age. 1 in 20 of the parents who access the government's primary parental leave scheme are males. After a miscarriage or stillbirth men often hide their grief to support their partners. The proportion of stay-at-home fathers (4–5%) has not grown much in the last 20 years. Less than 1% of the parents who access the government's paid parental leave scheme are males. Father-child bonding contributes to healthy child development. 1 in 10 fathers experience depression and/or anxiety before or soon after birth. The risk of suicide is higher for men in the perinatal period than at any other time in their lives. 38% of new fathers worry about their mental health. 1 in 5 fathers report feeling totally isolated in the first year of fatherhood. 45% of fathers are not aware that men can experience postnatal depression. Over half of new fathers report not spending as much time as they wish with their child. Most men report finding real joy in being a father. Almost half of new father's report feeling stressed or anxious about needing to be 'the rock' in their family. (Plus Paternal-Case for Change, Healthy Male).

Research from the Organisation for Economic Co-operation and Development (OECD) states "fathers who care for children early tend to stay more involved as children grow up. Where fathers participate more in childcare and family life, children enjoy higher cognitive and emotional outcomes and physical health. And fathers who engage more with their children tend to report greater life satisfaction and better physical and mental health than those who care for and interact less with their children."

In Australia, men are entitled to what is known as 'Dad and Partner Pay' under the Australian Government's Parental Leave Pay scheme. This is a payment for up to two weeks while you care for your new child. The payment is based on the weekly rate of the national minimum wage, and there

are various conditions and timeframes you must meet to access this payment. There is also the option of taking unpaid parental leave — the National Employment Standards entitle employees, male or female, to take up to 12 months of unpaid parental leave but only if you've already worked for your employer for 12 continuous months. (healthymale.org.au/news/importance-parental-leave-dads). From above we can ascertain that less than 1% of dads are accessing the primary parental leave scheme and 4-5% are stay at home dad's, also contributes to the widespread and ongoing discrepancies and inequalities in Australian women's incomes and positions in our society.

Personally, knowing many Tasmanian individuals and couples that are delaying starting a family or now not having children, due to economic pressures and cost of living considerations, is considerate. Addressing the above limited/minimal and often unrealistic or unattainable leave options and entitlements that many families/dads/non-birthing parents factor in when considering and accessing financial impacts and leave arrangements, will promote and strengthen all the known evidence and outcomes associated present non-birthday partners. This promotes and can result in enhanced connections, engagement, support and relationships with the birth mother and ongoing and future relationship and health outcomes of the child and parents. Considering and addressing this shortfall of poorly paid and limited time frames available, would go a long way to: addressing the decreasing birthing rates in Tasmania (multifactorial); support and incentivise families to have children; reduce the stigma and systemic restraints/barriers for dad's and non-birthing partners to be recognised and supported to engage in these roles and responsibilities. This can help remove the stigma and cultural expectations and perceptions that there is gender-based roles and delineations.

As per ToR 1, personally, I had some mental health issues related to the post-natal period of my children but had limited time at home to support my family and address my own self-care/health issues, before being required to return to work fulltime. I have treated many hundreds of patients in the acute setting, impacted by mental health concerns during the ante-natal and post-natal periods and gaps in resources, awareness and supports for (often young) Dads and non-birth partners is impacting on the individuals outcomes and wellbeing, the child and birth mothers outcomes and relationships, the economic impacts of delayed or interrupted return to work and also an increased strain on acute medical and mental health services. As previously noted above- The risk of suicide is higher for men in the perinatal period than at any other time in their lives.

Accessing healthcare services:

"Men's adherence to stereotypical masculine traits, such as stoicism, self-reliance, strength and control can stigmatise, and thereby discourage, healthcare seeking. There is widespread recognition in Australia that traditional masculine stereotypes are both inaccurate and harmful. Freeing men from these restrictive stereotypes will likely be good for their health and wellbeing, and that of society more generally. Health services should avoid blaming men and making assumptions about their behaviour and focus on solutions rather than problems." (Healthy Male Australia-Engaging Men).

We know traditional social and gendered norms negatively impact men. Harmful notions include: that fertility and child rearing is women's business; that the primary roles for a man are as breadwinner and supporter of their partner; and that men are stoic and strong and have a lesser

emotional bond or experience than women, especially when the loss of a child occurs. These prevailing norms impact on whether men raise concerns or advocate for their own needs, with some men feeling pressure to align with these norms. During the perinatal period, pressure to 'stay strong' and 'be a man' can be exacerbated because many fathers feel that they must support their partners. Our health system reflects wider society. Norms influence, consciously and unconsciously, how health professionals engage with men and whether they consider engagement to be relevant. Norms also translate into workplace policies and attitudes which can inhibit men from taking as active a role as they would like as fathers and partners. The uptake of parental leave remains relatively low and flexible working arrangements are not always accessible to men. (Plus Paternal-Case for Change, Healthy Male).

Structural changes and more father inclusive practice across the board would help to support the proactive engagement of men in reproductive health services. This includes the development of a clear health pathway specifically for men from preconception to early fatherhood, including for men who have experienced loss. An integrated, father-inclusive approach to health policies and guidelines would support the consistent care of fathers and potential fathers. Men are calling for more engagement, greater provision of information and support from healthcare services, and for opportunities for peer support.

Terms of Reference (6)- Best practice for addressing gender bias in healthcare

"Systemic changes that improve practitioners' ability to relate to male patients, and their knowledge of men's health, will likely increase men's use of healthcare services. Men's willingness to seek healthcare is influenced by past experiences, so enabling positive interactions will facilitate greater use of healthcare services. The health literacy and information needs of men are varied, so tailored approaches to provision of health information are required to ensure men are adequately informed about what is required of them for disease prevention and resolution." (Healthy Male Australia-Engaging Men).

Structural changes to health services, that create male-friendly settings, cater for the time constraints of many men, and integrate telehealth and other new technologies can improve men's access to healthcare. Systemic changes that improve practitioners' ability to relate to male patients, and their knowledge of men's health, will likely increase men's use of healthcare services. Men's willingness to seek healthcare is influenced by past experiences, so enabling positive interactions will facilitate greater use of healthcare services. The health literacy and information needs of men are varied, so tailored approaches to provision of health information are required to ensure men are adequately informed about what is required of them for disease prevention and resolution. Men may be reluctant to raise sexual or mental health concerns with their doctor, but they are generally welcoming of enquiries about these topics by their doctor, and are forthcoming in providing relevant information.

Men's adherence to stereotypical masculine traits, such as stoicism, self-reliance, strength and control can stigmatise, and thereby discourage, healthcare seeking. There is widespread recognition in Australia that traditional masculine stereotypes are both inaccurate and harmful. Freeing men from these restrictive stereotypes will likely be good for their health and wellbeing, and that of

society more generally. Health services should avoid blaming men and making assumptions about their behaviour and focus on solutions rather than problems.

Promoting and advocating for Men's Health specific considerations to be implemented into health professionals' educational curriculums is essential going forwards.

By addressing and reducing the stigma, role/gender delineation and the social and cultural constructs of masculinity, would encourage the promotion and inclusion of a greater percentage of men in health and caring professions, such as nursing, which can assist with the implementation of the strategies and recommendations discussed above tackling gender biases in healthcare. This can also assist in addressing the current and predicted staffing shortfalls in these fields going forwards.

Thank you for your consideration. I appreciate the opportunity to contribute and am willing to assist and contribute from either (or both) a personal or professional perspective as required.

Kind regards

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