



Tasmanian Council of Social Service Inc.

Inquiry into Tasmanian Experiences of Gendered Bias in Healthcare

April 2023



**INTEGRITY
COMPASSION
INFLUENCE**

About TasCOSS

TasCOSS' vision is for one Tasmania, free of poverty and inequality where everyone has the same opportunity. Our mission is two-fold: to act as the peak body for the community services industry in Tasmania; and to challenge and change the systems, attitudes and behaviours that create poverty, inequality and exclusion.

Our membership includes individuals and organisations active in the provision of community services to Tasmanians on low incomes or living in vulnerable circumstances. TasCOSS represents the interests of our members and their service users to government, regulators, the media and the public. Through our advocacy and policy development, we draw attention to the causes of poverty and disadvantage, and promote the adoption of effective solutions to address these issues.

Please direct any enquiries about this submission to:

Dr Charlie Burton

Acting Chief Executive Officer

Phone Number: (03) 6231 0755

Email Address: charlie@tascoss.org.au

Introduction

TasCOSS welcomes the opportunity to participate in the Joint Sessional Committee on Gender and Equality's current *Inquiry into Tasmanian Experiences of Gendered Bias in Healthcare* ('the Inquiry').

As the peak body for the community services industry in Tasmania, TasCOSS advocates for better health outcomes for all Tasmanians, and our work focuses on promoting the rights of those who may be currently experiencing disadvantage due to factors such as: residing in a rural location; insufficient work or income; age and/or disability; and gender and equality. We also advocate for our member organisations in the community services industry, many of whom are supporting Tasmanians with their healthcare needs.

TasCOSS' *A Good Life* project asked Tasmanians what they needed to live a good life. Unsurprisingly, a healthy mind and body rated highly.¹ Tasmanians told us that a healthy mind and body requires access to affordable, high-quality health care, as well as preventative measures which promote good physical and mental health. *A Good Life* framework therefore includes three key health-related targets:

- All Tasmanians are supported to proactively prevent ill-health and to promote good health and wellbeing.
- All Tasmanians can get affordable, timely, person-centred, whole-of-life-oriented primary, secondary, allied and dental health care.
- All Tasmanians can get affordable, timely, person-centred, whole-of-life-oriented mental health care.

Unfortunately, not everyone has the same access to quality health services or to engage in activities which promote good health. Gender bias in healthcare is one example of how certain populations may struggle to receive the treatment they need for various reasons, which can include biases within the medical profession (for example, towards women or LGBTQIA+ community), or a lack of sufficient funding to address diseases or conditions which disproportionately impact certain populations.²

This submission provides a brief overview of the issue of gender bias in healthcare before addressing some of the key issues outlined in the Terms of Reference for the Inquiry:

- Examples of Tasmanians' lived experience of gender bias in healthcare;
- The impact of gender bias in healthcare; and
- Solutions to address gender bias in healthcare.

¹ [A Good Life: A Wellbeing Framework for Tasmania](#) is a project undertaken by TasCOSS, based on a number of community consultations throughout Tasmania which posed the question, "what do you need to live a good life?" The project identified key priorities for Tasmanians, which has allowed TasCOSS to identify goals, targets and descriptors for engaging in policy development and advocacy.

² For example, see Burrowes, K 2021, ['Gender bias in medicine and medical research is still putting women's health at risk,'](#) 8 March 2021, The Conversation.

What is Gender Bias?

Gender bias is a term that describes practices or beliefs which may favour or preference the experience of one gender over others. In relation to gender bias in healthcare and/or medicine, this term has been interpreted to mean, *“an unintended, but systematic neglect of [a particular gender], stereotyped preconceptions about the health, behaviour, experiences, needs, wishes and so on, of [people of a particular gender], or neglect of gender issues relevant to the topic of interest.”*³ Gender bias therefore *“has implications in treatment... and it is important to take into consideration in most fields of medical research, clinical practice and education.”*⁴

Tasmanians’ Lived Experience of Gender Bias in Healthcare

As noted above, communities across the state have shared with us the importance of healthcare to be able to live a good life, with Tasmanians telling us that they *“value our health above all else”*, and that *“[i]f you have good mental health, anything is possible”*.⁵

Despite the importance of health to our communities, statistics show that Tasmanians have notably worse health outcomes than the national average, with the lowest rates of self-reported excellent or very good health,⁶ the highest rates of multiple chronic conditions,⁷ and the highest rates of adverse lifestyle factors for chronic disease.⁸ These issues are compounded by existing social inequities. For example, Tasmanians on low incomes have comparatively worse health than others, and those living in Tasmania’s most disadvantaged communities are more likely to have fair-to-poor health,⁹ or to have multiple co-occurring chronic conditions at age 60.¹⁰

Tasmanians who are experiencing other forms of disadvantage are also more likely to experience poor health. For example, Aboriginal people in Tasmania report poorer health¹¹ and are more likely to be hospitalised due to potentially preventable conditions.¹² Communities who face stigma and discrimination, such as LGBTQIA+ Tasmanians, are also more likely to experience poor health and high/very high psychological distress.¹³

³ Hamberg, K 2008, ‘Gender bias in medicine,’ Women’s Health, vol. 4, no. 3, pp. 237-243.

⁴ Ibid.

⁵ Community members, TasCOSS’ A Good Life project consultations.

⁶ According to the ABS, 52.5% of Tasmanians reported excellent or very good health, compared to 57.2% Australia-wide. ABS National Health Survey 2017-18, First Results, Table 2.3, age-standardised.

⁷ 22% of the population — nearly 130,000 Tasmanians — were recorded by the ABS as having two or more chronic conditions, compared with 18.7% Australia-wide. ABS National Health Survey 2017-18, First Results, Table 2.3, age-standardised.

⁸ For a range of risk factors, see <https://www.primaryhealthtas.com.au/wp-content/uploads/2022/04/Primary-Health-Tasmania-Needs-Assessment-2022-25.pdf>.

⁹ TasCOSS 2019, [Preventing Hospitalisations in Tasmania](#), 2020/21 Budget Priorities Statement.

¹⁰ ABS National Health Survey 2017-18, First Results, Table 33.4.

¹¹ For more information, see <https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing>.

¹² Productivity Commission 2021, *Report on Government Services 2021*, Primary and Community Health, Table 10A.59. Aboriginal Tasmanians are also 1.1 times as likely to be hospitalised for a potentially preventable acute condition as non-Aboriginal Tasmanians (rate per 1000, 2017-18: 13.4, non-Aboriginal Tasmanians, 11.8).

¹³ Productivity Commission 2021, *Report on Government Services 2021*, Part E (Health), Section 13 (Services for Mental Health), Table 13A.64; Dwyer, A et al. 2021, ‘LGBTIQ+ Tasmanians: Telling us the Story — Final Report,’ pp. 29-32.

The current cost of living crisis is having a significant impact on a health system that was already struggling to cope with demand. It is also having the most significant impact on those who were already experiencing hardship. For example, to inform the development of our Budget Priorities Statement focussed on easing the cost of living,¹⁴ TasCOSS held a number of forums across the state to hear the experiences of Tasmanians on low incomes. Participants shared stories with us about a range of challenges, the most common being how they were unable to access health services due to cost, and were cutting down on medications or visits to the GP to try to save money for food and other essentials.

As well as barriers to healthcare such as cost, distance and a lack of services — especially in regional Tasmania — our consultations with Tasmanians living on low incomes demonstrated that gender and other bias also impacted on their ability to receive appropriate healthcare:

“I mean it's bad enough if you're a female... as a female you are expected to have a higher limit to what you, that women put up with. But then God help you if you're an older woman, or if you're an overweight woman, because then if you are overweight it doesn't matter. The only thing wrong with you is that you're fat. Stop feeding your face. Well, that's funny — it's quite common that I'll eat one meal a day. It's even common I'll go without...”

— Community Member, TasCOSS cost of living forum.

Who Experiences Gender Bias in Healthcare?

As outlined above, there are several existing pressures in the Tasmanian health system which impact the ability of individuals, families and communities to receive the care and support they need. Gender bias is one of those factors which can have a significant impact on a very large proportion of the population. Social and cultural ideas about gender and how these ideas relate to health are pervasive and have widespread impacts — for example, studies have highlighted the effects of the idea of ‘stoicism’ in men, which can result in a reluctance to access health services and denying or minimising pain.¹⁵ However, we have focussed our response on particular communities who are either more likely to experience gender bias or for whom the impact/s of gender bias are likely to be more significant.

Tasmanians living with a disability

Tasmania has the highest rate of disability in Australia, with data from 2018 indicating that 24,500 Tasmanians (or 5.8% of the state’s population aged 0-64) had a profound or severe core activity limitation, with a further 31,100 people (or 7.4%) experiencing moderate or mild limitations.¹⁶ Despite making up a significant proportion of the Tasmanian population, people with disability continue to experience structural disadvantages which impact their ability to participate meaningfully in everyday life. For example, only 40% of Tasmanians living with a disability were employed in 2018 (lower than the national

¹⁴ TasCOSS 2022, [Wellbeing First: A budget proposal to ease the cost of living and invest in the wellbeing of Tasmanians](#), 2023/24 Budget Priorities Statement.

¹⁵ Samulowitz, A et al. 2018, [“Brave Men’ and ‘Emotional Women’: A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain,”](#) Pain Research and Management, Article ID 6358624, p. 5.

¹⁶ Productivity Commission 2023, *Report on Government Services 2023*, Part F, Section 15, Table 15A.7.

average of 47.8%),¹⁷ and of those employed Tasmanians with a disability 11.9% were underemployed in 2018 (compared to 9.9% of Tasmanians without a disability or 9.0% nationally).¹⁸

Research suggests that a timely and accurate diagnosis, and subsequent appropriate treatment, for different kinds of disability can be influenced by gender. For example, it is more common for boys, men or those assigned as male at birth to be diagnosed with autism — this may be the result of under-diagnosing girls, women and those assigned female at birth, partially due to the “[g]endered socialisation of girls and boys, particularly those at the ‘higher functioning’ end of the autism spectrum... [which] may lead to behaviours that camouflage or mask autism in girls but not boys.”¹⁹ This can in turn create further issues, including the development or exacerbation of mental health issues or difficulties in accessing support and/or treatment.

Other research has highlighted the impact of gender bias in disability services in Australia, particularly in relation to the National Disability Insurance Scheme (NDIS), which is a scheme to promote choice and the empowerment of individuals, but also requires a high level of skills, knowledge and communication to effectively navigate its systems. This research demonstrates that individualised funding schemes for disability services (including the NDIS), “can widen inequalities along lines of discrimination and disadvantage that already exist in the wider society... [and that] some women accessing the NDIS experience gendered issues that cause or exacerbate barriers to support.”²⁰ Women, girls and those assigned female at birth may be disadvantaged in systems which require a high level of self-advocacy or assertiveness, as they may be “less likely to try and advocate assertively for their needs with service providers or in planning meetings as they worry they will be perceived in a negative way or disliked, and this could lead to them missing out on funding or services.”²¹ They are also more likely to experience negative consequences for acting assertively, due to gendered ideas about how people should behave and communicate with others.²²

LGBTQIA+ Tasmanians

Research shows us health outcomes are poorer for members of the LGBTQIA+ community, both for physical and mental health. National studies have shown the comparatively high rates of health issues within the LGBTQIA+ community, particularly mental health, with 57.2% of LGBTQIA+ participants in a 2020 national survey reporting either high or very high psychological distress (compared to 13% of the general Australian population).²³ This is echoed in a recent report from Tasmania, *LGBTQ+ Tasmanians: Telling us the Story*,²⁴ which highlighted the need for urgent action to address inequities in mental health

¹⁷ Productivity Commission 2023, *Report on Government Services 2023*, Part F, Section 15, Table 15A.67.

¹⁸ Productivity Commission 2023, *Report on Government Services 2023*, Part F, Section 15, Table 15A.67; Australian Bureau of Statistics 2000, *Labour Force Australia* (Catalogue 6202.0, August 2020), Table 23: Underutilised persons by state, territory and sex (TasCOSS calculation).

¹⁹ Wood-Downie, H et al. 2021, ‘Sex/Gender Differences in Camouflaging in Children and Adolescents with Autism,’ *Journal of Autism and Developmental Disorders*, no. 51, pp. 1353-1364.

²⁰ Yates, S et al. 2021, ‘Women’s experiences of accessing individualized disability supports: gender inequality and Australia’s National Disability Insurance Scheme,’ *International Journal for Equity in Health*, no. 20, pp. 243, 255.

²¹ Ibid, p. 254.

²² Ibid.

²³ Hill, A 2020, ‘Private Lives 3: The health and wellbeing of LGBTIQ people in Australia,’ Latrobe University, p. 46.

²⁴ Dwyer, A et al. 2021, ‘LGBTIQ+ Tasmanians: Telling us the Story — Final Report,’ pp. 29-32.

care and services.²⁵ Current challenges in the Tasmanian context include a lack of services generally (which disproportionately impacts the LGBTQIA+ community), as well as a lack of inclusive healthcare services and/or providers.²⁶

TasCOSS is particularly concerned about the impact bias in healthcare, or fears of experiencing bias in healthcare, is having on the LGBTQIA+ community. Recent reports, which include data from surveys within the community, show that many LGBTQIA+ Tasmanians are avoiding accessing health services due to fears of experiencing stigma or discrimination,²⁷ and that this issue is particularly acute for the trans and gender diverse community.²⁸

Culturally and linguistically diverse communities

For women, girls and those assigned female at birth from culturally and linguistically diverse (CALD) communities, there are several factors which may impact their access to effective healthcare. Challenges identified in research include low health literacy and language/communication issues (including a lack of appropriate services, such as interpreters, offered by mainstream healthcare services), and high unmet healthcare needs (for example, in relation to mental health).²⁹ Many studies have also highlighted the need for same-gender healthcare (that is, where the gender of the patient and the professional is the same) for women and those assigned female at birth from diverse cultural and religious backgrounds. For example, a review of Monash Health highlighted the importance of same-gender healthcare in maternity services, particularly for women from diverse religious or cultural backgrounds, including Jewish, Muslim and Aboriginal women.³⁰

Some of the identified barriers for women from CALD backgrounds in accessing appropriate healthcare relate to gender bias, such as socio-cultural values of a person's country of origin and how these may impact access to, or experience of, healthcare. A recent study noted, for example, that African immigrant women in Australia were less likely to undergo routine screenings for cervical cancer, due in part to cultural/social beliefs relating to the procedure itself, as well as its importance as a healthcare measure.³¹ A lack of cultural competency in healthcare providers has also been identified as a challenge,³² which can also relate to a combination of gender and cultural biases — both flagged as key issues for medical professionals in Australia.

²⁵ Ibid, p. 29.

²⁶ Ibid, pp. 29-32.

²⁷ Ibid, pp. 37-38.

²⁸ Ibid, pp. 39-41.

²⁹ For example, see Khatri, RB, Assefa, Y 2022, 'Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges,' BMC Public Health, no. 22, p. 880; Birhanu, M, Tinashe, D & Janette, P 2016, 'Culturally and linguistically diverse women's views and experiences of accessing sexual and reproductive health care in Australia: a systematic review,' Sexual Health, no. 13, pp. 299-310.

³⁰ Victorian Equal Opportunity and Human Rights Commission 2015, 'Submission to the Eight-Year Review of the Charter of Human Rights and Responsibilities Act 2006,' p. 31.

³¹ Anaman, J, King, J & Correa-Velez, I 2017, 'Barriers and facilitators of cervical cancer screening practices among African immigrant women living in Brisbane, Australia,' European Journal of Oncology Nursing, vol 31, pp. 22-29.

³² Khatri, RB, Assefa, Y 2022, 'Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges,' BMC Public Health, no. 22, p. 880.

How to Address Gender Bias in Healthcare

Gender bias stems from beliefs or attitudes about a particular gender or genders, which may be discriminatory and harmful. To combat these beliefs and their impacts, TasCOSS strongly supports the promotion of the rights of all Tasmanians to adequate health services, as well as policies which promote universal good health (including preventative health measures). We also believe this rights-based approach should be accompanied by additional measures to address existing inequalities relating to gender bias in health — for example, greater funding for and expansion of specialist services — as well as more opportunities for inclusion and diversity training across the Tasmanian community to promote gender equality and address harmful stereotypes.

Recent national surveys and reports have highlighted the positive impact of specialist health services designed to work with particular groups. For example, the results of *Private Lives 3*, a national survey about the health and wellbeing of LGBTIQ people, revealed that participants felt most comfortable accessing specialist LGBTIQ medical services or mainstream services that were known to be inclusive.³³ The report made a number of recommendations which included:

- the importance of targeted services, such as the expansion of funded services for the LGBTIQ community;
- increased funding for LGBTIQ community-controlled organisations to develop and deliver inclusive services and service development; and
- government support to engage in ongoing evaluation of existing LGBTIQ-inclusive care to review current services and shape future improvements.³⁴

Whilst these recommendations relate specifically to the LGBTIQ community, TasCOSS highlights the importance of specialist community-based health services and strongly recommends the Tasmanian Government commits to adequately funding existing services (including Aboriginal community-controlled health organisations across the state, services developed for migrant and refugee communities and services working with Tasmanians with disability) to provide targeted and specialist support to meet the needs of particular groups.

Similarly, targeted health interventions and programs which address the needs of particular cohorts can be a way to ensure health needs are met in a gender-responsive way. For example, the Sons of the West and Daughters of the West programs are designed to support culturally and linguistically diverse communities in Melbourne's western suburbs. These free, ten-week health programs are designed to promote a healthy lifestyle, providing health, nutrition and exercise information and support to people from diverse communities.³⁵

Further, a recent report outlining the experiences and views of the LGBTQIA+ community in Tasmania highlighted the need for a dedicated Gender Clinic in Tasmania in order to ensure access to appropriate

³³ Hill, A 2020, '*Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*,' Latrobe University, p. 55-60.

³⁴ Ibid, pp. 119-120.

³⁵ For information about these programs, please see Western Bulldogs, [Sons of the West](#) and [Daughters of the West](#).

and effective gender-affirming treatment and care.³⁶ Whilst TasCOSS is supportive of the development of targeted initiatives such as these to address current gender-based inequities (for example, addressing stigma in relation to mental health support for men or those assigned male at birth), we also acknowledge the need for careful planning to ensure gender-specific programs do not contribute to harmful narratives or stereotypes which can reinforce gender bias. For example, while access to same-gender services may be an important tool in meeting the needs of particular women (for example, women from diverse cultural and/or religious backgrounds), a binary model of healthcare is unlikely to address the needs of other priority populations (such as non-binary, trans or intersex Tasmanians).³⁷ To avoid the potential negative consequences of gender specific health care, researchers have highlighted the possibility of gender-responsiveness in healthcare services — this is a model in which *“gender is embraced but does not drive the programme... [allowing] for diverse identities and autonomy.”*³⁸

Private Lives 3 also made recommendations for strengthened participatory research, including increased funding for community participatory research to engage with people from groups who may be marginalised from mainstream research groups or surveys (such as LGBTIQ Aboriginal or Torres Strait Islanders, LGBTIQ people with disabilities or long-term health conditions and LGBTIQ people from culturally and linguistically diverse backgrounds).

As gender bias often stems from personal and/or cultural perceptions, TasCOSS strongly advocates for more comprehensive training in relation to recognising and addressing bias, particularly unconscious bias, which may be impacting how Tasmanians access healthcare and their experience of health services.

Research has highlighted that the disadvantage experienced by many minority groups stems from a lack of social supports, acceptance and/or understanding in the ‘dominant’ social culture.³⁹ Academics have also outlined the need for greater education for medical professionals, noting that *“[i]mplementation of education about sex and gender related processes, reactions and treatments in medical school curricula and other forms of health education is an important step forward in preventing gender bias.”*⁴⁰

TasCOSS also believes community-wide education in relation to diversity and inclusion would be an effective tool in preventing and addressing gender bias, noting that Tasmanian community organisations are already engaged in education and training,⁴¹ supported by the work of government bodies such as Equal Opportunity Tasmania who educate and provide advice on issues including discrimination and accessibility.⁴²

³⁶ Dwyer, A et al. 2021, ‘LGBTIQ+ Tasmanians: Telling us the Story — Final Report,’ pp. 39-41.

³⁷ Sizemore, J 2022, [‘Doctors often aren’t trained on the preventive health care needs of gender-diverse people — as a result, many patients don’t get the care they need.’](#) The Conversation, 15 November 2022.

³⁸ For more information, see Jenkins, M & Chinn, V 2021, [‘Gender-specific health programs address important issues, but risk creating new biases.’](#) The Conversation, 21 July 2021.

³⁹ Francisco Perales, ‘How stigma impacts LGB health and wellbeing in Australia’ The Conversation (4 June 2018), accessed at <https://theconversation.com/how-stigma-impacts-lgb-health-and-wellbeing-in-australia-96904>.

⁴⁰ Hamberg, K 2008, ‘Gender bias in medicine,’ Women’s Health, vol. 4, no. 3, pp. 237-243, 241.

⁴¹ For example, see [diversity and inclusion training offered by A Fairer World in Tasmania](#), as well as [education and counselling around gender and sexual orientation offered by Working it Out](#).

⁴² For examples of training courses offered by Equal Opportunity Tasmania, see equalopportunity.tas.gov.au/training/training-courses-details.

Finally, TasCOSS strongly believes that the issue of gender bias in healthcare would be greatly assisted with the development and implementation of rights-based frameworks which affirm the rights of all Tasmanians, regardless of gender. We note that human rights charters in other jurisdictions have proved to be important tools in advocating for and protecting rights relating to gender. For example, a 2013 report from the Victorian Equal Opportunity and Human Rights Commission examining the over-representation of Aboriginal women in the criminal justice system used the rights outlined in the *Charter of Human Rights and Responsibilities Act 2006 (Vic)* — which include equality before the law,⁴³ Aboriginal cultural rights,⁴⁴ and the protection of children⁴⁵ — as a framework for analysis and to advocate for gender appropriate programs.⁴⁶

TasCOSS believes that the Tasmanian framework for the recognition and protection of rights would be greatly supported by the introduction of a Tasmanian Human Rights Act or Charter of Rights. We also believe the impact of a Tasmanian Human Rights Act could also encourage a cultural change in attitudes and beliefs, improved accountability and transparency, greater community awareness and empowerment, and as a tool for legal and social advocacy. As noted by the Human Rights Law Centre in a recent report:

“Charters of Human Rights ensure the actions of our governments are guided by values of freedom, equality, compassion and dignity. Charters foster respect for human rights and help everyone, from school children to people who decide to call Australia home, to understand the rights and freedoms that we all share. Charters reflect our values and help to articulate the kind of society we all want to live in. Charters prevent human rights violations by putting human rights at the heart of decision-making when governments are developing laws and policies and delivering services. Importantly, they also provide a powerful tool to challenge injustice, enabling people and communities to take action and seek justice if their rights are violated.”⁴⁷

We therefore strongly recommend the Tasmanian Government prioritises the development and implementation of a Tasmanian Human Rights Act. This should be accompanied by action to raise awareness of, and promote understanding of, the rights of all Tasmanians and ensure the public is provided with education and information on how to take action to respond in situations where their rights, or the rights of others, may have been violated.

⁴³ *Charter of Human Rights and Responsibilities Act 2006 (Vic)*, s8.

⁴⁴ *Charter of Human Rights and Responsibilities Act 2006 (Vic)*, s19.

⁴⁵ *Charter of Human Rights and Responsibilities Act 2006 (Vic)*, s17.

⁴⁶ Victorian Equal Opportunity and Human Rights Commission 2013, ‘Unfinished business: Koori women and the justice system.’

⁴⁷ Human Rights Law Centre 2022, ‘Charters of Rights Make Our Lives Better: Here are 101 cases that show how,’ no. 2.

Recommendations

1. Increase funding for the expansion of specialist health services to work with priority populations experiencing, or at risk of experiencing, gender bias in healthcare.
2. Increase funding for the development and implementation of targeted health interventions and programs to address the needs of priority populations.
3. Implementation of 'gender-responsive' policies and practices across health and community services.
4. Funding for participatory research to engage with populations who may be marginalised from participating in mainstream research groups or surveys.
5. Comprehensive training to be delivered across Tasmania in relation to recognising and addressing bias, particularly unconscious bias.
6. Improved training and education for medical professionals in relation to sex, gender and gender bias.
7. The Tasmanian Government prioritises the development and implementation of a Tasmanian Human Rights Act.