



# Queensland Women and Girls' Health Strategy *Consultation Draft*



Draft for consultation

# Queensland Women and Girls' Health Strategy

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## Content warning

This Strategy includes references to women and girls' negative healthcare experiences, domestic, family and sexual violence, and personal views. The contents of this document may trigger negative feelings for some readers.

If you or another person wishes to seek support or advice, please contact:

- 1800RESPECT ([www.1800respect.org.au](http://www.1800respect.org.au)) on 1800 737 732 (24/7 telephone and online crisis support for people impacted by domestic, family or sexual violence)
- Lifeline ([www.lifeline.org.au](http://www.lifeline.org.au)) on 13 11 14 (24/7 crisis support and suicide prevention)
- QLlife ([www.qlife.org.au](http://www.qlife.org.au)) on 1800 184 527 (3pm to midnight daily LGBTIQ+ telephone and webchat peer support to discuss sexuality, identity, gender, bodies, feelings or relationships)

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# Acknowledgment of Country

The Queensland Government respectfully acknowledges the First Nations peoples in Queensland and acknowledges the cultural and spiritual connection that Aboriginal and Torres Strait Islander people have with the land and sea.

We respectfully acknowledge Aboriginal people and Torres Strait Islander people as two unique and diverse peoples, with their own rich and distinct cultures, resilience and strengths. We specifically acknowledge the unique history and cultural heritage of Aboriginal and Torres Strait Islander people as the First Peoples of Australia.

We pay our respects to Elders past and present. We are dedicated to the inclusion of cultural knowledge and values as critical factors in the development, implementation and evaluation of strategies and actions to support First Nations people. We respect the cultural rights afforded to Aboriginal peoples and Torres Strait Islander peoples under the *Human Rights Act 2019*. We acknowledge and thank the Aboriginal and Torres Strait Islander women and girls who contributed to the development of the Queensland Women and Girls' Health Strategy.

# A snapshot of the health of Queensland's women and girls

Queensland has

# 2.6 million

women and girls, making up **50.4%** of the population. Young and mid-aged women make up approximately half of this group.<sup>3</sup>



Queensland has the fastest growing population of women and girls compared to every other state in Australia, including an increasing proportion of older women, and has the highest fertility rate in Australia.<sup>4</sup>

Within health care systems, **unconscious gender biases** — based on gender stereotypes — and sexism **affect patient care**.<sup>4</sup>



Australian females, on average, experience different health outcomes than Australian males such as higher life expectancy, more years of disability or health concerns, higher likelihood of experiencing sexual violence and having multiple chronic conditions.<sup>3</sup>

## Healthy lifestyles and bodies

- In 2020, 25% of Queensland girls aged 5–7 years were overweight or obese, increasing to 29% of those aged 8–11 years, with little variation between metropolitan, regional, or remote areas<sup>7</sup>.
- Alcohol intake above guidelines is higher among young and middle-aged women in Queensland than nationally<sup>8</sup>.

## Health responses to domestic and family violence and sexual violence

- Nearly 40% of sexual offences are experienced by adolescent girls<sup>15</sup>.
- Women were the victim of 87% of all sexual offences in Queensland<sup>16</sup>.
- One in two (49%) women in their mid-to-late 20s have experienced a partner abusive act (including physical, sexual, harassment, and behavioural abuse) — with 15.2% having experienced this in the last 12 months — and 17% report having ever been in a violent relationship<sup>17</sup>.

## Maternal health

- One in 10 births in Queensland involved assisted conception for mothers aged 35 to 39 years, doubling to one in five mothers aged 40–44 years in 2020<sup>18</sup>.
- 6.7% of mothers who gave birth in Queensland in 2020 had a depressive disorder<sup>19</sup>.
- Approximately one in five women in Queensland who gave birth in 2020 were in the obese category, and 11.5% of Queensland women who gave birth in 2020 smoked at any time during the pregnancy<sup>20</sup>.
- Queensland's prevalence of delivery by caesarean section has increased over time (36.9% of all births in Queensland in 2020) and this is largely driven by higher percentages of elective caesarean section in metropolitan areas<sup>21</sup>.
- Perinatal and neonatal mortality rates were up to 1.7 times higher for women in very remote areas when compared to women in regional areas of Queensland<sup>22</sup>.

## Sexual and reproductive health

- 90% of girls are fully vaccinated with the human papillomavirus vaccine by 15 years of age<sup>9</sup>.
- In 2021, the Queensland regions with the highest birth rates among women aged 15 to 49 years were North West (8.1%), South West (7.8%) and Torres and Cape (6.4%) Hospital and Health Services<sup>10</sup>.
- One in nine Australian women born in 1973–78 were diagnosed with endometriosis by the age of 44 years, with the cumulative prevalence of endometriosis higher among Queensland women than Australia wide<sup>11</sup>.

## Mental health and wellbeing

- In 2020, almost half of adolescent girls aged 15 to 17 years reported high or very high levels of psychological distress<sup>12</sup>.
- There is an intergenerational increase in poor mental health, with more than one in five women in their mid-20s reporting depressive symptoms<sup>13</sup>.
- Suicide rates for Aboriginal and Torres Strait Islander girls and women are approximately three-fold higher than for non-Indigenous girls and women (14.0 vs 3.1 per 100,000 persons, respectively<sup>14</sup>).

## Chronic conditions and cancer








- 90% of women identified with cervical disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed)<sup>23</sup>.
- Cervical cancer is the 5th most diagnosed cancer for First Nations women in Queensland and the incidence increased from 10.8 to 17.3 per 100,000 population from 2016 to 2020<sup>24</sup>.
- About 380,000 women aged 50 to 74 years and 852,000 women aged 25 to 74 years participated in the National Cervical Screening Program in 2018–2021<sup>25</sup>.
- Rates for stroke were similar between males and females; but at age 80 years and older, the rate for women was 27.6% higher than males<sup>26</sup>.
- Women make up 80% of people who report living with incontinence<sup>27</sup>.

# Women's health across the life course

Women face different health issues at different stages of life. Our Strategy seeks to address the health issues that contribute to the **total burden of disease** for Queensland women and girls across their whole life course.

Total burden of disease refers to the impact of living with disease, illness or injury and the ability to work and contribute to the economy, as well as the impact of dying prematurely. As shown in the table below, ranking disease by burden shows the leading causes of health loss in Australia for each stage of life. The five leading causes of disease among Australian women of all ages, in order, are dementia, back pain and problems, chronic obstructive pulmonary disease (COPD), coronary heart disease and anxiety.

Leading causes of total burden of disease for Australian women and girls by age group (2022)

		Age group (years)						
		0	1–4	5–14	15–24	25–44	45–64	65+
								
<b>Rank 1</b>	Pre-term birth and low birth weight complications	Asthma	Asthma	Anxiety disorders	Anxiety disorders	Back pain/problems	Dementia	
<b>Rank 2</b>	Birth trauma/asphyxia	Lower respiratory infections	Anxiety disorders	Depressive disorders	Back pain and problems	Breast cancer	COPD	
<b>Rank 3</b>	Cardiovascular defects	Epilepsy	Depressive disorders	Eating disorders	Depressive disorders	Osteo-arthritis	Coronary heart disease	
<b>Rank 4</b>	Sudden Infant Death Syndrome	Dermatitis and eczema	Conduct disorder	Asthma	Asthma	Anxiety disorders	Stroke	
<b>Rank 5</b>	Neonatal infections	Anxiety disorders	Acne	Suicide and self-inflicted injuries	Eating disorders	Depressive disorders	Osteo-arthritis	

**Source:** Australian Government, Australian Institute of Health and Welfare (2022). Australian Burden of Disease Study 2022. Available at: <https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2022/contents/interactive-data-on-disease-burden/leading-causes-of-disease-burden>. Accessed 26 June 2023. Overall burden of disease is measured through disability-adjusted life years (DALYs), which combines years living in less than full health or in disability, and years of life lost due to premature mortality. Ranking is based on crude data.

# Priority communities

Queensland is a large state and home to diverse groups of women and girls with varying experiences. This is a strength that promotes knowledge sharing and unique perspectives.

We recognise there are greater barriers to achieving better health outcomes for some populations of women and girls compared to the general population of women and girls. For this reason, our Strategy has a focus on priority communities.

## First Nations women and girls

*Aboriginal and Torres Strait Islander women make up about 4.6% of Queensland's total female population<sup>28</sup>.*

- First Nations women and girls have a life expectancy of 76.4 years (8 years lower than for non-Indigenous females)<sup>29</sup>.
- Aboriginal and Torres Strait Islander women are 32 times more likely to be hospitalised due to family violence than non-Indigenous women<sup>30</sup>.
- In 2019–20, Aboriginal and Torres Strait Islander peoples accounted for 6.1% of total hospitalisations across all Queensland hospitals<sup>31</sup>.
- Queensland had the second highest proportion of women who gave birth who identified as First Nations, — the Northern Territory was highest at 30.4% and the proportion nationally was 4.9%<sup>32</sup>.

## Culturally and linguistically diverse (CALD) women and girls

*Around one in five females (22.1%) are born overseas<sup>33</sup>, although it is important to note this does not represent the entire CALD population.*

- At an aggregate level, Queenslanders born in non-English speaking countries generally have better health outcomes than Australian-born people<sup>35</sup>.
- Cultural beliefs may prevent access or engagement in areas such as mental health, sexual health, aged care and palliative care<sup>34</sup>.
- Queensland's Pasifika, North African and Middle Eastern populations reported worse health outcomes compared to the Australian-born population<sup>36</sup>.
- Females from North Africa and Oceania have higher rates of potentially preventable hospitalisations for pelvic inflammatory disease<sup>37</sup>.

## Women and girls with disability

*Almost one in five Queenslanders (19.1% of population) have a disability<sup>38</sup>.*

- Women with disability are around 7 times as likely as women without disability to assess their health as fair or poor<sup>39</sup>.
- 42% of adults with disability rate their health as fair or poor compared to 7% of adults without disability. Only 24% rate their health as excellent or very good<sup>40</sup>.

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## Women and girls in custody

*The proportion of female prisoners in Australia in 2022 was 7.3%, down from 7.7% in 2021<sup>41</sup>.*

- One in 11 prisoners in Queensland were female in 2021 (9.3% of the total prisoner population)<sup>42</sup>.
- People in prison have higher rates of mental health conditions, chronic disease, communicable disease, acquired brain injury, tobacco smoking, high-risk alcohol consumption, recent illicit drug use, and recent injecting drug use than the general population<sup>43</sup>.

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## LGBTIQ+ people

*It is estimated that up to 11% of the Australian population identifies as LGBTIQ+<sup>44</sup>, however it is important to note that there is a lack of comprehensive population-level data available in Australia.*

- Nationally, LGBTIQ+ people rate their own health lower than the general population, with fewer than a third of participants in a recent study rating their health as very good or excellent compared to more than half of the general population<sup>46</sup>.
- Among participants in the above study, less than one third of cisgender women and one quarter of trans women rated their health as very good or excellent<sup>47</sup>.
- Transgender people in Australia aged 14 to 25 years are 15 times more likely to have attempted suicide<sup>48</sup>.

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## Women and girls from rural and remote areas

*More than one in three Queenslanders live outside of major cities. The rate of total burden of disease and injury in remote and very remote areas is 1.4 times as high as that for major cities<sup>49</sup>.*

- Life expectancy at birth is lower for people living outside of metropolitan areas<sup>50</sup>.
- Females living in very remote areas had a mortality rate 1.5 times higher than those in major cities<sup>51</sup>.



# Our aim

All Queensland women and girls are well and healthy throughout their lives and can participate in social, economic, and cultural activities.

## Our principles



### Human rights

Uphold the human right of all women and girls to access high-quality health care without discrimination



### Determinants of health

Address the cultural, social, environmental, commercial and economic factors that influence the health and wellbeing of women and girls



### Women and girls' voices

Listen to the voices of women and girls and respond with dignity and empathy



### Co-design and collaboration

Work with women and girls to co-design and implement health initiatives alongside their communities, health care providers and partners



### First Nations health and healing

Provide culturally safe and appropriate care, free from racism, that enables health, healing and reconciliation with First Nations communities, respecting lived experience and cultural authority



### Clinical and cultural safety

Provide safe, world-class care to all women and girls, with respect for their individual needs, experiences and values



### Life course approach

Protect, promote and celebrate the health and wellbeing of women and girls at all stages of life



### Health equity

Achieve equitable health outcomes for all women and girls, especially those from priority communities

# Women and girls at the centre

Our Strategy recognises that women and girls are at the centre of structural, community, family and individual factors that overlap and impact their health.



# System reform goals

## What we heard to date

Women and girls told us they want:

- advice and access to supports and services to live a healthy life
- development of a system that enables access to quality care that understands women and girls' strengths and health issues, is aware of the impact of culture and difference, and can provide care that accommodates these needs
- a system that addresses challenges with social determinants of health (such as housing, money, transport issues, carer roles) and barriers to access, and enables health support
- easy access to information in one place that considers diversity and is easy to understand
- health professionals to listen and take concerns raised by women and girls seriously
- cultural change in Queensland Health, from staff members, clinical, non-clinical and volunteers through to board members, to increase gender-responsive, culturally embedded health care
- health care services that respect and respond to the needs of some communities of women and girls for whom there is little information or data available
- services that harness the strengths of women and girls and the communities in which they live and work
- services delivered in a flexible manner to enable access to health care such as extended hours, outreach, telehealth, virtual care, place-based and community-based care.

## Key issues

- Address equity issues and systemic barriers, especially for women outside of metropolitan areas and First Nations women and girls.
- Improve data gaps and evidence, especially for priority communities.
- Deliver timely preventative health care that is integrated and tailored to change the health life course of women and girls with a focus on reducing and preventing risks before clinical conditions develop.

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## Enhance the health of priority communities

All priority communities of women and girls are supported to achieve health equity through co-design to address barriers to access and to eliminate discrimination and institutional racism.

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## Increase prevention and early intervention

Prioritise investment in prevention and early intervention so that women and girls' health is supported across their life course.

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## Improve health literacy

Health information and support are accessible, easy to understand and available early and at the right time and considers using technology to support accessibility.

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## Increase access to gender-informed, integrated and equitable care

All levels of government and health service providers work together to ensure quality care is coordinated, funded and accessible at all stages of life and considers the factors that influence health.

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## Continue to develop an informed and trusted workforce

The health workforce provides care that is culturally safe, gender-informed, trauma-informed, high-quality and safe, and represents, respects and responds to diverse needs and groups of women and girls.

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## Build a strong evidence base

Data collection and research are improved and used to understand and respond to the changing needs of all women and girls.

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# Priority health areas



# Healthy lifestyles and bodies

**Goal:** Queensland women and girls are supported to maintain healthy lifestyles and behaviours, body weight and positive body image.

## What we heard to date

Women and girls told us they want:

- access to free or low-cost sport and physical activities that are culturally appropriate
- food security and access to low-cost healthy food and nutrition
- better awareness of health conditions that affect women
- practical health information, education and advice about how to be healthy, including in plain language, accessible formats, and with translated information
- positive health care experiences without stigma related to body weight
- health professionals to believe what they say and not dismiss some health conditions, including for reasons such as body weight
- support to overcome barriers to exercise and accessing care due to work and carer commitments.

## Key health issues

- **Healthy behaviours and body weight** are associated with many modifiable risk factors of health conditions that impact women and girls' ability to live and age well, work and contribute to the economy throughout their life. Among females in Australia, 34% of ill health and premature death could have been prevented by avoiding or reducing exposure to certain risk factors<sup>58</sup>.
- **Weight** is increasing across generations and is evident in trends for adolescent girls. Women who live outside metropolitan areas are at high risk of obesity<sup>59</sup>.
- **Alcohol** intake is higher for young and middle-aged women in Queensland than in Australia<sup>60</sup>.
- Women and girls are less likely than males to be sufficiently active, with **physical activity** during childbearing years being lower for Queensland women than for women Australia-wide<sup>61</sup>.
- **Smoking** shows a clear intergenerational decline though remains the leading preventable cause of death and disease in Australia. First Nations mothers were significantly more likely to smoke during pregnancy than non-Indigenous mothers<sup>62</sup>.
- **Weight stigma** is considered a barrier to accessing health care.
- **Larger-bodied** women are less likely to have had pap smear tests, bowel or skin cancer checks, dental check-ups, or chlamydia testing<sup>63</sup>.

## Strategies

- **Early practical health advice**  
Improve the provision of early practical advice to women and girls about preventative health behaviours, including safe alcohol consumption and how to prevent weight gain and maintain healthy bodies.
- **Participation in physical activity**  
Expand opportunities for women and girls of all abilities and cultural backgrounds to access and participate in affordable exercise, sports and recreation, and physical activities in women friendly spaces.
- **Stigma-free communities and care**  
Increase community support and access to safe and high-quality care that is free from stigma to improve health experiences and behaviours.
- **Women and girls are informed**  
Promote how to exercise safely and the benefits of healthy lifestyles, including during and after pregnancy.
- **Access to healthy food options and information**  
Support access to affordable healthy food options and information about healthy eating that considers traditional practices.

# Sexual and reproductive health

**Goal:** Reproductive and sexual health of Queensland women and girls is optimised across the life course.

## What we heard to date

Women and girls told us they want:

- equitable, consistent access to termination of pregnancy, especially for women and girls living in rural and remote areas of Queensland, and women from First Nations communities
- a sexual and reproductive health workforce that is more gender informed, culturally competent, and aware of the challenges faced by women and girls with disability
- early access to sexual health information, especially in schools, and for this information to provide more practical advice, including on LGBTIQ+ advice and relationships
- consistent access to contraception, particularly affordable long-acting reversible contraception
- access to information and services to support women going through negative experiences associated with perimenopause and menopause.

## Key health issues

- The prevalence of **sexually transmitted infections** is higher in Queensland women than in Australian women. Chlamydia is the most common sexually transmitted infection among Queensland women, followed by gonorrhoea and syphilis<sup>64</sup>.
- Rates of **syphilis** notifications for First Nations women is higher than for non-Indigenous women<sup>65</sup>.
- Queensland has higher prevalence of **endometriosis** than nationally. One in nine Australian women is diagnosed with endometriosis by the age of 44 years, with the cumulative prevalence of endometriosis higher among Queensland women than Australia wide<sup>66</sup>.
- The average time to get an **endometriosis diagnosis** is seven years<sup>67</sup>.
- Around one in ten women in their early to mid-40s have **polycystic ovary syndrome**<sup>68</sup>.
- One in 10 births in Queensland involved **assisted conception** for mothers aged 35 to 39 years, doubling to one in five mothers aged 40 to 44 years in 2020<sup>69</sup>.
- **Perimenopausal** and **menopausal** symptoms persist long after menopause, with data lacking for First Nations women on menopause<sup>70</sup>.
- The prevalence of **cardiac disease** in women increases rapidly with age post-menopause, requiring a greater understanding of the health issues associated with menopause<sup>71</sup>.
- Access to **termination of pregnancy** is currently varies across Queensland, with varying levels of availability and costs.

## Strategies

- **Access to termination of pregnancy care**  
Enhance women and girls' ability to access timely termination of pregnancy services and holistic care.
- **Information and advice about endometriosis and pelvic pain**  
Increase access to information about causes, investigations and potential treatment for endometriosis, pelvic pain, painful periods and discomfort during sexual activity.
- **Information, support and advice for perimenopause and menopause**  
Increase awareness of and introduce new services for women to access early advice on, and supports for, perimenopausal and menopausal symptoms, including lack of sleep.
- **Support women through assisted reproductive technology**  
Improve early intervention and supports to assist women to access and address infertility through fertility preservation and assisted reproductive technology.
- **Contemporary sexual and reproductive health education and services**  
Improve access to contemporary sexual and reproductive health education and services, especially for young women and girls, and priority communities.
- **Expanding measures to address period poverty**  
Build awareness of period poverty and support women and girls who are disadvantaged by lack of access to period care products.

# Mental health and wellbeing

**Goal:** Queensland women and girls experience enhanced mental health and wellbeing.

## What we heard to date

Women and girls told us they want:

- culturally safe and trauma-informed mental health care that considers the different needs and barriers for priority communities of women and girls, particularly those who are First Nations women and girls, from CALD communities, identify as LGBTQI+, and young women and girls
- increased access to psychologists, including outside of normal business hours
- to feel that their mental health and wellbeing concerns are listened to and not dismissed, particularly in hospital settings
- access to integrated mental health care, especially as it relates to domestic and family and sexual violence services, perinatal health, termination of pregnancy and school-based programs
- improved access to both antenatal and postnatal mental health screening.

## Key health issues

- Poor mental health, as evident in **depressive symptoms or anxiety**, is a leading disease burden for girls and for women through to middle age, and the prevalence has risen sharply for young women<sup>72</sup>.
- **Suicide** rates for First Nations women and girls are higher than for non-Indigenous women and girls<sup>73</sup>.
- Common mental health and wellbeing issues that affect women and girls across their life course include **eating disorders, anxiety disorder, depressive disorders, self-inflicted injuries and suicide**<sup>74</sup>.
- The prevalence of **mental illness** is high for women and girls who are refugees and asylum seekers, and there is an associated underutilisation of mental health services<sup>75</sup>.

## Strategies

- **Early access to mental health and wellbeing support**  
Enhance access to preventative action and timely mental health and wellbeing support for all women and girls, especially those from priority communities, and to prevent escalation to crisis point.
- **Better awareness of and support for women and girls' mental health**  
Increase awareness of, and responses to, mental health issues experienced by women and girls, including anxiety, depression, eating disorders, self-harm and suicidal ideation.
- **Strengthen the mental health system**  
Strengthen the capacity of the mental health system and upskill existing staff to better support the mental health and wellbeing of all women and girls by delivering gender-informed care.
- **Culturally safe, trauma-informed and responsive mental health care**  
Provide culturally safe and trauma-informed mental health support for all women and girls, particularly those from First Nations' and CALD communities.
- **Deliver a variety of options to access mental health supports**  
Deliver best-practice mental health and wellbeing support for women and girls, and enhance options to access services, including via telehealth.

# Health response to domestic and family violence and sexual violence

**Goal:** Queensland women and girls experiencing domestic and family violence and sexual violence have access to sensitive, trauma-informed and culturally safe health care.

## What we heard to date

Women and girls told us they want:

- equitable access to support for those affected by domestic and family violence and sexual violence, especially in rural and remote areas
- safe and supportive care following an experience of domestic and family violence and/or sexual violence
- increased integration of primary health care into other secondary, tertiary and other social service systems.

## Key health issues

- **Domestic and family violence** and sexual violence can occur at any life stage with immediate and long-term impacts<sup>76</sup>.
- **Risk factors** change depending on age and location of women and girls with young and middle-aged women living in metropolitan areas more likely to report experience of partner abusive acts<sup>77</sup>.
- **Adolescents, young women and First Nations women and girls** are at particular risk<sup>78</sup>.
- **Sexual assault** is most commonly reported for girls and young women aged 10 to 19 years<sup>79</sup>.
- **Domestic and family violence and sexual violence impacts many health conditions** that affect women and girls' ability to live well, work and contribute to the economy throughout their life<sup>81</sup>.

## Strategies

- **Boost the number of specialist domestic and family violence clinicians**  
Enhance the capacity of Hospital and Health Services to deliver trauma-informed domestic and family violence training to the frontline health workforce.
- **Health professionals' knowledge and capability**  
Enhance training resources to build on health professionals' existing skills and expertise in responding to suspicions and disclosures of domestic and family violence.
- **Integrated service system responses**  
Integrate service system responses to victims/survivors of sexual assault in Queensland.
- **Statewide trauma-informed model/s**  
Develop and implement state-wide trauma-informed model/s for the delivery of timely, local forensic medical examinations to victims of sexual assault across Queensland.



# Maternal health

**Goal:** Queensland mothers and babies are healthy and cared for close to home and community.

## What we heard to date

Women and girls told us they want:

- equitable and safe access to quality maternity care, especially for women and girls living in rural and remote areas of Queensland, LGBTIQ+ communities, and women and girls from First Nations and CALD communities
- increased access to Birthing on Country programs as an option to deliver culturally safe and trauma-informed care
- access to appropriate and longer-term support following birth, especially perinatal mental health and wellbeing support
- improved continuity of care during the antenatal and postnatal periods
- increased options for how and where women and girls give birth that are closer to home.

## Key health issues

- Women who **live four or more hours** from a maternity service (80% are Aboriginal and/or Torres Strait Islander) have higher rates of all risk factors and higher rates of preterm birth, stillbirth and neonatal death than women who live closer to services<sup>82</sup>.
- **Perinatal depression** — 6.7% of mothers who gave birth in Queensland in 2020 had a depressive disorder<sup>83</sup>.
- **Smoking during pregnancy** and **maternal obesity** are risk factors associated with poor birth outcomes, and there is a higher risk of birth complications when the mother is older<sup>84</sup>. 11.5% of Queensland women who gave birth in 2020 smoked at any time during pregnancy, and approximately one in five women in Queensland who gave birth in 2020 were in the obese category<sup>85</sup>.
- Queensland's prevalence of **delivery by caesarean** section has increased over time (36.9% of all births in Queensland in 2020) and this is largely driven by higher percentages of elective caesarean-section in metropolitan areas<sup>86</sup>.
- **Women under 20 years of age** gave birth at higher rates in Queensland than nationally, with First Nations women more likely to give birth under 20 years of age than non-Indigenous women<sup>87</sup>.
- **Perinatal and neonatal mortality rates** were up to 1.7 times higher for women in very remote areas when compared to women in regional areas of Queensland<sup>88</sup>.

## Strategies

- **Birthing options and choices**  
Provide equitable, culturally and clinically safe access to antenatal care, birthing options, and postnatal care that is as close to home as clinically appropriate.
- **Appropriate care before, during and after pregnancy**  
Provide equitable access to quality antenatal and postnatal care and support, with a focus on young women, women from priority communities, and women who experience pregnancy loss.
- **Perinatal mental health screening and supports**  
Improve perinatal screening and provide appropriate mental health support for all women and girls, with a focus on those from priority communities.
- **Continuity of maternal care in multiple settings**  
Improve continuity of quality maternal care across multiple settings, from pre-conception through to postnatal care.

# Chronic health conditions and cancer

**Goal:** Queensland women and girls live longer, healthier lives and are supported to prevent and manage chronic conditions.

## What we heard to date

Women and girls told us they want:

- access to preventative care and early intervention, particularly to manage persistent pelvic pain
- increased workforce education and awareness of conditions that exclusively (or disproportionately) affect women and girls, such as endometriosis, adenomyosis, lipoedema, polycystic ovarian syndrome, cervical and ovarian cancer, fibroids, and myalgic encephalomyelitis/chronic fatigue syndrome
- supports for when they are older, including more services to live as well as possible with dementia and osteoporosis.

## Key health issues

- The **key chronic health issues** that affect women across the life span are asthma, back pain, breast cancer, osteoarthritis, coronary heart disease, chronic obstructive pulmonary disease, dementia and stroke<sup>89</sup>.
- **Endometriosis**, which is a key cause of pelvic pain, is higher for women and girls in Queensland than nationally and higher among younger women<sup>90</sup>.
- **Pelvic pain** can also be caused by a range of conditions including polycystic ovarian syndrome, uterine fibroids, adenomyosis, pelvic organ prolapse and gastrointestinal disorders.
- Queensland women have higher rates of **melanoma, colorectal cancer, and lung cancer** compared to women living in other regions of Australia<sup>91</sup>.
- **Dementia** is the number one cause of death for women aged over 75 years, with the number of older women with dementia set to increase significantly over coming years<sup>92</sup>.
- **Heart disease** is the number two cause of death for women, with signs that the prevalence of heart disease in Queensland women is increasing across generations<sup>93</sup>.
- **Back pain** is high across generations and is often overlooked<sup>94</sup>.
- **Diabetes** rates are increasing across generations and are rapidly rising. Prevalence of diabetes for middle-aged women is higher in Queensland women than nationally<sup>95</sup>.
- The **total burden of chronic disease** is higher for First Nations women and girls than non-Indigenous women and girls<sup>96</sup>.

## Strategies

- **Improve cardiovascular health of women and girls**  
Reduce the risk of and treat cardiovascular disease across women and girls' life course, including a focus on research and early intervention.
- **Understand and prevent back pain**  
Improve awareness of causes of back pain, and access to prevention and intervention for women and girls experiencing back pain.
- **Support, diagnosis and treatment for pelvic pain and endometriosis**  
Provide support for women and girls experiencing pelvic pain and endometriosis, including access to specialist treatment and advice, diagnosis and support.
- **Information, access and treatment for women's cancer**  
Increase information available to all women and girls on cancer risks, screening and treatment options, particularly cervical, lung, colorectal, breast and skin cancer screening, and access to appropriate treatment.
- **Healthy ageing**  
Enhance support and access to tailored care for women as they age, with a focus on prevention and management of conditions such as dementia and osteoporosis.
- **Coordinated, informed support for women with chronic health conditions**  
Provide tailored support for women and girls to receive early diagnosis and support to manage chronic health conditions.

# Next steps

Our Strategy will be supported by action plans, additional investment and robust evaluation.

The first action plan is until December 2024, followed by two four-year plans. These action plans will set out activities to support the system reform goals and the strategies under each priority health area.

The Strategy and action plans will be underpinned by an evaluation framework which will enable the Queensland Government to systematically assess the Strategy's outcomes and impact on the health and wellbeing of Queensland's women and girls.

## Queensland Women and Girls' Health Strategy 2023–2032

<b>First action plan</b>	<b>2023 to Dec 2024</b>
Second action plan	2025 to 2028
Third action plan	2029 to 2032

# Appendix 1: Terminology

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## First Nations

Throughout our Strategy, the terms ‘First Nations peoples’ and ‘Aboriginal and Torres Strait Islander peoples’ are used interchangeably. Acknowledging First Nations peoples’ right to self-determination, Queensland Health respects the choice of Aboriginal and Torres Strait Islander peoples to describe their own cultural identities which may include these or other terms, including particular sovereign peoples (for example, Yidinji or Turrbal) or traditional places names (for example, Meanjin Brisbane).

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## Health Equity

The National Centre for Chronic Disease Prevention and Health Promotion defines health equity as:

*“...the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices, overcome economic, social, and other obstacles to health and health care, and eliminate preventable health disparities.”*

Put more simply, **health equity** means that every person has the chance to be as healthy as they can be.

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## Women and girls (a gender inclusivity approach)

Our Strategy is about the health of all women and girls. We use this term inclusively to mean all people who identify as a woman or girl.

The Strategy also recognises and considers systems and actions impacting Intersex bodies, including Intersex women and girls, and gender diverse people, including Sistergirls. We recognise that people who do not identify as women or girls may still be affected by women’s health issues.

You may see references to “males” and “females” throughout this document. This is typically where we are discussing research or data that is categorised by sex rather than gender.

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## Priority communities

Priority communities in our Strategy refers to women and girls with diverse backgrounds and experiences. Through this Strategy, we aim to achieve health equity among women and the general population with a focus on the following priority communities whose health may not be as good as other communities:

- First Nations women and girls
  - Culturally and linguistically diverse (CALD) women and girls
  - Women and girls with disability
  - People who identify as Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+)
  - Women and girls living in rural and remote areas
  - Women and girls in contact with the justice system, including women in custody.
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**All women and girls**

The use of the word all is important in our Strategy. Inclusion of *all* reflects the diverse range of women and girls in Queensland. Our Strategy aims to improve outcomes for health and wellbeing across this diversity of women and girls, with a focus on our priority communities. The unique needs of Queensland's diverse population will be considered in how the Strategy is developed, implemented and evaluated.

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**Women with disability**

We recognise that 'women with disability' and 'disabled women' can be used interchangeably, noting the social model of disability always puts the person first. The term 'disabled women' is a way of recognising disability pride. In our Strategy, 'women with disability' is used as a collective term to describe women and girls, non-binary people and feminine-identifying women with disability.

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**LGBTIQ+**

'LGBTIQ+' is an acronym of the words people use to describe their sexual orientation, gender and sex. The acronym stands for lesbian, gay, bisexual, transgender, intersex and queer. The '+' reflects that the acronym letters do not capture the entire spectrum of sexual orientations, gender identities and intersex variations. The acronym is not intended to be limiting or exclusive of certain groups.

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**Trauma-informed care**

'Trauma-informed' care in our Strategy refers to a range of interventions, practices and scientific perspectives that acknowledges individuals who are affected by trauma in our community. It also understands the impact of trauma on their lives and health needs and considers the importance of trauma when understanding a person's presentation for health services.

We acknowledge that trauma-informed care might look different depending on the environment — trauma-informed care provided in an acute mental health environment may differ from a general practice environment, but it holds the same principles.

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**Women and girls' health**

In our Strategy, 'women and girls' health' includes health issues that are unique to women, such as menstruation, menopause and pregnancy, as well as conditions that affect both men and women but may affect women differently, such as heart disease and diabetes.

Our Strategy discusses these health issues and **systemic issues** or barriers that may prevent women and girls from achieving their full health potential. Systemic issues are problems that may be embedded across, or impact an entire organisation, system, or population.

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