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POSITION STATEMENT

Women's Health

2025

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Introduction

All women have the right to the highest attainable standard of physical and mental health. Women face different patterns of illness, disease risk factors, presentations of illnesses, and access to and use of health services. These differences are shaped by biological, social, economic, and cultural factors, as determinants of health. The AMA recognises the need for individualised, respectful, and culturally safe care to be available, based on the needs of each woman seeking care. Gender, sex characteristics, and sexual orientation are some of the determinants of health that can impact health outcomes.

Gender refers to the way in which a person identifies or expresses their masculine or feminine characteristics. A person's gender identity or gender expression is not always exclusively male or female and may change over time.[i] Trans and gender diverse people are those whose gender identity is different from that assigned to them at birth.

Sex characteristics refers to a person's primary and secondary sex characteristics — for example, an individual's sex chromosomes, hormones, reproductive organs, genitals, and breast and hair development.[ii]

Sexual orientation refers to a person's romantic or sexual attraction to another person, including — but not limited to — heterosexual, gay, lesbian, bisexual, pansexual, asexual, or same-sex attracted.[iii]

The AMA notes the specific challenges faced by transgender women, transgender men, non-binary people, people with differing sex characteristics, and their loved ones. Hereafter, we will use the term women, noting the term is not all-encompassing for those who relate to the health topics discussed in this position statement.

Achieving gender equity requires the elimination of unfair, unjust, and avoidable disparities in health. An equity-based approach supports policies and practices that allocate resources to groups according to their differing needs and seeks to reduce the obstacles that prevent all genders from realising their potential for health.

The AMA believes cultural safety, antiracism, and Aboriginal and Torres Strait Islander leadership must be embedded as systemic requirements across all aspects of women's health policy and service delivery, with self-determination recognised as a protective factor and cultural safety upheld as a standard of care.

Women experience unique health concerns that are complex and deeply personal. Comprehensive and longitudinal care contributes to a better quality of life for women. It is well documented that women as a group have a higher life expectancy than men. However, increased longevity is also accompanied by a greater burden of chronic disease, which must be considered in future policy, planning, and service delivery.

As our world becomes increasingly dependent on digital health systems and platforms to interact with services, those lacking digital literacy skills face barriers accessing them. Women from culturally, and linguistically diverse (CALD), marginalised, rural, remote, and regional communities often become dependent on children and male household members to interact with health systems, which risks creating greater inequity at a time when we collectively hope that these technological advances will improve health outcomes and infrastructure.

The AMA is supportive of the work underpinned in the Working for Women: A Gender Equality Strategy,[iv] released in 2024, and the National Women's Health Strategy 2020-2030,[v] and advocates that these strategies must be fully implemented to meet their intended goals.

1. Gender in policy

Gender plays a critical role in shaping patterns of morbidity and mortality, impacting on exposure to health risk factors, health seeking behaviour, and access to health services. Gender mainstreaming is an approach that integrates these gender considerations into the design, implementation, and monitoring of health-related policies.

Considering health through a gender lens recognises the ways in which gender roles, resources, and perceptions can impact an individual's health. Integrating gender considerations into policy planning and delivery can help pinpoint areas of need, allocate resources, tailor interventions, and identify barriers or enablers to achieving better health outcomes.

Gender-specific policy and gender mainstreaming are dual, complementary approaches to supporting gender equity in health. Mainstreaming gender in health does not preclude interventions specifically targeted toward a particular gender, as the AMA recognises that such interventions are necessary and complementary to broader approaches that integrate gender into health policy.

2. Research, data collection and evaluation

The AMA advocates accurate and comprehensive data, sound research, and ongoing evaluation as essential for effective policy, planning, and service delivery for women.

The lack of evidence about the effectiveness of medical interventions in women can result in withholding treatments from women that may be beneficial or exposing them to treatments that are suboptimal or even harmful. The omission of sex, gender, and sexual orientation in studies reinforces the unintended notion that these concepts are irrelevant to health research. Pregnant women have also historically been excluded from research due to unsubstantiated risk perceptions.

A concerted effort to close historical gaps in knowledge — both in understanding differences in disease processes between women and men, and in addressing the lack of gender-sensitive studies, analyses, investigations, and sex-disaggregated data — is needed to provide insight into these disparities. This must include a commitment to Aboriginal and Torres Strait Islander data sovereignty and governance, and proper investment in Aboriginal and Torres Strait Islander-led research on women's health.

3. The intersectionality of women's health

Barriers exist to achieving health equity for all women. These barriers contribute to health problems and diminish the patient-centred model of care that policymakers and healthcare professionals collectively aspire to achieve. These barriers may include geographical location; cultural, linguistic, and physical (disability) factors; and age-related, economic, or carer responsibilities.

Culturally and linguistically diverse health needs

The AMA maintains access to culturally safe and relevant healthcare and information is vital for supporting the health of women from diverse cultural and linguistic backgrounds.

Some individuals who have migrated may have come from social and cultural contexts where gender roles and expectations differ from those widely accepted in Australia.

Specific health, social, and cultural needs of refugee women and women seeking asylum must be acknowledged, and services should be provided accordingly. This includes access to interpreter services to protect patient confidentiality.

Aboriginal and Torres Strait Islander health

The AMA acknowledges the impact of colonisation, systemic racism, and intergenerational trauma on Aboriginal and Torres Strait Islander women's health. Improving the overall health of Aboriginal and Torres Strait Islander women and girls is intertwined with improving equity, access, and justice in their communities.

The AMA asserts Aboriginal and Torres Strait Islander women have the right to access appropriate, affordable, evidence-based, accessible, and responsive healthcare where they feel respected and culturally safe.

The AMA recognises the resilience, cultural strengths, kinship systems, and healing practices that support health and wellbeing, and are embedded in strengths-based, community-led programs. Measures to improve access to healthcare should be led by Aboriginal and Torres Strait Islander women and organisations to ensure services are culturally and linguistically appropriate and facilitate self-determination.

Health and disability

Women with disabilities may face additional health determinants that affect their mental and physical wellbeing.

Health services must be improved to better adapt to the specific needs and rights of people with disabilities.

Women with disabilities have the right to safe, reliable, and personally appropriate healthcare, including access to sexual and reproductive health services and information.

Custodial settings

Women in custodial settings must have equitable access to culturally safe, comprehensive, and gender-responsive healthcare that meets the same professional and ethical standards as care provided in the wider community.

Addressing the unique health needs of incarcerated women requires a holistic, trauma-informed approach that integrates physical, mental, and social wellbeing across all stages of the custodial cycle.

LGBTQIASB+ health

The historical pathologisation of LGBTQIASB+ people — where diverse sexualities, gender identities, and bodies have been medicalised, stigmatised, or treated as disorders — has contributed to poorer health outcomes at both individual and population levels. These effects are more pronounced for trans and gender-diverse people, who face additional barriers to accessing gender-affirming care.

The principles of patient-centred care, consent, non-discrimination, bodily autonomy, cultural safety, and respect are central to healthcare for LGBTQIASB+ individuals.

Medical professionals play a critical a role in fostering LGBTQIASB+-inclusive environments by using patient-directed names and pronouns, supporting patients' rights and perspectives within culturally safe practice, and ensuring trans women and non-binary patients receive appropriate healthcare.

Health in rural and remote areas

The AMA acknowledges many women residing in rural and remote areas face barriers to accessing healthcare due to reduced services, longer travel times, and fewer specialists. When combined with socioeconomic disadvantages, these challenges contribute to poorer health outcomes compared with women living in metropolitan centres.

The AMA supports the retention of existing services in rural and remote locations wherever possible, and urges closer collaboration between state and territory health departments. as well as public and private providers, to improve access to services outside of metropolitan centres. This should also extend to the establishment of new services and adequate funding for existing ones to expand and provide additional support for their communities.

The provision of perinatal services for patients in rural and remote areas requires dedicated attention and funding to ensure these patients are not disadvantaged due to their geographical location.

Health and wellbeing of carers

Women are more likely to be carers in Australia, and account for a disproportionate share of unpaid and primary carer roles.[vi]

Policies and programs should support carers to enjoy optimum health and wellbeing, and to minimise the adverse health burdens that can arise due to their caring responsibilities.

These must include access to affordable respite services; financial support to maintain health and wellbeing; access to information to support their caring role; peer support programs; and, where necessary, supplementary home support services to help them continue to provide care at home.

4. Gendered violence

The AMA recognises gendered violence is a significant public health issue, and its impact can have serious and long-lasting detrimental consequences for health. Gendered violence is most frequently experienced by women and children. It is important to acknowledge all genders can experience gendered violence. The term gendered violence does not refer only to physical violence; it can also involve:

- sexual abuse
- emotional or psychological abuse including coercive control
- verbal abuse
- spiritual abuse
- stalking and intimidation
- social and geographic isolation
- financial abuse
- cruelty to pets
- damage to property.

The medical profession plays a key role in identifying women experiencing violence in any form. Doctors should be able to assess a patient's level of risk, be trained to respond in a trauma-informed way, and connect patients to support services as needed.

Healthcare staff require training regarding gender-based violence, including education about protocols, scripts, referral pathways, cultural safety, and antiracist practice in service delivery. They also need leadership support to undertake this sensitive work, including support — if needed — for their own experiences of gender-based violence.

Evidence-based interventions that reflect consensus from victim/survivor voices include universal education, screening during antenatal care, first-line supportive care, and referrals for advocacy and psychological interventions, including those focused on mother–child relationships.

Private sector employees and public hospital employees in Victoria, the Northern Territory, and the Australian Capital Territory are entitled to paid domestic and family violence leave, consistent with the National Employment Standard (NES) under the *Fair Work Act 2009* (Cth). In all other public hospital jurisdictions, awards and bargained employment agreements contain similar entitlements. These employment conditions arise following an event of violence and extend to related purposes such as counselling appointments, medical visits, legal proceedings, consultations with legal practitioners, and other activities related to or resulting from the experience of violence.

Effective perpetrator interventions must prioritise victim safety, be evidence-informed, culturally responsive, and integrated across legal, health, and community service systems to support long-term behaviour change and accountability.

The AMA maintains the call on governments to provide continuous and adequate funding for victim/survivor supports and services, including housing and appropriate legal services.

The AMA strongly recommends prioritising trauma-informed, culturally safe, Aboriginal and Torres Strait Islander-led responses to ensure a just and effective approach to the unique burden of gendered violence experienced by Aboriginal and Torres Strait Islander women.

The AMA advocates for funding and resources to be dedicated towards the prevention of gendered violence. This should include addressing harmful gender norms, toxic masculinity, emotional regulation, conflict resolution, and non-violent communisation skills. Age-appropriate education focussed on respectful relationships should be embedded in school curricula and other learning environments.

5. Sexual and reproductive health

The AMA maintains access to comprehensive sexual and reproductive health services, screening, and information is critical to safeguarding and promoting the health of women. Sexual and reproductive health should be promoted within the context of women's health across the lifespan.

Women's access to sexual and reproductive services should be based on healthcare need and should not be limited by age, race, sexuality, socioeconomic disadvantage, or geographical location.

Readily available contraception empowers women with choice and control over decisions about their bodies and their reproductive health.

The AMA supports the availability of a variety of contraceptive options, including affordable, reliable, reversible short-term and long-term contraception and emergency hormonal contraception.

The current inaccessibility of legal termination of pregnancy services increases maternal morbidity and mortality. In addition to ensuring access to safe and legal medical and surgical termination

services, women should have access to appropriate support to maintain a pregnancy to term and subsequently to raise a child. Patients must also be able to receive information regarding access to services should they choose to continue the pregnancy to term but not to raise (or care for) the child.

Regarding sexually transmitted infections (STIs), the AMA advocates on the value of both targeted and population-based screening programs for the early detection of STIs, and where there is a strong evidence base showing long-term reduction in the morbidity from the conditions concerned.

The allocation of funding to screening programs should be informed by considerations of epidemiology, affordability, equity and access, potential reach and impact, and the strength of the evidence base. The central role of general practice should be also recognised and prioritised in STI screening policies and programs.

The AMA acknowledges the health challenges menstrual, pelvic, and hormonal health conditions present for many women. Australian women are significantly affected by these conditions, which often overlap and contribute to long-term health burdens. Conditions such as endometriosis, polycystic ovary syndrome (PCOS), and chronic pelvic pain affect millions, with many experiencing delayed diagnosis, fragmented care, and limited access to specialised services.

These conditions can cause debilitating pain, heavy bleeding, infertility, and psychological distress, impacting education, employment, and quality of life. Despite growing awareness, stigma and the under-recognition of women's pain continue to delay treatment, highlighting the urgent need for earlier intervention, integrated care pathways, and greater investment in women's health research and services.

The AMA advocates for better training for health professionals to diagnose and treat these conditions, the improvement of care pathways so women have improved access to multidisciplinary care, and increased efforts to promote research and awareness for better health outcomes.

6. Perinatal health

Child and perinatal health outcomes are influenced by experiences in the journey from pre-conception through to antenatal care, delivery, and postnatal care. It is essential all patients have the option of, and access to, care from a doctor throughout pregnancy, birth, and the post-partum period, in collaboration with midwifery services.

The AMA advocates that support must be provided throughout pregnancy, birth, and the postnatal period, and that it should be coordinated, integrated, and extend across all healthcare settings. Limited access to perinatal services contributes to inequitable health outcomes in certain regions, including rural and remote areas of Australia.

During pregnancy patients have a right to access to timely and relevant antenatal screening. Medical professionals play an essential role in supporting patients during pregnancy to make fully informed healthcare decisions, including providing advice on the risks and benefits of lifestyle choices and medical treatments for both the pregnant patient and the fetus.

The AMA advocates for the retention and reopening of maternity services and staffing in rural and remote areas. Maintaining local services is essential for providing patients with choice, reducing travel burdens, managing obstetric emergencies, and ensuring equitable care.

Mental health conditions, including peripartum depression, can affect the wellbeing of the pregnant patient, and their babies, partners, and families, during a time that is crucial to the future health and wellbeing of children. It is imperative services and healthcare providers support early detection and intervention to improve the outcomes for parents and caregivers who experience mental health conditions.

The AMA acknowledges the tragic and profound experience of perinatal loss. This term is used to encompass any form of pregnancy loss, including miscarriage, stillbirth, ectopic pregnancy, termination of pregnancy, and neonatal death.

Throughout pregnancy, patients should be engaged in discussions about the potential for pregnancy loss and the steps they can take to minimise that risk, in line with current evidence.

In the event of a perinatal loss, parents and their support people must be provided with compassionate, respectful, and culturally safe bereavement care that recognises their specific needs and preferences and ensures that follow-up support and appropriate information regarding the possible or confirmed cause of pregnancy loss is available after discharge.

7. Perimenopause and menopause

The AMA is encouraged by the commitment in recent years of governments to recognise the impact of perimenopause and menopause on Australian women. The AMA also acknowledges perimenopause and menopause can affect people who do not identify as female/woman, and their needs may be particularly unique and complex.

Menopause is biologically inevitable. However, a woman's experience is highly variable. Factors such as symptoms, race and ethnicity, social meanings, expectations, self-esteem, life adversity, and general health affect women in different ways. For around one in three women, the severity of symptoms at some stage during their transition to menopause will negatively impact their ability to carry out daily activities.

All women should have access to evidence-based support to determine the best course of action to manage symptoms and improve their health and lifestyle. Importantly — and often under-prioritised — is that the transition to menopause and perimenopause is an optimal time to identify women at greatest risk of diabetes, heart disease, osteoporosis, and some cancers, which are well documented long-term risks. Integrated care and prevention strategies are best managed by GPs. Any given patient may benefit from referrals to gynaecology and endocrine specialist services when needed — such as for women post-cancer or with contraindications to Menopausal Hormone Therapy (MHT) — as well as to women's health physiotherapy services for issues such as stress incontinence and dyspareunia.

The lack of education and visibility of menopause in public discourse is stark in many non-Western countries. As a result, many women from culturally and linguistically diverse (CALD) societies ignore or downplay the discomfort associated with perimenopause and menopause. There is a widespread tendency to neglect women's health issues due to a culture that normalises symptoms, as 'part of being a woman' — whether they are associated with menstruation, conception, pregnancy, childbirth, or declining ovarian reserve leading into perimenopause, menopause, and beyond. Depending on a woman's cultural and financial background, access to quality treatment and support for menopause and perimenopause is not equitable in Australia.

The AMA advocates a national framework is needed to establish goals and timelines for changes to perimenopause and menopause treatment in Australia.

8. Health services and workforce

Access to health services

The AMA acknowledges equitable access to affordable, timely, and quality primary care health services is critical for women for the prevention, early detection, and treatment of illness, and the management of chronic disease.

Some barriers to healthcare access stem from issues in the health system itself, such as cost, workforce challenges, lack of infrastructure, long waitlists, limited opening hours, or insufficient information available to consumers. Individual factors can also impact access including education, age, language, and disability. To improve healthcare delivery the health and education systems should be supported in their efforts to overcome these barriers.

The AMA advocates for women to have economic security so they may act as autonomous agents over their own health needs and treatment pathways.

The AMA affirms the value of population-based screening programs for the early detection of diseases and associated risk factors, and where there is a strong evidence base showing long-term reduction in the morbidity and mortality from the diseases concerned.

Specific consideration should be given to improving the uptake of screening and preventive health interventions among women who are under-screened, at high risk for particular health conditions, or who face systemic barriers to accessing essential screening or preventive medical interventions.

Gender considerations should inform health services and workforce policies and planning in response to the convergence of population ageing and the growing burden of chronic disease. This should be supported by the incorporation of sex-disaggregated data and gender-based analysis into the monitoring of prevalence and trends of chronic disease conditions and risk factors.

Gender equity in the health workforce

Women make up a significant portion of the healthcare workforce, providing a vital source of opportunity for female employment. Quality care requires time — time to listen to a patient, time to assess, and time to provide expert advice and empower patients to make an informed decision about their health.

Despite welcome progress in recent years, women in healthcare continue to experience the effects of the gender pay gap, underrepresentation in leadership positions, barriers in career advancement, workplace harassment, and gendered bias.

Prioritising gender equity in leadership is vital for improving healthcare. The transformational and collaborative leadership style — more characteristic of women — has a direct and positive impact on healthcare outcomes.

Working with a team of multidisciplinary clinicians and academics, the AMA has partnered with Advancing Women in Healthcare Leadership to co-design, implement, and evaluate evidence-based

and measurable interventions — at both individual and organisational level — to advance women in leadership.[vii]

Addressing the gender pay gap is fundamental to attaining gender equality, underwritten by processes that support pay transparency and tackle the impact of casualised work and its impact on pay equity.

Efforts toward systemic reform must be made to address the identified barriers experienced by medical professionals navigating parenthood. These identified barriers span all natal stages and extend into working parenthood, with negative impacts on work, family life, and carer responsibilities, including delayed career progression, inflexible workplace options, reduced income, delayed childbearing, lack of access to parental and carer leave and appropriate childcare, stress, and negative emotions.

The AMA recommends a strong commitment to growing and retaining the Aboriginal and Torres Strait Islander health workforce — particularly women — by explicitly addressing racism and ensuring culturally safe workplaces across the health sector.

See also:

AMA Position Statement on Cultural Safety

AMA Position Statement on Ethical Issues in Reproductive Medicine

AMA Position Statement on Family and Domestic Violence

AMA Position Statement on Health Literacy

AMA Position Statement on LGBTQIASB+

AMA Position Statement on Mental Health and Wellbeing

AMA Position Statement on Sexual and Reproductive Health

AMA Position Statement on Social Determinants of Health

AMA Position Statement on Health Care in Custodial Settings

AMA Position Statement on Refugee and Asylum Seeker Health and Wellbeing

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[i] https://humanrights.gov.au/our-work/sex-discrimination/terminology
[ii] Ibid.
[iii] Ibid.
[iv] https://www.pmc.gov.au/office-women/working-women-strategy-gender-equality
[v] https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030?language=en
[vi] https://www.wgea.gov.au/gender-equality-and-caring
[vii] https://www.womeninhealthleadership.org/