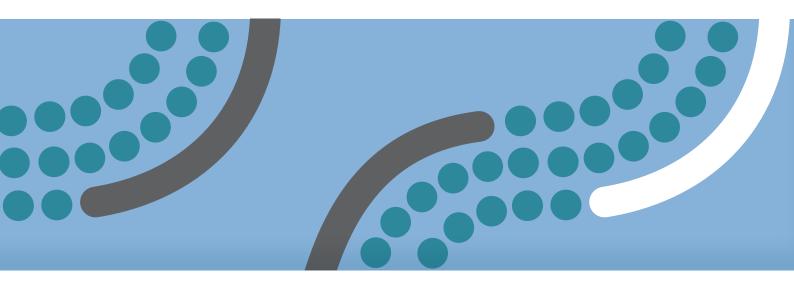


WH16 Women's health contextual unit



Rationale

As 56.7% of Australian general practice consultations are with women,¹ the gender-specific primary health needs of women constitute a significant proportion of the general practice workload.

The area of women's health is broad and across the lifespan requires general practitioners (GPs) to develop and maintain skills in the areas of sexual and reproductive health, pregnancy care and mental health, and in the recognition and provision of support to women who are victims of abuse and violence. There are contextual units within this curriculum that are provided as examples of how the core skills of Australian general practice can be used to provide these important aspects of women's healthcare. Gender-specific, evidence-based preventive care is another key aspect of quality care provision to women.

Gender equity issues to accessing primary care include consideration of the roles and responsibilities of women, particularly in regard to women often being care providers to children and/or elderly parents.

Delivering high-quality women's healthcare in general practice involves developing specific knowledge and skills in:

- understanding key gender and cultural differences in health and illness
- understanding normal physiology, including hormonal influences on women and management of deviations from these throughout the lifecycle but particularly around menarche, peri- and post- menopause and during pregnancy
- identifying women at risk of preventable disease and offering appropriate evidence-based screening and management to reduce risk, including in pregnancy
- responding to the particular health needs of women associated with their social roles, responsibilities and position, and reproductive health needs
- understanding the need for women to have access to sensitive healthcare and choices in healthcare providers
- being aware of common differences in practice styles of female GPs, including a tendency to provide longer consultations² and address more presenting problems per consultation than their male colleagues, particularly general and unspecified health problems, and psychological, social and female genital health issues.^{3,4}

The National Women's Health Policy 2010 encourages the active participation of women in their own health and aims to promote health equity through attention to the social determinants of health.⁵ GPs are well placed to identify women who may be vulnerable through exposure to one or many of the negative social determinants of health with consequent health inequities. The provision of support, education and advocacy to enhance access to appropriate services and quality care can contribute to minimising the impact of these inequities on long-term health outcomes.

WH16 Women's health contextual unit

Related contextual units

PC16 Pregnancy care

SH16 Sexual and reproductive health

AV16 Abuse and violence

PS16 Psychological health

References

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- 3. Britt HC, Valenti L, Miller GC. Determinants of consultation length in Australian general practice. Med J Aust. 2005;183(2):68–71.
- 4. Harrison CM, Britt HC, Charles J. Sex of the GP 20 years on. Med J Aust 2011;195(4):192-96.
- 5. Department of Health and Ageing. National women's health policy 2010. Canberra: DoHA, 2010. Available at www.health.gov.au/internet/main/publishing.nsf/Content/national-womens-health-policy [Accessed 30 November 2015].

Useful women's health resources and tools

Australian Women's Health Network health hub, www.womenshealthhub.awhn.org.au/home

Glossary

Nil