



QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

ISSUE #3 2016

Over 20 years of strengthening links between women & providing access to information

WOMEN & WORK



Workplace Harassment Prevention

WHAT IS WORKPLACE HARASSMENT?

Workplace harassment, also known as 'workplace bullying', is a form of repeated unreasonable behaviour that threatens, intimidates or humiliates a person or a group of people in the workplace. Workplace harassment can affect any person at any level of employment including employees, managers and supervisors. Such behaviours are a workplace health and safety risk and employers have a responsibility to ensure that employees are not exposed to bullying.

Bullying behaviour can be subtle and not easily observed by other people, or it can be more obvious to others. It can include a wide variety of behaviours ranging from subtle intimidation to more aggressive tactics, including:

- abusing a person loudly, usually when others are present
- repeated threats of dismissal or other severe punishment for no reason
- constant ridicule and being put down
- regular teasing and being made the brunt of practical jokes
- displaying written or illustrated material that degrades or offends an employee
- leaving offensive messages on email or the telephone
- sabotaging a person's work, for example, by deliberately withholding or supplying incorrect information, hiding documents or equipment, not passing on messages and getting a person into trouble in other ways

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- maliciously excluding and isolating a person from workplace activities
- persistent and unjustified criticisms, often about petty, irrelevant or insignificant matters
- humiliating a person through gestures, sarcasm, criticism and insults, often in front of customers, management or other workers
- spreading gossip or false, malicious rumours about a person with an intent to cause the person harm.

Management action may be considered as workplace harassment where it is used primarily to offend, intimidate, humiliate or threaten workers or to create an environment where workplace harassment is more likely to occur.

Less commonly recognised harassment behaviour includes:

- withholding information or supplying incorrect information
- over-monitoring ('micro-management')
- refusing to delegate
- deliberately interfering with post, messages and other communication
- setting people up to fail – impossible deadlines; excessive workload
- blocking leave applications, training or promotion
- not listening to other points of view.

WHAT IS NOT WORKPLACE HARASSMENT?

Workplace harassment is *not*:

- a single incident of harassing type behaviour
- reasonable management action taken in a reasonable way, including actions taken to transfer, demote, discipline or dismiss an employee
- acts of unlawful discrimination, vilification or sexual harassment.

Some confusion can occur between definitions of discrimination, sexual harassment and workplace harassment. Anti-discrimination legislation makes certain types of behaviour unlawful, such as discriminating against someone or sexually harassing anyone.

Discrimination

Discrimination is unlawful if a person or a group is treated unfavourably because of a particular identified characteristic, such as sex, sexuality, gender identity, lawful sexual activity as a sex worker, relationship status, parental status, family responsibilities, pregnancy, breastfeeding, age, race, impairment, religious belief, non-belief or activity, trade union activity, political belief or activity or association with a person identified by one of the above grounds.

Sexual harassment

Sexual harassment is any unwelcome conduct of a sexual nature where a reasonable person would have anticipated offence, humiliation, or intimidation.

It may include:

- touching or physical contact
- remarks with sexual connotations
- requests for sexual favours
- leering
- displaying offensive material.

Different legislation provides for protections against unlawful discrimination and sexual harassment. Please see our info sheet on these or visit: <<http://www.adcq.qld.gov.au/main/information.html>>.

More information about the definitions of what is, and what is not, workplace harassment is available within Section 1 of the Prevention of Workplace Harassment Advisory Standard 2004 (now known as a Code of Practice).

Assault

Workplace harassment may include assault, but assault itself is a criminal act. Advice in this information sheet does not apply to situations where criminal acts of violence have occurred. You should contact the police if assault occurs at work or in a workplace situation, such as at a work function.



EFFECTS OF WORKPLACE BULLYING ON THE BUSINESS AND INDIVIDUALS

Workplace bullying has detrimental effects on an organisation and on individuals. Workplace bullying may cause the loss of trained and talented employees, loss of profits, reduced productivity and morale, an unsafe working environment and create legal risks and legal costs for an organisation.

Workplace bullying is very subjective, and therefore the impact on individuals may vary greatly. The most commonly reported effects are:

- stress and anxiety
- feelings of isolation at work
- loss of self-esteem
- physical symptoms of stress such as

headaches, backaches, stomach cramps and sleep disorders

- depression
- headaches and migraines, tiredness, exhaustion, constant fatigue
- hypersensitivity, fragility, isolation, withdrawal
- skin problems, rashes and eczema
- frequent viral infections and other illness
- loss of financial security
- loss of, or damage to, personal relationships.

STRATEGIES TO ELIMINATE WORKPLACE HARASSMENT

Employers should act to prevent and control exposure of workplace harassment risks to their employees arising from workplace harassment. Prevention measures can include:

- providing staff with workplace harassment awareness and prevention training
- maintaining a code of conduct or policy for employees and management to follow
- maintaining a complaint handling system and inform[ing] all employees on how to make a complaint
- having support systems available including options for resolving grievances and the appeals process
- regularly reviewing workplace harassment policies, complaint handling process and training.

Working Women Queensland (WWQ) provides direct services to vulnerable women in Queensland about their rights at work and with the objective of assisting women to remain in employment and reduce the risk of poverty, reliance on welfare or financial hardship. WWQ conducts telephone and face to face (by appointment) advisory clinics each week day except on Thursdays for women to discuss their matters with us.

Working Women Queensland

**Free Call from landlines:
1800 621 458**

Telephone:
(07) 3211 1440
Web: www.wwq.org.au



Help save the Working Women's Centres.
For more information go to:
www.wwc.org.au/savethewwcs

This article is a short excerpt only from the WWQ Information Sheet 'Workplace Harassment - Prevention', reproduced by kind permission of WWQ. QWHN highly recommends reading the full information sheet, which includes options available to employees, at: <<http://www.org.au/wp-content/uploads/2015/01/Workplace-Harassment-infosheet-2013.pdf>>.

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Who cares for our carers?

Despite the stereotypes, migrant women workers don't possess an innate quality that makes them want to do aged care work

Nurse, doctor, teacher, lawyer: professions many of us and, no doubt, our parents would have typically cited as the things 'to be' as a grown-up. But aged care worker? For many immigrant and refugee families, caring for the elderly isn't something you aspire to be, let alone be paid for.

If you're from a migrant background (and especially if you're also a woman), caring for an elderly family member is part of family life, it's something you just do. What must it be like then, for the many overseas-born workers (34% in 2012) who make up Australia's aged care workforce? Does the cultural imperative of caring for the aged necessarily make the job easier for them? These were some of the questions arising from research Multicultural Centre for Women's Health (MCWH) recently conducted in partnership with the University of Adelaide's WISeR research centre and Southern Cross Care Victoria (SCCV) into supporting the professional development needs of SCCV's culturally diverse workforce.

We've mentioned before that caring isn't any easier just because you're

paid to do it and our research certainly confirmed this. The majority of migrant aged care workers who participated in the research cited workload pressures and lack of teamwork and miscommunication as the things that made their jobs more difficult. Not surprisingly, the factors that made work easier were not only the exact opposite of whatever made things difficult, but also individual factors such as enjoyment of their work, a positive disposition and good health. Over half of the workers interviewed cited the residents as the main reason for what they like most about their work: being appreciated and feeling that a difference is being made to the quality of their lives.

These findings suggest that despite the stereotypes, migrant women workers don't possess an innate quality that makes them want to do aged care work or that they're naturally skilled for it because of their 'culture'. Rather the findings highlight the important role played by personal values in care work and how these come into play when they intersect with the work-day reality of many immigrant and refugee women.

The majority (74%) of the workers interviewed cited one or more systemic issues relating to gender, migration, settlement and employment, which led them to pursue a job in the aged care sector because of their limited employment opportunities. This reason alone points to the need for immigrant and refugee women to be supported in all aspects of their professional development so that their jobs aren't seen as an opportunity born solely of luck, but as a profession and an opportunity for advancement.

For further information about the research project, please contact Dr Regina Quiazon, Senior Research and Policy Advocate, email regina@mcwh.com.au or call (03) 9418 0912.

Multicultural Centre for Women's Health is a national, community-based organisation which is led by and for women from immigrant and refugee backgrounds. We are committed to advancing the health and well-being of immigrant and refugee women, through our leadership, education and advocacy: our experiences, our stories and our voices.

Multicultural Centre for Women's Health

Suite 207, Level 2, Carringbush Building
134 Cambridge St, Collingwood Vic 3066
Phone: 03 9418 0999

Web: <http://mcwh.com.au>

Need Assistance?

Call our toll free number:

1800 656 421

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Flickr <<https://www.flickr.com/photos/picturesbyann/11219609266/>>.

New report reveals older people and people with disability denied jobs because of discrimination

Age and Disability Discrimination Commissioner Susan Ryan described the *Willing to Work* report from the Australian Human Rights Commission as "an historic first." "Many highly skilled individuals are being shut out of work because of underlying assumptions, stereotypes or myths associated with their age or their disability." "People who are willing to work but are denied the opportunity are also denied the personal and social benefits of dignity, independence, a sense of purpose and the social connectedness that work brings," Commissioner Ryan said. The report was released in May 2016. See: <<https://www.humanrights.gov.au/news/stories/willing-work-national-report-released>>. © Australian Human Rights Commission 2015.



Balancing work and child care

damned if we do
damned if we don't

Naomi Wolf was right when she said that “the economics of industrialized countries would collapse if women didn’t do the work they do for free” (2002). Women need to be recognised as carers and workers and the backbone of the economy, and valued accordingly.

Balancing raising children and working, either full time or part time, is an issue for many women. Unfortunately, in this age of consumerism, many families require two incomes, which provides a dilemma particularly for the primary caregiver – what to do with the children during work hours. A lack of access to affordable child care is women’s main barrier to participating more in the workforce (Priestley 2016). According to the Australian Bureau of Statistics, women spend twice as long as men doing unpaid work, and are likely to dedicate more hours to domestic work (2016).

Statistics are all well and good, but recent conversations with friends and work colleagues about their own experiences revealed that unfortunately the same issues arose far too often.

One of my colleagues is a single woman raising her autistic grandchild. He has now turned twelve and is no longer eligible for vacation care. Due to his disability, she has spent many extra hours working on his life skills so she can leave him at home alone for a few hours at a time. There are 14 weeks of school holidays each year, yet carers are only able to accrue 4 weeks of holiday leave working full time. This huge deficit creates tremendous stress, and requires her to make alternative arrangements well in advance.

Another colleague is married and has two young children, both under school age. Their child care fees are over \$800 per fortnight which is around a quarter of their combined wages. But without both incomes the family would not be able to meet their financial responsibilities.

A friend of mine who has recently separated from her partner is now raising four children on her own and is not receiving any child support. She has to rely on before and after school care, leaving home at 7.45 am every day and not returning until after 6.00 pm, to then cook and wash for the next day. When one of her children is ill there is no option but to use her holiday or sick leave, and therefore she is never able to build up any entitlements.

In my own situation, I share custody with my children’s father whose employment does not entitle him to accrue holiday or sick leave, and therefore the responsibility is placed on me to take time off when any of the children are sick. At the moment they are all under twelve, and vacation care is a nec-

essity, but it is very expensive. However, my eldest turns twelve next year and will no longer be eligible, but equally cannot be left at home all day by himself.

We all work for supportive organisations thankfully, but we still struggle with trying to manage care costs and arrangements. Some of us have been subjected to judgemental attitudes because we have to take so much time off to care for our children.

This is a conversation women have been having for too many years, and while there have been vast improvements, it is an issue that remains unresolved.

Angela Burrows

Social Worker and Feminist
North Queensland

References

Australian Bureau of Statistics (2016) ‘Work and Family Balance’. In Gender Indicators Australia, Feb 2016. Retrieved from <<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4125.0~Feb%202016~Main%20Features~Work%20and%20Family%20Balance~3411>>.

Priestley, A. (2016) ‘Australia, grow up and get with the rest of the world on workplace gender equality’. In *Women’s Agenda*. Retrieved from <<http://www.womensagenda.com.au/talking-about/editors-agenda/item/6852-australia-grow-up-and-get-with-the-rest-of-the-world-on-workplace-gender-equality>>.

Wolf, N. (2002) *The Beauty Myth: How images of beauty are used against women*. New York: Harper Collins.

Photo: students-in-class (cropped) © Ilmicrofono Oggiono (CC BY 2.0)
Flickr <<https://www.flickr.com/photos/115069924@N02/12212474014/>>.



WOMEN’S ECONOMIC SECURITY

“Many factors influence women’s ability to achieve economic security – that is, their ability to earn a regular income – meet their basic needs and improve their independence. Some are choices women make throughout their lives, such as what to study, what career to pursue, and whether to have a partner and/or children. Others are a result of external or social influences, such as inflexible workplaces, family dynamics, cultural pressures and gendered stereotypes.”

An excerpt from the **Queensland Women’s Strategy 2016–21** available at <<https://www.communities.qld.gov.au/communityservices/women/queensland-womens-strategy>>.

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BURNT-OUT AND OVERWORKED

Australia's nurses and midwives consider leaving profession

Authors

Peter Holland, Associate Professor in Human Resource Management and Employee Relations, Monash University
Tse Leng Tham, Higher Degree Research Student, Research Assistant and Teaching Associate, Department of Management, Monash University

THE CONVERSATION

Nurses and midwives are among society's most highly valued professionals. But a disturbing national picture is emerging of escalating levels of over-work and burnout. Nurses say their concerns are being ignored by management, amid fear of retribution for speaking out.

Our national survey of 3,000 nurses and midwives found that 32% were actively considering leaving the profession. This comes at a time when the federal government is estimating a workforce shortfall of 85,000 by 2025 and 123,000 by 2030.

Since 2011, we have surveyed Australian nurses every three years on their working conditions, well-being, and organisational and management practices.

Our previous surveys in 2011 and 2013 painted a picture of increasing work demands. But this year, all indicators of work intensification have gone upwards.

Worryingly, 71% felt they often had more work than they could do well (up from 64% in 2013).

Two-thirds (67%) of respondents reported their jobs required them to work very fast, at least several times a day (up from 61% in 2013), while 67% had to work "very hard" several times a day (up from 63% in 2013).

Key factors in this workload included inadequate staff levels, excessive administrative tasks and inappropriate skill mix.

In the face of this, one of the emerging challenges for management will be staff retention. Some 32% of respondents said they were "likely" or "very likely" to leave the nursing/midwifery profession – a significant

concern, given the average age of survey respondents was 47.

Whereas a typical organisation might expect a turnover of up to 4% (and estimates in nursing have previously suggested the turnover rate is 3–6%), our study found 25% were very likely to leave the profession in the next 12 months.

So, a strategy around maintaining skilled and experienced staff is essential. Our initial findings indicate that despite improved attempts by management to communicate with staff, nurses and midwives continued to feel excluded from day-to-day decision-making.

More than half (54%) weren't confident to openly voice their concerns due to fear of retribution. This reflected a general feeling of disconnection between management and nurses and midwives.

Another aspect of organisational concern was the finding that nearly half (45%) of those surveyed believed their organisation had not invested in their further development.

On the positive side, graduate intake for the profession remains good; however, deterioration of working conditions may serve as a deterrent to new graduates if not addressed.

While few would deny nursing is a rewarding career, it can be a particularly stressful profession, and it is vital that those in the profession remain healthy and supported. It is of great concern that highly skilled nurses aged 45 years and above are in the category of lowest hours worked in the profession.

After this third survey, it appears the workforce is coming to a tipping point,

with work intensification a key factor. These outcomes are likely to accelerate the departure of highly skilled and dedicated people, who will be expensive to replace.

Such high turnover will affect the quality of health care in an environment characterised by an ageing population and increasing chronic disease.

Issues associated with dissatisfaction at work are all in the control of those managing the system. Targeted interventions are urgently needed to tackle this issue.

This article was originally published in The Conversation on 28 September 2016 (CC BY-ND 4.0). Read the original article <<https://theconversation.com/burnt-out-and-overworked-australias-nurses-and-midwives-consider-leaving-profession-66141>>.

Photo: Honduras US Army (cropped) © Sean A.Foley (CC BY 2.0) Flickr <<https://www.flickr.com/photos/soldiersmediacenter/2471355038>>.

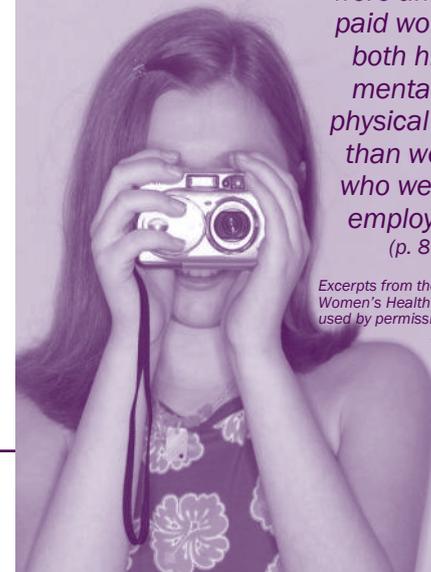
snapshot

NATIONAL WOMEN'S HEALTH POLICY

“ Paid employment improves health ... Women who were always in paid work had both higher mental and physical health than women who were not employed ... ”
(p. 89).

Excerpts from the National Women's Health Policy 2010 used by permission of the Australian Government.

Australian Government Department of Health and Ageing (2010) National Women's Health Policy 2010, DoHA, Canberra.



mouth matters

with
LAURELYN HIGGINS
Registered
Dental Hygienist



Should I tell a work colleague she has bad breath?

Those with chronic bad breath are often the last to know. Bad breath (halitosis) is caused by smelly bacteria on the tongue, along gumlines and in the throat. Research shows that women are at greater risk of bad breath during their menstrual cycle.

Other contributing factors for halitosis include dry mouth, smoking, poor oral hygiene and periodontal (gum) disease. Untreated periodontal disease is serious and can lead to loose teeth. It is also linked to heart disease, diabetes and obesity.

In a workplace setting, mentioning a colleague's personal hygiene problem may be detrimental to your relationship. A broader option might be to suggest that your workplace invite a dental professional to speak to all staff on dental health topics, including bad breath, as part of a healthy workers initiative.

Dentists and dental hygienists are experienced in talking about the diagnosis and treatment of bad breath. Here are some of their solutions:

- Drink plenty of water, even if you are not thirsty, to avoid dry mouth
- Chew sugar-free gum or crunchy foods to stimulate saliva
- Seek help to stop smoking
- Clean teeth, gumlines and tongue thoroughly every day
- Use a tongue scraper to clean the tongue if gagging is a problem
- Have a professional dental cleaning to lower the levels of harmful bacteria and return the mouth to health.

For more information:

<<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/halitosis-or-bad-breath>>.



what's on?

Important Events and Conferences

Find us on

**8-10
FEB
2017**

AIRAANZ CONFERENCE 2017 – CANBERRA

'Reconsidering Gender and industrial Relations'

The Association of Industrial Relations Academics of Australia and New Zealand (AIRAANZ). Key themes include the many facets of gender in the workplace, including gender, work and policy developments, gender and collectivism, pay equity, equal employment opportunity and diversity management, women in male-dominated areas, women working in the caring professions, work and family issues and issues affecting LGBTQI workers.

FOR INFORMATION visit: <<http://www.airaanz2017.org.au/>>.

**3-7
APR
2017**

15th WORLD CONGRESS ON PUBLIC HEALTH – MELBOURNE

The Public Health Association of Australia (PHAA) is partnering with other organisations to present the World Congress for the first time in Australia.

FOR INFORMATION visit: <<http://www.wcph2017.com/>>.

**26-29
APR
2017**

14th NATIONAL RURAL HEALTH CONFERENCE – CAIRNS

Australia's pre-eminent event for everyone committed to better health and well-being in rural and remote communities.

The 14th National Rural Health Conference is part of 'A World of Rural Health' that also includes the 14th World Rural Health Conference.

FOR INFORMATION visit: <<http://www.ruralhealth.org.au/14nrhc/homepage>>.

***4-6
MAY
2017**

AUSTRALIAN PRIMARY HEALTH CARE NURSES ASSOCIATION (APNA) NATIONAL CONFERENCE 2017 – HOBART

*More information will become available closer to the event date.

FOR INFORMATION visit: <<http://www.apna.asn.au/scripts/cgip.exe/WService=APNA/ccms>>.

**26-28
SEP
2017**

WOMEN IN ASIA (WIA) CONFERENCE – PERTH

'Women in the Asian Century – Challenges and Possibilities'

The 2017 Women in Asia Conference provides an opportunity to showcase the work of scholars who research women and gender relations in Asia. With a particular focus on 'Gender-Based Violence', this conference aims to foster a discussion on the various challenges and strategies involved in addressing Violence Against Women in different contexts.

FOR INFORMATION visit: <<http://www.arts.uwa.edu.au/research/2017-women-in-asia-conference>>.



women's health on the net

Hot Spots on the Internet for Women

MENTAL ILLNESS AND WORK

<https://www.qld.gov.au/disability/adults/mental-illness-work/>

Support is available for employees with mental illness, and for people who work with, and manage, employees with mental illness.

SIX-YEAR PLAN TACKLES ALL FORMS OF VIOLENCE AGAINST WOMEN

<http://www.communities.qld.gov.au/communityservices/women/queensland-violence-against-women-prevention-plan>

The Palaszczuk Government recently launched a new violence prevention plan to help women and girls in Queensland live without fear, threats or experience of violence.

Minister for the Prevention of Domestic and Family Violence Shannon Fentiman launched key actions via the *Queensland Violence Against Women Prevention Plan 2016–2022*.

Open Doors. Act Now. Break the Cycle

'Open Doors. Act Now. Break the Cycle' is a recently launched initiative about domestic and family violence, aimed at people from culturally and linguistically diverse communities. It involved the production of a DVD which shows an enactment of a couple experiencing a domestic and family violence situation, and displays the various processes and assistance available to the persons involved.

The DVD is available in several languages including English. For information about obtaining a copy of the DVD (or a website link) contact:

Peta Jordan

Senior Sergeant
Tactician – Performance
Logan District
Ph: 3826 1915

Email: jordan.petar@police.qld.gov.au
Address: 11-13 Civic Parade, Logan Central, Qld 4114

'Mums at Work'

Support for Working Mothers

Women's Health Queensland Wide is excited to launch a new program designed to support professional women in planning for their pregnancies, birth and return to work.

As experienced midwives, we speak to women every day who struggle to juggle their physical and emotional well-being with the demands of being a new parent and planning their return to their careers.

We have decades of experience in helping women to transition successfully, calmly and positively back into their work places following pregnancy and delivery.

Working with women

Our 'Mums at Work' midwives are skilled in guiding busy, professional women through their pregnancy journeys and working with workplace stakeholders to ensure that the transition back to work is a healthy and positive experience for women.

We offer individual, personalised guidance with the same midwife at the convenience and timeframe best suited for each woman. We can conduct our sessions on Skype, phone or in person.



We can fit into your schedule and we focus on your needs as a busy mum.

This package is designed to provide a full service of advice and support throughout the pregnancy and return to work journey. However, we can also tailor this to suit each woman and her unique circumstances.

Working with work

We are confident and experienced at working with Human Resources teams to ensure our service matches and is aligned with the support available to female staff at the time leading up to and including their maternity leave. We are happy to work with a group of women, but the best advice and outcomes come from the one-to-one experience.

If you would like one of our midwives to run a session for pregnant and

parenting women in your workplace, please get in touch. We can deliver tailored sessions at group meetings or morning teas, training sessions or lunchtime meet ups.

Do you know someone who could benefit from this program?

If you are a professional woman who is pregnant or returning to work after pregnancy and you need some support, get in touch with us on **(07) 3216 0976** (or via our website: <http://womhealth.org.au>) to speak to an experienced and qualified midwife and to book in for a unique one-to-one 'Mums at Work' appointment.



Photo: Group-1 XY Mark 1.0 (cropped) Public Domain
Flickr <<https://www.flickr.com/photos/94029877@N04/29629479013/>>

Snacking tips for busy working women

Snacks can form part of a healthy eating plan. Benefits include keeping hunger at bay, providing sustaining energy, stabilising blood glucose levels and helping take you through to the next meal.

What makes an ideal snack?

One that has enjoyable flavour, adds nutritional value to your daily food intake, helps keep you fuller for longer and is in the right portion.

What are some top snacking favourites?

Trail mix (sultanas, nuts, sunflower seeds, pumpkin seeds), small tins of tuna, peanut butter, other nut butters or avocado on wholegrain crackers, small yoghurt tubs, raisin bread, plain popcorn, sushi or Vietnamese rolls, veggie snack bags with hummus, salsa or mashed avocado.

How do I avoid common snacking mistakes?

Consider Portion Size — Upsizing is a common mistake. Take care with portions, particularly if you are trying to lose or maintain weight.

Avoid Extras — This means avoid choosing heavily processed commercial foods that are usually high in salt, sugar or saturated fat e.g. crisps/chips. These tend to be easy to overeat due to their lack of nutritional value and have minimal 'filling' effect.



food files
with
Maria Packard
NUTRITION MANAGER, HEART FOUNDATION

Make it Satisfying — If you find your snacks are unsatisfying and always leave you wanting more, try adding a protein food source to help slow down how quickly it's digested and to help create a more satisfying snack. For example, try fruit topped with yoghurt, add cheese or hummus to your crackers, or even enjoy peanut butter with your banana!

Plan Ahead — Not planning healthy snacks or making choices when feeling hungry are additional traps, which may lead you to choose less nutritious options. Planning ahead, to ensure healthy snacks are on hand, helps make *healthy* snacks the easiest option!

Additional Resources

<https://heartfoundation.org.au/images/uploads/main/Campaigns/Mums_United_Food_Court_Survival_Guide.pdf?cachebuster:47>

EQUAL PAY DAY

Women work
14 months
to earn
men's average
annual income



Equal Pay Day fell on Thursday 8 September this year, marking the time from the end of the previous financial year that women must work to earn the same pay as men.

Using Average Weekly Earnings data from the Australian Bureau of Statistics, the Workplace Gender Equality Agency calculates the national gender pay gap to be 16.2% for full-time employees, a difference of \$261.10 per week.

Libby Lyons, Director of the Agency, said Equal Pay Day was an important reminder that women's earning capacity continues to lag behind men's.

"Women working full time need to work more than 14 months on average to earn the same as men earn in a year," said Ms Lyons.

"Over a lifetime, compounded by time out of the workforce due to caring

responsibilities, the gender pay gap contributes to greatly reduced lifetime earnings and retirement savings. On average, women retire with just half the superannuation savings of men."

The national gender pay gap reflects the overall position of women in the workforce and does not reflect 'like-for-like' pay gaps for employees in the same or comparable roles. The gender pay gap is influenced by a range of factors including:

- women and men are concentrated in different kinds of jobs leading to industry and occupational segregation
- earnings differences between male and female-dominated industries and occupations
- underrepresentation of women in senior positions
- the distribution of unpaid caring responsibilities
- discrimination and bias.

The Agency urges all employers to take action to address gender pay gaps in their organisation and support women's participation in the workforce and progression into senior and non-traditional roles.

"The persistent gender pay gap is a symbol that women's potential is not being fully realised or valued in the workplace, at great cost to individuals and the economy," said Ms Lyons. "It is beyond time to change that."

About the Agency: The Workplace Gender Equality Agency is an Australian Government statutory agency charged with promoting and improving gender equality in Australian workplaces.

Web: www.wgea.gov.au
Phone: (02) 9432 7000 or
1800 730 233

NEXT NEWSLETTER TOPIC

'PARENTING'

DO YOU OR YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?

Share your insights with over 400 health & community organisations and other women in Queensland.

We welcome your article ideas and other non-profit submissions.

Contact us as soon as possible at coordinator@qwhn.asn.au to obtain full submission guidelines.

DEADLINE: 10 February 2017

QUEENSLAND WOMEN'S HEALTH NETWORK INC

Ph: (07) 4789 0665

PO Box 1855, Thuringowa BC QLD 4817

Email: coordinator@qwhn.asn.au

Website: www.qwhn.asn.au

CHAIRPERSON &

Nth Qld Representative: Dr Betty McLellan

TREASURER/SECRETARY &

South Qld Representative: Karin Cheyne

Far North Qld Representative: Vacant

West Qld Representative: Kim Hurlé

Central Qld Representative: Bronwyn Patton

HAVE YOUR SAY...



We are interested in your feedback on the quality of the newsletter, and issues and topics you would like to see in future editions.

Please contact the QWHN Coordinator Maree Hawken on (07) 4789 0665 or email: coordinator@qwhn.asn.au

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KEY STATISTICS

- National gender pay gap is 16.2%
- Full-time average weekly earnings difference is \$261.10
- Gender pay gap in ASX 200 organisations is 28.7%
- Gender pay gap in sporting industry: 50.0%
- Average superannuation balance for women at retirement is 52.8% less than for men
- Proportion of CEOs who are female is 15.4%
- Proportion of women in health care and social assistance industry is 80.4%



How does your industry compare? Check out the WGEA data explorer tool at data.wgea.gov.au.

More information:

Gender pay gap statistics fact sheet www.wgea.gov.au.

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