



Speech By  
**Charis Mullen**


**MEMBER FOR JORDAN**

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Record of Proceedings, 11 December 2024

**MOTION**

**Women and Girls' Health Strategy**

 **Ms MULLEN** (Jordan—ALP) (5.51 pm): Despite what those opposite may say, on this side of the House we are proud to have been part of a government that made the health of women and girls a priority in Queensland. Our Queensland Women and Girls' Health Strategy 2032 was the opportunity for generational positive health outcomes for Queensland women and girls because investing in women's health makes sense. It is very clear that the LNP government is going to savagely cut women's health in our state. One of the things I was most proud of in our Women and Girls' Health Strategy was that culturally and linguistically diverse women and girls were amplified as a priority community, but it is clear they will be the first to now miss out on vital services under this government.

I want to explain why it is important they be prioritised. Around one in five females, 22 per cent in Queensland, are born overseas. Evidence shows us that when it comes to the health of multicultural women, cultural beliefs may prevent access or engagement in areas such as mental health, sexual health, aged care and palliative care. More generally, we know that culturally and linguistically diverse women have been shown to be at increased risk of chronic diseases such as cardiovascular disease, diabetes and poor mental health. Despite the high risk of these diseases, women from CALD groups are less likely to be pro-active in accessing health care. Cultural barriers, language barriers and financial strain all play a role in hindering multicultural women's access to health and wellbeing services. This linguistic disconnect can breed frustration and anxiety, creating a substantial barrier to accessing care. Many women have been exposed to culturally insensitive practices which make them reluctant to engage with health providers. When faced with difficult choices between paying bills, putting food on the table or seeking health care, many may reluctantly prioritise immediate financial concerns, neglecting their own long-term health and wellbeing.

One of the most important areas for culturally and linguistically diverse women is that they are particularly likely to have lower contraceptive use, greater reliance on less effective contraceptive methods and a higher risk of unintended pregnancy. A wonderful woman from our African community shared with me that many women from her community were unaware of what contraceptive pills were, and once they were provided with health education they would begin to ask for 'the magic pills that keep the baby away'.

I have visited the Maternal Health Hub at Logan Central which was established for culturally and linguistically diverse women. It is a fantastic facility. Health clinicians explained to me that in the past CALD women would present to the Logan Hospital in labour not having had one medical appointment in their entire term of pregnancy. There was no assessment of risk, no scans and no midwifery care. These are the issues we addressed when we were in power and why we ensured continued investment and improvements in reproductive, sexual and maternal health.

Unlike those opposite, we are never scared to speak about reproductive health in this House. This is our record. We now have a new government and we have already seen a lack of interest in women's health. There is certainly no interest in the health and wellbeing of culturally and linguistically diverse women. There is not one reference or tangible KPI for women's health outcomes in the health minister's charter letter. There is not one reference in the minister for women's charter letter. Was there consultation with the ministers before these letters were finalised? The health minister, being a man, may not have turned his mind to it, but surely the Minister for Women and Women's Economic Security and Minister for Multiculturalism thought about culturally and linguistically diverse women. What a shame! At a time when the LNP can finally boast that they have more than a small minibus of women in their party room, they still could not bring themselves to prioritise the health needs of women.

But really this leopard has not changed its spots. I recently came across an article in the *Brisbane Times* about the LNP limelights who are now committee chairs. To be honest, I had not paid a lot of attention to those appointments, but the photos in the article really sparked my interest. The article lined up photos of all of their new chairs in a rather arresting and disturbing collage as the faces of nine white men stared back at me. I table that article for history.

*Tabled paper:* Article from the *Brisbane Times*, dated 9 December 2024, titled 'The LNP MPs paid extra to lead scrutiny of the government's new laws' [263](#).

Not one woman has been appointed a committee chair. They could not elevate one woman in their expanded backbench. They are telling us they do not believe that one LNP woman was worthy of this role. No wonder women's health and the health of culturally and linguistically diverse women is not a priority—not when your leadership is pale, male and, with due respect, stale.