

Background

The Australian Longitudinal Study on Women's Health (ALSWH) provides a picture of ageing that challenges negative stereotypes. At the time of the first survey in 1996, the women in the older cohort were aged 70-75 years. These women were selected at random from the population and represented the full range of health and functioning at that age. At this time over one third of the women rated their health as excellent or very good and fewer than five percent rated their health as poor. By Survey 3 in 2002, although the women were aged 76-81, the overall responses on self-rated health were unchanged.

Survey Responses

In this age group, death rates impact on the numbers of survey responses (see Table 1). About 5% of the women have died between successive surveys and 6-7% have withdrawn, in many cases because they were too ill or frail to continue.

The response rate for this cohort is remarkably high, with some women getting help from their families, or even nursing home staff, to complete the surveys. They are also responding well to targeted sub-studies on issues relevant for older women – caring for others; sleep problems; and falls.

	Survey 1 Number	Survey 2 Number	%	Survey 3 Number	%
Respondents	12,432	10433	84	8647	77
No return	-	823	7	1184	11
Withdrawn/too frail	-	688	6	856	7
Died	-	488	4	569	5
Total	-	12432	100	11256*	100

* Excludes women who had died, withdrawn or were too ill by Survey 2

Table 1. Survey responses and percentages of deaths and withdrawals for older women for Surveys 1, 2 and 3

Functional ability

At Survey 3, most of the women lived in houses (69%), or flats, units or apartments (21%). Fewer than nine percent lived in retirement villages, nursing homes or hostels.

More than 90% of the participants were able to perform independent activities of daily living such as cooking, bathing and dressing. Similarly, 83% reported no difficulty seeing newspaper print (with glasses if necessary); 87% reported no difficulty hearing a conversation (with a hearing aid if necessary); and 88% could bath and dress themselves without being limited by their health.

More than one third of the women said they could walk at least a kilometre, 58% could walk half a kilometre and 73% could walk 100 metres.

Nevertheless, more than half the women reported difficulties with stairs, or with lifting and carrying groceries.

“

I just plod along, I can't hurry any more. As soon as I do I puff and blow so I do everything slowly, then when my back kills me... I sit down till it settles then plod on again till I've done what I have to do.

”

Did you know?

Average life expectancy for Australian women aged 70-75 in 1996 was a further 14 years.

The most common chronic conditions among women in this age group are hypertension and arthritis (see Figure 1). Among the National Health Priority areas, bone and joint diseases, and heart, stroke and vascular disease (including hypertension) are much more prevalent than diagnoses of diabetes, asthma or cancer.

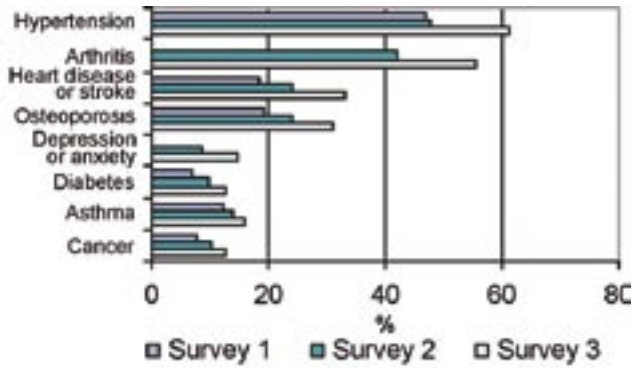


Figure 1. Prevalence of selected conditions at Survey 1 when the women were aged 70-75, Survey 2 when they were aged 73-78 and Survey 3 when they were aged 76-81 years (for women who responded to all three surveys; not all conditions were asked about at all surveys)

Based on responses from women who responded to all three surveys, there were small but clear declines in physical health consistent with the increases in chronic conditions (this is also reflected in increased use of health services and medications).

Figure 2 shows changes in four measures of physical health (from the SF36 scale of health related quality of life, which ranges from 0 to 100 with higher values indicating better health). In each case the decline in the second three-year period was larger than in the first three years.

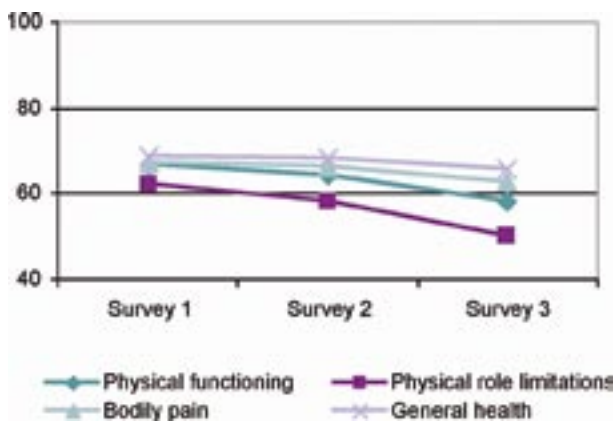


Figure 2. Trends in mean levels of four measures of physical health – ALSWH older cohort

Figure 3 shows changes in four measures of mental health (from the SF36 scale). In contrast to physical health, mental health scores have changed little over the first three surveys.

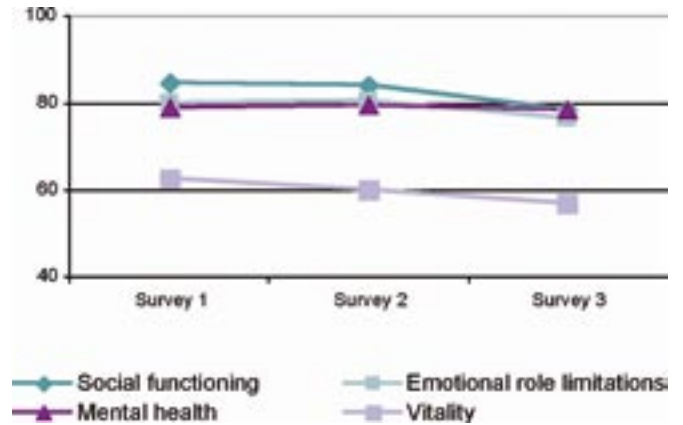
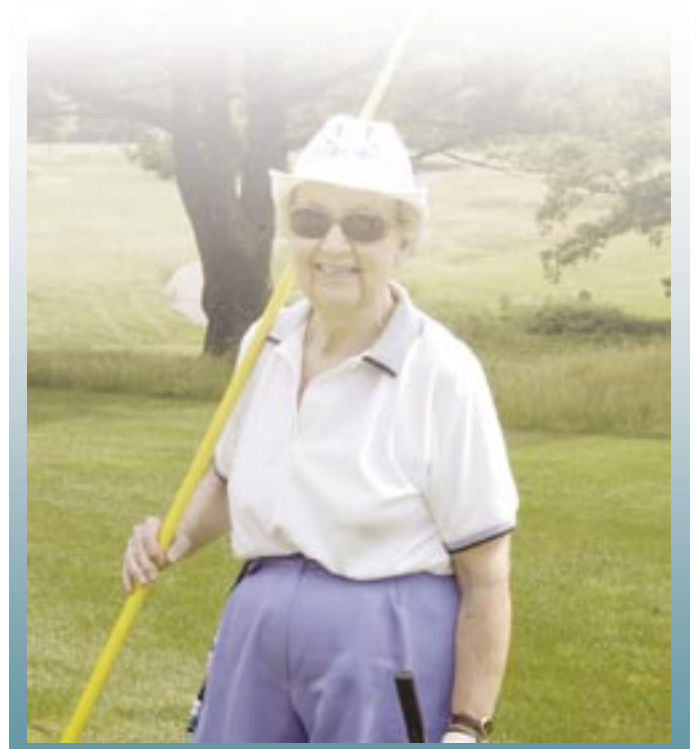


Figure 3. Trends in mean levels of four measures of mental health – ALSWH older cohort

“

I think that I am in good health for my age (80). Although I am slowing down in the time I do things, like all my housework, gardening and walking, I still feel very fit.

”



Widowhood

At the beginning of the Study, 58% of the women were married while 35% were already widowed – see Figure 4. The proportion of widows rose to 40% by Survey 2 and 47% by Survey 3.

For many of these older women, taking care of a sick husband and coping with widowhood have been the major factors affecting their health and social circumstances over the six years of surveys so far. Recently widowed women have significantly poorer physical and mental health than married women, but self-reported health generally returns to normal among those who have been widowed for longer than 12 months.

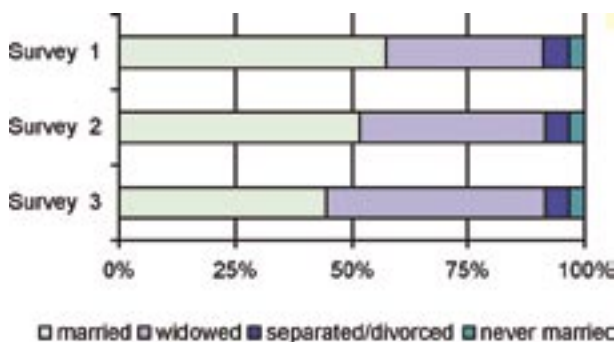


Figure 4. Changes in Marital Status (for women who responded to Surveys 1, 2 and 3)

“

For the last 4 years I have cared for my dear husband who had a leg off and needed some help. Although it was amazing how much he could do, but after a little over 60 years of marriage I lost him a few weeks ago and I am so lonely now but I see other widows and they have got over it. I know I must be able to in time.

”

The Australian Longitudinal Study on Women's Health is a landmark study funded by the Australian Government Department of Health and Ageing and conducted by a team of researchers at the Universities of Newcastle and Queensland.

The study:

- is designed to monitor and document the health and wellbeing of Australian women in urban, rural and remote areas
- aims to provide policy relevant information to contribute to health and welfare planning
- began in 1996 with a representative sample of 40,000 Australian women in three age groups
- includes younger women born 1973-78, middle-aged women born 1946-51, and older women born 1921-26
- has the capacity to link Medicare data on service usage with survey information
- collects data on physical and emotional health, health service use, life course events, demographics, and social and behavioural factors
- is planned to run for twenty years or more.

Daily Living

Most of the women (83% at Survey 3) receive a government pension or other allowance. Only 18% had any superannuation although 34% had some other sources of income. Most described managing on their income as “easy” (24%) or “not too bad” (52%).

At this stage of their lives the women reported that driving themselves (51%) and being driven by someone else (29%) were their main means of transport. Relatively few relied on public transport: 23% in urban areas and only 5-10% in rural and remote areas.

Although 48% said they lived alone, most of the women reported active social lives at Survey 3. In the last week:

- 93% spent time with people outside their households
- 98% talked on the telephone
- 67% went to meetings or clubs.

In addition:

- 43% undertook volunteer work
- 39% cared for children.

More than half of the women had help with odd jobs. Nevertheless, only a minority of women used community services:

- Use of respite, nursing or community health services increased from 7% at Survey 2 to 10% at Survey 3
- Use of homemaking services increased from 8% to 15%.

“

After speaking to my grandmother, her only concern was transport. As she is getting older, her legs become quite sore and so she often puts off going to the city or supermarket (or church). She sometimes catches a taxi but as she receives a pension, she would rather save her money.

”

- Younger woman responding for her grandmother

Caring

Many women in this age group make valuable contributions to family and society. Family caregiving, the home-based care of frail, ill or disabled family members, is an important aspect of some older women's lives. The percentage of women providing at least some family caregiving rose from 17% at Survey 1 to 20% at Survey 2 and 25% at Survey 3. The percentage who provided volunteer services outside the family remained steady at around 47% across all three surveys.

“

I still go dancing, swimming, travel, drive a car, mow the lawn etc. I am a member of several clubs, including Ex-service women and will be marching on Anzac day.

”

Healthy Lifestyles

Only about 5% of these older women smoke. Their pattern of alcohol use has hardly changed, with 37% reporting never drinking and 24% rarely drinking. Women who drink do so most days per week and have better health than the non-drinkers.

While levels of physical activity have decreased, at Survey 3, 34% of the women reported taking moderate exercise every day of the week. Also, 42% maintained a healthy weight while 33% were classified as overweight.

“

My health has changed dramatically since April 2001. When I began doing water aerobics 3 times a week (3 hours) after a very short period (3 visits) I was able to throw my walking stick away and haven't used it since.

After this I went on a diet and lost 20kgs. I was originally 90kgs. I would like to say that it was the water aerobics that helped me, as I hadn't even begun to diet when I gave up my walking stick. I'm so much more active and am very healthy.

”

Did you know?

In the third survey for older women in 2002:

- 69% said they had mostly felt calm and peaceful.
- 70% said they were as healthy as anybody they knew.
- 54% had walked briskly at least once a week.

“

I have now moved into a self care unit where over a hundred people live in close proximity to each other. This has added another dimension to my life. Positives are a feeling of safety, recreation and interaction with others. I have organised a walking group for one hour each day. We walk at a medium pace. It is surprising how many worries, fears etc that emerge as we walk. Each participant say they feel so much better now after about four months.

”

Policy Issues

- Hypertension and arthritis are the most common conditions affecting older women. While not life-threatening, stiff and painful joints cause most disability. Prevention and management of bone and joint problems should be regarded as a high priority for public health. Importantly, women should be encouraged to maintain safe and appropriate levels of physical activity and weight.
- Strategies to enhance healthy ageing for women could include:
 - Support for women caring for frail husbands or family members
 - Support for widows, especially in the first 12 months after their husbands' death, when grief and the need for adjustment are usually greatest
 - Informing older women about community services available to them, especially
 - help with transport
 - help with home maintenance
 - home making services to assist women to remain in their own homes.



Find out more

Background information on the entire project can be found in the companion report in this series:
Australian Longitudinal Study on Women's Health: The First Decade.

For surveys, details of scientific publications, and other information see the project website:

<http://www.newcastle.edu.au/centre/wha>

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