

Reproductive Health Policy Brief

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Scope

The *National Women's Health Policy 2010* identified reproductive health as a priority health issue for women. This policy brief highlights research findings from the Australian Longitudinal Study on Women's Health that were published from 2010. The topics that are covered include polycystic ovarian syndrome, endometriosis, fertility, hysterectomy, natural menopause, menopausal symptoms, and the use of hormone therapy. Maternal health, pregnancy, and the impact of abuse and violence on women's reproductive health are covered in separate policy briefs.

Research Findings

Polycystic Ovarian Syndrome (PCOS)

- In 2017, up to 10% of young Australian women aged up to 27 years reported ever having had PCOS.¹
- PCOS was associated with higher body mass index (BMI) and greater 10-year weight gain.^{2,3}
- PCOS was also associated with infertility⁴, pregnancy complications (such as gestational diabetes^{2,5}), chronic diseases (including asthma⁶, type 2 diabetes⁷, hypertension⁸, and psychological distress⁹).
- Women with PCOS reported better diets, but higher energy intake, and more sitting time compared to women without PCOS.^{3,10}

Endometriosis

- In 2015, up to one in ten women aged up to 42 years reported ever having had endometriosis.¹¹
- Endometriosis was associated with infertility¹² and psychological distress.⁹

- Women with endometriosis were also more likely than non-sufferers to use complementary and alternative medicines and therapies.^{13,14}

Cervical cancer

- 12% of women aged 45-50 years in 1996 reported having had an abnormal pap test result in the previous 5 years¹⁵ and at least 4% of women aged 28-33 years in 2006 reported having had an abnormal Pap test in the previous 3 years.¹⁶
- Only 2.4% of women aged 31-36 in 2009 reported having been vaccinated for HPV, the cause of most cervical cancers.¹⁶
- Following the implementation of HPV vaccination through the National Immunisation Program in 2007, 83% of women aged 18-23 in 2013 reported having been vaccinated.¹

Fertility and infertility

- 18.6% of women reported a history of infertility by their early-to-mid 30s.¹⁷
- Infertility was associated with endometriosis¹⁷, and PCOS.⁴
- Women who had a history of fertility problems had higher rates of pregnancy complications and were more likely to experience preterm birth¹⁸ and give birth to babies of low birthweight.¹⁷

Hysterectomy

- More than 20% of women had had a hysterectomy (with or without bilateral oophorectomy) by their mid-to-late 40s and this increased to more than 30% by their 60s.¹⁵
- Women who had a hysterectomy and bilateral oophorectomy before their mid-to-late 40s were more likely to have substantial physical functioning limitations¹⁹ and increasing depressive symptoms over time.²⁰
- Hysterectomy and bilateral oophorectomy were also associated with poorer health²¹, increased risk of type 2 diabetes²², depressive symptoms^{20,23}, and use of prescribed medications for sleep.²⁴

Natural menopause

- The mean age of natural menopause was 51.4 years; 2.5% of women had early menopause (<45 years) and 8.1% had late menopause (56 years and over).²⁵
- Early menopause was associated with being underweight²⁵, early menarche²⁶, smoking²⁷, and not having had children²⁶. Later menopause was associated with obesity.²⁵
- Women with natural menopause were more likely to use complementary and alternative medicine than women who had undergone hysterectomy or oophorectomy.²⁸

Menopausal symptoms

- Women going through the menopausal transition (i.e. in the peri-menopausal period) and postmenopausal women were more likely to report vasomotor symptoms (hot flashes, night sweats, or both) than no symptoms.²⁹
- Approximately 11% of mid-aged women reported at least one of the vasomotor symptoms while still premenopausal.³⁰
- More than one in four mid-aged women (29%) experienced severe vasomotor symptoms during menopause, and for some women the symptoms persisted for more than a decade after menopause.³⁰
- Almost one in five mid-aged women had moderate vasomotor symptoms that peaked during menopause and declined thereafter.³⁰
- The remaining 40% of mid-aged women reported only occasional symptoms.³⁰
- Women with vasomotor symptoms were more likely to subsequently report depressed mood compared with those without these symptoms²¹. Additionally women with depressed mood were more likely to experience subsequent vasomotor symptoms. In both situations this association was also related to sleep difficulties.³¹
- Smoking and obesity were associated with a higher risk of symptoms³² and experiencing both night sweats and hot flashes.²⁹
- Women with severe menopause symptoms from pre-menopause to 4 years post-menopause were more likely to have diabetes compared with women with mild symptoms, even after adjustment for BMI.³³

- Women with menopausal symptoms were more likely to use self-prescribed complementary and alternative medicines.^{28,34}

Hormone therapy

- Use of hormone therapy was associated with use of medication for depression, anxiety, stress and sleep, after controlling for mental health and menopause status.²⁴
- Women aged 47-52 years who had a hysterectomy or oophorectomy or used hormone therapy had higher depressive symptom scores than women of the same age group with natural menopause.²⁰

Recommendations

- Women who have had a hysterectomy should be carefully monitored by their doctors as they are at increased risk of chronic conditions.

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