



**The Australian Longitudinal Study on Women's  
Health**

**Report 11**

**The University of Newcastle  
10 March 1999**

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# **UNIVERSITY OF NEWCASTLE**

## **MARCH 1999 REPORT**

### **INTRODUCTION**

This is the 11<sup>th</sup> report on the Australian Longitudinal Study on Women's Health , provided by the University of Newcastle, due 10 March 1998, as agreed in the extension to the 1995-1998 contract between the Commonwealth Department of Health and Aged Care and the University of Newcastle.

## **EXECUTIVE SUMMARY**

1. During the first three months of 1999, the researchers have been focussing on:
  - cleaning data from the first follow-up of the mid-age cohort in 1998;
  - preparation of the survey for the first follow-up of the older women.
2. The name and address file for the older cohort has been checked against the National Death Index and the names of women who have died have been removed from the database. Wherever possible, cause of death will be recorded.
3. 11 sub-studies which will require additional contact with the women later in 1999, are being prepared.
4. Five PhD students are expected to complete their theses this year, and a further 14 students are working on honours, masters or doctoral thesis in 1999.
5. Some of the sub-studies have involved face-to-face contact with women through focus groups and interviews. These have been held in Coffs Harbour, Lismore, Taree, Foster, Newcastle and Gosford.
6. Tracking women whose mail is 'returned to sender' still takes up a great deal of research time. About 60 older women are still to be 'found' before the follow-up survey in March 1999.
7. 26 papers from the baseline data sets have now been published or accepted for publication in peer review journals. Publication of the first longitudinal data should take place during 1999.

## **1. ADMINISTRATIVE ARRANGEMENTS**

### **1.1 PROJECT STAFF**

Researchers from the University of Newcastle who are currently working on the project are:

Professor Annette Dobson (project director, Statistics);  
Dr Wendy Brown (project manager, RIGH);  
Emeritus Professor Lois Bryson (Sociology);  
Dr Julie Byles (Clinical Epidemiology);  
Associate Professor Christina Lee (Psychology);  
Dr Gita Mishra (Statistics);  
Dr Penny Warner-Smith (Leisure & Tourism Studies);  
Mr John Germov (Sociology);  
Ms Sue Outram (Behavioural Science);  
Ms Lauren Williams (Nutrition & Dietetics);  
Dr Surinder Baines (Nutrition & Dietetics);  
Dr Peter Brown (Leisure & Tourism).

Several researchers from other Universities are also working on the project:

Dr Justin Kenardy (Psychology, University of Queensland);  
Associate Professor Margot Schofield (Psychology, University of New England);  
Ms Susan Feldman (Centre for the Study of Health and Society, University of Melbourne);  
Professor Carole Morse (Public Health, Family and Mental Health, Royal Melbourne Institute of Technology);  
Dr Helen Kelleher (La Trobe University);  
Dr Marilys Guillemin (Centre for the Study of Health and Society, University of Melbourne);  
Dr Romaine Rutnam (Commonwealth Department of Health and Aged Care).'

Project staff at the University of Newcastle are:

Dr Wendy Brown (project manager);  
Ms Anne Young (statistician, from 1 May 1999);  
Mrs Jean Ball (data manager);  
Ms Jenny Powers (statistician);  
Mrs Lyn Adamson (research assistant);  
Mrs Joy Goldsworthy (research assistant);  
Miss Emma Threlfo (secretary);  
Mrs Beverley Parker (project assistant);  
Miss Kate Bell (project assistant);  
Miss Nadine Smith (research assistant).

Students who are working with us this year are:

*University of Newcastle*

Kylie Ball (Psychology);  
Margaret Hards (Clinical Centre for Epidemiology & Biostatistics);  
Sandra Hickling (Psychology);  
Anita Kruse (Leisure studies);  
Glennys Parker (Psychology);  
Amanda Patterson (Nutrition & Dietetics);  
Anne Young (Statistics);  
Mergie Young (Medicine);  
Brendan Goodger (Clinical Centre for Epidemiology & Biostatistics); Cathy Regan (Medicine);  
Liz Stojanovska (Research Institute for Gender & Health);  
Julie Brookes (Sociology);  
Barbara Reen (Medicine);  
Julie Holliday (Medicine).

*Other Universities*

Kerrilie Rice (Royal Melbourne Institute of Technology);  
Meredith Graham (La Trobe University);  
Gabrielle Rose (University of Queensland);  
Francis Allyn (University of Queensland);  
Emma Vogt (University of Queensland);  
Esben Strodhl (University of Queensland);  
Deborah Loxton (University of New England).

## 2. PILOT SURVEY FOR THE FIRST FOLLOW-UP OF THE OLDER COHORT

### 2.1 PILOT SURVEY

Pilot surveys were mailed to 292 women in NSW on 30 October 1998, and reminders were sent out on 9 and 27 November 1998. One woman was ineligible as she was in the wrong age group. On 16 December 1998, non-respondents were telephoned and invited to complete a short telephone survey (see below).

Items included in the short telephone interview:

- 1 Conditions;
- 3a GP visits;
- 6 Falls and accidents;
- 7 Number of hospital admissions;
- 12 Number of medications;
- 13 a-d specific medications;
- 14 Hormone Replacement Therapy;
- 18 a-e sleeping difficulty;
- 23 Date of birth;
- 24 Height;
- 25 Weight;
- 34 Marital status (time since widowed);
- 35 Live alone;
- 36 Cohabitants;
- 40 Postcode;
- 67 Help with daily tasks;
- 74 Caring;
- 45-55 SF-36.

As at 5 March 1999, the response rate to the survey was 248/283=87.6%.

**Table 1: Outcomes of the pilot follow-up survey for the older cohort**

	N	%
Survey received	226	77.7
Shorter survey by phone	22	7.6
Deceased	8	2.7
Withdrawn	10	3.4
Cannot do this time (will stay in study)	7	2.4
No contact yet	18	6.2
Total	291	



## **2.2 ITEM COMPLETION**

Most items, including SF-36 were completed by over 95% of respondents. Some rewording of items has been suggested for the older follow-up, due to either poor discrimination, or high levels of missing data on the older pilot follow-up survey (see Table 4). Items on cost of medications were deleted due to low rate of endorsement (<1%).:

## **2.3 WRITTEN COMMENTS**

48% of women provided written comments on the questionnaire(Yet to be analysed). Most responses were about personal or health circumstances. There was one comment on question 83 being difficult “from Christian perspective”.

## **2.4 CHILDHOOD TRAUMA**

Responses to the open question “In what way was your childhood traumatic?” were coded and quantified:

Parents separated/divorced:	5 women
Parental discord/family tension	9
Alcoholic father	7
Death of parent(s)	12
The Depression	10
The war	5
Illness	1
"unhappy"	3
separated from family	5
Poor	6

For the follow-up survey, this question about trauma will be followed by a request for women to indicate whether they would be willing to answer more questions about this issue.

## **3 FIRST FOLLOW-UP SURVEY OF THE OLDER COHORT**

The first follow-up of the older cohort will take place in March 1999, almost 3 years after the women’s first participation in the study. For this follow-up, there are 3 key questions of interest:

1. How important are individual (physical and psychological) characteristics in promoting and maintaining health-related quality of life in older women?
2. How important is the social environment (social interaction and satisfaction, instrumental support, participation in clubs and organisations, neighbourhood satisfaction) in promoting and maintaining health related quality of life in older women?
3. How important is access to health and community services in maintaining and promoting health-related quality of life?

The follow-up also provides an opportunity for longitudinal analysis of research questions that have already been the subject of cross-sectional analysis (baseline data):

- Sleep disturbance
- Falls and injury
- Social interaction and satisfaction
- Carers
- Stress and coping
- Elder abuse
- ANSI
- Physical activity
- Alcohol use

### **3.1 DEVELOPMENT OF THE PILOT QUESTIONNAIRE**

A draft questionnaire was developed between March and September 1998. The research areas were debated at a full-day workshop open to all investigators in July 1998. Specific items for each area were then identified through literature reviews conducted by Yvette Miller (research assistant) under the supervision of WHA investigators responsible for particular research questions or areas of interest.

The draft survey was pre-tested among two groups of older women identified from WHA reference groups and through personal networks. Items that were difficult to interpret, ambiguous or offensive to these women were reworded – unless the wording was considered critical for scale validity.

### **3.2 PROTOCOL FOR THE OLDER FOLLOW-UP SURVEY**

The older follow-up survey will follow the protocol set out below.

**Table 2: Timetable for the older follow-up survey.**

<b>Phase</b>	<b>Date</b>
Mail out surveys	15 March 1999
Thank you /reminder card	24 March 1999
Second reminder card	19 April 1999
Short telephone survey	5 May 1999

The survey including a consent form will be mailed to participants with a covering letter, change of address card and reply paid envelope to Women's Health Australia. Previously, surveys have gone directly to the data entry or scanning company. When using this method, information supplied by the participants about their problems has not reached the Women's Health Australia office in time to respond to their concerns. Neither has it been easy in the past, to ascertain how many women have responded, withdrawn or do not wish to participate. To overcome these problems, surveys will be returned and logged at the Women's Health Australia office. Consent forms will be detached and filed, and surveys

which have been filled in incorrectly for scanning (e.g. the circles have been ticked, crossed or filled in with pencil or red pen) will be edited so that the answers can be scanned. Surveys will be boxed ready for dispatch to the scanning company. Based on the pilot survey, an estimated additional five part-time staff will be required to work a total of 350 hours over a period of seven weeks to answer the 1800 number and open, log in and pre-edit surveys. The estimated cost of this is \$4,500, but this is deemed necessary to ensure that high quality data are received.

By early May, we expect approximately 9,000 surveys will have been returned, leaving around 2,000 women to be contacted by telephone. We anticipate this stage of the survey will require five extra part-time staff to work 300 hours over a period of three weeks. These shorter telephone surveys will also be sent away for scanning. Copies of the survey and other materials to be-used are included in Appendix 1.

### **3.3 MAINTENANCE OF THE COHORT**

#### ***3.3.1 Tracking of the participants***

Tracking lost participants from the Women's Health Australia project is an enormous ongoing task. The newsletter mailout in October 1998, resulted in a total of 1379 "return to sender" envelopes. This included 958 from the young cohort, 236 from the middle cohort and 185 from the older cohort. As the older cohort is due to receive a follow-up survey in March, the research assistants have focussed on tracking women in this cohort. A variety of tracking methods has been used. The most successful is a combination of the current electoral roll and a search of the White Pages on the internet. Of the 185 known "return to senders" in the older cohort, a check with the National Death Index found that 12 were deceased. We have made definite contact with 111 women and established their new address by telephone. For 37 we have found no listing in the white pages but there is a match on the electoral roll. We will write to these women, inviting them to contact us. 23 women are still being tracked via the electoral roll. Only 2 women have withdrawn after being contacted as part of this tracking process.

A similar tracking method is being used to locate "missing" participants from the young and middle cohort. Tracking the younger women is the most difficult task. They are constantly mobile, often do not have a telephone listed in their own name, are missing from the electoral roll, and a considerable number are overseas or travelling within Australia. As we find our missing participants, they generally provide us with additional contact names and numbers. This will gradually make the task of tracking easier.

#### ***3.3.2 Matching the Older Cohort to the National Death Index (NDI)***

As there was a relatively high rate of death in the pilot study, details for the 12,432 women in the older cohort were matched with the NDI. Possible matches were identified for 409 women. On further investigation 23 of the possible matches were not definite and a further 212 were already known to be deceased. Of the additional 174 women identified from the NDI as deceased, 10 had previously withdrawn.

#### ***3.3.3 Participants in the Older Cohort Follow-up***

The current status of the 12,432 women who participated in the baseline older survey is shown in Table 3.

**Table 3: Participant status at 8 March 1999**

<b>Status</b>	<b>Number of women</b>
Participating	11,738
Withdrawn	280
Withdrawn - too ill to complete survey	18
Overseas	1
Deceased	395
<b>Total</b>	<b>12,432</b>

Approximately 11,738 women are recorded as current participants in the study. Currently 61 of these women are being tracked and 161 women cannot fill the survey in by themselves and will require telephone interviews.

**Table 4: Question source for the first follow-up survey of the older cohort**

Question No.	Question description	Source	WHA Baseline	Purpose and Conceptual Base	Modification following pilot-testing
<b>Health Service Use</b>					
1 a-r	Medical History	Modified from ABS (NHS) 1989-90, then revised and extended.	✓	Comparable measure of self-reported health status (for longitudinal comparison)	Further examples were added to some items to make these items more inclusive; the "other" category was deleted
2 a-k	Operations/ Procedures	WHA (Baseline), then revised according to national estimates for females aged 72-76 in Quality in Australian Health Care Study database (1995)	✓	Compare with Baseline and collect data on procedures with high occurrence in this specific age group.	Further examples were added to some items to make these items more inclusive; the "other" category was deleted
3	Frequency of family doctor or GP visits	Modified from ABS (NHS) 1989-90, then revised according to data from "Availability and Use of Health Services Substudy"(AUHS) (WHA)	✓	Obtain information regarding visits to a family doctor or GP by women in this age group; provide longitudinal comparison for changes in frequency over time; provide cross-sectional comparison of changes according to age.	Response categories were expanded at the upper end of the scale
4 a-i	Frequency of HCP visits	Modified from ABS (NHS) 1989-90, then revised according to data from "Availability and Use of Health Services Substudy"(AUHS) (WHA)	✓	Obtain information regarding HCPs most utilised by women in this age group; provide longitudinal comparison for changes in type and frequency over time; provide cross-sectional comparison of changes according to age.	Reframed as dichotomous variable to reduce levels of missing data
5 a- g	Access to Health Care	AUHS Substudy (WHA)		Obtain feedback regarding access to Health Care and possible barriers to service use.	Item on access to female practitioner model

Question No.	Question description	Source	WHA Baseline	Purpose and Conceptual Base	Modification following pilot-testing
6	Gender preference of GP	Modified from AUHS Substudy (WHA)		Obtain information on preference to a female GP.	Replaces item omitted from access question
7	Cost of GP	AUHS Substudy (WHA)		Further feedback regarding possible barrier to GP visitation.	
8	Falls	DVA trial.		A particular concern for women in this age group. Provide estimate of prevalence and possible reasons for hospitalisation/ service use.	Reframed to correct stem: inside or outside the home. Response options modified to reduce missing data.
9	Days in Hospital	AUHS Substudy		Provide info. to be compared with information obtained in substudy.	Skip question deleted to avoid missing data
10 a-b	Insurance	Modified from ABS (NHS) 1989-90	✓	Provide longitudinal comparison and identify those covered by DVA who may have appeared to have no cover at baseline.	
11	General Physical Ability	Medical Outcomes Study(MOS) Physical Functioning Measures (1992)		To provide a more effective measure of limits on physical abilities.	
12	Mobility	MOS Physical Functioning Measures (1992)		As above	
13 a-b	Medication- general	WHA (Baseline)	✓	To enable assessment of people at risk of medical misadventure from drug combination.	Expanded examples of over-the-counter medications
14 a-c, e-f	Medication (specific)	WHA (Baseline) revised and extended.	✓	Measure of drug dependence to be compared with baseline.	"none of these" item added to allow checks for missing data

Question No.	Question description	Source	WHA Baseline	Purpose and Conceptual Base	Modification following pilot-testing
14d	HRT	WHA	✓	Baseline (Longitudinal) and Cross-sectional comparison	
<b>Health Conditions , Healthy Behaviour &amp; Life Events</b>					
15 a-aa	Life Events	Modified from Norbeck (1984), revised and extended	✓	To measure possible influence of life events on Health, and provide comparison of life event risk according to age and other factors measured.	
16 a-w	Symptoms and Help-seeking	WHA (baseline) with revisions	✓	Measure of prevalence and co-morbidity of various symptoms, and help-seeking behaviour (to be compared longitudinally and cross-sectionally)	Item restructured to avoid missing data
17 a-e	Specific Sensory deficits	Lambeth Disability Screening Questionnaire (1981)		Identification of specific sensory deficits (which may be age-relevant), and for combination with questions 17 and 18 for measure of co-morbidity.	"none of these" item added to allow checks for missing data
18 a-f	Sleeping	Nottingham Health Profile		To identify specific sleeping problems in the specific age cohort (for which sleeping problems are particularly relevant), and combine with above measure for co-morbidity.	Modified to be more consistent with original scale
19 a-j	Depression	CESD-10 (Mid Follow-Up)		Co-morbidity and comparison with baseline.	Response options simplified to avoid missing data
20 a-d	Physical Activity-occasions	Modified from Commonwealth Department of the Arts, Sport, the Environment and Territories (1992)	✓	For longitudinal and cross-sectional comparison. To calculate approximate health risks.	

<b>Question No.</b>	<b>Question description</b>	<b>Source</b>	<b>WHA Baseline</b>	<b>Purpose and Conceptual Base</b>	<b>Modification following pilot-testing</b>
21 a-d	Physical Activity – amount of time	Modified from Commonwealth Department of the Arts, Sport, the Environment and Territories (1992)	✓	As above	
22	Date of Birth	WHA	✓	Data cross-check	
23	Height	WHA	✓	Data cross-check (possible identification of changes in height)	
24	Weight	WHA	✓	As above	
25 a-m	Nutrition	Australian Nutrition Screening Checklist (extended to include vegetarianism)	✓	To calculate health risks associated with nutrition.	Additional item on weight change added
26	Alcohol-frequency	Modified from NHF (1980)	✓	To establish health risks associated with alcohol consumption, and provide comparison with baseline and other age cohorts.	
27	Alcohol - amount	Modified from NHF (1980)	✓	As above	
28	Smoking	Modified from Australian Institute of Health and Welfare (AIHW) (1998)	✓	To establish smoking-associated health risks, and provide longitudinal, cross-sectional comparison. To have some indication of the effectiveness of public health promotion/anti-smoking campaigns.	
29 a-g	Stress	WHA	✓	To estimate/validate stress-related risks to health.	



Question No.	Question description	Source	WHA Baseline	Purpose and Conceptual Base	Modification following pilot-testing
<b>Living Arrangements</b>					
30	Marital Status	Modified from ABS (1996) Census	✓	Identify impact of marital status on health and well-being; provide longitudinal and cross-sectional comparison.	
31	Living Alone and no. living in household	Modified from ABS (1994) Social, Labour, & Demograph Stats	✓	Identify impact of living arrangements on health and well-being.	
32	Pet Ownership	WHA		Investigate possible health benefits of pet ownership.	
33	Housing situation	Modified from ABS (1996) Census	✓	Investigate possible impact of housing situation on health and well-being.	Other types of accommodation added: villa, hostel, mobile home
34	Time in present home	WHA		As above.	
35	Postcode	WHA	✓	Data check. To enable classification according to area.	
36 a-m	Feelings about Neighbours and Neighbourhood	Australian Living Standards Study (Aust Institute of Family Studies)		To investigate possible impact of neighbourhood satisfaction on H & WB.	Modified to conform with original scale
37	Income sources	WHA		To enable investigation of income-related impact on H & WB.	
38	Managing on Income	WHA	✓	As above – Is the effect due to actual income or extent of managing.	

Question No.	Question description	Source	WHA Baseline	Purpose and Conceptual Base	Modification following pilot-testing
<b>Quality of Life</b>					
39 a-f	Optimism	Revised and reduced Revised Life Orientation Test (LOT-R) (1994)		To investigate postulated impact of psychological variables on Health.	
40-50	Physical and Mental Health	SF36- Ware & Sherbourne (1992)	✓	Longitudinal and cross-sectional Comparison.	
<b>Support (Providing and Receiving)</b>					
51-61	Social Support	Duke Social Support Index, Koenig et al, 1993.	✓	Investigate impact of perceived social support on Health and well-being. Enable cross-sectional and longitudinal comparison of social support and it's impact.	Format modified to avoid missing data
62	Need for Care	Modified from ABS (1993) Disability, Aging and Carers Australia.	✓	To enable longitudinal comparison, and identify need for care.	
63	Assistance for Travel	MOS Physical Functioning Measures (1992)		Need for assistance in mobility.	
64	Ability to use Public Transport	MOS Physical Functioning Measures (1992)		Measure of Access to public transport, reasons for not having access(health-related or not).	
65	Availability of Public Transport	WHA		Identification of possible barrier to public transport use.	
66 a-g	Instrumental Support	Modified subscales D and E from Social Support Questionnaire for Transactions (SSQT)		Specific measure of access to and use of instrumental support.	

<b>Question No.</b>	<b>Question description</b>	<b>Source</b>	<b>WHA Baseline</b>	<b>Purpose and Conceptual Base</b>	<b>Modification following pilot-testing</b>
67 a-m	Elder abuse	Validation of the Hwalek-Sengstock Elder Abuse Screening Test (Neale 1991).	✓	Specific measure of elder abuse	
68 a-i	Formal Support/ Service Use	Modified from Jorm et al (1993) using DVA data.		Specific measure of formal support use/ utilisation of formal services.	
69	Care for Children	WHA		Able to identify Health effects for child-carers.	
70	Care for Others	Modified from ABS (1993) Disability, Aging and carers Aust.	✓	Allows identification of Health risks according to specific care of ill/disabled (comparison with other types of care)	Format modified to avoid missing data
71	Caring for ill/frail	WHA : Developed from baseline		Risks according to number cared for.	
72	Frequency of Care for ill/frail	WHA : Developed from baseline		Risks according to frequency of caring.	
73	Time spent caring for ill/frail on each occasion	WHA : Developed from baseline		Risks according to duration of caring.	
74	Volunteering	WHA		Will allow identification of postulated benefits to health and well-being.	
75 a-b	Time pressure	Modified from Statistics Canada (1985)	✓	Identification of risk according to lifetime occupation.	

Question No.	Question description	Source	WHA Baseline	Purpose and Conceptual Base	Modification following pilot-testing
<b>Miscellaneous</b>					
76 a-b	Childhood Trauma	WHA		Identification of participants for possible future substudy to investigate the health syndrome related to childhood trauma.	
77 a-o	Health-related hardiness	Health-Related Hardiness Scale (Pollock, 1990)		To examine the possible effects of psychological variables on physical health.	
78 a-p	Erikson's Stages of development	Revised Inventory of Psychosocial balance (IPB) (Domino & Affonso, 1990)- re-shuffled and terms defined.		To investigate the psychological variables particular to this age-group (which are hypothesised in Erikson's stages of development), and their relationship with health and well-being.	

#### 4 SUB-STUDIES IN PROGRESS - 1999

	<b>Title</b>	<b>Cohorts</b>	<b>Investigators</b>	<b>Stage</b>	<b>Papers*</b>
1	Iron deficiency in women of childbearing age	-	Amanda Patterson Wendy Brown Dave Roberts	Writing up thesis	5,35
2	Health Services Utilisation in NSW	M&O	Anne Young Annette Dobson Julie Byles	Writing up thesis	4,25,38
3	Disordered eating, psychological stress and coping in young women	Y	Kylie Ball Christina Lee	Writing up thesis	3,17,19,22
4	The use and effectiveness of legal protection as a secondary prevention strategy to reduce frequency and severity of repeat Domestic violence in women's lives	Y	Margie Young Annette Dobson Julie Byles	Writing up thesis	
5	Older Australian women as widows	O	Julie Byles Susan Feldman	In progress	16,29
6	Restraint, emotions and health in relation to binge eating	M	Justin Kenardy Frances Allyn	Data analysis	
7	Contraception and young women	Y	Lois Bryson Deidre Wicks Stefani Strazzari	Completed	32

	<b>Title</b>	<b>Cohorts</b>	<b>Investigators</b>	<b>Stage</b>	<b>Papers*</b>
8	Women's experiences of seeking help for emotional distress	M	Sue Outram Margot Schofield Lois Bryson	Writing up thesis	
9	Social support, health status and health care utilisation in women aged 70-76	O	Brendan Goodger Julie Byles Gita Mishra	Data analyses	
10	Menopausal women: how do they explain their weight change	M	Lauren Williams Wendy Brown	Data collection	
11	Never too late: Older people's perceptions of physical activity	I	Wendy Brown Beth Fuller Christina Lee Jill Cockburn Lyn Adamson	Completed	26
12	The politics of breathing: a cultural analysis of asthma in Australia	M	Gabrielle Rose Lenore Manderson Ian Riley Margaret Kelaher	Data analysis	
13	Domestic violence as punishment	M	Lois Bryson Julie Brookes	Writing up thesis	
14	Women's participation in and resistance to the thin ideal: an interdisciplinary study on the sociology of the body, food and nutrition	M	John Germov Lauren Williams	Data analysis	

	<b>Title</b>	<b>Cohorts</b>	<b>Investigators</b>	<b>Stage</b>	<b>Papers*</b>
15	Use of HRT by older Australian women	O	Julie Byles Anurina Das	Data analysis	
16	Medication for sleeping difficulties women aged 70-76	O	Julie Byles Margaret Harris Gita Mishra Kichu Nair	Data analysis	
17	Life changes after the birth of a first child and usefulness of health care - Hunter Area women 19-22 years old	Y	Karla Karinen Nick Higginbotham	Data analysis	
18	Childcare and the health and well-being of young mothers activity	Y	Penny Warner-Smith Anita Kruse	Data collection	
19	Health care seeking and co-ordination of care in rural and metropolitan NSW	M,O	Wendy Brown Julie Byles Margaret Harris	Data collection	
20	Use of health care services by elderly women with complex health care needs	O	Julie Byles Cathy Regan	Data collection	
21	The characteristics of Australian women with disabilities	Y,M,O	Romaine Rutnam	Data analysis	
22	Violence and abuse: an assessment of mid-aged women's experiences	M	Christina Lee Glennys Parker Wendy Brown	Preparation	

	<b>Title</b>	<b>Cohorts</b>	<b>Investigators</b>	<b>Stage</b>	<b>Papers*</b>
23	Cognitive function in mid-aged women through the menopause transition	M	Carol Morse Christina Lee Kerrilee Rice	Preparation	
24	Menopausal women and heart disease: understanding risks and prevention	M	Marilys Guillemin	Preparation	
25	Analysis of baseline data relating to alcohol consumption from the Australian Longitudinal Study on Women's Health	Y,M,O	Helen Jonas Wendy Brown	Planning	
26	Reason for and satisfaction with hysterectomy in mid-age women	M	Helen Kelleher Melissa Graham Wendy Brown Julie Byles	Planning	
27	Women's perspectives of causes of depression and sadness metropolitan NSW	M	Barbara Reen Carla Treloar Julie Byles	Planning	
28	Women, leisure and health	Y,M,O	Peter Brown Wendy Brown Lois Byrson Penny Warner-Smith Anita Kruse	Data collection	
29	Psychosocial problems of sufferers of intractable angina	O	Justin Kenardy Esben Strodhl	Preparation	



	<b>Title</b>	<b>Cohorts</b>	<b>Investigators</b>	<b>Stage</b>	<b>Papers*</b>
30	Palpitations in middle-aged women - evaluation of symptoms	M	Julia Lowe Julie Holliday	Preparation	
31	Validation of the stress variable	Y,M,O	Christina Lee Sandra Hickling	Data analysis	

\* *Papers written using data collected from the sub-study (see publication list for full details);*

*Y Young cohort;*

*M Mid-age cohort*

*O Older cohort.*

## 5 PUBLICATIONS

### 5.1 JOURNAL ARTICLES

#### *Published*

1. Brown WJ, Bryson L, Byles JE, Dobson AJ, Manderson L, Schofield M & Williams G. (1996). Women's Health Australia: Establishment of the Australian Longitudinal Study On Women's Health. *Journal of Women's Health*, 1996; 5(5): 467-472.
2. Dobson A, Mishra G, Brown W & Reynolds. Food habits of young and middle-aged women living outside the capital cities of Australia. *Australian and New Zealand Journal of Public Health*, 1997; 21(7): 711-715.
3. Kenardy J & Ball K. Disordered eating, weight dissatisfaction and dieting in relation to unwanted childhood sexual experiences in a community sample. *Journal of Psychosomatic Research*, 1998; 44(314): 327-337.
4. Young AF, Byles JE & Dobson AJ. Women's satisfaction with general practice consultations. *Medical Journal of Australia*, 1998; 168: 386-389.
5. Patterson AJ, Brown WJ & Roberts DCK. Development, prevention and treatment of iron deficiency in women. *Nutrition Research*, 1998; 18(3): 489-502.
6. Schofield MJ & Mishra G. Validity of the SF-12 compared with the SF-36 health survey in pilot studies of the Australian Longitudinal Study on Women's Health. *Journal of Health Psychology*, 1998; 3(2): 259-271.
7. Mishra G & Schofield MJ. Norms for the physical and mental health component summary scores of the SF-36 for young, middle and older Australian women. *Quality of Life Research*, 1998; 7(3): 215-220.
8. Brown WJ, Dobson AJ & Mishra G. What is a healthy weight range for middle aged women? *International Journal of Obesity*, 1998; 22: 520-528.
9. Bryson L & Warner-Smith P. Choice of GP: who do young rural women prefer? *The Australian Journal of Rural health*. 1998; 6: 144-149.
10. Brown WJ, Ball K & Powers J. Is life a party for young women? *ACHPER Healthy Lifestyles Journal*, 1998; 45(3): 21-26.
11. Bryson L & Warner-Smith P. Employment and women's health. *Just Policy*, 1998; 14: 3-14.
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13. Harris MA, Byles JE, Mishra G & Brown WJ. Screening for cervical cancer: health care, isolation and social support. *Health Promotion Journal of Australia*, 1998; 8(30): 167-172.
14. Bryson L. The Women's Health Australia project and policy development. *Australian Journal of Primary Health - Interchange*, 1998; 4(3): 59-71.

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15. Chiarelli P & Brown W. Leaking urine in Australian women: Prevalence and associated conditions. *Women and Health*, 1998; 29(1).
16. Byles JE, Feldman S & Mishra G. For richer, for poorer, in sickness and in health: older widowed women's health, relationships and financial security. *Women and Health*, 1998; 29(1).
17. MI K, Lee C, & Brown W. Psychological stress and disordered eating: An exploratory study with young Australian women. *Women and Health*, 1998; 29(1).
18. Roberts DCK, Brown WJ, Byles JE & Alexander J. Starving for attention: nutritional risk assessment for older women. *Public Health Nutrition*, 1997.
19. Ball K, Kenardy J & Lee C. Relationships between disordered eating and unwanted sexual experiences: a review. *Australian Psychologist*, 1998.
20. Lee C. Health habits and psychological functioning among young, middle-aged and older Australian women. *British Journal of Health Psychology*, 1998.
21. Brown WJ, Lee C, Mishra G, Bauman A. Leisure time physical activity in Australian women: relationship with well-being and symptoms. *Research Quarterly for Exercise and Sport*, 1998.
22. Ball K & Lee C. Relationships between psychological stress, coping and disordered eating: a review. *Psychology and Health*, 1999.
23. Kenardy J, Brown WJ & Vogt E. Dieting and health in young Australian women. *Health Psychology*, 1998.
24. Dobson AJ, Brown W, Ball J, Powers J & McFadden M. Women driver's behaviour, socio-demographic characteristics and accidents. *Accident, Analysis and Prevention*, 1998.
25. Brown WJ, Young AF & Byles JE. Tyranny of distance? The health of mid-age women living in five geographical areas of Australia. *Australian Journal of Rural health*, 1998.
26. Brown WJ, Fuller B, Lee C, Cockburn J & Adamson L. Never too late: older people's perceptions of physical activity. *Health Promotion Journal of Australia*, 1998.

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27. Byles JE, Mishra G & Schofield M. Hysterectomy among women in Australia: an issue of equity and access in health care. *Medical Journal of Australia*, 1998.
28. Mishra G, Dobson A & Schofield M. Cigarette smoking, menstrual symptoms and miscarriage among young women. *Tobacco Control*, 1998.
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31. Chiarelli P, Brown WJ & McElduff P. Leaking urine - prevalence and associated factors in Australian women. *Neurourology and Urodynamics*, 1998.
32. Strazzari S, Bryson L & Brown W. Young women and safe sex: transitions in contraceptive choice. *Women & Health*, 1998.
33. Brown WJ, Dobson AJ, Bryson L & Byles JE. Women's Health Australia: update on the progress of the main cohort studies. *Journal of Women's Health*, 1999.
34. Schofield MJ, Reynolds R, Mishra G, Powers J & Dobson AJ. Vulnerability to abuse, powerlessness and psychological stress, among older women: women's health study. *Journal of Applied Gerontology*, 1999.
35. Patterson A, Brown W, Powers J, Roberts DCK. Iron deficiency, general health and fatigue: results from the Australian Longitudinal Study on Women's Health. *Quality of Life Research*, 1999.

## **5.2 CONFERENCE PROCEEDINGS AND REPORTS**

### ***Published***

35. Bryson L. Women's Health Australia: Towards 2000. *Proceedings of the Rural Australia: Towards 2000 Conference*. Albury: Charles Sturt University, 1997, pp 51-62.

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36. Schofield M, Mishra G & Dobson A. Risk of multiple prior miscarriages among middle-aged women who smoke. *Conference Proceedings of the World Conference on Tobacco or Health*, 1997.
37. Schofield M, Mishra G & Dobson A. Risk of early menopause among Australian women who smoke. *Conference Proceedings of the World Conference on Tobacco or Health*, 1997.

### 5.3 BOOK CHAPTERS

#### *Published*

38. Brown W, Young A & Byles J. Women's Health Australia: A health profile of mid-life rural women. *Rural Public Health in Australia*, 1997. Canberra: National Rural Health Alliance, pp 211-220.
39. Wicks D & Mishra G. Young Australian women and their aspirations for work, education and relationships. In E Carson, A Jamrozik & T Winefield (Eds). *Unemployment Economic Promise and Political Will*. Brisbane: Australian Academic Press, 1998.