

Putting information together to improve health and health care services for Australian women

Background

You may remember that during this project we have asked you for permission to receive details from the Health Insurance Commission about your use of Medicare-funded health services. By putting the Medicare data together with the survey data, we have looked at general patterns of use of health services, particularly general practitioner and specialist consultations. Having these data has helped us to write reports about women's access to health services and particularly about how much the services cost according to where women live around the country. These reports have been provided to the government to help improve services for women.

What's New?

Following discussion with the Health Insurance Commission, information held by the HIC may be regularly provided to the research team from 2005 without your needing to consent every time. Other information such as birth and death records, disease registers and hospital discharge records may also be available subject to strict privacy and confidentiality rules. Names and addresses are not included with the information. The project staff analyzing these datasets and the survey data have signed confidentiality statements and they have no information in the datasets that could identify an individual person. This research is conducted in accordance with relevant privacy requirements and other legislation protecting this information and is subject to final approval being granted by government and university ethics committees.



What happens next?

You do not need to do anything. However if you have any questions about this process or if you need more information, please call the Freecall number and we will send you a more detailed information sheet. If you have concerns about this new method of data collection, you can opt out of this by phoning the Freecall number 1800 068 081. We will provide updates in future newsletters about our progress and findings and how this research will benefit the health of women now and in the future.

If you have any concerns about this project, and would prefer to discuss these with an independent person, you should feel free to contact the University of Newcastle's Human Research Ethics Officer, Ms Sue O'Connor, on 02 4921 6333 or write to her at Research Branch, The University of Newcastle, University Drive, Callaghan NSW 2308.

Did you know?

By combining survey data and Medicare data since 1997, the study has shown that an increasing number of women with diabetes are having checkups and blood tests that are recommended for quality management of diabetes.

launch of our achievements reports



Above: Professor Dobson presents the Achievements Reports at Parliament House

On 14th September members of the research team were invited to Parliament House where the Study Director, Professor Annette Dobson, presented a series of reports based on the findings of the Women's Health Australia study to the Federal Minister for Health, the Honourable Tony Abbott MP.

The reports cover key issues in women's health, including weight gain, domestic violence, use of rural health services, paid work, ageing, mental health and the use of alcohol, tobacco and recreational drugs.

How to contact us

Website: www.newcastle.edu.au/centre/wha
Email: whasec@newcastle.edu.au
Freecall: 1800 068 081

Useful links

www.healthinsite.gov.au
Through this site you will find a wide range of up-to-date and quality assessed information on important health topics such as diabetes, cancer, mental health and asthma.

ofw.facs.gov.au/index2.htm
The Australian Government Office for Women (OfW) is a policy advisory unit and a division of the Department of Family and Community Services in Australia. Explore their site to see how OfW is working towards ensuring that government policies, services and initiatives are evaluated for the benefits they will provide to women, their impact on women and their accessibility by women.

women's
health
australia

newsletter

nov05

inside

Coping with depressed mood 2



Reproductive decision-making 2

Complementary and Alternative Medicine 3

Weight and weight change 3



Alcohol 4

Healthy ageing 4

Putting information together 5



Launch of our Achievements Reports 6



Dear Participant

Thank you for continuing to take part in the Women's Health Australia project. With your assistance, the project has now been running for ten years. In 1995 we received our official funding and began data collection by sending out surveys to 600 women. This 'pilot' group helped us to determine the structure and content of the surveys, and continues to do so. The 40,000 women in the main part of the project began their involvement in 1996. We are grateful for your continued help. As a participant in one of the longest running studies into women's health in the world, you are to be congratulated on your commitment to this project.

The project provides the most comprehensive information ever collected on the health and well-being of Australian women. This year the Australian Minister for Health, the Hon Tony Abbott, MP, launched a series of ten Achievements Reports prepared by the research team to highlight the research that has been completed over the past decade. On page 6 of this newsletter there is a report of the launch, which took place in Parliament House in Canberra on 14 September.

This year it was the turn of the women aged 79 to 84 to complete their fourth major survey. We have had a wonderful response to this survey and thank everyone very much for taking the time to complete it.

Annette Dobson

Annette Dobson
Project Director

current events

In March 2006, women aged 28-32 will be invited to complete their fourth major survey for the project. If you are in this age group and you have changes to your address details or if you may be travelling overseas at that time, please call us on our Freecall number 1800 068 081, or email us at whasec@newcastle.edu.au, or use the change of address card enclosed with this newsletter so that we can adjust our records.

'Happy Anniversary' to our pilot participants

This year marks the 10th anniversary of the beginning of the Women's Health Australia project. Congratulations to our pilot group of participants who completed their first survey in 1995 and have now made it to the half-way point of the project. Next year we plan to celebrate the 10th anniversary of the main study group with a special edition of our newsletter.

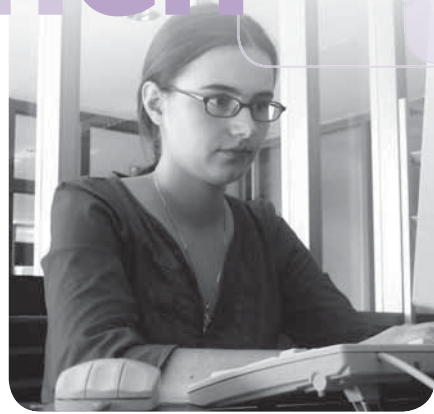
These reports may be viewed on the website of the project at <http://www.newcastle.edu.au/centre/wha>

At the launch, the Minister announced additional funding for the project and acknowledged the valuable contribution that you, the participants, have made to the future development of health policy.

Did you know?

- Young women's use of tobacco, alcohol, marijuana and other recreational drugs declined as they moved through their 20s.
- While many mid-age women are working longer hours, those who feel time pressured report lower levels of well-being, and this raises questions about the culture of long hours amongst Australian workers.
- 92% of the younger women surveyed want to be mothers by the time they are 35. But only 4% plan to be stay-at-home mothers; the rest want to work as well.
- Among younger women, stress levels are highest among students and lowest among new mothers.
- This project has the lowest cost per participant of any current major survey in Australia, or in other comparable countries.

younger women



Coping with depressed mood

Younger women report the highest levels of psychological distress in the Women's Health Australia project, compared with the mid-aged and older women. It seems likely that many of these women experience periods in their lives when things look bleak. Luckily, they are also very resourceful and have definite ideas about what to do to make themselves feel better. In a recent substudy, women shared their ideas about what approaches they use and how helpful they find these strategies.

Talking to a doctor, writing about the problem and walking were among the many strategies regarded as helpful, and used by a large proportion of the participants. Pets were seen as good listeners, and talking to friends was generally looked upon as more helpful than talking to a partner. Although strategies involving eating more food or treating themselves with special food were quite common, these ways of coping were less likely to be considered helpful.

Interestingly, while these participants saw depression as a medical condition, they did not believe that it needed necessarily to be controlled through medication. And unlike the mid-aged women, the majority of our younger women would not find it embarrassing to talk with their doctor about feeling depressed.

As far as their recommendation to others was concerned, the message was clear: talk, talk, talk. Don't keep the dark thoughts to yourself, share them with someone whom you can trust.

Reproductive decision-making

Australia's birth rate is falling; however, younger women have told us that they want to have children. At Survey 3 (2003), 92% of younger women, then aged 25-30 years, told us they would like to have one or more children by the time they are 35 years old. When to have children appears to pose a more complex question, with the desire for motherhood frequently being influenced by factors such as establishing a career and economic stability. This often results in women delaying motherhood, despite many holding strong views on the 'ideal' age, usually before 35 years, to have children.

Younger women are increasingly using reproductive technology, such as contraception and assisted reproductive technology (eg In Vitro Fertilisation), to control the timing of motherhood. These same women often express ambivalence about the technologies, talking negatively about the side effects and costs involved.

In-depth interviews are currently being conducted with younger project participants to investigate this topic.

YOUNGER WOMEN	Survey 1 1996	Survey 2 2000	Survey 3 2003
Report that their health is good, very good or excellent	89%	89%	91%
Prefer a female GP for certain things	44%	45%	43%
Are participating in paid work	52%	83%	80%
Never or rarely drink alcohol	41%	36%	34%
Had a Pap test less than 2 years ago	46%	67%	72%
Are currently married	8%	24%	40%
Are currently living in de-facto relationships	11%	20%	19%
Are satisfied or very satisfied with what they have achieved in work, career or study	81%	80%	81%

MID-AGE WOMEN	Survey 1 1996	Survey 2 1998	Survey 3 2001	Survey 4 2004
Find managing on their income easy or not too bad	61%	60%	65%	63%
Report that their health is good, very good or excellent	91%	90%	87%	87%
Have children living with them	66%	61%	45%	34%
Had visited a medical specialist in the 12 months prior to filling out the survey	43%	42%	47%	48%
Have ever had a hysterectomy	21%	23%	27%	29%
Perform moderate to high physical activity for at least 150 minutes per week	n/a	51%	46%	55%

CAM

Complementary and alternative medicine (CAM) is used by substantial numbers of people. It is estimated that Australians spend over \$2.3 billion a year on CAM. The Women's Health Australia project has provided a unique opportunity for researchers to examine consumption of CAM in relation to women's health. CAM use differed by age group with 28% of mid-age women having consulted an alternative health practitioner, compared with 19% of the younger group and 15% of the older group. CAM users were more likely to live in non-urban areas, to have experienced major illness and to have more symptoms of ill health and be limited by their health. They were also high users of GP, specialist and hospital services. There was a strong connection between bodily pain and the use of CAM. It would appear that women do not use CAM to replace conventional treatments. The findings suggest that women select treatments from the different options to suit particular medical and health problems. These are important findings for medical practitioners who need to be aware that patients may choose to supplement conventional medicines with complementary and alternative medicine.

mid-age women



Weight and Weight Change

At the time of the first survey in 1996 the average weight of the younger women was 62.6 kg, while the mid-age women were the heaviest of the three age groups with an average weight of 68.6 kg – a difference of 6 kg. By Survey 3, however, the younger women had gained more weight than the mid-age women, with an average gain of 4.8kg. Average weight was 67.4 kg for the younger group and 71.0 kg for the mid-age group – a difference of 3.6 kg. If this trend continues, by the time the younger group is 45-50, the same age as the mid-age group was in 1996, they are likely to be considerably heavier than the mid-age women were at that age. The pattern of weight change was different in the older cohort: their average weight decreased during the first six years of the study.



older women



Did you know?

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

OLDER WOMEN	Survey 1 1996	Survey 2 1999	Survey 3 2002
Find managing on their income easy or not too bad	76%	76%	75%
Report that their health is good, very good or excellent	79%	76%	74%
Had visited a medical specialist in the 12 months prior to filling out the survey	53%	49%	50%
Said they were as healthy as anyone they knew	72%	74%	70%
Have a pet in the household	n/a	35%	33%

Alcohol

Researchers on the project have recently produced a report for the Department of Health and Ageing on women and alcohol consumption. While drinking alcohol at risky levels has negative implications for women's health and their social and economic wellbeing, there may be some benefits from low alcohol consumption. An association was found between alcohol consumption and health-related quality of life among older women. Women who drink up to one or two drinks a day tend to be in better health than non-drinkers, at all ages, even when other factors are taken into account.

Healthy Ageing

The Women's Health Australia project is providing a picture of ageing that challenges negative stereotypes. At Survey 3 more than 90% of the participants then aged 76 to 81 were able to perform independent activities of daily living, such as cooking, bathing and dressing. Over 83% had no difficulty in reading a newspaper (with glasses if necessary). More than one third of the participants said they could walk at least a kilometre. Just over half (51%) were still driving. Most reported active social lives, either spending time with other people outside their households, talking on the phone, or attending meetings or clubs. Almost half (43%) were doing volunteer work of some sort. Only 10% of women were using respite, nursing or community health services, but one quarter (25%) of women in this age group were providing some form of family caregiving.

Levels of physical activity have decreased over the last ten years for women in this age group. However, one-third of women reported taking moderate exercise every day.

Did you know?

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.