1973-78 cohort

Comings and goings: Patterns of travel

Many of the 1973-78 cohort are frequent travellers to overseas countries. At Survey Four we invited participants to tell us how long they had spent overseas in the past eleven years. Clear patterns of mobility emerged.

As these women have aged, their patterns of travel have changed. For example, they were more likely to stay overseas for longer periods (that is between 7 to 12 months) when they were aged between 23 and 28 years. However as they grew older, more of them left the country but for much shorter time periods. In 2005 when they were aged 27 to 32 years, just over 25% spent some time overseas for less than two months .

The research team finds this information particularly interesting as it helps illustrate the complexity of maintaining contact with participants across time. The results also provide a unique opportunity to consider the implications of mobility in relation to health service use.

Did you know

The majority of women in the 1973-78 cohort aspire to a life involving paid work and family. A total of 87% of women at Survey 1; 86% at Survey 2; 88% at Survey 3 and 84% at Survey 4 aspired to a stable relationship (marriage or de facto), at least one child and some form of paid work.

Experiencing motherhood

The youngest women in the project are now turning 30, and many are considering or experiencing motherhood. The longitudinal nature and the inclusion of three different age groups in the project have allowed the research team to consider the different experiences of motherhood across the three cohorts.

For example, by the time women in the 1946-51 cohort were 24, over 50% had given birth to their first child. By comparison, only 15% of the women in the 1973-78 cohort had given birth by 24 years of age. We have not asked the1921-26 cohort at what age they gave birth to their first child, however we do know that in Australia for most of the 20th century, the age at first birth was between 25 and 29 years with a peak of births in the baby boomer years after World War II.

Just over 30% of the women in the 1921-26 cohort had four or more children. However, only 15% of the 1946-51 cohort chose to have four or more children. It is impossible to predict how many children the women in the 1973-78 cohort will have but over time, the number of children they aspire to has changed. In the year 2000 Survey, 58% of women in the 1973-78 cohort thought that by age 35 they would like to have had two or more children. By 2006 this figure had declined to 48%. Interestingly, the number of women who aspired to having only one child had increased by 6%.

1946-51 cohort

Alcohol consumption and the health of women in their 50's

A recent report published by the research team has considered the health of women in their 50's and the consumption of alcohol. The findings suggested that even after adjustment for having a chronic condition, depression and life-style factors such as current smoking status, consistent moderate drinkers of alcohol had the best self-rated health.

Other studies have found associations between moderate drinking levels of alcohol and lower risk of illness and death. However WHA research appears to be the first longitudinal study to find that women who were consistent moderate drinkers had better health than women who were long-term abstainers. This research lends weight to the idea that light to moderate consumption of alcohol may have a beneficial effect on health since poorer health was associated with decreased alcohol intake among occasional and moderate drinkers.

However, there are still questions to be answered before women who are non-drinkers commence drinking! For example, is moderate alcohol consumption the cause of better health? Are other unmeasured factors responsible for the better health observed amongst moderate drinkers?

The research team has published several other reports and scientific papers on the topic of alcohol consumption and women's health. For further information go to the website at alswh.org.au and follow the links.

Using complementary and alternative medical care (CAM)

The use of complementary and alternative medicine (CAM) is increasing worldwide. CAM refers to those practices, technologies and medications not normally part of conventional medical care.

The research team considered the use and adoption of CAM in the 1946-51 cohort longitudinally, that is, across two time points of the survey. The results indicated that women in this age group who were adopters of CAM were more likely to have made more visits to the GP, ceased taking prescription medication, and taken non-prescription medication at both time points than women who did not adopt CAM. Women who adopted CAM had also experienced a decline in physical health. The findings suggested that some women consult a CAM practitioner to augment their usual care while other women use CAM practitioners as an alternative to their usual care.

Further research considered CAM use among women who had cancer. The results suggested that women who had a diagnosis of cancer were more likely to consult a naturopath or herbalist than women without cancer. Women with breast, bowel or other cancers had higher rates of consultation than women with cervical cancer.

1921-26 cohort

Annual Health Assessments

In 1999, Medicare Australia introduced voluntary annual health assessments for older Australians. These assessments are intended to provide older Australians with a comprehensive review of their health and functioning. The combination of data from the surveys and Medicare data has allowed the research team to measure the use and outcome of these assessments.

Of the women in the 1921-26 cohort who had given their permission for the project to access their Medicare data, 58% had at least one health assessment between November 1999 and 2005, 13% had two and 12% had three assessments. Having a health assessment was associated with having a condition such as diabetes or hypertension, taking more medications, and having more hospital admissions and more consultations with a GP.

Data from the most recent survey (2008) will be used to further research this topic but preliminary findings are suggesting that women who have had more than one assessment may have better health outcomes.

Putting the brakes on driving

Transport is a primary concern for all people but for older people, being able to drive is an extremely important factor in the maintenance of their independence, lifestyle and wellbeing. In 2005, the major form of transport for women in the 1921-26 cohort was driving their own cars.

The research suggests that women in rural and remote areas were more likely to drive themselves than women who live in urban areas. Conditions that impact on physical abilities such as arthritis, stroke and poor vision were strongly associated with ceasing driving. However many women commented on the positive effect cataract removal had had on their ability to continue or resume driving.

Women who had ceased driving were more likely to report that they had difficulty getting to places at night, accessing shops and services and moving beyond their local communities. Some women wrote of the frustrations of finding alternative transportation and were forced to rely on their husbands or family and friends.

This research has been presented at a national rural health conference and highlights the need for greater understanding of how the community responds to the changing needs of our ageing population.

Longitudinal research:

More than just a 'snapshot' of Australian women's lives

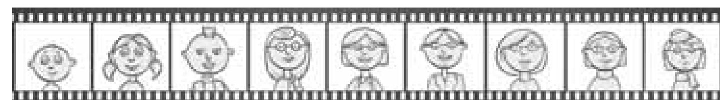
The Women's Health Australia project has now been running for over 12 years and many participants have completed five major surveys. This research is creating a unique vision of Australian women's health across time.

This method of research, known as longitudinal or panel research, relies on each participant's long term commitment to the project.

In non-longitudinal research, participants are asked to complete one survey: a market research telephone interview is a good example of this style of research. This could provide the marketing company with a snapshot or photograph of the participant's viewpoint at that time. The Women's Health Australia project could be likened to a feature length movie that tells a story across a timespan or the British documentary series 7-Up which has contacted their participants every seven years since 1964. Just like the participants in that documentary series, participants from the project occasionally drop in and out, that is they do not complete a survey. This can happen for any number of reasons: they may be out of the country or simply be too ill. Although the research team makes every effort to find each and every participant, missing a survey does not devalue the role each participant plays or has played in this valuable study. Participants are encouraged to call the Freecall number **1800 068 081** or email the project at anytime to record changes of details or circumstances.

This edition of the newsletter has included several articles relating to research across time, for example the article on alcohol consumption in the 1946-51 cohort reflects the use of alcohol across three time points of the project. The article on annual health assessments in the 1921-26 cohort has also considered the uptake of these assessments across time by combining both survey and Medicare Australia data across the years 1999 to 2005.

Further information relating to the Women's Health Australia project is available from our website at **www.alswh.org.au**.



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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 Medicare Australia 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 Medicare Australia, information held by them will be regularly provided to the research team without your needing to consent every time. Other information such as birth and death records, disease registers and hospital discharge records, aged care and community datasets, will also be available subject to strict privacy and confidentiality rules. Names and addresses are not included with the information. The project staff analysing 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.

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 on (02) 4921 6333 or write to them at Research Branch, The University of Newcastle, University Drive, Callaghan NSW 2308. You could also contact the University of Queensland's Human Research Ethics Officer on (07) 3365 3924 or write to them at the University of Queensland, St Lucia QLD 4072.

Did you know?

By analysing data from the Pharmaceutical Benefits Scheme, the project has been able to provide a detailed report to the Australian Government on medication use. Findings suggest that women in the 1973-78 cohort were most likely to make claims for antidepressants, hormonal contraceptives and asthma medications (adrenergics and inhalants). Among women in the 1946-51 cohort, the most common claims were for medications for peptic ulcer or gastro-oesophageal reflux disease, lipid lowering agents, antidepressants and non-steroidal anti-inflammatory drugs (NSAIDs). Among women in the 1921-26 cohort, the most common claims were for lipid lowering agents, drugs for peptic ulcer or reflux, antithrombotic agents, NSAIDs, analgesics and antipyretics.

women's health australia

NEWSLETTER 2008

Welcome to the 2008 edition of the newsletter

You may notice that we have renamed each age group. The new names reflect the years of birth of our participants. The Younger age group has been renamed the 1973-78 cohort, the Mid-age group is now called the 1946-51 cohort, and the Older age group is now the 1921-26 cohort.

This year over 5500 women in the 1921-26 cohort completed their fifth survey. The research team would like to express their sincere thanks to each participant who took the time to return their survey. If you are in this age group (82-87 years) and you have not received your survey, it's not too late, please call us on our Freecall number **1800 068 081** or email us at **whasec@newcastle.edu.au**

We would also like to acknowledge the many friends and family members who assist participants in completing their surveys. The research team is very appreciative of this level of commitment to the project shown by friends and family.

Participants in the 1973-78 cohort will be invited to complete their fifth survey in March 2009. In the past, the research team has found that many participants in this age group have address changes or may be travelling overseas. Please let us know of any changes by calling 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 we may adjust our records.

We hope you enjoy reading this edition of our newsletter.

IN THIS ISSUE:

1973-78 cohort

Comings and goings: Patterns of travel

Experiencing motherhood

1946-51 cohort

Alcohol consumption and health

Using complementary and alternative medicine

1921-26 cohort

Annual Health Assessments

Putting the brakes on driving

Putting information together

Longitudinal research: More than a 'snapshot' of Australian women's lives