



1973-78 cohort

Infertility

Women's Health Australia has provided unique opportunities to study factors associated with fertility, seeking advice about infertility and the use of hormonal/IVF treatment. Recent findings suggested that among women who were experiencing infertility by the age of 28-33, only two-thirds sought advice and only half of these women had chosen to use hormonal and/or IVF treatment. Women who had a diagnosis of endometriosis or polycystic ovary syndrome were more likely to have sought advice and used hormonal IVF treatment. The findings emphasise a need to increase awareness of infertility and treatment options in the general population.

Miscarriage: a shared pain

Another recent investigation looked at miscarriages in young women. Miscarriages are spontaneous pregnancy losses that may occur at any time after conception. Women who are experiencing a miscarriage may or may not seek help from a doctor.

This research sought to identify all recognised miscarriages, including those unlikely to have been reported to a doctor. Many miscarriages occurred in the same 3 year period as the birth of a child - almost 1 in 5 women aged 18-23 years and 1 in 4 women aged 28-33 years who gave birth also had a miscarriage. Other women reported miscarriages but had not given birth. These findings show the extent of pregnancies that do not result in the birth of a child.

Our study received widespread media attention, with articles and editorials in The Sydney Morning

Herald, The Age and The Australian, and led some women who had previously not spoken about their miscarriages to come forward and share their stories. For many there may be a shared history of miscarriage more common than people may believe.

Work / Life Tensions Project

In 2004-5, 200 women from the 1973-78 and the 1946-51 birth cohorts and their partners, were invited to take part in a novel project that involved using personal hand held computers (PDAs) to record day to day activities. The couples were all working parents. The PDAs were programmed to beep at random times throughout the day, for seven days, and participants were asked to record what they were doing at the time, where they were, who was with them, and how they felt about what they were doing. In addition, the participants completed surveys on paper and by telephone. One of the main aims was to investigate differences in experiences of time and time pressure between working parents in their 30s compared with those in their 50s.

As you might expect, parents in both age groups experienced time pressure. At least 8 out of 10 parents in the younger age group and 6 out of 10 parents in the older age group agreed with the statement "I often feel under stress when I don't have enough time".

When asked if they experienced time pressure, mothers and fathers from the younger age group were significantly more stressed than parents



1946-51 cohort

Care giving

A series of reports has been prepared for the Australian Department of Health and Ageing on the effect on women's lives of caring for someone because of that person's long-term illness, disability or frailty. The research initially focused on workforce participation of women from the 1946-51 cohort who indicated they were caring for another person for more than 7 hours a week. As Women's Health

from the older age group. Over 68% of the younger parents reported severe to moderate stress levels compared with 55% of the older parents.

Parents aged in their 30s spent most of their time on activities such as childcare, shopping, voluntary work or other care activities, while parents aged in their 50s spent most of their time on activities such as paid work. Only 13% of women and 30% of men in the younger group recorded that they were alone when responding to the random beeps compared to 27% of women and 34% of men in the older group.

The data show how work/life balance is often managed differently by mothers and fathers. It is also clear that parents in the older group suffered less stress; they may be employed in positions where they have more control and autonomy as well as more disposable income.

The findings highlight the importance of stage of life on the amount of stress we experience and its potential health risk.

We are particularly grateful to the couples who completed this project.



1921-26 cohort

Ageing well in Western Australia

In 2008, some of the older women living in Perth, Western Australia completed surveys about their feelings and how they cope with older age. At the same time, researchers at the University of Western Australia were conducting a similar study with older men living in Perth. Many of the women who participated also completed a telephone interview which asked questions about memory and mood. We are currently analysing the data, and are especially interested in any gender differences that may impact on successful ageing. Particular areas of interest include how mood can affect the ability of older men and women to function well physically and maintain normal activities of daily living.

Health care choices for urban and rural women: the role of Complementary and Alternative Medicines

This year, women from the 1921-26 cohort who live in Southern Queensland were invited to participate in face to face interviews to discuss how their health care options are affected by where they live. The aim is to understand why older women in rural and regional areas of Australia are more likely than their urban counterparts to use complementary and alternative medicines (CAM) and therapies. We know very little about the reasons older people use CAM, or why a rural/urban difference in CAM use exists. This project also looks at health service provision and access in country and city areas, asking the women for their perspective on the convenience and adequacy of traditional health services in their area. Interviews in rural areas have been completed and urban women who have agreed to be interviewed are currently being visited.



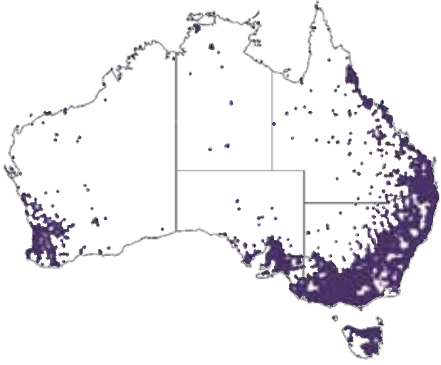
Living long, living well

So far the study has accumulated information over thirteen years, and we are able to look in detail at some key lifestyle factors and how they affect living long and living well. Since 1996, women from the 1921-26 cohort have completed five surveys, which show a growing incidence of conditions such as arthritis, heart disease and diabetes, and a decline in physical health. However, a large proportion of women experienced little change in physical and mental health over the 13 year timespan. This suggests that physical decline and ill health are not inevitable for women in their 70s and 80s. Lifestyle factors such as maintaining a healthy weight and experiencing good levels of psychological and emotional wellbeing are just some of the keys to living long and living well.

The research team would like to thank all the women who have taken part in this research.



Where do women in this study live?



This map shows the distribution of Women's Health Australia participants at the latest survey. Each dot represents the location of at least one participant. In addition, many women in the 1973-76 cohort who live overseas have completed the survey this year.

Did you know?

Since 1998, over 51,000 address changes have been made to the contact database. Many participants have moved several times and even more have changed phone numbers and email addresses. We are very grateful to everyone for keeping in touch and ensuring the number of surveys 'returned to sender' is kept to a minimum. We would also like to acknowledge the role family and friends have played in keeping many of you in contact with the project by forwarding mail and informing us of changes to your circumstances. We are happy to receive calls at any time. Our

office hours are 8.30am to 4.30pm (Sydney time) weekdays, and the Freecall number is 1800 068 081.

The Women's Health Australia project is conducted by research teams at the University of Newcastle and the University of Queensland. This change has occurred over time as members of the research team relocated from Newcastle to Brisbane. All participants' personal details are held at the University of Newcastle.

CONTACT US

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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 Human Research Ethics Officer at either the University of Newcastle or University of Queensland.

The Human Research Ethics Officer
Research Branch, The University of Newcastle,
University Drive, Callaghan NSW 2308.
Ph: 02 4921 6333

The Human Research Ethics Officer
University of Queensland, St Lucia Qld 4072
Ph: 07 3365 3924

Did you know?

Antidepressant medications were among the most commonly used medications by women in the 1973-78 cohort. 7-8% of women obtained antidepressants in the pre-pregnant and post-pregnant period funded by Medicare. However, women in the 1973-78 cohort use fewer prescription medications when they are pregnant than at any other time.

Of the women with diabetes in the 1946-51 cohort who gave consent to linkage to Medicare data, 29% had the annual cycle of care, and 41% had an HBA1C (blood glucose) test. The annual cycle of care and the HBA1C test are Medicare subsidised services available to people with diabetes. For 35% of women with diabetes in this age group, there was no record of receiving any of these items. These results support other findings that many women are not using these services as often as recommended in the national guidelines.

58% of the women in the 1921-26 cohort who gave consent to linkage to Medicare data took advantage of the 75+ Health Assessment scheme from its inception in 1999 until 2003. This scheme allows for people aged 75 or above to have an annual health assessment subsidised by Medicare.

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Women's Health Australia Newsletter 2009

Welcome to the 2009 edition of the newsletter

Thank you again for your continuing participation in Women's Health Australia. The information you provide is making an important contribution to the health and health services of women in Australia.

This year the Minister for Health and Ageing Nicola Roxon and her Department have been undertaking national consultations about a new National Women's Health Policy (and a similar one for men). The project team has prepared summaries of findings from the study to inform these consultations and has assisted several national organisations to assemble evidence to support their submissions. The new policy is scheduled to be announced next year, and the information you have provided has certainly been used for its development.

Just a reminder, last year we renamed each age group to reflect years of birth. The Younger age group was renamed the 1973-78 cohort, the Mid-age group, the 1946-51 cohort and the Older age group the 1921-26 cohort. We use the new names in this newsletter.

5th Survey for women in the 1973-78 cohort

The research team would like to thank the 6,500 women in this age group who have returned their surveys. If you have not yet completed your survey, it's not too late. Please call us on Freecall 1800 068 081 or email to whasec@newcastle.edu.au if you have not received a survey, or would like a replacement.

An invitation to complete a 6th survey for the project will be mailed to women in the 1946-51 cohort in March 2010. Over 90% of the women in this age group who first participated in 1996 are still involved in the study. If you are in this age group and have changed your address, or will be travelling at the time, please let us know by the enclosed card, phoning or emailing us. We are happy to post surveys to temporary addresses.

If you have access to the internet you might like to visit our website at www.alswh.org.au. It contains updates on the most recent publications and research findings.

