1973-78 cohort

Experiences of Motherhood Project

This year a number of women from the 1973-78 cohort participated in a telephone interview about their experiences of motherhood. These interviews spanned a range of topics such as pregnancy, childbirth, breastfeeding and emotions related to motherhood. Several women discussed their experiences of postnatal depression and many also described their experiences of other stressful life events such as relationship breakdown, conflict with family and a lack of social support available to them. Some women had tried antidepressant medication, and others had spoken to either a psychologist or a psychiatrist. Despite experiencing this debilitating condition, most women were optimistic for the future and reflected positively on their overall experience of motherhood. The findings of this project emphasise the need for support for women in early motherhood and the need for access to a variety of treatment options for postnatal depression. Thank you to everyone who generously shared their stories about motherhood.

Alcohol use during pregnancy

Australian guidelines for alcohol consumption during pregnancy have changed over the last two decades. Until 2001, women were advised to avoid alcohol while pregnant. From 2001 until 2009 the emphasis was placed on avoiding high levels of alcohol use during pregnancy. In 2009 the guidelines were revised again and the recommendation is now for zero alcohol consumption during pregnancy.

This research investigated the impact of different guidelines on actual alcohol consumption of pregnant women and found that the guidelines had little impact on drinking during pregnancy. Regardless of the guidelines, two out of ten women did not drink at all while pregnant and six out of ten drank small amounts of alcohol while pregnant. Alcohol use before pregnancy was the strongest predictor of alcohol use during pregnancy.

This research received widespread media attention in the press and on radio in Australia and New Zealand and sparked some debate in the community about alcohol use during pregnancy.

Keeping track of participants

During the last survey in 2009, 1649 surveys sent to those of you in the 1973-78 cohort were 'returned to sender'. In order to keep in contact, the Tracking Team managed to contact 1566 women and re-send their survey. While not everyone could complete this survey this time, it is important for us to keep contact with all of you, so you can be included in future surveys. Please send your change of details to us as soon as possible after you move and we would be grateful if you would provide contact details of someone who will know where you are, in case you move and forget to tell us.

1946-51 cohort

Experiences of drought in Australia

Drought is a serious problem for many Australian communities. In 2009 the meaning of drought for women in the 1946-51 cohort was studied by reading the comments written on the back page of the survey.

Being in drought for a long time is a real burden for women and their families. As one participant pointed out, "The drought and low commodity prices are causing very detrimental health and financial problems and in a lot of ways women are shouldering the burden." Because droughts in Australia can be so long-lasting, women are also experiencing the impacts of ageing while living with drought. One participant wrote, "Patience, HRT and rain" when describing her experience of drought. Many of the women who wrote about their experience of drought showed great resilience and strength in dealing with adversity. Support from social networks, communities and family was noted as being an important factor in coping with drought. Women were found to be talented multi-taskers, involved in lots of different activities and commitments which 'pulled them through' difficult drought times.

Nutrition in mid-age

Since 2001, women in the 1946-51 cohort have completed a set of questions about the type and amount of food they eat. Diet quality and food patterns are calculated from answers to these questions. The results from Survey 3 show six different food patterns: 'cooked vegetables', 'fruit', 'Mediterranean-style', 'processed meat, meat and takeaway', 'reduced fat dairy' and 'high fat and sugar foods'. The table below shows some examples of the types of foods included in these food patterns. Women who ate a healthier diet ('cooked vegetables', 'fruit', 'Mediterranean-style' or 'reduced fat dairy') were also more likely to exercise regularly. The results of this analysis are important for making dietary recommendations and for understanding which other health behaviours (like smoking and alcohol use) are associated with poor diet, so that effective interventions can be developed in a more holistic way.

Women in each food pattern group were more likely to include the listed foods in their diet. What diet type are you?

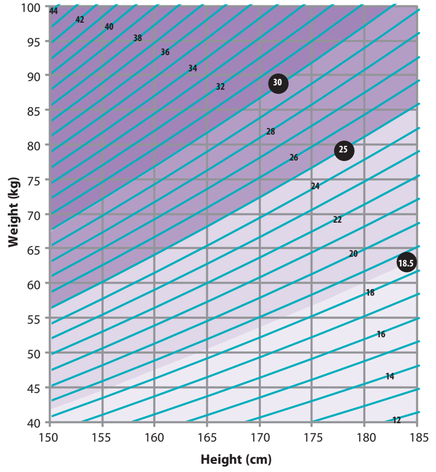
Cooked vegetables	Fruit	Mediterra-nean style	Processed meat, meat and takeaway	Reduced fat diary	High-fat and sugar foods
Cauliflower	Strawberries	Garlic	Bacon	Low-fat cheese	Sweet biscuits
Pumpkin	Pineapple	Peppers, Capsicum	Processed meats (ham, salami)	Medium-fat cheeses	Cakes, sweet pies, tarts, sweet pastry
Green beans	Water-melon, rockmelon, honeydew	Mushrooms	Pork	Low-fat milk	Jam, marmalade, honey, syrups
Cabbage, Brussels sprouts	Apricots	Onion or leeks	Sausages, frankfurts	Yoghurt	Meat pies, pasties, quiche, savoury pastry
Carrots	Peaches, nectarines	Lettuce, endive, other salad greens	Lamb		Crack-ers, crisp breads, dry biscuits
Broccoli	Mango, Paw paw	Tomato fresh or tinned	Chicken		Ice cream
Peas	Pears	Pasta or noodles	Beef		Chocolate
Potato cooked without fat	Apples	Tofu, soy beans and other legumes	Hamburger with bun		Vegemite, marmite, promite
Beetroot	Oranges, other citrus	Red wine	Potato roasted or fried		
Celery	Bananas	Rice	Pizza		
Silverbeet, Spinach	Avocado				
Zucchini	Bean of alfalfa sprouts				

1921-26 cohort

What is a healthy weight range for older women?

BMI, or Body Mass Index, is a measure used to estimate body fat. The chart below can be used to calculate your BMI. Almost half the women in the 1921-26 cohort are in the 18.5 – 24.99 BMI range, with fewer than 5% classified as underweight (BMI of less than 18.5), more than 30% in the 'overweight' range (BMI 25 – 29.99) and around 15% in the obese weight range (BMI of 30 or higher).

A BMI of 18.5 – 24.99 is considered optimal for most adults, but the optimal BMI range for older women may be slightly higher than that recommended for younger adults. For example, for older women the risk of osteoporosis decreases as BMI increases.



For those of you in the 1921-26 cohort, hospital admissions were lowest for women within the 18.5 – 24.99 BMI range, but mortality rates were lowest for women with a BMI of between 25 and 29.99. This means that if you are in this age group and a little overweight, you should probably not worry too much about it. You should however try to avoid further weight gain, as being in the obese BMI range is associated with more health problems.

Volunteering in older age

Volunteering in older age is an important way of staying active and connected to the community. In Australia, older women are more likely than men to volunteer. Typically, volunteering includes work for community and welfare organisations or religious groups. About a quarter of the women in the 1921-26 cohort were volunteering in 2005. About 7% of women in this cohort had taken up volunteering since the last survey in 2002. While we cannot tell which occurs first, it seems that women who volunteer regularly have a better quality of life, and have more social support available than women who don't volunteer. Women who volunteer are also more likely to have better mental health and are less likely to need help with daily tasks than other women. Women who do volunteer work are also more likely to visit their GP regularly. The findings of this study indicate that volunteering is an important activity for older women as a key element of both productive and healthy ageing.

Survey News

This year the 1946-51 cohort completed their sixth survey. Responses to this survey were very high and we would like to take this opportunity to thank everyone who completed and returned it. If you are in this age group and have not yet received your survey, please call 1800 068 081 and a survey will be mailed to you.

In March 2011 the sixth survey will be sent to the women in the 1921-26 cohort. If you are in this cohort and have moved, please let us know by contacting us on 1800 068 081 or by completing the enclosed change of details form.

At the end of 2010 some of the 1973-78 cohort were sent an additional survey about motherhood. Thank you to those participants who have completed and returned these surveys. If you received one of the motherhood surveys and have not yet had time to return it, there is still time to do so. If you have any questions about this survey please call 1800 068 081.

Buried in surveys!

Every year you return thousands of surveys to our offices in Newcastle. Many of you have spoken to Jenny, one of our Research Assistants, on the 1800 Freecall phone line. Jenny is pictured here with some of the many postal tubs filled with surveys being prepared for processing.

CONTACT US

Website:
www.alswh.org.au

Freecall:
1800 068 081

Email:
whasec@newcastle.edu.au

Mail:
Women's Health Australia
Reply Paid 70
Hunter Region MC NSW 2310

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?

The information provided by you on your surveys linked with Medicare data (analysed in an anonymous form) provides important information about how women interpret medication safety messages. In 2004, a prescribed medication for the relief of arthritis pain and inflammation (Vioxx) was taken off the market due to safety concerns. While at first Vioxx was expected to reduce the health problems related to arthritis medication use, it was found that this medication could actually increase the risk of heart and kidney problems for some people. We wanted to know which medications women switched to for their arthritis pain, once Vioxx was no longer available, to see if women at risk also stopped using medications like Vioxx, as advised by health experts. Survey 3 and 4 data from the 1946-51 and 1921-26 cohorts, linked to Medicare medication data, allowed us to look at women's Vioxx use in the detail needed to answer this important question. We found that women who used high levels of Vioxx were very likely to switch to drugs that were similar to Vioxx.

women's health australia

Australian Longitudinal Study on Women's Health

Newsletter 2010

Welcome to the 2010 edition of the newsletter

Welcome to the 2010 edition of the newsletter. This edition is a little late because we wanted to include news about the Women's Health Policy, which was released in late December 2010.

Did You Know?

Women's Health Australia (WHA) is also known as the Australian Longitudinal Study on Women's Health (ALSWH). The project has always used both names, but we are using ALSWH more often as this is the name most commonly used by media and government when they refer to the project.

The National Women's Health Policy 2010

The Australian Department of Health and Ageing has released the new National Women's Health Policy, the first revision since 1989. This was the result of an extensive process including public consultations and formal submissions. We provided ALSWH papers, reports, and a formal submission, all based on the information that you have so generously shared with us since 1996.

The new policy, which draws extensively on the ALSWH, focuses on four priority health issues:

- Prevention of chronic diseases
- Mental health and wellbeing
- Sexual and reproductive health
- Healthy ageing

Summaries of information that you provided were used to identify these and other major challenges for women's health. For example, we were able to provide information about the number of women who had heart disease, diabetes and arthritis, and to clarify the importance of risk factors such as obesity and lack of exercise. This helps the government to implement prevention programs where they will have the greatest effect.

The confidential information you gave us about sexual health was also used (in aggregate, anonymous form) to inform policy related to sexual and reproductive health. This included information about sexually transmitted infections, fertility planning, health during pregnancy, and menopause. As well, ALSWH findings on women's mental and physical health were used to show the impact of life experiences and transitions, such as new motherhood, movement in and out of employment, and widowhood.

Healthy ageing is a major aim of the Government's new policy. Information you provided about your experiences of arthritis, osteoporosis and fractures, as well as information about positive aspects of older age (such as time for volunteering), was very useful in providing the background to the policy.

The long and detailed surveys that you so generously complete every three years allow us to answer complex questions about the interactions between lifestyle, place of residence, illness, and emotional wellbeing. This level of detail enables ALSWH to provide comprehensive information to policymakers, service providers and the public. Without your contribution, none of this would be possible. Thank you for your ongoing participation. It has enabled us to provide high quality, comprehensive evidence for the development of the National Women's Health Policy 2010.

For more information
The full version of the policy can be downloaded from :
www.health.gov.au/womenshealthpolicy