

women's health *a u s t r a l i a*

the australian longitudinal
study on women's health



Annual Report: 20 05

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Director's Report

It is a great pleasure to celebrate our tenth anniversary, to look back on a decade of achievements, and to look forward with confidence that funding is assured for the next few years.

The Australian Longitudinal Study on Women's Health is internationally recognized for its scientific quality and its capacity to contribute to the development of evidence-based health policy. Funded since 1995 by the Australian Government Department of Health and Ageing, it follows 40,000 Australian women in three age cohorts, selected from the entire Australian population.

Each cohort provides a unique perspective. The younger women are moving through education into work, relationships, motherhood, and making major decisions that will shape their health and the course of their lives. The mid-age women are seeing changes in family structure and in caregiving responsibilities while at the same time negotiating their own paid and unpaid work and retirement plans. The older women are dealing with increasing levels of chronic illness, while striving to maintain independence and quality of life.

The information these women generously provide is used to support the development of policy that will meet the health needs of Australia's women now and in the future.

This year saw the production of ten Achievements Reports, highlighting major themes and outcomes of the project over the first ten years. A very successful presentation was held at Parliament House in September, launched by the Hon Tony Abbott, Minister for Health.

Our tenth year of the project has been as busy as previous years. We surveyed the Older cohort (now aged between 79 and 84) for the fourth time, while preparing and piloting Survey 4 of the Younger cohort for next year. At the same time we have continued to analyse data from the first four surveys of the Mid-age cohort, and to continue with the cohort maintenance and tracking activities that underlie the success of the project.

The younger women will be aged between 28 and 33 when surveyed next year. Increasingly these women are focusing on family formation and juggling of paid and unpaid work commitments. While young women are generally in good physical health, there is a worrying trend towards increasing body weight and decreasing physical activity that places them at risk of chronic illness in the longer term and underscores the importance of government strategies to promote healthy physical activity and balanced nutrition.

With the mid-age women, there has been an emphasis on their patterns of paid work and of family caregiving, volunteer work, and unpaid work at home, and how these relate to health and illness. Their plans for retirement, both financial and in terms of maintaining good health and independence, have been a particular focus which also has strong implications for future policy.

Increasingly, the majority of the older women live with at least one chronic disease; arthritis, heart disease and diabetes are the most common. These women are strongly motivated to maintain their independence and to remain in their own homes, and many are taking active steps to maintain their own well-being.

I would like to take this opportunity to thank the Australian Government Department of Health and Ageing for their continuing support of this world-class scientific project, and of course to thank the tens of thousands of Australian women who give their time to provide information that will help improve the health of Australians in the future.

Annette Dobson

Annette Dobson
Study Director

Research Steering Committee 2005



Professor Annette Dobson
BSc, MSc, PhD, GCert Mngt, AStat
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Study on Women's Health

School of Population Health
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Professor Christina Lee
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Co-ordinator, Australian Longitudinal
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BSc (Hons), DipEd, MSc, PhD
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Investigators & Research Associates 2005

Dr Jon Adams
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School of Leisure Studies, Griffith
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University of Newcastle

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School of Human Movement Studies,
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Associate Professor Gita Mishra
University College London, UK

Dr Sue Outram
School of Medical Practice and
Population Health, University of
Newcastle

“

help improve the health of
Australians in the future

”

Dr Nancy Pachana

School of Psychology, University of
Queensland

Dr Ann Taylor

School of Social Sciences, University
of Newcastle

Dr Lynne Parkinson

Centre for Research and Education
in Ageing, University of Newcastle

Dr Leigh Tooth

School of Population Health,
University of Queensland

Dr Kristy Sanderson

Centre for Health Research,
Queensland University of Technology

Associate Professor Cathy Turner

School of Nursing,
University of Queensland

Associate Professor Margot
Schofield

School of Health, University of New
England

Dr Tracey Wade

School of Psychology, Flinders
University

Dr David Sibbritt

Centre for Clinical Epidemiology and
Biostatistics, University of Newcastle

Dr Lauren Williams

Division of Nutrition and Dietetics,
University of Newcastle

Ms Michelle Smith

School of Health and Rehabilitation
Sciences, University of Queensland

Dr Angela Taft

Centre for Mothers' and Children's
Health, La Trobe University





Project Staff 2005

Research Centre for Gender and Health, University of Newcastle

RCGH Director
Professor Lois Bryson

Project Manager/ RCGH
Deputy Director
Dr Penny Warner-Smith

Project Statistician
Dr Anne Young

Statistician
Ms Jenny Powers

Assistant Statisticians
Dr Virginia Wheway
Mr Andrew Hampson
Ms Angela Wood

Data Manager
Mrs Jean Ball

Assistant Data Manager
Mrs Anna Graves

Data Assistant
Mrs Penny Knight

Senior Research Officer
Dr Deborah Loxton

Research Assistants
Ms Rosie Mooney
Mrs Catherine Chojenta
Ms Jenny Helman
Ms Jodie Ryan
Ms Julie Brookes

Publicity Officer/Executive
Assistant
Mrs Lyn Adamson

Designer
Mr Timothy Neve

Administrative Assistants
Ms Melanie Moonen
Ms Sue James

Part-time Project Assistants
Mr Sam Adamson
Ms Jodie Bradbury
Ms Gail Dine
Ms Liz Knock
Ms Ingrid O'Neill
Ms Monica O'Neill
Ms Amy Sales
Ms Jackie Sales
Ms Gaye Sheather
Ms Lauren Thoroughgood

School of Population Health, University of Queensland

Project Director
Professor Annette Dobson

Project Coordinator
Professor Christina Lee

Senior Project Officer
Ms Anne Russell

Project Administrative Officers
Ms Cherie Harris
Ms Maree O'Mullane
Ms Alicia Svensson

Research Officers/ Statisticians
Ms Jessica Ford
Ms Eliza Fraser
Ms Helen Gramotnev
Mr Richard Hockey
Ms Melanie Spallek



University of Newcastle Staff

University of Queensland Staff





Research Students

Postgraduate research students have been an integral part of the Project since it began. They represent the next generation of women's health research and are an investment in Australia's future. Supported by scholarships and grants from other sources, they add significantly to the Project without major costs to core funds.

We congratulate all our past postgraduate students on successfully completing their degrees, and on their achievements since then.

We also acknowledge the efforts of our currently enrolled students, and their supervisors, many of whom are external to the Project. All these people make a valuable contribution to the success of the Project, as well as helping to assure a future for women's health research.

“
to look back on a decade of
achievements, and to look
forward with confidence
”

Completed Postgraduate Students

1998

Stefani Strazzari, BA Honours

“Contraception and young women”

Institution: Department of Sociology and Anthropology, University of Newcastle

Supervisor: Professor Lois Bryson

1999

Kylie Ball, PhD

“Disordered eating, psychological stress and coping in young women”

Institution: Research Centre for Gender and Health, University of Newcastle

Supervisor: Professor Christina Lee

Amanda Patterson, PhD

“Iron deficiency in women of childbearing age”

Institution: Research Centre for Gender and Health, University of Newcastle

Supervisors: Professor Wendy Brown and Professor David Roberts

Anne Young, PhD

“General practitioner utilization among women in Australia”

Institution: Research Centre for Gender and Health, University of Newcastle

Supervisors: Professor Annette Dobson and Professor Julie Byles

Sandra Bell, BSc (Psych) Honours

“Examination of the psychometric properties of the WHA Young Stress Scale: A measure of perceived stress for young Australian women”

Institution: Department of Psychology, University of Newcastle

Supervisor: Professor Christina Lee

Glennys Parker, BA/BSc Honours

“Violence and abuse: An assessment of mid-aged women’s experiences”

Institution: Department of Psychology, University of Newcastle

Supervisor: Professor Christina Lee

2000

Brendan Goodger, PhD

“Social support, health status and health care utilization in women aged 70-76 years”

Institution: Centre for Clinical Epidemiology and Biostatistics, University of Newcastle

Supervisors: Professor Julie Byles and Associate Professor Gita Mishra

Jenny Powers, M Med Stats

“Stability of groups of correlated variables identified by exploratory factor and cluster of analysis”

Institution: Research Centre for Gender and Health, University of Newcastle

Supervisor: Professor Annette Dobson

Nadine Smith, M Med Stats

“Psychological predictors of successful ageing in a cohort of Australian women”

Institution: Research Centre for Gender and Health, University of Newcastle

Supervisors: Professor Christina Lee and Professor Annette Dobson

Fiona Campbell, M Health Sci

“Predicting body dissatisfaction amongst young women”

Institution: Discipline of Behavioural Science in Relation to Medicine, University of Newcastle

Supervisor: Dr Libby Campbell

Barbara Reen, M Health Sci

“Depression study: Emotions and health”

Institution: Centre for Clinical Epidemiology and Biostatistics, University of Newcastle

Supervisors: Dr Carla Treloar, Associate Professor Nick Higginbotham and Dr Sue Outram



Completed Postgraduate Students (cont ...)

2002

Sue Outram, PhD

"Experiences of mid-aged women in NSW seeking help for psychological distress"

Institution: Faculty of Medicine and Health Sciences, University of Newcastle

Supervisor: Professor Jill Cockburn

Samantha Hollingworth, MPH

"The contraceptive behaviour of young women in Australia"

Institution: School of Population Health, University of Queensland

Supervisors: Professor Annette Dobson and Ms Anne Russell

2003

Sandra Bell, PhD

"Stress, health behaviours and the transition to adulthood among young women"

Institution: Research Centre for Gender and Health, University of Newcastle

Supervisor: Professor Christina Lee

Melissa Graham, PhD

"Treatments for menstrual symptoms: An epidemiological investigation"

Institution: School of Health and Human Sciences, La Trobe University

Supervisors: Dr Helen Keleher and Dr Erica James

Deborah Loxton, PhD

"Domestic abuse and health: Quantitative and qualitative investigations among mid-aged Australian women"

Institution: School of Health,

University of New England

Supervisors: Associate Professor Margot Schofield, Dr Rafat Hussain and Professor Victor Minichiello

Glennys Parker, PhD

"Abused mid-aged women in Australia: Experiences, well-being and ways of coping"

Institution: Research Centre for Gender and Health, University of Newcastle

Supervisor: Professor Christina Lee

Esben Strodl, PhD

"Psychological factors associated with the frequency of angina and the role of mediating variables"

Institution: School of Psychology, University of Queensland

Supervisor: Associate Professor Justin Kenardy

Lauren Williams, PhD

"Factors affecting weight change in mid-aged women"

Institution: Research Centre for Gender and Health, University of Newcastle

Supervisors: Professor Wendy Brown and Dr Anne Young

2004

Emma Harley, PhD

"Social support in later life: Cross-sectional and longitudinal analyses of inter-relationships between psychosocial variables in the Women's Health Australia study"

Institution: School of Psychology, University of Queensland

Supervisor: Dr Nancy Pachana

Lauren Miller-Lewis, PhD

"Psychosocial predictors of pregnancy risk-taking, pregnancy, and childbearing in Australian youth"

Institution: School of Psychology, Flinders University

Supervisors: Associate Professor Tracey Wade and Professor Christina Lee

Wenggie Fong, B Sc Honours

"Vision and hearing loss in older women: Health and psychosocial impacts"

Institution: Department of Speech Pathology and Audiology, Flinders University

Supervisors: Dr Kristen McLaughlin and Associate Professor Linnett Sanchez

2005

Gabrielle Rose, PhD

"Acumen, Ambivalence and Ambiguity: Stories of women with asthma"

Institution: School of Population Health, University of Queensland

Supervisors: Dr Mark Brough, Professor Ian Riley and Professor Lenore Manderson

Nicole Arthur, BA Honours

"'I guess I am just another person who wants it all': Young Australian women's aspirations for work marriage and family"

Institution: School of Psychology, University of Queensland

Supervisor: Professor Christina Lee

Current Postgraduate Students

PhD Students

Steven Bowe

Institution: Centre for Clinical Epidemiology and Biostatistics, University of Newcastle

Supervisors: Dr David Sibbritt and Dr Anne Young

Cate France

Institution: Research Centre for Gender and Health, University of Newcastle

Supervisors: Professor Christina Lee and Dr Sue Outram

Leanne Fray

Institution: Research Centre for Gender and Health, University of Newcastle

Supervisors: Dr Penny Warner-Smith and Dr Kevin Lyons

Lindy Humphreys-Reid

Institution: School of Population Health, University of Queensland

Supervisors: Professor Annette Dobson and Professor Andrew Wilson

Rosemary Korda

Institution: National Centre for Epidemiology and Population Health, Australian National University

Supervisors: Dr Jim Butler, Dr Mark Clements and Dr Anne Young

Beverley Lloyd

Institution: Department of Public Health and Community Medicine, University of Sydney

Supervisors: Associate Professor Susan Quine and Professor Christina Lee

Liane McDermott

Institution: School of Population Health, University of Queensland

Supervisors: Professor Neville Owen and Professor Annette Dobson

Heather McKay

Institution: Key Centre for Women's Health in Society, University of Melbourne

Supervisors: Dr Jane Fisher and Professor Christina Lee

Afsoon Hassani Mehraban

Institution: Occupational Therapy, University of Newcastle

Supervisors: Professor Julie Byles and Dr Lynette Mackenzie

Rosie Mooney

Institution: School of Social Sciences, University of Newcastle

Supervisors: Dr Ann Taylor and Dr Penny Warner-Smith

Siobhan O'Dwyer

Institution: School of Human Movement, University of Queensland

Supervisors: Professor Wendy Brown and Dr Nancy Pachana

Catherine Regan

Institution: School of Medical Practice and Population Health, University of Newcastle

Supervisors: Professor Julie Byles and Dr David Sibbritt

Ingrid Rowlands

Institution: School of Psychology, University of Queensland

Supervisors: Professor Christina Lee and Dr Nancy Pachana

Nadine Smith

Institution: School of Population Health, University of Queensland

Supervisors: Professor Annette Dobson and Dr Nancy Pachana

Doctor of Psychology

Sally Duncan

Institution: School of Population Health, University of Queensland

Supervisor: Dr Nancy Pachana

Master of Public Health

Karen Furlong

Institution: School of Population Health, University of Queensland

Supervisor: Professor Annette Dobson



The Australian Longitudinal Study on Women's Health: The First Decade



Background

In 1996 over 40,000 Australian women were invited to take part in a long term project which would survey the health of women across the nation, over time. The participants were selected in three age cohorts: younger women aged 18-23, mid-age women aged 45-50, and older women aged 70-75. These groups were deliberately chosen in order to recruit women before they passed through major turning points in women's lives.

The participants remain the same for the duration of the study - intended to be at least 20 years. Women in each age group complete a comprehensive survey on their health every three years, enabling comparisons over time and between age groups.

To date, three surveys have been undertaken and analysed and a fourth is

in progress. The results have established the Australian Longitudinal Study on Women's Health (ALSWH, also known as Women's Health Australia) as a valuable national and international research resource providing evidence-based information on women's health issues.

The study is funded by the Australian Government Department of Health and Ageing. Until now, availability of the ALSWH results has been limited to the Department of Health and Ageing, other federal and state government agencies, the Office for Women and relevant non-government organisations such as State Cancer Councils and the National Rural Health Network. The study has given a more solid information base for policy and practice in many areas of health services for Australian women.

With nine years of change now tracked in the surveys, the study is providing insights into major trends in the lives of Australian women.

Did you know?

The project provides the most comprehensive information ever collected on the health and well-being of Australian women.

The combination of a longitudinal design, with comparative data across three age groups, and access to information on health service use, makes the project a world first.

The project has the lowest cost per participant of any current major survey in Australia, or in other comparable countries.

The Survey

The survey covers the main issues that affect the health of women in contemporary Australian society. Questions are chosen to reflect National Health Priorities and social and policy concerns, as well as to add to knowledge of women's well-being throughout the lifespan. The survey takes a comprehensive view of health throughout life, encompassing:

- Physical health (including health-related quality of life, diseases, conditions, symptoms)
- Emotional health (including depression and anxiety, psychotropic medications, stress, positive well-being)
- Use of health services (GPs, specialists)
- Ease of access to health services and satisfaction with services
- Health behaviours and risk factors (such as nutrition, physical activity, smoking, alcohol, other drugs)
- Gynaecological health (including contraception, fertility problems, menopause)
- Time use (including paid and unpaid work, family roles, leisure)
- Socio-demographic factors (including education, employment, household composition)
- Life stages and key events (such as childbirth, divorce, widowhood)

Standard validated questions from both Australian and overseas sources, such as the Australian Census and National Health Survey, are used in the surveys. This allows findings to be compared directly with information from other studies, which is a major strength of the project. The research team has also at times had to develop specific survey items when there were no suitable existing questions, thus contributing further to the international research literature.

Data Linkage

The women who participate in the project were recruited from the name and address database of the Australian Health Insurance Commission (Medicare). This allows routinely collected data on health care services (including Medicare, Pharmaceutical Benefits Scheme records and Department of Veterans' Affairs entitlements) to be linked with the survey data.

The combination of administrative records with self-reports of health and personal circumstances means the study can provide a unique richness of information on factors underlying patterns of health service use.

Linkage to the National Death Index provides information on dates and causes of death which is increasingly valuable as the study progresses.

Sampling

Over 70% of Australian women live in major coastal cities, but rural health is an important policy issue. The project was designed to ensure adequate inclusion of women living in rural and remote areas, by intentional over-sampling of women living in these areas.

Timelines

After Survey 1 of all three cohorts in 1996, the survey is operating on a three-year cycle (see Figure 1). Each year, one cohort receives a survey, while at the same time the survey for the following year is developed and piloted and the responses from the previous year are scanned, cleaned and checked for analysis.

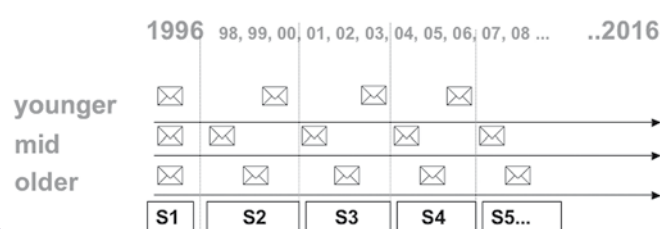


Figure 1. Project Timeline



Three Generations

When the younger women were recruited in 1996 they were aged 18 to 23. The majority of these women were single and still living with one or both parents. The study tracks changes in the health of these women as they make the transitions of early adulthood to independent living, adult relationships, work and motherhood.

The mid-age women were initially aged between 45 and 50. As well as passing through menopause, they are now experiencing changes in household structure, family caregiving and planning for retirement. Some women are showing early signs of age-related physical decline of later

life, while others are adopting new health behaviours in preparation for a healthy old age.

The older women were aged between 70 and 75 years when first recruited. They were generally still in good health and able to manage independently. The information they are contributing provides an opportunity to examine predictors of continued healthy and independent living, and conversely to assess factors which lead to disability, dependence and the physical, emotional and social challenges of old age.

Comparisons between the three age cohorts reflect not only the changes associated with ageing, but also the very different life circumstances of three generations of Australian women.

“

I think this is very worthwhile. 3 generations of women in my family (me, my mum and her mum) were all selected in the process at the start what a coincidence, hey! After 16 years you guys will seem like old friends.

”

Substudies

Some topics have been researched in greater depth by conducting smaller studies. A number of participants have been invited to complete an additional survey on a specific topic.

Substudies have been undertaken in a variety of ways. They have involved mailed surveys, focus groups, telephone surveys and most recently, palm pilots (hand held digital computers). Substudy topics have included:

- Urinary incontinence
- Weight, nutrition, physical activity and well-being
- The effects of family caregiving on women's health and well-being
- Women's understanding of mental health and preferred treatments
- The aspirations of younger women for work and family
- Weight gain at menopause
- Time use
- Smoking uptake in younger women
- Falls among older women
- Cardiovascular disease
- Domestic violence
- Sleeping difficulties and sleeping medication use
- Diabetes



Staying Involved

The longitudinal design of the study means that the health and lifestyle changes of the same women are documented as they move through major life transitions (such as moving into or out of the workforce, or becoming mothers), change their lifestyles (giving up smoking, cutting back on drinking), or go through physical changes (such as menopause, or developing arthritis). It is vital to the success of the study that the women who were initially selected in 1996 remain involved, and that up-to-date contact details for them are maintained.

Some strategies to ensure that participants are retained include:

- Annual newsletters to thank participants and inform them of study findings
- An up-to-date website with pages specifically designed for participants
- Requests for contact details of family members or others who will know where the participants are if they have moved
- Postal reminders and follow up telephone calls
- to those who do not respond
- A Freecall number to encourage telephone contact
- Rapid follow-up of returned mail through the White Pages and online electoral rolls
- Use of the National Death Index to identify women who have died between surveys

By international standards, maintenance of the cohorts has been very successful (see Figure 2).

The mid-age cohort has the highest retention rate, with 90% of participants responding at Survey 2 and 83% at Survey 3.

The younger cohort of women are considerably more difficult to track, and the retention rate is much lower with 68% at Survey 2 and 64% at Survey 3. This reflects aspects of their lifestyle such as higher mobility, living in shared housing, travelling overseas or within Australia, and name changes on marriage.

The retention rate amongst the women in the older age group reflects their advancing age as there has been a significant death rate. Excluding these women, the retention rate for this age group was 88% at Survey 2 and 79% at Survey 3.

Younger 18-23 in 1996	N=14,247 at S1 68% retention at S2 64% retention at S3
Mid 45-50 in 1996	N=13,716 at S1 90% retention at S2 83% retention at S3
Older 70-75 in 1996	N=12,432 at S1 88% retention at S2 79% retention at S3

Figure 2. Age Cohorts

Dissemination

Findings of the research are provided to the Australian Government Department of Health and Ageing, and by arrangement to other Federal and State Departments and Offices such as the Office for Women.

Findings are presented at conferences and workshops for academics, professionals and policy-makers, both in Australia and overseas. They are also published in national and international scientific journals.



How Are Women's Lives Changing ?

Some basic things haven't changed over three generations. More than 90% of women still get married and still have children (among younger women who haven't made these changes yet, the vast majority say they want to). But other things have changed radically. In many ways, we cannot compare women from different generations, because their experiences and opportunities are so different. 75% of the younger women have post-secondary educational qualifications, compared with 36% of the mid-age women and 16% of the older women.

Younger women today tell us they expect to be able to combine paid work and motherhood, and most would also like professional careers.

However, the surveys show marked differences between young urban and young rural women on these issues. Young rural women marry earlier, have larger families, and are less interested in pursuing higher education. They have - and want - lives more like those of their mothers and grandmothers. It is women who live in the cities, or have moved there to work or study, who are delaying childbearing and focusing on careers. These lifestyle differences have implications for health and welfare services in different parts of Australia, now as well as for the future.

Did you know?

91% 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.

Most mid-age women lead busy lives combining paid work, family responsibilities and other valuable roles. But those with multiple work and family roles are in the best physical and emotional health.

Older women who never married or had children are better educated, better off financially, and more likely to be active community volunteers than are others of the same age.

“

Thank you for allowing me to take part. I do appreciate the opportunity the survey gives to help all women receive the very best of medical care. You are I believe fulfilling a much needed service for Australian women's health and wellbeing.

”

- Younger woman, Survey 3.



Policy Issues

The ability to explore changes in individual women's lives has enabled the provision of important information and recommendations.

- Younger women are gaining weight rapidly, and the health problems associated with being overweight will start to appear much earlier than in previous generations, especially in rural areas.
- Being in a violent relationship has adverse effects on younger women's reproductive health. For example, there is greater risk of unplanned pregnancy or miscarriage.
- Younger women, particularly in the cities, want to combine motherhood with paid work. The challenge is to create situations to allow them to manage this.
- Poor mental health is associated with higher use of all drugs. While sorting out the order of causation requires more longitudinal data, recognition of the strong link should be taken into account in public health action.
- The high rate of relationship breakdown among mid-age women suggests that around a quarter will reach retirement age without partners. The implications of this for finances and lifestyle in older age have important policy implications.
- Many rural women have no access to female medical staff, or to bulk billing doctors, and this may reduce their willingness to seek help for potentially treatable conditions.
- Data collected over six years from a large sample of older women show there is no evidence to support different guidelines for alcohol consumption for older women.
- Hypertension and arthritis are the most common conditions affecting older women. While not life-threatening, stiff and painful joints cause most disability. Prevention and management of bone and joint problems should be regarded as a high priority for public health. Importantly, women should be encouraged to maintain safe and appropriate levels of physical activity.
- Widowhood is associated with poor health and high health service use in the first year or so, after which the health of widowed women becomes comparable with that of other women.
- Although there are relatively fewer providers of specialist care in rural areas, this does not translate into increased patient fees.

“

Thanks must go to you guys who have tracked me down three times now despite my moving about. It's a strangely satisfying feeling to know that I am part of something bigger than me and my world. Also that has lasted longer than any project, job, study or relationship of mine. Keep finding me.

”

- Younger woman, Survey 3.

Australian Women & Their Weight: A Growing Problem



Background

Current estimates suggest that 2.4 million Australian adults are obese and a further 4.9 million are overweight, and that levels of obesity among women have doubled in the last 15 years. Most estimates are based on repeated cross-sectional measures (such as the ABS National Health Surveys). There are few prospective data on weight change for individuals in the Australian population.

This gap is being filled by participants in the Australian Longitudinal Study on Women's Health who have provided data on height and weight in every survey since the study began in 1996. These data give important insights into changes in weight and body mass index, which will be used to clarify relationships between weight, weight change, body mass index (BMI, and its major determinants - energy intake and energy expenditure) and health and illness over the next few years.

Weight and weight change

The average weight of women in each of the three cohorts (for those who reported their weight at every survey) is shown in Figure 3. In 1996 the younger women had the lowest average weight, 62.6 kg, while the mid-age women were the heaviest with an average of 68.6 kg - a difference of 6kg.

By Survey 3, however, the younger women had gained more weight than the mid-aged women. Average weight was 67.4 kg for the younger group and 71.0 kg for the mid-aged group - a difference of 3.6 kg.

The pattern of weight change was different in the older cohort: their average weight decreased during the first six years of the study.

In all three age cohorts, the weight of women living in rural and remote areas was higher than that of urban women. Young rural women also gained weight faster than any other group.

“

In the last survey I completed, I had recently had my first baby. I was about 3-5kgs heavier than pre-pregnancy weight. I joined a gym, ate anything and piled on another 9kg's!!! Nine weeks ago, I changed my eating habits for good . . .

My new eating habits and lifestyle simply incorporate low fat foods, and a knowledge of how low fat, moderate calories and moderate exercise can make the difference . . . I have dropped 3kg's, 3cm's off everything & have more energy. I still go to the gym 3-4 times a week and it is all paying off. By next summer, I hope to wear the swimmers without board shorts. I feel fantastic . . . - perhaps the hardest thing was swapping the full cream milk in coffee to skim milk - but you do get used to it.

”

“

I am generally feeling a lot happier about my health. I've quit smoking after approximately 10 years. On the other hand I have put on almost 10 kilos. I hate this. I never had to worry about weight I know that I really need to exercise to maintain my weight, however this is a habit I am having trouble starting. Overall the positives I have done for my health do very much outweigh (joke) the negatives.

”

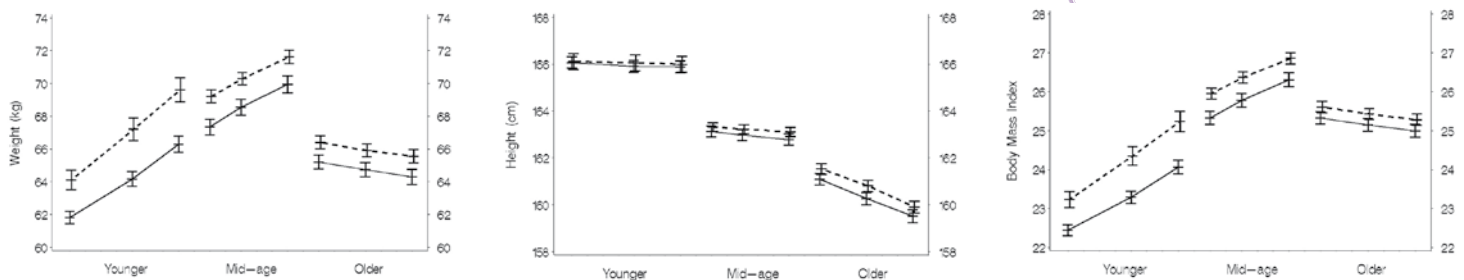


Figure 3: Average weight (left), height (middle) and BMI (right) of women who reported these data at every survey. Solid lines show data from urban women; dashed lines show data from rural/remote women. Data were collected from younger women in 1996, 2000 and 2003; from mid-age women in 1996, 1998 and 2001, and from the older women in 1996, 1999 and 2002. Vertical bars indicate 95% confidence intervals.

Who gains weight?

Longitudinal analyses of weight gain among younger and mid-age women in the ALSWH have shown that weight gain is occurring across all socio-economic groups. After adjustment for all potential confounders, the factors found to be independently associated with weight gain among younger women are shown in Box 1.

Box 1: Factors associated with weight gain among younger women 1996 – 2000

- Having BMI outside the healthy weight range at the beginning of the study in 1996
- Sitting more than 4.5 hours/day
- Eating take away food
- Restrictive eating practices

The association between weight gain and pregnancy in the younger women is currently being investigated, and will become clearer when data from Survey 4 of the younger cohort have been analyzed.

Factors associated with weight gain among the mid-age women are shown in Box 2. The data suggest that some factors other than those traditionally associated with energy balance also contribute to weight gain at this life stage.

Box 2: Weight gain among mid-age women is associated with:

- Quitting smoking
- Hysterectomy
- Menopause
- Low levels of physical activity (less than 150 minutes/week)
- High sitting time (more than 4.5 hours/day)
- Being overweight or obese in 1996, and with high energy intake

“

The hours I work plus the time I spend getting to work make it difficult to maintain any decent level of exercise. I leave home at 6.45am and get home around 6pm. It is dark when I get up and dark when I get home. At night I can either prepare a meal or I can have fast food or an instant meal (I don't like either) and go to the pool and do laps. I don't have enough time to do both.

”

Healthy Ageing



Background

The Australian Longitudinal Study on Women's Health (ALSWH) provides a picture of ageing that challenges negative stereotypes. At the time of the first survey in 1996, the women in the older cohort were aged 70-75 years. These women were selected at random from the population and represented the full range of health and functioning at that age. At this time over one third of the women rated their health as excellent or very good and fewer than five percent rated their health as poor. By Survey 3 in 2002, although the women were aged 76-81, the overall responses on self-rated health were unchanged.

Survey Responses

In this age group, death rates impact on the numbers of survey responses. About 5% of the women have died between successive surveys and 6-7% have withdrawn, in many cases because they were too ill or frail to continue.

The response rate for this cohort is remarkably high, with some women getting help from their families, or even nursing home staff, to complete the surveys. They are also responding well to targeted sub-studies on issues relevant for older women – caring for others; sleep problems; and falls.

“

After speaking to my grandmother, her only concern was transport. As she is getting older, her legs become quite sore and so she often puts off going to the city or supermarket (or church). She sometimes catches a taxi but as she receives a pension, she would rather save her money.

”

- Younger woman responding for her grandmother

“

I think that I am in good health for my age (80). Although I am slowing down in the time I do things, like all my housework, gardening and walking, I still feel very fit.

”



Functional Ability

At Survey 3, most of the women lived in houses (69%), or flats, units or apartments (21%). Fewer than nine percent lived in retirement villages, nursing homes or hostels.

More than 90% of the participants were able to perform independent activities of daily living such as cooking, bathing and dressing. Similarly, 83% reported no difficulty seeing newspaper print (with glasses if necessary); 87% reported no difficulty hearing a conversation (with a hearing aid if necessary); and 88% could bath and dress themselves without being limited by their health.

More than one third of the women said they could walk at least a kilometre, 58% could walk half a kilometre and 73% could walk 100 metres.

Nevertheless, more than half reported difficulties with stairs, or with lifting and carrying groceries.

The most common chronic conditions among women in this age group are hypertension and arthritis (see Figure 4). Among the National Health Priority areas, bone and joint diseases, and heart, stroke and vascular disease (including hypertension) are much more prevalent than diagnoses of diabetes, asthma or cancer.

Healthy Lifestyles

Only about 5% of these older women smoke. Their pattern of alcohol use has hardly changed, with 37% reporting never drinking and 24% rarely drinking. Women who drink do so most days per week and have better health than the non-drinkers.

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

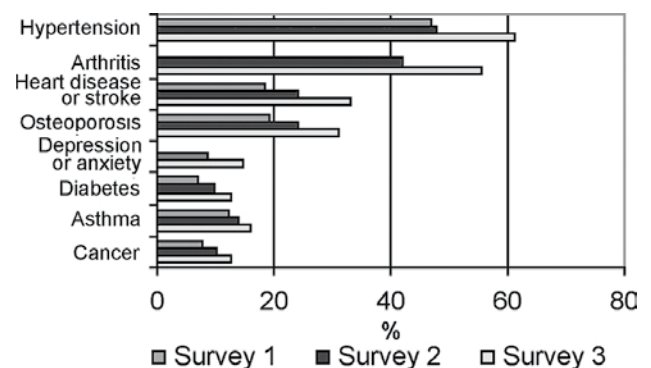


Figure 4. Prevalence of selected conditions at Survey 1 when the women were aged 70-75, Survey 2 when they were aged 73-78 and Survey 3 when they were aged 76-81 years (for women who responded to all three surveys; not all conditions were asked about at all surveys)



Widowhood

At the beginning of the Study, 58% of the women were married while 35% were already widowed – see Figure 5. The proportion of widows rose to 40% by Survey 2 and 47% by Survey 3.

For many of these older women, taking care of a sick husband and coping with widowhood have been the major factors affecting their health and social circumstances over the six years of surveys so far. 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.

“

For the last 4 years I have cared for my dear husband who had a leg off and needed some help. Although it was amazing how much he could do, but after a little over 60 years of marriage I lost him a few weeks ago and I am so lonely now but I see other widows and they have got over it. I know I must be able to in time.

”



Daily Living

Most of the women (83% at Survey 3) receive a government pension or other allowance. Only 18% had any superannuation although 34% had some other sources of income. Most described managing on their income as “easy” (24%) or “not too bad” (52%).

At this stage of their lives the women reported that driving themselves (51%) and being driven by someone else (29%) were their main means of transport. Relatively few relied on public transport: 23% in urban areas and only 5-10% in rural and remote areas.

Although 48% said they lived alone, most of the women reported active social lives at Survey 3.

In the last week:

- 93% spent time with people outside their households
- 98% talked on the telephone
- 67% went to meetings or clubs

In addition:

- 43% undertook volunteer work
- 39% cared for children

More than half of the women had help with odd jobs. Nevertheless, only a minority of women used community services:

- Use of respite, nursing or community health services increased from 7% at Survey 2 to 10% at Survey 3
- Use of homemaking services increased from 8% to 15%

Caring

Many women in this age group make valuable contributions to family and society. Family caregiving, the home-based care of frail, ill or disabled family members, is an important aspect of some older women’s lives. The percentage of women providing at least some family caregiving rose from 17% at Survey 1 to 20% at Survey 2 and 25% at Survey 3. The percentage who provided volunteer services outside the family remained steady at around 47% across all three surveys.

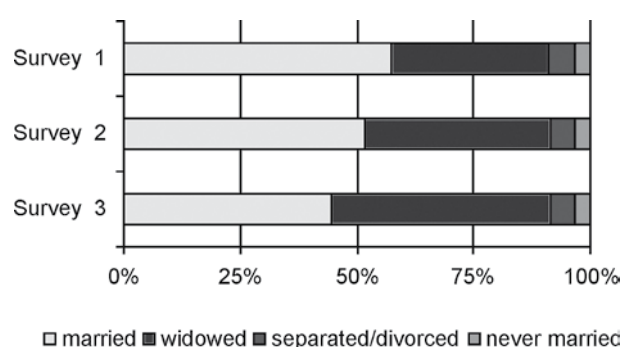


Figure 5. Changes in Marital Status (for women who responded to Surveys 1, 2 and 3)

Younger Women

Tobacco, Alcohol & Other Drugs



Background

There is public concern about young women's use of tobacco, alcohol and other recreational drugs. In particular, there is a perception that it is increasing, and there is apprehension about potential long term consequences.

The Australian Longitudinal Study on Women's Health supports concerns that tobacco continues to pose a major challenge to women's health. Evidence from the Study suggests that inappropriate use of alcohol and other drugs is relatively uncommon and is often limited to a brief period in young

women's lives. Nevertheless it has the potential for serious long-term consequences.

ALSWH surveys include a cohort of younger women, who were aged 18-23 when the Study began in 1996, and have now been surveyed three times (1996, 2000, 2003). The surveys have included questions about their use of tobacco and alcohol. After the first survey, once trust with the research team was established, questions were added about their use of marijuana, heroin, ecstasy and other party drugs.

Tobacco & Alcohol Use

Almost 60% of the younger ALSWH women have never been smokers.

Of those that have ever smoked, 12% had already given up before Survey 1 and this percentage

increased to 19% by Survey 3. By Survey 3, less than one quarter (24.5%)

remained smokers. Although some women first took up smoking between Surveys 1 and 2

(3.5%), very few did so between Surveys 2 and 3.

In contrast, quitting increased.

At every survey most of the young women reported rarely drinking, or drinking at "low risk" according to the Australian Guidelines. The percentage of non-drinkers was 8-9% at all Surveys. At Survey 1, when the women were aged 18-23, 5.6% met the criteria of

risky or high risk drinking, but this declined to 3.6% by Survey 3. The main change between surveys was a gradual increase from rarely drinking (which could include heavy drinking occasionally) to low risk drinking (which could include drinking more often but in lower quantities). (See Figure 6).

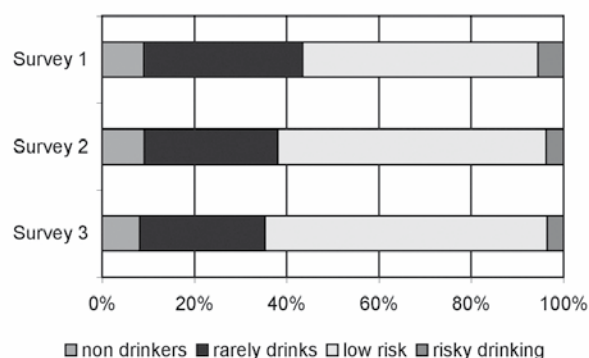


Figure 6. Alcohol use among young women at Survey 1 in 1996, Survey 2 in 2000 and Survey 3 in 2003

“

It's toned down a lot now. ... I think that you start to put into check a lot more what you want out of life ... I think now, myself and most of my friends who are my age are thinking 'we really need to quit now' before it gets to a point where you can't or you want to have kids ... so it's more looking towards quitting, cutting down, smoking much weaker cigarettes and just trying to be a little healthy with it.

”



Use of marijuana and other recreational drugs

At Survey 2, when the women were first asked about their use of marijuana and other recreational drugs, 43.5% said they had never used them. Almost all women who had ever used recreational drugs had used marijuana, but the numbers using any single drug other than marijuana were very small, so they were grouped together as “multiple/other drug” users. At Survey 3, the percentage who had never used drugs dropped to 38.1% while the percentage who had used marijuana or other drugs but not in the last 12 months increased, indicating that more than 10% had tried drugs for the first time during this period but had not used drugs recently. By Survey 3 only 5.7% reported using marijuana in the last 12 months and another 15.4% reported using other drugs (See figure 7).

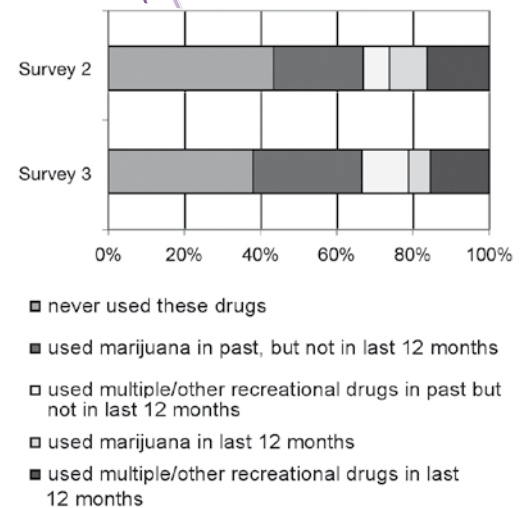


Figure 7. Use of marijuana and other recreational drugs between Survey 2 in 2000 and Survey 3 in 2003

Factors that affect younger women's use of alcohol - evidence from the ALSWH

- Social settings and social networks strongly influence drinking patterns
- Use of tobacco, as well as marijuana and other recreational drugs, is associated with short-term high risk drinking
- Heavy drinking is more common among women living in rural and remote areas than in major cities
- When women move from living alone or in shared accommodation to living with their partners, their drinking patterns become less hazardous

“

I smoked marijuana daily for around 8 years, I then suffered from anxiety and stopped working for 2 months due to the anxiety. I gave up the marijuana and caffeine in the last 2 months which has stopped the anxiety and I changed and found a happier job.

”

Factors that affect younger women's smoking - evidence from the ALSWH

- Social settings, especially clubs and pubs, promote cigarette smoking
- Social networks, including workplaces, families and partners, create bonds that can either promote and reinforce the use of tobacco, or act to control smoking
- Many girls and young women are afraid of becoming addicted to tobacco
- Smoking during pregnancy is very widely disapproved of
- 1/4 to 1/2 of women who smoke give up when they become (or plan to become) pregnant
- Smoking around children is becoming socially unacceptable, both due to the effects of passive smoking on the child's health and because it sets a bad example to children

Study Publications

Journal Articles

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A detailed description of the background, aims, themes, methods, representativeness of the sample and progress of the study is given on the project web page. Surveys are also available on the website, along with contact details for the research team.

Abstracts of all papers published, papers accepted for publication, and conference presentations are also on the project website.

