Chapter Two

Health and wellbeing

Women and men have many health issues in common, but also experience different physical and mental health conditions through their lifetime. Most obviously, women have distinct health prevention, treatment and recovery needs relating to reproductive health – contraception, pregnancy, childbirth, menopause, as well as cancers and other conditions involving reproductive organs.

Health and wellbeing

Women and men have many health issues in common, but also experience different physical and mental health conditions through their lifetime. Most obviously, women have distinct health prevention, treatment and recovery needs relating to reproductive health – contraception, pregnancy, childbirth, menopause, as well as cancers and other conditions involving reproductive organs.

Women and men also experience distinct social circumstances. Social customs and expectations shape the roles and attitudes of each sex, and this is reflected in the burden of disease each experiences, as well as the health-related behaviours they engage in. Women and men's pattern of time use, their employment and working patterns, education and leisure activities, even their eating patterns, are different.

The indicators included in this chapter relate to aspects of health and wellbeing where there are contrasting experiences for men and women. Some of the indicators focus on the injury and disease profile each sex experiences, while others reflect behavioural and attitudinal differences. They address issues which may have inter-generational effects on children and youth, as well as affecting women themselves. The chapter also includes a brief discussion of chlamydia, a disease which is currently the most commonly notified communicable disease in NSW and which disproportionately affects young women.

Key findings

The data presented in this chapter identifies a number of health conditions that affect women more than men. For example, women are 1.3 times more likely than men to be hospitalised overnight due to injuries resulting from a fall; women are more likely than men to die from cerebrovascular diseases (including stroke), dementia and Alzheimer's disease, and cancers; and women are more likely than men to require hospitalisation as a result of contracting chlamydia.

Other data suggest women are more likely to experience poor mental health than men: women are more likely than men to report high levels of psychological distress (12.4 compared to 9.6 percent), to be hospitalised for intentional self-harm (twice as likely as men), and to lodge workers' compensation claims relating to mental disorder.

Interestingly, although fewer women than men in NSW rate their health status positively, women in general engage in more healthy behaviour than men. Fewer women than men smoke (14 percent compared to 18 in 2010), around half as many women as men engage in risky levels of drinking, and fewer women than men are overweight and obese (46 percent compared to 60 in 2010). When it comes to exercise, however, men tend to be healthier than women, with a higher proportion of men than women undertaking adequate levels of exercise.

Women are 1.3 times more likely than men to be hospitalised overnight due to injuries resulting from a fall.

Gender indicators: health and wellbeing

In this chapter, women's experiences are reported against five health and wellbeing topics of importance for women. Many indicators align with state, national and international frameworks and these linkages are shown below.

Topics
Health and wellbeing topics and indicators

Topic	Indicators	Linkages
Topic 1: Women's injury and disease rates and causes of deaths	1.1 Long-term health conditions 1.2 Fall-related injuries 1.3 Work-related injuries and diseases 1.4 Leading causes of death	State Plan NSW 2021 (Goal 11) ABS Gender Indicators
Topic 2: Mental health	2.1 Psychological distress 2.2 Intentional self-harm	State Plan NSW 2021 (Goal 11) ABS Gender Indicators
Topic 3: Health care services	3.1 Patient satisfaction with health services 3.2 Women taking part in screening activities	State Plan NSW 2021 (Goal 12) Productivity Commission, Report on Government Services Council of Australian Governments, National Healthcare Agreement 2011
Topic 4: Feeling healthy and engaging in healthy behaviour	4.1 Self-reported health status 4.2 Smoking 4.3 Drinking 4.4 Overweight and obesity 4.5 Physical activity level 4.6 Breastfeeding	State Plan NSW 2021 (Goals 11 and 27) Productivity Commission, Report on Government Services Council of Australian Governments, National Healthcare Agreement 2011 ABS Gender Indicators
Topic 5: Social capital	5.1 Perceptions of trust and safety 5.2 Experiences of neighbourhood connection	State Plan NSW 2021 (Goal 24)

Current levels and trends

This section outlines women's current status in the topic areas listed above and the direction of change over time, where this information is available. The latest available data is used in each case.

Topic 1: Women's injury and disease rates and causes of death

This topic describes four central injury and disease indicators in the NSW population where women and men's experiences manifest differently. They are: long-term health conditions; fall-related injuries; major work-related injuries and diseases; and leading causes of death. The section ends with discussion of a focus health topic of contemporary significance to young women: chlamydia.

1.1 Long-term health conditions

Reporting a long-term health condition

Current position	In 2008, 77 percent of NSW women reported one or more long-term health conditions, compared with 71 percent of NSW men. **Gender gap:** • Women are more likely than men to report long-term health conditions (a 6 percentage point difference).
The direction of change over time	The gap between the percentage of each sex reporting a long-term health condition widened from 2 percentage points in 2001 to 6 percentage points in 2008.
Discussion	The greater proportion of women with long-term health conditions is partly related to women's longer life expectancy. However, the gap between women and men reporting long-term health conditions widened in the 2000s, while the life expectancy gap reduced. Women's higher reporting rates may be associated with them being more frequent users of health services than men.

Long-term health conditions are illnesses, diseases or disabilities which have lasted at least six months, or which the person reporting them expects to last for six months or more in the future. Common conditions are cancers, cardiovascular problems, chronic respiratory disease, mental illness and diabetes.

Although Australians enjoy long average life expectancy compared to people in other countries, they live with a considerable burden of long-term chronic conditions. At the time of the last national health survey (2008) 75 percent of the population said that they had one or more current long-term health conditions. Many are related to Australian lifestyles and behaviour.

Year collected: 2007-08.

Data source: ABS (2009) *National Health Survey*, 2007-08, Cat no. 4364.0.

More information is available at www.abs.gov.au

1.2 Fall-related injuries

Fall-related injuries requiring overnight hospitalisation, people 65 years and older

Current position	In 2010-11, there were 3,444 fall-related injury hospitalisations per 100,000 NSW older women, compared to 2,684 per 100,000 older men. **Gender gap:** • There is a 28 percent gap between the rate of fall-related hospitalisations of women and that of men aged 65 years and over.
The direction of change over time	Over the past two decades, the rate of fall-related hospitalisations increased by nearly 58 percent for older people of both sexes. The gap between men and women reduced significantly from 80 to 28 percent over this period.
Discussion	The incidence of fall-related injuries is higher for women than men at all ages, and women's rate of injury increases more rapidly than men's over their lifetime.

Falls are the leading cause of injury-related hospitalisations in NSW, accounting for over 40 percent of people hospitalised because of an injury. The rate of people being hospitalised because of a fall is increasing, especially among older people.

Indicator 1.2 is the rate of fall-related overnight hospitalisations for NSW residents aged 65 years and over. It doesn't include minor injuries where people were treated and discharged on the same day.

Year collected: 2010-11.

Data source: *NSW Admitted Patient Data Collection* and ABS population estimates (HOIST). Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.healthstats.nsw.gov.au

There is a 28 percent gap between the rate of fall-related hospitalisations for women and that of men aged 65 years and over... The incidence of fall-related injuries is higher for women than men at all ages.

1.3 Work-related injuries and diseases

Compensable injuries and disease – major claims

Current position	NSW women have a lower frequency of compensable injuries and diseases than men (6.6 claims per million hours worked by women employees, compared to 8.9 claims per million hours worked by men). However, women have a higher rate of mental disorder claims, with a frequency of 0.7 per million hours worked by women employees compared to 0.4 claims per million hours worked by men. Mental disorder claims made up over one-quarter of all occupational disease claims in 2010. **Gender gaps:** • The pattern of work injuries demonstrates an overall gender gap in women's favour of 2.3 claims per million hours worked. • Female employees had 0.3 per million hours more mental disorder claims than men in 2010 (1,545 in total).
The direction of change over time	The frequency of work-related injuries has declined during the last decade for both NSW women and men, with the decline greater for men from a higher starting point. The total number of men's claims went from 38,000 to 27,600 in the period 2001 to 2010, while the total number of claims by women went from nearly 16,000 to nearly 14,000 in the same period. The trend in occupational disease claims is weaker and women's length of time off work remains greater than men's on average (see Table 2.1 on page 18). The incidence of mental disorder claims peaked in the early 2000s, but remains higher in 2010 than in 2001 for both women and men.
Discussion	In 2004 the Productivity Commission estimated that the total economic cost of work-related injury and disease in Australia was in excess of $31 billion annually[13], in addition to the significant non-economic costs borne by individuals, their families, businesses and the community as a whole. Women and men typically work in different industries and/or occupations in NSW, each with their own health and safety risks. Women are under-represented in some hazardous industries with high injury and disease rates, such as mining and construction, but over-represented in industries such as health and education with high interpersonal demands (see Chapter Five).

Work-related injuries and diseases include those that result from incidents at the place of work; while commuting to and from work; and illnesses contracted due to work, for example, industrial deafness, repetitive strain injuries, asthma and skin diseases.

The data above refer to major claims where a workers' compensation claim was accepted and where five or more days time off work was paid through the NSW workers' compensation system for incapacity arising from the injury or disease. These claims amount to approximately 60 percent of annual lost time injuries in NSW.

Year collected: 2009-10.

Data source: WorkCover NSW, *Statistical Bulletin, 2009-2010*, unpublished at the time of writing.

More information is available at www.workcover.nsw.gov.au

13 Productivity Commission (2004) *National workers' compensation and occupational health and safety frameworks*, Productivity Commission Inquiry Report no. 27, p xxii.

Table 2.1

Number, time lost and cost of occupational diseases* by sex, NSW, financial years ended 2003 to 2010

Women	Year	Total no.	Median time lost (weeks)	Median cost $
	2003	2,994	7.3	11,410
	2004	3,174	7.4	12,073
	2005	3,235	7.3	12,352
	2006	2,713	6.0	11,169
	2007	2,539	5.9	11,822
	2008	2,667	6.1	12,505
	2009	2,621	6.6	11,802
	2010	2,830	8.0	13,169
Men	**Year**	**Total no.**	**Median time lost (weeks)**	**Median cost $**
	2003	6,163	5.6	11,450
	2004	6,430	6.0	12,263
	2005	6,462	6.0	12,600
	2006	5,913	6.4	12,485
	2007	5,662	6.0	12,141
	2008	5,961	6.4	13,000
	2009	6,364	6.1	14,130
	2010	7,225	7.3	14,274

* Note: Occupational diseases are illnesses contracted at or aggravated by work. These figures refer to major occupational diseases where five days or more were lost from work.

Population: Claims made by NSW wage and salary earners, and those self-employed workers covered by the Workers' Compensation Act. Excludes Commonwealth Government employees.

Source: WorkCover NSW, *Statistical Bulletins*, multiple years.

1.4 Leading causes of death

Current position	Ischaemic heart diseases were the leading cause of death for both women and men in 2010, with 3,382 and 3,853 deaths respectively (see Table 2.2). Significant sex differences are evident in relation to cerebrovascular diseases (including stroke), dementia and Alzheimer's disease and diseases with sex-specific causes, such as prostate and breast cancer. **Gender gaps:** • Cerebrovascular diseases were the leading cause of death 1.6 times more frequently for women than for men. • Dementia and Alzheimer's disease were the leading cause of death 2.1 times more frequently for women than for men. • Ischaemic heart diseases were the leading cause of death 1.2 times more frequently for men than for women.
The direction of change over time	Standardised death rates have been reducing for both men and women over the last decades. While men's death rates remain higher than women's, the gap between the two is narrowing. In NSW in 2010, women's age-standardised death rate was 4.6 deaths per 1,000 women, compared to 6.8 deaths per 1,000 men.
Discussion	Like the overall death rate, the pattern of potentially avoidable deaths shows both similarities and differences between men and women. The three leading causes of avoidable death and the ranking of these conditions are the same in men and women. But the proportions are different. In NSW between 2006 and 2007, cancers were responsible for 46 percent of all potentially avoidable female and 33 percent of potentially avoidable male deaths. Cardiovascular disease, including ischaemic heart disease and stroke, was responsible for 23 percent of female and 31 percent of male deaths; and injury and poisoning at third place caused 10 percent of female and 16 percent of male deaths.

Ranking causes of death is a useful method of describing patterns of mortality in a population. ABS reports on all registered deaths and age-standardised death rates take into account the changing age structure over time. NSW Health also monitors potentially avoidable deaths, which are premature deaths (people aged under 75 years) that, theoretically, could have been avoided given our current knowledge and available disease prevention and health care. In 2007 (the latest year for which data is available), more than one-third of premature deaths were classified as potentially avoidable. The potentially avoidable death rate has more than halved in the last 20 years.

Year collected: Deaths data is for 2010; potentially avoidable premature deaths data is for 2006-07.

Data sources: ABS (2012) *Causes of Death, Australia, 2010,* Cat no. 3303.0 and ABS mortality data and population estimates (HOIST). Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is aavailable at www.abs.gov.au and www.healthstats.gov.au

Table 2.2

Leading cause of death, and rank, women and men, NSW, 2010

Cause of death and ICD-10 code*	Rank for women	Women	Rank for men	Men
Ischaemic heart diseases (I20-I25)	1	3,382	1	3,853
Cerebrovascular diseases (I60-I69)	2	2,465	3	1,532
Dementia and Alzheimer's disease (F01, F03, G30)	3	1,949	6	923
Trachea, bronchus and lung cancers (C33-C34)	4	1,116	2	1,683
Chronic lower respiratory diseases (J40-J47)	5	991	4	1,063
Breast cancer (C50)	6	969	-	10
Prostate cancer (C61)	-	-	5	992
Heart failure (I50-I51)	7	710	10	567
Diseases of the urinary system (N00-N39)	8	611	11	466
Colon, rectum and anus cancers (C18-C21)	9	592	7	711
Blood and lymph cancers (incl. leukaemia) (C81-96)	10	576	7	711
Diabetes (E10-E14)	11	527	9	587
Subtotal deaths ranked 1 to 10 for women and men		13,888		12,632
Total registered deaths		23,593		24,352

* Note: Causes listed are the leading causes of death for all deaths registered in 2010 based on the World Health Organisation (WHO) recommended tabulation of leading causes. The code is from the *International Classification of Diseases* 10th revision. Causes of death data for 2010 are preliminary and subject to a revisions process (see www.abs.gov.au)

Population: All deaths registered in 2010 for people whose usual residence was NSW and for people usually resident overseas whose deaths were registered in NSW.

Source: ABS (2012) *Causes of Death, Australia, 2010*, Cat no. 3303.0, Table 2.1.

Focus on chlamydia – an increasingly common disease affecting young women

Chlamydia is now the most frequently 'notified' communicable disease in NSW except in years where there is an influenza epidemic. Notified diseases are those that laboratories, hospitals, medical practitioners, schools and child care centres must notify government about under the Public Health Acts 1991 and 2010. There were over 18,000 chlamydia notifications in 2010.

Chlamydia cases have been growing in number in all states and territories since 1998, and it is the most common sexually transmissible infection in Australia today.

The reported incidence among both sexes has risen rapidly over the last decade in NSW, but it is currently reported more commonly by women than by men.

Many people who are infected do not have symptoms of infection, but can still transmit the bacterium.

Chlamydia particularly affects young women and is a major cause of infertility in young women as a result of not being treated early. The higher notification and hospitalisation rate in young women probably reflects the fact that women's symptoms are less definitive and are therefore less easily diagnosed and treatable than those of young men, where antibiotic treatment is more often given without recourse to testing.

The number of notifications received for any particular condition is almost always an underestimate of the number of cases that actually occur, as notifications are made only when a patient seeks help.

More information is available at www.healthstats.nsw.gov.au and www.stipu.nsw.gov.au

Chlamydia cases have been growing in number in all states and territories since 1998, and it is the most common sexually transmissible infection in Australia today.

Table 2.3

Chlamydia notifications and hospitalisations, by sex, NSW, 2000 and 2009

Chlamydia	Notifications		Hospitalisations	
	Women	Men	Women	Men
	per 100,000	per 100,000	per 100,000	per 100,000
2000	57	50	2.6	0.3
2009	235	184	4.2	0.6

Source: *NSW Notifiable Conditions Information Management System* (NCIMS) and ABS population estimates (HOIST), NSW *Admitted Patient Data Collection*, Centre for Health Protection and the Centre for Epidemiology and Evidence, NSW Ministry of Health.

Topic 2: Mental health

About 18 percent of Australians are affected by a mental disorder every year. Of these, only a small proportion access services, suggesting a high rate of unmet need. For this reason, the first indicator in this section refers to self-reported mental disorders. The second indicator focuses on people who receive treatment for a specific mental health-related issue that is reported more frequently by women than by men.

Women are more likely than men to report high levels of psychological distress – a gender gap of 2.8 percentage points in 2010.

2.1 Psychological distress
Rates of psychological distress

Current position	12.4 percent of NSW women aged 16 years and over report high or very high levels of psychological distress, compared to 9.6 percent of NSW men. **Gender gap:** • Women are more likely than men to report high levels of psychological distress – a gender gap of 2.8 percentage points in 2010.
The direction of change over time	The gender gap declined slightly from 3.8 percentage points in 1997 to 2.8 percentage points in 2010. This was due to increases in the rates of reported high pyschological distress among men and reductions in the rates for women.
Discussion	The higher incidence of women reporting and seeking help for mental disorders may point in the same direction as the higher rate of workers' compensation claims for mental disorders among NSW women (see Indicator 1.3).

People reporting high or very high psychological distress are a subgroup of all people with mental disorders. The Kessler 10 Plus *questionnaire is used by NSW Health to assess anxiety, depression, agitation and psychological fatigue. The percentage of people who have experienced high levels in the four weeks prior to the survey is presented in Indicator 2.1*[14]*.*

Year collected: 2007-08.

Data source: ABS (2009) *National Health Survey*, 2007-08, Cat no. 4364.0.

More information is available at www.healthstats.nsw.gov.au

14 Kessler 10 (K10) is a 10-item questionnaire that measures anxiety, depression, agitation and psychological fatigue in the most recent four-week period, with additional questions to establish the effect of the distress. For each item in the questionnaires there is a 5-level response scale based on the amount of time (from none of the time to all of the time) the person experienced the particular symptom. When scoring responses, 1-5 points are assigned to each symptom, with 1 indicating none of the time and 5 indicating all of the time. The total score ranges from 10 points (all responses none of the time) to 50 points (all responses all of the time). Responses are classified into four categories: low when the score is 10-15, moderate when the score is 16-21, high when the score is 22-29, and very high when the score is 30 or higher. The indicator includes those with a K10 score of 22 or above.

2.2 Intentional self-harm

Rates of hospitalisation for intentional self-harm (15 to 24 years of age)

Current position

The rate for young women aged 15 to 24 years is more than double that of young men at 352 per 100,000 young women compared to 163 per 100,000 young men.

Gender gaps:

- Young women in NSW are 2.15 times as likely to be hospitalised for self-harm as are young men.
- For the population of all ages, the difference in rates is 1.5 times higher for women than for men.

The direction of change over time

The gender gap for 15 to 24 year olds increased sharply from 27 hospitalisations per 100,000 people in 1990-91 to 195 per 100,000 people in 2010-11 (see Figure 2.1).

The gap for all age groups widened more gradually, increasing from nil in 1990-91 to 53 hospitalisations per 100,000 people in 2010-11.

Discussion

It is difficult to assess the extent of differences between the sexes, as women more readily seek help than men and for this reason are more likely to be hospitalised. Men are more likely to die from suicide attempts than women because they use more lethal means.

NSW Health notes that the reliability of hospital records in reflecting the level of self-harm in hospitalised patients is untested and it is not known to what extent record of hospitalisation reflects self-harm in the community.

Injuries and poisonings are the third most common cause of hospital stays for women in NSW, after maternity-related stays and treatments such as dialysis where repeat visits are required.

Intentional self-harm hospitalisations refer to hospital stays for injuries and poisonings which are self-inflicted and are the main reason for the hospital stay.

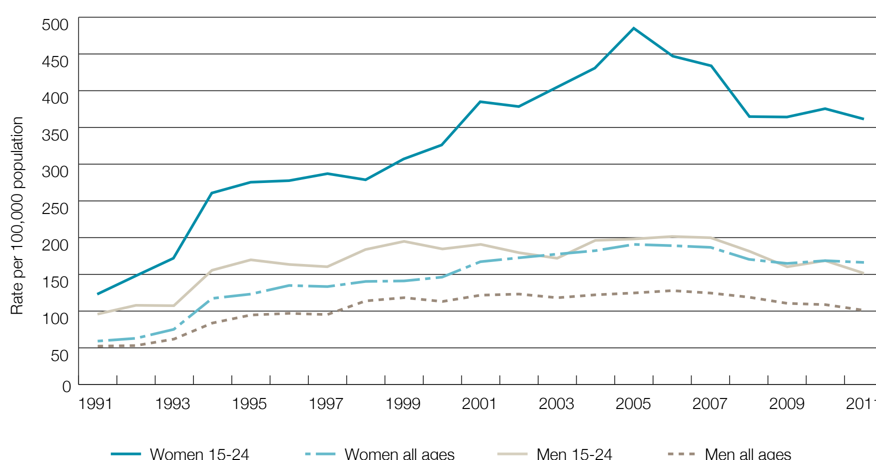
Year collected: 2010-11.

Data source: NSW *Admitted Patient Data Collection* and ABS population estimates (HOIST), Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.healthstats.nsw.gov.au

Figure 2.1

Rates of hospitalisation for intentional self-harm, NSW, 1990 to 2011



Population: NSW women and men aged 15 to 24 years, and all ages.

Source: NSW *Admitted Patient Data Collection* and ABS population estimates (HOIST). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Topic 3: Health care services

In contrast to the first two topics which focused on men's and women's patterns of injury and disease, Topic 3 focuses on indicators of health service experience.

The most common problem cited by women who experienced difficulties accessing health care in 2010 was General Practitioner waiting times.

3.1 Patient satisfaction with health services

Current position	In 2009, 90 percent of NSW women patients reported that the overall health care they received was 'excellent', 'very good' or 'good', compared to 91 percent of men. However, in 2010 a higher proportion of women (21 percent) experienced difficulties getting health care, compared with men (15 percent). **Gender gap:** • Similar percentages of men and women report satisfaction with the overall care, but women report more difficulty getting access to health care.
The direction of change over time	There was a small improvement in women's overall perceptions of care from 2007 (the first year of the survey), when 87 percent of women reported a positive score. Both men and women reported difficulties accessing health services more frequently over the period 2007 to 2010.
Discussion	The most common problem cited by women who experienced difficulties accessing health care in 2010 was General Practitioner (GP) waiting times. It should be noted that women more frequently accompany children and other family members to GPs, where waiting times and access may be issues.

Annual surveys are conducted by NSW Health to gain information from patients about their experiences with public health care services. Overnight hospital patients, community health clients, and a range of day-only and outpatients are included. Patients score the care they received as 'good', 'very good' or 'excellent'. Data on difficulty accessing health care is drawn from NSW Health's household telephone survey.

Year collected: Multiple years.

Data source: *NSW Health Patient Survey* 2007 and 2009; 2010 NSW *Population Health Survey* (HOIST). Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.healthstats.nsw.gov.au

3.2 Women taking part in screening activities

Biennial screening rate – women in the target groups for breast cancer and cervical cancer

Current position	Of NSW women aged 50 to 69 years, 53 percent were screened for breast cancer in 2009-10. Of NSW women aged 20 to 69 years, 56 percent were screened for cervical cancer in 2009-10.
The direction of change over time	Breast cancer: the proportion of women aged 50 to 69 years screened reached a high point of 56 percent in 2006-07, then decreased in subsequent years. Cervical cancer: the proportion of women aged 20 to 69 years screened reached a high point of 59 percent at the end of the 1990s and in the early 2000s, then fell off slightly.
Discussion	The incidence of new cases of breast cancer has been increasing, but the death rate has been decreasing. The number of new cases and the death rate from cervical cancer have both steadily decreased in NSW in the last two decades.

Screening is considered to be an effective population-based method for reducing mortality and morbidity related to cancer, by detecting it early. NSW Health aims to screen, on a two-yearly basis, 50 to 69 year old women for breast cancer and 20 to 69 year old women for cervical cancer. Breast cancer is the most common women's cancer in NSW and cervical cancer is the 14th most common.

Year collected: 2009-10 and earlier years.

Data source: BreastScreen NSW and Australian Institute of Health and Welfare (AIHW) analysis of state and territory cervical cytology register data.

More information is available at www.healthstats.nsw.gov.au and www.aihw.gov.au

The incidence of new cases of breast cancer has been increasing, but the death rate has been decreasing.

The number of new cases and the death rate from cervical cancer have both steadily decreased in NSW in the last two decades.

Topic 4: Feeling healthy and engaging in healthy behaviour

Feelings of health and wellbeing are a widely used and valid measure of physical and mental heath status, and correlate with activity limitations and health-related behaviour. Risk factors associated with behaviour and lifestyle contribute to almost one-third of Australia's total burden of death, disease and disability. Tobacco smoking, risk drinking, being overweight or obese, and being physically inactive have the greatest adverse impact.

4.1 Self-reported health status

Self-rated health status – people aged 16 years and over

Current position	In 2010, 78 percent of NSW women rated their health positively compared to 81 percent of NSW men. **Gender gap:** • More men (by 3 percentage points) rated their health status positively compared to women.
The direction of change over time	Since 1997, there has been a significant decline in the proportion of men and women who rated their health positively. The decline has been greater for women (a seven percentage point decline) than for men (a four percentage point decline). The differences between men and women in the 25 to 34 age group are particularly marked.
Discussion	While the percentage decline in self-rated health status is relatively small in the case of both men and women, the direction of the trend is clear.

Self-rated health is the single most reliable measure of health-related quality of life and a powerful predictor of future morbidity and mortality. The indicator used by NSW Health refers to those responding 'excellent', 'very good', or 'good' to a global self-rated health status question about their health over the last four-week period.

Year collected: 2010.

Data source: *NSW Population Health Survey* (HOIST), Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.healthstats.nsw.gov.au

4.2 Smoking
Current smoking – people aged 16 years and over

Current position	14 percent of NSW women aged 16 years and over were current smokers in 2010, compared to 18 percent of men. **Gender gap:** • The gender gap with respect to smoking is four percentage points, with lower rates for women.
The direction of change over time	Between 1997 and 2010, the proportion of adults aged 16 years and over who were current smokers fell sharply (by seven percentage points for women and ten percentage points for men).
Discussion	Tobacco smoking is the single largest cause of ill health, disease and premature death in Australia, contributing to more drug-related hospitalisations than alcohol and illegal drugs combined. Smoking rates among Australian adults have declined steadily since the early 1970s, and this trend has continued into the 2000s. 2001 was the first year in which the prevalence of smoking nationwide fell below 20 percent; at this time, 19.5 percent (some 3.1 million) Australians reported smoking on a daily basis[15]. Higher proportions of men and women in disadvantaged socioeconomic groups are current smokers (see Figure 2.2 for NSW figures).

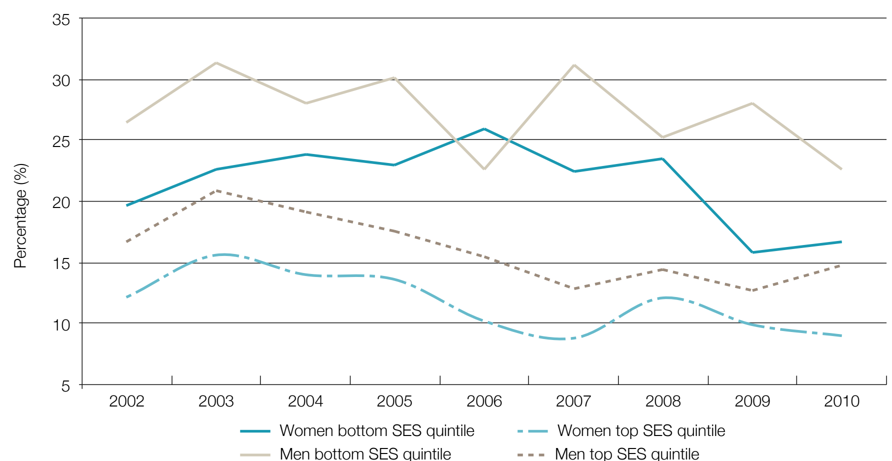
'Current smoking' in Indicator 4.2 is the rate of people who report being daily and occasional smokers, as opposed to people who report having never smoked regularly or having given up.

Year collected: 2010.

Data source: *NSW Population Health Survey* (HOIST), Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.healthstats.nsw.gov.au

Figure 2.2
Smoking by sex and socioeconomic status (SES), NSW, 2002 to 2010



Note: The bottom quintile refers to the most disadvantaged 20 percent of the population in socioeconomic terms, while the top quintile refers to the most advantaged 20 percent of the population.

Population: People aged 16 years and over.

Source: *NSW Population Health Survey* (HOIST) successive years. Centre for Epidemiology and Evidence, NSW Ministry of Health.

15 Australian Institute of Health and Welfare factsheet, accessed 24 April 2012 at www.aihw.gov.au/risk-factors-tobacco-smoking

4.3 Drinking
Rate of risky drinking – people aged 16 years and over

Current position	20 percent of NSW women aged 16 years and over reported risky levels of drinking, compared to 40 percent of NSW men. **Gender gap:** • Around half as many women in NSW report risky drinking as men.
The direction of change over time	Since 2002, there has been a slight decline in the rate of reported risky drinking across the population as whole. The decline has been greater for men than for women. The exceptions to this are in the 35 to 44 age group, where the rate has increased slightly for both men and women, and amongst women aged 45 to 54, whose rate of risky drinking increased from 13 percent in 2002 to 21 percent in 2010.

The burden of disease from alcohol is high, with young people bearing the costs of alcohol-related accidents and injuries, and older people suffering from alcohol-related disease and chronic poor health. Long-term adverse effects of high consumption of alcohol on health include contribution to cardiovascular disease, some cancers, risks to unborn babies, mental health conditions and self-harm.

Risky drinking in Indicator 4.3 is defined as drinking more than two standard drinks on a day when alcohol is consumed.

Year collected: 2010.

Data source: *NSW Population Health Survey* (HOIST), Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.healthstats.nsw.gov.au

Since 2002, there has been a slight decline in the rate of reported risky drinking across the population as whole. The decline has been greater for men than for women.

4.4 Overweight and obesity

Rate of overweight and obesity – people aged 16 years and over

Current position	Among NSW adults aged 16 years and over, women are less likely than men to be overweight. Forty-six percent of women and 60 percent of men reported that they were overweight or obese in 2010. **Gender gap:** • The incidence of overweight is 14 percentage points lower in women.
The direction of change over time	Since 1997, there has been a tremendous increase in the proportion of persons aged 16 years and over who are overweight or obese, and this has affected women more than men. The health gap in favour of women has narrowed since 1997, as the 13 percentage point increase for women over the period 1997 to 2010 is higher than the 11 percentage point increase for men. Data not presented here show that by 2010 young girls (under 15 years) had nearly reached boys' rates of overweight/obesity, suggesting that further narrowing of the health gap is likely in the future.
Discussion	For women, the highest rates of obesity and being overweight are found among those aged 55-64 years; menopause is a risk factor for weight gain. Among men, those aged 35-44 years have the highest rates of obesity and being overweight (see Figure 2.3). As people tend to over-report their height and under-report their weight, body mass figures based on self-reported data are likely to be underestimates.

Being overweight is linked to the most common health conditions in Australia, in particular to musculo-skeletal system diseases.

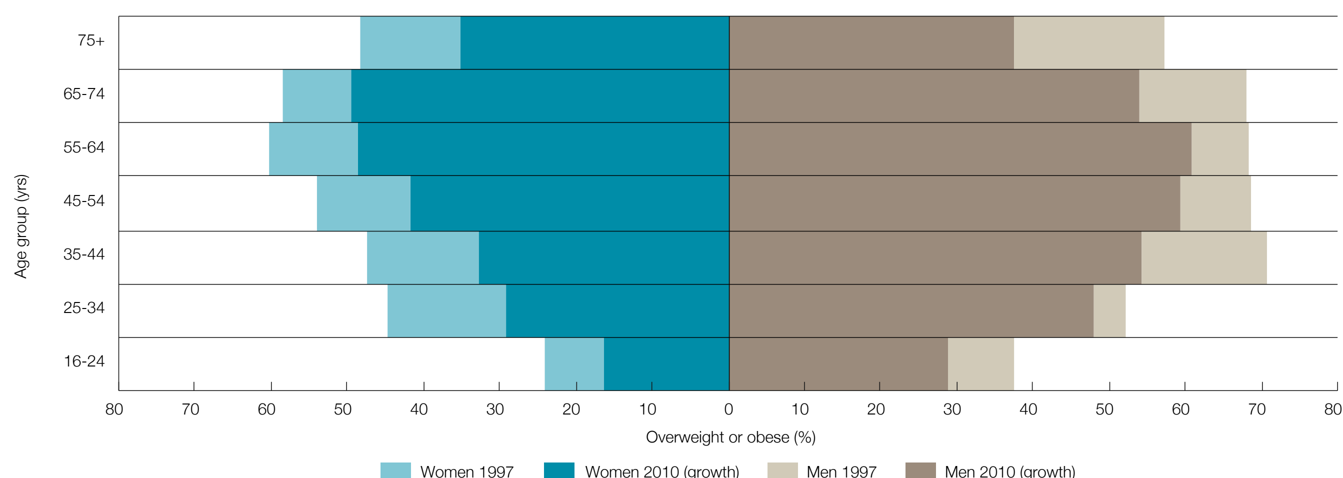
Body Mass Index (BMI) is used to calculate excess weight and obesity from people's self-reported height and weight (where BMI=weight (kg)/height (m^2). Those with a BMI of 25 or higher are defined as overweight or obese (note there are different levels of severity in each category).

Year collected: 2010.

Data source: *NSW Population Health Survey* (HOIST), Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.healthstats.nsw.gov.au

Figure 2.3
Overweight or obese by age and sex, NSW, 1997 and 2010



Note: The figure above should be read as follows: 16 percent of women aged 16 to 24 were overweight or obese in 1997 and 24 percent of women aged 16 to 24 were overweight or obese in 2010. The darker colours show the percentage point increase from 1997 to 2010.

Population: People aged 16 years and over.

Source: *NSW Population Health Survey* (HOIST) successive years. Centre for Epidemiology and Evidence, NSW Ministry of Health.

4.5 Physical activity
Rate of people undertaking adequate physical activity – people aged 16 years and over

Current position	Among people 16 years and over, 51 percent of NSW women and 60 percent of men reported that they undertook adequate levels of physical activity. **Gender gap:** • There is a nine percentage point gap between women and men's physical activity levels in favour of men.
The direction of change over time	Since 1998, there has been a large increase in the proportion of people aged 16 years and over who undertake adequate levels of physical activity. The percentage of women undertaking adequate levels of physical activity has improved relative to men for those aged 16 to 24, 55 to 64 and 75 years and over.
Discussion	Being physically inactive increases the risk of ill-health, especially later in life. As people age, they are less likely to undertake adequate physical activity (both sexes). See Figure 2.4.

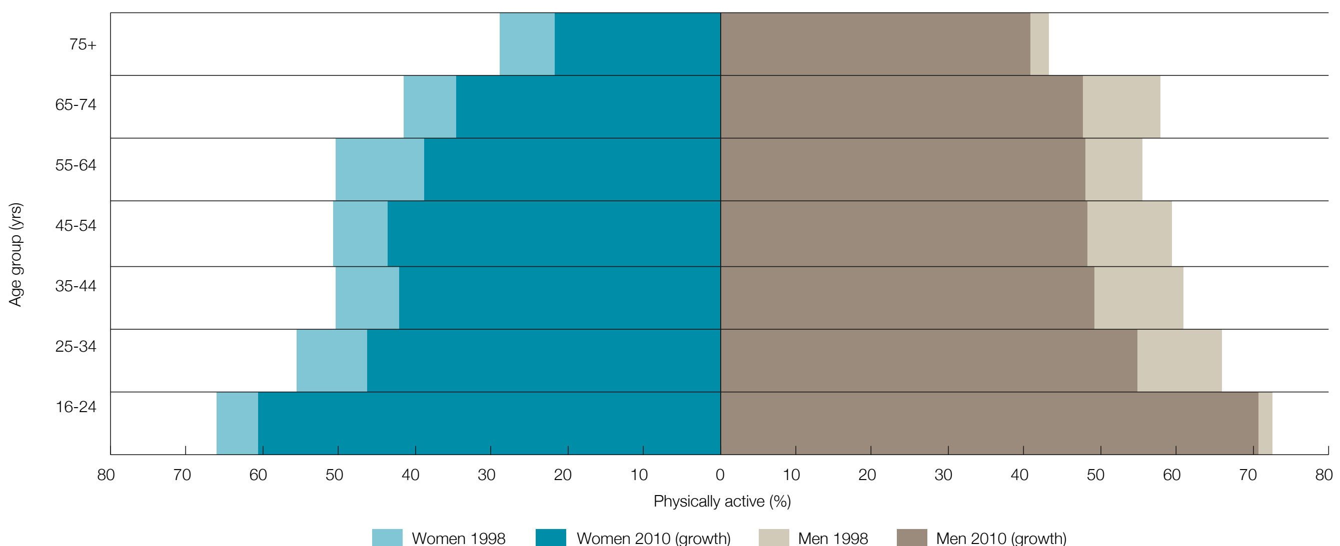
Adequate physical activity in Indicator 4.5 is defined as undertaking physical activity for a total of at least 150 minutes per week over five separate occasions.

Year collected: 2010.

Data source: *NSW Population Health Survey* (HOIST), Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.healthstats.nsw.gov.au

Figure 2.4
Adequate physical activity by age and sex, NSW, 1998 and 2010



Note: The figure above should be read as follows: 60 percent of women aged 16 to 24 were physically active in 1998 and 65 percent of women aged 16 to 24 were physically active in 2010. The darker colours show the percentage point increase from 1998 to 2010.

Population: People aged 16 years and over.

Source: *NSW Population Health Survey* (HOIST) successive years. Centre for Epidemiology and Evidence, NSW Ministry of Health.

4.6 Breastfeeding Rate of breastfeeding	
Current position	93 percent of children aged 0 to 23 months had ever been breastfed in 2010. Around 32 percent were still breastfed to some extent at age 12 months.
The direction of change over time	While the proportion of children who had ever been breastfed has changed little over the last decade, the proportion fully breastfed to six months has nearly doubled from 14 percent in 2001 to 27 percent in 2010.
Discussion	'Fully breastfed' means an infant receives breastmilk as the main source of nourishment, but can take some other liquids such as water and fruit juices. Women's ability to breastfeed and the duration and frequency of breastfeeding is influenced by a range of cultural and workplace factors.

Breastfeeding provides significant value to mothers as well as infants, promoting quicker recovery from childbirth and reduced risk of certain cancers in later life.

Year collected: 2010.

Data source: *NSW Child Health Survey* (HOIST), Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.healthstats.nsw.gov.au

Topic 5: Social capital

Social capital refers to social relations of trust, reciprocity and neighbourhood connection. It is a source of social wellbeing which comes from people forming strong connections and networks based on trust, mutual assistance, and shared everyday activities.

Information about commonly used social capital indicators is collected annually by NSW Health. Some are reported in Indicators 5.1 and 5.2 below.

63 percent of women and 84 percent of men said they feel safe walking down their street after dark.

5.1 Perceptions of trust and safety	
Current position	Roughly similar numbers of women and men (71 percent in each case) strongly agree or agree that most people can be trusted. Differences between women and men were evident in response to a question about feeling safe after dark, although not in response to a question about the reputation of their area as safe. 63 percent of women and 84 percent of men agreed or strongly agreed that they feel safe walking down their street after dark. 74 percent of women and 76 percent of men strongly agree that their area has a reputation for being a safe place. **Gender gap:** • A 21 percent gender gap exists between women's and men's feelings of safety on the street after dark.

5.1 Perceptions of trust and safety continued

The direction of change over time	Women's responses to all three questions have shown some improvement since 2002.
Discussion	Age, residential location (rural versus metropolitan) and socioeconomic status significantly influence people's reported perceptions of trust and safety. See also Safety and access to justice (Chapter Six).

Trust involves a willingness to take risks in a social context. This willingness is based on a confidence that others will respond as expected and act in mutually supportive ways or at least that others will not intend harm.
The data refers to people aged 16 years and over.

Year collected: 2009 (most recent data available).

Data source: *NSW Population Health Survey* (HOIST), Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.health.nsw.gov.au/PublicHealth/surveys/hsa/09/toc/t_5_soc_02_social_capital.asp

5.2 Experiences of neighbourhood connection

Current position	Differences between women and men concerning feeling connected in their neighbourhood were evident in response to a question about the likelihood of running into friends, and feeling sad to leave, although not in reported rates of visiting neighbours. **Gender gaps:** • 84 percent of women and 79 percent of men ran into friends and acquaintances when shopping in the local area. • 60 percent of women and 62 percent of men said they had visited neighbours in the last week. • 75 percent of women and 69 percent of men reported that they would feel sad if they had to leave their neighbourhood.
The direction of change over time	The percentage of women and men who recently visited neighbours declined slightly in the last 10 years (the figures in 2002 were 64 percent of women and 69 percent of men).
Discussion	Among women, a significantly higher proportion of women aged 45 years and over and a significantly lower proportion of younger women would feel sad if they had to leave their neighbourhood, compared with the overall adult female population.

Several questions in the NSW Population Health Survey *seek information about how connected people feel to their neighbours and their local neighbourhood.*

Year collected: 2009 (most recent data available).

Data source: *NSW Population Health Survey* (HOIST), Centre for Epidemiology and Evidence, NSW Ministry of Health.

More information is available at www.health.nsw.gov.au/PublicHealth/surveys/hsa/09/toc/t_5_soc_02_social_capital.asp

Table 2.4

Aboriginal women's health compared in NSW

Indicator	Description	Aboriginal	Non-Aboriginal / All
Ante-natal care	**Definition:** The proportion of pregnant mothers attending their first antenatal visit before 14 weeks of pregnancy in 2010. **Change:** Improvement of 27 percentage points since 1996. Relative improvement compared to non-Aboriginal women of 11 percentage points. **Note:** Under-reporting affects data quality but the trend is reliable.	Confinements to Aboriginal mothers % 2010: 71 1996: 44	Confinements to non-Aboriginal mothers % 2010: 80 1996: 64
Low birth weight babies	**Definition:** Birth weight (BW) less than 2.5 kilograms. **Change:** No change since 1991; gap between Aboriginal and non- Aboriginal women of 5 percentage points. **Note:** Under-reporting affects data quality, but the trend is reliable.	Low BW babies to Aboriginal mothers % 2010: 11 1991: 11	Low BW babies to non-Aboriginal mothers % 2010: 6 1991: 6
Smoking	**Definition:** Proportion who are current (daily or occasional) smokers. **Change:** Reduction of 7 percentage points in Aboriginal women since 2002-05. Relative improvement compared to non-Aboriginal women of 3 percentage points. **Note:** Data for Aboriginal women are pooled to provide adequate sample size.	Aboriginal women 16+ years % 2006-09: 34 2002-05: 41	All women 16+ years 2009: 14 2005: 18
Alcohol attributable hospitalisations	**Definition:** Hospitalisations for specific diseases which can be attributed to high alcohol consumption. **Change:** Aboriginal women's rate is 2.2 times that of non-Aboriginal women. Since 1998-99, the rate has increased more quickly for non-Aboriginal women. **Note:** Data for Aboriginal women from years 2006-2009 is pooled; for non-Aboriginal women, from 2008-09. Age standardisation is used to compare the rates of disease for Aboriginal and non-Aboriginal women. Comparisons are limited by the very small numbers of older people in the Aboriginal population.	Aboriginal women 16+ years per 100,000 2010-11: 1,133 1998-99: 850	Non-Aboriginal women 16+ years per 100,000 2010-11: 500 1998-99: 327
Potentially preventable hospitalisations	**Definition:** Hospitalisations which are potentially avoidable through preventive care and early disease management. **Change:** 18 percent increase in potentially preventable hospitalisation for Aboriginal women (since 1993-94) compared to a 1 percent increase for non-Aboriginal women, resulting in an increase in the gap between the two groups. **Note:** After July 2010, numbers and rates were affected by a significant change in coding standards for diabetes, a major contributor to total preventable hospitalisations.	Aboriginal women per 100,000 2010-11: 6,056 1993-94: 5,156	Non-Aboriginal women per 100,000 2010-11: 2,272 1993-94: 2,249

Source: Surveys and patient collections, Centre for Epidemiology and Evidence, NSW Ministry of Health

How does NSW compare?

The ABS publishes the *Gender Indicators Australia* series every six months. It sets out a range of indicators against which it is possible to examine how women in NSW are faring compared with all women in Australia. Detailed information is contained in the Appendix.

Based on these indicators, the health outcomes of NSW women are very similar to those of other women in Australia. In most cases, the gap is no more than one percentage point.

The largest gap relates to NSW women's reporting of overweight and obesity (self-reported Body Mass Index), which is more than 2.5 percentage points lower in NSW than for women in Australia as a whole.