



The NSW Government is committed to the delivery of quality health services, including giving communities and health care providers a strong and direct voice in improving patient care.

Health and wellbeing

In this chapter we focus on areas where the health impact is disproportionately experienced by women, or where service use is different for women and men. It includes some sex-specific indicators related to reproductive health, and features antenatal and maternal health as a Focus Topic.

We report on well-being (broad indicators of self-rated health and community connection); illness and injury rates, in particular where women and men have different outcomes; health-related behaviours which increasingly determine health outcomes; and service access and use.

Because health outcomes are influenced by the cumulative effect of social determinants over time, age is a salient factor in presenting many of the indicators. The experiences of population sub-groups including Aboriginal and socio-economic groups are also shown.

As in 2012, this chapter makes use of data from the NSW Health *Adult Population Health Survey* and NSW Health patient data. In addition, the findings from the ABS *Australian Health Survey 2011-12* are used where available to provide complementary data or add a different perspective to the topics under discussion.

Key findings

The data presented in this chapter identifies a number of health conditions that affect women more than men. For example, older women are nearly one and a half times more likely than men to be hospitalised overnight due to injuries resulting from a fall; women are more likely to suffer from arthritis, long and short sightedness and osteoporosis; and young women are more likely than men to require hospitalisation as a result of the fast-growing disease, Chlamydia. The worrying upward trend in young women's self-inflicted injury rate has not levelled off.

As in last year's *Women in NSW* Report, NSW women's less positive rating of their health status compared to men contrasts with the fact that they generally engage in healthy behaviours more often than men. Fewer women than men smoke (13 percent compared to 17 percent of men in 2011), around half as many women as men engage in risky drinking, and fewer women than men are overweight and obese (45 percent compared to 60 percent in 2011). When it comes to exercise, however, men are taking the lead. Men are more likely to engage in adequate levels of exercise and demonstrate a greater increase in exercise rates over the last decade.

As in last year's Report, some of the most worrying statistics relate to disparities among women. Women living in remote areas of NSW have more than twice the rate of women in major cities of preventable hospitalisations, due to poor access to general practitioners and primary health care. Women from lower socioeconomic, and from non-English speaking backgrounds suffer poorer mental health. More than one in seven women from both of these groups reported experiencing high or very high psychological distress in the four weeks prior to the survey.

Low socio-economic status women are more likely to be current smokers than other women but are less likely to be risky drinkers.

Aboriginal women's health is reported for several indicators, including their antenatal and maternity health experience. Births to Aboriginal mothers have more than doubled as a percentage of all births since 1990. As with women overall, the share of births to Aboriginal mothers 19 years and under is dropping but at 19 percent in 2010 remains far higher than for the total population (3 percent). Aboriginal women have a higher rate of potentially preventable hospitalisation and are more likely to be hospitalised for smoking and alcohol-related conditions.

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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 under Health and wellbeing topics and indicators below. Many also feature in the new *NSW Health Framework for Women's Health* released in 2013.



NSW 2021

A PLAN TO MAKE NSW NUMBER ONE

State Plan NSW 2021

Goal 11: Keep people healthy and out of hospital

State Plan NSW 2021

Goal 12: Provide world class clinical services with timely access and effective infrastructure

The NSW Government is committed to the delivery of quality health services, including giving communities and health care providers a strong and direct voice in improving patient care. The topics covered in this chapter relate to State Plan Goals 11 and 12; the linkages between individual indicators and State Plan targets are shown below.

Health and wellbeing topics and indicators

Topic	Indicators	Linkages
Topic 1: Injury and disease	1.1 Long-term health conditions 1.2 Potentially preventable hospitalisations 1.3 Fall-related injuries 1.4 Major work-related injuries and diseases	ABS Gender Indicators, Australia NSW 2021 Goal 11: Reduce potentially preventable hospitalisations
Topic 2: Social and emotional health	2.1 Psychological distress 2.2 Intentional self-harm 2.3 Experiences of neighbourhood connection 2.4 Asking neighbours to care for a child	NSW 2021 Goal 11: Improve outcomes in mental health ABS Gender Indicators, Australia
Topic 3: Use of health services	3.1 Perceptions of health care 3.2 Difficulties in accessing health care	NSW 2021 Goal 11: Increase patient satisfaction
Topic 4: Feeling healthy and healthy behaviour	4.1 Health status 4.2 Smoking 4.3 Risky drinking 4.4 Overweight and obesity 4.5 Eating fruit and vegetables 4.6 Physical activity	NSW 2021 Goal 11: Reduce smoking rates; Reduce risk drinking; and Stabilise and then reduce overweight and obesity rates NHMRC National Dietary Guidelines National Physical Activity Guidelines for Adults
Topic 5: Sexual and maternity health Focus topic	5.1 Chlamydia Antenatal and maternity health, women in NSW	

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Current levels and trends

The rest of the chapter describes the current status of NSW women in the topic areas listed above and the direction of change over time, where time-series information is available. The latest available data is used in each case.

For some indicators, no new data is available since the 2012 *Women in NSW* Report. In this case, indicators are not repeated in the body of the chapter but are listed in the box on the right.

Indicator	Women in NSW 2012	Source
Age-standardised death rates	4.6 deaths per 1,000 women compared to 6.8 deaths per 1,000 men Plus analysis of leading causes	ABS <i>Causes of Deaths</i> , Australia, 2010.
Breast cancer screening rate (women in the target age group of 50 to 69 years)	53 percent screened in 2009-2010 (biennial period)	BreastScreen NSW and Australian Institute of Health and Welfare.
Cervical cancer screening rate (women in the target age group of 20 to 69 years)	56 percent screened in 2009-2010 (biennial period)	Australian Institute of Health and Welfare.
Breastfeeding (percentage 0 to 23 months ever breastfed and still breastfed at 12 months)	93 percent of children 0 to 23 months ever breastfed in 2010 32 percent still breastfed at 12 months	NSW Ministry of Health NSW Child Health Survey 2010.

Topic 1 Injury and disease

Four injury and disease indicators for NSW women which are important signifiers of population health are included in this topic. They are: long-term health conditions; potentially preventable hospitalisations; fall-related injuries; and major work-related injuries and diseases.

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1.1 Long-term health conditions

People with a health condition that has lasted or is expected to last for six months or more

Current position	<p>In 2011-12, 77 percent of NSW women reported one or more long-term health conditions, compared to 75 percent of men.</p> <p>Gender gap</p> <ul style="list-style-type: none"> Women are more likely than men to report long-term health conditions (a two percentage point difference).
The direction of change over time	<p>The gender gap between women and men has decreased since 2007-08. However, this is because more men reported long-term health conditions, not fewer women. The percentage of women reporting long-term health conditions has been stable since 2001.</p>
Discussion	<p>Although Australians enjoy long average life expectancy compared to people in other countries, they live with a considerable burden of long-term chronic conditions. Many are related to Australian lifestyles and behaviour.</p> <p>Table 2.1 indicates the numbers and percentages of women and men suffering common conditions.</p> <p>Arthritis and long and short sightedness are long-term conditions affecting women significantly more than men. They are also relatively common conditions. Deafness is significantly more prevalent among men.</p>

Australian Health Survey participants are asked to report medical conditions which they have been told of by a doctor or nurse, which are current and which have lasted, or are expected to last six months or more. The data used for comparison with earlier years is age-standardised.

Year collected: 2011-12.

Data source: ABS (2012) *Australian Health Survey 2011-12*. Cat no. 4364.0.55.001 and unpublished data.

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

Table 2.1 Selected long-term health conditions, women and men, NSW, 2011-12

Health condition	Women %	Men %	Gender gap %
Arthritis	17.1	11.3	5.8
Long sightedness	30.7	24.9	5.8
Short sightedness	26.1	21.2	4.9
Osteoporosis	4.8	1.8	3.0
Mental and behavioural problems	14.1	11.8	2.3
Asthma	10.1	9.1	1.0
Hypertensive disease	10.3	9.5	0.8
Chronic bronchitis or emphysema	2.1	2.1	0
Diabetes mellitus	3.7	4.0	-0.3
Kidney disease	1.0	*0.5	*-0.5
Cancer	*0.6	1.6	*1.0
Heart, stroke and vascular disease	3.9	5.5	-1.6
Hayfever and allergic rhinitis	16.5	14.6	-1.9
Back pain/problem, disc disorder	11.0	13.0	-2.0
Deafness	7.2	12.1	-6.1

Note: Long-term conditions are current medical conditions that have lasted or are expected to last six months or more. Conditions are listed by size of the gender gap. *Estimate has a relative standard error of 25% to 50% and should be used with caution.

Population: People aged 18 years and over. Source: ABS (2012) *Australian Health Survey 2011-12*. Cat no. 4364.0.55.001.

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1.2 Potentially preventable hospitalisations

Rate of potentially preventable hospitalisation (PPH) per 100,000 people

Current position	<p>In 2010-11, women had lower rates of potentially preventable hospitalisation than men by 81 per 100,000 people. Women's rate was 2,339 per 100,000 compared to men's rate of 2,420 per 100,000 people.</p> <p>Gender gap</p> <ul style="list-style-type: none">• Women's rate of PPH was lower than men's in 2010-11.
The direction of change over time	<p>Women's rate of PPH has increased slightly over the last two decades since 1991-92, while men's has decreased significantly.</p> <p>Women's rate of PPH increased most in the acute category, while chronic and vaccine-related PPH rates reduced. Men's rate of vaccine-preventable hospitalisations decreased significantly.</p>
Discussion	<p>The rate of potentially preventable hospitalisation is considered an indicator of access to, and the quality of, primary care.</p> <p>In 2010-11, 46 percent of all hospitalisations in NSW occurred among people aged 60 years and over. Renal dialysis was the most common reason for hospitalisation.</p> <p>Rates for potentially preventable hospitalisations increase with increasing geographic remoteness. This is true for women and men.</p> <p>The overall NSW rate reflects the influence of major cities. But among women, the rates in major cities are less than half of those in very remote areas, as shown in Table 2.2 below.</p> <p>Aboriginal women experience a rate over 2.5 times that of non-Aboriginal women, as reported in Women in NSW 2012. In 2010-11, their rate was 6,014 per 100,000 women (nearly 3,700 women in total) compared to the non-Aboriginal female rate of some 2,291 (nearly 90,000 women).</p>

Potentially preventable hospitalisations (PPH) conditions are those for which hospitalisation is considered potentially avoidable through preventive care and early disease management, through access to primary health care (for example by general practitioners or community health centres).

There are three categories of PPH: vaccine-preventable (conditions such as measles preventable through immunisation); acute conditions (acute infections and other conditions which may not be preventable, but don't need to result in hospital care); and chronic conditions (such as diabetes which could be managed through lifestyle change and medical care in the community).

After July 2010, there was a significant change in coding standards for diabetes, which caused a decrease in number of hospitalisations where diabetes with complications was coded in principal diagnosis. This change resulted in rates of hospitalisation for all PPH decreased by about 7 percent between 2009-10 and 2010-11.

Year collected: 2010-11 and previous years.

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

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

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Table 2.2 Potentially preventable hospitalisations among women by remoteness, 2010-11

Remoteness from services	Number per 100,000 women
Major cities	2,144
Inner regional	2,719
Outer regional	3,204
Remote	4,853
Very remote	4,319
NSW Total	2,339

Note: Potentially preventable hospitalisations are those where hospital stay could have been avoided. Remoteness is based on the ABS Accessibility/Remoteness Index of Australia (ARIA).

Population: Women of all ages. Rates were age-adjusted using the Australian population as at 30 June 2001.

Source: NSW Admitted Patient Data Collection and ABS population estimates (SAPHaRI).

1.3 Fall-related injuries

Rate of fall-related injuries requiring overnight hospital stay, people 65 years and over

Current position	<p>In 2011-12, older women had higher rates of fall-related hospital stays than men. Women's hospitalisation rate was 3,471 per 100,000 women (nearly 23,200 falls in total), while men's was 2,652 per 100,000 men (nearly 12,400 falls in total).</p> <p>Gender gap</p> <ul style="list-style-type: none"> Of all fall-related hospitalisations among people 65 years and over in 2011-12, women accounted for nearly two-thirds (65 percent), some 10,800 more fall-related hospitalisations than men.
The direction of change over time	<p>Over the last two decades, the rate of fall-related hospitalisations of older people has increased among both sexes. From 2004-05 the growth in women's rate of fall-related hospitalisation has been particularly marked.</p> <p>The rates in 2011-12 were similar to those in 2010-11.</p>
Discussion	<p>Falls are the leading cause of injury-related hospitalisations in NSW, accounting for some 30 percent of people hospitalised because of an injury. Fall-related injuries result in relatively long hospital stays. The Australian Institute of Health and Welfare calculated that seven days was the average, with the range between one and 150 days in 2009-10 (Australia-wide data).</p> <p>The incidence of fall-related injuries is higher for women at all ages, and women's rate increases more rapidly than men's over their lifetime. Older people currently account for 65 percent of all fall-related hospitalisations in NSW.</p>

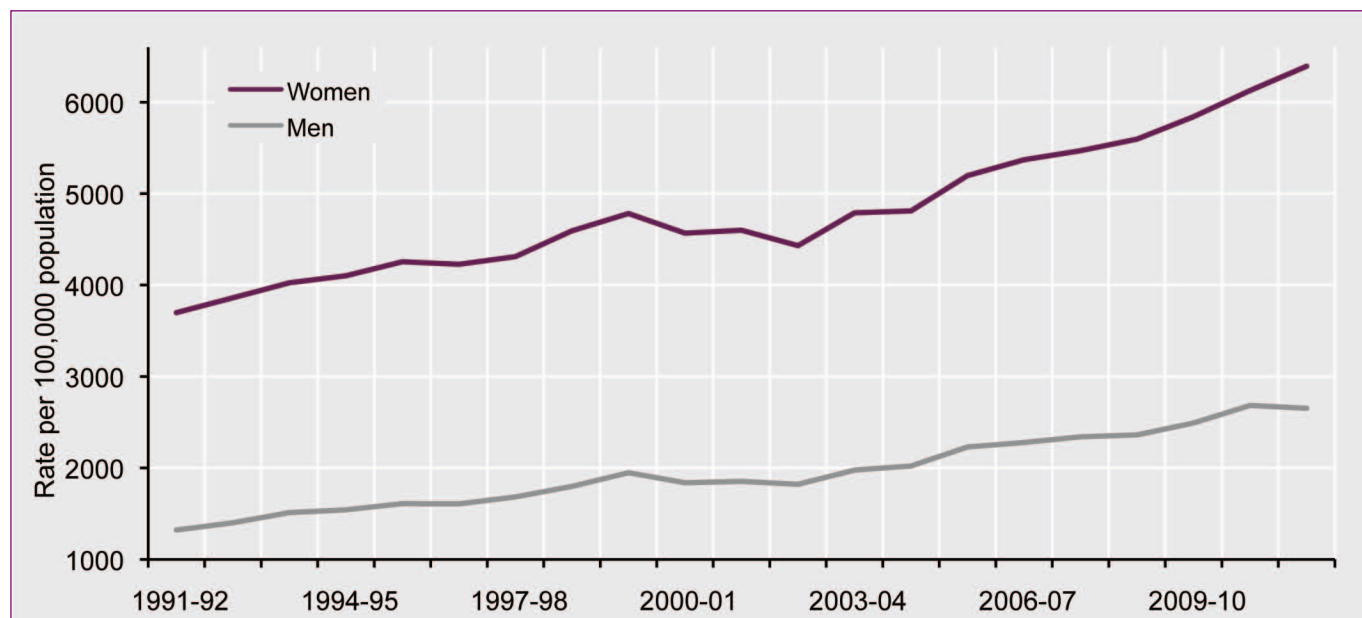
The indicator is patients in NSW public hospitals who are admitted overnight for a fall-related injury, which is an injury where the external cause recorded includes 'fall'. Deaths are included but patients admitted and discharged the same day are not. The data is age-adjusted.

Year collected: 2011-12 and previous years.

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

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Figure 2.1 Fall-related hospital stays, by sex, 1991-92 to 2011-12



Note: Fall-related hospitalisations are injuries caused by a fall where people needed to stay overnight in hospital.

Population: People aged 65 and over.

Source: NSW Admitted Patient Data Collection and ABS population estimates (SAPHaRI).

1.4 Major work-related injuries and diseases

Compensable injuries and diseases – major claims

<p>Current position</p>	<p>NSW women have a lower frequency of compensable injuries and diseases than men (6.6 claims per million hours worked by women employees in 2010-11, compared to 8.4 claims per million hours worked by men).</p> <p>However, women have a higher rate of mental disorder claims, double the frequency of men's. Mental disorder claims made up around 7 percent of all major employment injuries in 2010-11.</p> <p>Gender gaps</p> <ul style="list-style-type: none"> The pattern of work injuries demonstrates an overall gender gap in women's favour of 1.8 claims per million hours worked. Women's rate of mental disorder claims was twice that of men in 2010-11 at 0.8 claims for every million hours worked (1,690 claims in total).
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The direction of change over time	<p>The frequency rate for women's compensable injuries in 2010-11 was the same as in 2009-10 (reported in last year's Report). Men's fell slightly from 8.9 per million hours worked in 2009-10 to 8.4 per million hours worked.</p> <p>The frequency rate and total number of claims has fallen significantly since 2001-02, with the decline greater for men from a higher starting point. Women's claims were 14,154 in 2010-11, down from 16,763 in 2001-02. Men's claims totalled 26,659 in 2010-11, down from 37,911 in 2001-02.</p> <p>In 2010-11, as in data from the previous year, women's length of time off work for occupational diseases is significantly greater than men's on average (see Table 2.3 below). Women are off work for 3.5 weeks more than men (comparing the median).</p> <p>Among women the frequency of mental disorder claims peaked in the early 2000s at 1.0 per million hours worked. The 0.8 per million hours worked rate in 2010-11 was higher than the 2009-10 figure in last year's Report (0.7 per million hours worked).</p>
Discussion	<p>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, in addition to the significant non-economic costs borne by individuals, their families, businesses and the community as a whole.</p> <p>Women and men typically work in different industries and occupations in NSW each with their own 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 4).</p>

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 refers 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 all lost time injuries in NSW annually.

Year collected: 2010-11 and preceding years.

Data source: WorkCover NSW unpublished data at the time of writing.

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

Table 2.3 Occupational diseases by sex, NSW, 2002-11

Year	Number		Median time lost weeks		Median cost \$	
	Women	Men	Women	Men	Women	Men
2002-03	2,994	6,163	7.3	5.6	11,410	11,450
2003-04	3,174	6,430	7.4	6.0	12,073	12,263
2004-05	3,235	6,462	7.3	6.0	12,352	12,600
2005-06	2,713	5,913	6.0	6.4	11,169	12,485
2006-07	2,539	5,662	5.9	6.0	11,822	12,141
2007-08	2,667	5,961	6.1	6.4	12,505	13,000
2008-09	2,621	6,364	6.6	6.1	11,802	14,130
2009-10	2,830	7,225	8.0	7.3	13,169	14,274
2010-11	2,846	6,135	10.6	7.1	13,688	15,153

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

Population: Successful claims made by NSW employees and those self-employed earners covered by the Workers' Compensation Act. Does not include Commonwealth Government employees.

Source: WorkCover NSW. Statistical Bulletin. Unpublished data at the time of writing.

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Topic 2 Social and emotional health

Some 46 percent of Australians – 7.3 million people – experience a mental disorder over their lifetime.¹ In NSW, adults cut down on their activities almost one day per month on average due to psychological distress. Of these, only a small

¹ ABS (2008) *National survey of mental health and wellbeing: summary of results, Australia, 2007*. Cat no. 4326.0.

proportion access services, suggesting a high rate of unmet need.

The first indicator in this section refers to self-reported psychological distress, which reflects the experiences of people who have not sought help as well as those that have. Young people who have received hospital care for a specific mental health-related issue is the focus of the second indicator. Injuries caused by intentional self-

harm are increasing in frequency, and are initiated more frequently by young women than young men. The final set of indicators looks not at mental health problems, but at the social relationships that help create good mental health. Several social capital indicators that relate to people's experiences of connection and reciprocity within their neighbourhoods are described.

2.1 Psychological distress

High rates of self-reported psychological distress, people aged 16 years and over

Current position	<p>11.7 percent of NSW women reported high or very high levels of psychological distress in 2011 compared to 9.0 percent of men.</p> <p>Gender gap</p> <ul style="list-style-type: none">• Women are more likely to report high levels of psychological distress than men – a gender gap of 2.7 percentage points in 2011.
The direction of change over time	<p>The 2.7 percent gender gap in high psychological distress was the same in 2011 as in 2010. The gap is slightly narrower than in 1997 when 3.8 percentage points separated women and men.</p> <p>Overall women's rates of high psychological distress have remained stable through the 2000s.</p> <p>However, the rate for young women (who report higher rates than other women) has declined since 2002 when the rate was 18.5 percent (see Figure 2.2). In 2011, young women's rate of high psychological distress (15.5 percent) was three percentage points higher than young men's (12.2 percent), a similar gender gap to that between women and men of all ages.</p>

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Discussion	<p>While overall, women report higher rates of psychological distress than men, there is also significant variation within the female population. Immigrant women from non-English speaking countries and lower socio-economic status women report higher rates of distress, both at 13.5 percent or nearly two percentage points higher than the average (see Table 2.4).</p> <p>Older women report the lowest rates. Women aged 65 to 75 years experience high psychological distress at a rate of 7.1 percent, and women aged 75 years and over report at a rate of 6.1 percent (compared to the average for NSW women of 11.7 percent) (data not shown).</p> <p>The <i>Australian Health Survey 2011-12</i> found a larger but comparable gender gap (4.0 percent) for the prevalence of high or very high psychological distress among NSW women and men. This survey uses a similar methodology to the <i>NSW Adult Population Health Survey</i> but has slightly a different population (see Figure 2.2).</p> <p>It found 12.4 percent of women and 8.4 percent of men reported high or very high psychological distress.</p>
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This indicator is based on people reporting high or very high psychological distress in the last four weeks through the use of a Kessler 10 Plus Psychological Distress Scale. This is 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, and the effect of the distress.

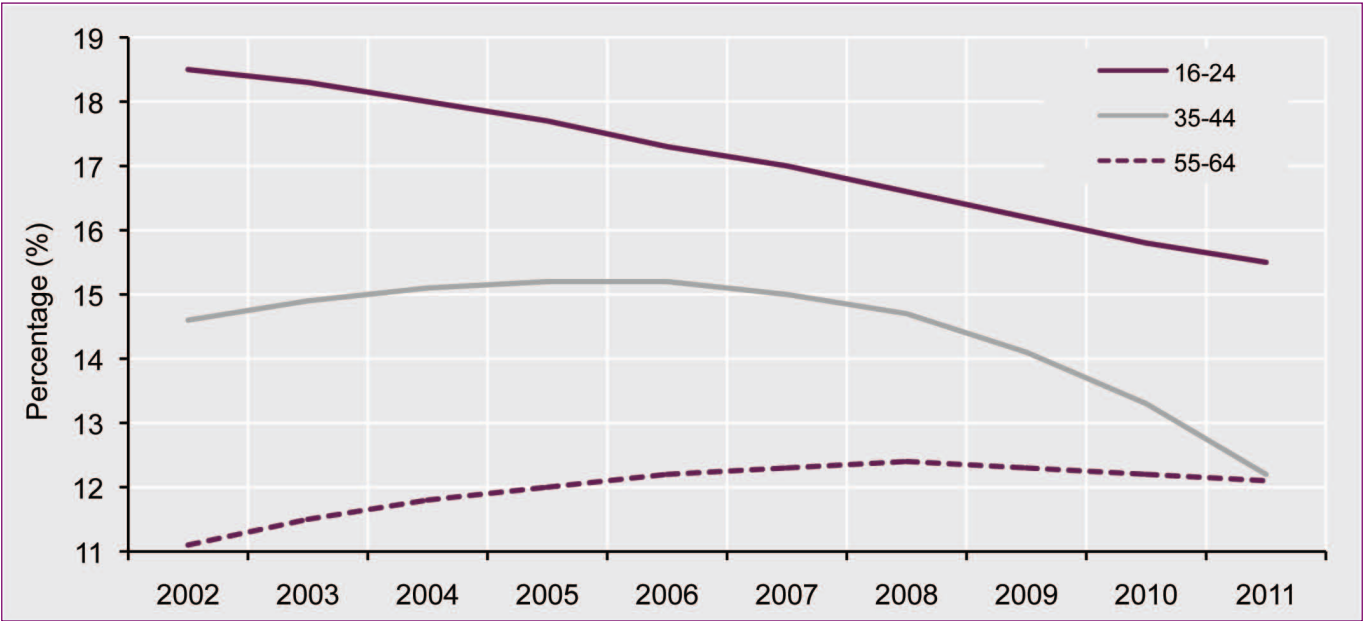
The NSW Adult Population Health Survey population is people 16 years and over. The Australian Health Survey also uses the Kessler 10 distress scale. It surveys people aged 18 and over.

Year collected: 2011 and preceding years.

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

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

Figure 2.2 Women experiencing high psychological distress by selected age group, 2011



Note: Self-reported experience of high or very high psychological distress in the last four weeks.

Population: NSW women in selected age groups.

Source: *NSW Adult Population Health Survey* (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

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Table 2.4 Psychological distress by population group, NSW women, 2011

Population group	Women %
Birthplace	
Australia	11.5
Other English speaking country	9.0
Non-English speaking country	13.5
Socio-economic status	
Least disadvantaged (first quintile)	10.7
Middle level of disadvantage (third quintile)	12.1
Most disadvantaged (fifth quintile)	13.5
Remoteness from service centres	
Major cities	12.5
Inner regional areas	11.0
Outer regional and remote areas	8.9

Note: The indicator is self-reported experience of high or very high psychological distress in the last four weeks. Socio-economic status is based on the geographical area where people live and uses the ABS Index of Relative Socio-economic Disadvantage (IRSD). Remoteness is based on road distance to major service centres based on the ABS Accessibility/Remoteness Index of Australia (ARIA).

Population: Women aged 16 and over.

Source: Centre for Epidemiology and Evidence. Health Statistics New South Wales.

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2.2 Intentional self-harm

Rates of hospitalisation for intentional self-harm, people 15 to 24 years

Current position	<p>Young women's rate of self-harm hospitalisation at 410 per 100,000 of population in 2011-12 is much higher than that of young men at 148 per 100,000.</p> <p>For women of all ages, the rate was 164 per 100,000 in 2011-12, and for men of all ages it was 96 per 100,000 of population.</p> <p>Gender gap</p> <ul style="list-style-type: none">• Young women are close to three times more likely to be hospitalised for self-harm than young men.• In the all-age population, women are 1.7 times more likely to be hospitalised for self-harm than men.
The direction of change over time	<p>The rate of self-harm hospitalisation among young women reached a peak in the mid-2000s, and peaked a little later among young men (see Figure 2.3).</p> <p>However, young women's rate increased by 14.6 percentage points in 2011-12 compared to the previous year, and is again approaching mid-2000 levels.</p> <p>The current gender gap is over 260 hospitalisations per 100,000 population. This represents a significant increase since 1990-91 when the gender gap was just 27 per 100,000 of population.</p>
Discussion	<p>Rates of hospitalisation for intentional self-harm are consistently higher in women than men, and are also higher among young people than the rest of the population. Young men, on the other hand, are more likely to die from suicide than young women.</p> <p>The gender difference is thought by NSW Health to be due in part to young men using more lethal means when attempting suicide. In 2007, young men suicided at nearly twice the rate of young women at 6.8 per 100,000 compared to 3.7 per 100,000 young women. However, young men's rate of suicide has been decreasing in recent years, suggesting other factors are also involved.</p>

Intentional self-harm hospitalisations are hospital stays for attempted suicides and purposively self-inflicted injuries or poisonings. They are cases where intentional self-harm is the main reason for the hospital stay.

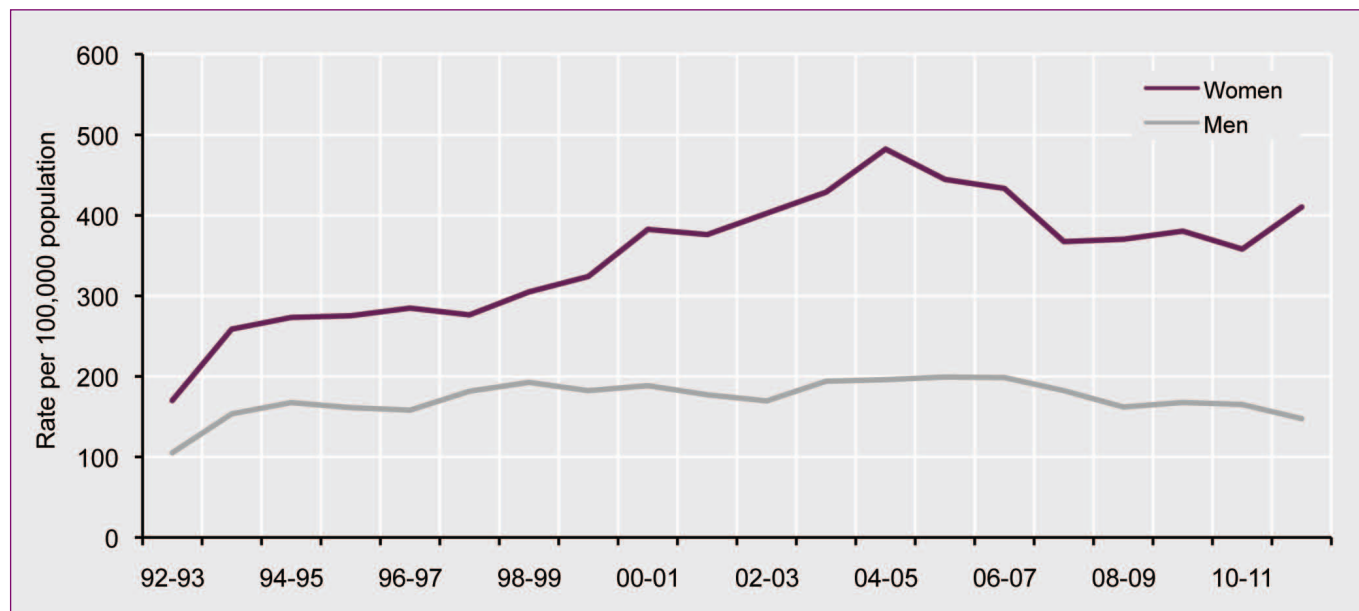
Year collected: 2011-12 and preceding years.

Data source: NSW Admitted Patient Data Collection and ABS Population Estimates (SAPHaRI).

More information is available at: Centre for Epidemiology and Evidence, NSW Ministry of Health at www.healthstats.nsw.gov.au

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Figure 2.3 Hospitalisation for intentional self-harm, 15 to 24-year-olds, 1992-93 to 2011-12



Note: Self-harm is attempted suicide and purposively self-inflicted poisoning and injuries.

Population: People aged 15 to 24.

Source: NSW Admitted Patient Data Collection and ABS population estimates (SAPHaRI).

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2.3 Experiences of neighbourhood connection

Visiting neighbours and running into friends or acquaintances in the local area

Current position	<p>In 2011, NSW women were more likely than men to report running into friends while shopping in the local area, while men were more likely than women to report having visited a neighbour at least once in the last week.</p> <p>Gender gap</p> <ul style="list-style-type: none">• 83 percent of women and 80 percent of men ran into friends while shopping.• 61 percent of women and 64 percent of men reported visiting neighbours at least once in the last week.
The direction of change over time	<p>The percentage of men who recently visited neighbours declined slightly over the last decade. In 2002, 63 percent of women and 69 percent of men reported visiting neighbours at least once in the last week compared to 61 percent of women and 64 percent of men today.</p> <p>There has been little change in this indicator from the 2009 figures which were reported in last year's Report.</p>
Discussion	<p>Among both women and men, older people are a little more likely to report that they visited neighbours in the last week.</p> <p>67 percent of women and 72 percent of men aged 65 to 74 years reported that they had visited neighbours compared to 60 percent of women and 62 percent of men aged 25 to 34 years.</p>

This indicator is one of several questions asked in NSW Health surveys to indicate social capital, or people's feelings of social connection and trust. The indicator on running into friends while shopping refers to those who run into friends and acquaintances when shopping in their local area at least some of the time. The indicator on visiting neighbours includes those who visited someone in their neighbourhood at least once in the last week.

Year collected: 2011.

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

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

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2.4 Asking neighbours to care for a child

People who would definitively or possibly be able to ask someone in their neighbourhood for help to care for a child

Current position	<p>Just over half the population reported being able to ask for help from someone in the neighbourhood to care for a child.</p> <p>Gender gap</p> <ul style="list-style-type: none">• 55 percent of women and 58 percent of men said they could ask neighbours for help in looking after a child.
The direction of change over time	<p>There has been little change in responses to this indicator since 2005 when the question was first asked.</p>
Discussion	<p>Access to and provision of support, also known as reciprocity, are aspects of social relationships considered important in social capital terms. Feeling able to ask for help with caring for children is an example of this type of social capital which goes to the quality of people's networks.</p>

This indicator is one of several questions asked in NSW Health surveys to indicate social capital, or people's feelings of social connection and trust.

Year collected: 2011.

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

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

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Topic 3 Use of health services

Indicators of the patient and carer experience are increasingly being recognised as important tools to aid in health service improvement. This section uses ABS survey data to look at the perceptions of NSW women regarding a range of medical services and also at delays in service use that women report.

3.1 Perceptions of health care

Perceptions of whether health professionals listen carefully, treat you with respect and spend enough time

Current position	<p>In 2011-12, the vast majority of people reported positive perceptions of care by medical and dental professionals.</p> <p>88 percent of women and 90 percent of men felt that GPs listened carefully; 92 percent of women and 93 percent of men felt GPs treated them with respect; and 88 percent of women and 89 percent of men felt that GPs spent enough time with them 'always or often'. Figures for other practitioners are in Table 2.5.</p> <p>Gender gap</p> <ul style="list-style-type: none">• High percentages of women and men had positive perceptions of key aspects of hospital, medical and dental care; however, for many aspects, women's perceptions were slightly less favourable.
The direction of change over time	<p>The data used in the <i>Women in NSW 2012</i> Report showed similarly high percentages of women and men reporting satisfaction with public health care services. Note that this was from a different source and was for NSW public health patients, not the whole population.</p>
Discussion	<p>Most women and men reported positive perceptions of the care provided by other health service professionals as well as GPs, including specialists; dental professionals; hospital doctors and specialists and hospital nurses. See Table 2.5 for figures for other types of health professionals. For over half of the data items shown, women's ratings were slightly lower than men's.</p> <p>The least positive ratings related to the amount of time health professionals spent with patients, with 20 percent of women saying 'only sometimes or rarely' did emergency department doctors spend enough time with them. 15 percent of women said 'only sometimes or rarely' did hospital doctors spend enough time with them.</p>

The data source for this indicator has changed from last year because *NSW Health Patient Survey* data is not currently available. In the ABS survey used this year, respondents were asked for their opinion about how they were treated by health professionals they had seen in the previous 12 months. They were asked whether health professionals listened carefully to them; showed respect for them; and spent enough time with them. Data in Table 2.5 shows those who reported the perception 'always or often'.

Year collected: 2011-12.

Data source: ABS (2013) *Patient Experiences in Australia, 2011-12*. Cat no. 4839.0, unpublished data for NSW.

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

Health and wellbeing

Table 2.5 Perceptions of health professional care by sex

Type of health professional	Women %	Men %
General Practitioners		
Felt that GP listened carefully	88	90
Felt that GP treated them with respect	92	93
Felt that GP spent enough time with them	88	89
Medical specialists		
Felt that specialist listened carefully	92	92
Felt that specialist treated them with respect	92	92
Felt that specialist spent enough time with them	89	92
Dental professionals		
Felt that dentist listened carefully	94	94
Felt that dentist treated them with respect	95	95
Felt that dentist spent enough time with them	95	95
Emergency Department doctors and specialists		
Felt that doctors listened carefully	87	87
Felt that doctors treated them with respect	89	90
Felt that doctors spent enough time with them	80	85
Hospital doctors and specialists		
Felt that doctors listened carefully	88	92
Felt that doctors treated them with respect	91	91
Felt that doctors spent enough time with them	85	91
Hospital nurses		
Felt that nurses listened carefully	89	94
Felt that nurses treated them with respect	89	94
Felt that nurses spent enough time with them	85	91

Note: Figures shown are for those who reported 'always or often' for the aspect of care.

Population: People 15 years and over.

Source: ABS (2013) *Patient Experiences in Australia, 2011-12*. Cat no. 4839.0, unpublished data for NSW.

Health and wellbeing

3.2 Difficulties in accessing health care

Unacceptable waiting times for medical professionals

Current position	<p>Nearly 30 percent of NSW women experienced unacceptable waiting times to see a GP for urgent medical care, compared to 24 percent of men in 2011-12.</p> <p>Among people referred to a specialist in the last 12 months, the percentages who experienced unacceptable waiting times to see a specialist were 27 percent for women and 23 percent for men.</p> <p>Gender gap</p> <ul style="list-style-type: none">• There is a 6 percent gap in experiencing unacceptable waiting times for GPs and a 4 percent gap for specialists.
The direction of change over time	There is no comparable data.
Discussion	<p>GP waiting times were the most common problem cited by women who experienced difficulties accessing health care in last year's Report. The ABS data drawn on this year also reports people experiencing unacceptable waiting times for GP and medical specialist care.</p> <p>As well as the gender gap noted above, a clear geographic gradient is evident. One and a half times the number of women in outer regional, remote and very remote areas experienced unacceptable waiting times for GPs (48 percent) and specialists (43 percent) compared to women in major cities (28 and 26 percent respectively).</p> <p>See Figure 2.4.</p>

The data source for this indicator has changed from last year because *NSW Health Patient Survey* data is not currently available. In the ABS survey used this year, the figures relate to people who saw a GP in the last 12 months for urgent medical care for their own health or who were referred to a medical specialist in the last 12 months for their own health.

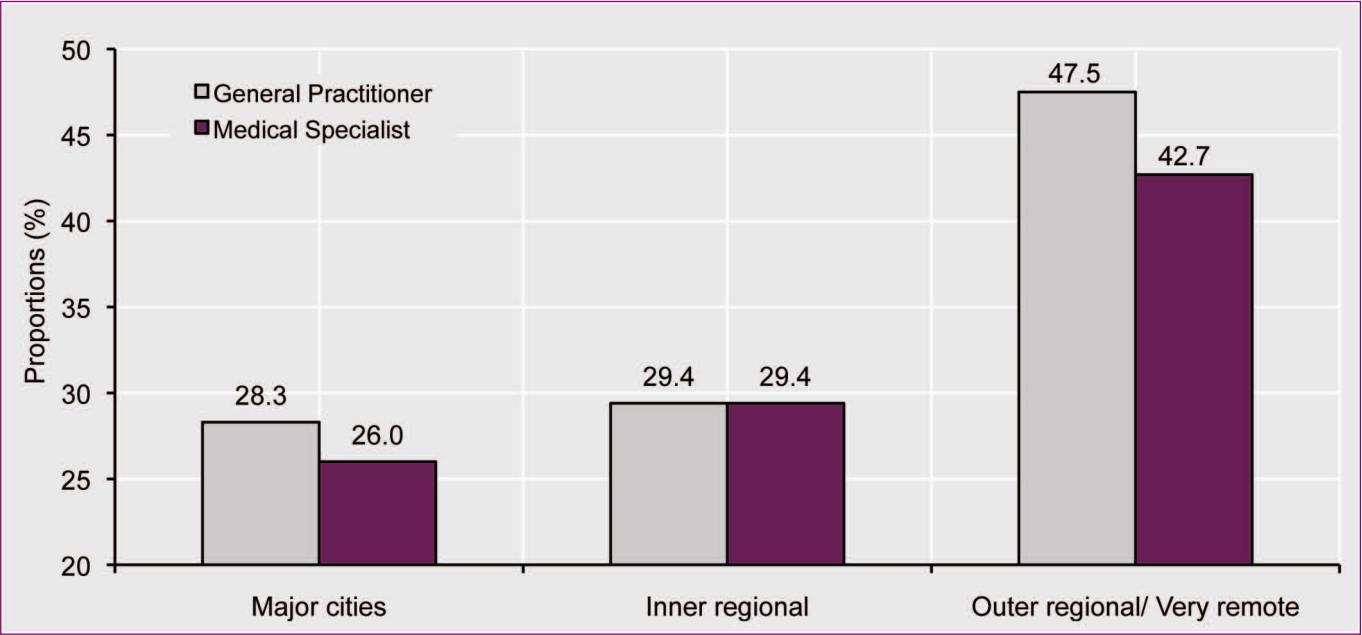
Year collected: 2011-12.

Data source: ABS (2013) *Patient Experiences in Australia, 2011-12*. Cat no. 4839.0, unpublished data for NSW.

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

Health and wellbeing

Figure 2.4 Longer than acceptable doctor waiting times by location, NSW women, 2012



Population: Women 15 years and over who used medical services for urgent medical care for their own health, or were referred to health services in the last 12 months.
Data source: ABS (2013) *Patient Experiences in Australia, 2011-12*. Cat no. 4839.0, unpublished data for NSW.

Topic 4 Feeling healthy and healthy behaviour

This topic contains indicators of how people perceive their health, and the extent to which they engage in behaviour conducive to good health and wellbeing.

Feelings of health and wellbeing are a widely used and valid measure of physical and mental health status, and correlate with activity limitations and health-related behaviour.

Risk factors associated with behaviour and lifestyle contribute significantly to NSW's total burden of death, disease and

disability. Tobacco smoking, being overweight or obese, risky drinking and being physically inactive have the greatest impact.

Health and wellbeing

4.1 Health status

Self-reported positive health status, people 16 years and over

Current position	<p>79 percent of NSW women rated their health positively compared to 82 percent of men in 2011.</p> <p>Gender gap</p> <ul style="list-style-type: none"> More men rate their health status positively than women, by 3 percentage points.
The direction of change over time	The gender gap is similar to the previously reported data for 2010 when there was a 4 percentage point difference.
Discussion	<p>People's rating of their health status drops as they age, with young people rating their health the most positively.</p> <p>However, among 16 to 24-year-olds and 25 to 34-year-olds, women are much less likely to rate their health positively than men. Indeed, the differences between men and women in younger age groups were more marked than among older age groups. See Figure 2.5.</p>

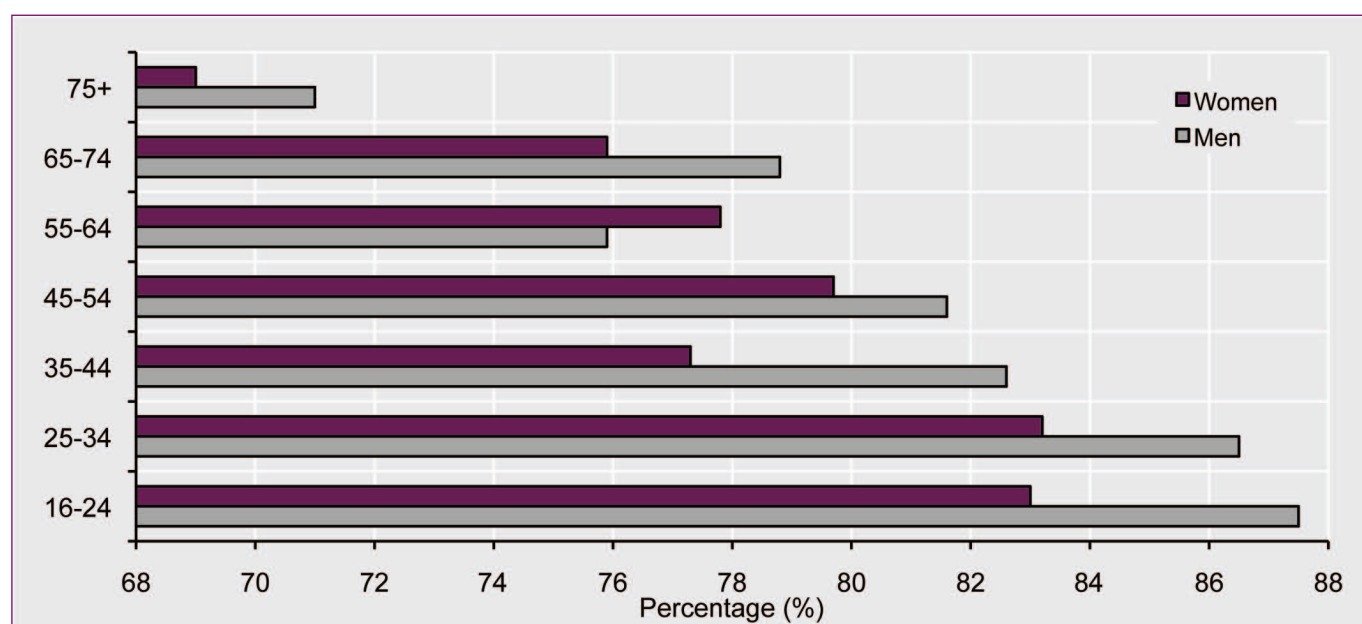
The indicator for good health status that NSW Health uses is people who respond 'excellent', 'very good', or 'good' to a global self-rated health status question about their health over the last four-week period. Self-rated health is the single most reliable measure of health-related quality of life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

Year collected: 2011 and preceding years.

Data source: *NSW Adult Population Health Survey* (SAPHaRI), Centre for Epidemiology and Evidence, NSW Health.

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

Figure 2.5 Self-reported good health by sex and age, NSW, 2011



Note: Self-reported good health status is defined as people who report 'good', 'very good' or 'excellent' health in the previous four-week period.

Population: People aged 16 and over.

Source: *NSW Adult Population Health Survey* (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Health and wellbeing

4.2 Smoking

Current smoking by people 16 years and over

Current position	<p>13 percent of NSW women aged 16 and over were current smokers in 2011, compared to 17 percent of men.</p> <p>Gender gap</p> <ul style="list-style-type: none"> The gender gap with respect to smoking is 4 percentage points, with more men smoking than women.
The direction of change over time	<p>Between 1997 and 2011, the percentage of adults 16 years and over who were current smokers fell significantly (by 9 percentage points for women and 10 percentage points for men).</p> <p>Among young women (16 to 24 years) the downward trend has levelled off. Around 16 percent of young women reported being current smokers in 2009, 2010 and 2011.</p>
Discussion	<p>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 illicit drugs combined.</p> <p>Smoking rates among Australian adults have declined steadily since the early 1970s, and this trend has continued into the 2000s.</p> <p>More women of low socio-economic status than of high socio-economic status are smokers, and the trend is less clear among low socio-economic groups (see Figure 2.6). The Chief Health Officer reports that while smoking rates for Aboriginal people have decreased slightly over the last decade, Aboriginal women were three or six times as likely to have a smoking-related hospitalisation than non-Aboriginal women in 2010-11.</p>

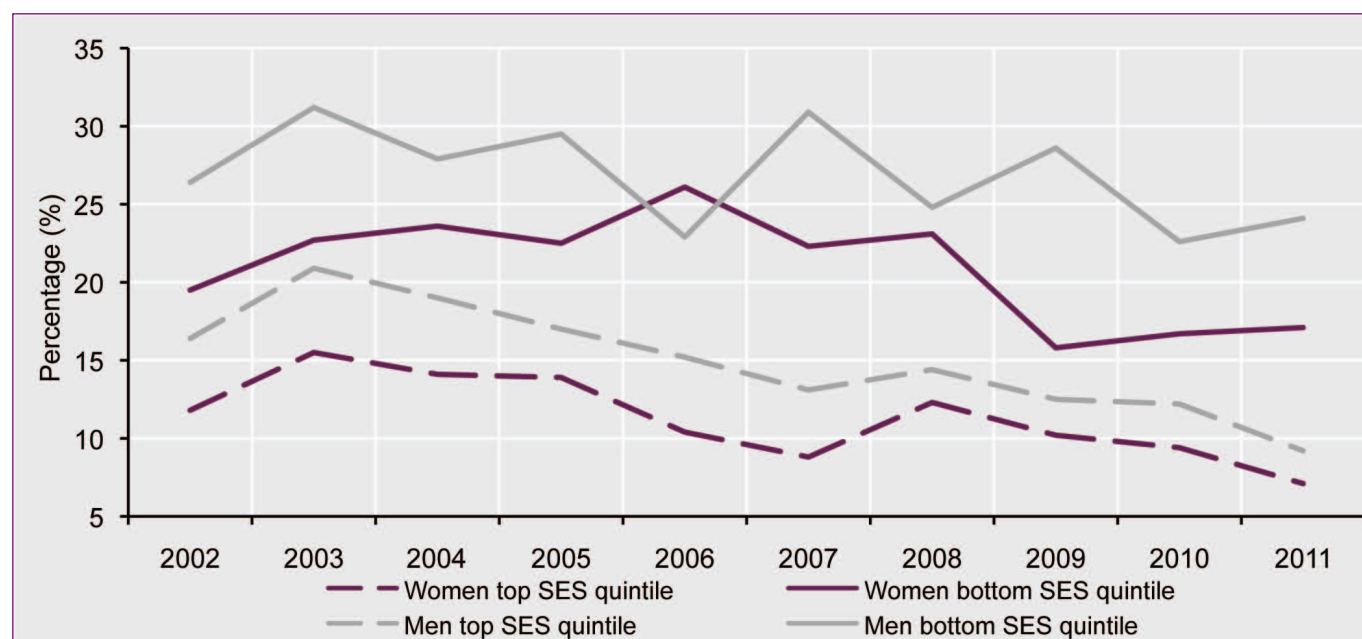
A 'current smoker' is a person who reports smoking on a daily or occasional basis.

Year collected: 2011 and preceding years.

Data source: NSW Adult Population Health Survey (SAPHaRI), Centre for Epidemiology and Evidence, NSW Health and *The Health of Aboriginal People of NSW*, 2012.

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

Figure 2.6 Smoking by sex and socio-economic status, NSW, 2002 to 2011



Note: Current smoking is defined as smoking on a daily or occasional basis.

Population: People aged 16 years and over.

Source: NSW Adult Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Health and wellbeing

4.3 Risky drinking

Alcohol consumption at levels posing a lifetime risk to health, people 16 years and over

Current position	<p>In 2011, 20 percent of NSW women aged 16 years and over engaged in drinking which poses a lifetime health risk, compared to 39 percent of NSW men.</p> <p>Gender gap</p> <ul style="list-style-type: none">• Around half as many women in NSW engage in risky drinking as men.
The direction of change over time	<p>Since 2002, men's rate of risky drinking has declined by 5 percentage points from 44 to 39 percent. Women's rate has remained stable at a lower base. However, the trends vary by age group (see Table 2.6).</p> <p>Young (16 to 24-year-old) women's rate of risky drinking reduced during the mid-2000s, but at 43 percent in 2011, their rate has now risen to be similar to that in 2002 (44 percent) and to that of young men (46 percent).</p> <p>In the 35 to 44 age group the rates were stable during the 2000s for both men and women. Among women aged 45 to 54 the rate of risky drinking increased from 14 percent in 2002 to 20 percent in 2011.</p>
Discussion	<p>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.</p> <p>Long-term high consumption of alcohol contributes to cardiovascular disease, some cancers, risks to unborn babies, mental health conditions, cognitive impairment and self-harm.</p> <p>Women's rate of risky drinking drops quickly during the child-bearing years (25 to 34 years) and remains much lower than men's from then on. See Table 2.6. Among Aboriginal women, the pattern is different. Rates of risky drinking remain high (close to or above 40 percent) until 55 to 64 years.</p> <p>Hospitalisation rates attributable to alcohol are more than double the rate for Aboriginal women as for non-Aboriginal women (1,132 per 100,000 compared to 500 per 100,000 in 2010-11) although the Aboriginal women's rate has fallen since 2008-09.</p> <p>Rates of risky drinking are similar for all socio-economic groups except the most disadvantaged. In 2011, 14 percent of women in the lowest socio-economic quintile were risky drinkers, compared to over 20 percent of those in the four higher quintiles. The same patterns hold true for men.</p>

Risky drinking is shorthand for the level which is considered to pose a lifetime risk to health. This is defined as consuming more than two standard alcoholic drinks on a day when alcohol is consumed.

Year collected: 2011 and previous years. Data for Aboriginal women is for the period 2006 to 2009, except for alcohol attributable hospitalisation data.

Data source: Centre for Epidemiology and Evidence. Health Statistics New South Wales

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

Health and wellbeing

Table 2.6 Risky drinking by sex and age, NSW, 2011

Age group	Women %	Men %
16 to 24 years	43	46
25 to 34 years	21	51
35 to 44 years	22	43
45 to 54 years	20	39
55 to 64 years	13	33
65 to 74 years	6	26
75+ years	2	16
People of all ages	20	39

Note: Risky drinking is defined as consuming more than two standard alcoholic drinks on a day when alcohol is consumed.

Population: People aged 16 years and over.

Source: *NSW Adult Population Health Survey (SAPHaRI)* Centre for Epidemiology and Evidence. Health Statistics New South Wales.

4.4 Overweight and obesity

Rate of overweight and obesity, people 16 years and over

Current position	<p>Among NSW adults women are less likely than men to be overweight. 45 percent of women and 60 percent of men were overweight or obese in 2011.</p> <p>Gender gap</p> <ul style="list-style-type: none"> Women are 15 percentage points less likely to be overweight or obese than men.
The direction of change over time	<p>Since 1997, there has been a significant increase in the proportion of people aged 16 years and over who are overweight or obese.</p> <p>As shown in Figure 2.7, the percentage increases over time have been greater among women in some age groups and among men in others.</p>
Discussion	<p>Older women have the highest rates of overweight and obesity among women, although their rates are still lower than those of older men. 62 percent of 55 to 64-year-old women and 61 percent of 65 to 74-year-old women were overweight or obese in 2011 (see Figure 2.7). Menopause is a risk factor for weight gain.</p> <p>In 2011, men aged between 35 and 74 years all had rates of obesity and overweight close to or above 67 percent.</p> <p>Among school-aged children, the gender gap is much smaller than in the adult population. In 2010, 25 percent of Year 6 girls and 28 percent of Year 6 boys were overweight or obese. Looking at school age children across age groups (Years 2, 4, 6, 8 and 10) 23 percent of girls and 24 percent of boys were overweight or obese.</p> <p>Girls are more likely to be underweight than boys. Eight percent of Year 10 girls and 4 percent of Year 10 boys were underweight in 2010.</p>

People 18 years and over who are defined as overweight or obese have a Body Mass Index (BMI) of 25.0 or higher: overweight (BMI from 25.0 to 29.9) and obese (BMI of 30.0 and over). The cut-off points are slightly different for 16 and 17-year-olds. School-age children are classified into weight classes according to international standards. As people tend to over-report their height and under-report their weight, body mass figures of adults which are based on self-reported data are likely to be underestimates. Child data is based on physical measurement.

Year collected: Adult data: 2011 and previous years. Child data: 2010.

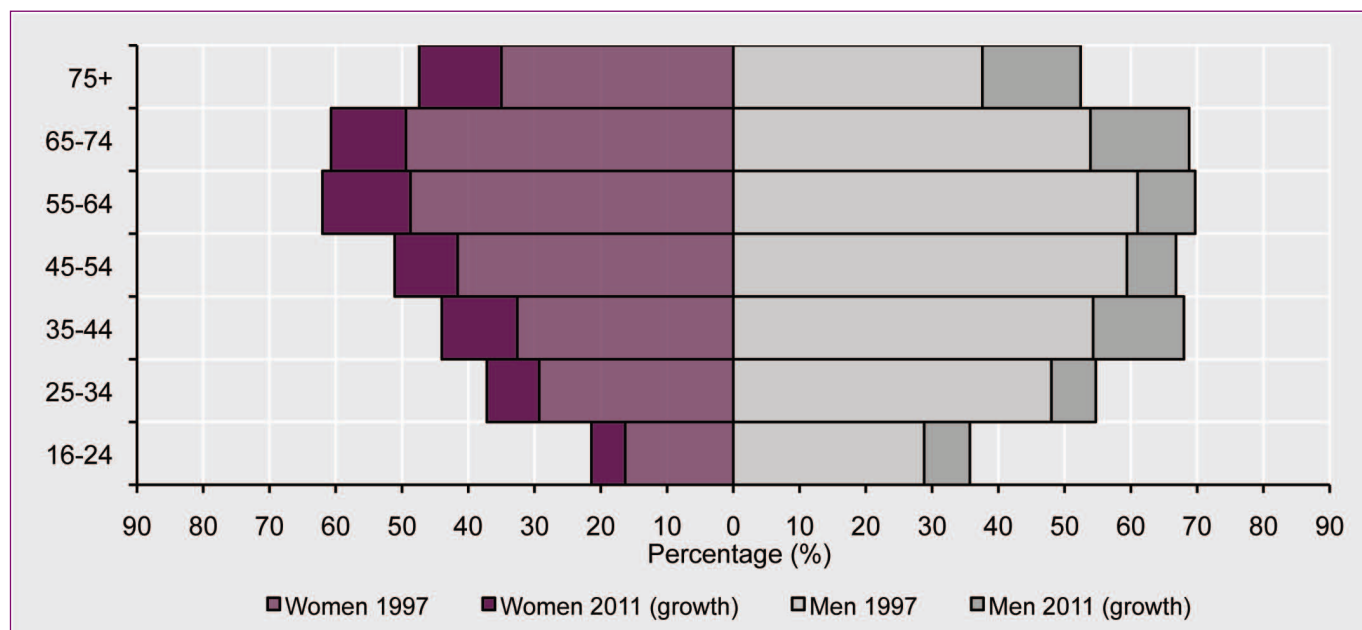
Data source: Adult data: *NSW Adult Population Health Survey (SAPHaRI)*. Children data: the *NSW Physical Activity and Nutrition Survey (SPANS)*.

Centre for Epidemiology and Evidence, NSW Ministry of Health.

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

Health and wellbeing

Figure 2.7 Increase in adult overweight and obesity by age and sex, 1997 to 2011



Note: People 18 years and over who are defined as overweight or obese have a Body Mass Index (BMI) of 25.0 or higher. The cut-off points are slightly different for 16 and 17-year-olds.

Population: People aged 16 and over.

Source: Centre for Epidemiology and Evidence. Health Statistics New South Wales. Sydney: NSW Ministry of Health.

4.5 Eating fruit and vegetables

Usual daily intake of fruit and vegetables

Current position	<p>Only 6.8 percent of NSW women and 4.4 percent of men had a fruit and vegetable intake that met the national dietary guidelines for adequate fruit and vegetable consumption in 2011.</p> <p>Gender gap</p> <ul style="list-style-type: none"> Women are 2.4 percentage points more likely than men to meet national dietary guidelines for adequate fruit and vegetable consumption.
The direction of change over time	<p>Since the last <i>Australian Health Survey</i> in 2007-08, the percentage of women and men meeting the dietary guidelines for fruit and vegetable consumption has changed little.</p> <p>There has been a slight decline in the percentage of women from 7.1 in 2007-08 to 6.8 percent in 2011-12.</p>
Discussion	<p>Nearly half of all Australians meet the national guidelines for fruit consumption, but very few do for vegetable consumption.</p> <p>The percentages of NSW women and men meeting the guidelines for fruit and vegetables separately are shown in Table 2.7.</p>

The National Health and Medical Research Council (NHMRC) recommends that adults eat a minimum of two serves of fruit and five serves of vegetables a day to ensure good nutrition and health.

Year collected: 2011 and previous years.

Data source: ABS (2012) *Australian Health Survey: First Results*, New South Wales. Cat no. 4364.0.

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

Health and wellbeing

Table 2.7 Meet dietary guidelines for fruit and vegetable consumption, by sex, 2011-12

Usual daily intake	Women %	Men %
Two or more serves of fruit	56.3	44.8
Five or more serves of vegetables	9.6	6.8
Adequate fruit and vegetable consumption	6.8	4.4

Note: Two serves of fruit per day and five serves of vegetables per day is the national dietary guideline for adequate fruit and vegetable consumption.

Population: People aged 18 and over.

Source: ABS (2012) *Australian Health Survey: First Results*, New South Wales. Cat no. 4364.0.

4.6 Physical activity

Adequate levels of physical activity among people 16 years and over

Current position	<p>49 percent of NSW women and 61 percent of men undertook adequate levels of physical activity in 2011.</p> <p>Gender gap</p> <ul style="list-style-type: none"> Women are 11 percent less likely than men to undertake adequate levels of physical activity.
The direction of change over time	<p>Since 1998, the percentage of women and men aged 16 years and over who undertake adequate levels of physical activity has increased, but the trend appears to have peaked in 2009.</p> <p>In 2011, the percentage of women undertaking adequate physical activity was nearly two percentage points lower than in 2009. Young women (16 to 24 years) and women aged 45 to 54 years are the only age groups whose physical activity levels have continued to increase over the last decade, reaching 65 percent in 2011 for 16 to 24-year-old women and 53 percent for 45 to 54-year-old women.</p>
Discussion	<p>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 2.8.</p> <p>The rate of adequate physical activity varies with socio-economic status, with more disadvantaged women less likely to engage in adequate physical activity. While there has been an increase in physical activity among all socio-economic groups over the last nine years, more change has occurred among more advantaged groups. See Table 2.8.</p>

Adequate physical activity Indicator 4.6 is defined as undertaking physical activity for a total of at least 150 minutes per week over five separate occasions.

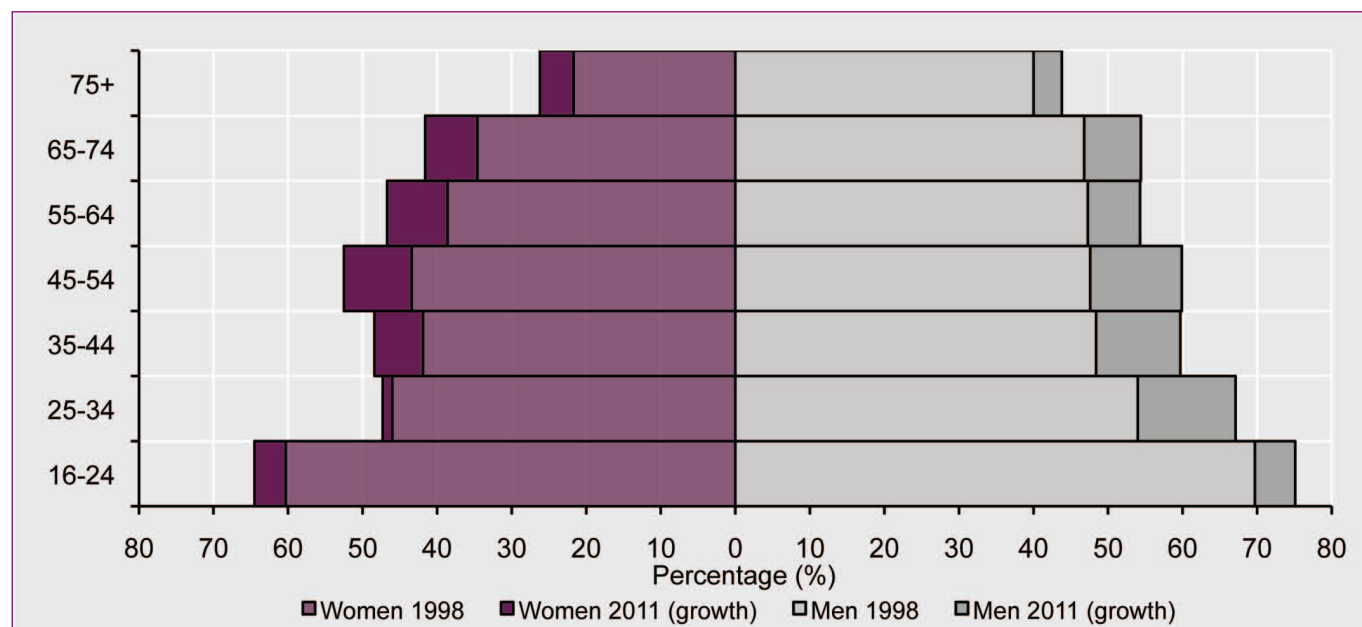
Year collected: 2011 and previous years.

Data source: Centre for Epidemiology and Evidence. Health Statistics New South Wales. NSW Ministry of Health.

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

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Figure 2.8 Rate of engaging in adequate physical activity by sex, 1998 and 2011



Note: Adequate physical activity is defined as engaging in a total of at least 150 minutes per week on five separate occasions.

Population: People aged 16 years and over.

Source: Centre for Epidemiology and Evidence. Health Statistics New South Wales. NSW Ministry of Health.

Table 2.8 Physical activity by socio-economic status, women, 2011 and change since 2002

Socio-economic group	Women 2011 %	Change since 2002 %
First quintile (most advantaged)	57	7
Second quintile	52	6
Third quintile	46	5
Fourth quintile	45	6
Fifth quintile (most disadvantaged)	43	5

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

Population: Women of all ages.

Source: NSW Adult Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

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Figure 2.9 Lifestyle risks



Health and wellbeing

Topic 5 Sexual and maternity health

This new topic includes indicators for Chlamydia, the most significant sexually transmissible infection in NSW, and for antenatal and maternity health. Chlamydia is

the only sexually transmissible infection which women experience at higher rates than men. Men experience higher rates than women of Hepatitis C, Gonorrhoea and

Human Immunodeficiency Virus (HIV). Antenatal and maternity health is covered as a focus topic from which selected indicators will be drawn for subsequent reports.

5.1 Chlamydia

Chlamydia notifications and hospitalisations

Current position	<p>Women's rate of Chlamydia notifications has continued to rise more quickly than that of men. In 2011, there were 318 Chlamydia notifications per 100,000 women compared to 248 per 100,000 for men.</p> <p>The hospitalisation rate also shows women having much higher rates than men (there is no new data this year).</p> <p>Gender gaps</p> <ul style="list-style-type: none">• The Chlamydia notification rate for women was 1.3 times higher than for men in 2011.• The Chlamydia hospitalisation rate for women was 7 times higher for women than men in 2009-10.
The direction of change over time	<p>Chlamydia cases have been growing among women and men, but more rapidly among women, who also experience the most hospitalisations</p>
Discussion	<p>Chlamydia is the most common sexually transmissible infection in Australia today. It particularly affects young women and is a major cause of infertility as a result of not being treated early.</p>

Chlamydia is a communicable disease that must by law be notified to government. The higher notification and hospitalisation rates in young women reflects the fact that women's symptoms are less definitive and therefore less easily diagnosed and treated than those of young men.

Year collected: 2011 for notifications and 2009-10 for hospitalisations, and preceding years.
Data source: NSW Notifiable Conditions Information Management System and Admitted Patient Data Collection.
More information is available at www.healthstats.nsw.gov.au

Focus topic Antenatal and maternity health, women in NSW

Mothers are getting older¹

As we saw in Chapter One, NSW non-Aboriginal women are living longer on average and giving birth at an older age than in the past.

In 1996, 15 percent of births were to women aged 35 years and over. By 2010, this figure had grown with over 24 percent of births being to women 35 years and over.

Births by women 19 years and younger had dwindled to just over 3 percent of the total, down from 5 percent in 1996, although the rate is higher in regional areas (see Chapter One).

What are some of the other characteristics of women's antenatal (before the birth) and maternity experiences in NSW and how have these changed over time?

When do mothers first receive antenatal care?

NSW Health recommends women seek their first antenatal check-up as soon as the pregnancy is confirmed. Most NSW women's behaviour today is in accordance with this guideline.

The percentage of women having their first antenatal visit in the first 14 weeks of gestation has been rising, and in 2010 reached nearly 79 percent of pregnant mothers, up from 62 percent in 1994.

¹ All data in this section is from the NSW Ministry of Health, Centre for Epidemiology and Evidence. Health Statistics New South Wales, or the *NSW Mothers and Babies Reports* on the NSW Health website.

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Women living in remote and very remote parts of the state tend to have lower rates of early antenatal care. However, their rates of first trimester health visits have also been increasing in the last two decades. In 2010, 84 percent had the first antenatal check-up within 14 weeks, up from 70 percent of confinements in 1994.

Smoking during pregnancy

NSW Health promotes smoking cessation strategies to pregnant women and their families.¹ *NSW 2021, the State Plan* contains the following targets:

- Reduce the rate of smoking by pregnant non-Aboriginal women by 0.5 percent per year by 2015.

¹ NSW Health (2012) *NSW Tobacco Strategy 2012-2017*, available at www.health.nsw.gov.au

- Reduce the rate of smoking by pregnant Aboriginal women by 2 percent per year by 2015.

In the 14-year period 1996 to 2010, smoking in pregnancy halved among non-Aboriginal mothers (falling from 20 percent to 10 percent) and fell by a fifth (from 61 percent to 48 percent) among Aboriginal mothers.

Just over 9 percent of pregnant women reported smoking in the second half of the gestation period, when the risk to both mother and baby is greatest.

Drinking during pregnancy

The Australian Guidelines state that the safest option for pregnant mothers and babies is not to drink during pregnancy.²

In the latest survey (2009-10), 72 percent of mothers of children 11 months and younger reported not drinking during pregnancy. A further 20 percent reduced the amount they drank. Only 3 percent of mothers reported 'they did not try to give up drinking alcohol'.³

The percentage of women not drinking alcohol during pregnancy was slightly lower (65 percent) in rural NSW.

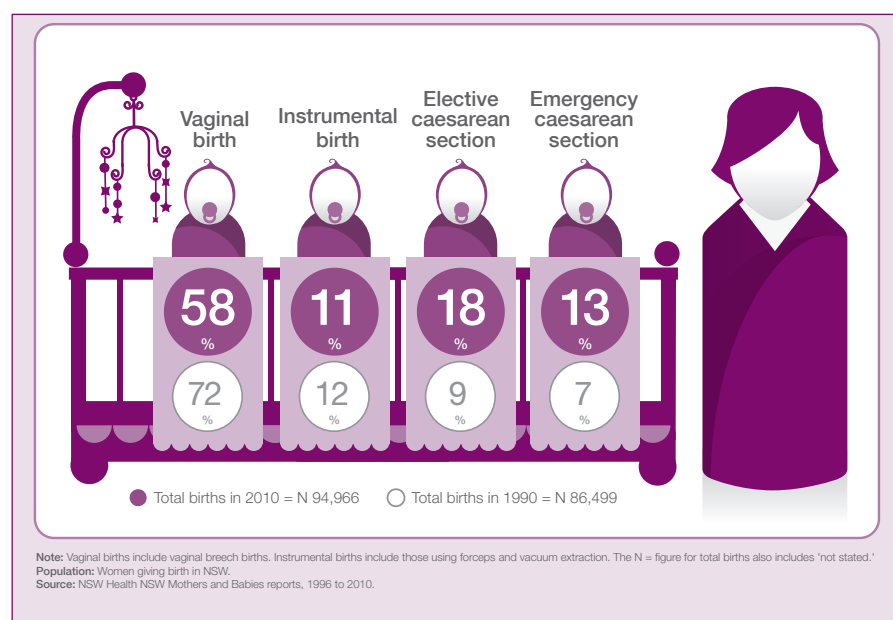
Type of birth

The rate of vaginal births decreased over the last two decades in NSW, and the rate of caesarean and in particular, elective caesarean births grew. Fourteen percent fewer mothers had vaginal births in 2010 than in 1990 (see Figure 2.10). Nine percent more mothers had elective caesarians, up to 18 percent of total births in 2010.

² NHMRC (2009) *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, available at www.alcohol.gov.au

³ NSW Ministry of Health (2012) *New South Wales Child Health Survey 2009-10*, available at www.health.nsw.gov.au

Figure 2.10 Type of delivery, NSW mothers, 1990 and 2010



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Infant feeding at time of discharge from hospital

The *Australian National Breastfeeding Strategy* aims to increase the percentage of babies fully breastfed to six months of age, with continued breastfeeding and complementary food to 12 months

and beyond.¹ *Women in NSW 2012* reported that only 27 percent of children were fully breastfed to six months in NSW, although most two-year-olds had been breastfed at some time.

While no new data is available to update this figure, NSW Health data

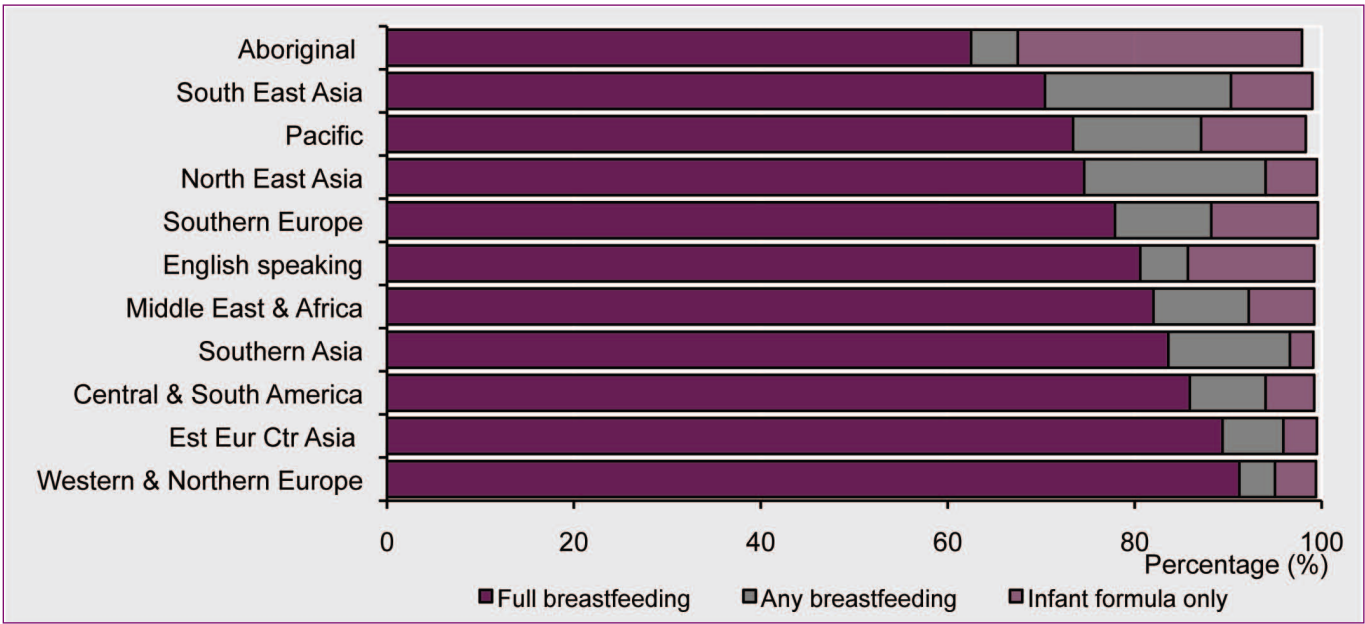
¹ Australian Health Ministers (2010) *Australian National Breastfeeding Strategy 2010-15*, available at www.health.gov.au

on how many babies are breastfed at the time of discharge from hospital is available.

Overall, 80 percent of babies were fully breastfed at the time of leaving hospital in 2010 (up from 77 percent in 2006).

The percentage varies significantly by country of birth and whether babies have Aboriginal mothers, as shown in Figure 2.11 below.

Figure 2.11 Infant feeding by birth region of mother and Aboriginal status, 2010



Note: Est Eur Ctr Asia includes Russia, Central Asia and the Baltic States. English speaking countries includes Australia. Pacific is Polynesia, Melanesia and Micronesia. Country groupings are provided in the source. Regions are ordered from highest to lowest rate of fully breastfed. Population: Liveborn babies in NSW., Source: NSW Perinatal Data Collection (HOIST). Centre for Epidemiology and Evidence, NSW Ministry of Health.

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Babies of Aboriginal, English speaking country, Southern European and Pacific country mothers are more likely to leave hospital having infant formula only. Babies whose mothers are from Western, Northern and Eastern Europe and Central Asia are most likely to be fully breastfed.

Aboriginal and Torres Strait Islander births

The reported number of confinements among Aboriginal (including Torres Strait Islander)

mothers in NSW has been rising steadily since 1990.

Babies born to Aboriginal mothers rose from 1,213 in 1990, which was 1.4 percent of all births to 3,090 in 2010 or 3.3 percent of all births.

This reflects the lower median age of Aboriginal women and could also be due to greater willingness on the part of Aboriginal women to identify as Aboriginal.

There are fewer older Aboriginal mothers (see Table 2.9). In 2010, 9 percent of Aboriginal mothers

were 35 years or older compared to 24 percent of all mothers.

Nineteen percent of Aboriginal mothers were teenagers, down from 26 percent in 1990.

While the antenatal and maternity health of Aboriginal women remains poorer than that of other NSW women, positive change is evident in many areas. Selected antenatal and maternity health indicators of Aboriginal and non-Aboriginal women are listed in Table 2.9 below.

Table 2.9 Aboriginal women's antenatal maternity health compared, 2010

Birth type	Aboriginal women %	All women %	Change since 2006 Percentage points*
Births to teenage mothers	19	3	- 2
Births to mothers 35 years and older	9	24	+1
Commenced antenatal care at less than 14 weeks	71	80	+12
Smoking in pregnancy	48	10	-6
Low birth weight babies	11.2	5.9	-1.2
Infant feeding when leaving hospital	63	80	NA

Note*: The percentage point change is for Aboriginal women.

Population: Women giving birth in NSW.

Source: NSW Health *Mothers and Babies* reports, 2006 and 2010.

How does NSW compare?

The ABS publishes the Gender Indicators Australia series every six months. It sets out a range of indicators against some of 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 around one percentage point or less..

The largest gap relates to NSW women's levels of exercise which in 2011-12 was nearly 3 points lower than for Australian women as a whole. Nearly 76 percent of

NSW women 18 years old and over have a 'low' or 'sedentary' level of exercise. Among NSW men the level was much lower (62 percent).

NSW women's smoking rate has declined since 2007-08, currently opening up a small (2.2 percentage point) gap compared to Australian women more generally.