Department for Communities 2012 Women's Report Card

Indicator Report

Measuring Women's Progress







Minister's Foreword



I am proud to present the 2012 Women's Report Card, my second update on the standing of women in Western Australia since my appointment as Minister for Women's Interests.

While a report card on its own will not deliver improved equity for women, it does provide a good evidence base for both the government and private sectors to create and implement the multi-faceted policies, services and collaborations needed

to improve women's progress. The first Western Australian Women's Report Card published in 2004 provided a set of indicators to measure the status, health and wellbeing of Western Australian women. The report card has since proven to be a useful tool for indicating where women are making progress and where policies and services can be improved.

In the 2009 report card, I was pleased to report improvements in many aspects of women's lives, including increased life expectancy and improved representation in leadership roles. Again in 2012, we have further progress to celebrate. Yet, at the same time we are again reminded of the many persistent challenges that continue to hinder women's equality.

This government understands that women are vital to Western Australia's continuing prosperity and are working hard to ensure policies and services are in place to provide the support they need to reach their full economic and social potential. Future report cards will measure the effectiveness of these actions and inform future directions.

I take this opportunity to express my gratitude to my Women's Advisory Council for their energy and dedication. The Council's ongoing community consultation efforts have been invaluable to providing me with constructive independent advice on the issues that matter most to women across our state.

I also thank my Department for Communities for its diligence and creativity in developing new initiatives to address the four priority areas that will be the focus of our efforts over the coming years: health and wellbeing, safety and justice, economic independence and women in leadership.

I encourage you to use this 2012 Women's Report Card to assess the state of Western Australian women and to work towards equity in all areas of women's lives.

Hon Robyn McSweeney MLC

RM Mc Sweeney

MINISTER FOR CHILD PROTECTION; COMMUNITY SERVICES; SENIORS AND VOLUNTEERING; WOMEN'S INTERESTS; YOUTH



Table of Contents

List	of Tables	2
List	of Figures	3
1	Introduction	4
2	Western Australian Women at a Glance	5
3.1 3.2 3.3 3.4	Women in Leadership Senior positions in public authorities Business leadership Elected and appointed positions in Government Senior union officials	6 6 6 7 10
4 4.1 4.2 4.3 4.4	Safety and Justice Violence against women Imprisonment Perception of safety Women working in the legal system	11 11 14 14 16
5 5.1 5.2 5.3 5.4 5.5	Economic Independence Income Labour Force Participation Education and Training Work and family Carers	19 19 23 26 32 34
6 6.1 6.2 6.3 6.4 6.5	Health and Wellbeing Lifestyle and associated risk factors Sexual, reproductive and maternal health Illness, disability and access to services Mental health and wellbeing Community Involvement	35 35 37 42 44 46
Ref	erences	49

Suggested citation:

Department for Communities (2012). 2012 Women's Report Card: Measuring Women's Progress. Perth, Western Australia.

This publication has been prepared by the Department for Communities to provide indicators to measure the status of women in Western Australia. The information presented is believed to be reliable and accurate at the time of publishing. It is provided solely on the basis that readers will be responsible for making their own assessment and for verifying all relevant representations, statements and information.

© Department for Communities 2012

List of Tables

Table 1: Sellior positions in VVA public authorities	/
Table 2: Key management positions in ASX 200 companies	8
Table 3: Western Australian enterprise owner managers	8
Table 4: Positions on Western Australian government boards	9
Table 5: Victims of physical and threatened violence (WA)	12
Table 6: Reported violence in the workplace (WA)	12
Table 7: Reported sexual assault victimisation rate (WA)	12
Table 8: Outcome of reported sexual assault offences (WA)	13
Table 9: Hospitalisation related to assault by a spouse or domestic partner (WA)	13
Table 10: Accommodation support related to domestic violence (WA)	13
Table 11: Imprisonment rate (WA)	14
Table 12: Law students and representation in the judiciary (WA)	17
Table 13: Western Australian police service staff	18
Table 14: Weekly income range of families with children (WA, 2006)	21
Table 15: Labour force participation rate (WA)	23
Table 16: Proportion of employed females working part-time by age (WA)	24
Table 17: Underemployment amongst part-time employed females (WA)	24
Table 18: Unemployment rate by age (WA)	24
Table 19: Vocational education and training enrolments by field (WA)	29
Table 20: Higher education enrolments by field (WA)	31
Table 21: Flexible work arrangements for employees (WA)	32
Table 22: Use of flexible work arrangements to care for children (WA)	33
Table 23: Work arrangements used to care for child by gender (WA)	33
Table 24: Proportion of children requiring additional formal care (WA)	34
Table 26: Body weight classification (WA)	37
Table 27: Teenage birth rates (WA)	39
Table 28: Births delivered by caesarean (WA)	39
Table 29: Notification rates for gonorrhoea and chlamydia (WA)	40
Table 30: Top five leading causes of death (WA)	42
Table 31: Three most common chronic health conditions (WA)	43
Table 32: Top three causes for hospitalisation (WA)	43
Table 33: Prevalence of disability (WA)	43
Table 34: Period prevalence of common mental health conditions (WA)	45
Table 35: Current treatment for mental health condition (WA)	46
Table 36: Access to social contact and support (WA)	48









List of Figures

Figure 1: Elected positions in Western Australian Parliament	8
Figure 2: Elected Western Australian Local Government officials	9
Figure 3: Delegates to the peak decision making body of unions (WA)	10
Figure 4: Perception of safety when using public transport (WA)	15
Figure 5: Perception of safety at home and in local area (WA)	15
Figure 6: Concern about becoming a victim of crime (WA)	16
Figure 7: Barristers, legal practitioners and equity partners (WA)	17
Figure 8: Average weekly earnings by gender (WA)	20
Figure 9: Gender pay gap (WA and Australia)	21
Figure 10: Direct share ownership by gender (National)	22
Figure 11: Current superannuation account balance by gender (National, 2007)	23
Figure 12: Proportion of female employees by industry (WA)	25
Figure 13: School retention rates (WA)	26
Figure 14: Higher education enrolments by gender (WA)	27
Figure 15: Vocational education and training enrolments by gender (WA)	27
Figure 16: Participation in traineeships and apprenticeships by gender (WA)	28
Figure 17: Vocational education and training fields with highest representation of females (WA)	29
Figure 18: Vocational education and training fields with lowest representation of females (WA)	30
Figure 19: Higher education fields with highest representation of females (WA)	31
Figure 20: Higher education fields with lowest representation of females (WA)	32
Figure 21: Life expectancy at birth in years by gender (WA)	36
Figure 22: Risky lifestyle behaviours (WA)	37
Figure 23: Self-reported health status by age (WA)	38
Figure 24: Age of Mother giving birth (WA)	39
Figure 25: Cervical cancer screening participation	41
Figure 26: Breast screening participation by location and ethnicity (WA)	41
Figure 27: General practitioners by gender (WA)	44
Figure 28: Prevalence of psychological distress by gender (WA)	45
Figure 29: Participation in sport and physical recreation by age (WA)	47
Figure 30: Volunteering in the community (WA)	47
Figure 31: Computer and internet use at home $(W\Delta)$	48

1 Introduction

The strength and wellbeing of our community depends on the ability of all its citizens to contribute their best ideas and skills to its development. The 2012 Women's Report Card fulfils the government's commitment to provide regular updates on the progress of Western Australian women towards achieving optimum health and wellbeing, equal participation and representation in our community.

Trends for women across a range of areas, from their representation in government to their participation in cancer screening programs, are highlighted in this report card.

This information can inform action across government, non-government and business sectors to further benefit Western Australian women.

The structure of the 2012 report card aligns with the recently released Women's Interests Strategic Directions 2011–2014. These directions include desired community outcomes in the priority areas of women in leadership, safety and justice, economic independence and health and wellbeing.

The choice of indicators in the 2012 Women's Report Card has been influenced by community feedback, existing policy issues, national indicators, and the availability of relevant, reliable data.

The indicators have been drawn from a number of government agencies, non-government organisations and research organisations. We would like to thank the staff of the agencies that provided data on the status of women in Western Australia for this report.

The latest available data were used in the preparation of this report. Current data availability has allowed for the majority of the measures in the 2009 report card to be updated, as well as additional relevant measures to be added. Unless otherwise stated, all statistics refer to Western Australian women aged 18 years of age or older. All data are subject to measurement error, especially population estimates. Caution should be used when directly comparing change in results across data points within an indicator.

Your feedback on the report card can help the Department for Communities further refine the indicators used to measure progress for Western Australian women. Please submit your comments on the 2012 Women's Report Card by emailing wis@communities.wa.gov.au









2 Western Australian Women at a Glance

Women in Leadership

- The proportion of females in Senior Executive Service positions in Western Australian public authorities increased from 20% in 2003 to 26% in 2011.
- There has been a slight upward trend in the representation of women on Western Australian Government boards between 2003 and 2011 (from 28% to 35%).
- The representation of women on the Western Australian Legislative Council increased from 29% to 47% between 2003 and 2010. Similarly, the proportion of female Western Australian representatives in the Senate increased from 17% to 33% over the same period.
- In Western Australian Local Government Authorities during 2011, 30% of Councillors, 24% of Mayors, and 26% of Shire Presidents were women, this was similar to previous years.
- Nationally, the proportion of women chief executive officers and board directors of companies listed on the ASX 200 remained steady between 2002 and 2010. In 2010 8% of board directors and 3% of chief executive officers were female.

Safety and Justice

- The reported sexual assault victimisation rate decreased from 10 assaults per 10,000 adult Western Australian females in 2006 and 2008 to 8 in 2010.
- The proportion of sexual assaults committed against females remained steady from 2008 to 2010, at 92%.
- The hospitalisation rate due to assault by a spouse or partner decreased from 129 per 10,000 adult Western Australian females in 2004 to 123 in 2010.

 Feelings of safety within the home and local area remained steady between 2002 and 2010.

Economic Independence

- In 2011 the gender pay gap for Western Australian females was 28%, an increase from 21% in 2000.
- Of Australians with at least \$100,000 superannuation, fewer than one third are women.
- Women's labour force participation rate in Western Australia has remained steady since 2007, standing at 60% in 2011.
- Women's participation in information technology vocational training decreased from 34% of course enrolments in 2006 to 18% in 2010.

Health and Wellbeing

- Cervical screening programs were accessed by 58% of eligible Western Australian women in 2008/2009 (a consistent decrease from 64% in 1997/1998) and breast cancer screening programs were accessed by 57% of eligible Western Australian women (an increase from 53% in 1998/1999).
- In 2011 26% of Western Australian women were classified as obese, an increase from 22% in 2003.
- In 2011, 35% of WA women consumed alcohol at levels considered to cause risk of long-term harm, an increase from 23% in 2003.
- Women's participation in sport or physical recreation activities decreased from 70% in 2005/06 to 64% in 2009/10.

3 Women in Leadership

It is widely recognised that significant barriers to women's leadership in the workplace and broader community life persist. As a result, women's movement into positions of leadership has been extremely slow.

Outcomes

Guided by the Women's Interests Strategic Directions 2011–2014, the following are the desired outcomes in the area of women in leadership:

- barriers to women's leadership (workplace cultures, inflexible work arrangements and lack of work life balance) are identified and reduced
- workplaces improve gender diversity
- women's reluctance to pursue leadership positions is reduced
- the burden of responsibility is reduced for women caring for both children and elders
- the number of women sitting on and chairing Australian boards is increased
- there is improved retention of women in the workforce.

The indicators below show how well we are progressing as a community towards achieving some of these outcomes.

Indicators

- Senior positions in public authorities.
- Business leadership.
- Elected and appointed positions in Government.
- Senior union officials.

3.1 Senior positions in public authorities

Senior positions provide opportunities for leadership and participation in decision making. The representation of women in senior positions within public employment is an indicator of how well legislative provisions, policies and programs are working to achieve equity and diversity in employment.

In 2011, women represented more than two thirds (70%) of all employees in public sector agencies and authorities¹. The proportion of women holding senior positions increased between 2003 and 2011, with the largest increases occurring in Tier 2 and Tier 3. At the level of senior executive service and chief executive officer (Tier 1) the representation of women remained below 30%. Between 2003 and 2009, the Tier 1 level in Local Government Authorities had the lowest representation of women of all public authorities (Table 1).

3.2 Business leadership

The proportion of women holding leadership roles in business helps us to ascertain the inroads made towards gender equity in this heavily male-dominated area. Gender equity in business arenas can reflect women's financial and career empowerment and independence.









Table 1: Senior positions in WA public authorities

% female	2003	2005	2007	2009	2011
Senior Executive Service	20.5	23.9	22.7	25.1	26.3
Public Sector Management Tier 1	20.3	23.1	24.8	23.0	26.0
Public Sector Management Tier 2	27.1	29.2	31.3	22.9	31.4
Public Sector Management Tier 3	30.1	32.7	32.7	33.4	36.4
Local Government Management Tier 1	2.8	2.8	6.3	7.1	N/A
Local Government Management Tier 2	14.2	26.2	24.6	31.0	N/A
Local Government Management Tier 3	25.7	38.2	36.4	37.5	N/A
University Management Tier 1	25.0	25.0	25.0	25.0	25.0
University Management Tier 2	28.6	29.6	34.5	33.3	40.0
University Management Tier 3	30.3	35.6	34.5	36.1	41.4

Tier 1: Typically includes Directors General, Chief Executive Officers, General Managers and Commissioners

3.2.1 Business leaders

The number of women chief executive officers and board directors of Australian companies is an indicator of leadership equity in the private sector. At this level women have the opportunity to exert significant influence within the business and broader community.

The proportion of women chief executive officers and board directors of companies listed on the Australian Stock Exchange top 200 companies (the ASX 200) remained very low between 2002 and 2010 (Table 2).

3.2.2 Self-employed women

The proportion of women who are ownermanagers of businesses highlights the degree to which women are taking on business leadership roles. In 2011, 31% of Western Australian enterprise owner managers were female (Table 3).

3.3 Elected and appointed positions in Government

The equal representation of women as elected members of government is one of the most widely accepted and recognised measures of the status of women in our community.

At a state level, Western Australian women remain under represented in the Legislative Assembly but comprise almost half the membership of the Legislative Council in 2010. At a federal level Western Australian women are under-represented in both the House of Representatives and Senate (Figure 1).

Tier 2: Responsible for leading and directing the work of other managers of functional departments

Tier 3: Interface between Tier 2 management and lower level managers and does not include professional and graduate staff Source: Director of Equal Opportunity in Public Employment. Annual Report (2007, 2009, 2011). Government of Western Australia, Perth.

Table 2: Key management positions in ASX 200 companies

% female (National data)	2002	2004	2006	2008	2010
Chairs	2	1.1	2	2	2.5
Chief Executive Officers	-	2.3	3.5	2	3
Executive Key Management Personnel	-	_	-	7	8
Board Directors	8.2	8.6	8.7	8.4	8.3

Source: Equal Opportunity for Women in the Workplace Agency. Australian Census of Women in Leadership (2002, 2004, 2006, 2008, 2010). Australian Government, Sydney.

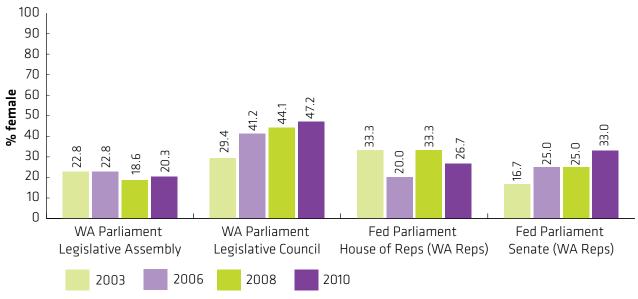
Table 3: Western Australian enterprise owner managers

Owner Manager of Enterprise ^a	2008	2011
% female	29.6	30.7

a) Owner Manager (Incorporated/Unincorporated) Enterprise.

Source: Australian Bureau of Statistics. Forms of Employment Australia (Cat No. 6359). Customised data. 2012.

Figure 1: Elected positions in Western Australian Parliament



Source: Parliament of Australia, Women in the Senate. Senate Brief no. 3, April 2010. www.aph.gov.au/senate/pubs/briefs/brief03.htm Accessed: 23/03/2012



3.3.1 Local Government Councillors

Figure 2 shows little change in the proportion of female Local Government Councillors in Western Australia between 2005 and 2011. In this period, the representation of women as Mayors decreased and Shire President representation increased.

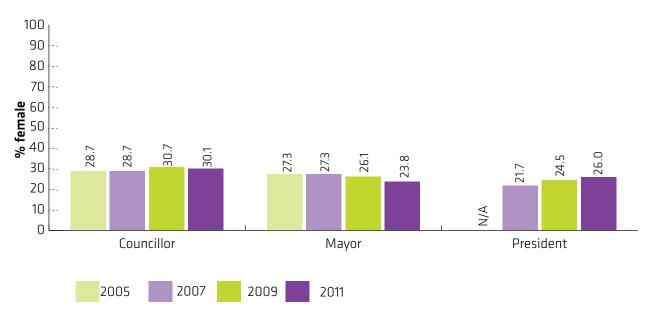
3.3.2 Government boards and committees

The number of women elected to government boards and committees is an indicator of

women's leadership and influence in high level government decision making. Given the broad policy scope of government, it is important for its decision making processes to reflect the diversity of the community.

The representation of women on Western Australian government boards increased between 2003 and 2011 (Table 4).

Figure 2: Elected Western Australian Local Government officials



Mayor presides over Towns and Cities, President presides over Shires

Source: Department for Local Government. Unpublished Data. Government of Western Australia, 2012.

Table 4: Positions on Western Australian government boards

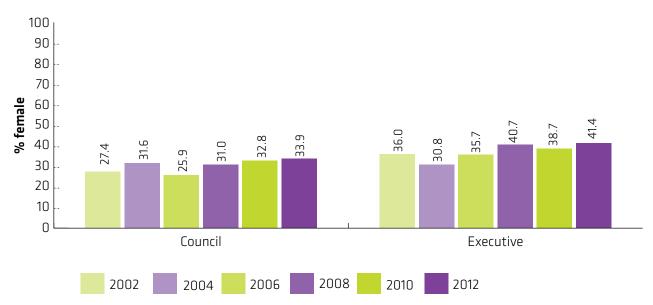
% female	2003	2006	2008	2011
Western Australian government board and committee representatives	28.5	32.2	32.5	35.5

Source: Department of the Premier and Cabinet. Boards and committees receiving Cabinet consideration. Government of Western Australia. Customised Data.

3.4 Senior union officials

Women's representation on the UnionsWA Council and Executive increased slightly between 2002 and 2012 (Figure 3).

Figure 3: Delegates to the peak decision making body of unions (WA)



Council members nominated from affiliated unions. The number of representatives depends on the size of the union. Executive: President, Senior Vice President, Vice Presidents (x4), Secretary, Assistant Secretary, Executive members (x20) from industry groups

Source: Unions WA. Unpublished Data. 2012.









4 Safety and Justice

In Western Australia, as elsewhere in the world, women continue to be at greater risk of sexual assault and domestic violence than men. Women are more likely to feel unsafe in their homes and to be subjected to sexual objectification and harassment in their daily lives. Clearly this negatively affects the mental and physical health of women, and impacts women's ability to participate fully and freely in society.

Monitoring women's safety and access to the law is a priority in Australia and internationally, through the United Nations.

Outcomes

Guided by the Women's Interests Strategic Directions 2011–2014, the following are desired outcomes in the area of safety and justice:

- women's higher risk of sexual assault and family and domestic violence is reduced
- · women feel safer in their homes
- women's experience of sexual objectification and harassment, especially in the workplace, is lessened
- women's representation in the media is recognised as a defining factor in women's safety and justice; and these representations become more balanced, respectful and realistic
- women are more financially literate and better able to plan for their financial futures, with a reduction in their likelihood of living in poverty in retirement
- culturally and linguistically diverse and Indigenous women's numbers in the justice system are reduced

 harmful consumption of alcohol by women is reduced and the associated effects of harm to children, partner abuse, risky (including sexual) behaviours and health issues are ameliorated.

The indicators to follow show how well we are progressing as a community towards achieving some of these outcomes.

Indicators

- · Violence against women.
- · Imprisonment.
- Perception of safety.
- Women working in the legal system.
- Policing.

4.1 Violence against women

To enable full participation in the workplace and community, women require safety and security. It should be noted that rates of violence, harassment and assault may be under-reported.

There has been little change in the proportion of Western Australian women who were the victims of physical and threatened violence between 2002 and 2010 (Table 5).

Violence and harassment can be detected in the workplace through workers compensation claims. Between 2009/10 and 2010/11 the number of claims by females related to exposure to workplace violence and work related harassment or bullying increased (Table 6).

Table 5: Victims of physical and threatened violence (WA)

% of WA females	2002	2006	2010
Victim of physical or threatened physical violence in the last year	9.5	9.3	8.5

Source: Australian Bureau of Statistics. General Social Survey (cat. No. 4159.0) 2002, 2006, 2010 (Table: Personal Characteristics).

Table 6: Reported violence in the workplace (WA)

Number of female workers compensation claims	2009/10	2010/11
Being assaulted by a person or persons	180	184
Exposure to workplace or occupational violence	79	97
Work related harassment and/or workplace bullying	53	96
Total violence/harassment/bullying	312	377

Classification groups taken from Type of Occurrence Classification System 3rd Edition Revision 1 (TOOCS)

Note: Data from worker's compensation claims where one or more days/shift are lost from work. Data source changed in 2009/10 therefore not comparable with earlier years.

Source: Department of Commerce, WorkSafe Division (WA), WA worker's compensation lost time injury and disease claims, 2010-11 preliminary data snapshot.

4.1.1 Sexual assault

Table 7 presents the number of sexual assault incidents reported to police within 90 days of occurrence. During 2010, for every 10,000 Western Australian women, 8 reported being victims of sexual assault. The vast majority of reported sexual assault offences are committed against women (92% in 2010).

Sexual assault offences have a high attrition rate, meaning that a low percentage of reported cases are prosecuted. This is true for both men and women. It has been widely acknowledged that the high attrition rate of sexual assault cases is a cause for concern.

Table 7: Reported sexual assault victimisation rate (WA)

Recent sexual assault ^a	2000	2002	2004	2006	2008	2010
Rate per 10,000 WA adult females	8.1	8.3	7.9	10.3	10	8.4
% sexual assaults committed against females	93.1	91.6	94.4	93.0	92.4	92.3

a) Recent sexual assault includes aggravated (penetration, indecent dealing) sexual assault and non-aggravated (indecent, procure, record) sexual assault offences reported to police within 90 days of occurrence.

Source: WA Police Business Analysis and Evaluation Unit. WA Police Frontline Management System (IMS) and Offence Information System. Customised Data. 2012.









This has a range of causes, and reduces victims' access to criminal justice in this area². Currently 73% of reported sexual assault cases do not result in criminal proceedings against the offender (Table 8).

4.1.2 Domestic violence

Table 9 shows that the hospitalisation rate due to assault of Western Australian women by a domestic partner or spouse remained relatively stable between 2004 and 2010.

Supported Accommodation Assistance Program (SAAP) is a Commonwealth-State Program supporting people who are homeless or at risk of imminent homelessness, and provides a range of accommodation and support, including women's refuges. More than 60% of female SAAP clients in Western Australia are receiving support related to domestic violence. This proportion decreased between 2007/08 and 2010/11 (Table 10).

Table 8: Outcome of reported sexual assault offences (WA)

Reported sexual assault cases against WA persons ^a	2010
% investigation finalised ^b	46.1
% resulting in proceedings against offender ^c	27.2

a) includes male and female victims, all figures as at 30 days from reporting b) (# cases finalised/total # cases reported) c) (# cases where offender proceeded against/total # cases reported).

Table 9: Hospitalisation related to assault by a spouse or domestic partner (WA)

	2004	2006	2008	2010
Rate per 10,000 adult females	128.6	124.5	117.7	123.5

Figures may be underestimated. Some reasons include: (1) an individual may not want to report who assaulted them, (2) an individual may not attend hospital for their injuries. Age adjusted rate for WA females aged 18+ Source: WA Hospital Morbidity Data System (2003-2010). (ICD: X85-Y09). Customised Report. March 2012.

Table 10: Accommodation support related to domestic violence (WA)

Female SAAP clients	2006-07	2007-08	2008-09	2009-10	2010-11
Total number of female SAAP clients	6908	7346	7379	7386	7372
% receiving support related to domestic violence	65.0	67.7	62.6	63.7	61.5

SAAP: Supported Accommodation Assistance Program

Source: Australian Institute for Health and Welfare. Government-funded specialist homelessness services: SAAP National Data Collection: Western Australia (Customised Data)

Note: 2010 marks a break in series due to changes in police recoding and completion of the National Crime Recording Standard. Source: Australian Bureau of Statistics. Recorded Crime – Victims, Australia, 2010 Western Australia (Table 5) (Cat. No. 4510).

2012 Women's Report Card

4.2 Imprisonment

The 2011 imprisonment rate for women in Western Australia (41 per 100,000 adult women) remained the second highest of all Australian states and territories after the Northern Territory (72 per 100,000) (Table 11). The national imprisonment rate was 23 per 100,000 adult women.³

Women from Aboriginal and Torres Strait Islander backgrounds are over represented in the Western Australian prison system. In 2011, the imprisonment rate for Western Australian Aboriginal and Torres Strait Islander women (675 per 100,000 ATSI women) was almost 16.5 times greater than the imprisonment rate of the Western Australian female population (41 per 100,000 Western Australian women)³. Western Australia has the highest rate of imprisonment for Aboriginal and Torres Strait Islander women of any Australian stateⁱ.

4.3 Perception of safety

Where women rely on public transport, their ability to feel safe during their journey is an important factor in determining their ability to commute to work, attend appointments and participate in community life.

Figure 4 shows that since 2005 the majority of Western Australian women have consistently reported feeling safe on board buses and trains; and at stations and interchanges during the day. After dark, almost three quarters of women feel safe on board buses and train. Women tend to feel less safe at bus and train stations and interchanges after dark. However the proportion of women who feel safe increased from 56% in 2008 to 65% in 2011.

Women's feelings of safety within the home and local area remained relatively consistent between 2002 and 2010 (Figure 5).

Table 11: Imprisonment rate (WA)

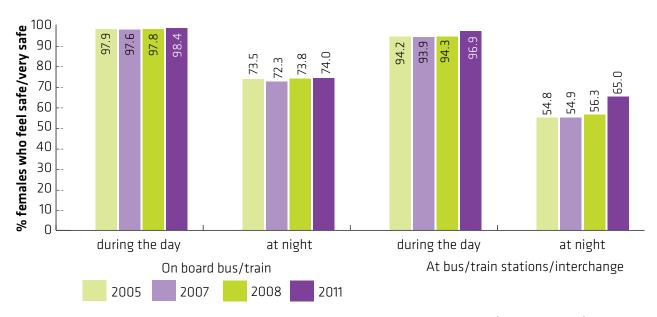
Female Imprisonment rate	2009	2010	2011
All Females (per 100,000 adult population)	41.4	45.4	40.8
ATSI Females (per 100,000 adult population)	731.4	821.7	674.7

ATSI: Aboriginal and Torres Strait Islander. Data reported in census on 30 June each year Source: Australian Bureau of Statistics. Corrective Services, Australia (Cat no. 4512), 2011.

i Caution should be used when interpreting data as Western Australia discerns Aboriginal and Torres Strait Islander status using slightly different criteria to other states. Refer to ABS Cat. No. 4512 Explanatory Notes.

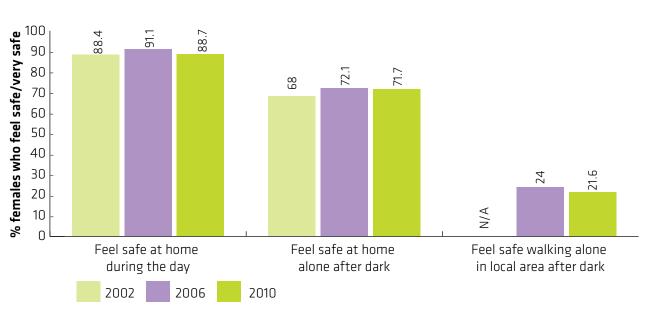


Figure 4: Perception of safety when using public transport (WA)



Source: Public Transport Authority of Western Australia, Transperth Passenger Satisfaction Monitor (unpublished data) 2011.

Figure 5: Perception of safety at home and in local area (WA)



Source: Australian Bureau of Statistics. General Social Survey (cat. No. 4159.0) 2002, 2006, 2010 (Table: Community Involvement).

2012 Women's Report Card

Figure 6 presents the proportion of women concerned about becoming a victim of house breaking or physical assault. A greater proportion of women (66%) compared with men (58%) were concerned about becoming a victim of house breaking in 2011⁴. There was an increase in the percentage of women concerned about becoming a victim of housebreaking between 2009 and 2011 (58% compared to 66%).

4.4 Women working in the legal system

Women's participation in the core legal processes that govern the community is partially reflected in numbers of women working in the legal system. While the proportion of female legal practitioners in Western Australia increased from 41% in 2006/07 to 46% in 2010/11, women have low representation as barristers and equity partners in Western Australia (Figure 7).

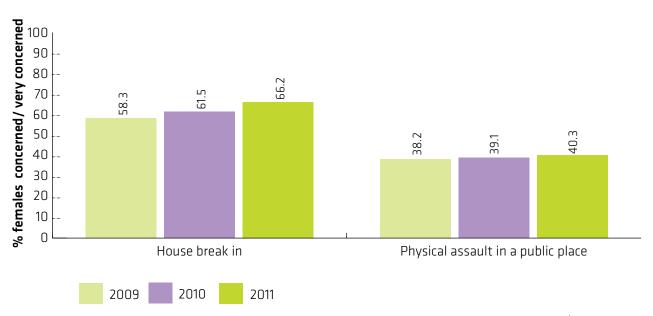


Figure 6: Concern about becoming a victim of crime (WA)

Source: WA Police Business Analysis and Evaluation Unit. National Survey of Community Satisfaction with Policing (Customised Unpublished Data). Western Australia Police, 2012.



Figure 7: Barristers, legal practitioners and equity partners (WA)



Source: Legal Practice Board of WA. Annual Reports 2006/2007-2010/2011.

The proportion of female law students enrolled in Western Australia remained consistent between 2004 and 2010 (Table 12). Females remained a minority in both the higher-level roles of judiciary and the Queens/Senior Counsel in this time period. The proportion of women in these positions increased between 2004 and 2008 before dropping slightly (Table 12).

Table 12: Law students and representation in the judiciary (WA)

% female	2004	2006	2008	2010	2012
Law Students ^a	57.7	58.0	59.7	58.4	N/A
Judiciary ^b	22.9	25.5	26.9	21.1	N/A
Queens Counsel/Senior Counsel ^c	4.8	5.9	10	N/A	7

Note: % female in judiciary calculated from count of listed judges/Chief Justice/Master in Supreme and District Court Annual Review from each year

Source: a). Source: Department of Education, Employment and Workplace Relations. Students, Selected Higher Education Statistics Number of Law Students (Customised Data). Australian Government. 2012. b). Supreme Court and District Court Annual Reviews 2004-2010. c). Western Australian Bar Association. 2012 update: http://www.wabar.asn.au/?rt=barrister/searchList. Accessed 18/04/2012.

4.4.1 Policing

Gender diversity in policing is likely to improve women's engagement and representation within law enforcement. It can be inferred that increasing representation of women in policing reflects the breakdown of stereotypes associated with gendered careers.

Table 13 shows that the proportion of female police officers in Western Australia increased gradually between 2003 (15%) and 2011 (21%). Women comprise a greater proportion of police auxiliary officers and Aboriginal police liaison officers compared with general police officers. It should be noted that in 2011 there were nearly 6,000 general police officers, approximately 150 police auxiliary officers and 16 Aboriginal police liaison officers.

Table 13: Western Australian police service staff

% female	2003	2005	2007	2009	2011
Police Officers	15	17	19	20	21
Police Auxiliary Officers ^a	-	-	-	-	37
Aboriginal Police Liaison Officer	27	30	31	29	25

a) Police Auxiliary Officers are not fully sworn police officers but have undertaken a 12-week, role-specific training program at the WA Police Academy

Source: Western Australian Police. Annual Report 2011.







5 Economic Independence

A range of social and cultural factors contribute towards many women having a more precarious financial situation than their male counterparts. Time taken out from work to care for children, broader caring responsibilities for ageing parents and relatives and the gender pay gap can mean that women's earning power and accumulation of superannuation is compromised throughout their working lives. This may result in women being more likely to live their older years in poverty than men.

Outcomes

Guided by the Women's Interests Strategic Directions 2011–2014, the following are the desired outcomes in the area of economic independence:

- the education and training of girls and women, particularly in skilled and nontraditional disciplines such as science, technology and engineering, is expanded
- traditionally marginalised groups, including migrant and Indigenous women, are better able to contribute to the skilled workforce through: reduced barriers to participation; better translation of skills; regional work opportunities and accessible workplaces
- workplaces offer enhanced flexibility that assists women with caring and parenting responsibilities
- workplaces combat gendered ageism and value diversity
- women's financial planning and literacy are improved, resulting in better earnings and enhanced superannuation savings upon retirement
- the gender pay gap is reduced.

The indicators below show how well we are progressing as a community towards achieving some of these outcomes.

Indicators

- Income.
- Labour force participation.
- · Education and training.
- · Work and family.
- Carers.

5.1 Income

Weekly earnings are employees average before tax earnings as reported by employers. Weekly earnings for men and women have increased progressively between 1998 and 2010 (Figure 8). The average weekly earnings for women in 2010 were 1.8 times higher than 1998 earnings. Earnings for men increased 1.9 fold during the same period. Women's lower average weekly earnings can be attributed to a range of causes, including a higher incidence of part-time workers and carers, underrepresentation at senior levels of management and overrepresentation in lower-paid industries such as health care, hospitality and retail.

5.1.1 Gender pay gap

The gender pay gap refers to the difference in average full time earnings of men and women and is considered a key indicator of equity between men and women. The gender pay gap is caused by a number of factors including less women in senior management positions, limited access to quality part time work which would

i Australian Bureau of Statistics. Average Weekly Earnings Explanatory Notes (Cat. No. 6302.0).

Average weekly earning (\$) Females Males

Figure 8: Average weekly earnings by gender (WA)

Average weekly earnings are derived by dividing estimates of weekly total earnings by estimates of number of employees. ABS trend data.

Source: Australian Bureau of Statistics. Average Weekly Earnings Time series. 1994-2011. Tbl 11E. WA (Dollars) - Trend (Cat. No. 6302.0).

enable women to combine work with caring responsibilities, and a highly sex segregated workforce which historically pays more for work in a male dominated industry than comparable work in a female dominated industry.⁵

The gender pay gap for full time employees in Western Australia is increasing. In 2011, Western Australian women received 72% of men's average weekly earnings, a gender pay gap of 28%. Nationally, women received 82% of the men's earnings (a gap of 18%) (Figure 9).

5.1.2 Weekly income range of Western Australian families with children

Sole parent families are more commonly female-headed households. In 2006, the majority (59%) of sole parent households had a weekly income of less than \$1000, compared with 15% of couple families.

The proportion of Western Australian sole mother families with children under age 15 decreased from 19% in 2005 to 16% in 2011.⁶ The labour force participation rate of Western Australian sole mother families remained steady between 2005 and 2008 (48%).⁷

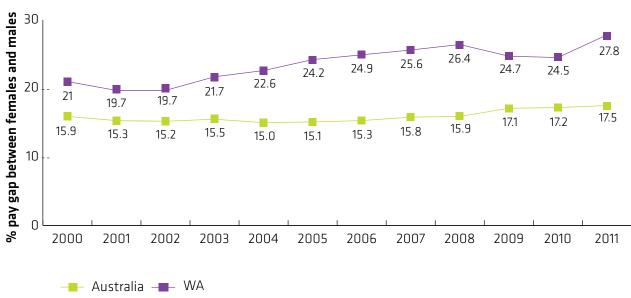








Figure 9: Gender pay gap (WA and Australia)



Female as % male Full time Ordinary Time Earnings (WA and Australia). Calculated from ABS Trend data 1994-2011. Pay gap calculated from mean of quarterly trend within each year.

Source: Australian Bureau of Statistics. Average Weekly Earnings, Western Australia (Dollars) - Trend (Cat. No. 6302.0).

Table 14: Weekly income range of families with children (WA, 2006)

% families	Sole parent	Couple
\$1-\$499	20.7	2.4
\$500-\$999	38.6	12.5
\$1000-\$1999	22.1	38.6
\$2000 or more	4.5	28.5

Note: Data presented for families not specific to women. Weekly income includes all wages/salaries, government benefits, pensions, allowances and other income usually received

Source: Australian Bureau of Statistics. Census of Population and Housing, Counts and Proportions of Families, by Family Type and Weekly Family Income, 2006 for Family Records.

2012 Women's Report Card

5.1.3 Share and property investments

Nationally, women are less likely than men to be direct share owners. Direct ownership of shares can be used to imply a level of independence in personal financial management. In 2011, 34% of Australian women were direct share owners compared with 45% of men, this trend has remained steady (Figure 10).

5.1.4 Superannuation

Superannuation is an important way of planning for financial security in retirement. It is particularly important for women to plan for this, as their earnings are often reduced as a result of issues such as breaks from paid work due to caring responsibilities, or employment in lower-paid occupations.

Figure 11 shows that nationally, in 2007 men were more likely to have higher superannuation balances than women.
Of the Australians with more than \$100,000 in superannuation earnings less than one third (29%) were women.

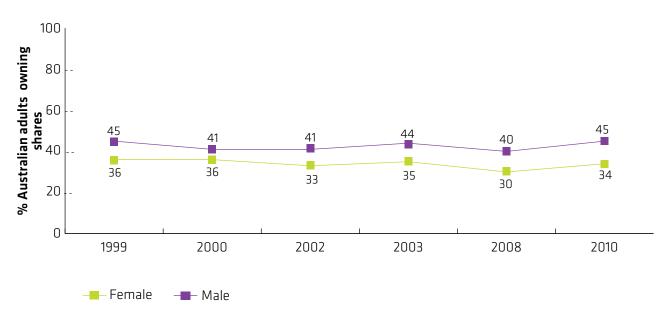


Figure 10: Direct share ownership by gender (National)

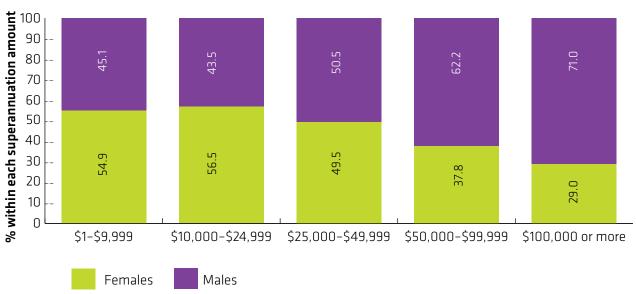
Source: Australian Securities Commission (ASX) Australian Share Ownership Study (2010, 2008, 2003). www.asx.com.au/resources/documents-and-publications.htm. Accessed: 23/02/2012.







Figure 11: Current superannuation account balance by gender (National, 2007)



Superannuation of all persons with superannuation account in accumulation phase
Source: Australian Bureau of Statistics. Employment Arrangements, Retirement and Superannuation; State Tables, Apr to Jul 2007 (Cat. No. 6361.0.5500).

5.2 Labour Force Participation

Women's labour force participation rate in Western Australia has remained steady since 2007, standing at 60% in 2011 (Table 15). The labour force participation rate for Western Australian men was 76% in 2011.8

Table 15: Labour force participation rate (WA)

% WA females	2001	2003	2005	2007	2009	2011
15 – 19 years	67.6	62.5	66.5	67.4	60.6	62.7
20 – 64 years	68.0	67.3	69.7	71.1	72.2	71.8
65 years & over	3.1	4.7	5.5	6.2	7.1	7.4
Total	58	57.1	59.3	60.4	60.8	60.5

Participation rate: The labour force expressed as a percentage of the civilian population aged 15 years and over in the same group. Source: Australian Bureau of Statistics. Labour Force, Australia, Detailed – Electronic Delivery (6291.0.55.001), Jan 2012.

Since 2001 the part time employment rate for females has remained steady. Almost half (45%) of the female work force was employed on a part-time basis (Table 16).

Table 16: Proportion of employed females working part-time by age (WA)

% employed females	2001	2003	2005	2007	2009	2011
15 –19 years	59.7	61.5	59.1	61.4	65.0	61.1
20- 64 years	43.4	44.3	43.9	43.7	41.9	42.9
65 years & over	77.8	70.3	72.7	67.2	77.1	76.7
Total	45.4	46.3	45.9	45.8	44.5	45.1

Employed Part-time: Employed persons who usually worked less than 35 hours a week (in all jobs) and either did so during the reference week, or were not at work in the reference week

Source: Australian Bureau of Statistics. Labour Force, Australia, Detailed - Electronic Delivery (6291.0.55.001), Jan 2012.

Part-time workers who preferred to work more hours and were available to start are considered to be underemployed. The proportion of women who are underemployed fluctuated slightly between 2001 and 2011. In 2011, 8% of part-time employed women were seeking more hours of work (Table 17).

Table 17: Underemployment amongst part-time employed females (WA)

% all employed females	2001	2003	2005	2007	2009	2011
Employed part-time, seeking more hours	9.7	8.5	8.6	7.0	8.9	7.9

Underemployed: Part-time workers who preferred to work more hours and were available to start work (with those hours) in the reference week or within four weeks.

Source: Australian Bureau of Statistics. Labour Force, Australia (cat. 6202.0), 2011.

The unemployment rate for women in Western Australia has fluctuated slightly, but remained between 3% and 6% since 2001 (Table 18). In 2011, the rate of unemployment for Western Australian men and women was similar (4.1% and 4.4% respectively).8

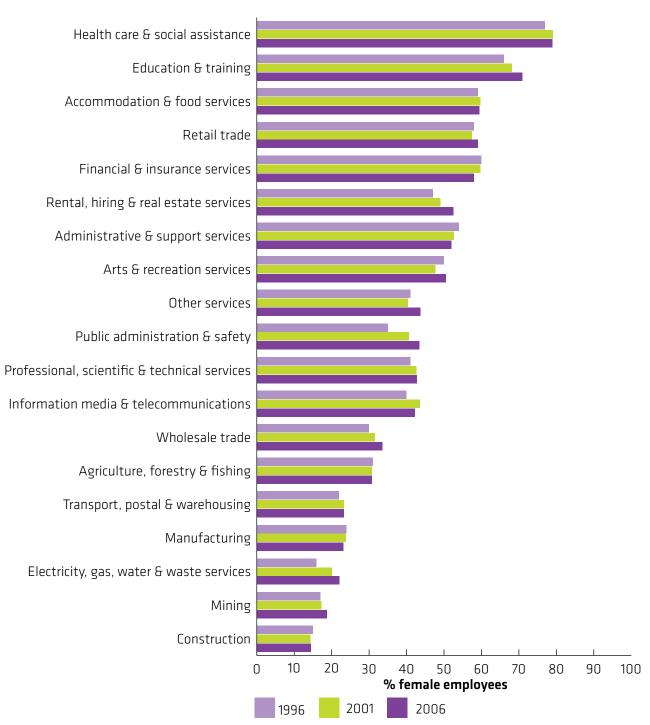
Table 18: Unemployment rate by age (WA)

% WA females	2001	2003	2005	2007	2009	2011
15 – 19 years	16.1	14.2	13.5	9.2	9.9	13.3
20 – 64 years	5.2	4.9	4.0	2.9	4.8	3.6
65 years & over	1.2	1.1	2.2	1.1	1.4	0.8
Total	6.3	5.8	4.9	3.5	5.2	4.4

Source: Australian Bureau of Statistics. Labour Force, Australia, Detailed - Electronic Delivery (6291.0.55.001), Jan 2012.



Figure 12: Proportion of female employees by industry (WA)



Source: Australian Bureau of Statistics. 2006 Census of Population and Housing Western Australia (Cat. No. 2068.0)

2012 Women's Report Card

Female representation in the Western Australian work force is highest in the areas of 'health care and social assistance' and 'education and training' (Figure 12). Industries with a majority female work force such as 'accommodation and food services', 'retail trade' and 'health care and social assistance' were also among the lowest earning industries in 2012.¹⁰

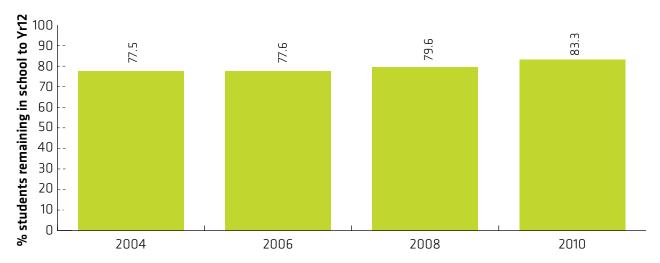
5.3 Education and Training

Access to education and training is a gateway to further opportunities and greater choice in life. Particularly for women, education and training enhances equity through enabling opportunities for higher-paying careers, enhancing mobility and improving access to leadership roles.

Participation in full time secondary school or a recognised training program is compulsory for young people until the end of the year they turn 17 years of ageⁱⁱⁱ. Although young people can enter recognised training programs, the proportion of females completing Year 12 increased to 83% in 2010 following the implementation of this requirement in 2006 (Figure 13). The proportion of males remaining in school until Year 12 also increased from 66% in 2006 to 74% in 2010.¹¹

Female participation in education and training has remained relatively constant since 2002. In 2010 women represented more than half (57%) the enrolments in higher education (Figure 14), and 43% of vocational education and training enrolments (Figure 15).

Figure 13: School retention rates (WA)



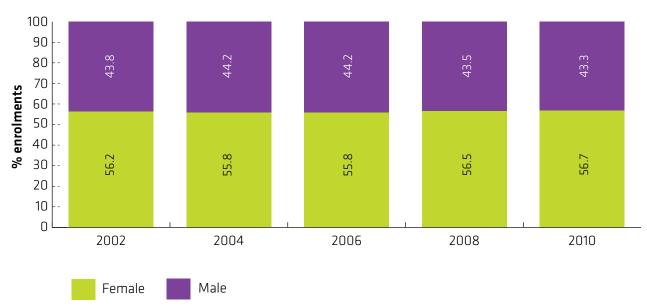
Apparent measures, based on aggregate student data.

Source: Australian Bureau of Statistics. Schools, Australia, 2010. (Cat. No. 4221.0) – NSSC Table 64a: Apparent Retention Rates (AAR) 1996-2010.

iii Department of Education. Participation website. http://www.det.wa.edu.au/participation/detcms/portal/. Accessed 26/04/2012.

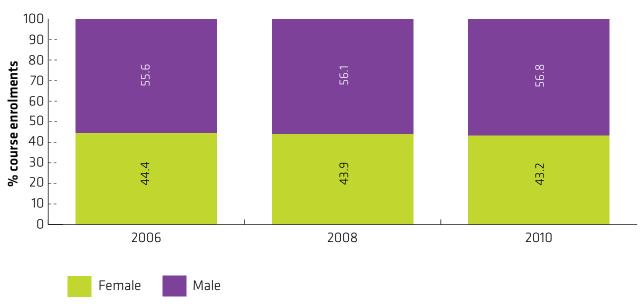


Figure 14: Higher education enrolments by gender (WA)



Source: Department of Education, Employment and Workplace Relations. Higher education Statistics Data Cube (uCube), 2012.

Figure 15: Vocational education and training enrolments by gender (WA)



Derived from number of course enrolments for each full collection year.

Source: Department of Training and Workforce Development, VET Enrolment Statistics Unit. Customised data, 2012.

2012 Women's Report Card

As illustrated in Figure 16, as at 30 June 2010, 46% of Western Australian trainees were female, and females made up 10% of apprentices.

5.3.1 Vocational education and training

In terms of the distribution of vocational education and training (VET) course enrolments in 2010, the three subject areas with the greatest number of female enrolments were 'management and commerce', 'society and culture' and 'mixed field programs' (26%, 14% and 17% of course enrolments respectively) (Table 19). There was a decrease in the proportion enrolled in 'society and culture' and an increase in 'mixed field programs' enrolments between 2006 and 2010.

In terms of the gender composition of vocational education and training course enrolments, 'society and culture', 'food, hospitality and personal services', and 'health' had the largest representation of female course enrolments between 2006 and 2010. The proportion of females within the 'health' course enrolments increased considerably from 50% in 2008 to 64% in 2010 (Figure 17). The proportion of female 'society and culture' and 'food, hospitality and personal services' course enrolments remained steady at 70% and 68% respectively in 2010.

Between 2006 and 2010 'information technology', 'architecture and building' and 'engineering and related technologies' were generally the VET courses with the smallest proportion of female course enrolments.

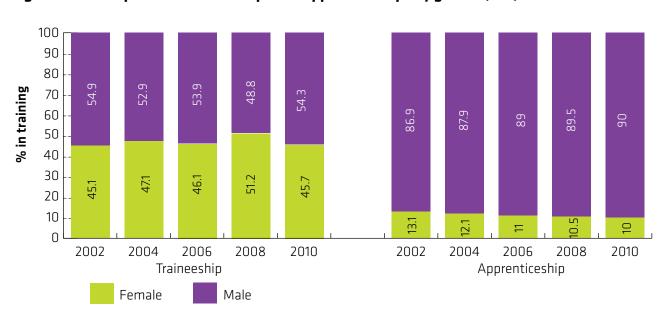


Figure 16: Participation in traineeships and apprenticeships by gender (WA)

Data shown is for 30 June each year

Source: Department of Training and Workforce Development. Training Records System. Customised data, 2012.









Table 19: Vocational education and training enrolments by field (WA)

% of female VET course enrolments	2006	2008	2010
Management and commerce	26.6	26.4	26.1
Society and culture	20.0	17.3	14.5
Mixed field programs ^a	12.2	13.7	17.1
All other fields	41.2	42.6	42.3

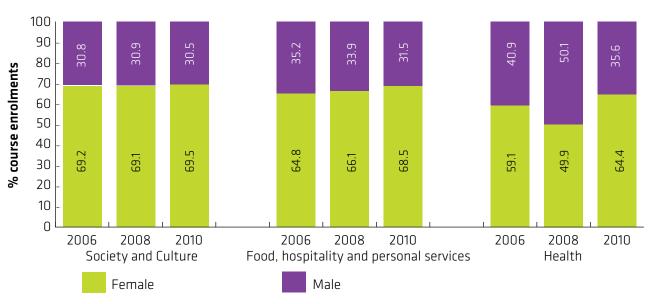
High enrolment fields – three largest number of female course enrolments. Derived from number of course enrolments for each full collection year

Source: Department of Training and Workforce Development, VET Enrolment Statistics Unit. Customised data. 2012.

The proportion of females enrolled in 'information technology' decreased from 34% in 2006 to 18% in 2010 (Figure 18). The proportion of female course enrolments in 'architecture

and building, and 'engineering and related technologies' was consistent between 2006 and 2010 (8.6% and 8.4% respectively in 2010).

Figure 17: Vocational education and training fields with highest representation of females (WA)

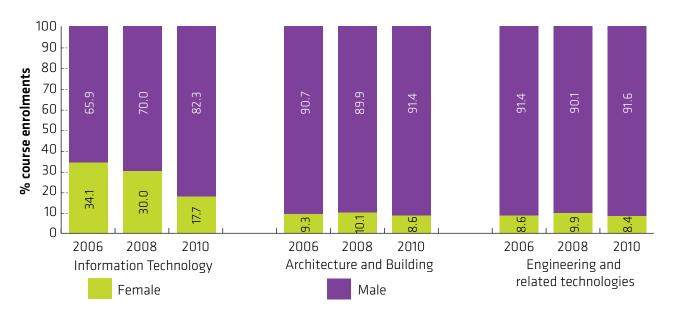


Derived from number of course enrolments for each full collection year

Source: Department of Training and Workforce Development, VET Enrolment Statistics Unit. Customised data, 2012.

a) Mixed field programs provide general and personal development education covering literacy and numeracy skills and social, personal and workplace relationships.

Figure 18: Vocational education and training fields with lowest representation of females (WA)



Derived from number of course enrolments for each full collection year
Source: Department of Training and Workforce Development, VET Enrolment Statistics Unit. Customised data, 2012.

5.3.2 Higher education

Of the total number of women enrolled in higher education, almost one quarter enrolled in 'management and commerce' courses each year between 2002 and 2010. In 2010, almost one fifth of females were enrolled in 'society and culture' and 'health' courses (Table 20).

Females formed the majority of the student group in the higher education fields of 'health', 'education' and 'society and culture' (Figure 19). Females formed a minority in the higher

education fields of 'information technology', 'engineering and related technologies' and 'architecture and building' (Figure 20). The gender distribution within the engineering and architecture fields of study remained relatively constant over time, however the 'information technology' field reflected a similar trend to that found in the vocational educational and training sector, showing a less dramatic but clear decline over time.









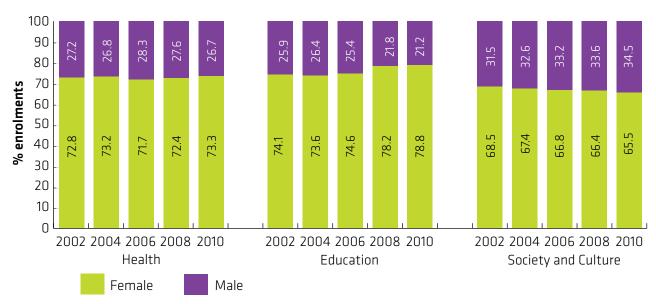
Table 20: Higher education enrolments by field (WA)

% of female higher education students enrolled in each field	2002	2004	2006	2008	2010
Management and Commerce	25.2	26	25.2	24.8	23.8
Society and Culture	22.4	21.9	20.2	19.1	19.5
Health	14.4	14.8	16.6	18.2	19.1
All other fields	38.0	37.3	38.0	37.9	37.6

High enrolment fields - three highest number of enrolments in 2010/11

Source: Department of Education, Employment and Workplace Relations. Higher Education Statistics Data Cube (uCube). www.highereducationstatistics.deewr.gov.au/. Accessed 1/3/2012.

Figure 19: Higher education fields with highest representation of females (WA)



Food, Hospitality and Personal Services excluded due to small n (n>75 each year)

Source: Department of Education, Employment and Workplace Relations. Higher Education Statistics Data Cube (uCube). http://www.highereducationstatistics.deewr.gov.au/. Accessed 1/3/2012.

2012 Women's Report Card

100 90 80 70 56.7 56.9 58.9 % enrolments 60 81.4 82.6 82.7 82.2 82.5 83.2 83.4 82.8 50 40 30 42.6 43.3 44 43.1 41.1 20 10 18.6 16.8 16.6 17.4 17.3 17.8 17.8 17.5 17.2 0 2002 2004 2006 2008 2010 2002 2004 2006 2008 2010 2002 2004 2006 2008 2010 Information Technology Engineering and Related Technologies Architecture and Building Female Male

Figure 20: Higher education fields with lowest representation of females (WA)

Source: Department of Education, Employment and Workplace Relations. Higher Education Statistics Data Cube (uCube). http://www.highereducationstatistics.deewr.gov.au/. Accessed 1/3/2012.

5.4 Work and family

The ability to combine work and family is acknowledged as a major factor in facilitating women's ability to maintain career advancement, participate in leadership roles and maintain mental and physical health.

The proportion of employed women able to access flexible work arrangements such as choosing when holidays are taken and having a formal agreement to work flexible hours increased slightly between 2006 and 2009 (Table 21).

Table 21: Flexible work arrangements for employees (WA)

% employed females	2006	2009
Able to choose when holidays are taken	70.8	74.0
Entitled to paid holiday leave	72.3	72.6
Had some say in start and finish times	43.6	40.5
Had an agreement with employer to work flexible hours	26.1	31.6
Guaranteed minimum hours*	N/A	80.3

^{*}Change in question format therefore 2009 not comparable to 2006.

Source: Australian Bureau of Statistics. Working Time Arrangements 2006, 2009 (Cat. No. 6342) (unpublished data).



Flexible work arrangements are often used to care for children. In 2008, 77% of mothers in Western Australia used flexible work arrangements for this purpose. The proportion of fathers adopting flexible working arrangements to care for children increased from 31% in 2005 to 42% in 2008 (Table 22).

Table 22: Use of flexible work arrangements to care for children (WA)

% families with children	2005	2008
Mother used flexible work arrangements	76.5	77
Father used flexible work arrangements	30.8	42

Work arrangements refers to flexible working hours, part-time work, work at home, shift work or job sharing Source: Australian Bureau of Statistics. Childhood Education and Care, Australia, 2005, 2008. Additional DataCube (Cat. No. 4402).

Flexible working hours and part-time work followed by work at home were the flexible work arrangements most frequently used by working mothers (Table 23).

Table 23: Work arrangements used to care for child by gender (WA)

% families with children and an employed parent/guardian	2008	
	Mothers	Fathers
Flexible working hours	47	34
Part-time work	42	5
Work at home	21	12
Any other arrangement	12	6

Note: Respondents can select multiple work arrangements

Source: Australian Bureau of Statistics. Childhood Education and Care, Australia, 2005, 2008. Additional DataCube (Cat. No. 4402).

The proportion of children requiring additional formal care can be read as an indicator of a gap which restricts the ability of adults to undertake other duties such as work or other caring responsibilities. The proportion of children aged 0-11 years requiring additional formal care decreased from 5% in 2005 to 3% in 2008, as shown in Table 24.

Table 24: Proportion of children requiring additional formal care (WA)

	2002	2005	2008
% of children for whom (additional) formal care was required within the previous four weeks	4.2	5.1	3.0

Includes both children who did not usually attend formal care or preschool for whom formal care or preschool was required, and children who usually attended formal care or preschool for whom any/additional formal care or preschool was required.

Source: Australian Bureau of Statistics. Childhood Education and Care, Australia, 2002, 2005, 2008 (Additional Datacube).

5.5 Carers

A carer is defined as a person who provides informal ongoing assistance, in terms of help or supervision, to individuals who are elderly, or have disabilities or long-term health conditions. A primary carer is a person who provides the most informal assistance to a person with one or more of these issues.¹²

Acting as a primary carer can impact negatively on a carer's income, living costs, health, family relationships and participation in paid work, study and recreational activities. Women are disproportionately likely to take up caring roles and comprise 70% of primary carers.

Primary carers' participation in the labour force has remained steady since 1998 (44% in 2009)¹³, whereas the labour force participation rate of Western Australia women overall in 2009 was 61%.¹⁴









Health and Wellbeing

Women and men can have significantly different health experiences and requirements. Good health and wellbeing ensure that individuals live more productive, fulfilling lives, draw fewer resources from health services and participate more fully in the community.

Outcomes

Guided by the Women's Interests Strategic Directions 2011–2014, the following are the desired outcomes in the area of health and wellbeing:

- all women in Western Australia have a sense of self which is balanced, positive and constructive
- the gap in life expectancy between Indigenous and non-Indigenous women is reduced and health outcomes for Indigenous women improved
- awareness of cardiovascular disease as the leading killer of women over 65 is raised
- awareness of the health issues associated with women having babies at later ages, including fertility issues, is increased
- wellbeing issues for women caring for both children and older relatives are recognised and supports provided
- representation of women in the media is recognised as a health and wellbeing issue
- women's (especially young women's) perceptions of their bodies improve and women develop sustainable, health-based eating and exercise routines
- there is better understanding of the particular mental health issues for women and the supports that are needed

 women from culturally and linguistically diverse and Indigenous backgrounds participate in breast and other cancer screenings to reduce the higher incidence of cancers in these groups.

The indicators below show how well we are progressing as a community towards achieving some of these outcomes.

Indicators

- Lifestyle and associated risk factors.
- Sexual reproductive and maternal health.
- Illness, disability and access to services.
- Mental health and wellbeing.
- · Community involvement.

6.1 Lifestyle and associated risk factors

Life expectancy provides an indication of the general health of the population. Increased life expectancy is indicative of improvements in factors including access to health care, diet and changes to women's social, economic and environmental circumstances.

The average life expectancy at birth has increased since 1999, with Western Australian women likely to live to 84 years of age (Figure 21). Life expectancy at birth for Western Australian Indigenous women is estimated to be 70.4 years.15

The measures for lifestyle and risk factors illustrate areas where Western Australian women are at a health risk. Decreasing risk factors allows women to participate more fully in their chosen pursuits and continue to enjoy a higher quality of life for longer.

Life expectancy at birth (years) ── Females ── Males

Figure 21: Life expectancy at birth in years by gender (WA)

Source: Australian Bureau of Statistics. Australian Social Trends, Data Cube - Health WA Summary (cat. no. 4102.0).

Figure 22 presents the prevalence of common lifestyle behaviours which pose a risk to health. There was a consistent decrease in the prevalence of smoking by Western Australian women between 2003 (16%) and 2011 (12%).¹⁶

The prevalence of alcohol consumption at risky levels for long-term harm has significantly increased for Western Australian women since 2003 (23% in 2003 compared with 35% in 2011). Women's risky alcohol consumption for long-term harm remains significantly lower than men's however, with men 1.7 times more likely to consume alcohol at risky levels in 2011. 16

The prevalence of women undertaking insufficient physical activity has fluctuated over time. There was an increase in levels of insufficient physical activity from 48% in 2003

to 52% in 2007, followed by a decrease back to 49% in 2011 (Figure 22). This figure constitutes a high number of Western Australian women not undertaking sufficient exercise for long-term health.

Overweight and obese individuals are significantly more likely to experience poor health outcomes.¹⁷ The prevalence of obesity in women increased slightly between 2003 (22%) and 2009 (26%) (Table 26). However, in 2011, females were 1.5 times more likely to be of normal weight than males.¹⁷

The prevalence of women reporting their health status as 'excellent/very good' did not change significantly between 2005 and 2011. The prevalence of 'excellent/very good' health status was significantly higher for the 16 to 64

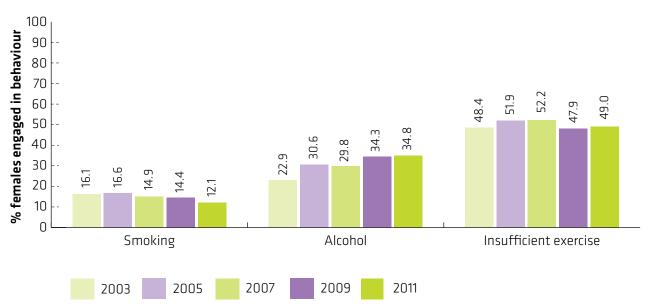








Figure 22: Risky lifestyle behaviours (WA)



Smoking: Daily or occasional. Females aged 16 years and over.

Alcohol: Long term harm is defined as having more than 2 standard drinks on any one day. Females aged 18 years and over. Insufficient exercise: Less than 150 minutes of moderate physical activity over 5 or more sessions per week. Females aged 16 years and over.

Source: Department of Health WA. Western Australian Health and Wellbeing Surveillance System. Customised Report February 2012.

Table 26: Body weight classification (WA)

% females	2003	2005	2007	2009	2011
Normal	43.3	43.5	42.4	40.1	40.3
Overweight	33.5	29.6	31.9	32.6	32.8
Obese	21.9	25.9	25.2	26.5	25.9

Excludes adults who were classified as underweight based on BMI. Females aged 16 years and over.

Source: Department of Health WA. Western Australian Health and Wellbeing Surveillance System. Customised Report February 2012.

years age group compared to those aged 65 years and over (Figure 23). To some extent this can be attributed to the natural aging process, however there remains room for improvement in self-reported health status of senior women.

6.2 Sexual, reproductive and maternal health

Health issues specific to women, around sexual, reproductive and maternal health are outlined in this section.

100 90 very good/excellent health 80 64.8 65.7 63.9 % females reporting 62.9 62.2 50.5 60.0 70 60 45.0 44.2 50 40 30 20 10 0 16-64 years All adult women 65 + years 2005 2011 2007

Figure 23: Self-reported health status by age (WA)

Source: Department of Health WA. Western Australian Health and Wellbeing Surveillance System. Customised Report February 2012.

6.2.1 Fertility rates

Fertility rates refer to the average number of children a woman has in her lifetime, and are an indicator of the structure and pressures of family life in Western Australia. Total fertility peaked in Australia in the post-war period of the 1950s at 3.6 births per woman. In 2010, the fertility rate in Western Australia was 1.96 births per woman, up from 1.70 in 2002. This increase has been attributed to strong economic conditions, increased government support to families, such as the child care rebate and baby bonus, and the increased availability of paid maternity leave. 20

There has been a clear change in the age structure of Western Australian mothers since 1980 with fewer women having babies in their early 20s and more women having babies in their 30s. In 2008, one in five Western Australian women who gave birth were

35 years of age of older, compared with one in twenty in 1980 (Figure 24).

Teenage births are traditionally associated with increased maternal and foetal health risks. ²¹ The teenage birth rate remained steady between 2003 and 2009. In 2009 the birth rate was 19.2 births per 1,000 teenage women (Table 27). In 2009, the teenage birth rate was higher for Western Australian Indigenous women, at 22% compared with 4% for the total population. ²²

Caesarean section without a medical reason has been reported to increase the risk of short-term adverse outcomes for mothers.²³ The proportion of live babies being delivered by caesarean section in Western Australia has increased from 29% in 2002 to 33% in 2008. This reflects an increase in both elective and emergency caesareans during this period (Table 28).

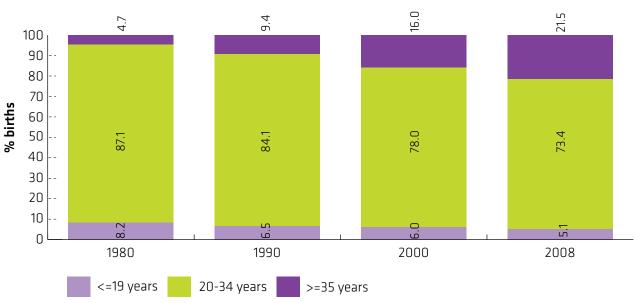








Figure 24: Age of Mother giving birth (WA)



Source: Joyce A, Tran BN (2009). Western Australia's Mothers and Babies, 2009: Twenty-seventh Annual Report of the Western Australian Midwives' Notification System, Department of Health, Table S1: Age of Mother giving birth in WA 1980-2009.

Table 27: Teenage birth rates (WA)

Age specific birth rate	2003	2005	2007	2009
Rate (per 1,000 females aged 15-19 years)	18.9	20.8	20.7	19.2

Females aged 15-19 years.

Source: Department of Health WA. WA Midwives Notification System (2001-2010). Customised Report. February 2012.

Table 28: Births delivered by caesarean (WA)

% of all births	2002	2004	2006	2008
Elective	16.4	18.1	18.7	18.1
Emergency	13.0	14.3	14.0	15.2
Total caesarean	29.4	32.4	32.7	33.3

Source: Joyce A, Tran BN. Western Australia's Mothers and Babies, 2009: Twenty-seventh Annual Report of the Western Australian Midwives' Notification System, Department of Health, Western Australia, 2011. (Table s7).

6.2.2 Sexually transmitted diseases

The prevalence of sexually transmissible diseases among women is regarded as an important indicator of women's sexual and reproductive health. Chlamydia and gonorrhoea are the two most common notifiable sexually transmitted diseases for women in Western Australia.²⁴ Notifiable diseases are usually infectious diseases that are required by law to be reported to government authorities. Increasing rates of gonorrhoea and chlamydia in Western Australian women are of particular concern due to the risk of these diseases to long-term sexual health, and newborn health. If left untreated, both can lead to infertility and/or pelvic inflammatory disease, and increase the chances of contracting other infections, such as Human-Immunodeficiency Virus (HIV).²⁵ Gonorrhoea can also be spread from mother to baby at birth and is a cause of blindness in newborns.²⁶

Genital chlamydia is the most commonly notified sexually transmitted disease for women in Western Australia and Australia. Genital chlamydia rates have increased every year since 2003, with a notification rate for Western Australian women of 454 per 100,000 women in 2009 (Table 29).

Table 29 also presents the rates of gonorrhoea notification for Western Australian females. These rates fluctuated over time, increasing from 2003 to 2007, but dropping markedly in 2009 to levels much lower than the original 2003 rate.

6.2.3 Cervical and breast cancer screening

Cervical cancer screening programs contribute to reductions in incidence of advanced cervical cancers and related mortality. The proportion of Western Australian women participating in cervical cancer screening has fallen slightly from 64% in 1997/98 to 60% in 2007/08; less than the national average of 61% (Figure 25).

Australian women with a high socio-economic status are more likely to participate in cervical cancer screening than women with a lower socio-economic status. The difference in participation rates between the highest and lowest socio-economic status groups in 2008/09 was 11% (64% for the highest category, compared to 53% for the lowest).²⁷

The proportion of eligible Western Australian women participating in screening tests for breast cancer through BreastScreen Australia increased slightly from 53% to 57% between 1998/99 and 2008/09, which is similar to the national participation rate (Figure 26).

Table 29: Notification rates for gonorrhoea and chlamydia (WA)

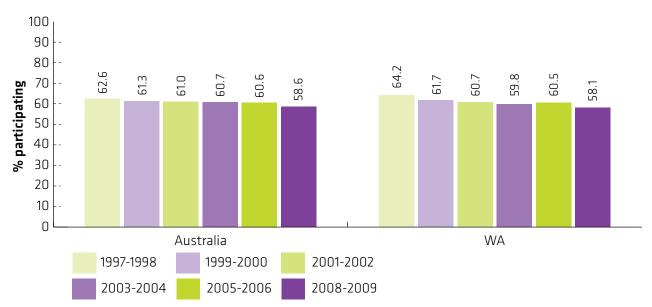
Rate per 100,000 person years	2003	2005	2007	2009
Chlamydia	219.6	311.3	430.2	454
Gonorrhoea	66.5	68.6	73.3	50.5

Age-standardised rate per 100,000 person years.

Source: Department of Health WA. Notifiable Disease Data (2002-2009). Customised Report, February 2012.



Figure 25: Cervical cancer screening participation



Participation in the National Cervical Screening Program: % women, aged 20-69 years, participating in a two year period (Rates expressed as the percentage of the eligible female population and age-standardised to the Western Australian population for 2001) Source: Australian Institute of Health and Welfare, Cervical screening in Australia 2007-2008 Cancer series no. 54. Cat. No. CAN 50. Canberra: AIHW, 2009

Figure 26: Breast screening participation by location and ethnicity (WA)



All rates are age-standardised and for women aged 50-69.

Source: Australian Institute of Health and Welfare, BreastScreen Australia Monitoring Report 2008-2009 Cancer series no. 63. Cat. No. CAN 60. Canberra: AIHW.

Women from Aboriginal and Torres Strait Islander or non-English speaking backgrounds are significantly less likely to participate in breast cancer screening procedures than the total WA female population.

The breast cancer screening participation rate for women in the lowest socio-economic status group was slightly less than all other socio-economic groups; however, the difference is not as marked as that observed in the participation rates for cervical screening.

6.3 Illness, disability and access to services

Determining the leading causes of death in Western Australian women allows us to see where improvements can be made where lifestyle is a contributing factor. Ischaemic heart disease remains the leading cause of death among Western Australian females since 2003, although the percentage of deaths from this cause have fallen from 16.5% in 2003 to 14.5% in 2007 (Table 30). Ischaemic heart disease includes diseases related to reduced

blood supply to the heart, such as coronary artery disease. The proportion of deaths attributed to acquired and congenital brain disorders, such as dementia and disorders due to brain damage, has increased from 2.5% in 2003, to 4.3% in 2007 (Table 30). Although small, this proportion may to continue to rise as the population ages.

6.3.1 Illness, injury and hospitalisation

This indicator provides a snapshot of the major health issues affecting Western Australian women. Arthritis, injury and mental health problems were the three most prevalent chronic health conditions for women between 2007 and 2011. In 2011, almost one in five Western Australian women were diagnosed with or treated for a mental health condition (Table 31).

Between 2002 and 2010 the three most frequent reasons for hospitalisation for women were consistently: dialysis, chemotherapy and 'other specific procedures and healthcare'.

Table 30: Top five leading causes of death (WA)

% of female deaths	2003	2005	2007
Ischaemic heart diseases (I20-I25)	16.5	16.7	14.5
Cerebrovascular diseases (160-169)	10.1	9.0	8.5
Respiratory cancers (C33-C34)	4.7	4.8	5.0
Breast cancers (C50)	4.7	4.4	4.3
Acquired and congenital brain disorders (F00-F07, F09, F70-F79)	2.5	2.9	4.3

(International Disease Classification codes). Respiratory cancer: Malignant neoplasm of trachea, bronchus and lung Source: WA Hospital Morbidity Data System. Customised Report 2002-2010. February 2012.









While the causes have remained the same, the rates of hospitalisation for these procedures increased annually during this period. The most significant increase in rates of hospitalisation was for dialysis, which increased from 43 per 1,000 females in 2002 to 53 per 1,000 in 2009 (Table 32).

6.3.2 Disabilities

The incidence of disability measures the proportion of Western Australian women with a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. In 2011, 21% of Western Australian women reported having a disability, a decrease from 24% in 2003 but similar to 1998 levels (19%) (Table 33).

Table 31: Three most common chronic health conditions (WA)

% of females aged over 25 years with condition diagnosed or treated in past 12 months	2007	2009	2011
Arthritis	28.1	27.2	26.9
Injury	19.5	17.3	21.7
Mental Health	15.9	16.7	18.2

Injury – injuries in the past 12 months that required treatment by a health care professional

Mental Health – Current mental health problems diagnosed in the past 12 months

Source: Department of Health WA. Western Australian Health and Wellbeing Surveillance System. Customised Report February 2012.

Table 32: Top three causes for hospitalisation (WA)

Rate per 1,000 WA females	2002	2004	2006	2008	2010
Dialysis	42.6	51.5	52.2	51.4	52.9
Chemotherapy	23.3	25.2	26.7	27.9	26.2
Other specific procedure and health care	13.3	13.4	15.5	18.5	16.7

Age-adjusted rate per 1,000.

Source: Department of Health WA. WA Hospital Morbidity Data System. Customised Report 2002-2010. February 2012.

Table 33: Prevalence of disability (WA)

• • • •			
	1998	2003	2009
% WA females with a disability	19.5	24.4	21.1

Disability: a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities

Source: Australian Bureau of Statistics. Disability, Ageing and Carers, Australia: Summary of Findings, 1998. State table for WA (Cat. No 4430). 2003, 2009.

6.3.3 Access to female general practitioners

The availability of female general practitioners (GPs) supports improved women's health by increasing access to healthcare providers for women who show a preference for a female practitioner. The proportion of female GPs in Western Australia increased from 30% in 2005/06 to 38% 2009/10 (Figure 27).

6.4 Mental health and wellbeing

Good mental health supports women's ability to maintain physical health, and to flourish in personal, family and community life. Mental health is characterised by a person's ability to cope with daily stressors and make a productive and positive contribution to the community.

It is estimated that 45% of the Australian population aged between 16 and 85 years will experience a mental health condition in their lifetime.²⁸

The prevalence of mental health problems was 1.7 times higher for females compared to males in 2011. There has been no significant change in the prevalence of current mental health problems for women and men in Western Australia since 2002.²⁸

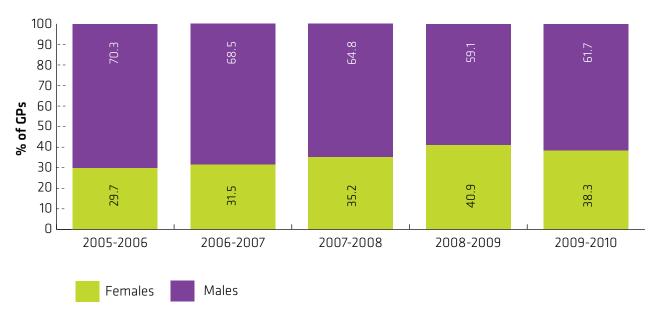


Figure 27: General practitioners by gender (WA)

Information on the number of practices and number of GPs was self-reported by Divisions of General Practice Source: Hordacre, AL., Howard, S. Moretti, C., Kalucy, E. (2007). Making a difference: Report of the 2005-2006 Annual Survey of Divisions of General Practice. Adelaide: Primary Health Care Research & Information Service, Department of General Practice, Flinders University, and Australian Government Department of Health and Ageing.









The mental health conditions most commonly experienced by women in Western Australia in 2010 were anxiety, depression and stress related problems (Table 34).

The prevalence of 'high/very high' psychological distress for Western Australian women was 10% in 2011.

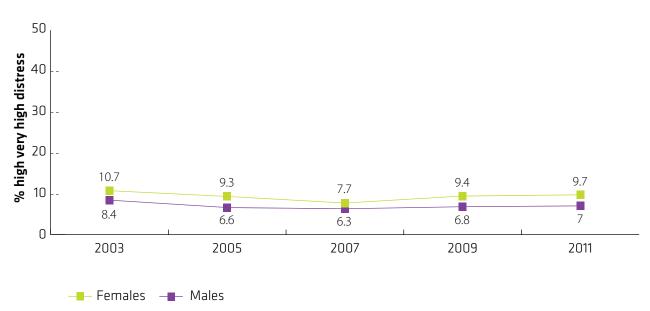
In 2011, 10% of Western Australian women reported receiving treatment for a mental health condition during the last year. This is an increase from 8% in 2007 (Table 35).

Table 34: Period prevalence of common mental health conditions (WA)

% of females	2006	2008	2010
Anxiety Problem	7.7	9.4	9.7
Depression	7.8	10.6	10
Stress related problem	9.6	11.8	11.4

Data in table presents self report of mental health conditions diagnosed in the previous 12 months. Females aged 16 years and over. Source: Department of Health WA. Health and Wellbeing of Adults in Western Australia 2007, 2008, 2010 Overview and Trends.

Figure 28: Prevalence of psychological distress by gender (WA)



Psychological distress measure Kessler K-10, Table presents % high/very high psychological distress. Adults aged 16 years and over. Source: Department of Health WA. Western Australian Health and Wellbeing Surveillance System. Customised Report February 2012.

> 2012 Women's Report Card

Table 35: Current treatment for mental health condition (WA)

% WA adults receiving treatment for a mental health during last 12 months	2007	2009	2011
Females	7.6	8.4	9.8
Males	5.4	6.6	5.0

Adults aged 16 years and over.

Source: Department of Health WA. Western Australian Health and Wellbeing Surveillance System. Customised Report February 2012.

6.5 Community Involvement

Women's involvement in the community can be seen as an underlying indicator of mental health, access to social support and participation in cultural life. All of these elements contribute to better outcomes for women in terms of health and wellbeing, as well as playing a part in improving career and educational outcomes through access to information, networks and opportunities.

6.5.1 Sport and Physical Activity

The full participation of women in society can be better achieved through the improved social, mental and physical health outcomes associated with physical activity. The promotion of women in sport has been identified by the Australian Government as a key focus area for the future development of sport in Australia.

The sport and physical recreation rate presented in Figure 29 refers to Western Australian women playing a sport or undertaking physical recreation in the previous 12 months.²⁹

The participation of women in sport or recreation has decreased from 70% in 2005/06 to 64% in 2009/10 (Figure 29). In terms of age distribution, in 2009/10 women under 65 years were far more likely to participate in sport or recreation (ranging from 64% to 70%) compared to women over 65 (45%).

6.5.2 Volunteering

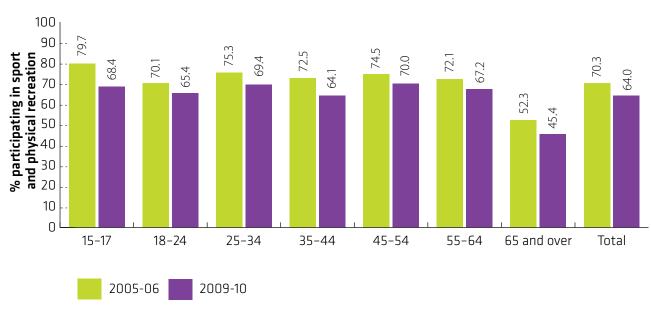
Volunteering refers to the provision of unpaid help willingly undertaken in the form of time, service or skills, to an organisation or group, excluding work done overseas.³⁰ Slightly more than one third (35%) of Western Australian women volunteered at least once in 2010, this rate was similar to those reported in 2002 and 2006 (Figure 30).

6.5.3 Social interaction

The vast majority of women have contact with friends and family outside of their household. This figure has remained steady over time. The proportion of women who provide unpaid assistance to persons living outside the household decreased from 57% in 2006 to 52% in 2010 (Table 36).

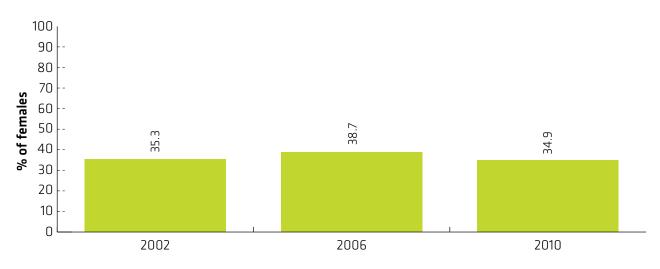


Figure 29: Participation in sport and physical recreation by age (WA)



Sport and physical recreation: Classification of activity as sport and recreation was left to opinion of the respondent. Source: Australian Bureau of Statistics. Participation in Sport and Recreation Australia (cat 4177).

Figure 30: Volunteering in the community (WA)



Excludes those compelled to volunteer (ie student placement, work for the dole)

Source: Australian Bureau of Statistics. General Social Survey (cat. No. 4159.0) 2010 (Table: Community Involvement).

Table 36: Access to social contact and support (WA)

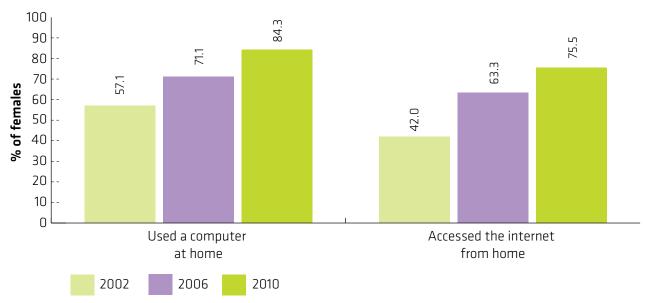
% females	2002	2006	2010
Contact with friends and family living outside the household in the last week ^a	96.4	97.2	96.0
Provide unpaid assistance to persons living outside the household in last 4 weeks ^b	N/A	57	51.9

Source: a) Australian Bureau of Statistics. Australian Social Trends (cat no. 4102) data cube Family and Community: WA Summary 1998-2011, 2011. b) Australian Bureau of Statistics. General Social Survey (cat. no. 4159.0) 2002, 2006, 2010 (Table: Community Involvement).

The proportion of females who used a computer and accessed the internet from home rose significantly between 2002 and 2010. In 2010 over 80% of women had used a computer within the past 12 months and three quarters had accessed the internet. Internet access

has a number of flow-on benefits to health and safety outcomes, improving the ease with which women can access options for maintaining social connections, information on health and crisis situations, and further education and career possibilities.

Figure 31: Computer and internet use at home (WA)



Figures refer to use in last 12 months

Source: Australian Bureau of Statistics. General Social Survey (cat. No. 4159.0) 2010 (Table: Community Involvement).



References

- Director of Equal Opportunity in Public Employment, Annual Report 2011. Government of Western Australia, Perth.
- 2 The National Council to Reduce Violence against Women and their Children. Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009-2021. Commonwealth of Australia, Canberra, 2009.
- 3 Australian Bureau of Statistics. Corrective Services, Australia (cat. No 4512), 2011.
- 4 WA Police Business Analysis and Evaluation Unit. National Survey of Community Satisfaction with Policing, Customised Unpublished Data, 2012.
- 5 Labour Relations Division. 'Why is there a gender pay gap?' Fact Sheet. Department of Commerce, Government of Western Australia. www.commerce.wa.gov.au/LabourRelations/Content/Work%20Life%20Balance/Pay%20Equity. Accessed 17/05/2012.
- 6 Australian Bureau of Statistics. Australian Social Trends, Data Cube – Family and community (Cat. No. 4102.0).
- 7 Australian Bureau of Statistics. Childhood Education and Care (cat. no. 4402.0) (Customised Data).
- 8 Australian Bureau of Statistics. Labour Force, Australia, Detailed – Electronic Delivery (Cat No. 6291), Jan 2012.
- 9 Australian Bureau of Statistics. Labour Force (Cat No. 6202.0), Australia 2011.
- 10 Australian Bureau of Statistics. Average Weekly Earnings (cat. No 6302), Feb 2012.
- Australian Bureau of Statistics. Schools, Australia, 2010.
 (Cat. No. 4221.0) NSSC Table 64a: Apparent Retention Rates (AAR) 1996-2010.
- 12 Australian Bureau of Statistics Disability, Ageing and Carers, Australia: Explanatory Notes (Cat. No. 4430).
- 13 Australian Bureau of Statistics. Disability, Ageing and Carers Survey. State Table for Western Australia. 1998, 2003, 2009 (Cat. No. 4430).
- 14 Australian Bureau of Statistics. Labour Force, Australia, Detailed Electronic Delivery (6291.0.55.001), Jan 2012.
- 15 Australian Bureau of Statistics. Australian Social Trends, Data Cube – Health WA Summary (cat. no. 4102.0).
- 16 Department of Health WA. Western Australian Health and Wellbeing Surveillance System. Customised Report February 2012.
- 17 World Health Organization. Obesity: preventing and managing the global epidemic. WHO Technical Report Series 894, 2000.
- 18 Australian Bureau of Statistics. Australian Historical Population Statistics, 2008 (Cat No. 3105). Table 5.4 Agespecific fertility rates and total fertility rate, states and territories, 1921 onwards.

- 19 Australian Bureau of Statistics. Births, Australia, 2010 (Cat. No 3301). Table 1.5 Births, Summary statistics for Western Australia – 2000-2010. 2011.
- 20 Cassells, R., Miranti, R., Nepal, B. and Tanton, R. 'She works hard for the money: Australian women and the gender divide', AMP.NATSEM Income and Wealth Report issue 22, April 2009.
- 21 Australian Institute of Health and Welfare. AIHW. Australia's young people: their health and wellbeing 2003. AIHW Cat. No. PHE 50. Canberra: AIHW, 2003.
- 22 Joyce A, Tran BN. Western Australia's Mothers and Babies, 2009: Twenty-seventh Annual Report of the Western Australian Midwives' Notification System, Department of Health, Western Australia, 2009.
- 23 World Health Organization. 'Caesarean section without medical indication increases risk of short-term adverse outcomes for mothers'. Policy Brief. 2010. www.who.int/reproductivehealth/topics/best_practices/globalsurvey/en/index Accessed 17/05/2012.
- 24 Department of Health, The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-Borne Viruses in Western Australia, 2008.
- 25 Family Planning Association of Western Australia. Chlamydia Fact Sheet. www.fpwa.org.au/healthinformation/infosheets/stiinfo/chlamydia/Accessed 27/04/2012.
- 26 Family Planning Association of Western Australia. Gonorrhoea Fact Sheet. www.fpwa.org.au/healthinformation/infosheets/stiinfo/gonorrhoea/Accessed 27/04/2012.
- 27 Australian Institute of Health and Welfare, Cervical screening in Australia 2007-2008 Cancer series no. 54. Cat. No. CAN 50. Canberra: AIHW, 2009.
- 28 Australian Institute of Health and Welfare. Mental health services in Australia. Canberra: AlHW. Viewed 4 April 2012 http://www.aihw.gov.au/publicationdetail/?id=10737420191.
- 29 Australian Bureau of Statistics. Participation in Sport and Recreation Australia (cat 4177).
- 30 Australian Bureau of Statistics. General Social Survey (cat. No. 4159.0) 2010.

