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2022 Women's Report Card

An indicator report of Western Australian women's progress



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Priority area: Health and wellbeing



Goal: Women are healthy, active and lead fulfilled lives.

Introduction and scope

This briefing note reports on aspects of women's health and wellbeing in Western Australia, a key priority area identified in the Western Australian Government's 'Stronger Together. WA's Plan for Gender Equality' report which is a coordinated approach to addressing gender inequality in WA over the long term.

In providing an indication of the overall health and wellbeing of women in Western Australia, this note examines a range of indicators including lifestyle and risk factors, sexual, reproductive and maternal health,

illness and access to services, mental health and wellbeing and community involvement. Women have particular health and wellbeing needs, and can experience obstacles and opportunities that impact their health and wellbeing at different life stages. Some of these factors relate to biological sex, while other factors are social determinants such as family and domestic violence, family caring responsibilities and lack of financial resources.ⁱⁱ

This note should be read in conjunction with the WA Women's Data Insights Platform, which provides a detailed set of metrics for the various indicators over time.

i Government of Western Australia, Department of Communities. (2021). Stronger Together: WA's Plan for Gender Equality. Government of Western Australia. https://www.wa.gov.au/government/publications/stronger-together-was-plan-gender-equality

ii Government of Western Australia, Department of Communities. (2021). Stronger Together. WA's Plan for Gender Equality.

Government of Western Australia. https://www.wa.gov.au/government/publications/stronger-together-was-plan-gender-equality



Outcomes

Desired outcomes in the area of women's health and wellbeing include:

- WA women are healthy and have a positive sense of wellbeing
- WA women have access to health services (including sexual and reproductive health services) that reflect their needs according to their life stage, race, social, cultural, psychological and economic circumstances
- The gap in life expectancy and health outcomes between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander women is closed
- WA women lead healthy lifestyles and are not exposed to injury, illnesses and diseases.

Indicators

The indicators in this section contribute to understanding how WA is progressing towards achieving these outcomes:

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

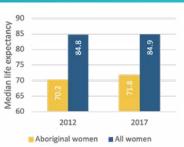


The estimated life expectancy for Aboriginal and Torres Strait Islander women in WA is 71.8 years - 13 years lower than that for non-Aboriginal and Torres Strait Islander women (84.9 years).

Key insight

Description Change over time

These estimates relate to the life expectancy at birth for those born 2015-17, the latest period for which data for both Aboriginal and Torres Strait Islanders and non-Aboriginal and Torres Strait Islanders are available. Aboriginal and Torres Strait Islander women's life expectancy is up 1.6 years from that reported for 2010-12 (70.2). The estimated life expectancy for non-Aboriginal and Torres Strait Islander men was 80.3 years for the same period, and 66.9 years for Aboriginal and Torres Strait Islander men.



The median age of death of Aboriginal and Torres Strait Islander women was 60.4 years in 2020. This remains well below that of non-Aboriginal and Torres Strait Islander women (84.6 years).

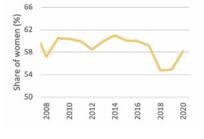
The median age of death for Aboriginal and Torres Strait Islander women has increased by 3.5 years since 2010.

The median age of death of non-Aboriginal and Torres Strait Islander women (84.6 years) has remained stable in recent years, and is over six years higher than that of non-Aboriginal and Torres Strait Islander men (78.4 years).



The proportion of women self-reporting their health status as excellent or very good increased from 55 per cent in 2019 to 58 per cent in 2020. This upward trend was observed for women across different age cohorts, and is the highest share observed since 2017 (59.2%).

However, over the longer term, the proportion of women reporting their health status as excellent or very good has declined, and is some 4ppts below the rates reported in 2007 (62%).



iii Australian Bureau of Statistics. (2022). Life Tables, 2015-2017 https://www.abs.gov.au/statistics/people/population/life-tables/latest-release

Australian Bureau of Statistics. (2022). Deaths - ABS.stat Data Explorer; Deaths, Year of registration, Indigenous status, Summary data, Sex, States, Territories and Australia. https://www.abs.gov.au/statistics/people/population/deaths-australia/latest-release#data-download

v Government of Western Australia, Department of Health. (2021). The Health and Wellbeing of Adults in Western Australia, 2013 to 2020. Government of Western Australia. https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys



Lifestyle and risk factors (continued)

Key insight	Description	Change over time
Two thirds of women (75% of men) were classified as being either overweight or obese in 2020.	This compares to 55 per cent of women in 2002 (68.3% of men). Between 2017 and 2020, the share of overweight women increased from 29.4 per cent to 32.5 per cent, and the share of obese women increased from 31.9 per cent to 33.5 per cent.	Overweight or obese (%) 2002 2008 2008 2011 2014 2017
In 2020, the prevalence of women drinking alcohol at levels associated with long- term health risks was 18.7 per cent (32.4% of men) in WA.vii	The share of women reporting alcohol consumption at levels associated with long-term health risks decreased slightly from 19.3 per cent in 2017 to 18.7 per cent in 2020. There has been a slight increase in the prevalence of women drinking alcohol at levels associated with short-term health risks, rising from 4.9 per cent in 2017 to 5.7 per cent in 2020.	2002 2008 2014 2017 2020 2020 2020 2020 2020 2020 2020
Smoking continues to be a health risk factor for 9.2 per cent of women (11.5% of men) in WA.viii	The share of women reporting smoking at levels that pose health risks remained reasonably consistent between 2017 and 2022. Over the same period, the share of men reporting smoking at levels that pose health risks declined from 14.8 per cent to 11.5 per cent.	Smoking risk (%) 2002 2008 2008 2011 2014 2017

Notes: Based on most recent data available as of July 2022. Please refer to http://www.womensreportcard.communities.wa.gov.au/ for the most current data available on various metrics relating to this indicator.

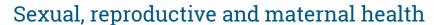
Source: Bankwest Curtin Economics Centre | Based on various data sources.



vi Government of Western Australia, Department of Health. (2021). The Health and Wellbeing of Adults in Western Australia, 2002, 2007 and 2020. Government of Western Australia. https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys

vii Government of Western Australia, Department of Health. (2021). The Health and Wellbeing of Adults in Western Australia, 2002, 2017 and 2020. Government of Western Australia. https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys

viii Government of Western Australia, Department of Health. (2021). The Health and Wellbeing of Adults in Western Australia, 2002, 2017 and 2020. Government of Western Australia. https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys



Key insight **Description** Change over time Fertility rates for Fertility rates continued to fall for non-3.5 Aboriginal and Torres Strait Islander WA's Aboriginal women between 2017 and 2020 both in Fertility rate and Torres Strait 2.5 WA and nationally. The former fell from Islander women 1.83 to 1.70 per woman, and the latter sat at 2.55 per from 1.74 to 1.58 per woman. woman in 2020. This Fertility rates for WA's Aboriginal compares to 1.70 for and Torres Strait Islander population non-Aboriginal and remained relatively stable between 2017 Torres Strait Islander and 2020, but is down from the recent women.ix peak observed in 2015. 150 Teenage birth rates for Aboriginal and Teenage birth rates Teenage birth rate for Aboriginal and Torres Strait Islander women fell by 14 100 Torres Strait Islander per cent between 2014 and 2015, but women have declined increased by 2 per cent in the year to 50 from 135.4 in 1997 to 2016 (the latest year for which data is 59.6 births per 1,000 currently available). teenage women in 2016.x Aboriginal Women aged 35 The number of teenage women giving 8,000 years and over now birth in WA has fallen by 26.6 per cent birth (No. 7,000 between 2016 and 2020. comprised 25 per 6,000 Births from women aged 20 to 34 fell by cent of women 11.6 per cent between 2016 and 2020. giving birth in WA in 2020.xi Meanwhile, births from women aged 4,000 34 and above have risen by 5.5 per cent between 2016 and 2020. The share of Marginally more elective caesareans were conducted in 2016 (the latest year births delivered by Caesarean births (%) 40 for which data is available) compared to caesarean section 30 2015, from 17.7 per cent of births to sat at 39.4 per cent 20 18.2 per cent of births. as of 2021. This The share of births by emergency compares to 15.6 caesareans also increased from 17.2 per per cent in 1986.xii cent of births in 2015 to 18.1 per cent of births in 2016. Such rates coincide with an increase in the age of women giving birth.

Notes: Based on most recent data available as of July 2022. Please refer to http://www.womensreportcard.communities.wa.gov.au/ for the most current data available on various metrics relating to this indicator.

Source: Bankwest Curtin Economics Centre | Based on various data sources.

ix Australian Bureau of Statistics. (2022). Births - ABS .stat Data Explorer Data; Fertility, by age, by state of usual residence. https://www.abs.gov.au/statistics/people/population/births-australia/latest-release#data-download

x Government of Western Australia, Department of Health. (2021). Western Australia's Mothers and Babies, 1986 to 2016. Government of Western Australia. https://www2.health.wa.gov.au/Reports-and-publications/Western-Australias-Mothers-and-Babies

xi Government of Western Australia, Department of Health. (2021). Western Australia's Mothers and Babies, 1986 to 2016. Government of Western Australia. https://ww2.health.wa.gov.au/Reports-and-publications/Western-Australias-Mothers-and-Babies

xii Government of Western Australia, Department of Health. (2021). Western Australia's Mothers and Babies, 1986 to 2016. Government of Western Australia. https://ww2.health.wa.gov.au/Reports-and-publications/Western-Australias-Mothers-and-Babies

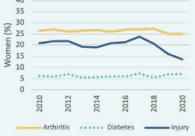


Illness, injury and access to services

Key insight Description Change over time 150 Cancer (malignant Between 2017 and 2020, the age-140 neoplasms) is by far standardised death rate due to death 130 the leading cause of malignant neoplasms has fallen 120 death for women in however, from 119.4 per 100,000 Cancer 110 WA.xiii persons to 111.4 per 100,000 persons. Death rates for malignant neoplasms on digestive organs have also declined for women, from 32.0 per 100,000 persons in 2017 to 29.0 per 100,000 persons in 2020. Death rates for other major causes have also fallen since 2017, including ischaemic heart diseases, which went from 38.0 per 100,000 persons in 2017 to 30.8 per 100,000 persons in 2020. Between 2017 and However, chronic health condition 35 2020, the prevalence rates for asthma (15.6% to 20.3%) and

of chronic health conditions pertaining to arthritis (27.0% to 25.0%), injury (23.7% to 13.6%), and diabetes (7.3% to 7.2%) have gone down for women in WA.xiv

heart disease (5% to 6.4%) have risen between 2017 and 2020.



Australian Bureau of Statistics. (2022). Causes of Death, Australia. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020

Government of Western Australia, Department of Health. (2021). The Health and Wellbeing of Adults in Western Australia, 2013 to 2020. Government of Western Australia. https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys



Key insight Between 2018-19 and 2020-21, breast cancer screening rates for women aged 50 to 69 in WA fell by 5.1 ppts to 48.6 per cent (46.5% nationally).**

Description

This is the lowest participation rate observed over the period since 1998-99 for women aged 50 to 69.

An even larger decline of 7.4ppts was observed nationally.

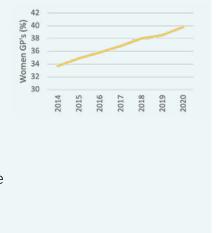
The sharp fall between 2018 and 2020 may be attributed to pandemic measures limiting the access to safe cancer screening appointments for women.



In 2020, females represented 40 per cent of General Practitioners (GPs) as a proportion of all FTE GPs, the highest share recorded in WA.xvi On a headcount basis, 47.7 per cent of GPs available in WA were female.

There were 85.2 female GPs per 100,000 female population in WA in 2020, again the highest recorded. However, this is below the national average of 91.9 female GPs per 100,000 female population.

And, in comparison to males, there were 129.9 male GPs per 100,000 male population in WA in 2020, and 137.5 male GPs per 100,000 male population nationally.



Notes: Based on most recent data available as of July 2022. Please refer to http://www.womensreportcard.communities.wa.gov. au/ for the most current data available on various metrics relating to this indicator.

Source: Bankwest Curtin Economics Centre | Based on various data sources.



xv Government of Australia, Australian Institute of Health and Welfare. (2021). BreastScreen Australia monitoring report, 2021. Government of Australia. https://www.aihw.gov.au/reports/cancer-screening/breastscreen-australia-monitoring-report-2021/summary

xvi Government of Australia, Productivity Commission. (2022). Report on Government Services. Government of Australia. https://www.pc.gov.au/research/ongoing/report-on-government-services



Mental health and wellbeing

Key insight Description

Between 2017 and 2020, there was a small drop in the percentage of women with a mental health condition, falling from 22.1 per cent to 20.6 per cent (15.5% of men).xvii

The rate remained stable between 2019 and 2020, the first full year of the COVID-19 pandemic.

Between 2006 and 2015, the proportion of women with a mental health condition fluctuated between 15 and 17 per cent. Since 2016 these rates have remained above 20 per cent.

The proportion of the overall population with a current mental health condition increased from 17.1 per cent in 2017 to 18.1 per cent in 2020.



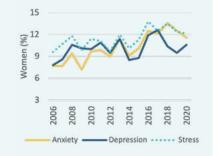
The prevalence of all three main common mental health conditions (anxiety, stress and depression) have fallen for women between 2017 and 2020.xviii

However, current rates remain high relative to rates over the longer term. Rates of depression for women fell

from 12.6 per cent in 2017 to 9.5 per cent in 2019, but increased again to 10.6 per cent during 2020, likely due to pandemic factors and the mental health effects of lockdowns.

Stress related problems saw the lowest level of decline between 2017 and 2020; falling from 12.5 per cent to 12.1 per cent.

Anxiety problems fell from 12.1 per cent in 2017 to 11.6 per cent in 2020.





xvii Government of Western Australia, Department of Health. (2021). The Health and Wellbeing of Adults in Western Australia, 2013 to 2020. Government of Western Australia. https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys

xviii Government of Western Australia, Department of Health. (2021). The Health and Wellbeing of Adults in Western Australia, 2013 to 2020. Government of Western Australia. https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys

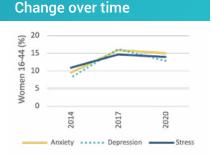


Key insight Description

Between 2017 and 2020, women between the ages of 16 and 44 years reported lower rates of anxiety (15.9% to 15%), depression (16.2% 12.9%), and stress related problems (14.7% to 14%). But such rates remain above those observed in 2014.xix

Between 2017 and 2020, women between the ages of 45 and 64 years saw rates of anxiety rise (8.9% to 10.5%), as well as rates of stress-related issues (12.1% to 13.4%). But, rates of depression remained relatively stable (10.9% to 10.7%).

Over the same period, for women aged 65 and above, rates of anxiety fell (6.7% to 5%), alongside rates of depression (5.2% to 4.9%) and rates of stress-related problems (6.6% to 5.1%).



There was a decline in the share of women receiving treatment for a mental health condition between 2018 (when rates peaked at 13.4%) and 2019. However, these rates rose by 1.7ppts in 2020 and now sit at 12.5%.** Over time, the share of women receiving treatment for a mental health condition displays an upward trend. Meanwhile, the share of men receiving treatment for a mental health condition dropped from 8.1 per cent in 2019 to 6.4 per cent in 2020.



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Source: Bankwest Curtin Economics Centre | Based on various data sources.

xix Government of Western Australia, Department of Health. (2021). The Health and Wellbeing of Adults in Western Australia, 2013 to 2020. Government of Western Australia. https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys

xx Government of Western Australia, Department of Health. (2021). The Health and Wellbeing of Adults in Western Australia, 2013 to 2020. Government of Western Australia. https://www2.health.wa.gov.au/Reports-and-publications/Population-surveys



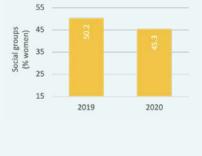
Community involvement

Key insight Description Change over time From 2019 to 2020, the proportion Women aged 15-24 saw a fall in of women who volunteered in the 30 volunteering from community fell from 28.5 per cent to 25 30.1 per cent in 2019 26.3 per cent. 20 to 18.5 per cent in The share of women aged 70 2020, the largest years and over volunteering in the decrease amongst all community went up from 25.6 per cent age groups. in 2019 to 27.4 per cent in 2022. There was also an increase in volunteering rates for women aged 25 to 39 from 23.7 per cent to 24.6 per cent. Between 2019 and Once again, women aged 15-24 saw

2020, the proportion of women participating in social groups fell from 50.2 per cent to 45.3 per cent

a significant decrease in social group participation, down from 57 per cent in 2019 to 43.6 per cent in 2020.

Women aged 70 years and were the only age group to report an increase in social group participation between 2019 and 2020, rising from 52.1 per cent to 59.6 per cent.

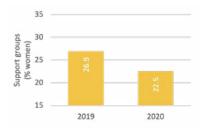


2019

The proportion of women participating in community support groups declined from 26.9 per cent to 22.5 per cent between 2019 and 2020.

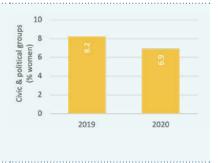
Women aged 40-54 saw the largest decrease in participation in community support groups in 2020, falling from 31.9 per cent participation in 2019 to 22 per cent in 2020, the second lowest across all age groups.

Women aged 15-24 report the lowest share of social group participation, down from 19 per cent in 2019 to 13.1 per cent in 2020.



Women's participation in civic and political groups fell from 8.2 per cent in 2019 to 6.9 per cent in 2020, part of which may be explained by election cycle timelines.

All age groups recorded a fall in participation in civic and political groups, except for women aged 40-54, who recorded a marginal 0.1 per cent increase to 10.3 per cent participation, the highest amongst all age groups.



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