Jean Hailes
FOR WOMEN'S HEALTH

National Women's Health Survey 2020

Understanding health information needs and behaviours of women in Australia.

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Acknowledgements

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Jean Hailes acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to land, waters and culture. We pay respect to Elders past, present and emerging.

Contact details

Jean Hailes grants access to researchers in women's health to our survey data based on individual requests outlining the research questions and management of data. These requests can be made within five years of the survey report; after this date, respondent data will be disposed of in a secure manner in keeping with ethics approvals.

To request raw data for analysis, or for questions or comments relating to the survey, please contact research@jeanhailes.org.au or (03) 9453 8999.

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About Jean Hailes for Women's Health

Who we are

Jean Hailes for Women's Health (Jean Hailes) is a highly visible, national not-for-profit women's health organisation dedicated to improving women's health across Australia through every life stage.

We work in a public health, research, clinical service and policy ecosystem that is shared with many others.

Our aim is to provide women of all ages with the information and confidence they need to make the right choices for themselves, and their health.

Jean Hailes for Women's Health was established in 1992 in honour of an extraordinary medical practitioner, Dr Jean Hailes. The organisation continues the commitment that she made to women's health. Jean had a far-sighted vision to improve the quality of women's lives and give them practical information based on the best available evidence. She is credited with being the pioneer of menopause management in Australia.

Jean Hailes takes a broad and inclusive approach to the topic of women's health. We use the terms 'women' and 'girls' and these terms are intended to include women with diverse sexualities, intersex women and women with a transgender experience.

Our guiding principles

The mission of Jean Hailes is to be a world-class health service for women, working through research, clinical practice, translation and education to:

- **Give** women reliable and clear information to help them understand their health and the options and choices available.
- **Encourage** women to take preventive steps to improve their health and wellbeing.
- **Respect** the concerns, needs and choices of women.
- **Build** partnerships with key groups to solve complex health problems and provide the care and information women need.
- **Improve** service responses to women in Australia in sought-after yet under-represented areas, emphasising complex conditions, lifestyle factors and disease prevention.
- **Develop** evidence-based tools and frameworks for the management of women's health, with particular attention to specific groups including older women, rural, regional and remote women, Indigenous women, and women from culturally diverse backgrounds.
- **Educate** healthcare professionals in the prevention, early detection and management of conditions and illnesses experienced by women.
- **Support** evidence-based practice by general practitioners and other health professionals working with women and their families.

About the Jean Hailes for Women's Health Survey

Survey background

The 2020 Jean Hailes Women's Health Survey is the sixth annual survey implemented nationally by the organisation to better understand the health experiences, needs and behaviours of women living in Australia. The survey was developed to identify emerging issues and trends in women's health, and to inform health promotion activities (including Jean Hailes' annual national Women's Health Week campaign) so that they more effectively respond to the specific health and information needs of women in Australia. We recognise that different women receive and process information through a range of methods and the survey assists us in identifying effective ways of communicating to all.

Survey aims

The survey aimed to:

1. Examine perceived gaps in women's health information as identified by women themselves.
2. Identify and understand future health needs of women living in Australia as identified by women themselves.
3. Explore and describe current health experiences and behaviours of women in Australia.

Limitations

The survey had several limitations that should be considered when interpreting the results, which are listed below. Despite the limitations of the survey, there are important insights relevant to the survey aims, which will help guide policy and direct service providers.

- Participants needed to be literate in English in order to complete the survey, unless interpreters were available at the time of completion (none were provided or funded by Jean Hailes).
- The completion of this survey online required computer literacy, a further restriction on the sampled population.
- Participants who consented to take part were likely to be motivated, health conscious and aware of their health needs, so the results of this survey may not represent the health needs and status of all women in Australia.
- The survey respondent sample was largely English-speaking university-educated women who were born in Australia (further demographic information is provided on pages 10 to 14). The sample was weighted for age and education to be more representative of the national population; however, the smaller number of respondents who identified as being from a culturally and linguistically diverse (CALD) background or Aboriginal and/or Torres Strait Islander means that the sample is not reflective of the full diversity of the population and should therefore be interpreted with caution, as they likely underestimate the full experience of women's health issues across the population. This may be especially true of the results on women's experiences during COVID, as it has been reported that CALD women especially have been significantly impacted by the pandemic.
- As a further consequence of the smaller numbers of CALD or indigenous respondents, these findings have not been reported in this document due to the larger margin of error and variance in results.
- The tool used to collect responses for 'Section four: intimate partner violence' is not an exhaustive questionnaire covering all types of violence and abuse. Some forms that were not covered include financial abuse, technology-facilitated abuse, reproductive coercion and other forms of coercive control including forms specific to certain populations such as threatening to reveal a person's LGBTIQ status or withholding access to disability aids or medical care. As such, respondent data likely does not capture all experiences or incidence within the sample.

See Appendices 1 and 2 for sampling weights and margin of error estimates.

WOMEN'S HEALTH SURVEY 2020 SNAPSHOT

Our sixth annual national Women's Health Survey reveals the health needs and behaviours of women across the country, as they share their experiences of the past 12 months. From 9361 responses, an analysis of 6218 was made, taking into account complete data and 'weighting' to deliver more nationally representative results. Here are some highlights.

Health Needs & Health Information

39.1% **could not afford healthcare when they needed it.**

(One in three respondents who identified as women with a disability).

27.6% **(1 in 4 women aged 18-24) did not know where to go to access health services.**

31.7% **of women aged 25-44 did not have enough time to attend health check appointments.**

One in four (24.1%) could not get an appointment when they needed one.

31.1% **of women in rural & remote regions could not get medical appointments when they needed one.**

Physical & Mental Health

In the two weeks prior to taking the survey,

33.2% **(1 in 3 women) reported feeling anxious.**

One in four reported feeling depressed **(28.7%)**. In women aged 18-24, one in two reported feeling anxious **(55.2%)**, two in five reported feeling depressed (41.9%) and one out of three **(36.8%) reported feeling both**.

49.2% **of women with a disability said their health was poor or very poor,**

compared to 10.5% of those with no disability.

40.2% **(2 in 5 women) considered themselves a healthy weight**

43.7% considered themselves overweight and **12.4%** obese.

Reproductive & Maternal Health

60% **of women who had miscarriages or stillbirths said they did not receive enough information and support;**

this rose to two thirds of women in rural and remote areas (63.9%) and was even higher for women with a disability (69.7%).

25.7% **1 in 4 women who had ever been pregnant had experienced a termination of pregnancy.**

35.6% **(1 in 3 women aged 25-44) said they would consider freezing their eggs to attempt to have children later in life.**

Just 1% of women in this age group had already frozen eggs.

Intimate Partner Violence

Of women in a relationship or in contact with an ex-partner in the past 12 months **one in four (23.9%) had experienced some forms of intimate partner violence (IVP).**

19.5% **of women experienced emotional abuse.**

11.1% **(1 in 10 women) reported having a controlling partner**

The figure was higher among women with a disability **(18.9%)** and those reporting a worse financial situation than before COVID-19 **(15.3%)**.

Physical (4.3%) and sexual violence (5.5%)
was highest among women aged 18-24.

Impact of COVID-19 & Bushfires

33.6% **reported that their health was worse than before COVID-19.**

Drinking more alcohol since COVID-19
was highest among women aged 25-44 **(24.4%)**.
Drinking less alcohol since COVID-19 was highest among women aged 18-24 **(25.8%)**.

20.4% **(1 in 5 women) reported feeling physically affected by bushfire smoke.**

4.3% **of women reported that their home, or that of a close family member or friend, was damaged or destroyed by bushfire.**

Executive summary

This section highlights the key findings of the 2020 Jean Hailes for Women's Health Survey. These findings can help identity gaps in access to healthcare and provide insights into the health needs of women at different ages, in cohorts often marginalised by existing structures and systems including the health system, women living in rural and remote areas, women with disabilities, and LGBTIQ women.

Section one: Health needs and health information

Access to health services

- Respondents aged 18-44 were most likely to report difficulty accessing and affording healthcare, with almost 20% of these women reporting they could not afford to see a health professional when they needed to.
- For young women aged 18-24, one in four (27.6%) did not know where to go to access health services, and 13.3% did not know where to go to find reliable health information.
- For women aged 25-44, one-third (31.7%) did not have enough time to attend appointments for health checks, and one in four (24.1%) could not get an appointment when they needed one.
- Respondents with a disability were the most disadvantaged group in relation to affordability and access to healthcare. Compared to women without a disability, one-third of women with a disability reported they could not afford healthcare (39.1% vs 11.9%) and could not get an appointment when they needed one (32.7% vs 18.3%).
- The biggest issue for women living in rural and remote areas was the limited availability of, and access to, healthcare. One in three (31.1% vs 14.5% of urban areas) could not get an appointment, and 15.7% (vs 7.3%) could not easily get to a doctor and local health service if they need to. LGBTIQ women were more likely to report difficulty affording healthcare (24.1% vs 14.1% of non LGBTIQ).

Discrimination in accessing healthcare

- One in six (16.4%) respondents have experienced discrimination in accessing healthcare; this appears to reduce with age, with the highest proportion of discrimination (22.7%) reported by women aged 25-44.
- Respondents with a disability (38.1% vs 13.4% of those with no disability) and LGBTIQ women (32.3% vs 14.2% of non LGBTIQ) were more than twice as likely to experience discrimination in accessing healthcare.

Health information

- The top three topics that women wanted more information about were anxiety (34.8%), weight management (32.4%), and healthy eating/ nutrition (30.9%).
- Nearly one-third of women aged 18-44 also wanted health information on mental/emotional health, while women at midlife (45-64 years) were more interested in information about menopause (43.5%).
- Over 40% of women aged 65+ were interested in health information on bone health/ osteoporosis. One-third of women aged 75+ also wanted information on bladder health (38.0%), dementia (34.5%), and incontinence (32.3%).
- In addition to these topics, 16.8% of LGBTIQ women wanted more information about loneliness.

Preferred ways of receiving information

- Website (67.7%), face-to-face education (67.7%) and fact sheets (57.5%) were the most preferred ways to receive health information across all age groups.
- Women aged 65+ and women living in rural and remote areas preferred face-to-face education over websites, while women who identified as women with a disability and LGBTIQ preferred websites over face-to-face education.
- Women aged 18-24 preferred videos, social media, and apps over booklets.

Section two: Reproductive and maternal health

- Almost 60% of young women aged 18-24 would like to have a child. More than one-third (37.2%) of women aged 25-44 years had never tried to get pregnant, especially those who identified as LGBTIQ (55.0%).
- Among women who had tried to get pregnant, almost one in four (23.4%) reported infertility (unable to get pregnant after 12 months or more of trying).
- Among women who had an infertility issue, one-third (36.8%) had discussed this issue with their GP, and almost two-thirds (58.7%) saw a gynaecologist or fertility specialist. However, one in five (21.7%) did not seek medical help, especially those living in rural and remote areas (28.1% vs 17.4% of urban areas) and LGBTIQ women (32.4% vs 20.7% of non LGBTIQ).
- One-third (35.6%) of respondents aged 25-44 would consider freezing their eggs to have children later in life, but only 1% had already frozen their eggs. Women living in rural and remote areas (22.9% vs 30.7% of urban areas) and those with a disability (17.6% vs 29.3% of those with no disability) were less likely to consider freezing their eggs.
- Among respondents who had ever been pregnant, one-third (34.3%) had experienced a miscarriage, and 3% had experienced a stillbirth; women with a disability were more likely to have experienced a miscarriage (41.0% vs 33.3% of those with no disability). One in four (25.7%) had experienced a termination of pregnancy, especially LGBTIQ women (39.7% vs 24.5% of non LGBTIQ).
- Among women who had experienced miscarriage and/or stillbirth, almost 60% did not receive enough information and support to manage miscarriage and/or stillbirth; this rose to two-thirds among those living in rural and remote areas (63.9% vs 55.4% of urban areas) and those with a disability (69.7% vs 56.9% of those with no disability).
- Among women who had experienced termination, over 70% of terminations were provided by private clinics, and 27.9% were provided by public hospitals. Women with a disability were more than twice as likely to choose terminations provided by public hospitals (53.2% vs 24.8% of those with no disability), possibly because they were more likely to have difficulty affording healthcare.

Section three: Physical and mental health

- Around 15% of respondents perceived their overall health as poor or very poor; this was highest among younger women, with almost 20% of women aged 18-24 reporting their perceived health as poor or very poor. Nearly half of women with a disability (49.2% vs 10.5% of those with no disability) perceived their health as poor or very poor.
- One in three women reported having had anxiety (33.2%), and one in four had depression (28.7%). This prevalence was particularly high among young women aged 18-24, with one in two having anxiety (55.2%), two in five having depression (41.9%), and one-third (36.8%) having both.
- Respondents who identified as women with a disability (31.5% vs 20.8% of those with no disability) and LGBTIQ (40.2% vs 19.8% of non LGBTIQ) were more likely to have both anxiety and depression, but there was no difference between women living in rural/remote and urban areas.

Section four: Intimate partner violence

- Almost one in four (23.9%) respondents experienced some form of intimate partner violence from a current or ex-partner over the last 12 months, with the majority experiencing emotional abuse (19.5%) and controlling behaviours (11.1%). This appears to reduce with age.
- Women aged 25-44 were most likely to experience emotional abuse (21.8%) and controlling behaviour (13.0%), while young women aged 18-24 were most likely to experience physical (4.3%) and sexual violence (5.5%).
- Women living in rural and remote areas were more likely to experience emotional abuse (22.4% vs 17.7%) and sexual violence (3.7% vs 2.0%), compared with those living in urban areas.
- Respondents having a disability were more likely to experience controlling behaviour (18.9% vs

10.3%) and physical violence (4.8% vs 2.5%), compared with those without a disability.

- LGBTIQ women were also more likely to experience controlling behaviour (20.2% vs 9.8%) and physical violence (5.2% vs 2.4%) but not sexual violence (1.4% vs 2.8%), compared with non LGBTIQ women.
- Women who reported a worse financial situation than before COVID-19 were more likely to experience emotional abuse (23.9% vs 18.5%) and controlling behaviour (15.3% vs 9.6%), than women reporting no change in financial situation.

Section five: Impact of COVID-19 and bushfires

COVID-19

- Around 0.5% of respondents had tested positive for COVID-19, and one in four (27.2%) had tested negative for COVID-19.
- One-third (33.6%) of respondents reported worse health than before COVID-19. This was especially notable among women aged 25-44, those with a disability, and LGBTIQ women, with more than 40% reporting worse health than before COVID-19.
- Over 50% of women reported that their ability to access healthcare services had been affected by the COVID-19 restrictions (but only 3.8% were significantly impacted – unable to get essential care). However, more than 10% of women with a disability and LGBTIQ women reported that COVID-19 significantly impacted their access to healthcare.
- Nearly half of respondents reported being extremely worried (11.3%) or somewhat worried (35.1%) that they will catch COVID-19; with a higher proportion of being extremely worried among women who identified as women with a disability (25.5% vs 9.4% of those with no disability) and LGBTIQ (15.5% vs 10.7% non LGBTIQ).
- Around 20% of young women aged 18-24 and those who identified as women with a disability and LGBTIQ did not feel optimistic about the future. This rose to almost 35% of women who reported having both anxiety and depression.
- Around 5% of respondents became unemployed as a result of COVID-19, with a higher proportion of unemployment among young women aged 18-24 (11.1%), those living in urban areas (6.3% vs 2.9% of rural and remote areas), those with a disability (8.8% vs 4.7% of those with no disability), and LGBTIQ women (10.9% vs 4.3% of non LGBTIQ).
- Women aged 25-44 were most likely to report that they worked from home (42.6%), that their home duties (19.2%) and work hours (16.6%) increased, and that they managed remote learning for children (14.6%), which shows that this group of women found themselves busier than before COVID-19.
- Almost 14% of women reported that their financial situation was worse than before, and this appears to reduce with age. Women living in urban areas (14.8% vs 12.5% of rural and remote areas), those with a disability (16.9% vs 13.6% of those with no disability) and LGBTIQ women (17.5% vs 13.4% of non LGBTIQ) were more likely to report a worse financial situation.

Bushfires

- Nearly 5% of women reported that their own home or property or their close family or friend's home or property was damaged or destroyed by the bushfires, while 15% reported that their houses or properties were threatened but not damaged or destroyed.
- The bushfires significantly affected more houses and properties in rural and remote areas than in urban areas, but rural and remote respondents did not report greater physical impact from smoke, and did not feel more anxious or worried for the safety of themselves, close family members or friends. However, more than 40% of young women aged 18-24, those with a disability, and LGBTIQ women reported that they felt anxious or worried for their safety.
- Nearly 6% of women reported worse health than before the bushfires, especially those living in rural and remote areas (7.0% vs 5.0% of urban areas), those with a disability (9.1% vs 5.3% of those with no disability), and LGBTIQ women (8.9% vs 5.3% of non LGBTIQ).
- Only 3.0% of women reported an impact by bushfires on their ability to access health services, with a higher proportion among those living in rural and remote areas (5.0% vs 2.1% of urban areas) and those with a disability (7.4% vs 2.6% of those with no disability).

Survey overview

Survey need and translation

The Jean Hailes Women's Health Survey is an annual snapshot of the current health behaviours, knowledge and information needs of women living in Australia. Bringing to light findings that indicate specific gaps can help guide providers of health services and information for women in Australia to meet women's needs.

Current gaps and health needs across women's health in Australia

Women currently comprise approximately 51% of the Australian population and constitute a growing proportion of the older population,[1] experiencing a greater burden of chronic disease and disability compared to men.[2] Women also report higher incidence of ill health, medical and allied health appointment attendances, and medication use than men.[3]

Many measures of health status show differences between women and men. These differences result from sex-specific biological factors as well as gender-based roles, behaviours and attitudes, and the environments in which they take place. Health disparities also exist within the female population, with Aboriginal or Torres Strait Islanders experiencing poorer health outcomes across all health areas when compared to non-Indigenous women.[4] Furthermore, women living in rural and remote areas, from migrant or refugee backgrounds, or those with a disability also experience poorer health outcomes than the general population. These health inequities must be addressed in order to improve women's health nationwide.[5]

Jean Hailes understands that the needs of women vary depending on their cultural and linguistic backgrounds, their socioeconomic circumstances and their place of residence. These factors need to be considered when planning and delivering health services, to ensure equal opportunity, inclusion and improved health for all women. The survey also aimed to identify current health information and healthcare needs of all women living in Australia.

1 Australian Bureau of Statistics, Demographic indicators, cat. no. 3101.0 2016.
2 Australian Bureau of Statistics, Gender Indicators, cat. no. 3302.0 2017
3 ABS. Australian social trends, March 2011. Health services: use and patient experience. Canberra; 2011. Contract No.: Cat. no. 4102.0.
4 Burns J, Maling C, Thomson N. Summary of Indigenous women's health. Australian Indigenous Health Info Net: Perth 2010 [cited 2017 August 23]. Available at: http://www.healthinfonet.ecu.edu.au/women-review.
5 Department of Health and Ageing. Development of a new national women's health policy. Consultation discussion paper 2009. Canberra: Commonwealth of Australia; 2009.

Survey methodology

Ethics

The study was approved by Bellberry Human Research Ethics Committee. All online respondents were prompted to confirm they had read an introductory plain-language statement, and to confirm their consent to participate before gaining access to the questions. Consent was also implied through participation and completion of each survey.

Respondent recruitment

Participants were recruited through established Jean Hailes communication channels and community partners. Invitations to participants, accompanied by links to the survey, were published through the Jean Hailes website, social media and email updates. A diverse range of national community partners, including health, government, media and retail organisations, promoted and disseminated the survey Australia-wide.

Participants and weighting methods

A total of 9361 women responded to the 2020 survey – 425 respondents completed less than 10% of the survey (including 92 respondents who were under 18 years), resulting in a sample of 8936 women aged 18 years or older living in Australia.

The survey sample was older and more highly educated compared to the female population in Australia. Two-thirds of survey respondents were aged 45 years or above and had completed a university degree or above. In order to compensate for the under-representation of younger respondents and the over-representation of women from educated backgrounds, we applied sampling weights to estimate the proportion of respondents from the population – presented as weighted %. Weightings were calculated using the educational attainment data in Australian females aged 15-74 years, and the formulas are provided in Appendix 1 (Tables S1 & S2).

Respondents with missing data or insufficient information on age and education level were omitted from the calculation of weights, which in effect assumes that these data were missing at random.

As a result, the primary analyses in this report were based on a sample of 6218 respondents with complete data on sampling weights.

The proportions of respondents presented in the sections one to five were weighted for age and education level (overall weighted %). We further disaggregated the data by age cohort and among cohorts marginalised or disadvantaged by health systems and structures, including rural/remote, LGBTIQ and women with a disability. Due to the low number of indigenous and culturally/linguistically diverse respondents, there may be lack of statistical power to detect precise effects among these women in the results and so these cohorts findings have not been included in disaggregated form in this report.

Respondent characteristics

Age[6]

In this report, women were categorised into five age groups: 18-24, 25-44, 45-64, 65-74, and 75+ years. The 25-44 age group refers to women of childbearing age, while the 45-64 age group refers to middle-aged women going through the menopausal transition.

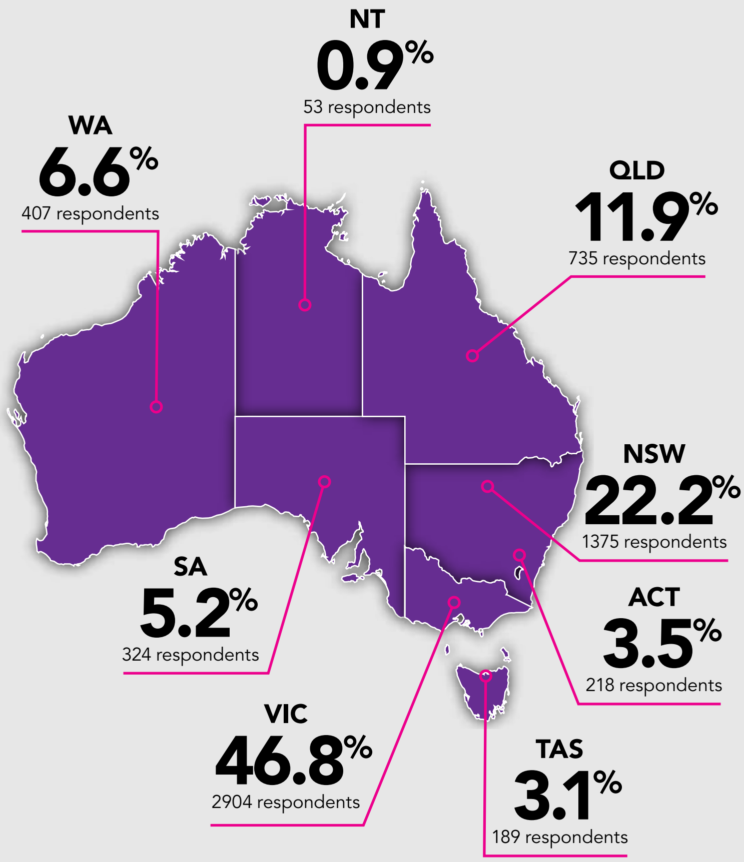
WOMEN'S HEALTH SURVEY 2020 PARTICIPANTS

A total of **9361** women responded to the survey. The main analyses were based on a sample of **6218** respondents, weighted to ensure the data was representative of women in Australia.

Most respondents lived in major Australian cities **(66.1%)** or inner regional areas **(25%)**. Almost half of respondents were aged between 45 and 64 years **(48%)**, which is much higher than this age cohort of the Australian population **(31.3%)**.

Almost two-thirds of those surveyed **(63.2%)** had a university qualification, more than double that of the Australian population **(31.6%)**. Most were born in Australia **(80.8%)**, followed by the UK **(8.5%)**.

Women aged 18 – 24 193 respondents	**3.1%**
Women aged 25 – 44 1701 respondents	**27.4%**
Women aged 45 – 64 2986 respondents	**48%**
Women aged 65 – 74 1070 respondents	**17.2%**
Women aged 75+ 268 respondents	**4.3%**



The survey respondents were older compared to the Australian female population. Almost half (48.0%) of respondents were aged between 45 and 64 years (Table 1), which is much higher than this age cohort of the Australian population (31.3%) (Table 2). There was an under-representation of younger women, especially those aged 18-24 (3.1% vs 11.5% of the Australian population).

6 See Appendix 2 – Table S3 for margin of error estimates, by age cohort.

Table 1. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by age cohort.

	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
n	193	1701	2986	1070	268
%	3.1	27.4	48.0	17.2	4.3

Table 2. Estimated Australian resident female population ('000), by age cohort at June 2019.

	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
n	1156.4	3607.9	3142.8	1170.0	978.3
%	11.5	35.9	31.3	11.6	9.7

Data were adapted from the Australian Bureau of Statistics: 3101.0 – Australian Demographic Statistics, March 2020.

Education

The survey sample was highly educated compared to the total Australian population. Almost two-thirds (63.2%) of women had completed a university qualification (Table 3), which is double that of the Australian population (31.6%; Table 4).

Table 3. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by highest level of education completed.

Highest level of education completed	n	%
Primary school or less	29	0.5
Secondary school	1007	16.2
Technical or trade certificate/apprenticeship/diploma	1249	20.1
Undergraduate university degree	1868	30.0
Post-graduate university degree	2065	33.2

Table 4. Australian females ('000) aged 15-74 years, by highest educational attainment.

Highest level of education completed	n	%
Year 10 or less	1608.1	17.5
Year 12 or equivalent	2099.0	22.9
Certificate/Diploma	2568.8	28.0
Undergraduate degree	1920.8	20.9
Graduate Diploma/Certificate, post-graduate degree	987.0	10.7

Data were adapted from the Australian Bureau of Statistics: 6227.0 – Education and Work, Australia, May 2019.

State and territory[7]

Respondents from every state and territory completed the survey. Victoria was the most over-represented state/territory (46.8%; Table 5), compared to the state share of the Australian population (26.0%; Table 6). New South Wales (22.2% vs 31.9% of the Australian population) and Queensland (11.9% vs 20.1% of the Australian population) were under-represented in the sample.

Table 5. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by state and territory.

	VIC	NSW	QLD	WA	SA	ACT	TAS	NT
n	2904	1375	735	407	324	218	189	53
%	46.8	22.2	11.9	6.6	5.2	3.5	3.1	0.9

Table 6. Estimated Australian resident female population ('000), by state and territory, 2020.

	VIC	NSW	QLD	WA	SA	ACT	TAS	NT
n	3330.0	4073.0	2574.9	1313.4	887.1	215.5	270.2	119.1
%	26.0	31.9	20.1	10.3	6.9	1.7	2.1	0.9

Data were adapted from the Australian Bureau of Statistics: 3101.0 Australian Demographic Statistics, March 2020.

Remoteness

Geographic remoteness was classified into five categories based on postcodes: major city, inner regional, outer regional, remote, and very remote. Two-thirds (66.1%) of women were living in major cities, while one-third were living in rural and remote areas (Table 7), which is similar to the remoteness structure of the Australian population (Table 8).

Table 7. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by remoteness area.

	Major city	Inner regional	Outer regional	Remote	Very remote
N	4092	1546	501	43	11
%	66.1	25.0	8.1	0.7	0.2

Table 8. Estimated Australian resident population ('000), by remoteness area, 2019.

	Major city	Inner regional	Outer regional	Remote	Very remote
n	18320.4	4499.7	2054.7	290.4	200.3
%	72.0	17.7	8.1	1.1	0.8

Data were adapted from the Australian Bureau of Statistics: 3218.0 Regional Population Growth, Australia, March 2020.

7 See Appendix 2 – Table S4 for margin of error estimates, by state and territory.

Aboriginal status

Around 1.6% (n=97) of respondents identified as Aboriginal and/or Torres Strait Islander (Table 9), which is lower than the 3.2% of the total Australian female population.[8] The small number of respondents meant that this data had a wide margin of error and could not be relied upon to be representative of the experiences of Aboriginal and/or Torres Strait Islander women, so has not been included in this report.

Table 9. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by aboriginal status.

Aboriginal status	**n**	**%**
Aboriginal and/or Torres Strait Islander	97	1.6
Not Aboriginal or Torres Strait Islander	6021	96.8
Prefer not to answer	100	1.6

Culturally and linguistically diverse status

One in five (19.2%) women were born overseas, which is lower than for the Australian population (29%).[3] Great Britain (8.5%), Europe (2.7%), and New Zealand (2.6%) were the largest groups of overseas-born living in Australia (Table 10). Most women (98.4%) spoke English at home. Of women born overseas (n=1201), 92.8% had lived in Australia for more than five years (Table 11). Thus, there are limited data on culturally and linguistically diverse groups in this survey, and we have not included disaggregated results for this cohort as the variance was too great to confidently report these findings.

Table 10. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by country of birth and language spoken at home.

Country of birth	**n**	**%**
Australia	5019	80.8
Great Britain	528	8.5
Europe	165	2.7
New Zealand	159	2.6
Asia	120	1.9
North America	87	1.4
Africa	70	1.1
Central/South America	27	0.4
Middle East	21	0.3
Oceania	16	0.3
Language spoken at home	**n**	**%**
English	6121	98.4
Other	97	1.6

8 Australian Institute of Health and Welfare: *The health of Australia's females, 2019*.

Table 11. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by residency (n=1201).

How long have you lived in Australia	n	%
Less than 1 year	25	2.1
1-5 years	62	5.2
More than 5 years	1114	92.8

Disability status

One in ten (9.7%) respondents identified as a person with a disability (Table 12), which is lower than the 17.8% of Australian women who have reported living with a disability.[9] Around one in ten (10.5%) women reported caring for someone with a disability (4.8% full time and 5.7% part-time; Table 13), which is slightly lower than the 12.3% of women in the Australian population who reported performing this type of care.[9]

Table 12. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by disability status.

Disability status	n	%
Yes	605	9.7
No	5561	89.4
Prefer not to answer	52	0.8

Table 13. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by carer status.

Care for someone with a disability	n	%
Yes, full-time	296	4.8
Yes, part-time	356	5.7
No	5535	89.0
Prefer not to answer	31	0.5

LGBTIQ status

Around 8% of respondents identified as lesbian, gay, bisexual, transgender, intersex, queer/questioning (LGBTIQ; Table 14), with 0.7% transgender and 0.3% intersex (Table 15). In terms of sexual orientation, 5.2% of respondents identified as bisexual and 1.8% as homosexual (lesbian). The 2016 National Drug Strategy Household Survey estimated that 3.2% of the adult population identified as bisexual or homosexual.[10]

Table 14. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by LGBTIQ status.

LGBTIQ status	n	%
Yes	516	8.3
No	5702	91.7

LGBTIQ included women who reported gender identity as non-binary, transgender, intersex, or sexual orientation as bisexual, gay, lesbian, queer, or other (e.g., asexual, pansexual, demisexual, questioning).

9 Australian Bureau of Statistics: Disability, Ageing and Carers, Australia, 2018.
10 Australian Institute of Health and Welfare. Australia's Health 2018: Chapter 5 Health of population groups. Canberra: AIHW.

Table 15. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by gender identity and sexual orientation (multiple answers allowed).

Gender identity	n	%
Women	6162	99.1
Non-binary	22	0.4
Transgender	46	0.7
Variation of sex characteristics	**n**	**%**
Intersex	16	0.3
Sexual orientation	**n**	**%**
Bisexual	321	5.2
Gay	20	0.3
Lesbian	111	1.8
Queer	62	1.0
Straight/heterosexual	5647	90.8
Other: mainly asexual, pansexual	91	1.5
Prefer not to answer	101	1.6

Employment status

The following demographic characteristics are related to age and education level; sampling weights have been applied to estimate the proportion of respondents from the population (weighted %).

Almost two-thirds of women were employed (54.1% employed and 5.6% self-employed), while 15.7% were retired, and 4.9% were looking for paid work (Table 16).

Table 16. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by employment status.

Employment status	n	%	Weighted %
Employed	3472	55.8	54.1
Self-employed	441	7.1	5.6
Home duties	288	4.6	6.9
Carer	95	1.5	1.4
Looking for paid work	196	3.2	4.9
Retired	1394	22.4	15.7
Student	151	2.4	8.7
Volunteer	112	1.8	1.2
Prefer not to answer	69	1.1	1.5

Financial status

Over 70% of respondents reported that they were living comfortably (30.9%) or doing alright (42.3%), while 7.5% were finding their financial situation quite difficult or very difficult (Table 17).

Table 17. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by financial status.

Financial situation	n	%	Weighted %
Living comfortably	2308	37.2	30.9
Doing alright	2551	41.1	42.3
Just getting by	943	15.2	18.6
Finding it quite difficult	244	3.9	5.3
Finding it very difficult	113	1.8	2.2
Prefer not to answer	43	0.7	0.7

Relationship status

The majority of respondents were in a relationship or in contact with an ex-partner over the last 12 months (61.2%) (Table 18).

Table 18. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by relationship status.

Relationship status	n	%	Weighted %
Yes	3936	63.3	61.2
No	2199	35.4	37.6
Prefer not to answer	83	1.3	1.2

Parental status

Nearly 60% of respondents were mothers, who mostly had two children (24.9%; Table 19). Of these mothers (n=4393), the majority of their children were aged over 18 years (57.2%; Table 20).

Table 19. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by the number of children.

Number of children	n	%	Weighted %
0	1825	29.4	42.4
1	829	13.3	12.1
2	2014	32.4	24.9
3	1094	17.6	14.2
4	347	5.6	4.8
5+	102	1.6	1.7
Prefer not to answer	7	0.1	0.1

Table 20. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by the number of children aged under 18 (n=4393).

Number of children under 18 years	n	%	Weighted %
0	2922	66.5	57.2
1	621	14.1	17.8
2	591	13.5	16.2
3	192	4.4	6.0
4	50	1.1	1.9
5+	10	0.2	0.7
Prefer not to answer	7	0.2	0.2

Current weight and physical activity

More than half of respondents described their current weight as overweight (43.7%) or obese (12.4%) (Table 21). Three in five (60.1%) respondents reported doing at least 2.5 hours of moderate physical activity per week (Table 22). Respondents who were overweight or obese were more likely to be physically inactive, compared with healthy weight respondents (Table 23).

Table 21. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by weight status.

Weight status	n	%	Weighted %
Underweight	88	1.4	3.0
Healthy weight	2559	41.2	40.2
Overweight	2789	44.9	43.7
Obese	757	12.2	12.4
Prefer not to answer	25	0.4	0.7

Table 22. 2020 Jean Hailes for Womens Health Survey sample size and percentage of respondents, by physical activity.

Moderate physical activity	n	%	Weighted %
Yes	3804	61.2	60.1
No	2414	38.8	39.9

Table 23. Weight status and moderate physical activity (weighted %).

Weight status	Moderate physical activity	Physical inactivity
Underweight	2.7	3.4
Healthy weight	50.6	24.5
Overweight	40.2	49.0
Obese	6.1	21.9
Prefer not to answer	0.4	1.2

Section one: Health needs and health information

This section highlights the issues of accessibility to health services, along with the experience of discrimination in accessing healthcare. The top five health topics that women wanted more information about are also summarised, followed by women's preferred ways of receiving health information. These findings can help identify gaps in access to healthcare and also provide insights into health information needs.

"There just doesn't seem to be any break. My kids are teens/young adults but still very dependent and then I have ageing parents/parents in law. It truly is what they call a sandwich generation. I simply don't have time for everyone."

Access to health services

- Overall, women aged 18-44 years were most likely to report difficulty accessing and affording healthcare, and difficulty finding reliable health information (Table 24).
- One in five (21.5%) women did not have enough time to attend appointments for health checks; women aged 25-44 found it hardest to find time to attend an appointment (31.7%), compared with only 1.7% among those aged 75+.
- One in four (27.6%) young women aged 18-24 did not know where to go to access health services, compared with 7.5% among those aged 65-74.
- Around 15% of women could not afford to see a health professional, and women aged 18-44 years found it harder to afford healthcare (almost 20%), compared with women aged 75+ (4.7%).
- One in five (20.2%) women could not get an appointment when they needed one, especially for women aged 25-64 (almost 25%) compared with only 5% among those aged 75+.
- More than 10% of young women aged 18-24 did not understand most of the information that their doctors tell them (11.1%) and did not know where to go to find reliable information about health (13.3%), compared with less than 2% among those aged 75+.
- Women with a disability were the most disadvantaged group in relation to affordability and access to healthcare. Compared with those without a disability, one in three women with a disability reported that they could not afford healthcare (39.1% vs 11.9%) and could not get an appointment when they needed one (32.7% vs 18.3%; Table 25). They were also more likely to have difficulty understanding information (11.4% vs 3.8%) and finding reliable information about health (15.2% vs 8.0%).
- The biggest issue for women living in rural and remote areas was that they could not get an appointment when they needed one; one in three (31.1%) reported this issue compared with 14.5% among those living in urban areas. These women were also more than twice as likely to report that they cannot easily get to a doctor and local health service if they need to (15.7% vs 7.3%)
- LGBTIQ women were more likely to report difficulty affording healthcare (24.1%) compared with 14.1% among non LGBTIQ women.

Discrimination in accessing healthcare

- One in six (16.4%) women have experienced discrimination in accessing healthcare (Table 24). This appears to reduce with age, with only 7.7% of those aged 75+ reporting discrimination compared with 22.7% of those aged 25-44.
- Women with a disability (38.1% vs 13.4% of those with no disability) and LGBTIQ women (32.3% vs 14.2% of non LGBTIQ) were more than twice as likely to experience discrimination in accessing healthcare, while there was no statistical difference between women living in urban and rural/remote areas (Table 25).

"I live in a rural community so access to good medical services is appalling at the best of times, regardless of COVID-19 or bushfires."

Table 24. Access to health services and discrimination, by age.

Access to health services	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
I did not have enough time in my day to attend appointments for health checks	21.5	24.4	31.7	17.2	2.2	1.7
I cannot easily get to a doctor and local health service if I need to	10.1	11.9	11.9	9.9	4.2	2.7
I did not know where to go to access health services such as family planning and child health services	15.6	27.6	18.0	9.5	7.5	13.5
I cannot afford to see a health professional when I need to	15.3	19.3	19.2	12.8	6.9	4.7
I cannot get an appointment when I need one	20.2	14.2	24.1	23.9	10.8	5.1
I did not understand most of the information that my doctor tells me	4.7	11.1	4.4	2.7	2.5	1.7
I did not know where to go to find reliable information about health	8.9	13.3	12.0	5.1	4.8	1.5
I have experienced discrimination in accessing healthcare	16.4	16.2	22.7	13.1	8.3	7.7

Table 25. Access to health services and discrimination, by cohort.

Access to health services	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
I did not have enough time in my day to attend appointments for health checks	22.9	20.9	18.0	21.9	22.2	21.4
I cannot easily get to a doctor and local health service if I need to	15.7*	7.3	21.5*	8.6	14.0*	9.6
I did not know where to go to access health services such as family planning and child health services	13.3	17.0	23.7*	14.5	19.7*	15.1
I cannot afford to see a health professional when I need to	16.6	14.7	39.1*	11.9	24.1*	14.1
I cannot get an appointment when I need one	31.1*	14.5	32.7*	18.3	23.7	19.7
I did not understand most of the information that my doctor tells me	5.7*	4.0	11.4*	3.8	3.2	4.9
I did not know where to go to find reliable information about health	9.1	8.8	15.2*	8.0	11.7*	8.5
I have experienced discrimination in accessing healthcare	17.8	15.7	38.1*	13.4	32.3*	14.2

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Health information

Top five health topics

- Overall, the top three topics that women wanted more information about were anxiety (34.8%), weight management (32.4%), and healthy eating/nutrition (30.9%; Table 26).

"Worried about losing ability to provide healthy, nourishing meals for myself and my husband, as have lost interest in cooking and have not been able to find ready prepared options that are in any way edible."

- For young women aged 18-24, anxiety (40.7%), mental/emotional health (28.1%), and weight management (25.7%) were the most important topics.
- For women aged 25-44, anxiety (38.9%) was the most important topic. One in three women in this age group also wanted information on healthy eating/nutrition (33.9%), mental/emotional health (31.9%), and weight management (30.8%).
- Women at midlife (45-64 years) wanted health information on menopause (43.5%), followed by weight management (37.8%) and anxiety (32.2%).
- Women aged 65-74 were interested in health information on bone health/osteoporosis (42.6%), weight management (34.9%), and healthy eating/nutrition (33.5%).
- For women aged 75+, bone health/osteoporosis (40.4%), bladder health (38.0%), dementia (34.5%), and incontinence (32.3%) were the topics of most interest.
- The top five health topics were similar among women living in rural and remote areas and women with a disability (Table 27). As well as these common topics, 16.8% of LGBTIQ women wanted more information about loneliness.

Preferred ways of receiving information

- Website (67.7%), face-to-face education (67.7%) and fact sheets (57.5%) were the most preferred ways to receive health information across all age groups (Table 28).
- Young women aged 18-24 preferred videos (including interviews with experts) (42.4%), social media (38.2%), and apps (32.9%) over booklets (24.9%). In contrast, women aged 65+ preferred booklets (37.5%) over social media (15.3%) and apps (14.5%).
- Women aged 65+ and women living in rural and remote areas preferred face-to-face education over websites, while women who identified as having a disability and LGBTIQ preferred websites over face-to-face education (Table 29).

Table 26. Top five health topics, by age.

Overall		18-24 years		25-44 years		45-64 years		65-74 years		75+ years	
Anxiety	34.8	Anxiety	40.7	Anxiety	38.9	Menopause	43.5	Bone health/ osteoporosis	42.6	Bone health/ osteoporosis	40.4
Weight management	32.4	Mental and emotional health	28.1	Healthy eating/ nutrition	33.9	Weight management	37.8	Weight management	34.9	Bladder health	38.0
Healthy eating/ nutrition	30.9	Weight management	25.7	Mental and emotional health	31.9	Anxiety	32.2	Healthy eating/ nutrition	33.5	Dementia	34.5
Mental and emotional health	26.3	Acne	25.3	Weight management	30.8	Healthy eating/ nutrition	31.7	Dementia	31.7	Incontinence	32.3
Bone health/ osteoporosis	17.6	Healthy eating/ nutrition	21.8	Gynaecological problems	17.9	Bone health/ osteoporosis	27.6	Bowel health	31.3	Cardiovascular health	28.8

Table 27. Top five health topics, by cohort.

Rural & remote		Urban		With disability		Without disability		LGBTIQ		Non LGBTIQ	
Weight management	34.0	Anxiety	36.1	Mental and emotional health	36.8	Anxiety	34.6	Anxiety	39.9	Weight management	34.3
Anxiety	32.1	Weight management	31.4	Anxiety	35.7	Weight management	33.4	Mental and emotional health	38.2	Anxiety	34.1
Healthy eating/ nutrition	31.5	Healthy eating/ nutrition	30.7	Weight management	25.1	Healthy eating/ nutrition	31.8	Healthy eating/ nutrition	21.1	Healthy eating/ nutrition	32.3
Mental and emotional health	24.0	Mental and emotional health	27.8	Healthy eating/ nutrition	24.0	Mental and emotional health	24.9	Weight management	19.1	Mental and emotional health	24.7
Bone health/ osteoporosis	19.8	Menopause	16.9	Bone health/ osteoporosis	21.3	Menopause	18.4	Loneliness	16.8	Bone health/ osteoporosis	18.8

Table 28. Preferred ways of receiving information, by age.

Overall		18-24 years		25-44 years		45-64 years		65-74 years		75+ years	
Websites	67.7	Face-to-face education	67.5	Websites	74.2	Websites	71.0	Face-to-face education	67.8	Face-to-face education	71.0
Face-to-face education	67.7	Websites	62.1	Face-to-face education	66.4	Face-to-face education	69.1	Fact sheets	60.9	Fact sheets	51.5
Fact sheets	57.5	Fact sheets	53.3	Fact sheets	53.8	Fact sheets	63.5	Websites	54.8	Websites	37.9
Booklets	30.6	Videos	42.4	Videos	30.2	Booklets	34.8	Booklets	37.5	Booklets	30.4
Videos	29.9	Social media	38.2	Social media	27.8	Videos	26.2	Videos	24.4	Videos	15.1
Podcasts	20.1	Apps	32.9	Booklets	27.5	Apps	20.8	Magazines	16.0	Magazines	10.6
Apps	23.3	Podcasts	25.7	Apps	25.2	Podcasts	19.2	Social media	15.3	Social media	9.2
Social media	24.8	Booklets	24.9	Podcasts	21.8	Social media	19.1	Apps	14.5	Apps	8.6
Magazines	12.2	Magazines	5.7	Magazines	9.4	Magazines	17.8	Podcasts	12.9	Podcasts	6.3

Table 29. Preferred ways of receiving information, by cohort.

Rural & remote		Urban		With disability		Without disability		LGBTIQ		Non LGBTIQ	
Face-to-face education	70.7	Websites	69.4	Websites	69.2	Face-to-face education	68.3	Websites	71.3	Face-to-face education	67.9
Websites	65.1	Face-to-face education	66.8	Face-to-face education	64.1	Websites	67.5	Face-to-face education	66.6	Websites	67.2
Fact sheets	59.6	Fact sheets	56.8	Fact sheets	59.9	Fact sheets	57.0	Fact sheets	54.3	Fact sheets	57.9
Booklets	32.5	Videos	30.2	Booklets	39.6	Booklets	29.3	Videos	43.8	Booklets	31.3
Videos	29.5	Booklets	29.6	Videos	35.1	Videos	29.1	Podcasts	26.6	Videos	27.9
Apps	21.4	Social media	27.2	Social media	29.5	Social media	24.1	Booklets	25.5	Social media	24.7
Social media	20.7	Apps	24.4	Apps	24.3	Apps	23.2	Social media	25.4	Apps	23.1
Podcasts	17.6	Podcasts	21.5	Podcasts	15.3	Podcasts	20.9	Apps	25.2	Podcasts	19.2
Magazines	12.3	Magazines	11.8	Magazines	13.4	Magazines	11.8	Magazines	5.8	Magazines	13.1

Section two: Reproductive and maternal health

This section highlights the fertility problems among women of reproductive age and summarises the key findings on adverse pregnancy outcomes (miscarriage and stillbirth) and terminations of pregnancy.

Desire to have a child

In this survey, nearly 60% of respondents were mothers and mostly had two children.

- Almost 60% of young women aged 18-24 years would like to have a child or another child, and this reduced to 40% among women aged 25-44 years (Table 30).
- Women with a disability were less likely to consider having a child (17.1%), compared with 28.2% among those without a disability (Table 31).
- One in three (29.2%) LGBTIQ women did not know if they want children, compared with only 8.8% among non LGBTIQ women.

Table 30. Desire to have a child or another child, by age.

Would like to have a child or another child	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
Yes	26.9	59.5	41.4	3.9	1.9	2.9
No	60.1	14.4	39.6	92.9	94.6	92.9
Not sure	11.3	24.7	18.0	1.3	0.4	0.0
Prefer not to answer	1.7	1.5	1.0	1.9	3.1	4.2

Table 31. Desire to have a child or another child, by cohort.

Would like to have a child or another child	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Yes	22.2	29.5	17.1*	28.2	28.1	26.7
No	66.9	56.7	67.2	59.3	41.8	62.7
Not sure	9.2	12.0	13.3	10.9	29.2*	8.8
Prefer not to answer	1.7	1.8	2.4	1.6	0.9	1.8

* Statistically significant difference between the two categories in the group (e.g., with/without disability)

Infertility

- Overall, more than one-third (37.2%) of women aged 25-44 years had never tried to get pregnant (Table 32). Almost 40% of women with a disability (compared with 32% of those with no disability) and 55% of LGBTIQ respondents (compared with 30% of non LGBTIQ) had never tried to get pregnant (Table 33).
- Among those who had tried to get pregnant (n=4810), almost one in four (23.4%) reported infertility (unable to get pregnant after 12 months or more of trying), with the highest proportion among women aged 25-44 (28.8%). There was no significant difference in infertility between cohorts based on remoteness, disability or LGBTIQ status.

Table 32. Infertility (unable to get pregnant after 12 months or more of trying), by age.

Infertility	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
Yes	15.4	3.8	17.8	18.9	14.8	16.8
No	50.2	13.3	44.1	65.7	75.6	74.6
Never tried to get pregnant	33.1	82.0	37.2	14.2	7.1	5.2
Prefer not to answer	1.3	0.9	1.0	1.3	2.6	3.5
Infertility among those ever tried to get pregnant (n=4810)	**Overall**	**18-24 years**	**25-44 years**	**45-64 years**	**65-74 years**	**75+ years**
Yes	23.4	22.2	28.8	22.3	16.4	18.4
No	76.6	77.8	71.2	77.7	83.7	81.6

Table 33. Infertility (unable to get pregnant after 12 months or more of trying), by cohort.

Infertility	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Yes	17.9	13.9	13.0	15.6	11.4	15.9
No	54.0	48.6	45.7	51.0	33.1	52.6
Never tried to get pregnant	26.8*	36.1	39.5*	32.2	55.0*	30.1
Prefer not to answer	1.3	1.4	1.8	1.2	0.5	1.5
Infertility among those ever tried to get pregnant (n=4810)	**Rural & remote**	**Urban**	**With disability**	**Without disability**	**LGBTIQ**	**Non LGBTIQ**
Yes	24.9	22.3	22.2	23.4	25.7	23.2
No	75.1	77.7	77.9	76.6	74.3	76.8

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Medical advice about infertility

- One in seven women aged 25-44 had discussed infertility issues with their GP (13.3%) or/and gynaecologist/fertility specialist (14.7%; Table 34).
- Among those who had an infertility issue (n=1106), one-third (36.8%) had discussed this issue with their GP, and almost two-thirds (58.7%) saw a gynaecologist or fertility specialist (Table 35). However, one in four (21.7%) did not seek medical help, especially women living in rural and remote areas (28.1% vs 17.4% of urban areas) and LGBTIQ women (32.4% vs 20.7% of non LGBTIQ women).

"Due to Covid, I am now unable to continue fertility treatments due to facilities no longer conducting tests/ exams. After spending a lot of money and taking days off to organise and attend appointments this has been very hard to deal with."

Table 34. Sought medical advice on infertility, by age (multiple answers allowed).

Sought medical advice on infertility	**Overall**	**18-24 years**	**25-44 years**	**45-64 years**	**65-74 years**	**75+ years**
Yes, I discussed this with my GP/doctor	9.0	2.3	13.3	8.7	6.4	8.1
Yes, I discussed this with a nurse in my general practice	0.4	0.6	0.3	0.4	0.1	0.3
Yes, I saw a gynaecologist/fertility specialist	11.5	1.8	14.7	14.1	9.5	7.9
Never tried to get pregnant	28.1	75.6	32.7	8.3	3.7	2.9
No	56.0	27.9	45.6	71.8	81.2	79.4
Other: mainly acupuncture, naturopath, Chinese medicine	1.7	1.5	1.9	1.6	1.0	2.5
Prefer not to answer	0.7	0.0	0.8	0.9	1.2	0.9
Among those who had infertility issue (n=1106)	**Overall**	**18-24 years[a]**	**25-44 years**	**45-64 years**	**65-74 years**	**75+ years**
Yes, I discussed this with my GP/doctor	36.8	45.7	39.4	35.3	27.0	41.5
Yes, I discussed this with a nurse in my general practice	1.8	15.2	1.1	1.5	0.0	1.8
Yes, I saw a gynaecologist/fertility specialist	58.7	45.7	60.5	61.8	53.0	38.5
No	21.7	54.3	18.6	19.2	29.9	21.8

[a] Only six women aged 18-24 years reported infertility issue.

Table 35. Sought medical advice on infertility, by cohort (multiple answers allowed).

Sought medical advice on infertility	**Rural & remote**	**Urban**	**With disability**	**Without disability**	**LGBTIQ**	**Non LGBTIQ**
Yes, I discussed this with my GP/doctor	10.4*	8.3	6.8*	9.3	6.5*	9.3
Yes, I discussed this with a nurse in my general practice	0.5	0.3	0.0	0.4	1.3*	0.2
Yes, I saw a gynaecologist/fertility specialist	11.6	11.4	9.4	11.8	10.1	11.6
Never tried to get pregnant	21.3*	31.4	35.0*	27.2	53.1*	24.6
No	62.1*	53.0	54.2	56.2	38.6*	58.4
Other: mainly acupuncture, naturopath, Chinese medicine	2.0	1.5	1.8	1.6	2.8*	1.5
Prefer not to answer	0.3	1.0	0.9	0.7	0.3	0.8
Among those who had infertility issue (n=1106)	**Rural & remote**	**Urban**	**With disability**	**Without disability**	**LGBTIQ**	**Non LGBTIQ**
Yes, I discussed this with my GP/doctor	38.4	35.6	32.7	37.6	33.3	37.1
Yes, I discussed this with a nurse in my general practice	2.4	1.4	0.0	2.0	2.9	0.8
Yes, I saw a gynaecologist/fertility specialist	51.3*	64.0	58.5	59.4	58.1	58.8
No	28.1*	17.4	22.9	20.9	32.4*	20.7

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Egg freezing

- One-third (35.6%) of women aged 25-44 would consider freezing their eggs to have children later in life, but only 1% had already frozen their eggs (Table 36).
- Women living in rural and remote areas (22.9% vs 30.7% of urban areas) and women with a disability (17.6% vs 29.3% of those with no disability) were less likely to consider freezing their eggs (Table 37). In contrast, LGBTIQ women (43.0% vs 26.0% of non LGBTIQ women) were more likely to consider freezing their eggs.

Table 36. Consider freezing eggs to have children later in life, by age.

Consider freezing your eggs	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
I have already done this	0.8	0.0	1.0	1.3	0.1	0.8
Yes	10.2	20.2	14.3	4.0	2.7	0.0
Maybe	17.8	49.2	21.3	3.6	2.9	3.2
No	62.4	28.6	57.9	79.4	76.5	75.3
Other: too old, menopausal	7.0	0.2	4.6	9.9	13.5	17.9
Prefer not to answer	1.8	1.8	1.0	1.7	4.3	2.9

Table 37. Consider freezing eggs to have children later in life, by cohort.

Consider freezing your eggs	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
I have already done this	0.7	0.9	1.0	0.8	0.9	0.8
Yes	8.7*	11.2	4.2*	11.1	14.4*	9.7
Maybe	14.2*	19.5	13.4*	18.2	28.6*	16.3
No	68.2	59.3	70.8	61.4	50.3	64.0
Other: too old, menopausal	6.7	7.1	8.0	6.9	4.8	7.3
Prefer not to answer	1.6	2.0	2.6	1.6	1.0	1.9

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Miscarriage and stillbirth

- Overall, 70% (n=4347) of survey respondents had ever been pregnant. Among these women, one-third (34.3%) had experienced a miscarriage, and 3% had experienced a stillbirth (Table 38).
- Women with a disability were more likely to have experienced a miscarriage (41.0%), compared with 33.3% of those with no disability(Table 39).

Table 38. History of miscarriage and stillbirth, by age (multiple answers allowed; n=4347).

Ever had a miscarriage/stillbirth	Overall	18-24 years[a]	25-44 years	45-64 years	65-74 years	75+ years
Yes miscarriage	34.3	18.5	35.6	35.8	32.0	31.6
Yes stillbirth	3.0	0.0	3.3	2.5	3.8	4.9
No	63.3	76.7	61.6	62.3	66.3	64.6
Prefer not to answer	1.1	4.8	1.3	0.8	0.6	0.9

[a] Only 18 women aged 18-24 years had ever been pregnant.

Table 39. History of miscarriage and stillbirth, by cohort (multiple answers allowed; n=4347).

Ever had a miscarriage/ stillbirth	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Yes miscarriage	34.8	34.1	41.0*	33.3	30.6	34.6
Yes stillbirth	3.1	2.9	3.7	3.0	2.9	3.1
No	62.6	63.7	55.4*	64.5	63.9	63.3
Prefer not to answer	1.3	1.0	1.5	0.9	3.3	0.9

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Information and support to manage miscarriage and/or stillbirth

- Among women who had experienced miscarriage and/or stillbirth (n=1606), almost 60% did not receive enough information and support to manage miscarriage and/or stillbirth (Table 40).
- Over two-thirds of women living in rural and remote areas (63.9% vs 55.4% of urban areas) and women with a disability (69.7% vs 56.9% of those with no disability) did not receive enough information and support to manage miscarriage and/or stillbirth (Table 41).

"I've gone through a miscarriage during the past four weeks. The care I received was disappointing. I was bounced around by several GPs over a week (all saying different things, some not showing up to telehealth appointments, some telling me to go back to my regular GP, no follow up) and finally had the issue resolved at the RWH."

Table 40. Information and support to manage miscarriage and/or stillbirth, by age (n=1606).

Information and support to manage miscarriage/stillbirth	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
Yes	39.5	71.0[a]	42.6	38.4	31.6	34.7
No	58.8	29.0	56.9	59.7	65.3	58.8
Prefer not to answer	1.8	0.0	0.5	1.9	3.1	6.5

[a] Only five women aged 18-24 years had experienced miscarriage and/or stillbirth.

Table 41. Information and support to manage miscarriage and/or stillbirth, by cohort (n=1606).

Information and support to manage miscarriage/stillbirth	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Yes	34.6	42.7	26.9	41.5	42.0	39.3
No	63.9*	55.4	69.7*	56.9	55.6	59.0
Prefer not to answer	1.6	1.9	3.4	1.6	2.4	1.7

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Termination

- Among women who had ever been pregnant (n=4347), one in four (25.7%) had experienced a termination of pregnancy (10.5% medical termination, 17.6% surgical termination); this appears to reduce with age (Table 42).

"Since my termination I miss my baby. It would be nice to be directed to some support in this area."

- LGBTIQ women were more likely to have a termination of pregnancy (39.7% vs 24.5% of non LGBTIQ women) (Table 43). In contrast, women living in rural and remote areas were less likely to have a termination (22.2% vs 27.8% of urban areas), and were especially less likely to have a surgical termination.

Table 42. History of termination, by age (multiple answers allowed; n=4347).

Ever had a termination/terminations of pregnancy	Overall	18-24 years[a]	25-44 years	45-64 years	65-74 years	75+ years
Yes	25.7	35.4	30.3	25.3	18.7	15.9
Medical termination	10.5	24.0	13.7	8.7	6.4	7.1
Surgical termination	17.6	11.4	20.9	18.2	13.0	10.1
No	72.7	64.6	68.6	73.0	79.4	81.0
Prefer not to answer	1.6	0.0	1.1	1.7	1.9	3.1

[a] Only 18 women aged 18-24 years had ever been pregnant.

Table 43. History of termination by cohort (multiple answers allowed; n=4347).

Ever had a termination/terminations of pregnancy	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Yes	22.2*	27.8	28.2	25.4	39.7*	24.5
Medical termination	9.8	10.6	14.5*	10.0	22.0*	9.4
Surgical termination	14.8*	19.5	19.2	17.5	24.0*	17.0
No	76.6*	70.4	69.7	73.1	58.2*	74.0
Prefer not to answer	1.2	1.8	2.1	1.5	2.1	1.5

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Termination providers

- Among women who had experienced termination (n=1055), over 70% of terminations were provided by private clinics, and 27.9% were provided by public hospitals (Table 44).
- Women aged 25-44 (32.3% vs 24.6% of those aged 45-64), those living in rural and remote areas (33.2% vs 25.4% of urban areas), and women with a disability (53.2% vs 24.8% of those with no disability) were more likely to choose terminations provided by public hospitals (Table 45).

Table 44. Choice of termination services, by age (multiple answers allowed; n=1055).

Termination provided by	Overall	18-24 years[a]	25-44 years	45-64 years	65-74 years	75+ years
Public hospital	27.9	13.7	32.3	24.6	30.2	25.4
Private clinic other than GP	71.1	72.7	67.8	77.3	63.2	61.3
Your regular GP/doctor	6.4	0.0	7.3	4.6	8.8	18.6
Prefer not to answer	1.7	13.7	0.3	0.8	3.5	7.4

[a] Only seven women aged 18-24 years had experienced termination.

Table 45. Choice of termination services, by cohort (multiple answers allowed; n=1055).

Termination provided by	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Public hospital	33.2*	25.4	53.2*	24.8	30.5	27.5
Private clinic other than GP	66.7*	73.0	66.5	71.6	66.3	71.7
Your regular GP/doctor	8.2	5.6	5.0	6.7	4.9	6.6
Prefer not to answer	0.8	2.2	1.2	1.8	5.8	1.1

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Section three: Physical and mental health

This section summarises key findings on current health status and mental health, particularly anxiety and depression among women with disabilities and LGBTIQ women.

Perceived health status

- Overall, 15.2% of women perceived their overall health as poor or very poor; this was highest among younger women, with almost 20% of women aged 18-24 reporting their perceived health as poor or very poor, compared with only 9.5% of women aged 65-74 (Table 46).
- Women who identified as having a disability (49.2% vs 10.5% of those with no disability) and LGBTIQ (26.3% vs 13.6% of non LGBTIQ) reported the worst perceived health (poor or very poor; Table 47).

"For an 82 year-old I am doing reasonably well health-wise, also mentally, and when this Coronavirus is over I am off to see the world."

Table 46. Overall health status, by age.

Overall health	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
Excellent	6.7	5.6	5.3	8.0	8.5	7.2
Very good	29.4	25.6	29.6	30.8	32.1	26.0
Good	48.8	49.7	48.8	47.3	50.1	54.1
Poor	14.2	18.6	15.1	12.9	8.5	12.5
Very poor	1.0	0.6	1.2*	1.0	0.8	0.4

Table 47. Overall health status, by cohort.

Overall health	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Excellent	4.5	7.8	1.5	7.4	5.4	6.8
Very good	26.1	31.4	10.4	32.1	25.6	30.0
Good	52.5	46.7	39.0	50.0	42.8	49.6
Poor	16.0*	13.2	43.5*	10.2	24.9*	12.7
Very poor	1.0	1.0	5.7*	0.3	1.4*	0.9

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Anxiety and depression

Anxiety was defined using the Generalised Anxiety Disorder 7-item (GAD-7) scale, and depression was defined using the Patients Health Questionnaire 2-item (PHQ-2) scale. These scales assess the frequency of anxiety symptoms and depressed mood in respondents in the two weeks prior to taking the survey.

- Overall, one in three women reported symptoms of anxiety (33.2%), and one in four reported symptoms of depression (28.7%; Table 48).
- The prevalence of symptoms of anxiety and depression was particularly high among young women aged 18-24, with one in two reporting symptoms of anxiety (55.2%), and two in five reporting symptoms of depression (41.9%), compared with only 7.7% and 10.5% among women aged 75+, respectively.
- Around 20% of women reported having symptoms of both anxiety and depression; this rose to 36.8% of young women aged 18-24 years, 31.5% of women with a disability, and 40.2% of LGBTIQ women (Table 49). There was no difference between women living in rural/remote and urban areas.

Table 48. Anxiety and depression, by age.

Anxiety	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
0–9: non-anxiety	66.8	44.8	61.5	75.5	85.4	92.4
≥10: anxiety	33.2	55.2	38.5	24.5	14.6	7.7
Depression	**Overall**	**18-24 years**	**25-44 years**	**45-64 years**	**65-74 years**	**75+ years**
0–2: non-depression	71.3	58.1	67.9	76.2	83.5	89.5
≥3: depression	28.7	41.9	32.1	23.8	16.5	10.5
Anxiety or depression	**Overall**	**18-24 years**	**25-44 years**	**45-64 years**	**65-74 years**	**75+ years**
No anxiety & depression	60.4	39.7	55.3	68.1	79.2	87.0
Anxiety only	10.9	18.4	12.7	8.1	4.3	2.4
Depression only	6.4	5.1	6.3	7.5	6.2	5.3
Both anxiety & depression	22.3	36.8	25.8	16.3	10.4	5.2

Table 49. Anxiety and depression, by cohort.

Anxiety	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
0–9: non-anxiety	69.3	65.8	55.9	68.4	46.7	69.6
≥10: anxiety	30.7	34.2	44.1*	31.6	53.3*	30.4
Depression	**Rural & remote**	**Urban**	**With disability**	**Without disability**	**LGBTIQ**	**Non LGBTIQ**
0–2: non-depression	72.0	71.2	57.3	73.4	55.4	73.5
≥3: depression	28.0	28.8	42.7*	26.6	44.6*	26.5
Anxiety or depression	**Rural & remote**	**Urban**	**With disability**	**Without disability**	**LGBTIQ**	**Non LGBTIQ**
No anxiety & depression	63.1	59.3	44.7	62.7	42.3	62.9
Anxiety only	9.0	11.9	12.6	10.8	13.1	10.6
Depression only	6.3	6.5	11.2	5.8	4.4	6.7
Both anxiety & depression	21.7	22.3	31.5*	20.8	40.2*	19.8

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Section four: Intimate partner violence

This section describes different types of intimate partner violence and highlights the vulnerable groups of women. There are four types of intimate partner violence defined in this survey:

Emotional violence	• Belittled or humiliated you in front of other people • Done things to scare or intimidate you (e.g. smashing or breaking things)
Controlling behaviour	• Tried to restrict your contact with family or friends • Insisted on knowing where you are at all times • Suspected you of being unfaithful
Physical violence	• Slapped, hit or thrown something at you
Sexual violence	• Forced you to have sexual intercourse when you did not want to

Question items were selected from the WHO Multi-country study on women's health and domestic violence against women.

Importantly, the tool used to collect responses on experiences of intimate partner violence is not an exhaustive questionnaire covering all types of violence and abuse. Some forms that were not covered by this question include financial abuse, technology-facilitated abuse, reproductive coercion and other forms of coercive control including forms specific to certain populations such as threatening to reveal a person's LGBTIQ status or withholding access to disability aids or medical care. As such, the results below likely do not capture all experiences or incidence of intimate parter violence within the sample.

- Overall, more than 60% (n=3936) of survey respondents were in a relationship or in contact with an ex-partner over the last 12 months. Almost one in four (23.9%) women experienced some forms of intimate partner violence (Table 50).
- Women aged 25-44 (26.4% vs 15.3% of those aged 75+), those living in rural and remote areas (27.4% vs 21.9% of urban areas), women with a disability (29.2% vs 23.3% of those with no disability), and women with a worse financial situation than before COVID-19 (30.1% vs 22.4% of no change) were more likely to experience intimate partner violence (Tables 51 & 52).

Emotional abuse

- One in four (19.5%) women experienced emotional abuse, with the highest proportion among women aged 25-44 years (21.8%), compared with 10.3% among those aged 75+ (Table 50).
- Women living in rural and remote areas (22.4% vs 17.7% of urban areas) and those reporting a worse financial situation than before COVID-19 (23.9% vs 18.5% of no change), were more likely to report emotional abuse, while there was no statistical difference among women with a disability and LGBTIQ women (Tables 51 & 52).

"Domestic violence doesn't fit a specific set of rules. My partner is controlling, and I walk on eggshells around him … I get in trouble for not doing the washing right, for putting things in the wrong drawer, for trying to throw old broken things away. Whilst he hasn't struck me physically, I am still in fear that he may if he gets angry enough."

Controlling behaviours

- One in ten (11.1%) respondents reported having a controlling partner. Women aged 18-44 (13.0%), as well as women aged 75+ (13.7%), were more likely to experience controlling behaviours, compared with those aged 65-74 years (7.6%) (Table 50).
- The prevalence of controlling behaviour was almost double among women with a disability (18.9% vs 10.3% of those with no disability) and LGBTIQ women (20.2% vs 9.8% of non LGBTIQ) (Tables 51). It was also higher among those reporting a worse financial situation than before COVID-19 (15.3% vs 9.6% of no change; Table 52).

"Abusive behaviours are complex – the questions asked did not really cover the scope of what it is to live with someone who is abusive by inaction, e.g., forcing one partner to shoulder all the household/parenting burdens."

Physical and sexual violence

- The prevalence of physical (4.3%) and sexual violence (5.5%) was the highest among women aged 18-24 (Table 50).
- Women with a disability (4.8% vs 2.5% of those with no disability) and LGBTIQ women (5.2% vs 2.4% of non LGBTIQ) were more likely to experience physical violence (Table 51). In contrast, women living in rural and remote areas (3.7% vs 2.0% of urban areas) were more likely to experience sexual violence.
- Women with no children or with four or more children were more likely to experience physical and sexual violence, compared with those with two children (Table 53).

Table 50. Intimate partner violence, by age (multiple answers allowed; n=3936).

Intimate partner violence	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
Emotional abuse	19.5	17.1	21.8*	19.7	13.8	10.3
Controlling behaviour	11.1	13.0	13.1*	8.7	7.6	13.7*
Physical violence	2.7	4.3*	3.7	1.4	0.5	0.3
Sexual violence	2.6	5.5*	2.8	1.7	0.1	2.4
Any of the above	23.9	23.3	26.4*	23.2	17.8	15.3

Table 51. Intimate partner violence, by cohort (multiple answers allowed; n=3936).

Intimate partner violence	Rural & remote	Urban	Women disability	Without disability	LGBTIQ	Non LGBTIQ
Emotional abuse	22.4*	17.7	22.4	19.0	17.7	19.7
Controlling behaviour	12.4	10.4	18.9*	10.3	20.2*	9.8
Physical violence	2.0	3.0	4.8*	2.5	5.2*	2.4
Sexual violence	3.7*	2.0	4.0	2.5	1.4	2.8
Any of the above	27.4*	21.9	29.2*	23.3	26.4	23.6

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Table 52. Intimate partner violence, by financial impact by COVID-19 (multiple answers allowed; n=3936).

Intimate partner violence	No change	Better than before COVID-19	Worse than before COVID-19
Emotional abuse	18.5	19.3	23.9*
Controlling behaviour	9.6	16.9	15.3*
Physical violence	2.7	3.5	2.8
Sexual violence	2.5	0.5	4.1*
Any of the above	22.4	25.8	30.1*

* Statistically significant difference.

Table 53. Intimate partner violence, by number of children (multiple answers allowed; n=3936).

Intimate partner violence	0	1	2	3	4	5+
Emotional abuse	17.1	22.4	20.7	20.7	20.1	21.9
Controlling behaviour	10.7	13.6	10.5	10.2	13.3	14.1
Physical violence	3.6*	1.5	1.7	3.2	3.0	3.4*
Sexual violence	3.3*	3.7	0.8	2.3	3.9*	3.0
Any of the above	21.4	29.8	24.2	24.7	24.3	26.3

* Statistically significant difference.

Section five: Impact of COVID-19 and bushfires

This section describes the experience of COVID-19 (the coronavirus) and the spring/summer bushfires in 2019/2020. It highlights the impact of COVID-19 and bushfires on overall health, ability to access healthcare services, work status, and financial situation. These findings can help identify vulnerable groups significantly affected by the pandemic and natural disasters.

COVID-19

Experience of COVID-19

- Around 0.5% of women had tested positive for COVID-19. One in four (27.2%) had tested negative for COVID-19, and 11.7% reported that someone they live with or someone they know had COVID-19; this appears to decrease with age (Table 54).
- Women living in urban areas (28.7% vs 24.2% of rural and remote areas), women with a disability (31.0% vs 26.7% of those with no disability), and LGBTIQ women (36.8% vs 25.9% of non LGBTIQ) were more likely to be tested for COVID-19 (Table 55).

Table 54. COVID-19 experience, by age (multiple answers allowed).

COVID-19 experience	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
I have been treated in hospital for COVID-19	0.2	–	–	–	–	–
I have had COVID-19 but did not have to go to hospital	0.3	–	–	–	–	–
I have tested negative for COVID-19	27.2	30.4	31.9	24.6	18.8	12.5
Someone who lives with me has or had COVID-19	0.3	–	–	–	–	–
Someone I know who doesn't live with me has or had COVID-19	11.4	14.0	14.0	9.6	6.5	4.1
None of the above	64.4	59.8	58.6	67.7	75.2	83.1
Prefer not to answer	0.3	–	–	–	–	–

Data presented as " – " indicates no disaggregated data by age due to a low number of respondents.

Table 55. COVID-19 experience, by cohort (multiple answers allowed).

COVID-19 experience	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
I have tested negative for COVID-19	24.2	28.7*	31.0*	26.7	36.8*	25.9
Someone I know who doesn't live with me has or had COVID-19	8.3	13.1*	10.0	11.6	14.1*	11.0
None of the above	70.1	61.5*	60.2*	64.9	52.2*	66.1

*Statistically significant difference between the two categories in the group (e.g., with/without disability).

Overall health

- Overall, one in three (33.6%) women reported that their health was worse than before COVID-19 (Table 56).
- Women aged 25-44 years (42.4% vs 10.5% of respondents age 75+), those living in urban areas (35.6% vs 30.1% of rural and remote areas), those with a disability (45.1% vs 31.9% of those with no disability) and LGBTIQ women (45.6% vs 31.9% of non LGBTIQ) were more likely to report worse health than before COVID-19 (Table 57).

"I have personally found my mental health has deteriorated considerably during/due to the current COVID-19 pandemic, attributed to family conflict (as a result of having to be home more often), feeling socially isolated, and anxiety surrounding the pandemic."

Table 56. Overall health changed as a result of the COVID-19 outbreak, by age.

Overall health changed by COVID-19	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
No	58.0	51.6	47.3	63.5	77.9	85.4
Yes, my health is worse than before COVID-19	33.6	38.7	42.4	29.0	17.4	10.6
Yes, my health is better than before COVID-19	7.4	7.2	9.6	6.8	4.1	2.1
Prefer not to answer	1.1	2.4	0.7	0.7	0.7	1.9

Table 57. Overall health changed as a result of the COVID-19 outbreak, by cohort.

Overall health changed by COVID-19	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
No	63.6	54.7	49.5	59.2	43.8	59.9
Yes, my health is worse than before COVID-19	30.1	35.6*	45.1*	31.9	45.6*	31.9
Yes, my health is better than before COVID-19	5.8	8.4	3.7	8.0	9.4	7.2
Prefer not to answer	0.5	1.3	1.8	0.9	1.3	1.0

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Access to healthcare

- Over 50% of respondents reported their ability to access healthcare services had been affected by the COVID-19 restrictions, with 29.0% slightly impacted, 20.5% somewhat impacted, and 3.8% significantly impacted (Table 58).
- A higher proportion of women aged 25-44 (28.8% vs 13.4% of those aged 75+), women with a disability (46.6% vs 21.2% of those with no disability), and LGBTIQ women (34.2% vs 22.9% of non LGBTIQ) reported their access to healthcare was significantly or somewhat impacted by COVID-19 (Table 59).

Table 58. Access to healthcare services affected by COVID-19, by age.

Healthcare services affected by COVID-19	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
Significantly impacted - I was not able to get essential care	3.8	4.4	5.0	2.9	1.8	2.5
Somewhat impacted - I was not able to access some care	20.5	23.2	23.8	18.5	14.4	10.9
Slightly impacted - my healthcare needs weren't entirely met	29.0	29.5	32.4	28.5	22.5	17.7
Not at all - my healthcare needs were met as usual	42.2	35.5	36.3	45.0	56.0	65.3
Not applicable	3.7	3.7	2.3	5.0	4.9	3.6
Prefer not to answer	0.9	3.8	0.3	0.1	0.5	0.0

Table 59. Access to healthcare services affected by COVID-19, by cohort.

Healthcare services affected by COVID-19	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Significantly impacted - I was not able to get essential care	3.8	3.8	13.0*	2.6	10.0*	2.9
Somewhat impacted - I was not able to access some care	21.8	20.0	33.6*	18.6	24.2*	20.0
Slightly impacted - my healthcare needs weren't entirely met	31.0	28.1	24.8	29.6	34.1	28.3
Not at all - my healthcare needs were met as usual	38.3*	44.2	26.6	44.4	27.5	44.2
Not applicable	3.7	3.7	1.5	4.0	3.6	3.7
Prefer not to answer	1.4	0.2	0.5	0.9	0.6	0.9

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Worry about catching COVID-19

- Nearly half of women reported being extremely (11.3%) or somewhat worried (35.1%) that they will catch COVID-19, and 13.8% reported being not worried at all (Table 60).
- One in six (16.7%) women aged 18-24 did not worry about catching COVID-19, compared with 10.5% of women aged 75+.
- A higher proportion of women with a disability (25.5% vs 9.4% of those with no disability) and LGBTIQ women (15.5% vs 10.7% of non LGBTIQ) reported being extremely worried (Table 61).

Table 60. Worry about catching COVID-19, by age.

Worry about catching COVID-19	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
Extremely worried	11.3	6.3	13.3	11.5	12.8	7.5
Somewhat worried	35.1	37.1	37.0	34.3	28.9	33.1
Slightly worried	39.7	40.0	36.4	41.0	43.7	48.8
Not at all worried	13.8	16.7	13.2	13.0	14.1	10.5
Prefer not to answer	0.2	0.0	0.1	0.2	0.5	0.1

Table 61. Worry about catching COVID-19, by cohort.

Worry about catching COVID-19	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Extremely worried	11.2	11.4	25.5*	9.4	15.5*	10.7
Somewhat worried	37.0	34.2	38.5	34.7	35.1	35.1
Slightly worried	37.9	40.7	26.5	41.4	36.5	40.1
Not at all worried	13.8	13.6	9.3	14.4	12.7	13.9
Prefer not to answer	0.1	0.2	0.2	0.2	0.1	0.2

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Drinking alcohol

- Around 18% of respondents reported they have been drinking more alcohol since COVID-19 (Table 62).
- Drinking more alcohol since COVID-19 was highest amongst women aged 25-44 (24.4%), while drinking less alcohol since COVID-19 was highest amongst women aged 18-24 (25.8%).
- Women living in urban areas drank more alcohol than before (20.1% vs 13.8% of rural and remote areas), while LGBTIQ women drank less alcohol than before (20.4% vs 12.9% of non LGBTIQ; Table 63).

Table 62. Drinking alcohol since COVID-19, by age.

Drinking alcohol since COVID-19	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
More than I used to	17.8	12.3	24.4	17.3	10.5	3.0
Less than I used to	13.8	25.8	13.9	9.4	10.0	5.5
About the same	38.5	28.0	35.8	44.8	43.4	47.0
I don't drink alcohol	29.7	33.8	25.7	28.2	35.9	44.5
Prefer not to answer	0.2	0.2	0.2	0.3	0.3	0.0

Table 63. Drinking alcohol since COVID-19, by cohort.

Drinking alcohol since COVID-19	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
More than I used to	13.8	20.1*	8.3	19.0	16.5	17.9
Less than I used to	12.8	14.4	12.0	14.1	20.4*	12.9
About the same	39.2	37.9	32.6	39.5	31.7	39.5
I don't drink alcohol	34.0	27.5	46.8*	27.2	31.1	29.5
Prefer not to answer	0.3	0.2	0.3	0.2	0.4	0.2

* Statistically significant difference between the two categories in the group (e.g., with/without disability)

Optimism

- Overall, 13.7% of women did not feel at all optimistic about the future (Table 64).
- One in five young women aged 18-24 (17.1% vs 12.5% of those aged 75+), women with a disability (21.2% vs 12.6% of those with no disability) and LGBTIQ women (21.3% vs 12.6% of non LGBTIQ) did not feel optimistic about the future (Table 65).
- One third (34.1%) of women with both anxiety and depression did not feel optimistic about the future, compared with only 6.4% of those without anxiety and depression (Table 66).

"Hopefully 2020 will be an awful dream and we wake in 2021 to hug our friends and relatives."

Table 64. Optimism about the future, by age.

How optimistic about the future	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
Not at all optimistic	13.7	17.1	12.7	12.5	15.3	12.6
Slightly optimistic	29.9	34.4	29.5	28.4	28.6	28.5
Neutral	27.9	26.9	31.1	27.6	21.4	24.9
Optimistic	25.5	19.1	24.2	28.3	29.9	30.3
Extremely optimistic	3.0	2.6	2.5	3.3	4.8	3.7

Table 65. Optimism about the future, by cohort.

How optimistic about the future	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Not at all optimistic	11.9	14.7	21.2*	12.6	21.3*	12.6
Slightly optimistic	28.2	30.4	30.1	30.0	31.3	29.7
Neutral	29.4	27.3	28.9	27.5	27.0	28.1
Optimistic	27.8	24.5	17.4	26.7	18.0	26.5
Extremely optimistic	2.8	3.2	2.4	3.2	2.4	3.1

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Table 66. Optimism about the future, by mental health.

How optimistic about the future	No anxiety & depression	Anxiety only	Depression only	Both anxiety & depression
Not at all optimistic	6.4	10.1	17.8	34.1*
Slightly optimistic	26.6	39.3	35.1	32.6
Neutral	27.5	34.8	30.2	25.1
Optimistic	35.1	14.4	16.1	7.6
Extremely optimistic	4.4	1.4	0.8	0.7

* Statistically significant between the groups.

Change of work status

- Overall, nearly half (44.0%) of respondents reported their work status did not change as a result of COVID-19, and this increased with age, with over 80% of women aged 65+ reporting no change, compared with 24.6% of women aged 18-24 (Table 67).
- Around 5% of women became unemployed as a result of COVID-19, with a higher proportion of unemployment among young women aged 18-24 (11.1%), those living in urban areas (6.3% vs 2.9% of rural and remote areas), women with a disability (8.8% vs 4.7% of those with no disability), and LGBTIQ women (10.9% vs 4.3% of non LGBTIQ; Table 68).
- Young women aged 18-24 were more likely to report that their course/study moved online (34.4%), work hours decreased (24.1%), and work was suspended/put on hold (14.2%).
- Women aged 25-44 were more likely to report that they worked from home (42.6%), their home duties increased (19.2%), their work hours increased (16.6%), and they managed remote learning for children (14.6%). This shows that this group of women found themselves busier at work and home than before COVID-19.
- More than half of women living in rural and remote areas (52.4%) and women with a disability (52.3%) reported no change as a result of COVID-19.

"Working from home during COVID-19 has enabled me to save more money."

"I have been working from home since late March. I live alone so find WFH extremely boring and lonely. I fear for my mental health & have had a gut problem develop since this began."

Table 67. Work status changed as a result of COVID-19, by age (multiple answers allowed).

Work status changed by COVID-19	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
No change	44.0	24.6	31.4	51.5	80.1	85.4*
I worked from home	27.5	16.0	42.6*	27.4	4.7	1.7
Work hours increased	11.7	12.0	16.6*	10.9	1.1	0.1
Work hours decreased	13.7	24.1*	13.2	13.9	3.2	1.3
Made unemployed	5.1	11.1*	6.0	3.1	0.6	0.9
Work suspended/put on hold	8.0	14.2*	8.3	6.5	3.9	2.2
Found new employment	2.2	1.4	4.0*	1.5	0.4	0.0
Home duties increased	11.8	7.3	19.2*	8.2	6.4	5.4
Home duties decreased	0.5	0.0	0.5	0.6	1.0	1.8
Managed remote learning for children	7.8	0.0	14.6*	7.3	1.2	0.2
Course/study moved online	10.1	34.4*	9.1	2.7	0.7	0.3
Course/study contact hours decreased	1.9	6.9*	1.7	0.4	0.0	0.0
Course/study withdrawn or cancelled	1.4	2.4*	2.0	0.9	0.1	0.0
Prefer not to answer	2.4	8.3	0.7	0.8	3.0	4.8

Table 68. Work status changed as a result of COVID-19, by cohort.

Work status changed by COVID-19	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
No change	52.4*	39.7	52.3*	42.8	29.4	46.1*
I worked from home	20.8	31.3*	15.6	29.1*	27.6	27.5
Work hours increased	9.6	12.9*	5.4	12.5*	15.3*	11.2
Work hours decreased	13.6	13.9	10.8	14.2*	19.3*	12.9
Made unemployed	2.9	6.3*	8.8*	4.7	10.9*	4.3
Work suspended/put on hold	7.7	8.2	9.3	8.0	13.3*	7.3
Found new employment	1.6	2.6*	2.2	2.3	2.7	2.1
Home duties increased	10.3	12.6*	12.5	11.6	16.3*	11.2
Home duties decreased	0.6	0.5	0.7	0.5	0.6	0.5
Managed remote learning for children	6.5	8.5*	3.3	8.4*	5.7	8.1*
Course/study moved online	5.9	12.5*	10.7	10.1	27.7*	7.7
Course/study contact hours decreased	1.5	2.2	2.6	1.9	4.2*	1.6
Course/study withdrawn or cancelled	1.3	1.5	4.0*	1.1	4.0*	1.1
Prefer not to answer	3.0	1.7	2.0	2.5	3.2	2.3

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Change of financial situation

- More than 80% of women reported no change in their financial situation, with the majority reporting living comfortably (29.0%) or doing alright (35.0%; Table 69).
- One in seven (13.9%) reported worse financially due to COVID-19, and this appears to reduce with age, with only 3.5% among respondents aged 75+ compared with 16.3% among respondents aged 25-44.
- Women living in urban areas (14.8% vs 12.5% of rural and remote areas), women with a disability (16.9% vs 13.6% of those with no disability) and LGBTIQ women (17.5% vs 13.4% of non LGBTIQ) were more likely to report their financial situation worse than before COVID-19 (Table 70).

"Personally and financially assisting family members who lost jobs with COVID."

"Being 59 with a mental health disability, I am stuck in my unit with my cat and my gas bill is skyrocketing as a result of the cold weather and not being able to go to yoga classes or other places due to COVID."

Table 69. Financial situation changed as a result of COVID-19, by age.

Financial situation	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
No change	80.3	74.1	77.5	82.5	88.2	94.5
Living comfortable	29.0	19.3	28.3	31.7	36.4	35.8
Doing alright	35.0	37.2	34.7	33.9	34.3	40.4
Just getting by	12.7	12.8	11.6	12.7	15.1	16.5
Finding it quite difficult	2.1	2.8	1.7	2.6	1.3	1.8
Finding it very difficult	1.4	2.0	1.2	1.6	1.2	0.1
Better than before COVID	5.8	12.3	6.3	3.3	2.5	2.0
Worse than before COVID	13.9	13.6	16.3	14.2	9.3	3.5

Table 70. Financial situation changed as a result of COVID-19, by cohort.

Financial situation	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
No change	82.5	78.8*	73.0*	81.2	72.1*	81.4
Living comfortable	28.0	29.6	12.8	31.1	19.3	30.3
Doing alright	36.3	34.3	25.7	36.1	31.6	35.5
Just getting by	14.7	11.4	21.9	11.6	15.0	12.4
Finding it quite difficult	2.6	1.8	6.4	1.6	4.9	1.7
Finding it very difficult	0.9	1.7	6.2	0.9	1.3	1.5
Better than before COVID	5.0	6.3	10.1	5.2	10.4	5.2
Worse than before COVID	12.5	14.8*	16.9*	13.6	17.5*	13.4

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Bushfires

Experience of bushfires

- Overall, nearly 5% of women reported that their own home or property (0.2%) or their close family or friend's home or property (4.1%) was damaged or destroyed by the bushfires, and 5% were advised to evacuate from the area they live (Table 71). Around 15% of women reported that their own home or property (4.8%) or their close family or friend's home or property (11.2%) was threatened but not damaged or destroyed.

"From losing my home in fires and now COVID-19, it's very hard living normally."

- The bushfires significantly affected more homes and properties in rural and remote areas than in urban areas, but rural and remote women did not report greater physical impact from smoke, and did not feel more anxious or worried for the safety of themselves, close family members or friends (Table 72).
- More than 40% of young women aged 18-24 (40.3% vs 18.2% of those aged 75+), women with a disability (40.9% vs 28.8% of those with no disability), and LGBTIQ women (45.4% vs 28.1% of non LGBTIQ) reported that they felt anxious or worried for their safety. More than 25% of women aged 25-44 (26.3% vs 10.4% of those aged 75+), women with a disability (27.2% vs 19.5% of those with no disability), and LGBTIQ women (28.2% vs 19.3% of non LGBTIQ) reported that they felt physically affected by smoke.
- A higher proportion of young women aged 18-24 (15.2% vs 7.9% of those aged 75+) and those living in urban areas (14.0% vs 10.7% of rural and remote areas) reported that their travel or holiday plans were affected by the bushfires.

Table 71. Bushfires experience, by age (multiple answers allowed).

To what extent affected by bushfires	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
My home or property (including pets or livestock) was damaged or destroyed by the fires	0.2	0.0	0.0	0.3	0.5	0.3
My home or property was threatened but not damaged or destroyed by the fires	4.8	7.8	5.1	4.2	2.1	2.5
The home or property of a close family member or friend was damaged or destroyed by the fires	4.1	4.9	4.3	4.0	3.2	1.2
The home or property of a close family member or friends was threatened but not damaged or destroyed by the fires	11.2	10.4	13.9	10.5	7.7	4.7
I was advised by emergency services (directly or indirectly via the media) to evacuate from the area in which I live	5.4	8.0	5.3	4.7	4.3	2.5
My travel or holiday itself, or plans for travel or holiday were affected by the fires	12.8	15.2	13.9	12.2	8.9	7.9
I felt physically affected by smoke from the fires	20.4	18.4	26.3	17.3	15.8	10.4
I felt anxious or worried for the safety of myself, close family members/friends, due to the fires	30.2	40.3	36.8	23.0	17.5	18.2
None of the above	54.9	49.1	47.6	61.2	64.6	70.2
Prefer not to answer	0.4	0.0	0.5	0.5	0.1	1.0

Table 72. Bushfires experience, by cohort (multiple answers allowed).

To what extent affected by bushfires	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
My home or property (including pets or livestock) was damaged or destroyed by the fires	0.4*	0.1	0.1	0.2	0.1	0.2
My home or property was threatened but not damaged or destroyed by the fires	8.1*	3.1	6.3	4.7	5.4	4.8
The home or property of a close family member or friend was damaged or destroyed by the fires	5.2*	3.5	4.0	4.1	2.0	4.4
The home or property of a close family member or friends was threatened but not damaged or destroyed by the fires	12.5*	10.7	12.8	10.9	10.3	11.3
I was advised by emergency services (directly or indirectly via the media) to evacuate from the area in which I live	9.9*	3.0	6.6	5.3	6.9	5.2
My travel or holiday itself, or plans for travel or holiday were affected by the fires	10.7	14.0*	12.7	12.8	10.5	13.1
I felt physically affected by smoke from the fires	20.4	20.6	27.2*	19.5	28.2*	19.3
I felt anxious or worried for the safety of myself, close family members/friends, due to the fires	30.5	30.3	40.9*	28.8	45.4*	28.1
None of the above	55.5	54.0	45.5*	56.2	43.3*	56.5
Prefer not to answer	0.3	0.4	0.1	0.3	0.8	0.3

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Overall health

- Over 90% of women reported that their health did not change as a result of the bushfires, and 5.7% reported that their health was worse than before the bushfires (Table 73).
- Women aged 25-44 years (8.0% vs 3.7% of those age 75+), those living in rural and remote areas (7.0% vs 5.0% of urban areas), those with a disability (9.1% vs 5.3% of those with no disability) and LGBTIQ women (8.9% vs 5.3% of non LGBTIQ) were more likely to report worse health than before the bushfires (Table 74).

"The bushfires and COVID have meant that I've exercised much less than usual, which is why I say they've impacted my health – I'm not as fit as I would like to be and have gained weight."

Table 73. Overall health changed as a result of the bushfires, by age.

Overall health changed by bushfires	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
No	91.9	92.2	89.9	92.8	94.4	95.6
Yes, my health is worse than before the bushfires	5.7	3.1	8.0	5.4	4.0	3.7
Yes, my health is better than before the bushfires	1.6	3.4	1.7	1.0	0.9	0.0
Prefer not to answer	0.8	1.4	0.5	0.8	0.7	0.8

Table 74. Overall health changed as a result of the bushfires, by cohort.

Overall health changed by bushfires	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
No	91.2	92.3	89.0	92.3	83.5	93.1
Yes, my health is worse than before the bushfires	7.0*	5.0	9.1*	5.3	8.9*	5.3
Yes, my health is better than before the bushfires	0.8	2.0	1.2	1.7	5.2	1.1
Prefer not to answer	1.0	0.6	0.7	0.8	2.5	0.5

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Access to healthcare

- Only 3.0% of women reported an impact by bushfires on their ability to access healthcare services, and most (1.9%) of the impact was only slight (Table 75). This compares with over 50% of women who reported that their ability to access healthcare services had been affected by the COVID-19 restrictions.
- A higher proportion of women living in rural and remote areas (5.0% vs 2.1% of urban areas) and women with a disability (7.4% vs 2.6% of those with no disability) reported that their access to healthcare was impacted by bushfires (Table 76).

Table 75. Access to healthcare services affected by the bushfires, by age.

Healthcare services affected by bushfires	Overall	18-24 years	25-44 years	45-64 years	65-74 years	75+ years
Significantly impacted - I was not able to get essential care	0.2	0.0	0.5	0.1	0.3	0.0
Somewhat impacted - I was not able to access some care	0.9	1.2	0.8	0.9	1.0	0.4
Slightly impacted - my healthcare needs weren't entirely met	1.9	0.7	2.4	2.1	2.1	0.9
Not at all - my healthcare needs were met as usual	60.0	62.3	66.4	55.1	51.9	52.4
Not applicable	36.7	35.7	29.5	41.8	44.7	46.0
Prefer not to answer	0.2	0.0	0.5	0.0	0.0	0.3

Table 76. Access to healthcare services affected by the bushfires, by cohort.

Healthcare services affected by bushfires	Rural & remote	Urban	With disability	Without disability	LGBTIQ	Non LGBTIQ
Significantly impacted - I was not able to get essential care	0.4*	0.2	0.9*	0.2	0.6	0.2
Somewhat impacted - I was not able to access some care	1.5*	0.6	1.8*	0.8	0.8	0.9
Slightly impacted - my healthcare needs weren't entirely met	3.1*	1.3	4.7*	1.6	2.1	1.9
Not at all - my healthcare needs were met as usual	55.0	63.2	62.0	60.0	72.7	58.3
Not applicable	39.9	34.4	30.5	37.3	23.9	38.5
Prefer not to answer	0.0	0.2	0.1	0.2	0.0	0.2

* Statistically significant difference between the two categories in the group (e.g., with/without disability).

Appendix 1 – Sampling weights for prevalence estimates

Tables S1 and S2 show the total number of women in the Australian population, by educational attainment (Table S1), and the number of women, also by educational attainment, who responded to the Jean Hailes Women's Health Survey (Table S2). The formula used for the calculation of sampling weights is shown below the tables.

Table S1. Highest educational attainment, by age cohort, Australian females aged 15-74 years, 2019.

Population sample ('000)	15-19	20-24	25-29	30-34	35-44	45-54	55-64	65-74	Total
Post-graduate degree	0	22	120	154	275	187	143	85	985
Undergraduate degree	0	199	311	295	462	330	209	123	1929
Technical/trade certificate	81	225	265	265	529	531	424	253	2573
Secondary school or less	645	394	234	226	400	538	673	656	3766
Total	726	840	930	939	1666	1586	1448	1117	9252

Data were adapted from the Australian Bureau of Statistics: 6227.0 – Education and Work, Australia, May 2019.

Table S2. Highest educational attainment, by age cohort in the 2020 Jean Hailes for Women's Health Survey.

Survey sample	18-19	20-24	25-29	30-34	35-44	45-54	55-64	65-74	75+	Total
Post-graduate degree	0	24	114	180	320	496	574	302	55	2065
Undergraduate degree	0	79	165	169	317	396	423	254	65	1868
Technical/trade certificate	2	15	51	63	183	272	349	253	61	1249
Secondary school or less	32	41	35	36	68	199	277	261	87	1036
Total	34	159	365	448	888	1363	1623	1070	268	6218

Weights for respondents in the sample of age x with education level y:

$$W(x, y) = \frac{P(x, y)}{P} \div \frac{N(x, y)}{N}$$

Where P is the total number of women aged 15-74 in the Australian population, and P(x,y) is the number of women in the Australian population aged x years with education level y. Similarly, N is the total number of women in the sample, and N(x,y) is the number of women aged x years with education level y in the sample.

For respondents aged 75+, we used the same weighting as the 65-74 age group, as the education level data were only available for age 15-74 years.

Appendix 2 – Margin of error estimates

Tables S3 and S4 show the margin of error estimates by age cohort and by state and territory.

Table S3. Margin of error estimates, by age cohort.

Age	Population size	Sample size	Confidence level	Confidence interval (margin of error)
18-24	1,156,436	193	95%	7%
25-44	3,607,941	1701	95%	2%
45-64	3,142,847	2986	95%	2%
65-74	1,170,041	1070	95%	3%
75+	978,331	268	95%	6%
Total	10,055,596	6218	95%	1%

Data were adapted from the Australian Bureau of Statistics: 3101.0 – Australian Demographic Statistics, March 2020.

Table S4. Margin of error estimates, by state and territory.

State/Territory	Population size	Sample size	Confidence level	Confidence interval (margin of error)
VIC	3,330,026	2904	95%	2%
NSW	4,073,016	1375	95%	3%
QLD	2,574,890	735	95%	4%
WA	1,313,435	407	95%	5%
SA	887,066	324	95%	5%
ACT	215,480	218	95%	7%
TAS	270,194	189	95%	7%
NT	119,089	53	95%	13%
Total	12,785,352	6218	95%	1%

Data were adapted from the Australian Bureau of Statistics: 3101.0 – Australian Demographic Statistics, March 2020.

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