2022 Jean Hailes National Women's Health Survey

Jean Hailes
FOR WOMEN'S HEALTH

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Acknowledgements

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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 media@jeanhailes.org.au

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About Jean Hailes for Women's Health

Who we are

Jean Hailes for Women's Health is a national, not-for-profit organisation dedicated to the health of all women, girls and gender-diverse people. The organisation was founded 30 years ago in honour of pioneering medical practitioner Dr Jean Hailes, who established the nation's first women's health clinic dedicated to menopause. In 2022, Jean Hailes now operates two clinics in Victoria, servicing all women's health needs.

Jean Hailes for Women's Health provides free, evidence-based health information for all women, girls and gender-diverse people. Consumers can access fact sheets, booklets, health tips, videos, animations, articles and podcasts. Resources and educational kits are available in easy-to-understand English as well as in languages other than English. Jean Hailes also offers accredited e-learning courses and webinars, as well as plain English and in-language resources, for health professionals to support their clinical practice.

About the Jean Hailes National Women's Health Survey

Survey background

The 2022 Jean Hailes Women's Health Survey is the seventh annual survey implemented nationally by the organisation. This year we sought to understand the health, healthcare experiences, health information needs and health behaviours of women living in Australia in light of the population-wide effects of the COVID-19 pandemic. The survey was developed to inform health services, health practitioners and health promotion activities (including Jean Hailes' Women's Health Week) so that they can respond effectively to the current and specific health and health information needs of women in Australia. We recognise that women receive and process information through diverse mechanisms, and the survey assists us to identify the most effective ways of communicating to all.

Survey aim

The survey aimed to research the impact of COVID-19 on women's health and wellbeing by:

1. measuring changes to physical and mental health status
2. analysing how women access healthcare and health information in 2022.

Strengths

The 2022 Jean Hailes Women's Health Survey was designed to maximise access for women with diverse capabilities and familiarity with survey completion. It was made available in English that had been checked for readability so that the language was understandable to a respondent with Year 10 education. In collaboration with our translation partner Ethnolink, the survey was translated into the three most commonly spoken languages other than English in Australia: Chinese (simplified), Arabic and Vietnamese. The survey was pre-tested and community checked in these four languages to establish comprehensibility, salience and acceptability. Multiple strategies were used to ensure that the opportunity to complete the survey was made available to women in Australia living in non-urban and urban settings, in all states and territories. It was adapted for completion on a phone, tablet or computer. We included data contribute by women who completed at least 95% of the survey, and weighted the sample for age, education level and state or territory of residence to maximise comparability with the Australian population of women.

Limitations

Nevertheless, we acknowledge some limitations. An online survey will necessarily exclude women with no digital access or digital literacy; therefore, it is possible that participants who completed the survey were disproportionately health aware – so, the findings might not represent the health needs of women in Australia precisely.

Executive summary

The Jean Hailes National Women's Health Survey was conducted in March-May 2022. It attracted more than 14,000 respondents, and for the first time it was translated into Chinese (simplified), Arabic and Vietnamese. This year's survey focused on the pandemic, providing the most up-to-date snapshot of how Australian women are faring in a 'COVID-19 normal' environment.

The survey revealed an alarming drop in the number of women rating their health as 'very good' or 'excellent' compared to five years ago, and a trend towards more women experiencing health problems, particularly younger women.

Nearly half of all women said their mental and physical health had deteriorated during the past two years. Sadly, one in five said their mental health had stopped them engaging in everyday activities, and 17% reported a pre-existing mental health condition had worsened.

The survey highlighted equity problems and differing health outcomes for women with disabilities, women from non-English speaking backgrounds, and those in LGBTI and Aboriginal and/or Torres Strait Islander communities. Where statistically significant, disaggregated data has been provided.

The survey also revealed that many women had missed health appointments due to the pandemic. One third said they had missed a dental visit, and one in five said they had missed a GP health check. Concerningly, eight per cent said they had missed either a mammogram to check for breast cancer or a cervical cancer screening.

Summary results

Decline in physical health

43% of women said their physical health had declined since the pandemic began.

- 57% women with a disability ▲
- 51% LGBTI ▲

35% of women rated their health as 'very good' or 'excellent' – down from 56% in the 2017–18 ABS Health Survey[1].

[1] Australian Bureau of Statistics, *National Health Survey: First results, 2017-18 financial year,* https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/2017-18, 2018.

Decline in mental health

46% of women said their mental health had deteriorated since the pandemic began.

- 59% 18-25 year-olds ▲
- 56% women with a disability ▲
- 55% women from non-English speaking backgrounds ▲

Withdrawal from everyday activities

21% said their mental health stopped them from taking part in everyday activities.

- 38% LGBTI women ▲
- 34% women with a disability ▲
- 31% 18-25 year-olds ▲

Missed appointments due to the pandemic

- 32% of women missed a dental appointment
- 18% missed a health check with a GP
- 8% missed a breast screening appointment (mammogram)

Health equity

44% could not afford to see a doctor or other health professional when they needed it.

- 70% women from non-English speaking backgrounds ▲
- 62% women with a disability ▲
- 53% Aboriginal and/or Torres Strait Islander women ▲
- 57% LGBTI women ▲

29% could not access health information in their own language.

- 55% women from non-English speaking backgrounds ▲
- 39% Aboriginal and/or Torres Strait Islander women ▲

Jean Hailes takes a broad and inclusive approach to the topic of women's health. The terms 'women' and 'all women' are used throughout this resource to refer to all women and gender-diverse people.

Survey methods

Ethics

The study was approved by Bellberry Human Research Ethics Committee [2018-03-187-A-10]. Before being given access to the survey, respondents were asked to read an introductory plain-language statement and to confirm their consent to participate. Consent was implied through survey completion.

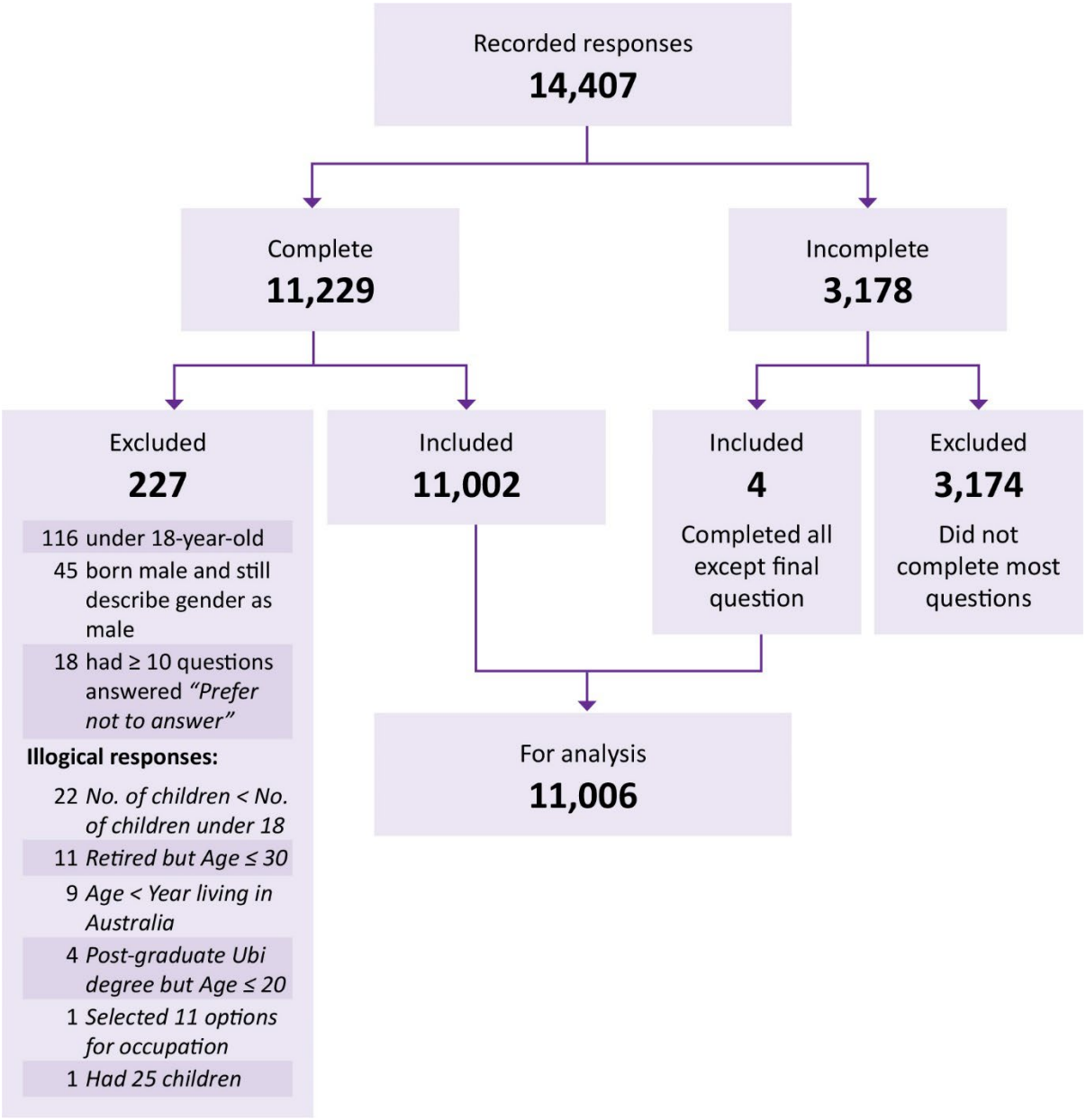
Respondent recruitment

Participants were recruited through established Jean Hailes communication channels, community partners and key stakeholders in the women's health sector. Invitations to participants, accompanied by links to the survey, were published through the Jean Hailes website, social media channels and email. Diverse national community partners, including health, government, media and retail organisations, promoted and disseminated the survey Australia-wide. To allow women with insufficient English language proficiency to participate, the survey was translated into Chinese (simplified), Arabic and Vietnamese and distributed through organisations representing people speaking these languages. In addition, to ensure representation of younger women (aged 18-30 years) and women who are of Aboriginal and/or Torres Strait Islander origin, we made the survey available through specific panels (managed by Qualtrics^{XM}).

Participants and weighting methods

A total of 14,407 women responded to the 2022 survey. Of these, 3,174 completed less than 95% of the questions, 116 were aged under 18 years, and 111 provided illogical answers or answers that were ineligible – these were excluded from analyses. This resulted in a final sample of 11,006 women aged 18 years or older living in Australia who contributed complete data (Figure 1).

Figure 1: Survey responses included in analysis



The sample differed from the female population in Australia on some demographic characteristics. On average, they were older and more likely to have completed post-secondary education, and a disproportionate number lived in Victoria. To maximise comparability with the Australian population, we applied sampling weights for age group, highest education level and state of residence. Weighting was applied to all categories except Aboriginal and/or Torres Strait Islander origin.

Table 1. Demographic characteristics of the sample compared to the female population in Australia

Age group	Survey sample	Australian Population[2]
18-19 years	1.1	2.8
20-24 years	4.4	7.7
25-34 years	12.9	18.4
35-44 years	13.3	17.3
45-54 years	26.0	16.1
55-64 years	23.5	15.1
65-74 years	14.6	12.2
75+ years	4.2	10.4
Highest level of education		
Secondary school or lower	17.1	38.3
Technical or trade certificate/apprenticeship	16.6	26.8
Undergraduate university degree	29.6	20.0
Post-graduate university degree	32.5	10.2
Other	4.2	4.2
State		
New South Wales	20.2	31.8
Australian Capital Territory	2.9	1.7
Victoria	48.5	25.9
Queensland	12.0	20.3
South Australia	5.4	6.9
Western Australia	7.3	10.4
Tasmania	2.9	2.1
Northern Territory	0.9	0.9

[2] Australian Bureau of Statistics, *Population Census 2021,* https://www.abs.gov.au/census, 2022.

Information about respondents

Age

In this report, we grouped women into five age groups: 18-24 years, 25-44 years, 45-64 years and 65+ years. These reflected broad life stages: the 18-24 age group were women likely to still be pursuing education and living with their parents, the 25-44 age group were women of childbearing age, the 45-64 age group were women going through the menopausal transition, and the 65+ age group were women likely to be moving towards retirement.

Respondents were older, on average, than the Australian female population. Almost half were aged between 45 and 64 years, which is much higher than this age cohort as a proportion of the Australian population (49.5% versus 31.2% respectively). There was also an under-representation of younger women, especially those aged 18-24 years (5.5% versus 10.5% of the Australian population).

Table 2. Survey sample size and percentage of respondents – by Age group

How old are you?	n	%	Weighted %
18-24 years	605	5.5	16.2
25-44 years	2885	26.2	32.8
45-64 years	5450	49.5	29.7
65+ years	2066	18.8	21.2
Total	11,006	100.0	100.0

Education

Respondents were highly educated compared to the Australian female population. Almost two-thirds (61.7%) of respondents had completed a university qualification, which is double that of the Australian population (30.2%).

Table 3. Survey sample size and percentage of respondents – by Highest level of education completed

What is the highest level of education you have completed?	n	%	Weighted %
Never attended school	6	0.1	0.2
Did not complete primary school	14	0.1	0.4
Primary school	27	0.2	0.7
Secondary school	1,826	16.7	38.7
Technical or trade certificate/apprenticeship	1,819	16.6	26.4
Undergraduate university degree	3,236	29.6	20.5
Post-graduate university degree	3,559	32.5	9.3
Other	457	4.2	3.8
Total	10,944	100.0	100.0

State and territory

Respondents from every state and territory completed the survey. More respondents lived in Victoria (48.5%) compared to the state's share of the Australian population (25.9%). There were fewer respondents from New South Wales (20.2%) and Queensland (12%) than the overall Australian population (31.8% and 20.3% respectively).

Table 4. Survey sample size and percentage of respondents – by State and territory of residence

What is your residential postcode? (State and territory of residence)	n	%	Weighted %
New South Wales	2,219	20.2	31.2
Australian Capital Territory	319	2.9	1.8
Victoria	5,336	48.5	24.3
Queensland	1,323	12.0	22.1
South Australia	591	5.4	7.1
Western Australia	806	7.3	10.3
Tasmania	315	2.9	2.5
Northern Territory	97	0.9	0.9
Total	11,006	100.0	100.0

Remoteness

Geographic remoteness was classified into five categories based on postcodes: major cities, inner regional, outer regional, remote and very remote areas. More than half (60.2%) of women were living in major cities, about a quarter (24.3%) in inner regional areas and the remainder were living in outer regional, remote and very remote areas. These proportions are similar to the Australian population.

Table 5. Survey sample size and percentage of respondents – by Geographical remoteness.

What is your residential postcode? (Geographical remoteness)	n	%	Weighted %
Major Cities of Australia	6,580	60.2	57.4
Inner Regional Australia	2,657	24.3	23.1
Outer Regional Australia	1,369	12.5	15.2
Remote Australia	185	1.7	2.4
Very Remote Australia	133	1.2	1.9
Total	10,924	100.0	100.0

Aboriginal and/or Torres Strait Islander status

As a result of targeted efforts to recruit women who were of Aboriginal or Torres Strait Islander origin, they were over-represented in the sample in comparison to the proportion in the general population. The proportion of respondents who identified as Aboriginal and/or Torres Strait Islander was 4.7%, which is higher than the 3.2% of the total Australian female population[3]. This strategy generated a large sample and enabled analysis of the data related to the specific health and health information needs of this group.

Table 6. Survey sample size and percentage of respondents – by Aboriginal or Torres Strait Islander origin

Are you of Aboriginal or Torres Strait Islander origin?	n	%
Yes, Aboriginal and/or Torres Strait Islander	518	4.7
No	10,408	95.3
Total	10,926	100.0

Cultural and linguistical diversity

Around one in five (20.3%) women were born overseas, which is lower than for the Australian population (27%)[4]. Most women born overseas were from English-speaking countries, but 4.3% spoke a language other than English at home. Of women born overseas, almost all (91%) had lived in Australia for more than five years.

Table 7. Survey sample size and percentage of respondents – by Country of birth

In which country were you born?	n	%	Weighted %
Australia	8,778	79.8	80.5
England	600	5.5	5.2
New Zealand	253	2.3	2.6
Africa	163	1.5	1.7
Asia	561	5.1	5.0
Europe	424	3.9	3.3
North America	143	1.3	1.0
Oceania	22	0.2	0.1
South America	41	0.4	0.4
Other	11	0.1	0.1
Total	10,996	100.0	100.0

[3] Australian Bureau of Statistics, *Population Census 2021,* https://www.abs.gov.au/census, 2022.
[4] ibid.

Table 8. Survey sample size and percentage of respondents – by Language spoken at home

What language do you mainly speak at home?	n	%	Weighted %
English	10,523	95.7	95.0
Other	475	4.3	5.0
Total	10,998	100.0	100.0

Table 9. Survey sample size and percentage of overseas-born respondents – by Years of residency in Australia

How many years have you lived in Australia?	n	%	Weighted %
Less than 1 year	24	1.1	2.1
1-5 years	176	7.9	11.5
More than 5 years	2,021	91.0	86.4
Total	2,221	100	100

Disability status

One in ten (10%) respondents identified as a person living with a disability, which is lower than the 17.8% of Australian women who report living with a disability[5]. Around one in seven (15%) women reported caring for someone with a disability or additional needs, which is slightly higher than the 12.3% of women in the Australian population who report caring for someone with a disability[6].

Table 10. Survey sample size and percentage of respondents – by Disability status

Do you identify as a person with a disability?	n	%	Weighted %
Yes	1,088	10.0	12.3
No	9,786	90.0	87.7
Total	10,874	100.0	100.0

Table 11. Survey sample size and percentage of respondents – by Carer status

I care for someone with a disability or additional needs	n	%	Weighted %
Yes	1,643	15.0	12.9
No	9,320	85.0	87.1
Total	10,963	100.0	100.0

[5] Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings,* https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release, 2018.
[6] ibid.

LGBTI status

Just over 6% of respondents identified as non-binary, transgender or intersex, or reported sexual orientation as bisexual, gay, lesbian or other (LGBTI). In terms of sexual orientation, 4% of respondents identified as bisexual and 1.9% as gay or lesbian. The proportion reporting sexual orientation as bisexual or homosexual (5.9%) was higher than the 2016 National Drug Strategy Household Survey estimate that 3.2% of the adult population identify as bisexual or homosexual[7]. Weighted results have been provided in the table below.

Respondents were not asked to identify as transgender, however transgender respondents were calculated in accordance with the ABS Standards for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2021). Similarly, respondents were not asked to identify as queer, hence the abbreviation LGBTI has been used throughout the report.

Table 12. Survey sample size and percentage of respondents – by LGBTI status

LGBTIstatus	n	%	Weighted %
Yes	700	6.4	8.5
No	10,306	93.6	91.5
Total	11,006	100.0	100.0

Table 13. Survey sample size and percentage of respondents – by Sex recorded at birth

What was your sex recorded at birth?	n	%	Weighted %
Female	10,974	99.8	99.5
Male	13	0.1	0.3
Another term	7	0.1	0.2
Total	10,994	100.0	100.0

Table 14. Survey sample size and percentage of respondents – by Gender identity

How do you describe your gender?	n	%	Weighted %
Woman or female	10,916	99.4	98.9
Non-binary	44	0.4	0.9
Man or male	6	0.1	0.1
I use a different term	12	0.1	0.1
Total	10,978	100.0	100.0

[7] Australian Institute of Health and Welfare, *Australia's Health 2018: Chapter 5 Health of population groups.* Canberra: AIHW, 2018.

Table 15. Survey sample size and percentage of respondents – by Variation of sex characteristics

Were you born with a variation of sex characteristics (sometimes called 'intersex' or 'DSD')?	n	%	Weighted %
No	10,866	98.9	98.0
Yes	31	0.3	0.3
Don't know	90	0.8	1.7
Total	10,987	100.0	100.0

Table 16. Survey sample size and percentage of respondents – by Sexual orientation

How do you describe your sexual orientation?	n	%	Weighted %
Straight (heterosexual)	9,949	91.6	88.4
Gay or lesbian	202	1.9	1.7
Bisexual	436	4.0	5.9
I use a different term	170	1.6	2.2
Don't know	100	0.9	1.9
Total	10,857	100.0	100.0

Occupational roles

Most women reported that they had multiple occupational roles. Almost all were in some form of paid employment. Around one quarter (25.5%) of respondents were caring for dependent children and around one in seven (15%) were caring for someone with a disability or additional needs. Around one in five respondents (19.8%) were retired and around one in ten (11.1%) were students. In addition, more than one in five women (21.2%) were doing voluntary work.

Table 17. Survey sample size and percentage of respondents – by Occupational role (multiple answers allowed)

Women have many responsibilities, please tell us which of these apply to you in the last twelve months	n	%	Weighted %
I am employed full time	3,842	35.0	30.5
I am employed part time	2,823	25.8	21.7
I am a paid casual worker or contractor	1,256	11.5	12.9
I have my own business	1,390	12.7	10.6
I care for dependent children	2,792	25.5	22.1
I do household tasks	7,599	69.3	62.9
I care for someone with a disability or additional needs	1,643	15.0	12.9
I am not employed and I am looking for paid work	444	4.0	5.6
I am retired	2,167	19.8	21.4
I am a student	1,219	11.1	16.3
I am a volunteer	2,319	21.2	17.2
Other	529	4.8	4.4

Financial situation

Most respondents reported that they were living comfortably (39.1%) or doing alright (37.2%). The remainder reported just getting by (15.6%), or finding their financial situation quite difficult (5%) or very difficult (3.2%).

Table 18. Survey sample size and percentage of respondents – by Financial situation

How would you describe your financial situation?	n	%	Weighted %
Living comfortably	4,258	39.1	30.0
Doing alright	4,054	37.2	36.6
Just getting by	1,698	15.6	21.0
Finding it quite difficult	540	5.0	7.8
Finding it very difficult	353	3.2	4.7
Total	10,903	100.0	100.0

The following table demonstrates the level of disruption to women's lives due to the COVID-19 pandemic, with 5% reporting they had lost their job, 10.4% home schooling children, and 24.7% working from home.

Table 19. Survey sample size and percentage of respondents – by Change to work or study since COVID-19

Has any of these happened because of the COVID-19 pandemic?	n	%	Weighted %
I started working from home	3,095	24.7	28.9
I work more hours in my paid job	2,255	14.3	17.2
I work fewer hours in my paid job	1,054	6.7	11.6
I lost my job	790	5.0	9.6
I found a new job	1,458	9.2	15.6
I am or have been managing home schooling	1,644	10.4	12.5
My course/study moved online	1,291	8.1	16.7
My course/study was cancelled	207	1.3	3.1
No change in my work or study	3,209	20.3	34.3
Total	15,813	100.0	100.0

Women with a disability, women from Aboriginal or Torres Strait Islander origin, LGBTI women, women from non-English speaking backgrounds and young women aged 18-25 years experienced disproportionate financial strain in comparison to the overall results.

Table 20. Change to financial situation since COVID-19 – by Age group

Has your financial situation changed since the COVID-19 pandemic started in 2020?	Age group				Overall
	18-24 years	25-44 years	45-64 years	65+ years	
No, it's the same	38.3	46.5	64.1	75.9	56.8
Yes, it's worse than before	45.5	39.7	27.9	20.1	32.9
Yes, it's better than before	16.2	13.8	8.0	4.0	10.3

Table 21. Change to financial situation since COVID-19 – by Remoteness area

Has your financial situation changed since the COVID-19 pandemic started in 2020?	Remoteness area		Overall
	Non Urban	Urban	
No, it's the same	59.1	55.3	56.9
Yes, it's worse than before	32.6	32.9	32.8
Yes, it's better than before	8.3	11.8	10.3

Table 22. Change to financial situation since COVID-19 – by SEIFA quintiles

Has your financial situation changed since the COVID-19 pandemic started in 2020?	SEIFA quintiles		Overall
	1–2	3–5	
No, it's the same	57.9	56.5	56.9
Yes, it's worse than before	34.6	32.0	32.8
Yes, it's better than before	7.5	11.5	10.3

Sections 1 and 2 of the report provides disaggregated data for Socioeconomic Indices for Areas (SEIFA) quintiles where statistically significant. SEIFA quintiles were derived from respondent's postcodes using the most recent Australian Bureau of Statistics data.

Table 23. Change to financial situation since COVID-19 – by Language spoken at home

Has your financial situation changed since the COVID-19 pandemic started in 2020?	Language spoken at home		Overall
	LOTE	English	
No, it's the same	45.0	57.3	56.8
Yes, it's worse than before	48.0	32.2	32.9
Yes, it's better than before	7.0	10.5	10.3

Table 24. Change to financial situation since COVID-19 – by LGBTI status

Has your financial situation changed since the COVID-19 pandemic started in 2020?	LGBTI		Overall
	LGBTI	Non LGBTI	
No, it's the same	32.6	59.0	56.8
Yes, it's worse than before	51.4	31.2	32.9
Yes, it's better than before	15.9	9.8	10.3

Table 25. Change to financial situation since COVID-19 – by Disability status

Has your financial situation changed since the COVID-19 pandemic started in 2020?	Disability status		Overall
	With disability	Without disability	
No, it's the same	47.7	58.4	57.1
Yes, it's worse than before	44.0	31.0	32.6
Yes, it's better than before	8.3	10.6	10.3

Table 26. Change to financial situation since COVID-19 – by Aboriginal or Torres Strait Islander origin

Has your financial situation changed since the COVID-19 pandemic started in 2020?	Aboriginal or Torres Strait Islander origin		Overall
	Aboriginal or Torres Strait Islander	Not Aboriginal or Torres Strait Islander	
No, it's the same	42.3	57.6	56.9
Yes, it's worse than before	48.5	32.0	32.8
Yes, it's better than before	9.2	10.4	10.3

Living Situation

Most respondents were living either only with a partner (34.4%) or with a partner and children (29.8%). Around one in twenty (6%) were single mothers and one in six (16.7%) were living alone.

Table 27. Survey sample size and percentage of respondents – by Living situation

Please tell us about your living situation. I live:	n	%	Weighted %
On my own	1,824	16.7	16.9
With only my partner	3,751	34.4	31.4
With my partner and children	3,254	29.8	25.3
With children and without a partner	652	6.0	5.7
With adult family members	968	8.9	14.6
In a shared house with non-family members	302	2.8	4.2
Other	162	1.5	1.9
Total	10,913	100.0	100.0

Parental status

More than two thirds of respondents (70.7%) were mothers. Two children (33.6%) was the most common number of children reported, followed by three children (16.7%) and one child (13.8%). Of those who were mothers, most (58.8%) had children who were over the age of 18 years.

Table 28. Survey sample size and percentage of respondents – by Number of children

How many children (including adult children) do you have?	n	%	Weighted %
0	3,220	29.3	35.9
1	1,514	13.8	12.4
2	3,693	33.6	29.0
3	1,838	16.7	15.2
4	535	4.9	5.2
5+	200	1.8	2.3
Total	11,000	100.0	100.0

Table 29. Survey sample size and percentage of respondents – by Number of children aged under 18

How many of these children are under the age of 18 years?	n	%	Weighted %
0	4,576	58.8	56.2
1	1,386	17.8	17.6
2	1,351	17.4	18.2
3	365	4.7	5.8
4	80	1.0	1.9
5+	19	0.2	0.3
Total	7,777	100.0	100.0

Section one: Impact of COVID-19

The 2022 National Women's Health survey was undertaken in March-May 2022 when the COVID-19 pandemic was active and influencing day-to-day lives. Restrictions were more limited, but in most states and territories people were required to wear masks on public transport and in hospitals, and were recommended to use masks elsewhere when social distancing was not feasible. There was some return to workplaces, but this was, for many, limited to a few days a week. Infections were highly prevalent and there were higher numbers of people in hospital with COVID-19 infections and dying with COVID-19 than in the months earlier when the restrictions had been more stringent. We sought to understand the impact of COVID-19 on women's physical and mental health during this period, and changes over time.

The proportions presented in this section are the weighted data.

Where statistically significant, disaggregated data has been provided below. Arrows have been included to indicate:

- ▲ higher than overall percentage of respondents
- ▼ lower than overall percentage of respondents

1. Self-rated health

Self-rated health is a widely used question in health surveys – it is an accurate indicator of general population health.

It was striking that self-rated health was, in general, much poorer than in 2017–18 when this question was asked in the National Health Survey 2017–18[8]. Far fewer women overall rated their health as excellent or very good, and many more rated their health as fair, poor or very poor than in 2017–18.

Table 30. Self-rated health – Totals

How would you describe your health?	Survey sample	2017–18[9]
Excellent	7.1	20.0
Very good	28.4	35.8
Good	47.4	29.4
Fair / Poor / Very poor	17.1	14.8

[8] Australian Bureau of Statistics, *National Health Survey: First results, 2017-18 financial year,* https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/2017-18, 2018.
[9] ibid.

A higher proportion of women aged 25–44 years, the peak years of caring for dependent children, had poor or very poor self-rated health than other age groups, and women aged at least 65 years had the best self-rated health.

Table 31. Self-rated health – by Age group

How would you describe your health?	Age group				Overall
	18-24 years	25-44 years	45-64 years	65+ years	
Excellent	7.7 ▲	6.0 ▼	7.0 ▼	8.3 ▲	**7.1**
Very good	30.1 ▲	23.1 ▼	30.4 ▲	32.7 ▲	**28.4**
Good	41.8 ▼	48.2 ▲	49.2 ▲	48.0 ▲	**47.4**
Fair / Poor / Very poor	20.4 ▲	22.7 ▲	13.5 ▼	11.0 ▼	**17.1**

Although the magnitude of difference was quite small, a smaller proportion of women living in rural, regional and remote areas (33.5%) were experiencing excellent or very good self-rated health than women living in urban areas (36.7%).

Table 32. Self-rated health – by Remoteness area

How would you describe your health?	Remoteness area		Overall
	Non Urban	Urban	
Excellent	6.4 ▼	7.1 ▲	**6.8**
Very good	27.1 ▼	29.6 ▲	**28.5**
Good	48.8 ▲	46.4 ▼	**47.4**
Fair / Poor / Very poor	17.7 ▲	16.9 ▼	**17.2**

A smaller proportion of women living in low socioeconomic positions (SEIFA quintiles 1 and 2, 30.8%) had excellent or very good self-rated health than women living in more advantaged socioeconomic circumstances (37.3%).

Table 33. Self-rated health – by SEIFA quintiles

How would you describe your health?	SEIFA quintiles		Overall
	1–2	3–5	
Excellent	5.4 ▼	7.4 ▲	**6.8**
Very good	25.4 ▼	29.9 ▲	**28.5**
Good	47.9 ▲	47.3 ▼	**47.5**
Fair / Poor / Very poor	21.3 ▲	15.5 ▼	**17.2**

A higher proportion of women from non-English speaking backgrounds rated their health as excellent than women from English-speaking backgrounds .

Table 34. Self-rated health – by Language spoken at home

How would you describe your health?	Language spoken at home		Overall
	LOTE	English	
Excellent	8.4 ▲	7.0 ▼	**7.1**
Very good	24.1 ▼	28.6 ▲	**28.4**
Good	52.7 ▲	47.1 ▼	**47.4**
Fair / Poor / Very poor	14.8 ▼	17.2 ▲	**17.1**

Only 24.4% of women who identify as LGBTI rated their health as excellent or very good, compared to 36.5% of women who do not identify as LGBTI.

Table 35. Self-rated health – by LGBTI status

How would you describe your health?	LGBTI status		Overall
	LGBTI	Non LGBTI	
Excellent	5.2 ▼	7.2 ▲	**7.1**
Very good	19.2 ▼	29.3 ▲	**28.4**
Good	50.6 ▲	47.1 ▼	**47.4**
Fair / Poor / Very poor	25.0 ▲	16.4 ▼	**17.1**

Among women with a disability, only 10.8% rated their health as excellent or very good, compared to 39.3% of women without a disability.

Table 36. Self-rated health – by Disability status

How would you describe your health?	Disability status		Overall
	With disability	Without disability	
Excellent	2.4 ▼	7.8 ▲	**7.2**
Very good	8.4 ▼	31.5 ▲	**28.7**
Good	40.7 ▼	48.3 ▲	**47.3**
Fair / Poor / Very poor	48.6 ▲	12.4 ▼	**16.8**

There was a different pattern among women of Aboriginal or Torres Strait Islander origin, where 41.4% had excellent or very good self-rated health, compared to 35.3% of non-Aboriginal or Torres Strait Islander women.

Table 37. Self-rated health – by Aboriginal or Torres Strait Islander origin

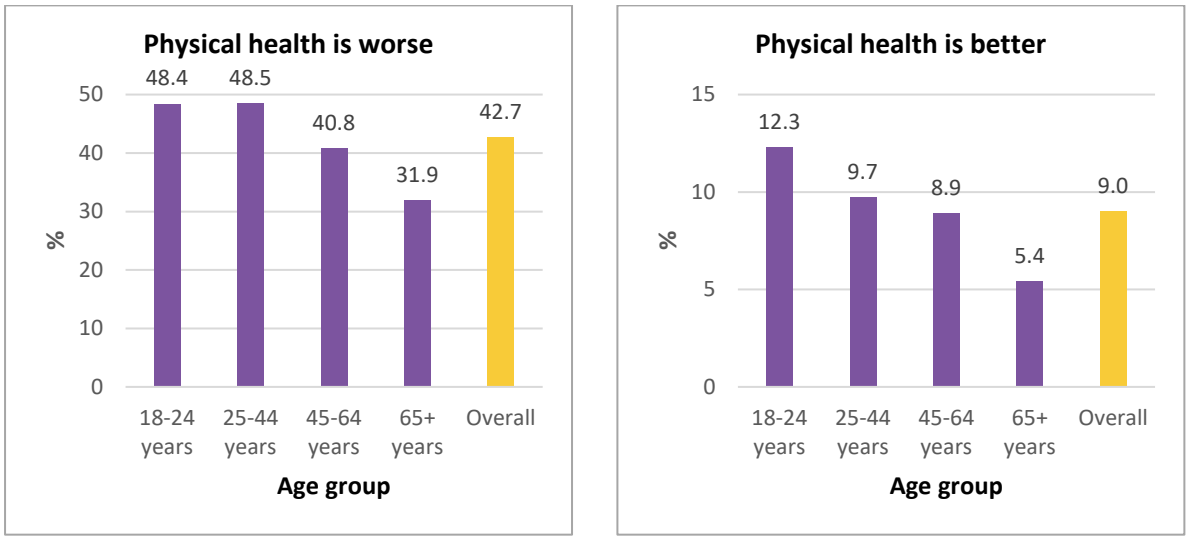
How would you describe your health?	Aboriginal or Torres Strait Islander origin		Overall
	Aboriginal or Torres Strait Islander	Not Aboriginal or Torres Strait Islander	
Excellent	17.4 ▲	6.6 ▼	**7.1**
Very good	24.0 ▼	28.7 ▲	**28.5**
Good	40.5 ▼	47.7 ▲	**47.3**
Fair / Poor / Very poor	18.0 ▲	17.1 ▼	**17.1**

2. How physical health has changed

For almost one in two women, physical health had declined since the COVID-10 pandemic began.

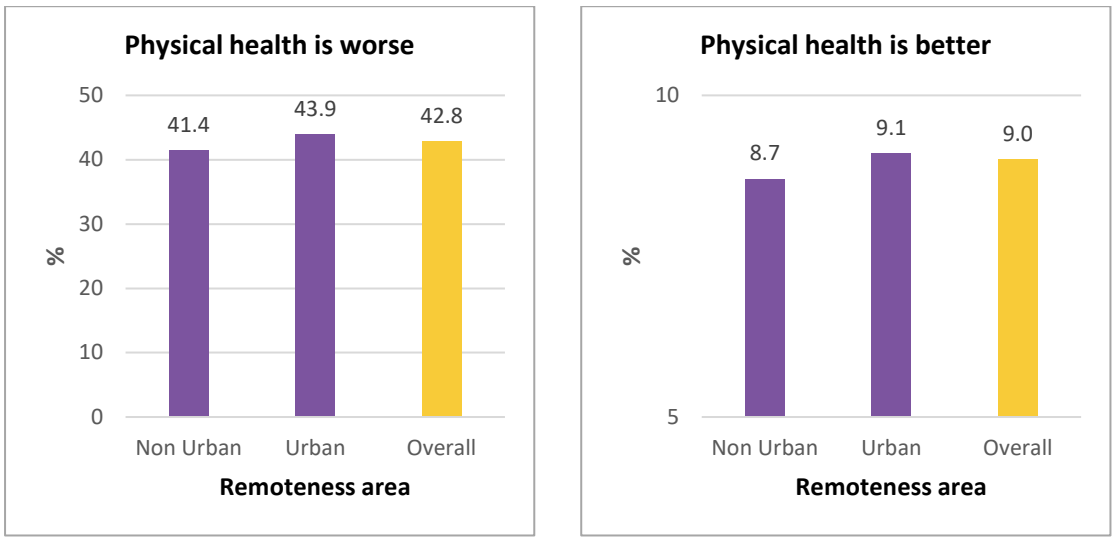
There were striking differences between younger women aged 18–44 years, where nearly half reported poorer physical health, and women aged at least 65 years, where around a third (31.9%) reported worsened physical health.

Figure 2. Has your physical health changed since the COVID-19 pandemic began in 2020? – by Age group



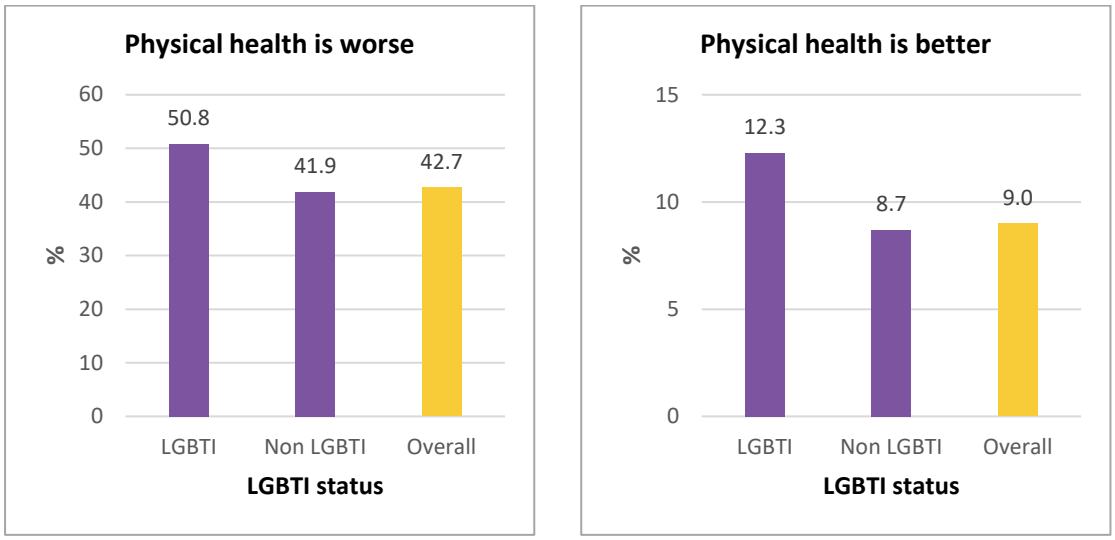
A smaller proportion of women in rural, regional and remote areas experienced worsened physical health than women in urban areas.

Figure 3. Has your physical health changed since the COVID-19 pandemic began in 2020? – by Remoteness area



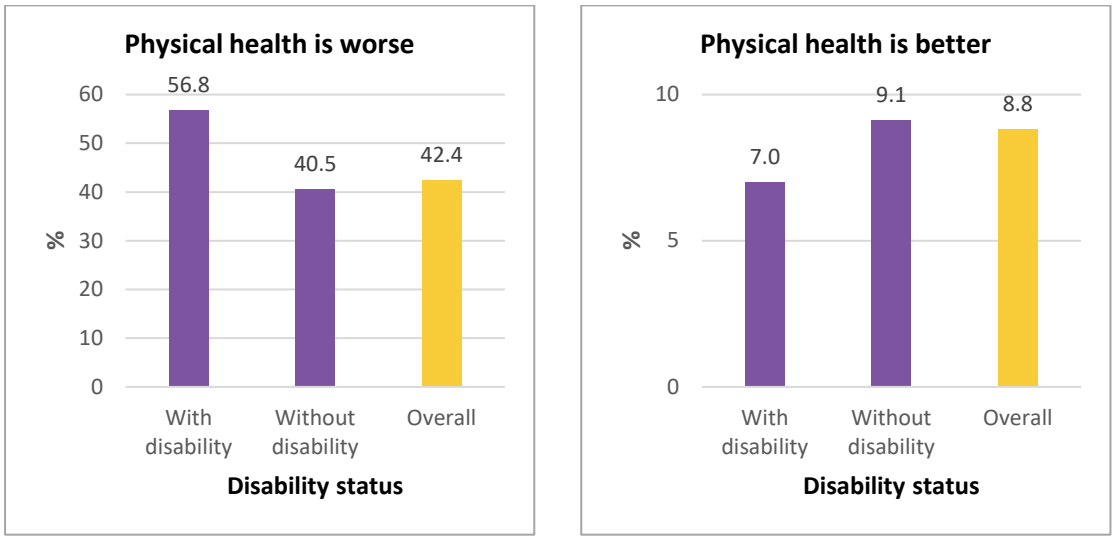
A higher proportion of women identifying as LGBTI experienced a decline in physical health since the pandemic began.

Figure 4. Has your physical health changed since the COVID-19 pandemic began in 2020? – by LGBTI status



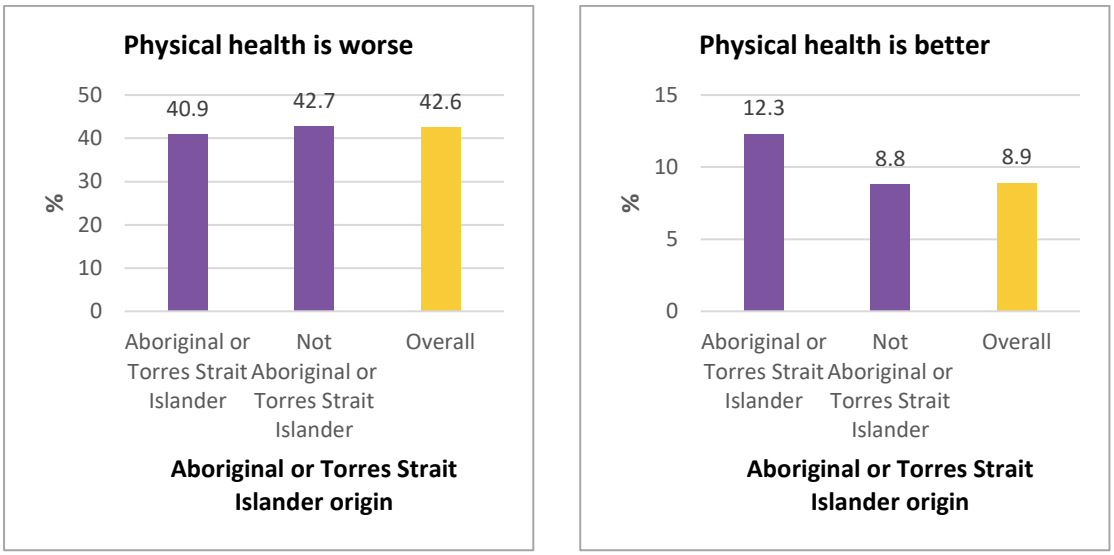
A substantially larger proportion of women living with a disability experienced worsened physical health since the pandemic began than those without a disability.

Figure 5. Has your physical health changed since the COVID-19 pandemic began in 2020? – by Disability status



Among women of Aboriginal or Torres Strait Islander origin, a smaller proportion experienced worsened physical health, and a larger proportion experienced improved physical health, compared to the overall result.

Figure 6. Has your physical health changed since the COVID-19 pandemic began in 2020? – by Aboriginal or Torres Strait Islander origin

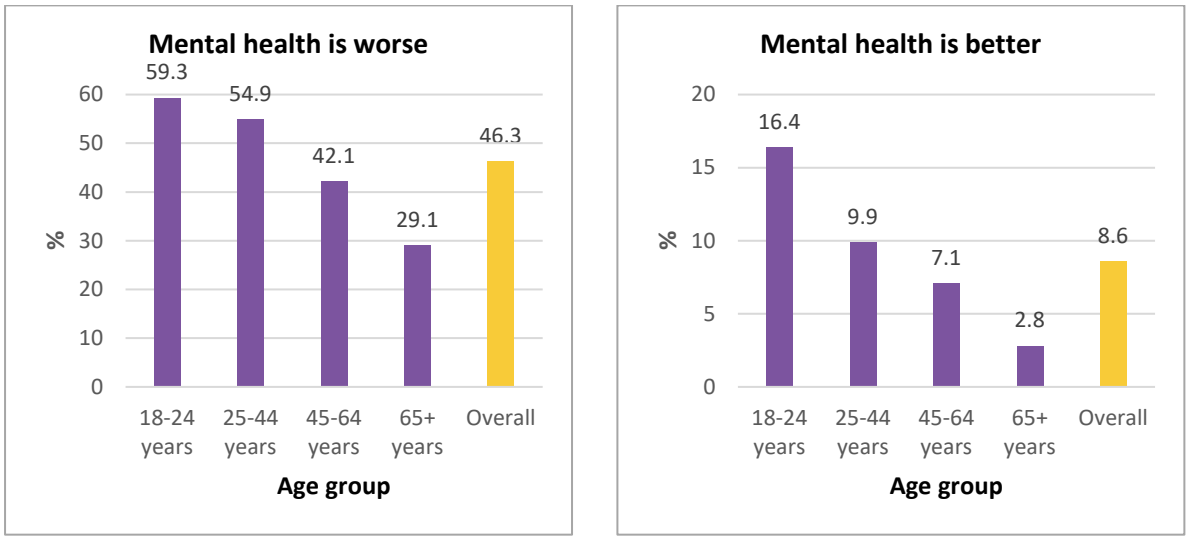


3. How mental health has changed

Even more respondents (46.3%) reported that their mental health had worsened since the pandemic began than those who reported worsened physical health (42.7%).

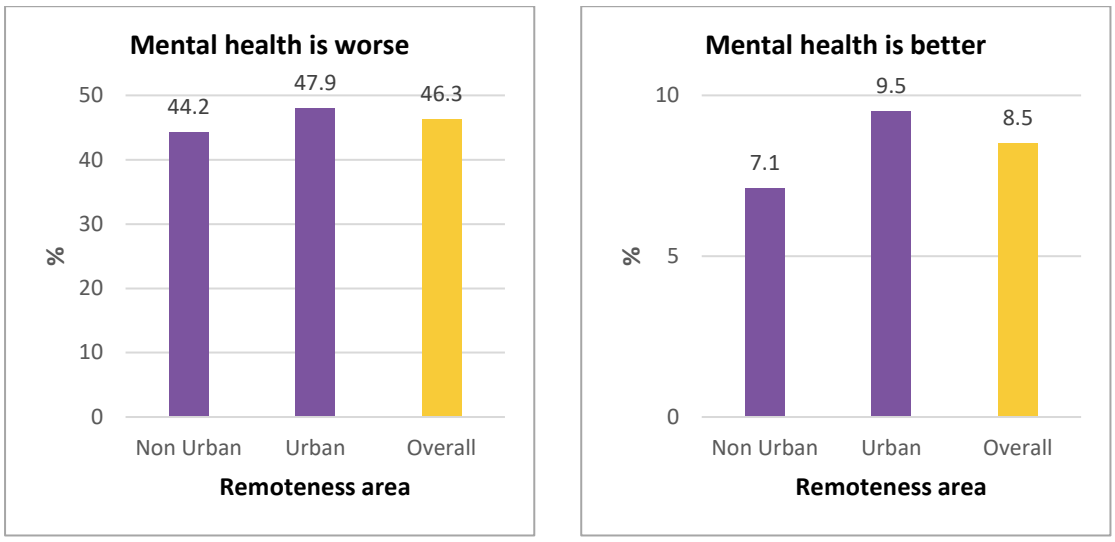
This was especially prominent among younger women aged 18–44 years, where more than half reported that their mental health was worse. Again, a smaller proportion of women over the age of 65 than other age groups reported worsened mental health.

Figure 7. Has your mental health changed since the COVID-19 pandemic began in 2020? – by Age group



A smaller proportion of women in rural, regional and remote areas than in urban areas reported worsened mental health.

Figure 8. Has your mental health changed since the COVID-19 pandemic began in 2020? – by Remoteness area



A decline in mental health was more common among women from non-English speaking backgrounds, women who identified as LGBTI, women with a disability and women of Aboriginal or Torres Strait Islander origin.

Figure 9. Has your mental health changed since the COVID-19 pandemic began in 2020? – by Language spoken at home

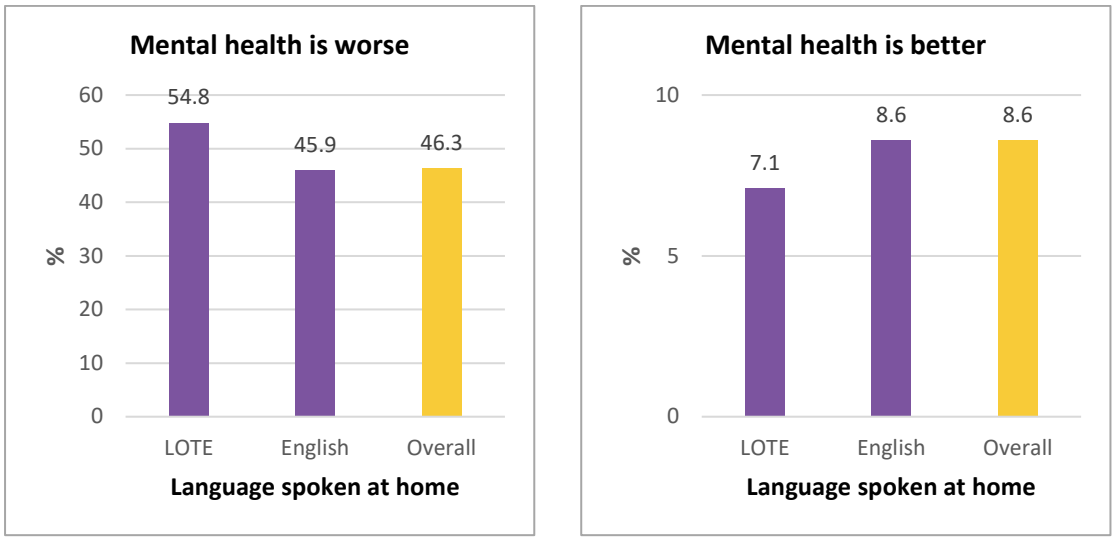


Figure 10. Has your mental health changed since the COVID-19 pandemic began in 2020? – by LGBTI status

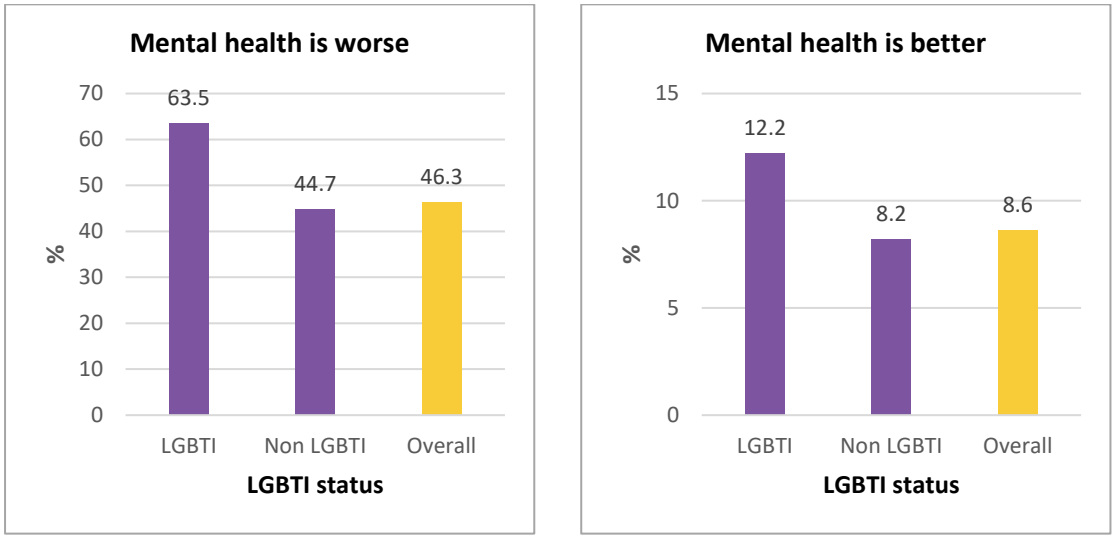
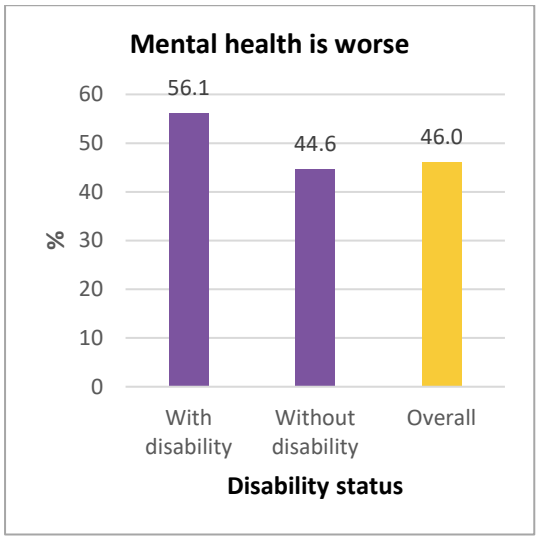


Figure 11. Has your mental health changed since the COVID-19 pandemic began in 2020? – by Disability status



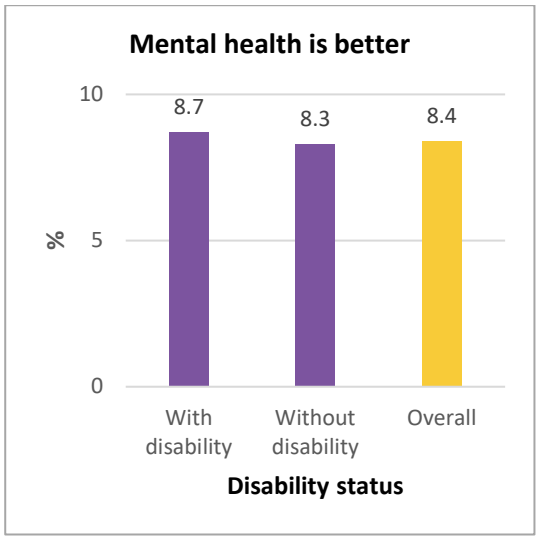
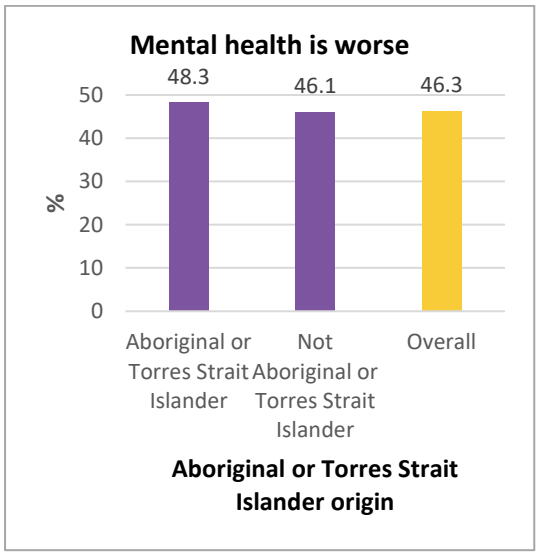
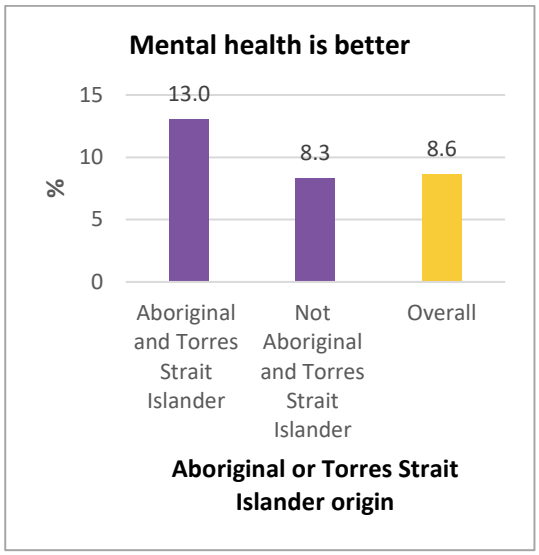


Figure 12. Has your mental health changed since the COVID-19 pandemic began in 2020? – by Aboriginal or Torres Strait Islander origin

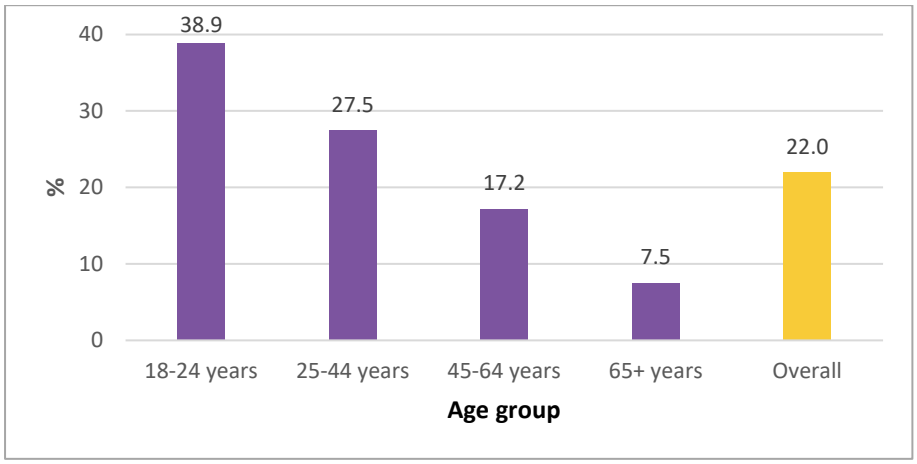




4. COVID-19 infections

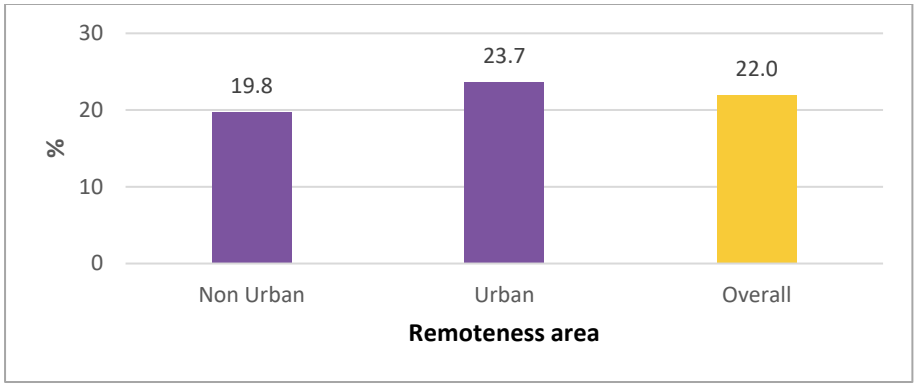
Around one in five women (22%) had been infected by COVID-19, with a striking difference in results by age group. While 7.5% of women aged at least 65 years had contracted COVID-19, almost 40% of young people aged 18-24 years had contracted COVID-19 – a much higher proportion of younger than older people.

Figure 13. Percentage of women who have had COVID-19 – by Age group



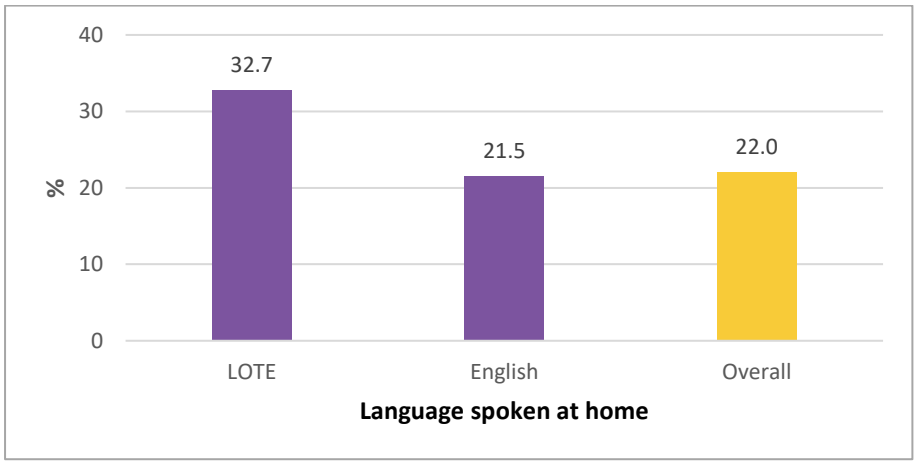
Women in remote, regional and rural areas were less likely than those in urban areas to have contracted the virus.

Figure 14. Percentage of women who have had COVID-19 – by Remoteness area



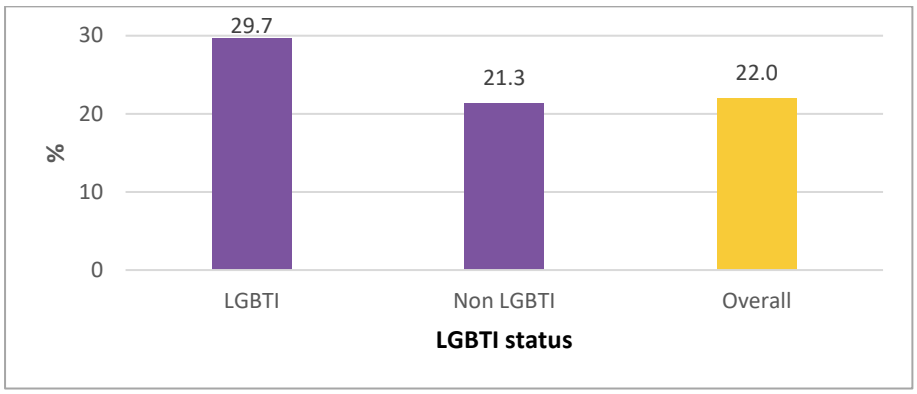
Women from non-English speaking backgrounds were more likely to have contracted COVID-19 than women from English-speaking backgrounds.

Figure 15. Percentage of women who have had COVID-19 – by Language spoken at home



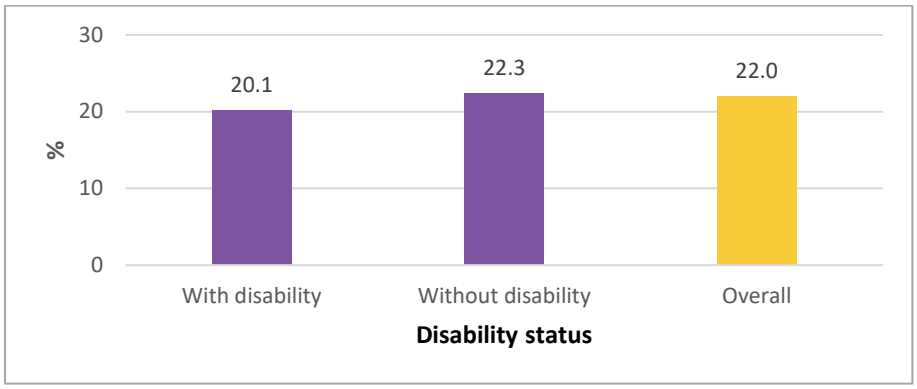
A higher proportion of women who identified as LGBTI had contracted COVID-19 in comparison to the overall result.

Figure 16. Percentage of women who have had COVID-19 – by LGBTI status



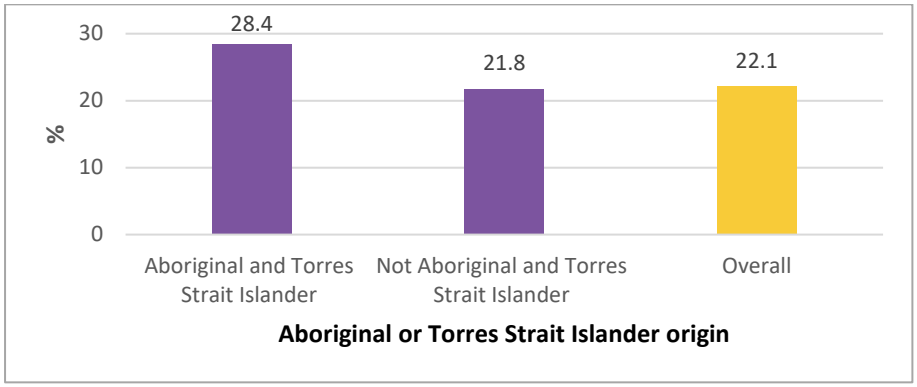
There was little statistical difference in the percentage of women with a disability who contracted COVID-19 compared to the overall result.

Figure 17. Percentage of women who have had COVID-19 – by Disability status



Women of Aboriginal and/or Torres Strait Islander origin were more likely to have contracted COVID-19 than those in the overall sample.

Figure 18. Percentage of women who have had COVID-19 – by Aboriginal or Torres Strait Islander origin



5. How alcohol use has changed

Contrary to popular opinion that women consumed more alcohol during the pandemic, women's level of alcohol consumption declined or remained the same during the pandemic for 53% of women. Almost one in three reported not drinking alcohol at all.

Table 38. Changes in alcohol use since COVID-19 pandemic – Totals

Has your alcohol use changed since the COVID-19 pandemic began?	Overall
I'm drinking more than I used to	14.1
I'm drinking less than I used to	17.6
I'm drinking about the same amount as I used to	35.4
I don't drink alcohol	32.9

Section two: Health since the beginning of the pandemic

The proportions presented in this section are the weighted data.

6. How physical health has declined

Overall, weight gain, loss of fitness and muscle and joint pain were reported by nearly one in five women. Around one in ten had been diagnosed with a new health condition during the pandemic, and the same proportion experienced worsening of an existing condition.

A higher proportion of women over the age of 45 than younger women described increased joint pain, but younger women aged up to 44 years described having gained weight and lost fitness.

Table 39. How physical health has worsened – by Age group

How has your health got worse since the start of the COVID-19 pandemic in 2020?	Age group				Overall
	18-24 years	25-44 years	45-64 years	65+ years	
Muscle and joint pain	14.8 ▼	19.0 ▼	23.1 ▲	19.4 ▼	**19.6**
I have put on weight	27.8 ▼	35.4 ▲	29.6 ▲	14.0 ▼	**27.9**
I'm less fit	35.0 ▲	33.6 ▲	29.1 ▼	22.5 ▼	**30.1**
A health condition I had before the COVID-19 pandemic has got worse	10.3 ▼	13.3 ▲	10.1 ▼	10.1 ▼	**11.2**
I was diagnosed with a new health condition during the COVID-19 pandemic	14.7 ▲	12.7 ▲	10.5 ▼	10.2 ▼	**11.8**
Other	4.9 –	6.3 ▲	5.0 ▲	2.9 ▼	**4.9**

In general, a smaller proportion of women in remote, regional and rural areas than in urban areas reported problems with joint pain, loss of fitness and weight gain.

Table 40. How physical health has worsened – by Remoteness area

How has your health got worse since the start of the COVID-19 pandemic in 2020?	Remoteness area		Overall
	Non Urban	Urban	
Muscle and joint pain	19.0 ▼	20.3 ▲	**19.8**
I have put on weight	27.5 ▼	28.7 ▲	**28.2**
I'm less fit	28.7 ▼	31.6 ▲	**30.3**
A health condition I had before the COVID-19 pandemic has got worse	10.4 ▼	11.9 ▲	**11.3**
I was diagnosed with a new health condition during the COVID-19 pandemic	11.6 ▼	12.1 ▲	**11.9**
Other	5.0 ▲	4.9 –	**4.9**

There were no significant differences in these indicators among women of different socioeconomic positions.

Table 41. How physical health has worsened – by SEIFA quintiles

How has your health got worse since the start of the COVID-19 pandemic in 2020?	SEIFA quintiles		Overall
	1–2	3–5	
Muscle and joint pain	19.9 ▲	19.7 ▼	**19.8**
I have put on weight	29.4 ▲	27.6 ▼	**28.2**
I'm less fit	31.1 ▲	30.0 ▼	**30.3**
A health condition I had before the COVID-19 pandemic has got worse	11.3 –	11.2 ▼	**11.3**
I was diagnosed with a new health condition during the COVID-19 pandemic	12.2 ▲	11.8 ▼	**11.9**
Other	5.2 ▲	4.8 ▼	**4.9**

A smaller proportion of women from non-English speaking backgrounds than women from English-speaking backgrounds had problems with weight gain or health conditions that had worsened.

Table 42. How physical health has worsened – by Language spoken at home

How has your health got worse since the start of the COVID-19 pandemic in 2020?	Language spoken at home		Overall
	LOTE	English	
Muscle and joint pain	19.3 ▼	19.6 –	**19.6**
I have put on weight	23.2 ▼	28.2 ▲	**27.9**
I'm less fit	27.1 ▼	30.3 ▲	**30.1**
A health condition I had before the COVID-19 pandemic has got worse	7.1 ▼	11.4 ▲	**11.2**
I was diagnosed with a new health condition during the COVID-19 pandemic	11.5 ▼	11.9 ▲	**11.8**
Other	6.1 ▲	4.9 –	**4.9**

Women who identified as LGBTI had more of all these problems than those who did not identify as LGBTI.

Table 43. How physical health has worsened – by LGBTI status

How has your health got worse since the start of the COVID-19 pandemic in 2020?	LGBTI status		Overall
	LGBTI	Non LGBTI	
Muscle and joint pain	24.9 ▲	19.1 ▼	**19.6**
I have put on weight	30.9 ▲	27.7 ▼	**27.9**
I'm less fit	37.6 ▲	29.4 ▼	**30.1**
A health condition I had before the COVID-19 pandemic has got worse	18.0 ▲	10.6 ▼	**11.2**
I was diagnosed with a new health condition during the COVID-19 pandemic	16.8 ▲	11.4 ▼	**11.8**
Other	6.5 ▲	4.8 ▼	**4.9**

The health of women with disabilities had declined significantly, with 30.4% having stated that a health condition they had before the pandemic had got worse – nearly three times the overall result.

Table 44. How physical health has worsened – by Disability status

How has your health got worse since the start of the COVID-19 pandemic in 2020?	Disability status		Overall
	With disability	Without disability	
Muscle and joint pain	31.2 ▲	17.8 ▼	**19.4**
I have put on weight	33.8 ▲	27.0 ▼	**27.9**
I'm less fit	37.9 ▲	28.9 ▼	**30.0**
A health condition I had before the COVID-19 pandemic has got worse	30.4 ▲	8.2 ▼	**10.9**
I was diagnosed with a new health condition during the COVID-19 pandemic	19.5 ▲	10.6 ▼	**11.7**
Other	7.6 ▲	4.4 ▼	**4.8**

There were no significant differences in prevalence of these health problems among Aboriginal or Torres Strait Islander and non-Aboriginal or Torres Strait Islander women, but a smaller proportion of Aboriginal or Torres Strait Islander women reported loss of fitness.

Table 45. How physical health has worsened – by Aboriginal or Torres Strait Islander origin

How has your health got worse since the start of the COVID-19 pandemic in 2020?	Aboriginal or Torres Strait Islander origin		Overall
	Aboriginal or Torres Strait Islander	Not Aboriginal or Torres Strait Islander	
Muscle and joint pain	20.7 ▲	19.5 ▼	**19.6**
I have put on weight	28.0 ▼	27.9 –	**27.9**
I'm less fit	26.4 ▼	30.3 ▲	**30.1**
A health condition I had before the COVID-19 pandemic has got worse	12.5 ▲	11.1 ▼	**11.2**
I was diagnosed with a new health condition during the COVID-19 pandemic	10.4 ▼	11.9 ▲	**11.8**
Other	4.4 ▼	4.9 –	**4.9**

7. How mental health has declined

For people who said their mental health had declined, a follow-up question was provided.

Nearly one in five women aged 18–24 years had used medication for mental health, but a far smaller proportion (3.7%) aged at least 65 years had done this. It was notable that a larger proportion of the youngest group than older groups had sought hospital care for mental health, and found that their mental health interfered with completing daily activities. In general, all of these indicators of mental health problems were less common with age.

Table 46. How mental health has worsened – by Age group

Please tell us more about how your mental health has got worse since the start of the COVID-19 pandemic in 2020	**Age group**				**Overall**
	18-24 years	**25-44 years**	**45-64 years**	**65+ years**	
I have needed medicine to manage my mental health	18.8 ▲	14.5 ▲	7.9 ▼	3.7 ▼	**11.0**
I had to go to hospital because of my mental health	9.1 ▲	3.3 ▲	1.2 ▼	0.4 ▼	**3.0**
My mental health stopped me from taking part in my everyday life activities	31.4 ▲	27.5 ▲	15.9 ▼	8.5 ▼	**20.6**
A mental health condition I had before the COVID-19 pandemic got worse	26.5 ▲	23.5 ▲	12.6 ▼	6.2 ▼	**17.1**
I received a mental health diagnosis for the first time after the COVID-19 pandemic began in 2020	12.1 ▲	6.1 ▲	2.1 ▼	1.2 ▼	**4.8**

There were few differences between women living in rural, regional and remote areas and those living in urban areas, but women in the former group were less likely to be diagnosed with a new mental health condition or to experience worsening of an existing mental health condition during the pandemic.

Table 47. How mental health has worsened – by Remoteness area

Please tell us more about how your mental health has got worse since the start of the COVID-19 pandemic in 2020	Remoteness area		Overall
	Non Urban	Urban	
I have needed medicine to manage my mental health	11.2 ▲	10.9 ▼	**11.0**
I had to go to hospital because of my mental health	2.7 ▼	3.2 ▲	**3.0**
My mental health stopped me from taking part in my everyday life activities	20.7 ▼	20.9 ▲	**20.8**
A mental health condition I had before the COVID-19 pandemic got worse	16.3 ▼	17.9 ▲	**17.2**
I received a mental health diagnosis for the first time after the COVID-19 pandemic began in 2020	4.0 ▼	5.5 ▲	**4.9**

Similarly, there were few differences in mental health indicators between women living in lower socioeconomic positions and those in more advantaged socioeconomic circumstances, but more of the former had sought hospital care for mental health.

Table 48. How mental health has worsened – by SEIFA quintiles

Please tell us more about how your mental health has got worse since the start of the COVID-19 pandemic in 2020	SEIFA quintiles		Overall
	1–2	3–5	
I have needed medicine to manage my mental health	11.7 ▲	10.7 ▼	**11.0**
I had to go to hospital because of my mental health	3.9 ▲	2.6 ▼	**3.0**
My mental health stopped me from taking part in my everyday life activities	21.9 ▲	20.3 ▼	**20.8**
A mental health condition I had before the COVID-19 pandemic got worse	17.1 ▼	17.3 ▲	**17.2**
I received a mental health diagnosis for the first time after the COVID-19 pandemic began in 2020	4.9 –	4.8 ▼	**4.9**

Women who were from non-English speaking backgrounds were much less likely than those from English-speaking backgrounds to have used medication, sought hospital care or experienced worsening of a mental health condition since the pandemic began. A smaller proportion experienced diminished capacity to undertake everyday activities because of mental health issues.

Table 49. How mental health has worsened – by Language spoken at home

Please tell us more about how your mental health has got worse since the start of the COVID-19 pandemic in 2020	Language spoken at home		Overall
	LOTE	English	
I have needed medicine to manage my mental health	6.1 ▼	11.2 ▲	**11.0**
I had to go to hospital because of my mental health	1.3 ▼	3.1 ▲	**3.0**
My mental health stopped me from taking part in my everyday life activities	17.9 ▼	20.8 ▲	**20.6**
A mental health condition I had before the COVID-19 pandemic got worse	8.1 ▼	17.6 ▲	**17.1**
I received a mental health diagnosis for the first time after the COVID-19 pandemic began in 2020	4.9 ▲	4.8 –	**4.8**

Women who identified as LGBTI reported worse experiences on all these parameters than non-LGBTI women. A higher proportion had needed medication, sought hospital care, been impaired in completing daily activities, experienced worsening of pre-existing conditions and been diagnosed with a mental health problem for the first time since the pandemic.

Table 50. How mental health has worsened – by LGBTI status

Please tell us more about how your mental health has got worse since the start of the COVID-19 pandemic in 2020	LGBTI status		Overall
	LGBTI	Non LGBTI	
I have needed medicine to manage my mental health	26.2 ▲	9.5 ▼	**11.0**
I had to go to hospital because of my mental health	10.3 ▲	2.3 ▼	**3.0**
My mental health stopped me from taking part in my everyday life activities	37.5 ▲	19.1 ▼	**20.6**
A mental health condition I had before the COVID-19 pandemic got worse	36.1 ▲	15.3 ▼	**17.1**
I received a mental health diagnosis for the first time after the COVID-19 pandemic began in 2020	7.4 ▲	4.6 ▼	**4.8**

Women living with a disability also reported worse mental health on all of these indicators since the pandemic. A larger proportion had been diagnosed with a mental health condition since the pandemic, and had experienced worsening of an existing condition. Around one in five were using medication to manage their mental health and one in three were less able to participate in daily activities.

Table 51. How mental health has worsened – by Disability status

Please tell us more about how your mental health has got worse since the start of the COVID-19 pandemic in 2020	Disability status		Overall
	With disability	Without disability	
I have needed medicine to manage my mental health	21.7 ▲	9.5 ▼	**11.0**
I had to go to hospital because of my mental health	7.1 ▲	2.4 ▼	**3.0**
My mental health stopped me from taking part in my everyday life activities	33.9 ▲	18.5 ▼	**20.4**
A mental health condition I had before the COVID-19 pandemic got worse	33.5 ▲	14.5 ▼	**16.8**
I received a mental health diagnosis for the first time after the COVID-19 pandemic began in 2020	6.3 ▲	4.6 ▼	**4.8**

Unlike their physical health, women of Aboriginal or Torres Strait Islander origin were much more likely than non-Aboriginal or Torres Strait Islander women to experience worsening of existing mental health problems, or to have been diagnosed with a mental health problem for the first time since the beginning of the pandemic. Larger proportions needed medication and had sought hospital care for mental health problems.

Table 52. How mental health has worsened – by Aboriginal or Torres Strait Islander origin

Please tell us more about how your mental health has got worse since the start of the COVID-19 pandemic in 2020	Aboriginal or Torres Strait Islander origin		Overall
	Aboriginal or Torres Strait Islander	Not Aboriginal or Torres Strait Islander	
I have needed medicine to manage my mental health	14.5 ▲	10.8 ▼	**11.0**
I had to go to hospital because of my mental health	6.8 ▲	2.8 ▼	**3.0**
My mental health stopped me from taking part in my everyday life activities	26.8 ▲	20.3 ▼	**20.6**
A mental health condition I had before the COVID-19 pandemic got worse	21 ▲	16.9 ▼	**17.1**
I received a mental health diagnosis for the first time after the COVID-19 pandemic began in 2020	9.8 ▲	4.6 ▼	**4.8**

8. Missed health appointments

The following table demonstrates that women had disengaged from regular health care, with almost one in five missing a health check with their GP, and over 30% not seeing a dentist.

Of significant concern was the approximately 8% who had missed routine mammograms or cervical screenings.

Table 53. Missed health appointments – by Age group

Are there any health appointments you would usually have had, but have not because of the COVID-19 pandemic?	Age group				Overall
	18-24 years	25-44 years	45-64 years	65+ years	
Dentist	32.2 ▲	38.6 ▲	31.1 ▼	22.9 ▼	**32.0**
Health check with GP	21.6 ▲	22.0 ▲	17.6 ▼	10.7 ▼	**18.2**
Flu shot	10.7 ▲	9.5 ▲	5.6 ▼	4.2 ▼	**7.4**
Specialist doctor	12.8 ▼	16.7 ▲	12.2 ▼	12.4 ▼	**13.8**
Physiotherapist	6.4 ▼	8.8 ▲	7.4 ▼	7.7 ▼	**7.8**
Psychologist	16.3 ▲	14.6 ▲	5.0 ▼	2.7 ▼	**9.5**
Optometrist	9.3 ▼	12.1 ▲	13.0 ▲	11.3 ▼	**11.7**
Mammogram (breast screening)	1.6 ▼	4.9 ▼	12.8 ▲	10.2 ▲	**7.8**
Cervical screening (pap test)	5.2 ▼	11.4 ▲	8.2 ▲	3.3 ▼	**7.7**
Bowel screening	2.0 ▼	2.9 ▼	6.3 ▲	4.3 ▲	**4.1**
Other	4.8 ▼	7.0 ▲	4.5 ▼	4.6 ▼	**5.4**
None of the above	43.5 ▼	36.3 ▼	45.8 ▲	54.8 ▲	**44.2**

Women in rural, regional and remote areas were less likely than those in urban areas to miss health care appointments – in particular, dental checks, flu vaccinations or appointments with allied health professionals.

Table 54. Missed health appointments – by Remoteness area

Are there any health appointments you would usually have had, but have not because of the COVID-19 pandemic?	Remoteness area		Overall
	Non Urban	Urban	
Dentist	28.8 ▼	34.6 ▲	**32.2**
Health check with GP	18.5 ▲	18.1 ▼	**18.3**
Flu shot	6.2 ▼	8.0 ▲	**7.2**
Specialist doctor	13.9 ▲	13.6 ▼	**13.7**
Physiotherapist	7.1 ▼	8.3 ▲	**7.8**
Psychologist	8.9 ▼	10.1 ▲	**9.6**
Optometrist	11.1 ▼	12.3 ▲	**11.8**
Mammogram (breast screening)	7.2 ▼	8.2 ▲	**7.8**
Cervical screening (pap test)	7.3 ▼	8.0 ▲	**7.7**
Bowel screening	4.2 ▲	3.9 ▼	**4.0**
Other	5.7 ▲	5.1 ▼	**5.4**
None of the above	47.0 ▲	42.2 ▼	**44.3**

Women in the lowest socioeconomic positions were more likely to have missed health appointments with general and specialist medical practitioners, with mental health professionals and for cervical screening than women in more advantaged socioeconomic positions.

Table 55. Missed health appointments – by SEIFA quintiles

Are there any health appointments you would usually have had, but have not because of the COVID-19 pandemic?	SEIFA quintiles		Overall
	1–2	3–5	
Dentist	31.0 ▼	32.6 ▲	**32.1**
Health check with GP	19.9 ▲	17.6 ▼	**18.3**
Flu shot	6.2 ▼	7.6 ▲	**7.2**
Specialist doctor	15.1 ▲	13.1 ▼	**13.7**
Physiotherapist	7.7 ▼	7.8 –	**7.8**
Psychologist	10.7 ▲	9.1 ▼	**9.6**
Optometrist	11 ▼	12.1 ▲	**11.7**
Mammogram (breast screening)	7.7 ▼	7.8 –	**7.8**
Cervical screening (pap test)	9.0 ▲	7.1 ▼	**7.7**
Bowel screening	4.3 ▲	3.9 ▼	**4.0**
Other	6.5 ▲	4.9 ▼	**5.4**
None of the above	43.7 ▼	44.5 ▲	**44.3**

A larger proportion of women from non-English speaking backgrounds than those from English-speaking backgrounds missed appointments with dentists, with medical specialists and for cervical and bowel screening checks.

Table 56. Missed health appointments – by Language spoken at home

Are there any health appointments you would usually have had, but have not because of the COVID-19 pandemic?	Language spoken at home		Overall
	LOTE	English	
Dentist	36.0 ▲	31.8 ▼	**32.0**
Health check with GP	19.2 ▲	18.2 –	**18.2**
Flu shot	6.4 ▼	7.5 ▲	**7.4**
Specialist doctor	17.1 ▲	13.6 ▼	**13.8**
Physiotherapist	9.1 ▲	7.7 ▼	**7.8**
Psychologist	7.5 ▼	9.6 ▲	**9.5**
Optometrist	11.7 –	11.7 –	**11.7**
Mammogram (breast screening)	7.9 ▲	7.8 –	**7.8**
Cervical screening (pap test)	10.3 ▲	7.6 ▼	**7.7**
Bowel screening	6.0 ▲	3.9 ▼	**4.1**
Other	9.6 ▲	5.2 ▼	**5.4**
None of the above	35.7 ▼	44.7 ▲	**44.2**

Missed appointments appeared to be especially problematic for LGBTI women. They were more likely than non-LGBTI women to have missed dental, general and specialist medical, allied health and cervical screening appointments.

Table 57. Missed health appointments – by LGBTI status

Are there any health appointments you would usually have had, but have not because of the COVID-19 pandemic?	LGBTI status		Overall
	LGBTI	Non LGBTI	
Dentist	39.3 ▲	31.3 ▼	**32.0**
Health check with GP	22.1 ▲	17.9 ▼	**18.2**
Flu shot	10.9 ▲	7.1 ▼	**7.4**
Specialist doctor	19.9 ▲	13.2 ▼	**13.8**
Physiotherapist	9.2 ▲	7.7 ▼	**7.8**
Psychologist	19.8 ▲	8.6 ▼	**9.5**
Optometrist	15.2 ▲	11.4 ▼	**11.7**
Mammogram (breast screening)	6.8 ▼	7.9 ▲	**7.8**
Cervical screening (pap test)	9.7 ▲	7.6 ▼	**7.7**
Bowel screening	4.0 ▼	4.1 –	**4.1**
Other	6.4 ▲	5.3 ▼	**5.4**
None of the above	35.8 ▼	45.0 ▲	**44.2**

Women with disabilities were more likely than those without a disability to have missed all of these forms of preventive health care during the pandemic: dental, medical, allied health, cancer screening and flu vaccination.

Table 58. Missed health appointments – by Disability status

Are there any health appointments you would usually have had, but have not because of the COVID-19 pandemic?	Disability status		Overall
	With disability	Without disability	
Dentist	35.7 ▲	31.4 ▼	**32.0**
Health check with GP	20.6 ▲	17.7 ▼	**18.1**
Flu shot	9.4 ▲	6.9 ▼	**7.2**
Specialist doctor	29.7 ▲	11.1 ▼	**13.4**
Physiotherapist	16.4 ▲	6.5 ▼	**7.8**
Psychologist	18.8 ▲	7.9 ▼	**9.3**
Optometrist	21.7 ▲	10.3 ▼	**11.7**
Mammogram (breast screening)	12.4 ▲	7.3 ▼	**7.9**
Cervical screening (pap test)	9.7 ▲	7.4 ▼	**7.6**
Bowel screening	5.6 ▲	3.8 ▼	**4.1**
Other	10.4 ▲	4.6 ▼	**5.3**
None of the above	32.1 ▼	46.3 ▲	**44.5**

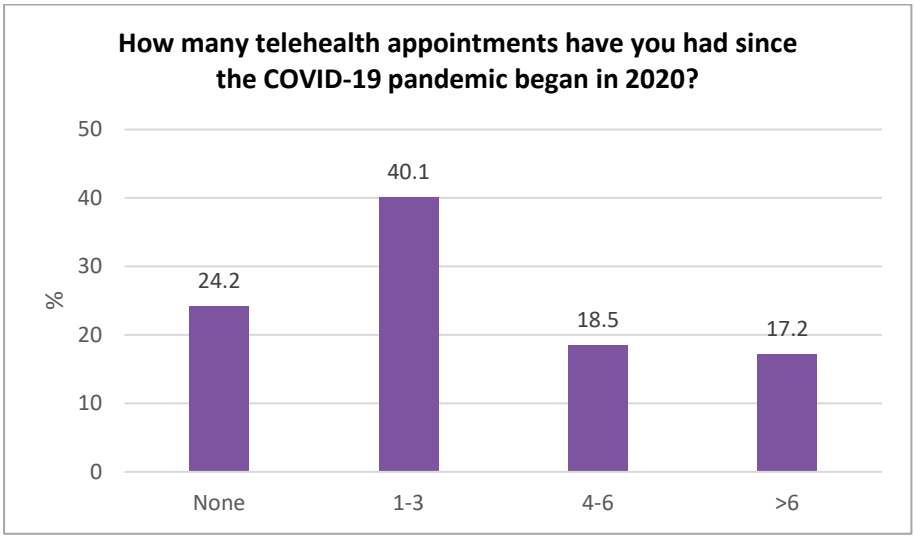
There was a similar pattern among women of Aboriginal or Torres Strait Islander origin, who were more likely than non-Aboriginal or Torres Strait Islander women to have missed dental, general and specialist medical and allied health appointments, and cancer screening checks.

Table 59. Missed health appointments – by Aboriginal or Torres Strait Islander origin

Are there any health appointments you would usually have had, but have not because of the COVID-19 pandemic?	**Aboriginal or Torres Strait Islander origin**		**Overall**
	Aboriginal or Torres Strait Islander	**Not Aboriginal or Torres Strait Islander**	
Dentist	40.2 ▲	31.5 ▼	**31.9**
Health check with GP	27 ▲	17.7 ▼	**18.1**
Flu shot	20.1 ▲	6.7 ▼	**7.4**
Specialist doctor	20.7 ▲	13.3 ▼	**13.7**
Physiotherapist	12.2 ▲	7.5 ▼	**7.7**
Psychologist	18.7 ▲	9.0 ▼	**9.4**
Optometrist	14.1 ▲	11.5 ▼	**11.6**
Mammogram (breast screening)	10.2 ▲	7.6 ▼	**7.7**
Cervical screening (pap test)	13.3 ▲	7.3 ▼	**7.6**
Bowel screening	7.3 ▲	3.9 ▼	**4.0**
Other	3.1 ▼	5.5 ▲	**5.4**
None of the above	25.7 ▼	45.3 ▲	**44.4**

9. Number of telehealth appointments

Figure 19: Number of telehealth appointments - Totals



A large proportion of women of all ages had used telehealth appointments. Most commonly, they had used 1 to 3 appointments, but around one in five women aged 18–44 years had used at least 6 telehealth appointments.

Table 60. Number of telehealth appointments – by Age group

How many telehealth appointments have you had since the COVID-19 pandemic began in 2020?	Age group				Overall
	18-24 years	25-44 years	45-64 years	65+ years	
None	28.4 ▲	23.0 ▼	29.9 ▲	31.6 ▲	**27.8**
1-3	34.8 ▼	35.4 ▼	40.7 ▲	44.2 ▲	**38.7**
4-6	16.8 ▼	18.9 ▲	16.0 ▼	17.0 ▼	**17.3**
More than 6 appointments	20.0 ▲	22.8 ▲	13.4 ▼	7.2 ▼	**16.2**

A larger proportion of women living in non-urban areas used telehealth appointments than those in urban areas, and a larger proportion of them had used at least 6 of these appointments.

Table 61. Number of telehealth appointments – by Remoteness area

How many telehealth appointments have you had since the COVID-19 pandemic began in 2020?	Remoteness area		Overall
	Non Urban	Urban	
None	25.4 ▼	30.3 ▲	**27.5**
1-3	38.5 ▼	39.2 ▲	**38.8**
4-6	19.0 ▲	15.3 ▼	**17.4**
More than 6 appointments	17.1 ▲	15.2 ▼	**16.3**

Women from non-English speaking backgrounds were much less likely to use telehealth appointments, and a far smaller proportion used 4 or more appointments.

Table 62. Number of telehealth appointments – by Language spoken at home

How many telehealth appointments have you had since the COVID-19 pandemic began in 2020?	Language spoken at home		Overall
	LOTE	English	
None	42.8 ▲	27.0 ▼	**27.8**
1-3	33.7 ▼	39.0 ▲	**38.8**
4-6	10.7 ▼	17.6 ▲	**17.3**
More than 6 appointments	12.8 ▼	16.4 ▲	**16.2**

A higher proportion of women who identified as LGBTI used telehealth appointments than those who did not identify as LGBTI, and around a quarter had used more than 6 telehealth appointments.

Table 63. Number of telehealth appointments – by LGBTI status

How many telehealth appointments have you had since the COVID-19 pandemic began in 2020?	LGBTI status		Overall
	LGBTI	Non LGBTI	
None	23.0 ▼	28.2 ▲	**27.8**
1-3	35.5 ▼	39.0 ▲	**38.7**
4-6	17.3 –	17.3 –	**17.3**
More than 6 appointments	24.2 ▲	15.4 ▼	**16.2**

Telehealth appointments appeared to be especially valuable to women with a disability. Almost all had used at least one appointment, and around one in three had used 4 or more appointments.

Table 64. Number of telehealth appointments – by Disability status

How many telehealth appointments have you had since the COVID-19 pandemic began in 2020?	Disability status		Overall
	With disability	Without disability	
None	14.9 ▼	29.7 ▲	**27.9**
1-3	32.3 ▼	39.8 ▲	**38.9**
4-6	19.3 ▲	17.0 ▼	**17.3**
More than 6 appointments	33.5 ▲	13.4 ▼	**15.9**

Overall, nearly 80% of women of Aboriginal or Torres Strait Islander origin had used at least one telehealth appointment; however, they were no more likely than non-Aboriginal or Torres Strait Islander women to use 4 or more appointments.

Table 65. Number of telehealth appointments – by Aboriginal or Torres Strait Islander origin

How many telehealth appointments have you had since the COVID-19 pandemic began in 2020?	Aboriginal or Torres Strait Islander origin		Overall
	Aboriginal or Torres Strait Islander	Not Aboriginal or Torres Strait Islander	
None	20.4 ▼	28.1 ▲	**27.8**
1-3	44.5 ▲	38.4 ▼	**38.7**
4-6	20.2 ▲	17.1 ▼	**17.3**
More than 6 appointments	15.0 ▼	16.3 ▲	**16.2**

10. Usefulness of options to stay healthy

It was clear that women had diverse preferences for health promotion strategies. A large proportion (around 80%) indicated that mobile or online programs for mental and physical health would be very or somewhat useful. Telehealth consultations were found useful by around 40%, but the most popular option recorded was in-person consultations with health professionals. Health systems are complex, and it was of interest that over 50% of respondents indicated that it would be very helpful to have access to a health care navigator.

Affordable access to free or subsidised childcare and respite care were identified as potentially very helpful to health for women with these care-providing obligations.

Table 66. Usefulness of options to stay healthy – Totals

How useful would these options be to help you stay healthy?	Very helpful	Somewhat helpful	Not at all helpful
Mobile apps and online programs about how to have good mental health	24.9	54.4	20.7
Mobile apps and online programs for physical health	29.4	51.8	18.8
Telehealth consultations with a GP or other health professional	39.9	46.8	13.3
Face to face consultations with a GP or other health professional	76.4	21.3	2.2
A trained person who can help find the right services, make appointments and more	50.8	35.8	13.3
Access to free or reduced cost childcare (for those who have children under 18 years)	55.5	15.0	29.5
Access to respite care for a person I care for (for those who care for someone with a disability or additional needs)	40.9	26.6	32.5

Face-to-face and telehealth consultations with health professionals were highly valued. A larger proportion of younger than older women thought that a care navigator would be helpful, but nevertheless 86.7% endorsed this option. Younger women were also more likely than older women to value mobile or online programs to help them maintain good mental health, but overall nearly 80% thought that these would be valuable.

Table 67. Usefulness of options to stay healthy (Very/Somewhat helpful)– by Age group

How useful would these options be to help you stay healthy? (Very/Somewhat helpful)	Age group				Overall
	18-24 years	25-44 years	45-64 years	65+ years	
Face to face consultations with a GP or other health professional	96.9 ▼	98.1 ▲	98.2 ▲	97.2 ▼	**97.8**
Telehealth consultations with a GP or other health professional	90.1 ▲	89.9 ▲	87.0 ▲	78.7 ▼	**86.7**
A trained person who can help find the right services, make appointments and more	93.5 ▲	92.0 ▲	84.0 ▼	76.6 ▼	**86.7**
Mobile apps and online programs for physical health	84.9 ▲	83.2 ▲	82.3 ▲	73.5 ▼	**81.2**
Mobile apps and online programs about how to have good mental health	82.2 ▲	84.2 ▲	80.4 ▲	67.7 ▼	**79.3**
Access to free or reduced cost childcare (for those who have children under 18 years)	77.5 ▲	81.3 ▲	39.8 ▼	35.0 ▼	**70.5**
Access to respite care for a person I care for (for those who care for someone with a disability or additional needs)	89.2 ▲	75.3 ▲	64.6 ▼	55.1 ▼	**67.5**

Although the differences were not large, significantly more women living in non-urban than urban areas valued face-to-face consultations with health professionals, having access to a healthcare navigator and having mobile or online resources for physical health.

Table 68. Usefulness of options to stay healthy (Very/Somewhat helpful)– by Remoteness area

How useful would these options be to help you stay healthy? (Very/Somewhat helpful)	Remoteness area		Overall
	Non Urban	Urban	
Face to face consultations with a GP or other health professional	98.2 ▲	97.5 ▼	**97.8**
Telehealth consultations with a GP or other health professional	86.1 ▼	87.2 ▲	**86.7**
A trained person who can help find the right services, make appointments and more	88.2 ▲	85.8 ▼	**86.8**
Mobile apps and online programs for physical health	82.3 ▲	80.4 ▼	**81.2**
Mobile apps and online programs about how to have good mental health	79.7 ▲	78.8 ▼	**79.2**
Access to free or reduced cost childcare (for those who have children under 18 years)	71.7 ▲	68.7 ▼	**70.1**
Access to respite care for a person I care for (for those who care for someone with a disability or additional needs)	69.0 ▲	65.9 ▼	**67.4**

Access to a healthcare navigator was especially highly valued by women in lower socioeconomic positions, with a larger proportion indicating that mobile or online resources for good mental health would be helpful. Those with caregiving obligations for young children or dependent relatives were significantly more likely to indicate that free or subsidised child care and respite care would be helpful for their health.

Table 69. Usefulness of options to stay healthy (Very/Somewhat helpful) – by SEIFA quintiles

How useful would these options be to help you stay healthy? (Very/Somewhat helpful)	SEIFA quintiles		Overall
	1–2	3–5	
Face to face consultations with a GP or other health professional	97.7 ▼	97.9 ▲	**97.8**
Telehealth consultations with a GP or other health professional	84.8 ▼	87.6 ▲	**86.7**
A trained person who can help find the right services, make appointments and more	89.6 ▲	85.6 ▼	**86.8**
Mobile apps and online programs for physical health	82.0 ▲	80.8 ▼	**81.2**
Mobile apps and online programs about how to have good mental health	81.2 ▲	78.3 ▼	**79.2**
Access to free or reduced cost childcare (for those who have children under 18 years)	75.5 ▲	67.2 ▼	**70.1**
Access to respite care for a person I care for (for those who care for someone with a disability or additional needs)	71.2 ▲	65.5 ▼	**67.4**

A similar pattern was found among women from non-English speaking backgrounds. Care navigators, mobile and online resources for mental health and access to child- and respite care were reported to be especially potentially beneficial to their health.

Table 70. Usefulness of options to stay healthy (Very/Somewhat helpful) – by Language spoken at home

How useful would these options be to help you stay healthy? (Very/Somewhat helpful)	Language spoken at home		Overall
	LOTE	English	
Face to face consultations with a GP or other health professional	94.4 ▼	97.9 ▲	**97.8**
Telehealth consultations with a GP or other health professional	80.6 ▼	87.0 ▲	**86.7**
A trained person who can help find the right services, make appointments and more	90.5 ▲	86.5 ▼	**86.7**
Mobile apps and online programs for physical health	80.7 ▲	81.2 ▼	**81.2**
Mobile apps and online programs about how to have good mental health	82.7 ▲	79.1 ▼	**79.3**
Access to free or reduced cost childcare (for those who have children under 18 years)	91.1 ▲	68.7 ▼	**70.5**
Access to respite care for a person I care for (for those who care for someone with a disability or additional needs)	91.2 ▲	66.8 ▼	**67.5**

There was little statistical difference between the results for women who identified as LGBTI and the overall sample, except for access to respite care, where 82% of those who identified as LGBTI said that access to respite 'for a person I care for' would be very or somewhat helpful, in comparison to 67.4% in the overall result.

A higher proportion of women who identified as LGBTI felt that access to a health navigator would be very helpful, in comparison to non-LGBTI women.

Table 71. Usefulness of options to stay healthy (Very/Somewhat helpful) – by LGBTI status

How useful would these options be to help you stay healthy? (Very/Somewhat helpful)	LGBTI status		Overall
	LGBTI	Non LGBTI	
Face to face consultations with a GP or other health professional	96.8 ▼	97.9 ▲	**97.8**
Telehealth consultations with a GP or other health professional	91.3 ▲	86.2 ▼	**86.7**
A trained person who can help find the right services, make appointments and more	92.1 ▲	86.2 ▼	**86.7**
Mobile apps and online programs for physical health	79.2 ▼	81.4 ▲	**81.2**
Mobile apps and online programs about how to have good mental health	76.5 ▼	79.6 ▲	**79.3**
Access to free or reduced cost childcare (for those who have children under 18 years)	76.4 ▲	70.0 ▼	**70.5**
Access to respite care for a person I care for (for those who care for someone with a disability or additional needs)	82.0 ▲	66.2 ▼	**67.4**

Unsurprisingly, women with a disability were more likely to favour free or reduced childcare, respite care and a trained health navigator to support their health requirements, than those without a disability.

Table 72. Usefulness of options to stay healthy (Very/Somewhat helpful) – by Disability status

How useful would these options be to help you stay healthy? (Very/Somewhat helpful)	Disability status		Overall
	With disability	Without disability	
Face to face consultations with a GP or other health professional	98.0 ▲	97.9 –	**97.9**
Telehealth consultations with a GP or other health professional	86.4 ▼	86.7 ▲	**86.6**
A trained person who can help find the right services, make appointments and more	90.0 ▲	86.1 ▼	**86.6**
Mobile apps and online programs for physical health	75.1 ▼	82.1 ▲	**81.3**
Mobile apps and online programs about how to have good mental health	76.5 ▼	79.8 ▲	**79.4**
Access to free or reduced cost childcare (for those who have children under 18 years)	72.3 ▲	70.5 ▼	**70.6**
Access to respite care for a person I care for (for those who care for someone with a disability or additional needs)	74.3 ▲	66.0 ▼	**67.3**

Women from Aboriginal and/or Torres Strait Islander origin showed a stronger desire for free or reduced childcare and respite care than the overall sample.

Table 73. Usefulness of options to stay healthy (Very/Somewhat helpful) – by Aboriginal or Torres Strait Islander origin

How useful would these options be to help you stay healthy? (Very/Somewhat helpful)	**Aboriginal or Torres Strait Islander origin**		**Overall**
	Aboriginal or Torres Strait Islander	**Not Aboriginal or Torres Strait Islander**	
Face to face consultations with a GP or other health professional	97.1 ▼	97.8 –	**97.8**
Telehealth consultations with a GP or other health professional	90.8 ▲	86.5 ▼	**86.7**
A trained person who can help find the right services, make appointments and more	93.1 ▲	86.3 ▼	**86.6**
Mobile apps and online programs for physical health	88.2 ▲	80.9 ▼	**81.2**
Mobile apps and online programs about how to have good mental health	88.5 ▲	78.9 ▼	**79.3**
Access to free or reduced cost childcare (for those who have children under 18 years)	83.4 ▲	69.3 ▼	**70.6**
Access to respite care for a person I care for (for those who care for someone with a disability or additional needs)	76.3 ▲	66.9 ▼	**67.4**

11. Ways of accessing health services and health information

Although most women reported that they could access the health information they needed and could understand the information they were given by health professionals, results varied significantly for some cohorts.

Table 74. Ways of accessing health services and health information – Totals

Do these statements apply to you?	Weighted %
I know how to access the health services I need	72.7
I can easily find health information in my language	71.1
I understand most of the information my doctor or other health professional tells me	80.7
I feel confident asking my doctor or other health professional questions when I don't understand something	74.5
None of these statements apply to me	4.2

Compared to younger women, a larger proportion of women over the age of 44 years were able to access health services, understand the information given to them by health professionals and be confident in asking for explanations for the information they needed. A higher proportion of younger than older women were able to find health information in their language.

Table 75. Ways of accessing health services and health information – by Age group

Do these statements apply to you?	Age group				Overall
	18-24 years	25-44 years	45-64 years	65+ years	
I know how to access the health services I need	68.0 ▼	68.2 ▼	75.0 ▲	78.2 ▲	**72.3**
I can easily find health information in my language	74.0 ▲	70.5 ▼	70.3 ▼	69.2 ▼	**70.7**
I understand most of the information my doctor or other health professional tells me	72.7 ▼	77.9 ▼	83.0 ▲	86.0 ▲	**80.3**
I feel confident asking my doctor or other health professional questions when I don't understand something	56.7 ▼	69.9 ▼	80.6 ▲	85.0 ▲	**74.1**
None of these statements apply to me	6.5 ▲	4.8 ▲	3.3 ▼	2.6 ▼	**4.2**

Women living in lower socioeconomic positions were less able to access the health services or find the health information they needed than women living in more advantaged socioeconomic circumstances. They were also less able to understand the information given to them by health professionals, or to feel confident asking doctors questions.

Table 76. Ways of accessing health services and health information – by SEIFA quintiles

Do these statements apply to you?	SEIFA quintiles		Overall
	1–2	3–5	
I know how to access the health services I need	70.2 ▼	73.5 ▲	**72.5**
I can easily find health information in my language	67.6 ▼	72.6 ▲	**71.1**
I understand most of the information my doctor or other health professional tells me	78.5 ▼	81.5 ▲	**80.6**
I feel confident asking my doctor or other health professional questions when I don't understand something	71.7 ▼	75.6 ▲	**74.4**
None of these statements apply to me	4.2 ▲	4.0 ▼	**4.1**

On all indicators – access to health services, finding health information in their language, understanding what they were told by health professionals, and feeling confident to ask their doctor questions – women from non-English speaking backgrounds were much worse off than those from English-speaking backgrounds.

Table 77. Ways of accessing health services and health information – by Language spoken at home

Do these statements apply to you?	Language spoken at home		Overall
	LOTE	English	
I know how to access the health services I need	49.9 ▼	73.5 ▲	**72.3**
I can easily find health information in my language	45.3 ▼	72.1 ▲	**70.7**
I understand most of the information my doctor or other health professional tells me	58.4 ▼	81.4 ▲	**80.3**
I feel confident asking my doctor or other health professional questions when I don't understand something	53.3 ▼	75.3 ▲	**74.2**
None of these statements apply to me	11.2 ▲	3.8 ▼	**4.2**

Similar patterns were apparent among women who identified as LGBTI. Compared to non-LGBTI women, a larger proportion felt able to access health information in their language, but a smaller proportion of them were able to access the health services they needed or to feel confident to ask professionals questions when they had not understood something.

Table 78. Ways of accessing health services and health information – by LGBTI status

Do these statements apply to you?	LGBTI status		Overall
	LGBTI	Non LGBTI	
I know how to access the health services I need	63.9 ▼	73.1 ▲	**72.3**
I can easily find health information in my language	74.3 ▲	70.4 ▼	**70.7**
I understand most of the information my doctor or other health professional tells me	75.7 ▼	80.7 ▲	**80.3**
I feel confident asking my doctor or other health professional questions when I don't understand something	62.7 ▼	75.2 ▲	**74.1**
None of these statements apply to me	6.9 ▲	3.9 ▼	**4.2**

It was more difficult for women with a disability than those without a disability to access health services or the health information they needed. A smaller proportion understood the health information they were given or felt confident asking health professionals questions if they did not understand something.

Table 79. Ways of accessing health services and health information – by Disability status

Do these statements apply to you?	Disability status		Overall
	With disability	Without disability	
I know how to access the health services I need	62.9 ▼	73.9 ▲	**72.6**
I can easily find health information in my language	63.7 ▼	71.8 ▲	**70.8**
I understand most of the information my doctor or other health professional tells me	76.6 ▼	80.9 ▲	**80.4**
I feel confident asking my doctor or other health professional questions when I don't understand something	67.9 ▼	75.2 ▲	**74.3**
None of these statements apply to me	8.0 ▲	3.6 ▼	**4.2**

Women of Aboriginal or Torres Strait Islander origin were much less likely than non-Aboriginal or Torres Strait Islander women to be able to find health information in their language, to understand the health information they were given, or to feel confident to ask health professionals questions.

Table 80. Ways of accessing health services and health information – by Aboriginal or Torres Strait Islander origin

Do these statements apply to you?	Aboriginal or Torres Strait Islander origin		Overall
	Aboriginal or Torres Strait Islander	Not Aboriginal or Torres Strait Islander	
I know how to access the health services I need	68.9 ▼	72.6 ▲	**72.5**
I can easily find health information in my language	61.2 ▼	71.3 ▲	**70.9**
I understand most of the information my doctor or other health professional tells me	74.9 ▼	80.6 ▲	**80.4**
I feel confident asking my doctor or other health professional questions when I don't understand something	68.9 ▼	74.5 ▲	**74.3**
None of these statements apply to me	2.7 ▼	4.2 ▲	**4.1**

12. Ease of access to health services

Since the pandemic began, fewer women found it easy or affordable to secure appointments with health professionals, in particular a doctor or health professional of their choice.

Table 81. Ease of access to health services – Totals

Do these statements apply to you since the COVID-19 pandemic began in 2020?	Weighted %
I can easily get to an appointment either face-to-face or online with a doctor or other health professional when I need	56.3
I can afford to see a doctor or other health professional when I need to	56.2
I can get an appointment with my preferred doctor or other health professional when I need one	54.5
None of these statements apply to me	17.6

There were some age-specific differences in these indicators. A larger proportion of women aged over 65 years than women aged 18–44 years were able to secure and afford medical appointments either in person or by telehealth with a medical practitioner of their choice when they needed to.

Table 82. Ease of access to health services – by Age group

Do these statements apply to you since the COVID-19 pandemic began in 2020?	Age group				Overall
	18-24 years	25-44 years	45-64 years	65+ years	
I can easily get to an appointment either face-to-face or online with a doctor or other health professional when I need	56.7 ▲	49.8 ▼	53.7 ▼	67.3 ▲	**55.8**
I can afford to see a doctor or other health professional when I need to	44.0 ▼	47.7 ▼	60.0 ▲	71.1 ▲	**55.7**
I can get an appointment with my preferred doctor or other health professional when I need one	51.4 ▼	44.4 ▼	52.6 ▼	72.8 ▲	**54.0**
None of these statements apply to me	19.4 ▲	22.8 ▲	17.4 ▼	7.7 ▼	**17.5**

A larger proportion of women living in remote, rural or regional areas than those living in urban areas were able to secure appointments when they needed them and with their preferred health professional.

Table 83. Ease of access to health services – by Remoteness area

Do these statements apply to you since the COVID-19 pandemic began in 2020?	Remoteness area		Overall
	Non Urban	Urban	
I can easily get to an appointment either face-to-face or online with a doctor or other health professional when I need	59.4 ▲	51.5 ▼	**56.0**
I can afford to see a doctor or other health professional when I need to	57.6 ▲	53.4 ▼	**55.8**
I can get an appointment with my preferred doctor or other health professional when I need one	57.3 ▲	50.1 ▼	**54.2**
None of these statements apply to me	14.6 ▼	20.8 ▲	**17.3**

Compared to women from English-speaking backgrounds, a smaller proportion of women from non-English speaking backgrounds were able to secure or afford appointments with a health professional when they needed to, or to see their preferred health professional.

Table 84. Ease of access to health services – by Language spoken at home

Do these statements apply to you since the COVID-19 pandemic began in 2020?	Language spoken at home		Overall
	LOTE	English	
I can easily get to an appointment either face-to-face or online with a doctor or other health professional when I need	46.0 ▼	56.3 ▲	**55.8**
I can afford to see a doctor or other health professional when I need to	30.3 ▼	57.1 ▲	**55.7**
I can get an appointment with my preferred doctor or other health professional when I need one	43.1 ▼	54.6 ▲	**54.0**
None of these statements apply to me	22.5 ▲	17.2 ▼	**17.5**

Although women who identified as LGBTI were as likely as those who did not identify as LGBTI to secure an appointment with a doctor, they were less likely to be able to afford health care or to see their doctor of choice.

Table 85. Ease of access to health services – by LGBTI status

Do these statements apply to you since the COVID-19 pandemic began in 2020?	LGBTI status		Overall
	LGBTI	Non LGBTI	
I can easily get to an appointment either face-to-face or online with a doctor or other health professional when I need	55.0 ▼	55.9 ▲	**55.8**
I can afford to see a doctor or other health professional when I need to	42.7 ▼	56.9 ▲	**55.7**
I can get an appointment with my preferred doctor or other health professional when I need one	44.4 ▼	54.9 ▲	**54.0**
None of these statements apply to me	24.8 ▲	16.8 ▼	**17.5**

A smaller proportion of women with a disability than women without a disability were able to secure an appointment with a doctor, afford to consult a doctor or see their preferred health professional.

Table 86. Ease of access to health services – by Disability status

Do these statements apply to you since the COVID-19 pandemic began in 2020?	Disability status		Overall
	With disability	Without disability	
I can easily get to an appointment either face-to-face or online with a doctor or other health professional when I need	45.9 ▼	57.4 ▲	**56.0**
I can afford to see a doctor or other health professional when I need to	38.0 ▼	58.7 ▲	**56.2**
I can get an appointment with my preferred doctor or other health professional when I need one	45.6 ▼	55.5 ▲	**54.3**
None of these statements apply to me	27.8 ▲	15.7 ▼	**17.2**

Women of Aboriginal or Torres Strait Islander origin and non-Aboriginal or Torres Strait Islander origin were equally able to secure appointments with health professionals, including preferred practitioners, but were much less likely to afford this care.

Table 87. Ease of access to health services – by Aboriginal or Torres Strait Islander origin

Do these statements apply to you since the COVID-19 pandemic began in 2020?	**Aboriginal or Torres Strait Islander origin**		**Overall**
	Aboriginal or Torres Strait Islander	**Not Aboriginal or Torres Strait Islander**	
I can easily get to an appointment either face-to-face or online with a doctor or other health professional when I need	57.3 ▲	55.9 ▼	**56.0**
I can afford to see a doctor or other health professional when I need to	46.9 ▼	56.3 ▲	**55.9**
I can get an appointment with my preferred doctor or other health professional when I need one	50.4 ▼	54.4 ▲	**54.2**
None of these statements apply to me	16.0 ▼	17.4 ▲	**17.3**

13. Preferred ways to access health information

The most popular options for accessing health information were to search online using a general search engine and to consult a health professional. Specific health websites hosted by trusted organisations – like federal and state governments and specialist non-government entities – have a vital role, with over half of women saying that they turned to these sources for health information. Family and friends were used by one in three. Few found print brochures or social media useful.

Table 88. Preferred ways to access health information – Totals

If you have a question about your health, where do you go for information?	Weighted %
Google	78.7
Doctor or other health professional	78.1
Government health websites like Health Direct or the Better Health Channel	54.1
Health organisation websites like Jean Hailes or the Cancer Council	44.9
Family	33.3
Friends	29.9
Videos, including interviews with experts	13.6
Printed brochures	10.6
Podcasts	8.9
Facebook	7.8
Apps	6.9
Other	3.9
Instagram	3.5
Magazines	3.2
Twitter	1.1
WeChat	0.6
LinkedIn	0.3

There were some differences by age in the five most strongly preferred sources of health information. Younger women aged 18–44 years were more likely to use online search engines than women aged more than 45 years, but this was reversed in preference for obtaining information from health professionals. Similar proportions in all age groups used government health websites, but more women aged more than 44 years than younger women used health organisation websites. A larger proportion of younger women aged 18–24 years sought health information from family members than women in older age groups, and a smaller proportion of women over 65 years did this.

Table 89. Preferred ways to access health information – by Age group

If you have a question about your health, where do you go for information? (Five most strongly preferred sources)	**Age group**				**Overall**
	18-24 years	**25-44 years**	**45-64 years**	**65+ years**	
Google	86.7 ▲	82.7 ▲	77.2 ▼	67.3 ▼	**78.5**
Doctor or other health professional	66.1 ▼	73.1 ▼	82.5 ▲	87.5 ▲	**77.8**
Government health websites like Health Direct or the Better Health Channel	50.5 ▼	54.9 ▲	58.8 ▲	48.3 ▼	**53.9**
Health organisation websites like Jean Hailes or the Cancer Council	29.7 ▼	38.7 ▼	56.8 ▲	48.5 ▲	**44.7**
Family	44.6 ▲	38.1 ▲	28.7 ▼	23.2 ▼	**33.2**

A larger proportion of women living in regional, rural and remote areas than women living in urban areas used an online search engine, but a smaller proportion used government or health organisation websites.

Table 90. Preferred ways to access health information – by Remoteness area

If you have a question about your health, where do you go for information? (Five most strongly preferred sources)	**Remoteness area**		**Overall**
	Non Urban	**Urban**	
Google	79.9 ▲	76.8 ▼	**78.6**
Doctor or other health professional	77.7 ▼	79.0 ▲	**78.2**
Government health websites like Health Direct or the Better Health Channel	53.2 ▼	55.5 ▲	**54.2**
Health organisation websites like Jean Hailes or the Cancer Council	43.6 ▼	46.7 ▲	**45.0**
Family	33.9 ▲	32.6 ▼	**33.4**

A smaller proportion of women living in low socioeconomic positions consulted health professionals or government or health organisation websites for health information than those living in more advantaged socioeconomic circumstances.

Table 91. Preferred ways to access health information – by SEIFA quintiles

If you have a question about your health, where do you go for information? (Five most strongly preferred sources)	SEIFA quintiles		Overall
	1–2	3–5	
Google	77.7 ▼	78.9 ▲	**78.6**
Doctor or other health professional	74.9 ▼	79.6 ▲	**78.2**
Government health websites like Health Direct or the Better Health Channel	50.4 ▼	55.9 ▲	**54.2**
Health organisation websites like Jean Hailes or the Cancer Council	41.0 ▼	46.6 ▲	**45.0**
Family	31.9 ▼	34.0 ▲	**33.4**

Women from non-English speaking backgrounds were equally likely to use online search engines for health information as those from English-speaking backgrounds, but a far smaller proportion of them used government or health organisation websites.

Table 92. Preferred ways to access health information – by Language spoken at home

If you have a question about your health, where do you go for information? (Five most strongly preferred sources)	Language spoken at home		Overall
	LOTE	English	
Google	78.0 ▼	78.5 –	**78.5**
Doctor or other health professional	56.4 ▼	79.0 ▲	**77.9**
Government health websites like Health Direct or the Better Health Channel	34.6 ▼	54.9 ▲	**53.9**
Health organisation websites like Jean Hailes or the Cancer Council	21.7 ▼	45.9 ▲	**44.7**
Family	31.7 ▼	33.3 ▲	**33.2**

A larger proportion of women who identified as LGBTI than those who did not identify as LGBTI searched online for health information, but a smaller proportion of them consulted health professionals or health organisation sites.

Table 93. Preferred ways to access health information – by LGBTI status

If you have a question about your health, where do you go for information? (Five most strongly preferred sources)	LGBTI status		Overall
	LGBTI	Non LGBTI	
Google	84.2 ▲	77.9 ▼	**78.5**
Doctor or other health professional	70.4 ▼	78.5 ▲	**77.8**
Government health websites like Health Direct or the Better Health Channel	54.1 ▲	53.9 –	**53.9**
Health organisation websites like Jean Hailes or the Cancer Council	40.3 ▼	45.1 ▲	**44.7**
Family	35.1 ▲	33.0 ▼	**33.2**

A smaller proportion of women with a disability than women without a disability used online searches for health information, but a larger proportion used government health websites. Women with a disability were less likely to seek information from family members.

Table 94. Preferred ways to access health information – by Disability status

If you have a question about your health, where do you go for information? (Five most strongly preferred sources)	Disability status		Overall
	With disability	Without disability	
Google	73.9 ▼	79.0 ▲	**78.4**
Doctor or other health professional	78.7 ▲	78.0 ▼	**78.1**
Government health websites like Health Direct or the Better Health Channel	57.4 ▲	53.7 ▼	**54.1**
Health organisation websites like Jean Hailes or the Cancer Council	44.9 ▼	45.0 –	**45.0**
Family	28.4 ▼	33.7 ▲	**33.1**

A smaller proportion of women of Aboriginal or Torres Strait Islander origin than non-Aboriginal or Torres Strait Islander women used online searches, health professionals, and government or health organisation websites for health information, while a higher proportion sought health information from family members.

Table 95. Preferred ways to access health information – by Aboriginal or Torres Strait Islander origin

If you have a question about your health, where do you go for information? (Five most strongly preferred sources)	Aboriginal or Torres Strait Islander origin		Overall
	Aboriginal or Torres Strait Islander	Not Aboriginal or Torres Strait Islander	
Google	67.8 ▼	79.0 ▲	**78.5**
Doctor or other health professional	67.6 ▼	78.5 ▲	**77.9**
Government health websites like Health Direct or the Better Health Channel	49.4 ▼	54.2 ▲	**53.9**
Health organisation websites like Jean Hailes or the Cancer Council	32.8 ▼	45.3 ▲	**44.7**
Family	35.1 ▲	33.0 ▼	**33.1**

14. Topics on which women would like more health information

We asked respondents to select from a list those conditions they would most like more information on. The proportions who chose each topic are shown below.

The five that were most widely selected reflected the areas that women indicated they were experiencing problems in: mental health, weight management, joint pain, nutrition and heart health. More than a third wanted information about heart and bone health, and a similar proportion wanted to know more about natural therapies and dietary supplements. Conditions identified by at least one in five women included dental health and memory loss. The gynaecological conditions often presumed to be women's primary health concern were endorsed by smaller proportions.

Table 96. Topics on which women would like more health information – Totals

Please select the topics you would most like more information on	Weighted %
Mental health	47.7
Weight	47.5
Joint or back pain	42.8
Nutrition	42.3
Heart health	37.8
Natural therapies/supplements	36.2
Bone health/osteoporosis	35.1
Menopause	29.6
Memory loss	28.5
Dental health	22.2
Incontinence	21.6
Periods	21.0
Endometriosis	19.3
Painful sex	15.2
Sexual problems	15.1
Polycystic ovary syndrome (PCOS)	14.2
Fertility difficulties	13.2
Vulval irritation	12.8
Contraception	11.9
Other	6.7

There was an age-related gradient in interest in receiving information about mental health. More than 60% of younger women wanted this, but only around 20% of women aged over 65 years sought this. The pattern was reversed for information about heart health. Information about joint or back pain was most likely to be sought by women aged over 45 years. The group most interested in information about weight was women aged 45–64 years.

Table 97. Topics on which women would like more health information – by Age group

Please select the topics you would most like more information on (Five most selected options)	Age group				Overall
	18-24 years	25-44 years	45-64 years	65+ years	
Mental health	64.2 ▲	55.0 ▲	42.5 ▼	21.6 ▼	**45.7**
Weight	47.2 ▲	45.6 ▲	52.7 ▲	34.0 ▼	**45.5**
Joint or back pain	28.4 ▼	32.4 ▼	47.9 ▲	54.1 ▲	**41.0**
Nutrition	41.1 ▲	42.0 ▲	42.8 ▲	34.4 ▼	**40.5**
Heart health	20.2 ▼	22.6 ▼	46.0 ▲	55.9 ▲	**36.2**

There were few differences in health information needs between women living in urban and non-urban areas, apart from joint or back pain which was of a higher priority to women in urban areas.

Table 98. Topics on which women would like more health information – by Remoteness Area

Please select the topics you would most like more information on (Five most selected options)	Remoteness area		Overall
	Non Urban	Urban	
Mental health	46.5 ▲	45.0 ▼	**45.8**
Weight	44.7 ▼	47.3 ▲	**45.8**
Joint or back pain	39.1 ▼	43.8 ▲	**41.1**
Nutrition	40.8 ▲	40.2 ▼	**40.5**
Heart health	35.0 ▼	37.8 ▲	**36.2**

Women who identified as LGBTI selected information about mental health as the highest priority, but in all other areas had lower expressed needs than women who did not identify as LGBTI.

Table 99. Topics on which women would like more health information – by LGBTI status

Please select the topics you would most like more information on (Five most selected options)	LGBTI status		Overall
	LGBTI	Non LGBTI	
Mental health	66.2 ▲	43.8 ▼	**45.7**
Weight	42.0 ▼	45.8 ▲	**45.5**
Joint or back pain	33.9 ▼	41.6 ▲	**41.0**
Nutrition	30.2 ▼	41.4 ▲	**40.5**
Heart health	25.7 ▼	37.2 ▲	**36.2**

Mental health was the highest priority for women with a disability, but large proportions wanted information about weight and joint or back pain.

Table 100. Topics on which women would like more health information – by Disability status

Please select the topics you would most like more information on (Five most selected options)	Disability status		Overall
	With disability	Without disability	
Mental health	57.0 ▲	43.6 ▼	**45.3**
Weight	50.4 ▲	44.7 ▼	**45.4**
Joint or back pain	47.3 ▲	39.9 ▼	**40.8**
Nutrition	36.9 ▼	41.0 ▲	**40.5**
Heart health	36.8 ▲	36.2 –	**36.2**

Women of Aboriginal or Torres Strait Islander origin were also most likely to list mental health as an area in which they wanted health information, but all areas – weight, joint or back pain, nutrition and heart health – were selected by around one in three as areas in which information was sought.

Table 101. Topics on which women would like more health information – by Aboriginal or Torres Strait Islander origin

Please select the topics you would most like more information on (Five most selected options)	Aboriginal or Torres Strait Islander origin		Overall
	Aboriginal or Torres Strait Islander	Not Aboriginal or Torres Strait Islander	
Mental health	50.6 ▲	45.4 ▼	**45.7**
Weight	38.6 ▼	45.9 ▲	**45.5**
Joint or back pain	33.2 ▼	41.3 ▲	**41.0**
Nutrition	38.0 ▼	40.6 ▲	**40.5**
Heart health	32.4 ▼	36.4 ▲	**36.2**

Summary

The 2022 Jean Hailes National Women's Health Survey has revealed several trends that warrant urgent attention during the third year of the COVID-19 pandemic in Australia.

Overall, the results show how difficult it has been for women – financially, physically and mentally – over the past two years. It also reminds us that our experiences varied, with concerning outcomes for women with disabilities, LGBTI communities, young women, and women of Aboriginal and/or Torres Strait Islander origin.

During 2020 and 2021, large population surveys detected high rates of mental health difficulties among women. These findings were mostly linked to restrictions introduced to control the virus. Many researchers expected to see a recovery in 2022 as Australia entered a more 'COVID-19 normal' existence, but this survey suggests a 'bounce back' has not occurred.

It is particularly worrying that nearly half of all women reported a deterioration in their mental and physical health, and that one in five respondents reported their mental health had stopped them engaging in everyday life activities. It is also concerning that screening for early detection of breast and cervical cancer has dropped off, putting some women at higher risk of serious illness in future.

Jean Hailes for Women's Health hopes this survey will act as a catalyst for future research, and for all health services to review the way they provide information to diverse groups of people. To improve health equity, we must also examine public health communication strategies, and provide women with accessible and relevant health information, across a range of channels.

The COVID-19 pandemic has sparked a serious decline in women's health. Women have withdrawn from their health care and everyday activities, and continue to shoulder the role as carers. It is up to all of us, now, to provide the support women need to recover and thrive.

References

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