

# Pelvic Pain in Australian Women

A report from the *2023 National Women's Health Survey*  
conducted by Jean Hailes for Women's Health with funding  
from the Australian Government Department of Health and Aged Care.



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# Executive summary

In the last five years, almost half of all adult women in Australia have experienced 'bothersome' pelvic pain, defined as 'pain felt in your lower belly and above your legs'. (Note that the term 'women' is used in this report, as the National Women's Health Survey specifically surveyed people who identify as women and are aged over 18 years.)

Approximately one in four Australian women report pelvic pain impacts their ability to undertake daily activities, to work or study, and to exercise. Approximately one in four Australian women take an extended break from – or stop – exercise, work or study because of pelvic pain.

Approximately one in three Australian women report pelvic pain has impaired their mental and emotional wellbeing or relationships with their partner, and one in five report pelvic pain has impaired their relationships with friends and family.

Approximately half of the women experiencing bothersome pelvic pain discussed their symptoms with a doctor. Among those who did not discuss their pelvic pain with a doctor, around two in three did not feel their symptoms were bad enough to justify a discussion and one in three felt nothing could be done for their pain.

The findings suggest that the direct and indirect costs of pelvic pain incurred by individual women, their families and the Australian economy are vastly underestimated.

Two recommendations are suggested by the 2023 National Women's Health Survey in relation to pelvic pain:

- General practitioners (and other relevant primary health professionals) should proactively ask women – particularly those in reproductive and midlife years – whether they experience pelvic pain, rather than wait for women to raise the issue themselves.
- A public awareness campaign, targeted primarily at women of reproductive age, is warranted to ensure women understand that pelvic pain that impacts daily living or activities is not normal and should be addressed, and that pelvic pain symptoms can be managed.

Additional research is needed to understand the experiences of women from priority populations, particularly the communities that might have cultural differences when it comes to seeking medical care for a 'women's health issue'.

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# Introduction

Pelvic pain can affect anyone. The pain can be short term (acute), lasting from a few days to a few weeks, or it can become persistent (chronic), felt most days and lasting more than six months. Acute pain that is not addressed can become persistent if the pelvic muscles tighten and spasm and nerve pathways become sensitised.<sup>1</sup>

The prevalence of persistent pelvic pain in women of child-bearing age has been estimated internationally at between 15% and 25%. However, there are no published data on the prevalence of acute or persistent pelvic pain in Australian women.<sup>2</sup>

The most common type of pelvic pain in women is 'dysmenorrhea', which is pain that occurs during menstruation (periods). Pelvic pain can also be caused by injury or a variety of conditions, including endometriosis, adenomyosis, irritable bowel syndrome and urinary tract infection. Multiple biological, psychological and social factors can influence the experience (i.e. intensity, duration and symptoms) of pain.<sup>3</sup>

*Pelvic Pain in Australian Women* provides information on the proportion of adult Australian women experiencing pelvic pain, the impact of that pain on daily activities and the propensity for women to seek medical care for pelvic pain.

This report is one of a series from the 2023 National Women's Health Survey, a representative survey of Australian women aged 18 and over. The Australian Government Department of Health and Aged Care has funded Jean Hailes for Women's Health to conduct the annual National Women's Health Survey since 2017.

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<sup>1</sup> Learn: For women and People Assigned Female at Birth (AFAB). Pelvic Pain Foundation Australia. Available at: [www.pelvicpain.org.au/learn/for-women/](http://www.pelvicpain.org.au/learn/for-women/). Last accessed: 3 July 2023.

<sup>2</sup> Evans S. Management of persistent pelvic pain in girls and women. *Australian Family Physician* (2015). 44(7):454-9.

<sup>3</sup> What contributes to persistent pelvic pain. Jean Hailes for Women's Health. Available at: [www.jeanhailes.org.au/health-a-z/persistent-pelvic-pain/what-contributes-to-persistent-pelvic-pain](http://www.jeanhailes.org.au/health-a-z/persistent-pelvic-pain/what-contributes-to-persistent-pelvic-pain). Last accessed: 3 July 2023.

# Methodology

Jean Hailes for Women's Health commissioned the Social Research Centre (SRC) to conduct the 2023 National Women's Health Survey using random recruitment of people who identify as women, are resident in Australia and report being over the age of 18. The responses were weighted to ensure the data are representative of the population of adult Australian women. For more information on the survey methodology, see 2023 National Women's Health Survey Technical Report.

Three age groups were compared: 18 to 44 years, broadly representative of 'reproductive age'; 45 to 64 years, broadly representative of 'midlife'; and 65 plus years, broadly representative of 'older women'.

The data from two other key subgroups were analysed and compared. The potential impact of socioeconomic status was explored using relative socioeconomic disadvantage (SEIFA Quintiles 1–2) and relative socioeconomic advantage (SEIFA Quintiles 3–5)<sup>4</sup>. The data were also analysed to compare the experiences for women who speak a language other than English at home compared to those who speak only English at home.

The questions informing this report on pelvic pain in adult Australian women are included with full data tables in Appendix I.

Some women provided unsolicited free text responses, and a selection of illustrative quotes are provided in the text of the report.

## About the data

Several points should be kept in mind when considering the data presented in this report:

- Data reported on has been weighted. Refer to 2023 National Women's Health Survey Technical Report for approach and for the weighted and unweighted sample demographics.
- Unless indicated, responses of 'don't know' or 'prefer not to say' have been excluded.
- The data shown in some tables and figures, or mentioned in the accompanying text, may differ slightly from the apparent sum of their component elements. This is due to the effects of rounding.
- While the survey provides a representative sample of Australian women, including women who speak a language other than English at home, it has not been designed specifically to capture the experiences of women from culturally or linguistically diverse backgrounds. Differences between women who do and do not speak a language other than English at home must be tested and verified in specific communities of interest.
- Statistical tests were conducted to establish whether differences between the responses of subgroups of survey participants were genuine rather than due to random variation. Significance has been reported when the difference is significant at the 0.001 level. Where differences do exist, they have been called out in text where appropriate, and displayed in the tables. In the report charts and tables (Appendix I), comparison symbols (A, B, C etc.) have been used to represent significance.

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<sup>4</sup> Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the five-yearly Census. (<https://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa>)

# Results

The term ‘women’ is used throughout this report because the National Women’s Health Survey specifically surveyed people who identify as women and are aged over 18 years. All respondents were resident in Australia.

There were no statistically significant differences according to either socioeconomic status or state or territory of residence. The results for these subgroups are shown in the full data tables in Appendix I.

## Experience of pelvic pain in the last five years

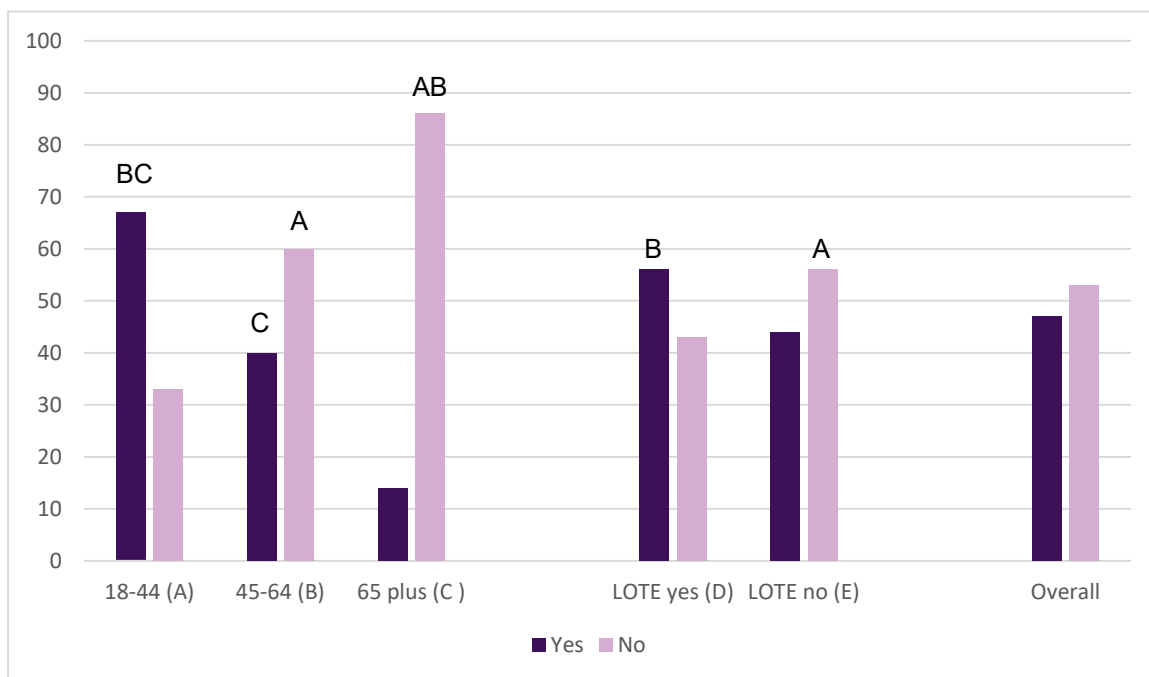
Overall, just under half (47%) of the women surveyed had experienced pelvic pain, defined as ‘pain in the lower belly and above the legs’, in the last five years (Figure 1).

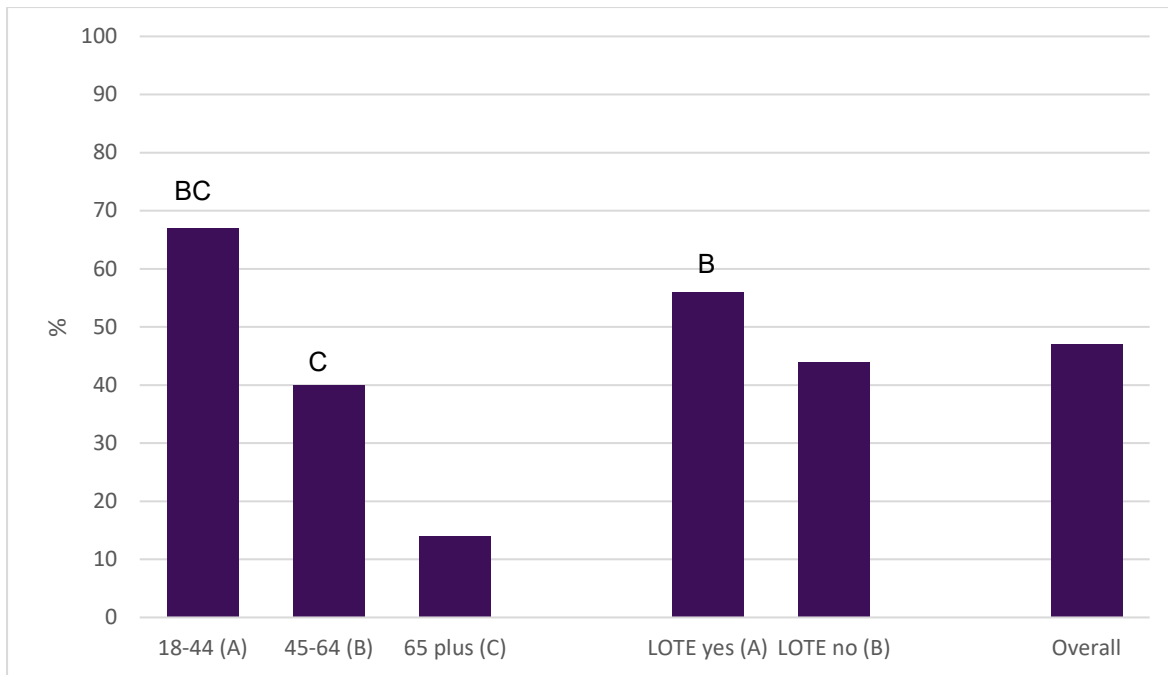
Women aged 18 to 44 were significantly more likely than women aged 45 to 64 or 65 plus to have experienced pelvic pain in the last five years. Women aged 45 to 64 were significantly more likely to have experienced pelvic pain compared to women aged 65 plus.

Women who speak a language other than English at home were significantly more likely to report experiencing pelvic pain in the last five years compared to those who speak only English at home (56% compared to 44%).

**Figure 1. Proportion of Australian women who have experienced pelvic pain in the last five years**

A letter above a bar in the graph indicates a significant difference ( $p < 0.001$ ) within the sub-group of age group (A-C) or language other than English spoken at home (A or B).





## Impact of pelvic pain on daily activities, exercise and work or study

Four in five of those who experienced pelvic pain in the last five years (or 9% of all Australian women) reported that pelvic pain impacted their daily activities or caused them to miss days of work or study or to miss exercise (Figure 2).

The impact of pelvic pain on exercise was asked specifically as a proxy indicator for women choosing to forego discretionary activities, with work and daily duties considered to be non-discretionary.

Three in five of those who experienced pelvic pain in the last five years (or 28% of all Australian women) found it hard to do daily activities, with women of reproductive age significantly more likely than older women to find it hard to work or study, and significantly more likely than women in midlife to miss days of work or study (Figure 2).

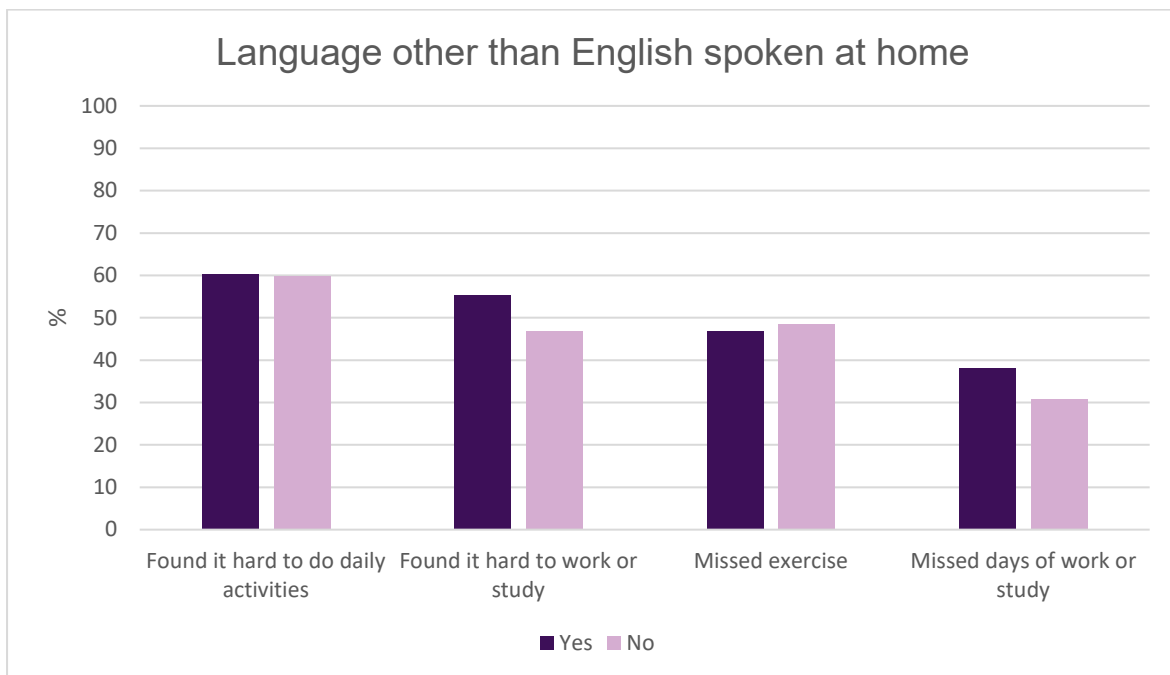
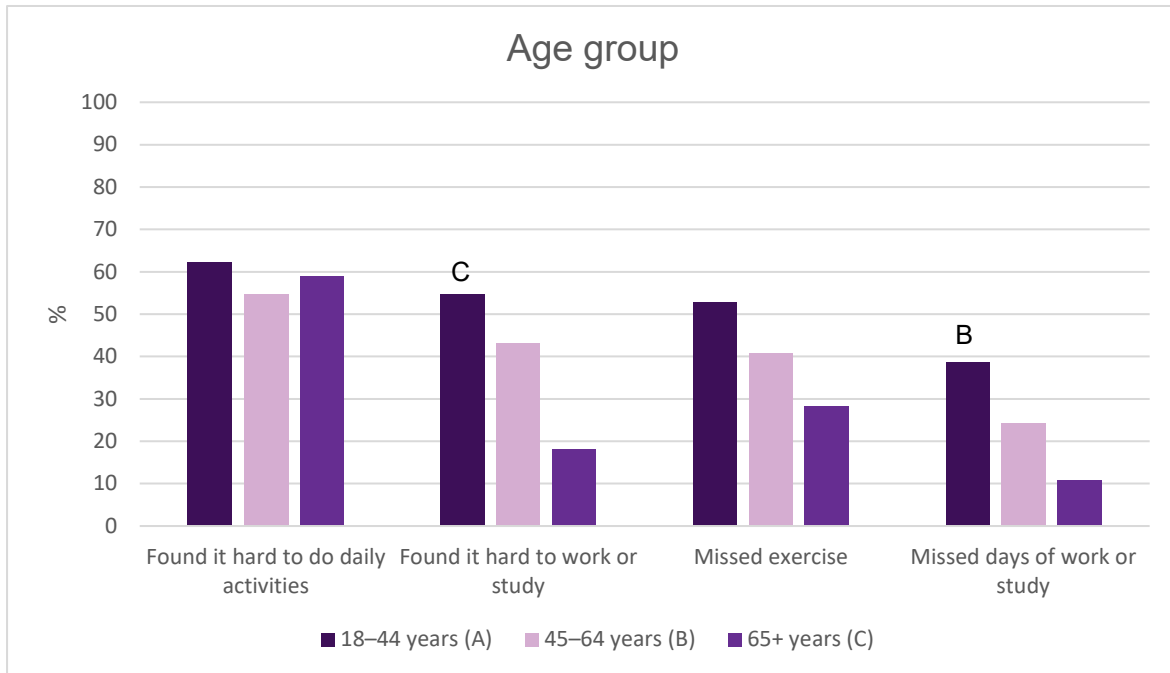
Older women who experienced pelvic pain in the last five years were significantly less likely than women of reproductive age to report finding it hard to do daily activities or to work or study, or to report missing exercise or days of work or study.

The impact of pelvic pain on daily activities, exercise, or work or study did not differ according to language spoken at home.



**Figure 2. Impact of pelvic pain on common activities for women experiencing pelvic pain in the last five years**

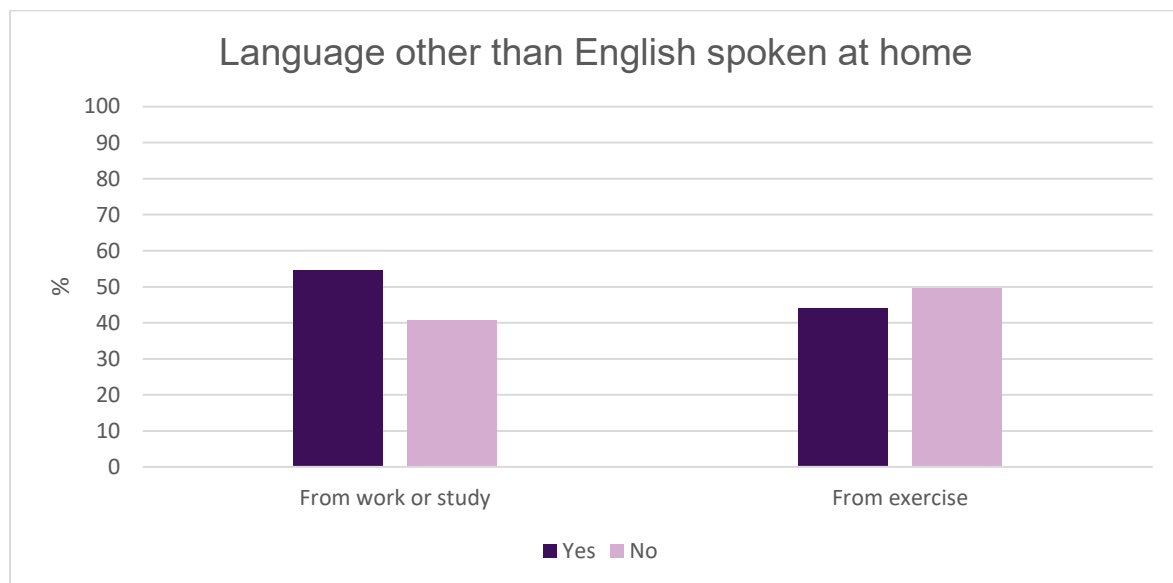
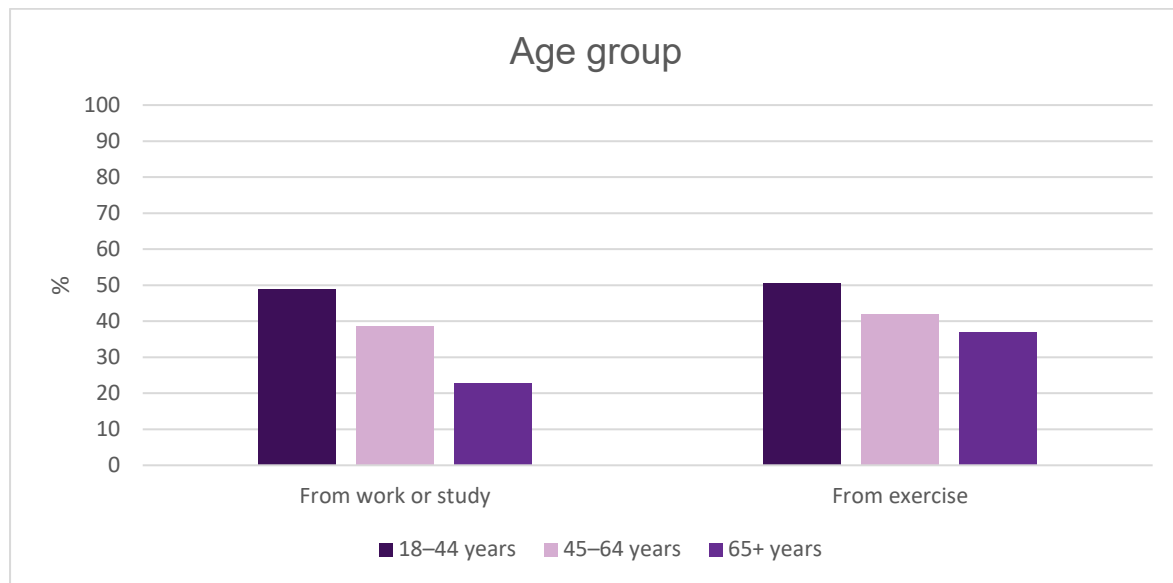
A letter above a bar in the graph indicates a significant difference ( $p < 0.001$ ) within the sub-group of age group (A-C)



Close to half the women experiencing pelvic pain in the last five years (or 21% of all Australian women) reported they needed to take leave or an extended break from exercise (48%) or work or study (45%) (Figure 3). There were no significant differences across age ranges or language spoken at home for women experiencing pelvic pain who reported taking leave or an extended break from exercise or work or study.

**Figure 3. Women experiencing pelvic pain in the last five years who have taken leave or an extended break due to pelvic pain**

Some respondents answered “Yes” to both taking leave or an extended break from work or study and from exercise. Responses of ‘don’t know’ or ‘prefer not to say’ have been excluded from the tables.



**Impact of pelvic pain on mental and emotional wellbeing**

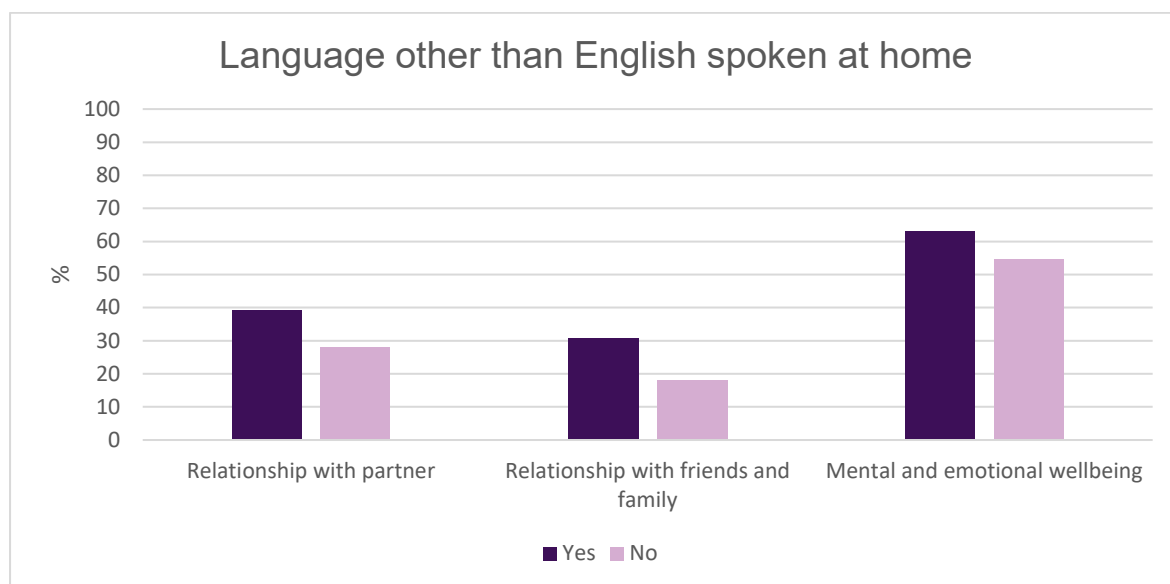
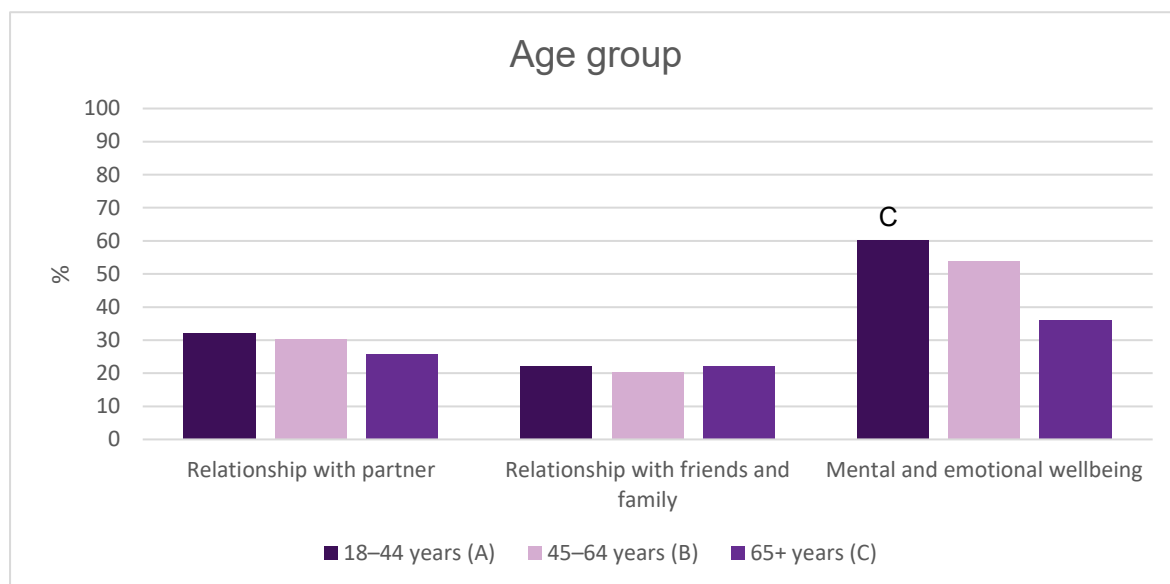
More than half the women experiencing pelvic pain in the last five years (or 27% of all Australian adult women) reported pelvic pain had a negative impact on their mental and emotional wellbeing in the last five years (Figure 4). This mental and emotional toll of pelvic pain was more commonly identified by those aged 18 to 44.

Almost one in three women experiencing pelvic pain in the last five years (or 15% of all Australian women) reported this pain negatively impacted their relationship with their partner. One in ten Australian women reported that pelvic pain had negatively impacted relationships with friends and family in the last five years.

The impact of pelvic pain on mental and emotional wellbeing did not differ depending on whether a language other than English is spoken at home.

**Figure 4. Impact of pelvic pain on relationships and mental health for women experiencing pelvic pain in the last five years**

A letter above a bar in the graph indicates a significant difference ( $p < 0.001$ ) within the sub-group of age group (A-C). Responses of 'don't know' or 'prefer not to say' have been excluded from the tables.



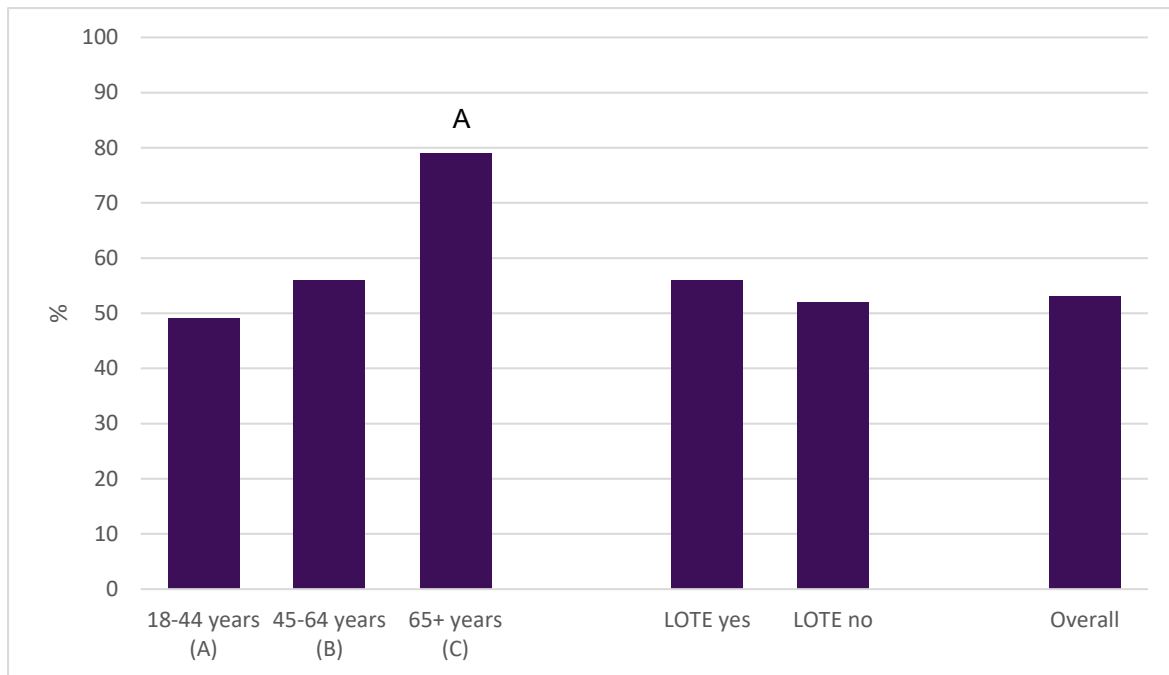
### Propensity to discuss pelvic pain with a doctor

Just over half the women experiencing pelvic pain in the last five years (approximately 25% of all Australian women) had discussed pelvic pain with a doctor. (Figure 5) Discussing pelvic pain with a doctor was significantly more likely among those aged 65 plus (79%) than those aged 18 to 44 (49%).

Women who speak a language other than English at home were just as likely to discuss their pelvic pain with a doctor as those who speak only English at home.

**Figure 5. Proportion of women experiencing pelvic pain in the last five years who discussed their pelvic pain with a doctor**

A letter above a bar in the graph indicates a significant difference ( $p < 0.001$ ) within the sub-group of age group (A-C). Responses of 'don't know' or 'prefer not to say' have been excluded from the tables.

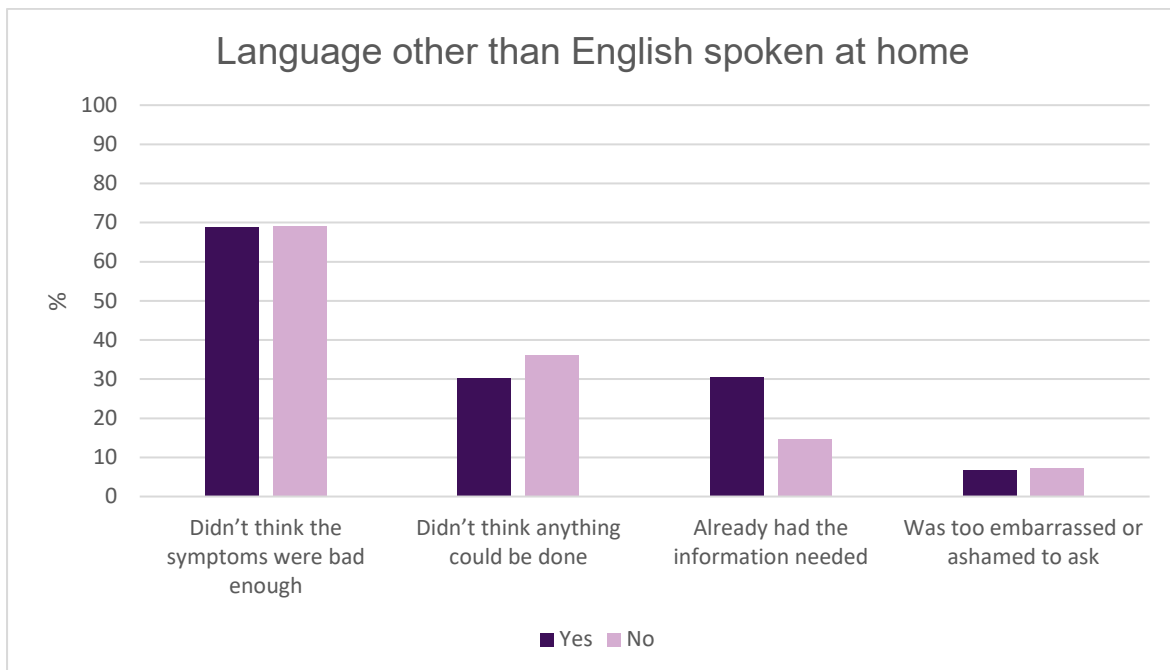
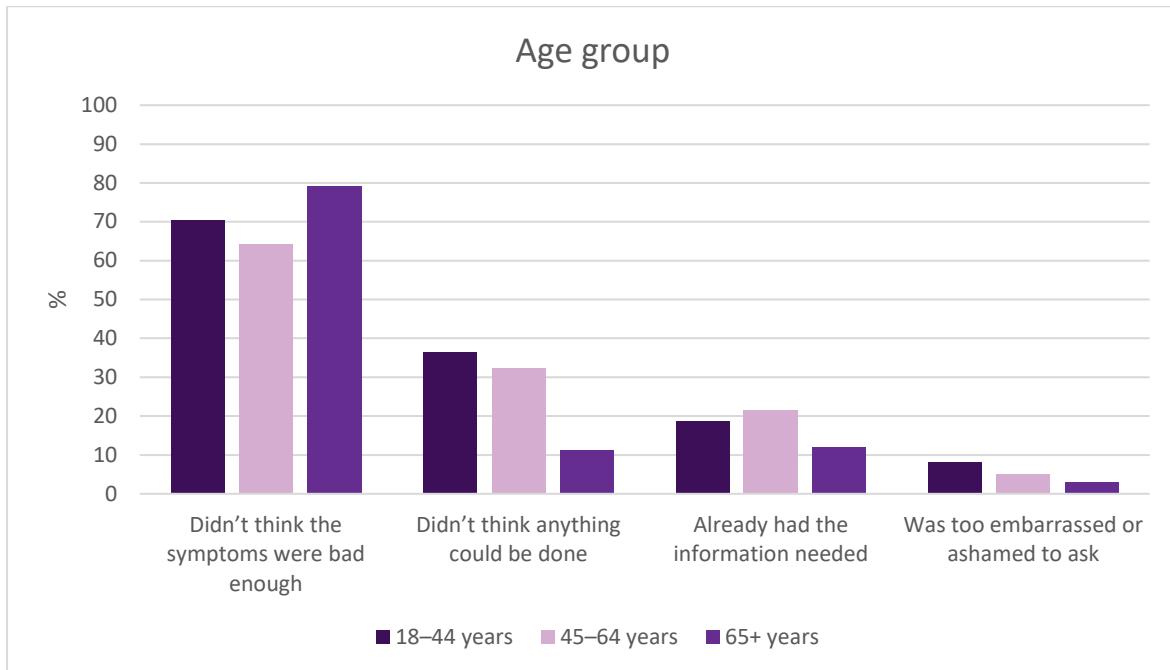


The main reason for those experiencing pelvic pain not discussing the issue with their doctor was that they thought the symptoms were not bad enough (69%) (Figure 6). Other reasons for women not discussing this pain with a doctor included:

- thinking nothing could be done (35%)
- already having the information needed (19%)
- being too embarrassed or ashamed to ask (7%).

**Figure 6. Main reasons women experiencing pelvic pain did not discuss the issue with a doctor**

Responses of 'don't know' or 'prefer not to say' have been excluded from this table.



# Discussion

The prevalence of any pelvic pain in Australia is high, with nearly half of all adult Australian women experiencing pelvic pain in the last five years. Unsolicited free text responses ranged from ‘just discomfort’ and ‘sporadic but annoying’ to ‘I’m incapacitated because of the pain’. Free text responses referenced difficulties parenting, toileting, eating, walking, standing, getting out of bed, having sexual intercourse and with ‘overall functioning and wellbeing’.

Assessing the nature and extent of pelvic pain is problematic because, even if the same definition of pain is used every time, pain is experienced and self-described in many ways. Some women are affected by dysmenorrhea (painful periods) and their pain, therefore, is cyclical. Others are affected by persistent pelvic pain due to conditions such as endometriosis (in which cells similar to those that line the uterus are found in other parts of the body, mainly in the pelvis and reproductive organs) and adenomyosis (in which endometrial tissue in the lining of the uterus grows into the wall of the uterus).

This survey did not seek to differentiate between acute or persistent pelvic pain but rather capture the experience and impact of **any** pelvic pain, defined – very broadly – as ‘pain felt in the lower belly and above the legs’ across the adult Australian population of women.

The natural course of some gynaecology conditions likely plays a role in the observed age gradient effect; with pelvic pain reported at significantly higher levels in women of reproductive age than midlife women and older women, and midlife women reporting at significantly higher levels than older women. A previous study found that 92% of young Australian women (13–25 years) experience dysmenorrhea.<sup>5</sup> For many women, though, dysmenorrhea subsides with age or after giving birth. It might be, therefore, that the age gradient occurs because, with increasing age, women are less likely to be experiencing dysmenorrhea and are more likely to have had children. Similarly, the major symptoms of endometriosis and adenomyosis can, for many women, subside after menopause.

## Impact on physical, mental and emotional wellbeing

Pain is well known to affect mental health and wellbeing. It is not surprising, therefore, that just over one quarter of Australian women surveyed reported that pelvic pain negatively impacted their mental and emotional wellbeing. Women of reproductive age were significantly more likely to report an impact on mental and emotional wellbeing than older women, which is consistent with the possibility that their pain is more intense.

Close to one-quarter of Australian women report taking an extended break from exercise due to pelvic pain. Free text responses included multiple references to reduced physical activity generally, not just exercise: ‘[missed] socialising (like going out, walking or standing)’, ‘unable to walk’, ‘found it hard to walk and get out of bed’, ‘unable to get out of bed due to pain’, and ‘general mobility’.

Physical activity has significant health benefits for emotional and physical wellbeing, and can help manage pain due to dysmenorrhea<sup>6</sup> and endometriosis<sup>7</sup>. Reduced physical activity also increases the likelihood of future non-communicable disease such as cancer, diabetes and cardiovascular disease.<sup>8</sup>

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<sup>5</sup> Armour et al. The Prevalence and Educational Impact of Pelvic and Menstrual Pain in Australia: A National Online Survey of 4202 Young Women Aged 13-25 Years. *J Pediatr Adolesc Gynecol* (2020) 33(5):511-518.

<sup>6</sup> Armour et al. Exercise for dysmenorrhoea. *Cochrane Database Syst Rev* (2019) 9(9):CD004142

<sup>7</sup> Bonochoer et al. Endometriosis and physical exercises: a systematic review. (2014) *Reprod Biol Endocrinol*. 12: 4.

<sup>8</sup> World Health Organization. Physical activity. Available at: [www.who.int/news-room/fact-sheets/detail/physical-activity](http://www.who.int/news-room/fact-sheets/detail/physical-activity). Last accessed: 10 July 2023

Sleep is also important for good general health, concentration and mental and emotional wellbeing,<sup>9</sup> but multiple unsolicited free text responses reported trouble sleeping: 'found it hard to sleep', 'found it difficult to sleep', 'lost sleep' and 'interrupted sleep'.

Finally, a small but significant proportion of Australian women surveyed reported pelvic pain negatively affected their relationships with the important people in their lives. Fifteen per cent of Australian women reported pelvic pain affected their relationship with their partner ('reduced intimacy', 'difficulty during sex' and 'it also affects intercourse') and 10% reported pelvic pain affected their relationship with friends and family ('missed recreational outings' and 'missed life experiences').

## Life impact and economic security

Close to half the women afflicted by pelvic pain found it hard to work or study, and nearly one in three missed days of work or study. Specific challenges were noted in unsolicited free text responses, such as the woman who reported, 'some difficulty with heavy work and distance walking on my farm'. The full consequences of the impacts of pelvic pain likely extend beyond those related to absenteeism at work, as missing study might affect grades and job offers, and being unable to perform to the best of one's ability at work might affect promotion opportunities.

A 2017 study of Australian women of reproductive age with persistent pelvic pain estimated the cost of illness burden to be approximately AUD9.7 billion per annum.<sup>10</sup> Costs included healthcare costs, employment-related costs and other costs related to childcare and household maintenance, with most of the burden being productivity loss. People who experience acute pelvic pain – particularly if it is recurring for several days each month – are likely to also incur costs and productivity losses.

The cost of health care, whether traditional (doctor or allied health visits) or complementary therapy,<sup>11</sup> is a considerable additional financial cost for women with pelvic pain. In 2022, Jean Hailes for Women's Health surveyed 1,621 women suffering from pelvic pain to understand their information needs.<sup>12</sup> The survey, which was conducted with a grant from the Country Women's Association, found that nearly half (45%) the women with pelvic pain advised it took two to five visits with a doctor to get a diagnosis or management plan, and for nearly one quarter (28%) it took more than 10 visits with a doctor to get a diagnosis or management plan. The survey did not ask directly about the financial cost of pelvic pain, but this was referenced in unsolicited free text responses by multiple women: 'Had to ask for the odd hour off because doctors are expensive over weekend', 'Costly for interventions' and 'My personal pelvic pain issues prevent me from doing many daily activities including grocery shopping. I now do only online shopping and have my groceries delivered as I am unable to lift heavy grocery bags. This adds an additional cost to our household each week.'

Although socioeconomic status did not significantly impact the findings in this survey, it should be noted that women who experience economic insecurity and have fewer financial resources are likely to experience a greater 'downstream' effect from pelvic pain. Women with fewer financial resources are less likely to afford painkillers, doctors' visits, complementary medicines, or other pain management measures such as home-delivery of groceries.

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<sup>9</sup> Roth T. Diagnosis and management of insomnia. (2000) 2(5):28-38

<sup>10</sup> Armour M, Lawson K, Wood A, Smith CA, Abbott J (2019) The cost of illness and economic burden of endometriosis and chronic pelvic pain in Australia: A national online survey. PLoS ONE 14(10): e0223316.

<sup>11</sup> Malik et al. Allied health and complementary therapy usage in Australian women with chronic pelvic pain: a cross-sectional study. BMC Women's Health (2022) 22:37

<sup>12</sup> Jean Hailes for Women's Health. Pelvic pain survey 2022 – findings. Unpublished data.

## Propensity to seek medical care for pelvic pain

Most women who experienced pelvic pain reported the pain made it hard to do daily activities. However, only about half of these women reported they did not raise pelvic pain with a doctor because they perceived the symptoms were ‘not bad enough’. This raises questions about whether women are ‘conditioned’ to believe that pelvic pain is normal or that pelvic pain must simply be endured. Unsolicited free text responses indicate this is a factor, with comments including: ‘It’s normal stuff that women go through so just get on with it’, ‘I thought I had to push through’, ‘It’s normal for woman (sic)’ and ‘It’s a part of having your period’.

A small but significant proportion of Australian women (3%) are too embarrassed or ashamed to ask their doctor about pelvic pain. Of some concern were free text responses that indicate some women had not seen, or did not expect to see, a doctor receptive to their pelvic pain concerns: ‘didn’t think it would be taken seriously’, ‘don’t trust the doctor will know what to do’, ‘I don’t trust my GP’, ‘The dr (sic) usually dismisses it and tells me I’m healthy’ and ‘previous experience makes me feel that its (sic) not worth the effort because my complaint was basically dismissed’.

Research has shown a high proportion of pelvic pain in reproductive-age women in the USA goes untreated.<sup>13</sup> The high rate of pelvic pain in Australian women of reproductive age and its impact on daily life – coupled with this group’s low propensity to raise pelvic pain with a doctor, for whatever reason – suggests this could also be true in Australia. The findings from the 2023 National Women’s Health Survey suggest that general practitioners and other relevant primary health professionals should proactively ask women, particularly those in reproductive and midlife years, whether they experience pelvic pain rather than wait for women to raise the issue themselves.

Some responses indicated that cost and ability to get an appointment dissuaded women from presenting to their doctor (‘I could not get an appointment when I needed it’, ‘To (sic) hard to get appointments and find decent gps (sic)’, ‘Too hard to get into a doctor and cost too much’). Some women, however, did not visit a doctor because they felt their pain was manageable, with free text responses including: ‘Haven’t really experienced it that often’, ‘Too intermittent to be something of concern, am monitoring instead’, to ‘Too busy to see doctor’ to ‘It was manageable with painkillers, rest and heat pack.’

Despite a great deal of accessible consumer information being available on pelvic pain (including, but not limited to, Jean Hailes for Women’s Health, the Pelvic Pain Foundation and Pain Australia) only one in ten adult Australian women say they have the information they need. While an education program, *The Periods, Pain and Endometriosis (PPEP Talk®) Program*, is available for Year 10 girls (and people assigned female at birth), there is clearly still a gap in knowledge for adult women across Australia.

One in three Australian women incorrectly believe that nothing can be done for pelvic pain. In fact, many symptoms can be managed. It should be noted that the full potential of the Australian Government’s \$58.3 million investment in endometriosis and pelvic pain clinics (in the 2022–23 Budget) might not be realised if women remain unaware that treatment options are available to manage pelvic pain. These findings provide a strong case for targeted public education campaigns to ensure women understand what is ‘normal’ when it comes to pelvic pain, and that pelvic pain symptoms can be managed.

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<sup>13</sup> Schliep KC, Mumford SL, Peterson CM, Chen Z, Johnstone EB, Sharp HT, Stanford JB, Hammoud AO, Sun L, Buck Louis GM. Pain typology and incident endometriosis. *Hum Reprod.* 2015 Oct;30(10):2427-38. doi: 10.1093/humrep/dev147. Epub 2015 Aug 11. PMID: 26269529.



# More granular information is needed for priority populations

Women who speak a language other than English at home are significantly more likely to have experienced pelvic pain in the last five years compared to those who speak English at home. Despite this, no significant differences were found between these two groups with respect to the impact of that pain on daily activities or their emotional and mental wellbeing, their propensity to discuss pelvic pain with a doctor or their reasons for not discussing pelvic pain with a doctor.

A more granular assessment of experiences is required to understand whether and how the findings herein apply to priority subgroups in Australia, including: women from culturally or linguistically diverse communities; women with disability; lesbian, bisexual or queer women; people assigned or presumed female at birth; and Aboriginal or Torres Strait Islander women.

# Appendix I: Full data tables and relevant survey questions

Note that the abbreviation 'SEIFA' represents 'Socio-Economic Indexes for Areas' and 'LOTE' represents 'Language other than English spoken at home'.

**Table 1. Proportion of women experiencing pelvic pain (%)**

Q: In the last five years, have you experienced pelvic pain (felt in your lower belly and above your legs)? (n=3570)

	Yes	No
<b>Age group</b>		
18–44 years (A)	66.9 BC	32.6
45–64 years (B)	39.8 C	59.6 A
65+ years (C)	13.8	86.1 AB
<b>State/Territory</b>		
NSW (A)	48.9	50.6
VIC (B)	49.7	49.8
QLD (C)	43.7	55.9
SA (D)	41.5	58.3
WA (E)	47.1	52.1
TAS (F)	37.2	62.5
NT (G)	47.8	52.2
ACT (H)	46.8	53.2
<b>SEIFA</b>		
1–2 (A)	48.0	51.5
3–5 (B)	46.5	53.1
<b>LOTE</b>		
Yes (A)	56.4 B	43.3
No (B)	44.0	55.5 A
<b>Total</b>	<b>47.0</b>	<b>52.5</b>

## Table 2. Impact of pelvic pain (%)

Q: Has this pelvic pain impacted you in any of the following ways? (BASE: experienced pelvic pain, n=1399)

	Found it hard to do daily activities (e.g. caring or household duties)	Found it hard to work or study	Missed exercise	Missed days of work or study	None of the above
<b>Age group</b>					
18–44 years (A)	62.3	54.7 C	52.7	38.5 B	15.4
45–64 years (B)	54.7	43.2	40.6	24.1	25.7
65+ years (C)	59.0	18.1	28.2	10.7	36.5 A
<b>State/Territory</b>					
NSW (A)	61.0	46.3	47.0	36.3	20.5
VIC (B)	55.6	51.9	51.1	34.3	16.2
QLD (C)	58.5	45.4	44.1	30.8	21.7
SA (D)	64.8	57.1	56.5	31.7	16.3
WA (E)	67.6	52.8	41.3	25.8	23.7
TAS (F)	61.8	52.7	51.1	27.4	16.6
NT (G)	67.5	48.4	62.2	20.8	7.8
ACT (H)	58.1	53.4	55.1	27.4	19.7
<b>SEIFA</b>					
1–2 (A)	60.1	48.6	47.4	34.6	20.2
3–5 (B)	60.0	49.6	47.9	31.5	19.2
<b>LOTE</b>					
Yes (A)	60.2	55.3	46.9	38.0	14.9
No (B)	59.9	46.8	48.4	30.8	21.3
<b>Total</b>	<b>60.0</b>	<b>49.3</b>	<b>47.9</b>	<b>32.9</b>	<b>19.4</b>

### Table 3. Taking leave / extended break due to pelvic pain (%)

Q: Have you needed to take an extended break or stop work, study or exercise as a result of your pelvic pain? (BASE: impacted by pelvic pain, n=1114)

	Yes, from work or study	Yes, from exercise	No, this has not happened
<b>Age group</b>			
18–44 years (A)	48.8	50.7	30.1
45–64 years (B)	38.5	42.1	39.2
65+ years (C)	22.9	37.1	58.0
<b>State/Territory</b>			
NSW (A)	44.9	48.7	35.2
VIC (B)	46.6	45.0	33.3
QLD (C)	46.4	52.7	30.6
SA (D)	45.4	47.0	30.2
WA (E)	42.8	43.3	36.0
TAS (F)	34.8	50.3	39.8
NT (G)	20.2	47.4	48.0
ACT (H)	39.2	55.3	35.2
<b>SEIFA</b>			
1–2 (A)	52.3	47.2	28.4
3–5 (B)	40.5	48.1	36.9
<b>LOTE</b>			
Yes (A)	54.6	43.9	28.5
No (B)	40.6	49.7	36.2
<b>Total</b>	<b>44.9</b>	<b>47.9</b>	<b>33.8</b>

**Table 4. Impact of pelvic pain on relationships and mental health (%)**

Q: And has your pelvic pain negatively impacted... (BASE: had pelvic pain, n=1399)

	Your relationship with your partner		Your relationships with friends and family		Your mental and emotional wellbeing	
	Yes	No	Yes	No	Yes	No
<b>Age group</b>						
18–44 years (A)	32.0	46.7	22.2	71.0	60.2 C	36.4
45–64 years (B)	30.4	49.0	20.3	74.7	53.9	44.1
65+ years (C)	25.9	40.7	22.1	60.4	36.0	57.5
<b>State/Territory</b>						
NSW (A)	27.6	50.3	19.3	72.8	56.2	40.5
VIC (B)	40.5 H	38.7	27.6 G	67.9	60.9	36.5
QLD (C)	23.9	57.4 E	16.4	76.2	49.9	46.5
SA (D)	27.5	49.5	29.1 G	64.4	59.6	39.6
WA (E)	36.3	33.1	21.8	68.0	61.4	32.8
TAS (F)	30.1	48.8	18.8	73.0	59.6	38.8
NT (G)	26.6	57.6	5.1	83.4	52.0	42.4
ACT (H)	18.8	61.5 BE	14.1	79.8	49.6	47.2
<b>SEIFA</b>						
1–2 (A)	34.2	40.9	22.1	70.1	58.1	37.4
3–5 (B)	29.6	50.5	21.1	72.2	56.2	41.3
<b>LOTE</b>						
Yes (A)	39.3	37.9	30.7	62.4	62.9	34.1
No (B)	27.8	50.7	17.9	75.0	54.5	42.2
<b>Total</b>	<b>31.2</b>	<b>46.9</b>	<b>21.7</b>	<b>71.3</b>	<b>57.0</b>	<b>39.8</b>

**Table 5. Proportion discussing pelvic pain with a doctor (%)**

Q: Have you discussed this pelvic pain with a doctor? (BASE: Had pelvic pain, n=1399)

	Yes	No
<b>Age group</b>		
18–44 years (A)	49.3	50.6 C
45–64 years (B)	56.2	43.8
65+ years (C)	79.3 A	20.4
<b>State/Territory</b>		
NSW (A)	52.0	48.0
VIC (B)	59.0	41.0
QLD (C)	53.4	46.6
SA (D)	41.0	58.4
WA (E)	49.0	51.0
TAS (F)	49.9	50.1
NT (G)	55.9	44.1
ACT (H)	43.8	56.2
<b>SEIFA</b>		
1–2 (A)	56.5	43.5
3–5 (B)	51.4	48.6
<b>LOTE</b>		
Yes (A)	56.1	43.9
No (B)	51.7	48.3
<b>Total</b>	<b>53.0</b>	<b>47.0</b>

**Table 6. Main reasons for not discussing pelvic pain with a doctor (%)**

Q: Why did you decide not to discuss this pelvic pain with a doctor? (BASE: did not discuss symptoms with doctor, n=688)

	I didn't think the symptoms were bad enough	I didn't think anything could be done	I already had the information needed	I was too embarrassed or ashamed to ask
<b>Age group</b>				
18–44 years (A)	70.4	36.3	18.6	8.1
45–64 years (B)	64.2	32.2	21.6	5.1
65+ years (C)	79.1	11.2	11.9	3.0
<b>State/Territory</b>				
NSW (A)	72.6	39.4	18.1	10.9
VIC (B)	65.6	32.5	16.4	6.6
QLD (C)	65.1	28.7	20.5	4.1
SA (D)	60.5	38.0	28.7	5.4
WA (E)	76.1	31.1	20.3	3.4
TAS (F)	82.2	30.7	8.6	11.5
NT (G)	78.2	34.3	12.5	4.5
ACT (H)	67.0	40.2	24.9	4.3
<b>SEIFA</b>				
1–2 (A)	68.5	30.9	17.9	11.2
3–5 (B)	68.9	35.7	20.1	5.3
<b>LOTE</b>				
Yes (A)	69.0	30.3	30.6	6.8
No (B)	69.1	36.1	14.8	7.3
<b>Total</b>	<b>69.1</b>	<b>34.5</b>	<b>19.2</b>	<b>7.2</b>

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