National Women's Health Survey
Life in Australia ™ Technical Report

July 2024

Social Research Centre

Life in Australia™

Acknowledgements

We acknowledge the Wurundjeri People who are the Traditional Custodians of the lands on which our company is located, and the Traditional Custodians of country throughout Australia, where we conduct our business. We pay our respects to Elders, past, present and emerging. The Social Research Centre is committed to honouring First Nations peoples' unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society.

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List of abbreviations and terms

A-BS	Address-based sampling
CATI	Computer-assisted telephone interviewing
CAWI	Computer-assisted web interviewing (i.e. online)
COMR	Completion Rate
CUMRR	Cumulative Response Rate
G-NAF	Geo-coded National Address File
IVR	Interactive Voice Response
PROR	Profile Rate
RDD	Random digit dialling
RECR	Recruitment Rate
RETR	Retention Rate
SMS	Short Messaging Service (i.e. text message)

1. Introduction

1.1. Project background

Jean Hailes for Women's Health commissioned the Social Research Centre to conduct the National Women's Health Survey (NWHS). This is an annual survey focusing on women's health, the topics explored each year are updated to reflect current information needs. The 2024 NWHS focused on attitudes, beliefs and access to contraception among Australian women.

The data were collected via two sample sources:

- The Social Research Centre's probability-based panel Life in Australia™ (95th wave)

- ORU, a non-probability panel provider.

The non-probability panel provider increased the coverage of women aged 18 to 50 years old, particularly in regional and remote Australia.

This report provides an overview of the data collection and methodological aspects of the 2024 National Women's Health Survey. Unless otherwise stated, the text in this report refers to methodological considerations for the probability-based panel Life in Australia™. Where applicable, tables have been updated with figures from non-probability panel provider ORU.

1.2. Project overview

Key project statistics for the survey are summarised in Table 1.

Table 1   Summary of key statistics

Field	Total	Life in Australia™ online panellists	ORU non-probability panel members
Invited to complete survey	11,915	1,915	10,000
Total Interviews achieved	3,537	1,260	2,277
Average interview duration (mins)	14.1	14.5	13.8
Completion rate (%)	29.7%	65.8%	22.8%
Main fieldwork start date	23-Apr-24	23-Apr-24	1-May-24
Main fieldwork finish date	15-May-24	6-May-24	15-May-24

1.3. About Life in Australia™

In 2016, the Social Research Centre established Australia's first national probability-based online panel: Life in Australia™ (Kaczmirek et al., 2019). The panel is the most methodologically rigorous online panel in Australia and is one of only a small number worldwide.[1] Members of the panel are recruited via random digit dialling (RDD) or address-based sampling (A-BS) and agreed to provide their contact details to take part in surveys on a regular basis. What separates Life in Australia™ from other online panels is the use of sampling frames for which units have known probability of selection and the fact that people cannot enrol unless invited to participate.

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[1] Others include the Pew Research Center American Trends Panel, NORC AmeriSpeak and GESIS Panel.

1.4.   Ethics and quality assurance

All aspects of this research was undertaken in accordance with ISO 20252:2019 Market, Opinion and Social Research Standard, The Research Society (formerly AMSRS) Code of Professional Behaviour, the Australian Privacy Principles and the *Privacy (Market and Social Research) Code 2021*.

The Social Research Centre is an accredited Company Partner of The Research Society with all senior staff as full members and several senior staff QPMR accredited. The Social Research Centre is also a member of the Australian Data and Insights Association (ADIA formerly known as AMSRO) and bound by the Market and Social Research Privacy Principles/Code.

The survey has been reviewed and approved by the Bellberry Ethics Committee (Reference number: 2018-03-187-PRE-8)

2.   Questionnaire design and testing

The questionnaire was developed by Jean Hailes for Women's Health, while the Social Research Centre performed a review role in optimising the questionnaire for fieldwork. Prior to fieldwork starting, standard operational testing procedures were applied to ensure that the script truly reflected the agreed final electronic version of the questionnaire. These included:

- programming the skips and sequencing instructions as per the final questionnaire
- rigorous checking of the questionnaire in 'practice mode' by the Social Research Centre project coordinator and the project quality supervisor, including checks of the on-screen presentation of questions and response frames on a range of devices
- randomly allocating dummy data to each field in the questionnaire and examining the resultant frequency counts to check the structural integrity of the script.

No formal pilot testing was undertaken. However, a soft launch was undertaken to confirm the integrity of the questionnaire. This involved initiating a small number of Life in Australia™ online records on the first planned day of fieldwork.

The final questionnaire is appended at Appendix 1.

3. Methodology

3.1. Sample design and size

3.1.1 Target population

The in-scope population for the survey was women aged 18-50 years residing in Australia. Life in Australia™ members who had female recorded as their sex at birth were randomly selected to participate in the survey.

A screener question at the start of the questionnaire asked ORU non-probability panel respondents their sex recorded at birth. Those who did not answer 'female' were screened out and did not proceed with the remaining survey questions.

3.1.2 Recruitment to Life in Australia™

Life in Australia™ panellists have been recruited using a variety of probability sampling frames and survey modes. These are summarised in Table 2.

Table 2   Summary of Life in Australia™ recruitment

Year	Sampling frame	Recruitment mode(s)	Panel members profiled (n)	Recruitment Rate[*] %	Profile Rate %
2016	DFRDD	CATI	3,322	20.0	77.7
2018	Mobile RDD	CATI	267	12.1	69.7
2019	A-BS	CAWI / CATI	1,810	10.8	100.0
2020	A-BS	Mail push-to-web / CATI	309	6.1	100.0
2020	Mobile RDD	IVR	158	1.6	100.0
2020	Mobile RDD	SMS push-to-web	145	3.1	100.0
2021	SMS	SMS push-to-web	510	3.4	100.0
2021	A-BS	CAWI / CATI	3,715	7.7	100.0
2023	SMS	SMS push-to-web	4,164	2.6	100.0
2024	SMS	SMS push-to-web	3,267	1.8	100.0

Notes: A-BS = address-based sampling; CATI = computer-assisted telephone interviewing; CAWI = computer-assisted web interviewing; DFRDD = dual-frame (landline and mobile) RDD; IVR = interactive voice response; RDD = random digit dialling; SMS = short message service (i.e., text message).

* AAPOR RR3. See Callegaro and DiSogra (2008) for details on outcome rates for online panels; profile rates are of questionable relevance for non-CATI modes.

Dual-frame RDD (2016)

Initial recruitment in 2016 used a dual-frame random digit dialling sample design, with a 30:70 split between the landline RDD sample frame and mobile phone RDD sample frame. For the landline sample, an alternating next / last birthday method was used to randomly select respondents from households where two or more in-scope persons were present. For mobile sample, the phone answerer was the selected respondent. Only one member per household was invited to join the panel. RDD sample was supplied by SamplePages.[2] Mobile and landline coverage in Australia in 2017–18 was 98% (Phillips et al., 2019), including the 1% error rate from RDD vendor checks for number working status.

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[2] SamplePages selects numbers randomly from the Australian Communication and Media Authority's register of numbers, which shows all allocated (i.e., potentially in use) blocks of mobile numbers. For mobile RDD, SamplePages does not use a list-assisted approach (Brick et al., 1995); a pure RDD sample is drawn. A list-assisted approach is used for landline RDD. Before release to the Social Research Centre, sampled numbers undergo HLR/SS7 look-up to check for active status (a process sometimes called 'pulsing' or 'pinging'), with inactive numbers not being provided to the Social Research Centre. SamplePages reports a 1% false negative rate for these checks for active status.

Mobile RDD (2018)

In 2018, the panel was refreshed using only mobile RDD sample. Only online participants that were under 55 years old were recruited, in order to balance the demographics (the age profile of panel members was older than that of the Australian population). The recruitment rate (RECR) for the replenishment was 12.1%. For both the recruitment in 2016 and panel refreshment in 2018, the RDD sample was provided by SamplePages. Mobile coverage in Australia in 2017–18 was 93% (Phillips et al., 2019), again with a 1% error rate from working number look-up as part of SamplePages' processes.

Address-based sampling (2019, 2020, 2021)

Between October-December 2019, the panel was expanded. This recruitment used address-based sampling (A-BS; Link et al., 2005) with push-to-web methodology (Dillman, 2017).[3] Only online participants were recruited in order to balance the demographics (the age profile of panel members was older and more educated than that of the Australian population). The sampling frame used was the Geo-coded National Address File (G-NAF), Australia's authoritative list of addresses, and is assumed to cover all Australian addresses.[4] An 'any adult' approach to selection was applied; i.e., one adult per household with no attempt to impose a selection routine.[5] The G-NAF is an open-source file that is built and maintained by Geoscape Australia (Australian Government, 2023). Later rounds of recruitment took place in 2020 (with IVR and SMS push-to-web as described below) and 2021, the panel was expanded using the A-BS sampling frame and push-to-web and CATI methodology, as described above. Offline respondents were recruited in 2021 (a call-in number was provided). Coverage is estimated at 96.1% of addresses due to the Social Research Centre's exclusion of certain addresses that have a low probability of being residential.

Interactive voice response (2020)

Interactive voice response (IVR) push-to-web makes brief use of IVR (an automated call) to briefly describe the reason for the call; people who are interested are then sent a link to the profile survey via SMS. IVR coverage is estimated at 97%, based on 98% mobile coverage (Australian Communications and Media Authority, 2022a) and the 1% working number look-up error rate referred to above.[6]

SMS push-to-web

SMS push-to-web uses SMS as the mode of invitation, with respondents invited to click a link to complete the profile survey in CAWI mode. As described in footnote 4, above, no up-to-date official statistics on internet access are available, apart from those derived from Life in Australia™; the Australian Communications and Media Authority (2022b) estimates 99% internet coverage, using Life in Australia™ data; we assume that non-internet users overlapped with those without mobile phones.

In April 2021, the panel was refreshed. This recruitment used an RDD mobile sample frame with SMS invitation. Only online participants were recruited. SMS coverage is estimated at 95%, based on 96% mobile coverage (Australian Communications and Media Authority, 2022a) and the 1% working number look-up error rate referred to above.[7]

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[3] Addresses matched to telephone numbers received reminder calls; respondents who received a reminder call could join the panel via telephone, with the panel profile being collected via CATI.

[4] The homeless population in 2016 (Australian Bureau of Statistics, 2018b) living in improvised dwellings (N = 8,200), supported accommodation (N = 21,235) and boarding houses (N = 17,503) are assumed inaccessible via address-based sampling, amounted to 0.2% of the total Australian population of all ages (N = 23,401,891) (Australian Bureau of Statistics, 2023). The most recent official statistics on internet usage are for the 2016-17 financial year, when 86.1% of adults used the internet (Australian Bureau of Statistics, 2018a). Indicative of trends since then, internet usage was excluded from the 2021 Census of Population and Housing on the rationale that internet access via smartphones was effectively universal.

[5] In the interest of response maximisation, a decision was made to allow any responsible adult within the household to complete the survey rather than apply a within-household selection procedure. This decision was based on the knowledge that within-household selection methods have been found to add a layer of complexity that increases non-response (Battaglia et al., 2008). Thus, while a within-household selection method may be desired as a means of minimising coverage error, this is overshadowed by the potential to increase non-response error. The accuracy of within-household selection procedures applied to address-based sampling studies has also been questioned (Olson, Stange, & Smyth, 2014).

[6] SamplePages was the mobile RDD sample supplier.

[7] SamplePages was the mobile RDD sample supplier.

In February-March 2023 and February-March 2024, the panel was expanded using an RDD mobile sampling frame and SMS push-to-web, as described above. Coverage is as described above.

Over time some panellists have withdrawn from future participation in the panel, while others are retired due to non-response or poor-quality responses.

3.1.3   Sample design

The sample designed to meet research objectives and analytic goals by delivering equal sample sizes across strata defined by age (18–24, 25–34, 35–44, 45–50) and remoteness (Major Cities of Australia, Inner and Outer Regional Australia), allocating equal target sample sizes to each stratum (see Table 3). Due to limited sample availability in Remote and Very Remote Australia for both Life in Australia™ and ORU, a smaller target sample size was targeted and was not cross-classified by age. The age groups were designed to correspond to different levels of life stage and fertility. The remoteness groupings were designed to correspond to different levels of rurality. Due to different amounts of Life in Australia™ sample in each stratum, the ratio between Life in Australia™ and ORU varied by stratum.

Table 3   Sample design – strata defined by age and remoteness

Stratum	Total
Major Cities of Australia 18-24	422
Major Cities of Australia 25-34	422
Major Cities of Australia 35-44	422
Major Cities of Australia 45-50	422
Regional Australia 18-24	422
Regional Australia 25-34	422
Regional Australia 35-44	422
Regional Australia 45-50	422
Remote Australia (incl. Very Remote)	122
Total	3,498

3.1.4   Sample profile

The final sample profile along with comparison to ABS benchmarks is shown below in Table 4.

Table 4   Sample profile (unweighted) %

Subgroup	Life in Australia™ online panellists (completed)	ORU non-probability panel (completed)	Total (completed)	Benchmark[8]
Base (n)	1,260	2,277	3,537	
Gender				
Male	0.9	0.2	0.4	-
Female	97.1	99.3	98.5	-
Age				
18-24 years	19.7	27.2	24.5	11.0
25-34 years	26.8	25.3	25.9	18.8
35-44 years	30.1	22.5	25.2	17.5
45-50 years	23.4	24.9	24.4	16.2
Location				

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[8] Australian Bureau of Statistics (September 2021 ERPS).

Subgroup	Life in Australia™ online panellists (completed)	ORU non-probability panel (completed)	Total (completed)	Benchmark[8]
Sydney	16.9	10.9	13.0	20.6
Rest of NSW	12.6	14.4	13.8	11.3
Melbourne	20.2	11.5	14.6	19.7
Rest of VIC	9.1	13.3	11.8	6.3
Brisbane	9.0	5.7	6.9	9.7
Rest of QLD	9.0	16.3	13.7	10.4
Adelaide	4.8	4.0	4.3	5.4
Rest of SA	2.2	3.9	3.3	1.6
Perth	6.0	5.6	5.8	8.1
Rest of WA	2.3	5.1	4.1	2.2
Hobart	3.4	2.2	2.6	0.9
Rest of TAS	1.7	4.2	3.3	1.2
Darwin	0.5	0.5	0.5	0.6
Rest of NT	0.3	0.8	0.7	0.3
ACT	1.8	1.4	1.6	1.7

Notes: Gender will not equate to 100% due to the small number of respondents who identify as non-binary or use a different term. No benchmark data available for gender, census benchmarks are filtered to female sex.'

Additionally, to ensure geographical representativeness and enable statistically valid comparisons of results by remoteness, specific targets were set for Major Cities, Inner and Outer Regional Australia, Remote and Very Remote Australia as part of the sample design. Table 5 presents the final sample profile by remoteness, compared to the ABS ASGS Remoteness Structure benchmarks.

Table 5   Remoteness profile (unweighted) %

Remoteness	Life in Australia™ online panellists (completed)	ORU non-probability panel (completed)	Total (completed)	Benchmark[9]
Base (n)	**1,260**	**2,277**	**3,537**	
Major Cities	63.8	39.9	48.4	76.0
Inner Regional Australia, Outer Regional Australia	35.0	55.4	48.1	22.2
Remote Australia, Very Remote Australia	1.2	4.7	3.4	1.8

3.2.   Contact methodology

The contact methodology adopted for online Life in Australia™ members is an initial survey invitation via email and SMS (where available), followed by multiple email reminders and a reminder SMS. Up to 5 reminders in different modes (including email, SMS, and telephone) were administered within the fieldwork period. Telephone non-response of online panel members who have not yet competed the survey commences in the second week of fieldwork and consists of reminder calls encouraging completion of the online survey.

The exact contact dates are shown below in Table 6 and Table 7.

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[9] Australian Bureau of Statistics (September 2021 ERPS), filtered to female sex at birth, aged 18-50.

Table 6   Summary of contact schedule – Life in Australia™

Contact type	Dates
*Email	23-Apr-24
*SMS	23-Apr-24
Email	24-Apr-24
SMS	24-Apr-24
Email	27-Apr-24
Email	30-Apr-24
SMS	30-Apr-24
Reminder calls	30-Apr-24 - 03-May-24

*Soft launch

Table 7   Summary of contact schedule – ORU non-probability panel

Schedule	Dates
*Email	1st May
Email	2nd May
Emails sent daily to fresh sample for all quotas	2nd May – 8th May
Email reminders sent daily to push regional/rural quotas Emails sent to fresh sample for major city quotas	8th May – 14th May

*Soft launch

Life in Australia™ members were able to request an email to complete the survey online.

ORU panel members were invited to complete the survey via initial invitation emails, and non-completers were followed up with targeted reminder emails throughout the fieldwork to maximise responses.

3.3. Incentives

All members were offered an incentive to complete the survey. The incentives offered for completing the survey had a value of $10. The incentive options were:

- Coles / Myer gift card
- Points redeemable as an electronic gift card from GiftPay
- Charitable donation to a designated charity (Children's Ground, Food For Change, RizeUp, Spinal Cord Injuries Australia, WIRES Australian Wildlife Rescue Organisation).

Online sample members with available email addresses were offered their incentive in the form of an electronic gift voucher or payment to a nominated PayPal account. All members could choose to donate the amount to a nominated charity or could opt out of receiving an incentive.

ORU panel members received reward points for completing the survey. These points were credited to members' panel accounts as either a cash reward, Mint rewards points, or prize draw entries.

3.4. Other response maximisation procedures

Other procedures to maximise response for the survey included:

- Leaving messages on answering machines and voicemails.
- Operation of an 1800 number throughout the survey period, to help establish survey bona fides, address sample members' queries, and encourage response
- Provision of the Social Research Centre / Life in Australia™ website upon request

4.   Response outcomes

4.1.   Completion rate

The Social Research Centre uses standard industry definitions for calculating outcome rates (American Association for Public Opinion Research, 2023; Callegaro & DiSogra, 2008). The completion rate (COMR) represents completed interviews as a proportion of all Life in Australia™ members invited to participate in this survey.

Overall, in comparison to the ORU non-probability panel, Life in Australia™ members had higher completion rates (65.8% vs 22.8%), lower non-contacts (13.5% vs 61.0%) and lower refusals and mid-survey terminations (0.6% vs 1.3%). However, this difference is mainly attributed to variations in sampling and recruitment approaches between the panels. A summary of the AAPOR outcomes is shown in Table 8.

Table 8   Summary of survey completion rate

AAPOR code	Outcome categories	Total		Life in Australia™ total		ORU non-probability panel total	
		n	%	n	%	n	%
	Total invited	11,915	100.0	1,915	100.0	10,000	100.0
1.1	Completed interview	3,537	29.7%	1,260	65.8%	2277	22.8%
2.1	Refusals and mid-survey terminations	142	1.2%	12	0.6%	130	1.3%
2.2	Non-contacts	6360	53.4%	259	13.5%	6101	61.0%
2.3	Other	1490	12.5%	89	4.6%	1401	14.0%
COMR	Completion Rate (%)	-	29.7%	-	65.8%	-	22.8%

4.1.1   Cumulative response rate

Completion rates only tell part of the story. The panellists invited to participate in this survey had to agree to participate in Life in Australia™ in the first place, then provide essential details in order to join the panel by completing the panel profile and finally remain in the panel until they were invited to complete this survey.

The cumulative response rate (CUMRR2) takes account of non-response at each point. It is the product of the recruitment rate (RECR), the profile rate (PROR), the retention rate (RETR) and the completion rate: CUMRR2 = RECR × PROR × RETR × COMR. The recruitment rate is the rate at which eligible individuals agree to join the panel. The profile rate is the rate at which initially consenting individuals complete the panel profile, thus joining the panel. The retention rate is the proportion of active panellists at the time of this survey out of all those who joined the panel.

Because Life in Australia™ is made up of panellists recruited at different points in time, the recruitment, profile, and retention rates shown are weighted in proportion to the composition of the panellists invited to complete this survey.

The cumulative response rate for this survey is 2.5% (see Table 9).

Table 9   Summary of panel outcome rates (Life in Australia™ only)

Code	Name	%
RECR	Recruitment rate	6.6
PROR	Profile rate	94.9
RETR	Retention rate	61.0
COMR	Completion rate	65.8
CUMRR2	Cumulative response rate 2	2.5

5.   Data processing and outputs

5.1.   Coding

Back-coding of questions with an 'Other (specify)' option was undertaken by experienced, fully briefed coders. Outputs were validated in accordance with ISO 20252 procedures, using an independent validation approach.

5.2.   Data quality checks for online completes

Data quality checks for online completes consisted of checks for:

- Logic checks
- Proportion of 'don't know' and 'refused' responses
- Speeding
- Straightlining
- Verbatim responses to open-ended questions or questions with an 'other (specify)'.

We consider all these indicators when determining whether a respondent is removed for poor data quality. Data quality indicators other than verbatim responses are used to identify potentially problematic cases. Generally, verbatim responses are decisive, with those indicating thoughtful engagement with the survey being kept and others being removed (e.g. nonsense responses like 'asdfgh,' *non sequiturs*, swearing).

Data quality is tracked for panel members over time and those with repeated issues are retired from the Life in Australia™.

After these checks, 1 Life in Australia™ case and 1 ORU case were removed due to poor data quality and are not counted toward the completion rate.

5.3.   Weighting

The National Women's Health Survey consisted of two components that were combined for weighting purposes:

1. A random (probability) sample of female adults aged 18 to 50 years old from Life in Australia™.

2. A convenience (non-probability) sample of female adults aged 18 to 50 years old to support extended reporting and analysis of this group.

The usual approach to weighting random (probability) samples is a two-step process that aims to reduce biases caused by non-coverage and non-response and to align weighted sample estimates with external data about the target population (Kalton and Flores-Cervantes, 2003). First, base weights are calculated to account for each respondent's initial chance of selection and for the survey's response rate. Next, the base weights are adjusted to align respondents with the population on key socio-demographic characteristics. Refer to Särndal *et al*. (1992) for detailed information about model-assisted survey sampling and estimation, and to Valliant *et al.* (2018) for a contemporary treatment of weighting and estimation for sample surveys.

The convenience (non-probability) sample used a non-random mechanism to recruit participants to the survey, which means that the design-based approach just described does not apply. Refer to Elliott and Valliant (2017) for a discussion and further references about the challenges of making inferences from non-random samples. There are several methods for weighting such samples and making estimates from them, however (refer to Valliant, 2020). One of these methods, and that used here, is "quasi-randomisation" which requires a reference sample chosen at random from the target population. This reference sample is used to estimate pseudo-selection probabilities for the convenience sample, to adjust for selection bias. For this survey, the reference sample were the probability cases from Life in Australia™.

The combined sample then had two base weights – a probability-based one for Life in Australia™ cases and an estimated one for convenience cases. To derive the adjusted weights, consideration then had to be given to the characteristics on which to align the base weights with the population. The choice of characteristics was guided by two factors:

- Which characteristics are most different between the probability and convenience samples?

- Which characteristics are most associated with the survey's key questionnaire items?

With these factors in mind, the set of characteristics used to adjust the weights are those shown in Table 10. This table also includes the population counts and percentages, obtained from Census 2021 TableBuilder (Australian Bureau of Statistics, 2021) and National Health Survey (ABS, 2021-22), and adjusted to meet the latest Estimated Resident Population (ERP) figures (ABS, June 2023). All population counts refer to the Australian 18 to 50 year old female population.

The method used to adjust the base weights was regression calibration (Deville *et al*., 1993), implemented in R (R Core Team, 2023) using the *survey* package (Lumley, 2021). For more information on weighting of sample surveys, refer to Valliant *et al.* (2018).

Table 10   Characteristics used for adjusting base weights, with population distribution and data sources.

Category	Benchmark Target (#)	Benchmark Target (%)	Source
State or territory of residence			(A)
New South Wales	1,848,586	31.05	
Victoria	1,569,765	26.37	
Queensland	1,209,294	20.31	
South Australia	387,991	6.52	
Western Australia	639,153	10.74	
Tasmania	115,382	1.94	
Northern Territory	64,607	1.09	
Australian Capital Territory	118,961	2.00	
Geographic location			(A)
Capital city	4,224,385	70.95	
Rest of state	1,729,354	29.05	
Language other than English spoken at home			(A)
Yes	1,724,866	28.97	
No	4,228,873	71.03	
Number of adults in the household			(B)
One	694,232	11.66	
Two	3,396,504	57.05	
Three or more	1,863,003	31.29	
Age group by Highest education			(A)
18-24	1,141,536	19.17	
25-34 x Bachelor or above	994,697	16.71	
25-34 x Below Bachelor	955,414	16.05	
35-44 x Bachelor or above	930,555	15.63	
35-44 x Below Bachelor	945,039	15.87	
45-50 x Bachelor or above	392,740	6.60	
45-50 x Below Bachelor	593,758	9.97	

Sources:

(A)   Census 2021 (ABS, 2021) with ERP updates (ABS, June 2023).

(B)   National Health Survey 2022 (ABS, 2024) with ERP updates (ABS, June 2023).

Note that there were small numbers of 'Don't know', 'Refused' or 'Other' responses to some items. Since there were no corresponding categories in Census TableBuilder, such values were imputed using a statistical model (Stekhoven and Buehlmann, 2012). Given the very low prevalence of these responses, the imputation process is expected to have a negligible impact on estimates made using the weights.

5.4.   Electronic data provision

A final version of the data file (with weights) was provided in SPSS format. Supporting documentation, including a data dictionary, was also provided.

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Appendix 1:   Questionnaire

Developed by Jean Hailes for Women's Health and the Social Research Centre (SRC).
*GENERAL PROGRAMMING NOTES:
- All programmer notes are in UPPERCASE text.
- Please autofill introduction and demographic questions for LinA panel respondents unless there is an instruction for this question to be asked of both LinA and ORU panel respondents
- Please ensure LinA demographic variables that haven't been re-asked as part of this survey are included when merging LinA and ORU data
- Please include standard SRC footer for ORU respondents
- As per Life in Australia™ standard, please always hide options 98, and 99. If respondent doesn't answer, please then add them to the frame via:
  - MESSAGE ON POP-UP: You have not provided a response. Is that because you're not sure, or you would prefer not to answer?
- Questions are single response, unless otherwise specified (e.g. if there is an instruction (MULTIPLE RESPONSE) OR (ACCEPT MULTIPLES))

*SURVEY FOOTER

PROGRAMMER: FOR LIFE IN AUSTRALIA™, DISPLAY THE BELOW TEXT ABOVE THE STANDARD LINA FOOTER. FOR ORU SAMPLES, DISPLAY ONLY THE BELOW FOOTER)

If you would like to talk to someone about any issues covered by this survey, you can contact these free support services
- 1800 RESPECT (1800 737 732)
- Lifeline 13 11 14

Targets (18-50, females only)

State/ Territory	LinA Target	ORU Target	Total Target	Notes
Major Cities of Australia 18-24	197	226	422	
Major Cities of Australia 25-34	197	226	422	
Major Cities of Australia 35-44	197	226	422	
Major Cities of Australia 45-50	197	226	422	
Regional Australia 18-24	39	383	422	
Regional Australia 25-34	124	298	422	
Regional Australia 35-44	164	258	422	
Regional Australia 45-50	103	319	422	
Remote Australia (incl. Very Remote)	17	105	122	
Total	**1,254**	**2,244**	3,498	

*(PROGRAMMER: ORU PANEL ONLY)

(INTRO)

The Social Research Centre is conducting an important study about women's health issues on behalf of Jean Hailes for Women's Health, a national not-for-profit that produces women's health information and health care professional training on women's health issues.

What is involved?

Participation in the study will involve:

- Answering a few questions about yourself
- Answering some questions about women's health issues
- Answering some questions about your health experiences
- The survey will take approximately 10–15 minutes

To learn more about this research, please refer to the Participant Information.

If you can't finish the survey in one sitting, you can select "Save", exit the survey, and then return at a later time to edit or add to your saved responses. Please use the "Previous" and "Next" buttons to navigate through the survey - DO NOT use the "back" or "forward" buttons on your browser. If you are using a mobile device or tablet, please hold it horizontally while you complete the survey.

This survey is being conducted in accordance with the requirements of the Privacy Act and the Australian Privacy Principles. Your responses will be used for research purposes only and will be held in the strictest confidence. Participation in this study is voluntary and you are free to withdraw from the study at any time.

If you agree to take part in this study, please click on the 'I consent to take part' button below.
1. I consent to take part in the above study as it has been explained to me
2. No, I do not consent to take part in this study (TERM4)

*(PROGRAMMER: LINA PANEL ONLY)
INTRO   These questions are being asked on behalf of Jean Hailes for Women's Health, a national not-for-profit that produces women's health information and health care professional training on women's health issues. This research is looking to understand the health experiences of women in Australia, with a focus on women's health issues.

What is involved?

Participation in the study will involve:

- Answering a few questions about yourself
- Answering some questions about women's health issues
- Answering some questions about your health experiences
- The survey will take approximately 10–15 minutes

To learn more about this research, please refer to the Participant Information.
If you can't finish the survey in one sitting, you can select "Save", exit the survey, and then return at a later time to edit or add to your saved responses. Please use the "Previous" and "Next" buttons to navigate through the survey - DO NOT use the "back" or "forward" buttons on your browser. If you are using a mobile device or tablet, please hold it horizontally while you complete the survey.
This survey is being conducted in accordance with the requirements of the Privacy Act and the Australian Privacy Principles. Your responses will be used for research purposes only and will be held in the strictest confidence. Participation in this study is voluntary and you are free to withdraw from the study at any time.
If you agree to take part in this study, please click on the 'I consent to take part' button below.
1. I consent to take part in the above study as it has been explained to me
2. No, I do not consent to take part in this study (TERM4)

INTRODUCTION

*(PROGRAMMER: ORU PANEL ONLY)

DEMO_INTRO First, just a couple of questions about yourself.

*(PROGRAMMER: ORU PANEL ONLY)
GENDER   How do you describe your gender?

Gender refers to your current gender, which may be different to your sex recorded at birth and may be different to what is indicated on legal documents.

    1.   Man or male
    2.   Woman or female
    3.   Non-binary
    4.   I use a different term (please specify)

    98.   Not sure
    99.   Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)
SEX   What was your sex recorded at birth?

    1.   Male (TERM 1)
    2.   Female
    3.   Another term (TERM 1)

    98.   Not sure (TERM 3)
    99.   Prefer not to say (TERM 3)

*(PROGRAMMER: ORU PANEL **AND** LINA PANEL)
DUM_Sex

    1.   Female (SEX=2 OR p_Sex=2, FEMALE AT BIRTH)

*(PROGRAMMER: ORU PANEL ONLY)

*(DUM_SEX=1, FEMALE AT BIRTH)
AGE   How old are you today?

    1.   (_____) years [IF UNDER 18 or 51 or over – GO TO TERM2]

    99.   Prefer not to say

*(AGE=99, REFUSED AGE)
AGE_GROUP   Which age group would you fall into?

        *PROGRAMMER INSTRUCTION: PLEASE FILL AGE_GROUP FOR RESPONDENTS WHO ANSWER AGE.

    0.   Under 18 years [GO TO TERM2]
    1.   18-24 years
    2.   25-29 years
    3.   30-34 years
    4.   35-39 years
    5.   40-44 years
    6.   45-50 years
    7.   51 or more years [GO TO TERM2]

    99.   Prefer not to say [GO TO TERM3]

*(PROGRAMMER: ORU PANEL ONLY)

STATE   In which state or territory do you currently live?

     1.   NSW
     2.   VIC
     3.   QLD
     4.   SA
     5.   WA
     6.   TAS
     7.   NT
     8.   ACT

     99.   Prefer not to say

*(DUM_SEX=1, FEMALE AT BIRTH)
POSTCODE   What is your current residential postcode?

     *PROGRAMMER NOTE: VALIDATE POSTCODE FROM LOOKUP BASED ON STATE.

     1.   Please type at least 3 characters (RANGE ALL VALID POSTCODES BASED ON STATE)

     98.   Not sure
     99.   Prefer not to say

*(POSTCODE=98 or 99, DK/REF POSTCODE)
SUBURB   What suburb you live in?

     Enter suburb

     98.   Not sure (TERM 3)
     99.   Prefer not to say (TERM 3)

*(TIMESTAMP)

MODULE A: CONTRACEPTIVE USE

*(DUM_SEX=1, FEMALE AT BIRTH)

(SHOW ON OWN PAGE)
INTRODUCTION

     The <next / first> set of questions are about family planning and contraception (birth control). By contraception, we mean anything a person might take, do or use to prevent or delay becoming pregnant. We would like to remind you that there are no right or wrong answers.

     *PROGRAMMER NOTE: DISPLAY 'NEXT' FOR ORU PANEL. DISPLAY 'FIRST' FOR LINA.

*(ALL)
A1   How important is it for you to avoid getting pregnant now?

     1.   Not at all important
     2.   Somewhat important
     3.   Important
     4.   Very important

     98.   Not sure
     99.   Prefer not to say

*(ALL)
A2   The next question is about having children/more children in the future, including options such as natural childbirth, adoption and using IVF.

Which statement below best describes the way you feel about having children/more children in the future?

1. I definitely want children/more children in the future
2. I might want children/more children in the future - I'm not sure yet
3. I definitely do not want children/more children in the future

98. Not sure
99. Prefer not to say

*(A2=1 OR 2, WOULD HAVE CHILDREN IN THE FUTURE)
A3   When do you plan to have a child or your next child?

1. In less than 1 year
2. In 1 to 2 years
3. In more than 2 years

98. Not sure
99. Prefer not to say

*(ALL)
A4   Which of the following contraceptive method(s) are you currently using?

Please select all that apply

1. Oral contraceptive pill
2. Progestogen-only pill (the 'mini-pill')
3. Contraceptive injection (Depo-Provera)
4. Contraceptive implant (Implanon)
5. Hormonal intrauterine device (hormonal IUD, also called Mirena or Kyleena)
6. Copper intrauterine device (non-hormonal IUD)
7. Contraceptive ring (NuvaRing)
8. Condoms
9. Withdrawal (pull-out method)
10. Emergency contraceptive pill (morning-after pill)
11. Natural family planning (fertility awareness or rhythm method)
12. None, I do not currently use contraception *(EXCLUSIVE)

98. Not sure
99. Prefer not to say

*(A4 =1-11, CURRENTLY USING ANY CONTRACEPTIVE METHOD)
A5   Are you satisfied with the contraceptive method(s) you are currently using?

(STATEMENTS)
*(ROTATE)
*(DISPLAY FULL GRID)
*PROGRAMMER NOTE: ONLY INCLUDE STATEMENT(S) SELECTED AT A4

a) Oral contraceptive pill
b) Progestogen-only pill (the 'mini-pill')
c) Contraceptive injection (Depo-Provera)
d) Contraceptive implant (Implanon)
e) Hormonal intrauterine device (hormonal IUD, also called Mirena or Kyleena)
f) Copper intrauterine device (non-hormonal IUD)
g) Contraceptive ring (NuvaRing)
h) Condoms
i) Withdrawal (pull-out method)
j) Emergency contraceptive pill (morning-after pill)
k) Natural family planning (fertility awareness or rhythm method)

(RESPONSE FRAME)

1. Yes
2. Somewhat
3. No

98. Not sure
99. Prefer not to say

*(A4 =4,5,6 OR 7, CURRENTLY USING ANY CONTRACEPTIVE IMPLANT, IUD OR RING)
*(PROGRAMMER NOTE: IF MULTIPLES SELECTED IN A4 PLEASE PREFILL WITH FIRST CHOICE FROM A4=4,5,6 OR 7)

A6   You told us you are currently using <SELECTED INSERTION METHOD FROM A4>. When you had your <SELECTED INSERTION METHOD FROM A4> fitted, how much pain did you experience?

1. No pain
2. Mild pain
3. Moderate pain
4. Severe pain

98. Not sure
99. Prefer not to say

*(ALL)

A7   In the last year, have you stopped using a contraceptive method or changed the contraceptive method you were using?

1. Yes
2. No

98. Not sure
99. Prefer not to say

*(A7=1, STOPPED OR CHANGED THE CONTRACEPTIVE METHOD)

A8   Which method of contraception did you stop using or changed from?

If you have stopped more than one method, please indicate the most recent one.

1. Oral contraceptive pill
2. Progestogen-only pill (the 'mini-pill')
3. Contraceptive injection (Depo-Provera)
4. Contraceptive implant (Implanon)
5. Hormonal intrauterine device (hormonal IUD, also called Mirena or Kyleena)
6. Copper intrauterine device (non-hormonal IUD)
7. Contraceptive ring (NuvaRing)
8. Condoms
9. Withdrawal (pull-out method)
10. Emergency contraceptive pill (morning-after pill)
11. Natural family planning (fertility awareness or rhythm method)

98. Not sure
99. Prefer not to say

*(A7=1, STOPPED OR CHANGED THE CONTRACEPTIVE METHOD)

A9   Why did you decide to stop using this method?

*(RANDOMISE)
Please select all that apply

1. Unwanted side effects (such as mood change, weight change, skin change, bleeding changes, impact on sex life)
2. Long-term consequences (such as cancer, depression)
3. Too expensive

4. It is hard to find trustworthy information about this method
5. Difficult to access this contraception (such as hard to get a script, hard to get it dispensed)
6. Concern about being judged by health professionals (such as GP)
7. Partner does not approve of this contraceptive method
8. Partner does not allow you to use this contraceptive method
9. Your family or community would disapprove if they found out
10. Using contraception is against your cultural or religious beliefs
96. Other (Please specify)

98. Not sure
99. Prefer not to say

*(ALL)
A10   Which of the following other contraceptive methods have you used in the past?

*PROGRAMMER NOTE: ONLY DISPLAY OPTIONS 1-11 THAT WERE <u>NOT</u> SELECTED AT A4 OR A8.

Please select all that apply

1. Oral contraceptive pill
2. Progestogen-only pill (the 'mini-pill')
3. Contraceptive injection (Depo-Provera)
4. Contraceptive implant (Implanon)
5. Hormonal intrauterine device (hormonal IUD, also called Mirena or Kyleena)
6. Copper intrauterine device (non-hormonal IUD)
7. Contraceptive ring (NuvaRing)
8. Condoms
9. Withdrawal (pull-out method)
10. Emergency contraceptive pill (morning-after pill)
11. Natural family planning (fertility awareness or rhythm method)
12. Have not used any other contraceptive methods (*EXCLUSIVE)

98. Not sure
99. Prefer not to say

*(ALL)
A11   How likely or unlikely are you to consider using the following contraceptive methods in the future?

(STATEMENTS)
*(DISPLAY MAXIMUM 6 STATEMENTS PER SCREEN)
*(ROTATE)
*PROGRAMMER NOTE: ONLY DISPLAY OPTIONS 1-11 THAT WERE NOT SELECTED AT A4.

a) Oral contraceptive pill *(A tablet containing two combined contraceptive hormones — oestrogen and progestogen)*
b) The 'mini-pill' *(A tablet containing one contraceptive hormone —progestogen only)*
c) Contraceptive injection *(An administered injection of Depo-Provera, a hormone used for contraception)*
d) Contraceptive implant *(A match-sized implant placed under the skin in your upper arm)*
e) Hormonal intrauterine device *(A small device that is inserted by a doctor into your uterus that releases hormones)*
f) Copper intrauterine device *(A small device with fine copper wire that is inserted by a doctor into your uterus)*
g) Contraceptive ring *(A small plastic ring inserted into the vagina that releases hormones)*
h) Emergency contraceptive pill *(A pill taken after unprotected sex to reduce your chance of pregnancy. This includes if you forget to use your regular contraception or if you think the method has failed)*
i) Condoms *(A thin, soft sheath placed over the penis during sex to prevent pregnancy and/or sexually transmitted infections)*

j) Withdrawal *(When a man removes his penis from a woman's vagina before he ejaculates)*

k) Natural family planning *(Based on identifying the fertile days of your menstrual cycle and avoiding sex (or using condoms) on those days to prevent pregnancy)*

(RESPONSE FRAME)
1. Very unlikely
2. Unlikely
3. Likely
4. Very likely

98. Not sure
99. Prefer not to say

*(A11a-h =1 OR 2, VERY UNLIKELY OR UNLIKELY)
*(PROGRAMMER NOTE: REPEAT QUESTION FOR EACH METHOD RESPONDENT WOULD BE UNLIKELY OR VERY UNLIKLEY TO USE in A11 for a to h (A11a-h=1 OR 2).

A12   Why would you be unlikely to use <INSERT CONTRACEPTIVE METHOD FROM A11A-H WHERE UNLIKEY/VERY UNLIKELY TO USE> as a contraceptive method?

*(RANDOMISE, BUT KEEP 7 AND 8 TOGETHER)
Please select all that apply

1. Unwanted side effects (such as mood change, weight change, skin change, bleeding changes, impact on sex life)
2. Long-term consequences (such as cancer, depression)
3. Too expensive
4. It is hard to find trustworthy information about this method
5. Difficult to access this contraception (such as hard to get a script, hard to get it dispensed)
6. Concern about being judged by health professionals (such as GP)
7. Partner does not **approve** of this contraceptive method
8. Partner does not **allow** you to use this contraceptive method
9. Your family or community would disapprove if they found out
10. Using contraception is against your cultural or religious beliefs
11. Requires insertion or injection by a trained professional *(DISPLAY IF (A11c, A11d, A11e,or A11f)=1 OR 2))
14. Negative healthcare experiences
96. Other (Please specify)

98. Not sure
99. Prefer not to say

*(A11i-k=1 OR 2, VERY UNLIKELY OR UNLIKELY TO USE CONDOMS, WITHDRAWAL, OR NATURAL FAMILY PLANNING)
*(PROGRAMMER NOTE: REPEAT QUESTION FOR EACH METHOD RESPONDENT WOULD BE UNLIKELY OR VERY UNLIKLEY TO USE in A11 for i to k (A11i-k=1 OR 2).

A13   Why would you be unlikely to use <INSERT CONTRACEPTIVE METHOD FROM A11i-k WHERE UNLIKEY/VERY UNLIKELY TO USE> as a contraceptive method?

*(RANDOMISE, BUT KEEP 7 AND 8 TOGETHER)
Please select all that apply

1. Unwanted side effects (such as impact on sex life) *(DISPLAY IF A11i=1 OR 2)
2. Long-term consequences (such as strain on the relationship, depression) *(DISPLAY IF A11i=1 OR 2)
3. Too expensive for long term use *(DISPLAY IF A11i=1 OR 2)
4. It is hard to find trustworthy information about this method
5. Difficult to access this contraception *(DISPLAY IF A11i=1 OR 2)
6. Concern about being judged by professional (such as GP)
7. Partner does not **approve** of this contraceptive method

8. Partner does not **allow** you to use this contraceptive method
9. Your family or community would disapprove if they found out
10. Using contraception is against your cultural or religious beliefs
12. Concern that you would be judged when you buy it *(DISPLAY IF A11i=1 OR 2)
13. Distance between your home and family planning services (*DISPLAY IF A11k=1 OR 2)
14. Not a reliable contraceptive method
96. Other (Please specify)

98. Not sure
99. Prefer not to say

*(ALL)
A14   If you could choose any of these contraceptive methods as your main form of contraception, which one would you choose?

*(RANDOMISE)
1. Oral contraceptive pill
2. Progestogen-only pill (the mini-pill)
3. Contraceptive injection (Depo-Provera)
4. Contraceptive implant (Implanon)
5. Hormonal intrauterine device (hormonal IUD, also called Mirena or Kyleena)
6. Copper intrauterine device (non-hormonal IUD)
7. Contraceptive ring (NuvaRing)
8. Condoms
9. Withdrawal (pull-out method)
10. Emergency contraceptive pill (morning-after pill)
11. Natural family planning (fertility awareness or rhythm method)
12. None, I choose not to use contraception *(EXCLUSIVE)

98. Not sure
99. Prefer not to say

*(ALL)
A15   Thinking about access to contraception from health professionals other than your GP, would you be happy to…

(STATEMENTS)
*PROGRAMMER NOTE: PLEASE DISPLAY A-D ON ONE SCREEN, AND E TO H ON A SECOND SCREEN
*(ROTATE GROUPS A-D AND E-H; RANDOMISE WITHIN A-D, AND WITHIN E-H)

a) seek and receive contraceptive information from a nurse?
b) have contraception prescribed by a nurse?
c) have a nurse inserting an intrauterine device (such as IUDs)?
d) have a nurse inserting a contraceptive implant?
e) seek and receive contraceptive information from a pharmacist?
f) have contraception prescribed by a pharmacist?
g) have a pharmacist inserting an intrauterine device?
h) have a pharmacist inserting a contraceptive implant?

(RESPONSE FRAME)
1. Yes
2. No

98. Not sure
99. Prefer not to say

*(TIMESTAMP)
MODULE B: CONTRACEPTIVE PREFERENCE AND EXPERIENCE

*(DUM_SEX=1, FEMALE AT BIRTH)

(SHOW ON OWN PAGE)

INTRODUCTION

This section asks you some questions about your preference and experience of contraception. Please remember your responses are confidential.

*(A4=1-8 OR 10, CURRENTLY USING CONTRACEPTION OTHER THAN EXCLUSIVELY WITHDRAWAL AND/OR EXCLUSIVELY NATURAL FAMILY PLANNING)
B2   How long does it take you to access your current contraceptive method?

Note: This could refer to the time it takes for you to purchase condoms or emergency contraceptive pills, obtain a prescription for oral contraceptive pills, or schedule an appointment for the insertion of implants, rings, or IUDs.

1.   Within a week
2.   Within a month
3.   Longer than a month
98.   Not sure
99.   Prefer not to say

*(ALL)
B1   Are you currently using your preferred contraceptive method?

1.   Yes
2.   No

98.   Not sure
99.   Prefer not to say

*(B1=2, NOT CURRENTLY USING PREFERRED METHOD)
B3   You told us you are not currently using your preferred contraceptive method. What is your **most** preferred method?

*(RANDOMISE)
1.   Oral contraceptive pill
2.   Progestogen-only pill (the mini-pill)
3.   Contraceptive injection (Depo-Provera)
4.   Contraceptive implant (Implanon)
5.   Hormonal intrauterine device (hormonal IUD, also called Mirena or Kyleena)
6.   Copper intrauterine device (non-hormonal IUD)
7.   Contraceptive ring (NuvaRing)
8.   Condoms
9.   Withdrawal (pull-out method)
10.   Emergency contraceptive pill (morning-after pill)
11.   Natural family planning (fertility awareness or rhythm method)
12.   None, I prefer not to use contraception *(EXCLUSIVE)

98.   Not sure
99.   Prefer not to say

*(B1=2 AND B3=8, 9 OR 11, NOT CURRENTLY USING PREFERRED METHOD AND DID NOT SELECT PREFER NOT TO USE CONTRACEPTION)
B4A   What do you think are the main barriers to you using your preferred method?

Please select all that apply

*DISPLAY RESPONSE FRAME BELOW IF B3=8,9 OR 11
*(RANDOMISE, BUT KEEP 7 AND 8 TOGETHER)

1.   Unwanted side effects (such as impact on sex life) *(DISPLAY IF B3=8)
2.   Long-term consequences (such as strain on the relationship, depression) *(DISPLAY IF B3=8)
3.   Too expensive for long term use *(DISPLAY IF B3=8)
4.   It is hard to find trustworthy information about this method

5. Difficult to access this contraception *(DISPLAY IF B3=8)
6. Concern about being judged by professional (such as GP)
7. Partner does not **approve** of this contraceptive method
8. Partner does not **allow** you to use this contraceptive method
9. Your family or community would disapprove if they found out
10. Using contraception is against your cultural or religious beliefs
11. Concern that you would be judged when you buy it *(DISPLAY IF B3=8)
12. Distance between your home and family planning services (*DISPLAY IF B3=11)
13. Not a reliable contraceptive method
96. Other (Please specify)

98. Not sure
99. Prefer not to say

*(B1=2 AND B3=1,2,3,4,5,6,7 OR 10, NOT CURRENTLY USING PREFERRED METHOD AND DID NOT SELECT PREFER NOT TO USE CONTRACEPTION)
B4B   What do you think are the main barriers to you using your preferred method?

   Please select all that apply

   *DISPLAY RESPONSE FRAME BELOW IF B3=1,2,3,4,5,6,7,10
   *(RANDOMISE, BUT KEEP 7 AND 8 TOGETHER)

15. Unwanted side effects (such as mood change, weight change, skin change, bleeding changes, impact on sex life)
16. Long-term consequences (such as cancer, depression)
17. Too expensive
18. It is hard to find trustworthy information about this method
19. Difficult to access this contraception (such as hard to get a script, hard to get it dispensed)
20. Concern about being judged by health professionals (such as GP)
21. Partner does not **approve** of this contraceptive method
22. Partner does not **allow** you to use this contraceptive method
23. Your family or community would disapprove if they found out
24. Using contraception is against your cultural or religious beliefs
25. Requires insertion or injection by a trained professional *(DISPLAY IF B3=3,4,5, OR 6)
26. Negative healthcare experiences
96. Other (Please specify)

98. Not sure
99. Prefer not to say

*(ALL)
(INTRODUCTION)
*(PLEASE SHOW INTRODUCTION STATEMENT ABOVE B5, B6, B7 AND B8)
   Please answer the following question about your future use of contraception in general.

*(ALL)
B5   Do you think it will be hard for you to use contraception correctly?

1. Definitely not
2. Probably not
3. Probably yes
4. Definitely yes

98. Not sure
99. Prefer not to say

*(ALL)
B6   Do you think contraception will do more harm than good for you?

1. Definitely not
2. Probably not
3. Probably yes
4. Definitely yes

98. Not sure
99. Prefer not to say

*(ALL)
B7   Do you think contraception will cause you to have bad side effects?

1. Definitely not
2. Probably not
3. Probably yes
4. Definitely yes

98. Not sure
99. Prefer not to say

*(ALL)
B8   How sure are you that you could plan ahead to use contraception?

1. Not at all sure
2. Somewhat sure
3. Sure
4. Very sure

98. Not sure
99. Prefer not to say

*(TIMESTAMP)

MODULE C: CONTRACEPTIVE KNOWLEDGE

*(DUM_SEX=1, FEMALE AT BIRTH)

(SHOW ON OWN PAGE)

*(ALL)
C1   Listed below are different types of contraceptive methods. Please indicate how much you feel
          you know about each contraceptive method and its use.

           (STATEMENTS)
          *(DISPLAY STATEMENTS OVER TWO SCREENS)
          *(ROTATE)

          a)   Oral contraceptive pill *(A tablet containing two combined contraceptive hormones —
                oestrogen and progestogen)*
          b)   The 'mini-pill' *(A tablet containing one contraceptive hormone — progestogen only)*
          c)   Contraceptive injection *(An administered injection of Depo-Provera, a hormone used for
                contraception)*
          d)   Contraceptive implant *(A match-sized implant placed under the skin in your upper arm)*
          e)   Hormonal intrauterine device *(A small device that is inserted by a doctor into your uterus
                that releases hormones)*
          f)   Copper intrauterine device *(A small device with fine copper wire that is inserted by a
                doctor into your uterus)*
          g)   Contraceptive ring *(A small plastic ring inserted into the vagina that releases hormones)*
          h)   Emergency contraceptive pill *(A pill taken after unprotected sex to reduce your chance of
                pregnancy. This includes if you forget to use your regular contraception or if you think the
                method has failed)*
          i)   Condoms *(A thin, soft sheath placed over the penis during sex to prevent pregnancy
                and/or sexually transmitted infections)*

j)   Withdrawal *(When a man removes his penis from a woman's vagina before he ejaculates)*

k)   Natural family planning *(Based on identifying the fertile days of your menstrual cycle and avoiding sex (or using condoms) on those days to prevent pregnancy)*

(RESPONSE FRAME)
1.   Know nothing
2.   Know a little
3.   Know a lot
4.   Know everything

98.   Not sure
99.   Prefer not to say

*(ALL)
(INTRODUCTION)
*(PLEASE SHOW INTRODUCTION STATEMENT ABOVE EACH QUESTION FROM C2 TO C11)
For the following question, please select one answer for each question to the best of your knowledge.

*(ALL)
C2   When during a woman's cycle is she most likely to become pregnant?

*(RANDOMISE 1-4)
1.   During her period (start of cycle)
2.   3 days after her period ends
3.   Two weeks before her next period starts
4.   3 days before she gets her period (end of cycle)

98.   Not sure
99.   Prefer not to say

*(ALL)
C3   Which of the following statements is **true** about withdrawal, or the "pull-out" method?

*(RANDOMISE 1-4)
1.   Semen may be released before ejaculation
2.   Withdrawal works as well as condoms at preventing pregnancy
3.   Withdrawal can protect against some sexually transmitted diseases (STDs)
4.   Withdrawal works as well as the contraceptive pill at preventing pregnancy

98.   Not sure
99.   Prefer not to say

*(ALL)
C4   Which is the only contraceptive method that helps prevent sexually transmitted infections (also known as STIs)?

*(RANDOMISE 1-4)
1.   The contraceptive pill
2.   Condoms
3.   Depo-Provera (the 'injection')
4.   The IUD (intrauterine device)

98.   Not sure
99.   Prefer not to say

*(ALL)
C5   Which of the following is **not true** about using condoms?

*(RANDOMISE 1-4)
1.   You should use water-based lubricants with spermicide
2.   Wear two condoms to be extra safe

3.   Prevent air bubbles by holding the condom tip when putting it on
4.   Check the expiration date and keep them in a cool and dry environment (such as not in a wallet or in a car)

98.   Not sure
99.   Prefer not to say

*(ALL)
C6   How long should the vaginal ring (NuvaRing) stay in place before changing it?

*(RANDOMISE 1-4)
1.   1 day
2.   1 week
3.   3 weeks
4.   1 month

98.   Not sure
99.   Prefer not to say

*(ALL)
C7   What is the main way that contraceptive pills work?

*(RANDOMISE 1-4)
1.   It prevents the ovary from releasing an egg (ovulation)
2.   It prevents sperm from entering the uterus
3.   It prevents the fertilized egg from implanting in the uterus
4.   It prevents the embryo from growing past a certain size

98.   Not sure
99.   Prefer not to say

*(ALL)
C8   How long after a woman stops using contraception can she become pregnant?

*(RANDOMISE 1-4)
1.   Immediately
2.   1 month
3.   3 months
4.   6 months

98.   Not sure
99.   Prefer not to say

*(ALL)
C9   Which method of contraception is the best at preventing pregnancy?

*(RANDOMISE 1-5)
1.   The IUD (intrauterine device)
2.   Contraceptive injection (Depo-Provera)
3.   Condom
4.   Withdrawal ("pull-out method")
5.   They are all equally effective

98.   Not sure
99.   Prefer not to say

*(ALL)
C10   In what part of the body is the contraceptive implant (Implanon) placed?

*(RANDOMISE 1-4)
1.   Thigh
2.   Vagina

3. Arm
4. Buttock

98. Not sure
99. Prefer not to say

*(ALL)
C11   How can you get the emergency contraceptive pill (or "the morning-after pill")?

       *(RANDOMISE 1-4)
1. If under age 18, you cannot get it, even with a prescription
2. If under age 21, you must have your parent go with you to the doctor for a prescription
3. All women must have a prescription, no matter her age
4. You can buy it at the pharmacy, without a prescription, no matter what age

98. Not sure
99. Prefer not to say

*(TIMESTAMP)

MODULE D: HISTORY OF PREGNANCY

*(DUM_SEX=1, FEMALE AT BIRTH)

(SHOW ON OWN PAGE)

INTRODUCTION

       This section asks you some questions about your history of pregnancy, including abortion. Please remember your responses are confidential.

*(ALL)
D1   Have you ever been pregnant?

1. Yes, once
2. Yes, more than once
3. No

98. Not sure
99. Prefer not to say

*(D1=1 OR 2, EVER BEEN PREGNANT)
D2   Were any of your pregnancies unplanned?

1. Yes
2. No

98. Not sure
99. Prefer not to say

*(D1=1,2,98 OR 99)
D3   Have you ever had an abortion, whether using medication or via a procedure to terminate pregnancy?

       Note: Please do not include medical or surgical management for ectopic pregnancy and miscarriage.

1. Yes, once
2. Yes, more than once
3. No

98. Not sure
99. Prefer not to say

*(D3=1 OR 2, HAVE HAD ABORTION)
D4   What kind of abortion did you have?

Please select all that apply

1. Medical abortion (where medication was used to terminate pregnancy)
2. Surgical abortion (where you undertook a procedure to terminate pregnancy)

98. Not sure
99. Prefer not to say

*(D3=1 OR 2, HAVE HAD ABORTION)
D5   How long ago did you have your abortion?

If you have had more than one abortion, please respond in relation to the last one.
1. Less than 12 months ago
2. 1 year to less than 2 years ago
3. 2 years to less than 3 years ago
4. 3 years to less than 4 years ago
5. 4 years to less than 5 years ago
6. Five or more years ago

98. Not sure
99. Prefer not to say

*(ALL)
D6   Thank you for your responses so far, the survey is almost complete.

If you have anything else that you would like to share, please leave comments in the box below, for example, about your reproductive health experiences or suggestions on how reproductive health care can be improved:

1. Response given (FULL VERBATIM)
2. Nothing further

98. Not sure
99. Prefer not to say

*(TIMESTAMP)
DEMOGRAPHICS

*(ALL)
DEMO_INTRO2   The next few questions are about you and your background.

*(PROGRAMMER: ORU PANEL ONLY)
COB   In which country were you born?
1. Australia
2. England
3. New Zealand
4. China (excludes Hong Kong, Macau and Taiwan)
5. India
6. Philippines
7. Vietnam
8. Italy
9. Other (please specify)

98. Not sure
99. Prefer not to say

*(PROGRAMMER: ORU PANEL)
LOTE   Do you use a language other than English at home?

1. Yes
2. No

98. Not sure

99.   Prefer not to say

ATSI   Are you of Aboriginal or Torres Strait Islander origin?

1.   Yes – Aboriginal
2.   Yes – Torres Strait Islander
3.   Yes – both
4.   No

98.   Not sure
99.   Prefer not to say

MARITAL   What is your current marital status?

1.   Never married
2.   Widowed
3.   Divorced
4.   Separated but not divorced
5.   Married

98.   Not sure
99.   Prefer not to say

SEXID   How do you describe your sexual orientation?

1.   Heterosexual or straight
2.   Gay
3.   Lesbian
4.   Bisexual
5.   Asexual
6.   Pansexual
7.   Queer
8.   I use a different term (please specify)

98.   Not sure
99.   Prefer not to say

DIS   Do you currently have a disability, health condition or injury that has lasted, or is likely to last, 6 months or more which restricts your everyday activities?

1.   Yes
2.   No

98.   Not sure
99.   Prefer not to say

DISM   Do you currently have a mental health condition that has lasted, or is likely to last, 6 months or more which restricts your everyday activities?

1.   Yes
2.   No

98.   Not sure
99.   Prefer not to say

SCHYR   What is the highest year of primary or secondary school you have completed? If you are currently at school, select the highest year of school you have completed, not the year you are currently in.

1.   Year 12 or equivalent
2.   Year 11 or equivalent
3.   Year 10 or equivalent
4.   Year 9 or equivalent
5.   Year 8 or below
6.   Did not go to school

98.   Not sure
99.   Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)
HQUAL   What is the highest qualification that you have obtained?

1.   Have not completed a qualification
2.   Postgraduate Degree Level (incl. master degree, doctoral degree, other postgraduate degree)
3.   Graduate Diploma and/or Graduate Certificate Level
4.   Bachelor Degree Level
5.   Advanced Diploma and/or Diploma Level
6.   Certificate III and/or IV Level
7.   Certificate I and/or II Level
96.   Other (please specify)

98.   Not sure
99.   Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)
EMP1   Last week, did you have a job of any kind?

1.   Yes, worked for payment or profit
2.   Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down
3.   Yes, unpaid work in a family business
4.   Yes, other unpaid work
5.   No, did not have a job

98.   Not sure
99.   Prefer not to say

*(PROGRAMMER: ORU PANEL **AND** LINA PANEL)

FIN_SIT   How would you describe your financial situation?
1.   Living comfortably
2.   Doing alright
3.   Just getting by
4.   Finding it quite difficult
5.   Finding it very difficult

98.   Not sure
99.   Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)
HOMEOWNER Is the dwelling in which you live…?

This question asks about your household. A person who lives rent free with a parent who owns the dwelling with a mortgage should answer 'Owned with a mortgage'. A person who is renting from a landlord should answer 'Rented'.

1.   Own outright
2.   Own with a mortgage

4. Renting
5. Occupying rent free
3. Purchasing under a shared equity scheme (A shared equity scheme is a way to share the cost of buying a home with an equity partner, such as a private investor, not-for profit organisation or government housing authority.)
6. Occupying under a life tenure scheme (A life tenure scheme is a contract to live in the dwelling for the term of your life without the full rights of ownership. This is a common arrangement in retirement villages.)
7. Some other arrangement (please specify)

98. Not sure
99. Prefer not to say

*(PROGRAMMER: ORU PANEL **AND** LINA PANEL)

P_NO_OF_CHILDREN How many children under age 18 are currently living in your household (at least 50% of the time)?

1. <RANGE 1-10, WHOLE NUMBERS>
2. None
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL **AND** LINA PANEL)

NO_OF_ADULTS   Including yourself, how many people aged 18 years and over live in your household?

[PROGRAMMER NOTE: ALLOW RESPONSES 1-20. DISPLAY 'THAT SEEMS LIKE AN UNLIKELY RESPONSE. PLEASE CHECK AND RE-ENTER.' IF ANSWER IS GREATER THAN 10]

1. <RANGE 1 TO 20, WHOLE NUMBERS>
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER: ORU PANEL ONLY)
INTERNET   How often do you…?

(STATEMENTS)

a) Look for information over the Internet
b) Comment or post images to social media (Facebook, TikTok, Instagram, Snapchat, X— formerly known as Twitter, etc.)
c) Post to blogs / forums / interest groups
d) Read comments or view posts, images, and videos on social media sites

    (RESPONSE FRAME)
1. More than once a day
2. About once a day
3. Three to five days a week
4. One to two days a week
5. Every few weeks
6. Once a month
7. Less than once a month
8. Never

98. Not sure
99. Prefer not to say

CLOSE

*(TERM1)
TERM1. Unfortunately, you don't qualify for this study. Thank you for your time.

*(TERM2)
TERM2. Unfortunately, due to the focus of this study you do not qualify due to your age. Thank you for wishing to take part in this survey.

*(TERM3)
TERM3. Unfortunately, we need this information to continue. Thanks very much for your help anyway.

*(TERM4)
TERM4. Thank you for your interest in the survey, there are no further questions.

*(PROGRAMMER: ORU PANEL ONLY) (CLOSE)

CLOSE1. That's all the questions we have for you. Thank you very much for helping us with the survey. If you would like more information about the survey, you can call The Social Research Centre on 1800 023 040 or email at LifeInAus@srcentre.com.au

This research study has been carried out in compliance with the *Privacy Act 1988* and the *Privacy (Market and Social Research) Code 2021*, and the information you have provided will only be used for research purposes. Our Privacy Policy is available via our website, http://www.srcentre.com.au/research-participants#privacy

If you would like to talk to someone about how you have been feeling or have any concerns about your mental health, please visit: https://www.lifeline.org.au/ or call *Lifeline* on 13 11 14.

Your answers have been submitted. You may now close this page.

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