

Fact sheet number 3: Australia

Social Health Atlas series

PHIDU

Women

Births

Volume 1: Australia, page 179-183

- Australian women are averaging 1.86 births each, which is less than the rate needed to replace the population (a Total Fertility Rate of 2.11).
- The Total Fertility Rates were in Darwin, the non-metropolitan areas of the Northern Territory and Very Remote areas across Australia.
- Areas in the capital cities with high Total Fertility Rates also had higher proportions of female sole parent pensioners ($r=0.58$), people who left school aged 15 or earlier, or did not go to school ($r=0.62$) and had high rates of admissions for an hysterectomy ($r=0.57$). These areas also had fewer people in high status occupations (professionals, etc.) ($r=-0.57$). (*page 353-354*)

Caesarean sections

Volume 1: Australia, page 290-293

- Women in Brisbane, Darwin and Adelaide had more than the national average of admissions for Caesarean sections and there was significant variation between areas within capital cities.
- Except in Queensland, standardised admission ratios (SARs) for Caesarean sections were higher in non-metropolitan areas than in the capital cities. Caesarean rates also increased with remoteness.
- Women in the lowest socioeconomic quintile had the highest SARs for Caesarean sections, while those in the highest socioeconomic quintile had the lowest. (*page 364*)
- Areas in the capital cities with high rates of admission for Caesarean sections also had a high rates of admission for hysterectomies (0.66). (*page 353-354*)

Female sole parent pensioners

Volume 1: Australia, page 92-95

- In 1996, female sole parent pensioners represented 7.5% of the female population aged 15-54 years. This represents an increase over the period 1989 to 1996.
- One third of female sole parent pensioners live in non-metropolitan areas (outside capital cities and major urban centres) and the increases seen from 1989 to 1996 have been the most substantial in these areas.
- Areas in the capital cities with high proportions of sole parent pensioners are socioeconomically disadvantaged, as measured by the IRSD ($r=0.80$). They also have higher proportions of:
 - unskilled and semi-skilled workers ($r=0.82$)
 - Aborigines and Torres Strait Islanders ($r=0.71$)
 - people on disability support pensions ($r=0.69$)
 - unemployed people ($r=0.67$)
 - people on unemployment benefits (0.65)
 - people who left school at age 15 or did not go to school (0.59)
 - more State housing authority owned dwellings (0.59).
 - high income families ($r=-0.78$)

These areas also had lower proportions of high income families ($r=-0.78$), lower female labour force participation ($r=-0.61$) and fewer people in high status occupations ($r=-0.73$). (*page 353-354*)

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- Areas in cities with high proportions of sole parent pensioners are also significantly correlated with poor health. These areas have high rates of:
 - people with low Physical Component Summary scores ($r=-0.65$)
 - people reporting their health as fair/poor ($r=0.60$)
 - public acute hospital admissions ($r=0.53$) (but fewer private hospital admissions ($r=-0.51$))
 - GP visits (0.60 males, 0.67 females) (*page 353-354*)

Labour force participation

Volume 1: Australia, page 44-47

- Women in the labour force represent 68% of women aged from 15 to 54 years.
- There is little variation in participation rates amongst the cities, although the highest rates were in Canberra (76.3%) and Darwin (70.7%).
- Female labour force participation rates were lower in non-metropolitan areas. The highest rates were in the non-metropolitan areas of New South Wales (65.4%) and the lowest were in the Northern Territory (58.3%).
- Participation rates have increased substantially over the past decade in every State and Territory.
- Areas in cities with higher female labour force participation rates were socioeconomically advantaged, as measured by the IRSD ($r=0.59$). They also had high proportions:
 - high income families ($r=0.65$)
 - female sole parents (0.61)
 - professionals (0.50)

These areas also had fewer unskilled and semi skilled workers ($r=-0.72$), unemployed people ($r=-0.66$) and people on disability support pensions ($r=-0.60$). (*page 353-354*)

- Areas in capital cities with higher female labour force participation rates were significantly correlated with better health. These areas had lower rates of:
 - people reporting their health as fair/poor ($r=-0.67$)
 - people with low Physical Component Summary scores ($r=0.69$) (*page 353-354*)

Health service use

Breast cancer admissions

Volume 1: Australia, page 234-237

- 6.2% of all hospital admissions of females for cancer in cities and 5.9% in non-metropolitan areas were for breast cancer.
- The highest standardised admission ratios (SARs) were in Darwin (129) and Melbourne (125), and the lowest were in Hobart (71).
- Except in Western Australia and the Northern Territory, SARs for breast cancer were lower in non-metropolitan areas than in the capital cities. The lowest ratios were in the non-metropolitan areas of Western Australia (72) and the highest were in Victoria (101) and New South Wales (101).
- There were lower SARs for breast cancer in remote and very remote areas.
- Women in the two lowest socioeconomic status quintiles have the highest rates of hospital admissions for breast cancer. while women in the highest socioeconomic quintile have the lowest. (*page 366*)

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Hysterectomy admissions

Volume 1: Australia, page 294-297

- There were more admissions for hysterectomies in Darwin (a standardised admission ratio (SAR) of 135), Hobart (115) and Brisbane (106) and fewer were performed in Sydney (86) and Canberra (87). There was significant variation between areas within the capital cities.
- There were higher SARs for hysterectomies in the non-metropolitan areas than the capital cities, in particular in South Australia (135) and Tasmania (120).
- SARs for hysterectomies decreased with increasing remoteness.
- Women in the highest socioeconomic quintile have the fewest admissions for an hysterectomy. (*page 367*)

Hospitals

Volume 1: Australia, page 214-216

- Women accounted for over half (55.7%) of all admissions to hospital in the capital cities and other major urban centres.
- The highest use of hospitals by women was in non-metropolitan areas in the Northern Territory (a standardised admission ratio (SAR) of 126), South Australia (121) and Western Australia (116). The lowest was in the non-metropolitan areas of Tasmania (94).
- SARs for women increased substantially with increasing remoteness.
- Women in the lowest socioeconomic status quintile had the highest rates of hospital admissions, while women in the highest quintile had the least. (*page 366*)

General Practitioners

Volume 1: Australia, page 318 - 321

- Women used just over 46 million GP services in 1996, 6.7 GP services per female compared with 4.9 per male.
- Standardised ratios for GP services to women were lower in non-metropolitan areas than in the capital cities. The highest ratios were in the non-metropolitan areas of Tasmania (89) and the lowest were in the Northern Territory (33).
- The rate of use of GPs decreased with increasing remoteness (and the levels of provision of GPs decreased).

Also see Fact sheet 11: **Deaths Deaths from all causes - females**