# younger women

## Weight Gain: A growing problem

Data from the Women's Health Australia project are providing important insights into weight change. In 1996 at survey 1, the young women in the project had an average weight of 62.6kg. By survey 3 in 2003, the average weight was 67.4kg. On average the younger women gained 650grams per year, but weight gain was significantly higher in younger women living in rural or remote areas than the younger urban women. Some factors associated with weight gain among younger women were having a BMI (Body Mass Index) outside the healthy weight range at the beginning of the project in 1996, sitting more than 4.5 hours a day, eating take-away food and restrictive eating practices, that is not eating a balanced diet across all food groups. While the health effects of this weight gain are likely to be significant in the long term, the data suggest that only small changes in exercise levels would be required to reverse these trends. For example, if everyone did an additional 15 minutes of brisk walking (or equivalent physical activity like swimming or cycling) every day, and cut out that chocolate biscuit at morning tea time, further weight gain could be prevented in this age group. LOSING weight will (of course!) require a little more effort - an hour of brisk walking every day, and cutting out high fat foods, will shift the average weight back towards the 1996 starting weight by the time of the next survey. As gaining weight is much easier than losing it, focusing on prevention of further weight gain should be a priority for this generation of Australian women.

## Children: "Should we? Shouldn't we? And when is the right time?"

In 2005 a group of younger participants took part in interviews to explore their thoughts and plans about motherhood. Most women said they wanted children, but were ambivalent about when to do so.

Thirty was a significant age, with few planning children before this time. Beliefs about fertility problems at older ages and being a young energetic mother meant participants generally wanted to complete their family by 35 or 40.

The responsibilities, costs and limitations associated with having a child resulted in a list of pre-motherhood goals. Security and stability, usually symbolised by marriage and home ownership, were viewed as central to the timing of motherhood. The majority felt it would be difficult to advance their career after they were mothers.

Some women described wanting children at a younger age than they planned. For some of these women it was not the difficulty of the decision that had affected their plans, but what they viewed as a lack of choice, often due to financial worries. Reconciling timing differences with their partner was also an issue.

Thank you to all who took part in these interviews.

| YOUNGER WOMEN | 1996 | 2000 | 2003 |
|---|---|---|---|
| Would like to be more educated by age 35 | 75% | 61% | 51% |
| Regularly use formal or informal childcare | 4% | 11% | 22% |
| Provide care for someone who is ill or disabled | 7% | 5% | 5% |
| Want to have children by age 35 | 92% | 92% | 92% |
| Average weight | 62kg | 65kg | 67kg |



# mid-age women

| MID-AGE WOMEN | 1996 | 1998 | 2001 | 2004 |
|---|---|---|---|---|
| Are living alone | 8% | 6% | 9% | 11% |
| Are participating in paid work | 72% | 86% | 70% | 64% |
| Provide care for someone who is ill or disabled | 20% | 23% | 21% | 30% |
| Are stressed about their relationship with their children | 47% | 45% | 39% | 38% |
| Average weight | 68kg | 69kg | 71kg | 72kg |

## Health effects of partner violence

The Women's Health Australia project has added significantly to the understanding of the effects of domestic violence. Women who have ever experienced partner violence are more likely than other women to experience physical and mental illness, pain and fatigue in middle age. Mid-age women who have experienced partner violence tend to experience more stressful life events and have higher stress levels than other women.

Partner violence has serious implications for health but recovery is possible. Moving on from the violence, and having social support, both appear to have beneficial effects such as improved mental health. Social support includes having someone to confide in, having help with practical matters such as financial aid and transport, and having people around who can provide information.

We would like to thank all the women who have contributed to the research into this topic. Data from WHA have been used in reports to governments and medical publications.

## What do mid-age women do to control weight?

In the survey for mid-aged women in 1998 a nine-item questionnaire asked about weight control practices such as cutting down on fats and sugars, exercise, commercial weight loss programs and others.

The key finding was that 7 out of 10 women reported actively trying to control their weight (either to lose weight or to prevent weight gain). Changes to diet were used more frequently than exercise alone. Two-thirds of those attempting weight control used a combination of strategies, the most common being decreased food quantity plus healthy eating plus exercise (33%), and decreased food quantity plus healthy eating, without exercise (16%). Potentially health-damaging practices (smoking, laxatives, fasting) were used by only 7% of women.

On average, women in the mid-age group gained about one kilogram in the first two years of the study. The questions about strategies to control weight gain will be included again in next year's survey, to see how these may have changed over time.



# older women

## Caring for others

In 2004, 306 women took part in a substudy looking at caregiving. The most common health problems of the people being cared for were heart disease, arthritis/rheumatism, lung problems and stroke. Caregivers provided transport (84%), prepared meals (75%), managed households/finances (70%) and assisted with mobility (64%). Between 25% and 33% of caregivers did not know whether services such as meals on wheels, personal/domestic home care or respite care were available to them. Of those who used services, the satisfaction levels were generally high (between 67% and 93% of caregivers rated them as very good or excellent).

Caregivers specified whether the person they cared for had mainly physical problems, cognitive problems or both. Caregivers of persons with both physical and cognitive problems reported the greatest burden and poorer mental and physical health compared to caregivers who cared for persons with only physical problems.

| OLDER WOMEN | 1996 | 1999 | 2002 | 2005 |
|---|---|---|---|---|
| Are living alone | 35% | 41% | 48% | 53% |
| Have moved house in the last 3 years | 6% | 10% | 10% | 11% |
| Provide care for someone who is ill or disabled | 19% | 23% | 26% | 27% |
| Mind grandchildren or other people's children | n/a | 49% | 40% | 33% |
| Feel calm and peaceful most or all of the time | 56% | 56% | 52% | 53% |
| Are volunteers | n/a | 50% | 46% | 41% |
| Average weight | 66kg | 65kg | 65kg | n/a |

## Risk of Falls

In 2004, 568 women in the older age group were invited to complete a survey on the prevention and risks of falling. Falls are the leading cause of injury-related death in people over the age of 65 in Australia, and falls also increase the risk of admission to residential care, reduce activity levels, and can lead to social isolation and frailty.

Understanding of the causes and means of prevention of falls is important. Twenty percent of the participants had experienced a fall in the previous six months. Women who had fallen had more hazards in their homes than women who had not fallen. Women indicated that falling interfered with their daily lives, including home-making, outdoor activities and walking. Women who had not fallen were more confident in carrying out daily activities.

Some of the results from the hazards checklist are reported below:

- 82% reported shiny floors in the kitchen, laundry or bathroom
- 46% do not turn on a light when getting up at night
- 57% have floor mats in their homes without slip resistant backs
- 80% of bath-tub users do not have grab rails
- 60% do not use slip resistant mats in the shower

The data collected will be used to design a self assessment checklist to investigate ways to prevent falls.

# Putting information together to improve health and health care services for Australian women

## Background

You may remember that during this project we have asked you for permission to receive details from Medicare Australia about your use of Medicare-funded health services. By putting the Medicare data together with the survey data, we have looked at general patterns of use of health services, particularly general practitioner and specialist consultations. Having these data has helped us to write reports about women's access to health services and particularly about how much the services cost according to where women live around the country. These reports have been provided to the government to help improve services for women.

## What's New?

Following discussion with Medicare Australia, information held by them may be regularly provided to the research team from 2005 without you needing to consent every time. Other information such as birth and death records, disease registers and hospital discharge records may also be available subject to strict privacy and confidentiality rules. Names and addresses are not included with the information. The project staff analysing these datasets and the survey data have signed confidentiality statements and they have no information in the datasets that could identify an individual person. This research is conducted in accordance with relevant privacy requirements and other legislation protecting this information and is subject to final approval being granted by government and university ethics committees.

## What happens next?

You do not need to do anything. However if you have any questions about this process or if you need more information, please call the Freecall number and we will send you a more detailed information sheet. If you have concerns about this new method of data collection, you can opt out of this by phoning the Freecall number 1800 068 081. We will provide updates in future newsletters about our progress and findings and how this research will benefit the health of women now and in the future.

If you have any concerns about this project, and would prefer to discuss these with an independent person, you should feel free to contact the University of Newcastle's Human Research Ethics Officer, Ms Sue O'Connor, on 02 4921 6333 or write to her at Research Branch, The University of Newcastle, University Drive, Callaghan NSW 2308.

## Did you know?

In 1999 Medicare introduced annual, voluntary health assessments for older Australians to provide an opportunity for their GP to undertake an in-depth assessment of their health and functioning. By combining survey data and Medicare data, the study has shown that an increasing proportion of older women are having a health assessment. Women who are taking more medications, who have more consultation with their GP and those caring for another person were more likely to have had at least one assessment since the service became available.



# the logistics of a large longitudinal study

The logistics of running a longitudinal project of this size are complex. In the ten years the project has been running, over 215,700 surveys have been mailed out and over 129,800 completed surveys have been returned. We don't hear back from women for many reasons, the most common is that you have moved. In addition to the main survey that is mailed out every three years, women are occasionally invited to complete smaller surveys on specific topics. Since 1996, 52 smaller studies involving 52,600 surveys have been undertaken. Over 350,000 newsletters have also been sent out since 1996.

On average, the staff in the office at the University of Newcastle answer 50 calls to our Freecall telephone number each week. This number can increase to over 200 a week when newsletters or surveys are mailed out. We enjoy speaking to all our callers. Over the past ten years, more than 60,000 phone calls to remind women to send their surveys back have been made.

More than 110 reports have been provided to a number of federal and state government health departments on a wide range of topics. Over 150 articles have been published in scientific journals, in addition, four book chapters and one book about the project have been produced. The list of titles and subjects may be viewed on our website at the address below.

The Australian national and local media speak with members of the research team relating to women's health an average of 50 times a year.

None of the study's achievements would have been possible without the continuing support of all the women who volunteer to take part. Thank you for your support over the past decade.

## The project website

The website contains a page for participants and we encourage women to email us with their comments. There are profiles of the current research team on the web as well as information about current and past projects, presentations and information about how to change contact details.

## How to contact us

Website: www.newcastle.edu.au/centre/wha
www.sph.uq.edu.au/alswh

Email: whasec@newcastle.edu.au

Freecall: 1800 068 081

Address: Women's Health Australia
Reply Paid 70
Hunter Region MC NSW 2310



women's health australia

# newsletter oct06

## inside



## current events

### Happy anniversary to our participants

In 1996 over 40,000 women responded to an invitation from Medicare Australia to take part in Women's Health Australia, a longitudinal study of women's health.

Your commitment to this project has resulted in its outstanding success. Congratulations on your willingness to complete the surveys you receive and your contribution to the development of health policies for Australian women. We are now entering the second decade of the project. We hope you will all continue to contribute to this most valuable Australian resource.

Please enjoy reading this, the tenth edition of our newsletter!

### Major survey for women aged 56-61

In March 2007, mid-age women will be invited to complete their fifth major survey for the project. If you are in this age group and have changes to your address details, perhaps you are traveling overseas or making a sea-change within Australia, please let us know. You may email us at *whasec@newcastle.edu.au* or phone our Freecall number 1800 068 081, or use the change of address card enclosed with this newsletter so that we can adjust our records.

### Additional survey for late 2006

Some participants in the mid-age group will soon receive an invitation to complete a survey on retirement planning. We do hope those participants will take the opportunity to contribute to this research.