

Women's health in NSW – a life course approach: a rapid review

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Contents

1	EXECUTIVE SUMMARY	5
2	Background and introduction	7
3	Methods for searching and including evidence	8
4	Adolescent women	9
	Major health issues faced by adolescent women	9
	Sexual health and pregnancy.....	9
	Mental health.....	9
	Lifestyle behaviours.....	10
	Social determinants of health issues for adolescent women	10
5	Young adult women	12
	Major health issues faced by young adult women	12
	Sexual and reproductive health.....	12
	Mental health.....	13
	Social determinants of health issues for young adult women.....	13
6	Mid-age women	15
	Major health issues faced by mid-aged women	15
	Reproductive health.....	15
	Mental health.....	15
	Social determinants of health issues for mid-aged women.....	16
7	Older women	17
	Major health issues faced by older women.....	17
	Cardiovascular/neurovascular	17
	Mental health	17
	Musculoskeletal conditions	17
	Cancer	18
	Social determinants of health issues for older women.....	18
8	Global trends for sub-populations of women	20
9	Conclusion	21
10	Appendix 1: Details on methods for evidence search and inclusion	22
	Hierarchical order of evidence.....	22
	Search methods for additional peer-reviewed publications.....	22
	Bibliography of resources accessed for NSW and Australian data	22
11	References	24

1 EXECUTIVE SUMMARY

This report reviews the evidence on the key health issues affecting women in New South Wales (NSW) across the life course, and the social determinants which impact on the risk of developing these health issues. For the purposes of this review, the key health issues and social determinants were defined as either: a) unique to women or b) ones where there are considerable differences to men.

The overall findings of the review are presented in Figure 1. There is some consistency in the key health issues across all life stages for women and this reinforces the value of a life course approach in addressing health problems. Health issues which are seen across all life stages include mental health problems and gynaecological conditions. Indigenous women are at higher risk of some conditions such as self-harm, teenage pregnancy, perinatal mortality, chlamydia infection, cervical cancer and mental health conditions. Some migrant populations have a higher rate of preterm birth and are at greater risk of vitamin D deficiency.

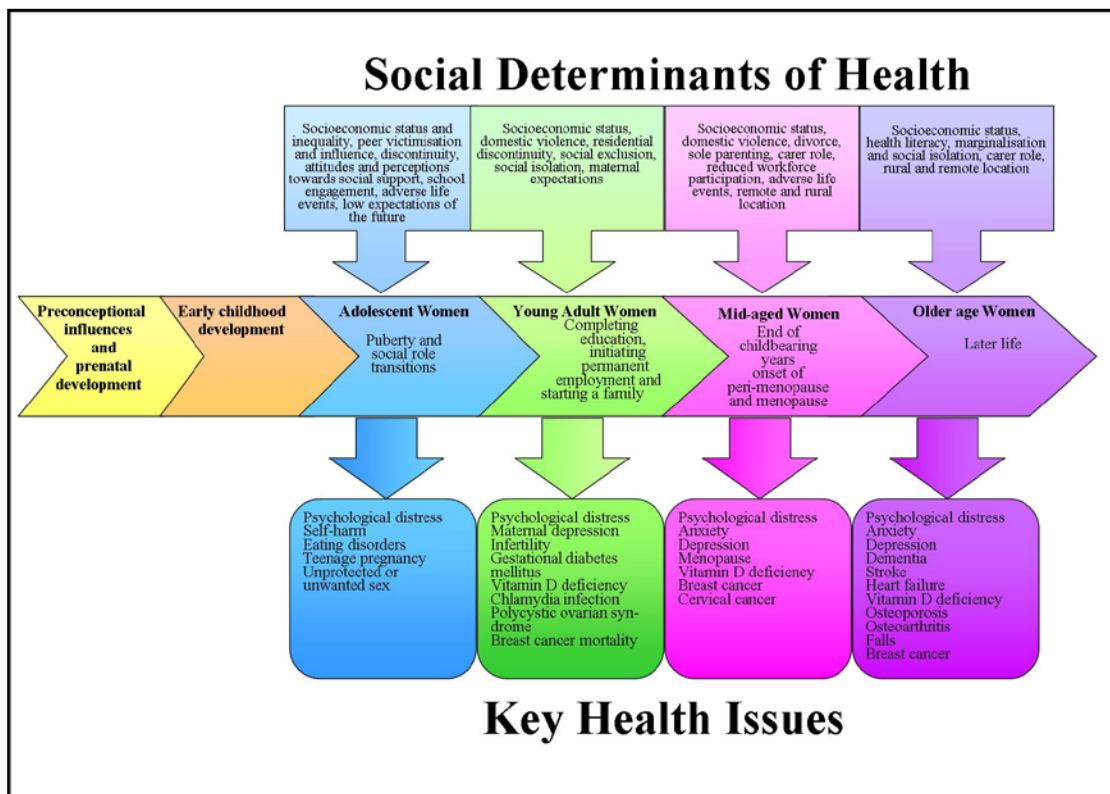


Figure 1: Overview of the social determinants of health across the life course for women and the key health issues identified for each life stage

The review identified a number of social determinants which affect women’s health for each life stage examined and a number of these factors were influential throughout the life course for women. These include:

- Socioeconomic status
- Isolation
- Interpersonal violence and victimisation.

The broad consistency in these social determinants when viewed from the life course perspective suggests that early intervention in younger life stages is important to prevent related health issues in later life.

2 Background and introduction

A life course approach investigates the effects of biological, social, and behavioural exposures during gestation, childhood, adolescence and adulthood on current and future health.¹ Taking a life course approach to women's health means understanding the links between health or health events through each life stage, for instance the relationship between mental health issues with current and future health. It emphasises the importance of targeting and timing of interventions, especially the need for early interventions to reduce the risk and severity of disease in later life.

Women tend to have frequent and regular interactions with health services in the course of managing their sexual and reproductive health. Adopting a life course framework for women's health has the potential to fit well with this pattern of healthcare utilisation, which provides opportunities for timely preventive healthcare.

This review focuses on key health issues in women's health. These are defined as either: a) unique to women or b) ones where there are considerable differences compared with men.¹

¹ A number of important conditions which contribute to the burden of disease for NSW women such as obesity, diabetes and cardiovascular disease are excluded unless they fulfil the above criteria.

3 Methods for searching and including evidence

Systematic data searching was undertaken to inform the contents of this report. Information sources were prioritised as evidence for NSW, and where this is not available, evidence from elsewhere in Australia or comparable OECD countries were used. The hierarchical order of evidence searched and included is as follows:

1. Health statistics data available through the NSW Ministry of Health
2. Reports and publications from other NSW surveys
3. Health statistics available through the Australian Institute of Health and Welfare
4. Reports and publications from other Australian national surveys
5. Reports and publications from national and local surveys from other OECD countries.

Supplementation of the available data from these surveys was achieved through searching peer-reviewed journal publications. A more detailed list of the state and national surveys targeted for this report and other details associated with the methods for searching and including evidence is provided in Appendix 1.

4 Adolescent women

Adolescence is a period of life between childhood and adulthood. For women, the beginning of adolescence is generally associated with the onset of puberty or menarche (averages 12–13 years) and ends with the transition to adulthood (usually 18–24 years).² The period of adolescence is characterised as much by emotional and psychological changes as it is by the physical and hormonal adjustments that occur.² As such it is unsurprising that the major health issues experienced by adolescent women relate to all four of these areas. This life stage is crucial to women's health across the life course as health and health behaviours in adolescence are strongly associated with health outcomes and behaviours in adult life.³

Major health issues faced by adolescent women

Sexual health and pregnancy

Teenage pregnancy is an important concern in adolescent women's health, not only because of its immediate health effects but also its long term impact on the social and health outcomes of women and their children.⁴

- Whilst current evidence suggests overall teenage fertility rates are declining, pregnancy is still being reported in 18.5% of Indigenous adolescent women⁵
- There is an increasing prevalence of women in Year 10 and Year 12 who report having ever had sex (43% in 2008 compared with 33% in 2002), and an increase to 31% of all teenage girls having had sex without a condom with 26.5% having had sex with 3 or more partners⁶
- Whilst the proportion of teenage women who never used condoms is relatively low at 8%, a substantial number (45.8%) report only sometimes using condoms⁶
- Over one third of sexually active Year 10 and Year 12 women report experiencing unwanted sex. This is reported to be related to either excess alcohol consumption or pressure from their sexual partner.⁶

Mental health

Mental health refers to a broad range of health issues which affect mental and emotional wellbeing. Adolescent women are at greater risk of a number of mental health problems compared with men.

- 73% of NSW women aged 12–17 years experience unhappiness, sadness or depression, whilst 79% report feelings of nervousness, stress or pressure and 15% describe high psychological distress⁷
- 352 per 100,000 adolescent women were hospitalised in 2008 for intentional self-harm.⁷ This rate is increased more than two-fold for Indigenous adolescent women (733 per 100,000)⁷
- 5–10% of adolescents experience an eating disorder and 80–90% of those cases are women⁸
- 16% of adolescent women perceive themselves as too fat even when their body mass index (BMI) is calculated as underweight or healthy weight.⁷

Lifestyle behaviours

Adolescent women are engaging in a number of lifestyle behaviours which impacts on their health.

- Only 10.5% of adolescent women are exercising adequately based upon recommended levels⁷
- A low number of adolescent women use protective clothing (16.7%) and hats (14.8%) for sun protection⁷
- The level of overall alcohol consumption does not differ between adolescent men and women but a greater proportion of women consume champagne, premixed spirits and liqueurs.⁷

Social determinants of health issues for adolescent women

Health in adolescence is viewed from the perspective of life course epidemiology as the outcome of interactions between antenatal and early childhood development accompanied by changes in biology and social roles and shaped by social determinants which impact on uptake of health-related behaviours.⁹ This highlights the importance of not only addressing adolescent issues directly but also considering preconception and early childhood as contributing to health outcomes in adolescence.

- Teenage pregnancy is associated with poor material circumstances, unhappy childhood, dislike of school and low expectations for the future^{6,10}
- Adolescent women who have higher levels of social support from friends but a lower level of support from family are more likely to engage in unsafe sex,¹¹ whilst contraception use is more likely for adolescents when rates of contraception use are higher in their peers¹²
- Condom use is more common in women who have condom negotiation skills and hold more positive attitudes towards condom use¹³
- The development of depression in adolescent women has been linked with discontinuity in life generally (such as frequent changes in school, residence and guardianship) alongside specific factors such as recent residential relocation and low parental education^{14,15}
- Women who do not consider health professionals or psychologists as able to support women with eating disorders may be less likely to seek treatment for eating disorders or to seek inappropriate treatment^{16,17}
- Adolescent women who have spent more time viewing 'thin-ideal' media content are more likely to hold a negative body image¹⁸
- In Indigenous populations the social factors influencing mental illness are even more complex. These encompass a mix of adverse life events such as trauma, poverty, ill health, violence and racism in conjunction with systemic social and justice issues which combine to contribute to substantial psychological distress¹⁹
- There is also some evidence that the discontinuity identified as important for non-Indigenous adolescent women may be more pronounced as an influencing social factor for Indigenous populations.¹⁹

A number of potential social determinants have been linked with adolescent mental health although not specifically for women.

- Bullying or peer victimisation increases the likelihood of detrimental health behaviours such as unsafe sex and depression⁹
- In line with the life course approach, bullying behaviour may have occurred during childhood²⁰ or adolescence²¹ and have impacts later in life
- Low levels of perceived parental care may contribute to poor adolescent mental health.²²

5 Young adult women

Young adulthood is a life stage which is defined by a change in social and personal roles such as completing education, starting work and starting a family.²³ It is also a stage where important life decisions about advanced education, entering the workforce, establishing long term relationships including marriage and parenting are made.²³ In the context of the increasing age of first pregnancy for Australian women²⁴, this life stage may extend up to 35–45 years for some women. These decisions not only affect health and social factors for young adult women directly but they also impact on health status and behaviours later in life.

Major health issues faced by young adult women

Sexual and reproductive health

As young adulthood is typified by establishing long term relationships and starting a family, health issues for young adult women include a range of factors associated with sexual and reproductive health.

Pregnancy, birth and postnatal health

- Fertility rates are declining for 20–29 year old women in NSW but increasing significantly for women 30 years and over²⁴
- One-quarter of women over 35 years who give birth are doing so for the first time²⁴
- It is estimated that infertility may affect approximately 15% of couples²⁵ and in line with this the use of Assisted Reproductive Technology (ART) is increasing for women aged 35–44 years²⁵
- ART use is also increasing for younger women (25–34 years) although still significantly less than for women 35–44 years²⁵
- Women in the latter stages of young adulthood (35 years and older) are more commonly birthing via caesarean delivery in NSW²⁴ as well as having a higher incidence of gestational diabetes mellitus (GDM) compared with younger adult women²⁶
- Women with GDM are more likely to have premature births compared with mothers without GDM (21.5 vs. 8.6%)²⁶
- A pre-existing diagnosis with type 1 or type 2 diabetes mellitus is linked with greater risks of preterm (20–31 weeks) birth, caesarean delivery, longer antenatal and postnatal hospital stays, stillbirth and low birth-weight babies²⁶
- Maternal depression (both antenatal and postnatal) affects an estimated 15% of young adult women²⁷
- 47.9% of Indigenous women smoke during pregnancy²⁸ and there is a substantially higher rate of perinatal mortality for Indigenous women in NSW when compared with the general population (13.4 vs. 8.0 per 1,000 births)²⁹
- Migrant populations such as women from the Philippines, India, Fiji and Bangladesh have a comparably higher rate of preterm birth³⁰
- Vitamin D deficiency has been identified as a significant issue for pregnant women with one in four pregnant women in NSW categorised with suboptimal vitamin D levels with 38% of those women being Caucasian.³¹

Sexually transmitted infections and gynaecological conditions

- Notifications of chlamydia in NSW are much higher for women compared with men and the current rate, which has shown a steady increase since 2002, is 317.9 per 100,000³²
- These rates are substantially greater in Indigenous women although not as high as the rates for Indigenous men³³
- Endometriosis occurs in 1.6% of young adult women in NSW³⁴
- Polycystic ovarian syndrome (PCOS) is estimated to occur in between 5 and 10% of young adult women.³⁵

Cancer and cancer screening

- There is an overall trend towards lower rates of new cases of cervical cancer in NSW since 1987 with the current rate at 8.4 per 100,000³⁶
- Whilst the overall incidence of breast cancer diagnosis is higher in mid-aged and older women, the mortality rates of younger women who are diagnosed with breast cancer are higher than for older women.³⁷

Mental health

Young adult women in NSW have greater rates of high or very high psychological distress compared with men (12.2–12.5 vs. 8.6–10.0%).³⁸ Mental health issues in women also affect successive generations, as women with psychotic illness are more likely than men with psychotic illness to have children and many of these women have dependent children living with them.³⁹

Social determinants of health issues for young adult women

Due to the diversity of health issues, a number of social factors are determinants of poor health for young adult women. The health issues associated with childbearing such as infertility and pregnancy complications are impacted by a complex array of factors.

- For women planning to conceive, current health problems may be a barrier to pregnancy alongside financial considerations and career ambitions⁴⁰
- Advanced maternal age and cigarette smoking increases the risk of GDM⁴¹ as may maternal vitamin D deficiency and insufficiency⁴² which is associated with sun exposure and sun avoidance behaviour⁴³
- Socioeconomic status impacts on childbearing women's BMI in part due to mothers from low socioeconomic backgrounds perceiving limitations to their ability to make time for healthy eating and exercise amongst family commitments⁴⁴
- Socioeconomic status also impacts on young adult women's lifestyle and health behaviours⁴⁵ which influences their risk of key health conditions
 - A range of behavioural factors increase the risk of chlamydia infection in young women including younger age, having two or more partners in the last 12 months, and having unprotected sex with three more partners⁴⁶
 - There is a greater chance of developing endometriosis for women who smoke, consume alcohol, drink coffee, are overweight, and are eating a diet rich in saturated fats⁴⁷

- Poor dietary and exercise habits may also contribute to the development or severity of the PCOS⁴⁸ as weight gain and obesity exacerbate the features of this condition⁴⁹
- Increased uptake of cervical screening is argued to be the best health behaviour to prevent against cervical cancer⁵⁰ alongside the Human Papilloma Virus vaccination program for adolescent women⁵¹
- Over half (55.1%) of young women in NSW take up biennial cervical cancer screening. This rate has remained steady since 2003⁵²
- Women who are obese, reliant on welfare, current smokers, report childhood sexual abuse, and experience anxiety symptoms are less likely to participate in cervical screening⁵³
- The increased risk for cervical cancer reported for Indigenous women is suggested to be linked to structural, social or individual barriers to screening, but details of the possible barriers have not been identified.⁵⁴

Social influences on mental health issues for young women are multifaceted

- Maternal depressive symptoms are linked with the mother's social exclusion or isolation and unmet maternal expectations as well as infant behaviour^{55,56}
- The severity of the symptoms of antenatal or postnatal depression for young adult women are associated with difficult financial situations, living in the suburb for one year or less, unplanned pregnancy, not breastfeeding and poor self-rated health⁵⁷
- A significant risk factor for depression^{58,59} and a social influence which is reported more frequently by women than men is domestic violence
 - One in six adult women has experienced actual or threatened physical or sexual violence perpetrated by a partner⁶⁰
 - This domestic violence is linked with a higher incidence of homelessness, with 50% of women escaping from domestic violence being turned away from emergency shelter due to lack of space⁶⁰
 - A large number of these women have children and are either Indigenous or overseas born⁶⁰
 - The health effects of women's exposure to domestic violence and the adverse effects on their children includes unwanted and unplanned pregnancies, low birthweight babies, higher rates of abortion and sexually transmitted infections (including HIV infection) and the murder of both mother and child.⁶⁰

6 Mid-age women

Mid-age for women occurs beyond young adulthood. This period is characterised by the end of the childbearing years (average 40–45 years) and the onset of menopause, prior to the onset of old age (around 65 years). Major health concerns for this age group are related to reproductive health and hormonal changes, mental health and the early effects of detrimental life-style habits and ageing.

Major health issues faced by mid-aged women

Reproductive health

The time of transition toward menopause can be highly symptomatic and challenging for many women. Menopause is defined as the absence of menstruation for at least 12 months and generally occurs between 45 and 55 years with the average age being 51 years.⁶¹

- Menopausal symptoms such as hot flushes, night sweats, and sleeping difficulties can considerably impact on women's lives²⁷
- Female reproductive cancers are a significant health issue in this age group with breast cancer being the leading cause of burden of disease in the 45 to 64 age group⁶²
- 4,376 new cases of breast cancer and 248 cases of cervical cancer were diagnosed in NSW in 2008⁶²
- The median age of diagnosis of breast cancer is 60 years and 53 years for cervical cancer⁶²
- Screening remains the most important means of early detection^{63,64} and in 2006, 76.2% of women aged 50 to 69 years had a mammogram for the detection of breast cancer within the previous 2 years⁶⁵
- 78.9% of women aged 40 to 54 years were screened for cervical cancer⁶⁵
- Aboriginal and Torres Strait Islander women had more than double the rate of cervical cancer in 2009–2010⁶⁶, and a mortality rate of more than 5 times that for non-Indigenous women⁶⁷
- Data on cervical screening participation rates of Indigenous women are not available, however there is evidence that screening rates are lower than for non-Indigenous women⁶⁶
- While Indigenous women appear to have lower rates of breast cancer, they have twice the risk of death from breast cancer as non-Indigenous women⁶⁸
- Indigenous women are less likely to participate in screening and more likely to be diagnosed with a more advanced breast cancer.⁶⁸

Mental health

Women experience higher rates of psychological distress compared with males in this age-group.⁶⁹

- 13.2% of women aged 45 to 54 years reported high or very high psychological distress compared to 11% of men⁶⁹

- Anxiety and depression are the leading causes of burden of disease for women up to the age of 65 years, with women experiencing more than twice the burden of males (10% vs. 4.8%)⁷⁰
- The highest suicide rate for women in 2008 was in the 45 to 54 year age group⁷¹
- Higher rates of mental health conditions are reported for mid-aged Indigenous women compared with non-Indigenous women including higher rates of related hospitalisation and mortality.

Social determinants of health issues for mid-aged women

There are many social factors that affect mid-age women's mental health status.

- Women in this life stage are more likely to suffer from economic hardship and financial insecurity as a result of declining health, divorce, sole parenting and reduced workforce participation^{27,72}
- Women from lower socioeconomic backgrounds are less likely to engage in physical activity and healthy eating and less likely to develop extensive social networks²⁷
- Women from lower socioeconomic backgrounds are also more likely to have higher rates of tobacco smoking and obesity²⁷
- Violence against women significantly impacts on the mental health status of mid-age women²⁷
- Women who have been the victims of domestic violence have been shown to participate less in screening for breast and cervical cancers²⁷
- Domestic violence or intimate partner violence is known to be a problem for women across all ages and 8% of women aged 40–49 years report domestic violence to the NSW police⁷³
- Women living in rural and remote locations in Australia have consistently been found to have poorer outcomes after the diagnosis of breast cancer than their urban counterparts^{74,75}
- Women in remote locations and women with low socioeconomic status are much more likely to be diagnosed with advanced breast cancer.⁷⁶ This may be due to delayed diagnosis related to geographical remoteness, inadequate transport and health workforce shortages⁷⁴
- Indigenous women are subject to additional health risks due to higher levels of drinking and smoking, along with increased levels of partner and community violence^{73,77}
- Women in this life stage commonly engage in unpaid work as a carer with 25% of mid-aged women currently caring for an ill, frail or disabled person⁷⁸
- Caring is significantly correlated with depression in the carer⁷⁸
- Women carers are less likely to be in paid employment and are more likely to reduce employment⁷⁸, leading to concerns about financial security in retirement.

7 Older women

The definition of older age is generally considered to be beyond 65 years of age, with those aged 84 years and over described as *very old*. The Australian Bureau of Statistics predicts that by 2056, 25% of all Australians will be aged over 65 years; an increase from 13% in 2007.^{29,79} Women tend to live longer than men; consequently they experience significantly more disability, primarily due to dementia and musculoskeletal disease.⁷¹

Major health issues faced by older women

Cardiovascular/neurovascular

Cardiovascular diseases including stroke contribute to around 60% of all female deaths, with older women being 10% more likely than men to suffer from cardiovascular diseases.^{79,80}

- In 2010, 61% of the recorded deaths from cerebrovascular disease were female^{29,79}
- Heart failure, predominantly a condition of older people, is the eighth leading cause of death for women; it is more common among women than men due largely to their greater longevity²⁹
- It is estimated that 25% of women aged 75 years and older have dementia, as compared to 17% of men⁷¹, with predictions of a 320% increase in the incidence of dementia in NSW by 2050⁸¹
- Dementia and Alzheimer's disease were the third ranked cause of death for women compared to sixth for men in 2010²⁹
- Dementia and Alzheimer's disease are ranked as the fifth contributor to the burden of disease in women⁷⁹, and are the leading cause of disability amongst older people in Australia⁸²
- Alzheimer's disease is the most common cause of dementia and accounts for between 50 and 70% of cases.⁷¹

Mental health

Results from the Australian National Mental Health and Wellbeing survey showed that more older women than men suffered from depression or anxiety, which was shown to be associated with significant disability.⁸³ In 2010, 7.5% of women aged 65–74 years reported high or very high psychological distress compared to 5.7% of men in this age category.⁶⁹

Musculoskeletal conditions

The prevalence of osteoarthritis is higher in women than men and increases with age.⁸⁴

- 63% of women aged 77–85 years have been diagnosed with arthritis⁸⁵
- Osteoarthritis has a considerable effect on an older woman's quality of life due to pain and limited mobility which in turn has an impact on self-care and ability to socialise with others⁸⁵
- Limited mobility also increases the likelihood of a fall and, inversely, fear of falling decreases mobility⁸⁶

- Women are at greater risk of developing osteoporosis after menopause due to accelerated bone-loss as a result of decreased circulating oestrogen⁸⁷
- Often the diagnosis of osteoporosis occurs following a fall that has resulted in a fracture⁸⁷
- Vitamin D deficiency is relatively common for women in this age group⁸⁸, and leads to poor calcium uptake and bone mineralisation, increasing the risk of fractures^{89,90 91}
- Duration of hospital stay after injury is also longer for women than men in this age group, reflecting higher rates of hip replacement in women.⁹¹

Cancer

Breast cancer is a leading cause of cancer death in older women.

- In 2008, 69% of breast cancers in women were diagnosed between the ages of 40 and 69 with 25% being diagnosed at 70 years or older⁹²
- The rate of breast cancer diagnosis declines after the age of 69, however this is believed to be due to reduced participation in screening, rather than an age related decrease⁹²
- Mortality rates for women with breast cancer increase with age with the sharpest increase for women over 80 years.⁹²

Social determinants of health issues for older women

Women are living longer⁷¹ and this is an important factor in the development of cardiovascular disease, musculoskeletal problems and dementia.

- They are generally more likely than younger women to suffer from obesity, have lower levels of adequate exercise and poorer economic status⁷¹
- Women of this age group have also been shown to have poor health literacy which may affect all aspects of their health⁷¹
- Older women are more likely to be widowed, live alone or in residential care, experience financial insecurity, suffer from chronic illness, have multiple disabilities and utilise health services than men⁷¹
- Women over 65 years are also likely to be caring for another person because of that person's illness or disability (usually a partner but sometimes a parent or older sibling)⁹³
- Older women may feel marginalised or invisible within the community⁷¹
- Elder abuse is a significant health issue for Australian women in this age group with 2–3% of women in their early 70s experiencing physical abuse and 3–8% suffering psychological abuse⁹⁴
- Older people in residential care, those with mobility issues, and geriatric patients admitted to hospital tend to have very low vitamin D levels⁹⁰; this has particularly been shown to be the case in women⁸⁸
- There also appear to be socioeconomic factors at play in the development of musculoskeletal disorders, as women with less formal education and lower financial status have higher rates of arthritis^{71,95}
- Women from regional and remote areas are significantly more likely to develop arthritis⁷¹ and women with arthritis commonly report suffering from other chronic health care conditions including depression and anxiety⁸⁵

- Obesity is a crucial factor in the development of osteoarthritis^{71,96} and rates of obesity are greater among those with a lower socioeconomic status and living in a remote location^{97,98}
- The risk factors associated with breast cancer development in older women are similar to those in mid-age women and include being of higher socioeconomic status, living in urban areas⁹², higher alcohol consumption, inadequate exercise and obesity after menopause^{99,100}
- Indigenous women have lower rates of breast cancer development, but also lower levels of screening.⁹²

8 Global trends for sub-populations of women

Whilst this report presents a review of the social determinants affecting health issues which affect women across specific life stages it is important to highlight specific concerns for women within sub-populations. Where appropriate within the scope of the review, health issues for Indigenous women, ethnic women, and women living in rural and remote areas have been presented within each life stage. However, for each of these sub-populations there are global trends and underpinning social factors which influence their risk of developing health problems and transcend age-related constructs.

- Indigenous women experience poorer health across most health domains and substantially shorter life expectancy (by 9.7 years) compared with non-Indigenous women¹⁰¹
- Women living in rural/remote areas have poorer health than their urban counterparts including higher rates of asthma, arthritis, diabetes, hypertension, and some preventable cancers²⁷
- Genetic predispositions to some health problems are more common in women from ethnic backgrounds, and this may be exacerbated by the adoption of Western diets and lifestyles when living in Australia²⁷
- Lower levels of English proficiency may impact on the ability for some ethnic women to access health-related knowledge and health services²⁷
- Lesbian and bisexual women may encounter health inequalities due to experiences of heterosexism, homophobia, and discrimination.²⁷

9 Conclusion

The findings of this review identify consistency in many of the key health issues affecting women's health throughout their life. It also highlights the value in the life course approach as the conditions (e.g. depression, self-harm) within each broad category (e.g. mental health) develop into more chronic and complex conditions over the course of a woman's life. Likewise, a number of the social determinants which influence the likelihood of women being diagnosed with one of the identified key health issues are similar across the different life stages. With this in mind and in light of the life course approach which guides this review, the need to intervene and address these key health issues early in a woman's life is clearly highlighted.

10 Appendix 1: Details on methods for evidence search and inclusion

Hierarchical order of evidence

Details on the hierarchical order of evidence searched and included for this report are as follows:

1. *Health statistics data available through the NSW Ministry of Health* – statistical information available through NSW Health was accessed and all relevant data were included where appropriate
2. *Reports and publications from other NSW surveys* – additional data were used from surveys of NSW populations
3. *Health Statistics available through the Australian Institute of Health and Welfare* – Australia's Health 2012 report was accessed and used to identify key national surveys reporting on prevalence of health conditions
4. *Reports and publications from other Australian national surveys* – Any available national surveys were accessed to fill gaps in NSW prevalence data
5. *Reports and publications from national and local surveys from other OECD countries* – where Australian data were not available international data were used. Where possible nationally-representative data were used, but if none were available then results from smaller studies were included. These smaller studies were only used to identify the social determinants of key health issues when other data were not available.

Search methods for additional peer-reviewed publications

Publication searches for social determinants were undertaken through searching databases including PubMed and Google Scholar. Search terms used included 'social determinants', 'social', 'NSW', 'Australia', 'women' and other terms relevant to the key health issue (e.g. 'endometriosis' or 'breast cancer') and the life stage (e.g. 'teenage' or 'menopause'). Hand searching of citation lists was used to identify additional research.

Bibliography of resources accessed for NSW and Australian data

A range of resources were accessed to identify prevalence of health issues for the target populations which reported on NSW and Australian national survey data including:

- BEACH study: www.sydney.edu.au/medicine/fmrc/beach/index.php
- Department of Families, Housing, Community Services and Indigenous Affairs: www.fahcsia.gov.au/our-responsibilities/women/publications-articles
- Department of Health and Ageing: www.health.gov.au/internet/main/publishing.nsf/Content/Publications+Statistics+&+Resource+s-1

- Medical Journal of Australia Women’s Health edition: www.mja.com.au/journal/2003/178/12
- Aboriginal Health and Medical Research Council: www.ahmrc.org.au/index.php?option=com_docman&Itemid=45
- Telethon Institute for Child Health Research: www.childhealthresearch.org.au/our-research/projects-index/c/child-and-adolescent-component-of-the-national-survey-of-mental-health-and-wellbeing.aspx
- 2010 National Drug Strategy Household Survey Report: www.aihw.gov.au/publication-detail/?id=32212254712
- Drugs in Australia 2010 – tobacco, alcohol and other drugs: www.aihw.gov.au/publication-detail/?id=10737420497
- National Survey of Secondary Students and Sexual health: www.latrobe.edu.au/arcshs/downloads/arcshs-research-publications/secondary-students-and-sexual-health-2008.pdf
- Cancer in Adolescents and Young Adults in Australia: www.aihw.gov.au/publication-detail/?id=10737420603&tab=2
- Cancer in Australia: in brief 2012 www.aihw.gov.au/publication-detail/?id=60129542358
- National Survey of Mental Health and Wellbeing: www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-m-mhaust2
- National Survey of Psychotic Illness: [www.health.gov.au/internet/main/publishing.nsf/content/353E10EE88736E02CA2579500005C211/\\$File/psyexe.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/353E10EE88736E02CA2579500005C211/$File/psyexe.pdf)
- National Mental Health Report: www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-report10
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- Arthritis and Musculoskeletal Conditions: www.aihw.gov.au/arthritis-and-musculoskeletal-conditions-publications/
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- NSW School Student Behaviour Survey: www0.health.nsw.gov.au/resources/publichealth/surveys/hss_08.pdf

Not all of these resources are included in the reference list as some did not describe health issues which fit within the scope of this report.

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