or more than one in ten Tasmanian women are ‘risky’ drinkers, compared to one in four males (26.6 per cent).²

Across Australia, intimate partner violence contributes to more death, disability and illness in women aged 15 to 44 than any other preventable risk factor.¹

61% of Tasmanian women have a BMI classification of overweight or obese.³

16% of Tasmanian women experienced high or very high levels of psychological distress.⁴

Dementia, Alzheimer’s disease and ischaemic heart disease were the joint leading causes of death for females in Tasmania in 2016.⁶

60% of Tasmanian women and girls regularly (three or four times a week) participate in sport and recreation.⁷

Around 16% of Tasmanian mothers smoke during pregnancy. This is 5 per cent higher than the national average.⁵

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Good health and wellbeing is essential for women and girls to increase quality of life, get the most out of education, and participate fully in the community. Gender, as well as other personal characteristics, including age, Aboriginality, where you live, and income, influences health outcomes.

Self-Assessed Health Status

There is no significant difference between the self-assessed health status of Tasmanian women and men. Generally, around half the adult population consistently assess their health to be ‘excellent or very good’ and approximately one in five assess their health as ‘fair or poor’. The following table shows data used in previous snapshots from the ABS General Social Survey (GSS) in 2006 and the 2016 Tasmanian Population Health Survey. In 2006 around 58 per cent of Tasmanian women and 57 per cent of men rated their health as ‘excellent to very good’ while 20 per cent of women and approximately 19 per cent of men rated their health as ‘fair or poor’. The 2018 GSS has not been completed at the time of writing.

The most recent health data comes from the 2016 Tasmanian Population Health Survey. Although the methodology and sample size differs, the survey found the self-assessed health status of females and males in Tasmania to be relatively similar, with 35.8 per cent of females and 39.9 per cent of males reporting their health was ‘excellent’ or very good. 23.7 per cent of females and 25.1 per cent of males felt their health was ‘fair’ or ‘poor’.
Mental Health

Tasmanian women are more likely than men to experience higher levels of psychological distress. The 2016 Tasmanian Population Health Survey found women (16 per cent) are more likely than men (11.4 per cent) to report high or very high levels of psychological distress.11 High levels of psychological distress for females increased from 12.4 per cent in 2013 to 16 per cent in 2016, although this is not statistically significant. As the table below shows, there has been a significant increase in the proportion of Tasmanians experiencing high or very high levels of psychological distress compared to 2009.

Figure 2. Tasmanian Population Health Survey data: High/very high level of psychological distress by sex, 18 years and over, Tasmania

<table>
<thead>
<tr>
<th>Gender</th>
<th>2009 %</th>
<th>2013 %</th>
<th>2016 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>8.7</td>
<td>10.3</td>
<td>11.4</td>
</tr>
<tr>
<td>Females</td>
<td>13.0</td>
<td>12.4</td>
<td>16.0</td>
</tr>
<tr>
<td>Persons</td>
<td>10.9</td>
<td>11.4</td>
<td>13.7</td>
</tr>
</tbody>
</table>

Disability

At the time of the 2016 Australian Census, 32,634 Tasmanians lived with a profound or severe disability in Tasmania, defined as needing assistance for core activities of self-care, mobility and communication. Of these Tasmanians, 53 per cent were female and 47 per cent male.¹²

While the number of Tasmanians with a profound or severe disability has increased by 3,908 since 2011, the proportion of females and males remained the same.¹³

Disability impacts on women and men differently across the lifespan. As Figure 3 shows, using 2016 Census data when broken down by age group, from birth to young adulthood men and boys make up the greater share of people living with disability in Tasmania. The distribution of disability is similar in middle age, but from 65 years old and older, more women than men are living with profound or severe disability.¹⁴

Leading Causes of Death¹⁵

The leading causes of death for Tasmanian females in 2016 were ischaemic (coronary artery) heart disease, and dementia and Alzheimer’s disease, each causing almost 10 per cent (219) of all female deaths that year.¹⁶ Nationally, the death rate from dementia and Alzheimer’s disease is increasing while the ischaemic heart disease death rate is decreasing. Dementia and Alzheimer’s disease are now the leading cause of death for women in Australia overall.¹⁷

In 2013, the Australian Bureau of Statistics reported that cancer and diseases of the circulatory system were the leading cause of death for Tasmanian women and men. Women were more likely than men to die from mental and behavioral disorders.¹⁸ In 2016, Tasmanian women are also twice as likely as men to die from dementia and Alzheimer’s disease.
Health and Lifestyle

Smoking
Smoking rates have declined significantly in Tasmania since 2009, although there has been little change between 2013 and 2016. Around 15 per cent of females in Tasmania were smokers in 2016, compared to 16.5 per cent of males. In 2012, the daily smoking rate for Tasmanian females was 16.2 per cent.

Alcohol
The National Health and Medical Research Council Guidelines describe ‘low risk’ for lifetime harm from alcohol consumption as no more than two standard drinks per day. Higher daily consumption is considered ‘risky’.

In 2016, 71.4 per cent of Tasmanian females aged 14 years and older were considered ‘low risk’ drinkers, and 10.5 per cent ‘risky’ drinkers. Tasmania has the third highest proportion of female risky drinkers after the Northern Territory and Western Australia. Males aged 14 years and older were significantly more likely to be considered ‘risky’ drinkers with more than one in four Tasmanian males (26.6 per cent) in this category.

These data are similar to 2011-12 National Health Survey findings that show over three times as many Tasmanian males exceeded the lifetime risk from alcohol consumption (34 per cent) compared to females (9.8 per cent).

Illicit drug use
Tasmanians’ use of cannabis was second only to the Northern Territory in 2016. Approximately 10 per cent of Tasmanian females aged 14 years and over used cannabis last year, compared to 15.5 per cent of male users.

Use of illegal drugs generally has increased in Tasmania among both males and females aged 14 years and older since 2010. According to the 2010 National Drug Strategy Household Survey, 10.4 per cent of females aged 14 years and over used an illicit drug in the previous year. In 2016, that number rose to 15.8 per cent of females. Males are generally more likely than females to use illicit drugs. In 2016, 19.1 per cent of Tasmanian males were estimated to have used them in the previous year, up from 13.6 per cent in 2010.
Figure 7. Chlamydia Notification Rates in Tasmania per 100,000 people, 2012-2016 (overall and selected age groups)

Source: Department of Health and Human Services Table 3: Notification rates (per 100,000) of chlamydia in Tasmania by sex and age group, 1 January 2012 to 31 December 2016 2012 2013 2014 2015 2016 Female, p5.

**Sexually transmitted infections**

Chlamydia is the most common sexually transmissible infection (STI) in Australia. Between 2012 and 2016, chlamydia accounted for over 95 per cent of all STIs notified in Tasmania. This is down slightly from 97 per cent in the period from 2007-2011. Females had significantly higher notification rates than males due to their greater likelihood of being screened by a primary care provider.

Females aged 15-24 years have the highest rates of chlamydia and the difference between females and males is the greatest in this age group. After 45-54 years, men were more likely to present with a notifiable case of chlamydia than females.

**Weight**

At the time of the last Australian National Health Survey in 2014-15, approximately 61 per cent of all women in Tasmania had a Body Mass Index (BMI) classification of overweight or obese, compared to 74.1 per cent of men. These were similar to 2011-12 rates.

An estimated 30 per cent of Tasmanian girls aged between 5 and 17 years were overweight or obese in 2014-15, with the rates increasing with age to 70.8 per cent of women aged 65 and over.
Sport and Physical Recreation

In the 2017 calendar year, 60.2 per cent of Tasmanian women and girls regularly participated (three times a week or more) in sport and recreation. This is unchanged from the female participation rate in 2016, which was 60.3 per cent.

Tasmanian women and girls regular participation rate in sport and recreation is higher than males in 2017 and 2016, which is 55.7 per cent and 56 per cent respectively.

Further reading:
- Tasmanian Women’s Strategy 2018-2021

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2 Australian Institute of Health and Welfare, 2017, National Drug Strategy Household Survey 2016: Detailed Findings - Data Tables: Chapter 7 State and Territory, Table 7.9 Lifetime Risk status, People aged 14 years or older, by sex and state and territory, 2016 (age standardised), AIHW, Canberra.


8 Australian Bureau of Statistics, 2007, General Social Survey, Tasmania, 2006 Cat no: 4159.6.55.001 Table 3 & Table 4, ABS Canberra


10 Tasmanian Department of Health and Human Services, unpublished data, 2018.


15 Note: Leading causes of death are ranked based on the World Health Organisation’s recommended groupings (Bulletin of the World Health Organization, Volume 84, Number 4, April 2006, 297-304), and are not directly comparable with previous versions of this fact sheet, which used a different methodology.


18 Australian Bureau of Statistics, 2013, Causes of Death, Australia, 2013, Cat no: 3303.0. Table 7.1, ABS, Canberra


22 Australian Institute of Health and Welfare, 2017, National Drug Strategy Household Survey 2016: Detailed Findings - Data Tables: Chapter 7 State and Territory, Table 7.9 Lifetime Risk status, People aged 14 years or older, by sex and state and territory, 2016 (age standardised), AIHW, Canberra.

23 Australian Institute of Health and Welfare, 2017, National Drug Strategy Household Survey 2016: Detailed Findings - Data Tables: Chapter 7 State and Territory, Table 7.9 Lifetime Risk status, People aged 14 years or older, by sex and state and territory, 2016 (age standardised), AIHW, Canberra.

24 Australian Bureau of Statistics, 2013, Australian Health Survey: First Results, Cat no: 4364.0.55.001. Datacubes, Tables 1-17 Tasmania, ABS, Canberra

25 Australian Institute of Health and Welfare, 2017, National Drug Strategy Household Survey 2016: Detailed Findings - Data Tables: Chapter 7 State and Territory, Table 7.21: Recent use of cannabis, people aged 14 years or older, by sex and state/territory, 2010 to 2016 (per cent), AIHW, Canberra.


28 Department of Health and Human Services, 2013 Health Indicators Tasmania, Population Health Epidemiology Unit

29 Department of Health and Human Services Table 3: Notification rates (per 100 000) of chlamydia in Tasmania by sex and age group, 1 January 2012 to 31 December 2016 2012 2013 2014 2015 2016 Female, p5.


