

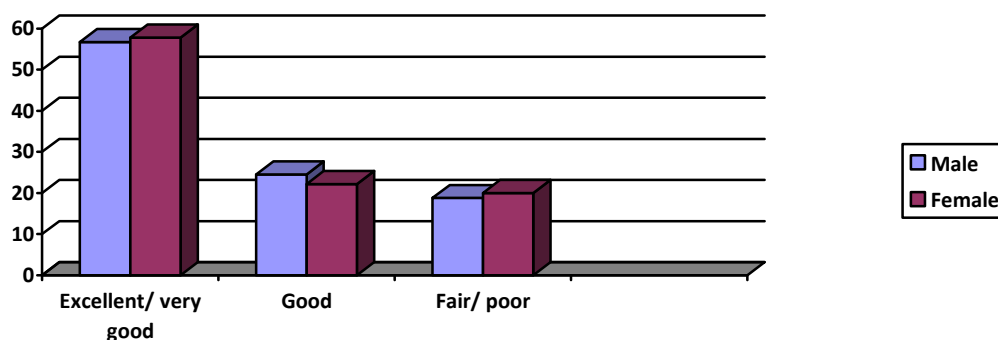
WOMEN IN TASMANIA 2010

Health and Wellbeing

Self-Assessed Health Status

In 2006, the *General Social Survey Tasmania* revealed that Tasmanian women and men had fairly similar percentage rates in the self-assessed health status categories of 'excellent to very good', 'good' and 'fair to poor' health. As the following table shows, there were a slightly higher percentage of females that considered their personal health to be excellent to very good with 57.8 per cent females and 56.7 per cent males. Men were slightly more likely than women to consider their personal health as good, with 24.5 per cent of males and 22.2 per cent of females in this category. Women were slightly more likely to report fair or poor personal health than men, with 20 per cent of females and 18.8 per cent of males.¹

Figure 6.1 Self-assessed health status by sex in Tasmania (by percentage) 2006



Source: Australian Bureau of Statistics, *General Social Survey, Tasmania, 2006*, Cat No 4159.655.001, ABS, Canberra, 2008, Table 3 and 4

Self-Assessed Health by Age

The following table shows that in 2006 there were variations in the self-assessed health status ratings according to age and gender. The percentages for both men and women that considered their health to be excellent or very good decreased gradually with age, though the rate of decrease was lower for females. Percentages for both men and women with a self-assessed good health status increased gradually with age, the rate of increase was higher for females. Those reporting fair or poor health increased with age for both men and women, but more so for men. The gender ratios reversed with age in all the health status categories.²

Figure 6.2 Self-assessed health status by age and sex in Tasmania 2006

Age	Excellent/ very good		Good		Fair/ poor	
	Male	Female	Male	Female	Male	Female
18-24	75.3	73.7	21.6	18.2	3.1	8.1
25-34	73.6	73.2	22.4	19	4	7.8
35-44	60.9	67.5	25.4	18.5	13.8	14
45-54	55.3	55.2	24.8	21.1	19.9	23.7
55-64	44.9	47.6	24.4	24.8	30.7	27.5
65 and over	36.3	37.8	27.5	29.5	36.2	32.7

Source: Australian Bureau of Statistics, *General Social Survey, Tasmania, 2006*, Cat No 4159.655.001, ABS, Canberra, 2008, Table 3 and 4

Disability

In Tasmania, at Census 2006, there were 23 657 persons with profound or severe disability, defined as in need of assistance for core activities of self-care, mobility or communication. Of these, a slightly higher number were women with 12 906 (54.5 per cent) females and 10 751 (45.4 per cent) males. The following table shows the sex ratio of those with disability varied with age. There was a notably smaller percentage of females than males between the ages of 0 to 24 years. The percentage difference was then only slight between the ages of 25 to 54 years. From 65 years onwards the percentage of females progressively increases.³

Figure 6.3 Core activity need for assistance by age and sex in Tasmania 2006

Age	Male	Female	% Female
0-4 years	164	97	37.1
5-14 years	865	410	32.1
15-19 years	329	213	39.2
20-24 years	256	176	40.7
25-34 years	524	495	48.5
35-44 years	951	860	47.4
45-54 years	1 390	1 325	48.8
55-64 years	2 044	1 663	44.8
65-74 years	1 360	1 493	52.3
75-84 years	1 825	3 137	63.2
85 years and over	1 043	3 037	74.4

Source: Australian Bureau of Statistics, 2006 Census of Population and Housing, Tasmania (State), 'Core activity need for assistance by age by sex', ABS, Canberra, 2007

Mental Health

In 2007 to 2008 there were an estimated 54 000 people in Tasmania that identified as having mental health and behavioural disorders. Of these, 30 400 (56.2 per cent) were female and 23 600 (43.7 per cent) were male. There were higher numbers of females than males in every category of mental health and behaviour disorders.

In the mood affective disorder category, which includes all types of depression such as post-natal depression and bipolar disorder, there were 35 500 persons. Of these, 21 500 (60.5 per cent) were females compared to 14 000 (39.5 per cent) males. In the anxiety related disorder category, which includes all types of anxiety disorders such as post-traumatic stress and panic attacks, there were 19 500 persons. Of these, 12 000 (61.5 per cent) were females, compared to 7 500 (38.5 per cent) males. A total of 28 100 persons experienced other types of mental health disorders, such as schizophrenia and personality disorders, with 14 500 (51.6 per cent) being female and 13 600 (48.4 per cent) being males.⁴

Causes of Death

The following table shows that as at 2007, there were various gender differences in causes of death in Tasmania.

Figure 6.4 Causes of death by sex in Tasmania 2007

Causes of Death	Male	Female
Certain infectious and parasitic diseases	9	14
Neoplasm	640	560
Diseases of the blood and blood forming organs and certain disorders involving the immune system	4	6
Endocrine, nutritional and metabolic diseases	103	112
Mental and behavioural disorders	57	117
Diseases of the nervous system	66	85
Diseases of the circulatory system	640	774
Diseases of the respiratory system	159	199
Diseases of the digestive system	64	67

Causes of Death	Male	Female
Diseases of the skin and subcutaneous tissue	2	8
Diseases of the musculoskeletal system and connective tissue	15	30
Diseases of the genitourinary system	42	63
Congenital malformations, deformations and chromosomal abnormalities	9	10
Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	10	7
External causes of morbidity and mortality	153	94

Source: Australian Bureau of Statistics, *Causes of Death Australia 2007*, 'Underlying cause of death, all causes, Tasmania, 2007, Cat No 3303.0, ABS, Canberra, 2009, Table 7.1

The primary broad category for cause of death was diseases of the circulatory system. Females had higher numbers of deaths than males from this cause, with 774 female deaths and 640 male deaths. The main type of circulatory diseases resulting in death were various types of cardiovascular disease, with 483 female deaths and 441 male deaths. The other main type of circulatory disease was cerebrovascular diseases, with 196 female deaths in this category and 118 male deaths. There was nearly twice the number of female deaths resulting from stroke than males, with 106 female deaths compared to 59 male deaths.⁵

The secondary broad category for cause of death was from neoplasm or cancer. Males had higher numbers of deaths than females from this cause, with 640 male deaths and 560 female deaths. The types of cancers resulting in the highest number of deaths in Tasmanian males were: lung cancer (156 deaths), prostate cancer (81 deaths), cancer of the oesophagus and colon cancer (41 deaths). The types of cancers resulting in the highest number of deaths in Tasmanian females were: lung cancer (105 deaths), breast cancer (54 deaths), colon cancer (53 deaths) and pancreatic cancer (38 deaths).⁶

There were much higher numbers of female deaths caused by mental and behavioural disorders than males, with 117 female deaths compared to 57 male deaths. These deaths were primarily from dementia, with 112 female deaths and 47 male deaths from this cause.⁷

There were significantly higher numbers of male deaths resulting from external causes than for females, with 153 male deaths compared to 94 female deaths. There were much higher numbers of males dying from transport accidents than females, with 39 males dying from this cause compared to only 8 females. Males also died by committing suicide in much higher numbers than females, with 47 male deaths compared to 19 female deaths.⁸

Tobacco, Alcohol and Illicit Substances

As at 2007, Tasmania had the second highest daily smoking rates of all states and territories, with a smoking rate of 22.7 per cent compared to the national average of 16.6 per cent. The Northern Territory had the highest rates of daily smoking at 25.3 per cent and the Australian Capital Territory had the lowest smoking rate at 14.7 per cent. Women had slightly lower daily smoking rates than men in all states and territories. In Tasmania the daily smoking rate is 23.8 per cent for men and 21.6 per cent for women.

However, the following table shows there were variations in the gender ratios of daily smoking rates according to age. In the 14 to 19 year age group females had significantly higher rates of daily smoking than males, with 13.5 per cent for females compared to 3 per cent for males. Between the ages of 20 to 39 men have higher rates. But in the 40 to 49 year age group women again have higher daily smoking rates than men. From 50 years onwards men had higher daily smoking rates than women.⁹

Figure 6.5 Daily smoking by age and sex in Tasmania 2007

Age group	Male %	Female %
14-19	3	13.5
20-29	31.1	29.6
30-39	37	32.4
40-49	32.8	34.8
50-59	24.7	16.6
60+	13	8.8

Source: Australian Institute of Health and Welfare, *2007 National Drug Strategy Household Survey, State and Territory Supplement*, Cat No. PHE 102, Canberra, 2008

As at 2007, females in Tasmania were less likely to be drinking daily than males, with rates of 9 per cent for males compared to rates of 4.8 per cent for females. Females were also less likely to be drinking weekly, with rates of 31.9 per cent for females and 49.8 per cent for males. Tasmanian females had the lowest rates of weekly alcohol consumption of all states and territories, however, males had the fourth highest rates of weekly alcohol consumption of all states and territories. Although Tasmanian females have higher rates than males in alcohol consumption on a less than weekly basis, with rates of 45.9 per cent for females compared to 30.3 per cent for males. Both males and females in Tasmania have the highest rates of alcohol consumption at a less than weekly basis of all states and territories.

Females had lower rates than males for both short and long-term risk of alcohol related harm. Males had short-term alcohol related risk rates of 48.4 per cent compared to 31.3 per cent for females. Males in Tasmania had the second highest rates of short-term alcohol related harm of all states and territories, with the Northern Territory having the highest rate of 52.4 per cent. Long-term alcohol related risk rates were 12.7 per cent for males and 11.2 per cent for females. Again, Tasmanian males had the second highest rates of long-term alcohol related risk of all states and territories with the Northern Territory having the highest rates of 17.3 per cent.¹⁰

Of those in Tasmania who had used cannabis within the last 12 months at 2007, there were higher rates for males than females, with a rate of 14.5 per cent for males and 7.4 per cent for females. The lower rates of cannabis use by females were consistent across states and territories. Tasmanian males had the second highest rate of recent cannabis use of all states and territories, with the Northern Territory having the highest rate of 18.1 per cent.

However, of those Tasmanians who had used an illicit substance other than cannabis in the last 12 months, females had higher rates than males, with rates of 4.6 per cent for females and 2.7 per cent for males. The higher rates of illicit substance use by females is consistent across states and territories except in the Northern Territory. The Northern Territory had the highest national rate of illicit substance use by males at 6.4 per cent but also had the highest rate for females at 5.8 per cent. Tasmanian males have the lowest rates of illicit substance use other than cannabis of all states and territories.¹¹

Physical Activity

From 2005 to 2006 there were 248 900 participants in sports and physical recreation in Tasmania. Of these, 120 800 were male and 128 200 were female. In Tasmania, females had a slightly higher participation rate in sport and physical recreation than men, with 65.7 per cent female participation and 64.6 per cent male participation. The rates of participation in sport and physical recreation nationally are slightly higher for males than females, with a rate of 66 per cent for males and 65.7 per cent for females.¹²

The table below shows that participation rates vary considerably between males and females according to different types of physical activity. Both females and males are most likely to participate in walking as exercise, though the rate for females is 33.5 per cent compared to 20.3 per cent for males. Females are then most likely to participate in aerobics or fitness activities with a rate of 10.2 per cent compared to 4.9 per cent for males. After walking as exercise, males are most likely to participate in golf with a rate of 7.6 per cent compared to 2.6 per cent for females.¹³

Figure 6.6 Sport and physical recreation activity participation rates by sex in Tasmania

Activity	Males %	Females %
Aerobics/ fitness	4.9	10.2
Australian rules football	6	0.2
Bush walking	7.1	5.1
Cricket (outdoor)	4.5	0.9
Cycling	7	2.9
Fishing	4.9	0.3
Golf	7.6	2.6
Netball	0.9	4.4
Running	4.5	3.3
Soccer (outdoor)	2.6	1.6
Swimming	4.1	9
Tennis	2.9	4.5
Walking for exercise	20.3	33.5

Source: Australian Bureau of Statistics. *Participation in Sports and Physical Recreation, Australia 2005-2006*, 'Participants, Selected sport and physical recreation activities-Tasmania', Cat No 4177.0, ABS, Canberra, 2007

The following table shows that there are gender differences in the rate of certain constraints upon participation in physical activity. The most significant difference is in the constraint of insufficient time for physical activity due to family commitments, with 10.7 per cent of women in this category compared to only 3.9 per cent of men.¹⁴

Figure 6.7 Rate of constraints upon participation in sports and physical recreation by sex in Tasmania

Constraint	Males %	Females %
Age/ too old	19.2	15.7
Ongoing injury/ illness	17.5	15.3
Temporary injury/ illness	0.6	1.7
Injury/ illness (not further defined)	2.9	2
Already active	16	15
Not interested	16.4	20.7
Cost	0.6	0
Insufficient time due to work/ study	17.4	14.2
Insufficient time due to family	3.9	10.7
Insufficient time, other	3.5	0.4
Other	1.9	4.3

Source: Australian Bureau of Statistics, *Participation in Sports and Physical Recreation, Australia 2005-2006*, 'Constraints on participation by states or territories- 2006', Cat No 4177.0, ABS, Canberra, 2007

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