

WOMEN AND GIRLS IN TASMANIA FACT SHEET 2018



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



10.5%

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



61%

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

16%

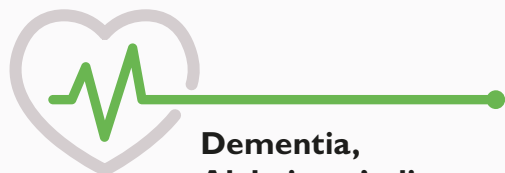
of Tasmanian women experienced high or very high levels of **psychological distress**.⁴



Around

16%

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



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



HEALTH & WELLBEING

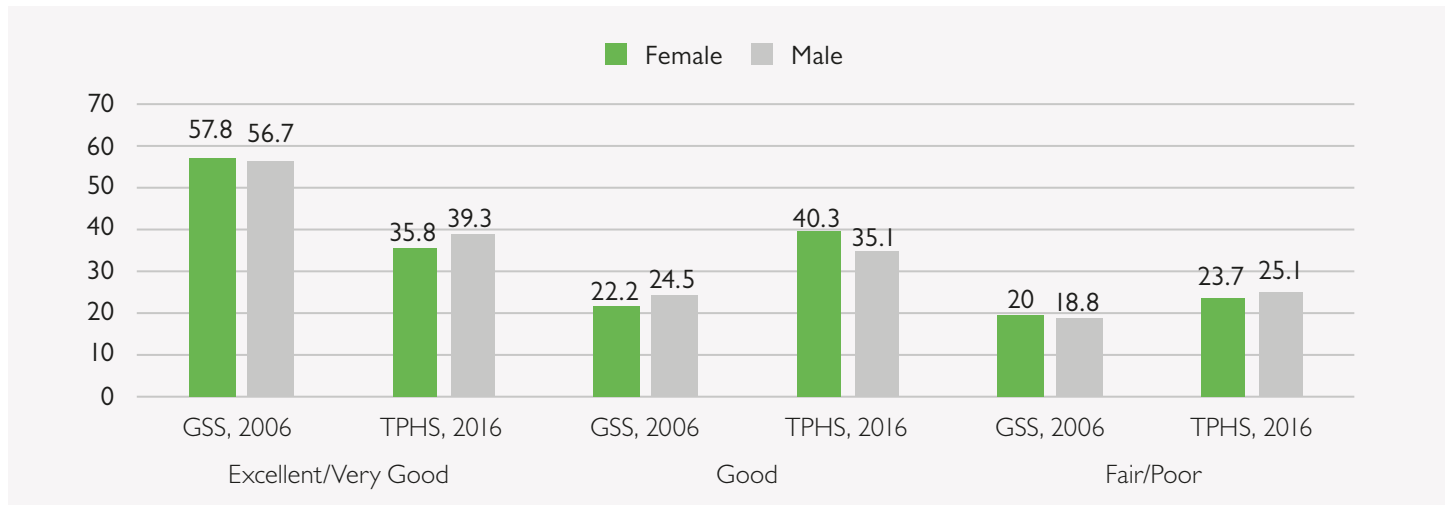
Good health and wellbeing is essential for women and girls to increase quality of life, get the most out of education, and participate fully in the community. Gender, as well as other personal characteristics, including age, Aboriginality, where you live, and income, influences health outcomes.

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'.⁸ 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'.^{9, 10}

Figure 1. Self Assessed Health Status by Gender, Tasmania, 2006 and 2016



Source: ABS, General Social Survey, Tasmania 2006; (GSS); Tasmanian Department of Health and Human Services, Tasmanian Population Health Survey 2016 (TPHS).
 Note: these data are not directly comparable due to the different methodologies used in these surveys

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

Gender	2009 %	2013 %	2016 %
Males	8.7	10.3	11.4
Females	13.0	12.4	16.0
Persons	10.9	11.4	13.7

Source: Department of Health and Human Services, Tasmanian Population Health Surveys 2009, 2013, 2016

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

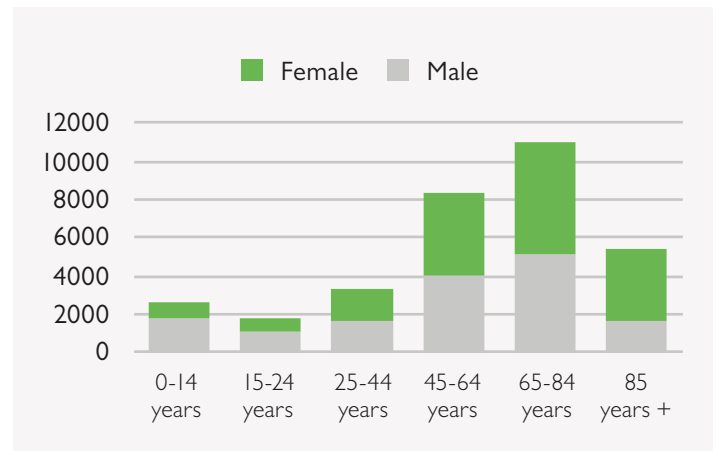
Disability impacts on women and men differently across the lifespan. As Figure 3 shows, using 2016 Census data when broken down by age group, from birth to young adulthood men and boys make up the greater share of people living with disability in Tasmania. The distribution of disability is similar in 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

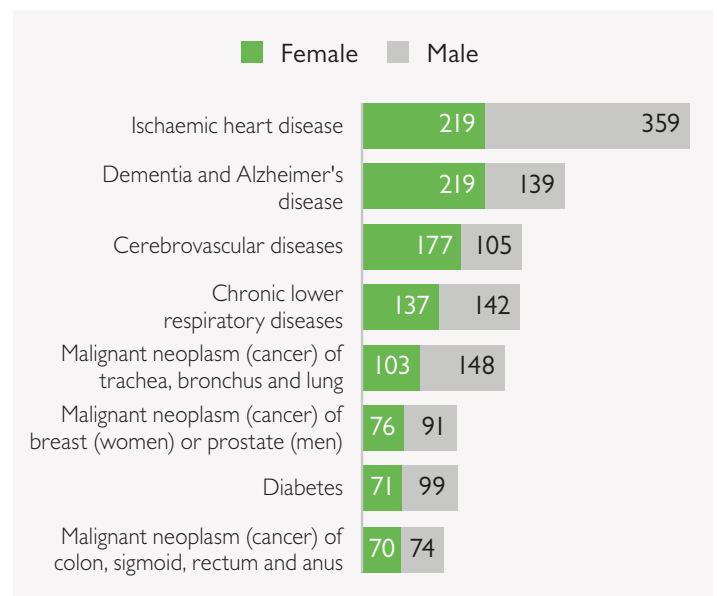
In 2013, the Australian Bureau of Statistics reported that cancer and diseases of the circulatory system were the leading cause of death for Tasmanian women and men. Women were more likely than men to die from mental and behavioral disorders.¹⁸ In 2016, Tasmanian women are also twice as likely as men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

Figure 3. Tasmanian residents living with profound or severe disability, by age group and gender, 2016



Source: Australian Bureau of Statistics, 2018, Census – Employment, Income and Education, ASSNP Core Activity Need for Assistance, Findings based on Census TableBuilder Data, ABS, Canberra.

Figure 4. Leading causes of deaths by gender in Tasmania, 2016



Source: Australian Bureau of Statistics, 2017, Catalogue 3303.0, Causes of Death, Tasmania, 2016, Table 7.1 Underlying cause of death, All causes, Tasmania, 2016, ABS, Canberra.

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.¹⁹ In 2012, the daily smoking rate for Tasmanian females was 16.2 per cent.²⁰

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'.²¹

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.²² 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.²³

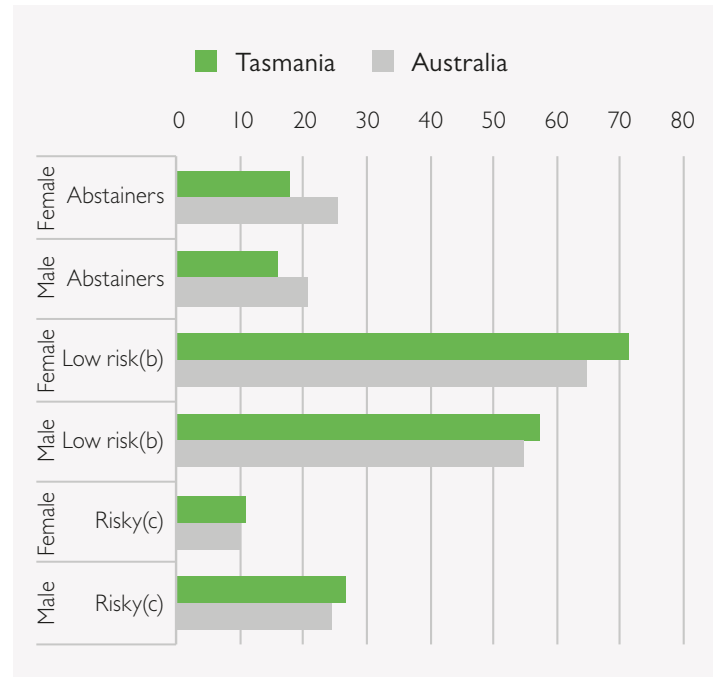
These data are similar to 2011-12 National Health Survey findings that show over three times as many Tasmanian males exceeded the lifetime risk from alcohol consumption (34 per cent) compared to females (9.8 per cent).²⁴

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 or over used cannabis last year, compared to 15.5 per cent of male users.²⁵

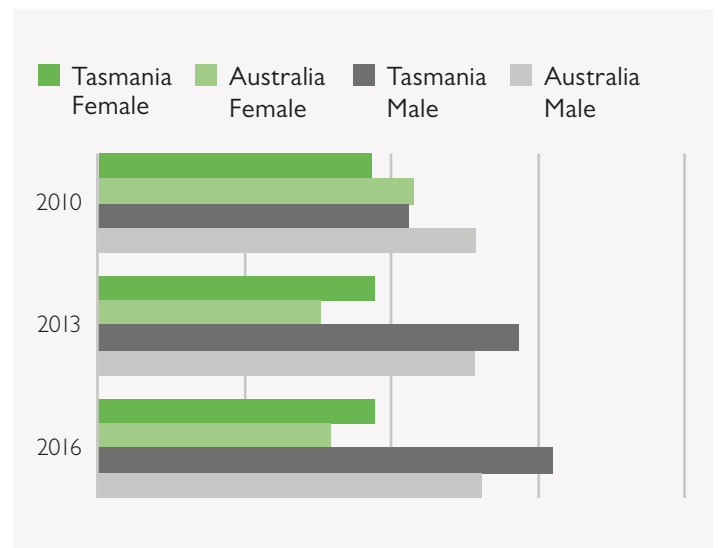
Use of illegal drugs generally has increased in Tasmania among both males and females aged 14 years and older since 2010. According to the 2010 National Drug Strategy Household Survey, 10.4 per cent of females aged 14 years and over used an illicit drug in the previous year.²⁶ In 2016, that number rose 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 5. Lifetime Risk of Harm from Alcohol Consumption, Tasmania and National Average, 2016



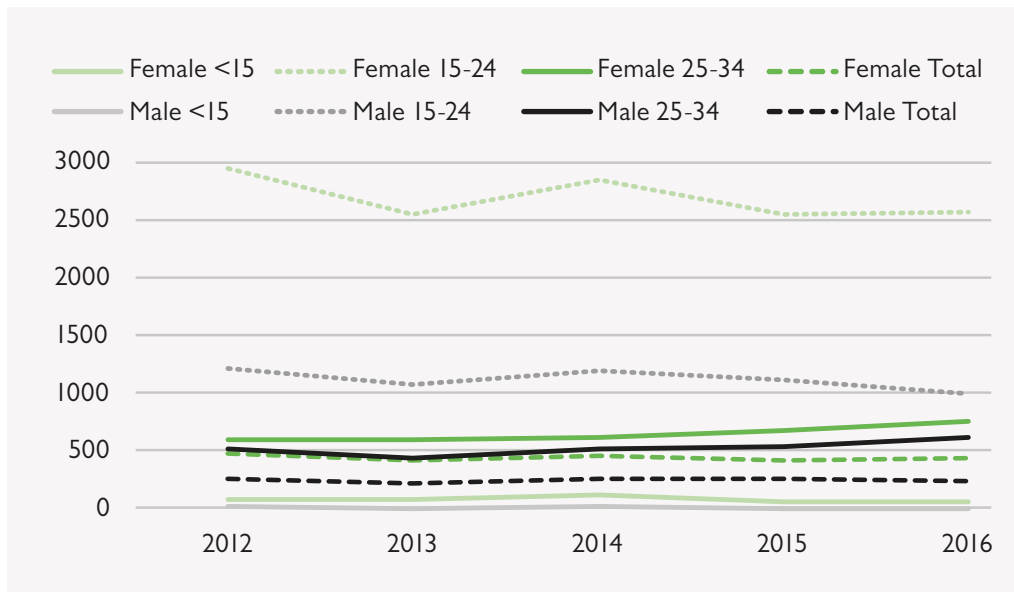
Source: Australian Institute of Health and Welfare, 2017, National Drug Strategy Household Survey 2016: Detailed Findings - Data Tables: Chapter 7 State and Territory, Table 7.9 Lifetime Risk status, People aged 14 years or older, by sex and state and territory, 2016 (age standardised), AIHW, Canberra

Figure 6. Proportion of people who used cannabis in the last year, Tasmania and national average, 2010-2016



Source: 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 state/territory, 2010 to 2016 (per cent), AIHW, Canberra.

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.²⁷ 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.²⁸

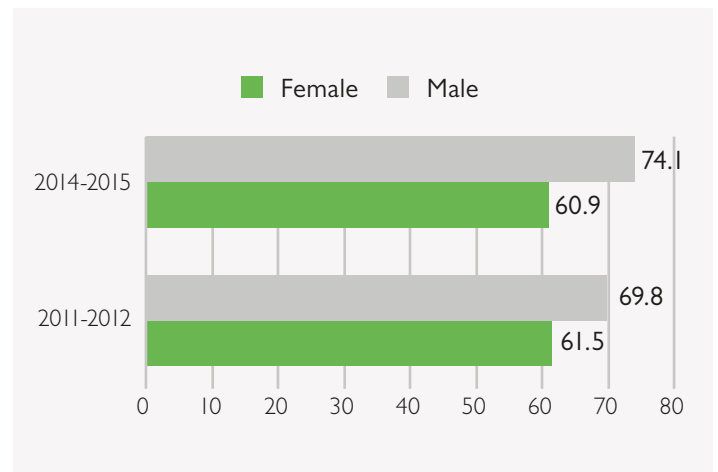
Females aged 15-24 years have the highest rates of chlamydia and the difference between females and males is the greatest in this age group. After 45-54 years, men were more likely to present with a notifiable case of chlamydia than females.²⁹

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.³⁰ These were similar to 2011-12 rates.³¹

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.³²

Figure 8. Percentage of Tasmanians with Overweight or Obesity Body Mass Index Classification



Source: Australian Bureau of Statistics, 2012, Catalogue 4364.0, Australian Health Survey: First Results, 2011-12 - Tasmania, Table 6.3 Body Mass Index, Proportion of Persons. ABS, Canberra; Australian Bureau of Statistics, 2016, Catalogue 4364.0 Table 8.3 Body Mass Index and Waist circumference indicator, Proportion of Persons, ABS, Canberra.



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.³³ 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*
- Tasmanian Women and Girls Fact Sheets on: Financial Security, Health and Wellbeing, Safety and Justice, Leadership and Participation and Demographics are available at www.women.tas.gov.au.

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- ¹ Our Watch, 2017, Understanding Violence: Facts and Figures, <https://www.ourwatch.org.au/Understanding-Violence/Facts-and-figures> viewed 19 December 2017
- 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.
- ³ Australian Bureau of Statistics, 2016, Catalogue 4364.0 Australian Health Survey: First Results, 2014-15 – Tasmania, Table 8.3 Body Mass Index and Waist circumference indicator, Proportion of Persons, ABS, Canberra.
- ⁴ Department of Health and Human Services, Report on the Tasmanian Population Health Survey 2016, p.18.
- ⁵ Australian Institute of Health and Welfare, 2018, Child and Maternal Health in 2010-2015, Datasheet Tab, AIHW, Canberra.
- ⁶ Australian Bureau of Statistics, 2017, Catalogue 3303.0, Causes of Death, Tasmania, 2016, Table 7.1 Underlying cause of death, All causes, Tasmania, 2016, ABS, Canberra.
- ⁷ Australian Sports Commission 2017, *Ausplay Focus: Women and Girls Participation*, ASC, Canberra
- ⁸ Australian Bureau of Statistics, 2007, General Social Survey, Tasmania, 2006 Cat no: 4159.6.55.001 Table 3 & Table 4, ABS Canberra
- ⁹ Tasmanian Department of Health and Human Services, 2017, *Report on the Tasmanian Population Health Survey 2016*, p3.
- ¹⁰ Tasmanian Department of Health and Human Services, unpublished data, 2018.
- ¹¹ Department of Health and Human Services, Report on the Tasmanian Population Health Survey 2016, p.18.
- ¹² Australian Bureau of Statistics, 2018, 2016 Census – Employment, Income and Education, ASSNP Core Activity Need for Assistance, Findings based on Census TableBuilder Data.
- ¹³ Australian Bureau of Statistics, 2011 Census of Population and Housing, Basic Community Profile (Tasmania). Cat no: 2001.6. Table B18, ABS, Canberra
- ¹⁴ Australian Bureau of Statistics, 2018, 2016 Census – Employment, Income and Education, ASSNP Core Activity Need for Assistance, Findings based on Census TableBuilder Data.
- 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.
- ¹⁶ Australian Bureau of Statistics, 2017, Catalogue 3303.0, Causes of Death, Tasmania, 2016, Table 7.1 Underlying cause of death, All causes, Tasmania, 2016, ABS, Canberra.
- ¹⁷ Australian Bureau of Statistics, 'Australia's Leading Causes of Death,' <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Australia's%20leading%20causes%20of%20death,%202016~3> (accessed 18 April 2018) ABS, Canberra.
- ¹⁸ Australian Bureau of Statistics, 2015, Causes of Death, Australia, 2013, Cat no: 3303.0. Table 7.1, ABS, Canberra
- ¹⁹ Department of Health and Human Services, 2017, *Report on the Tasmanian Population Health Survey 2016*, p14-16.
- ²⁰ Department of Health and Human Services, 2015 Information Sheet: Smoking and Pregnancy in Tasmania, 2013
- ²¹ NHMRC, Australian Guidelines to Reduce Health Risks from Drinking Alcohol <https://www.nhmrc.gov.au/health-topics/alcohol-guidelines>
- 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.
- ²⁶ Australian Institute of Health and Welfare, 2011, 2010 National Drug Strategy Household Report AIHW, Canberra.
- ²⁷ Department of Health and Human Services 'Chlamydia', http://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/chlamydia.
- 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.
- ³⁰ Australian Bureau of Statistics, 2016, Catalogue 4364.0 Australian Health Survey: First Results, 2014-15 – Tasmania, Table 8.3 Body Mass Index and Waist circumference indicator, Proportion of Persons, ABS, Canberra.
- ³¹ Australian Bureau of Statistics, 2012, Catalogue 4364.0 Australian Health Survey: First Results, 2011-12 – Tasmania, Table 6.3 Body Mass Index, Proportion of Persons, ABS, Canberra.
- ³² Australian Bureau of Statistics, 2012, Catalogue 4364.0 Australian Health Survey: First Results, 2011-12 - Tasmania, Table 6.3 Body Mass Index, Proportion of Persons; Australian Bureau of Statistics, 2016, Catalogue 4364.0 Australian Health Survey: First Results, 2014-15 - Tasmania, Table 16.3 Children's Body Mass Index, Proportion of Persons,; Australian Bureau of Statistics, 2016, Catalogue 4364.0 Australian Health Survey: First Results, 2014-15, Tasmania, Table 8.3 Body Mass Index and Waist circumference indicator, Proportion of Persons, ABS, Canberra.
- ³³ Australian Sports Commission 2017, *Ausplay Focus: Women and Girls Participation*, ASC, Canberra