



# HANDBOOK 2005

# women's Health







## Women's Health demographic and health status information

We are challenged often with the question 'Why women's health?' and the accompanying inference that women have achieved equality. This document gives the evidence – stark and disheartening - that this is not so.

Unfortunately, the lived experience of women in the Goulburn Valley and north-east Victoria, like all Australian women, is that inequity prevails.

This handbook is a resource for the ongoing improvement of planning, delivering and evaluating health services to women in Hume region.

The statistics tell a thousand stories of inequity.

Can we construct a future with a different set of graphs and tables which show that women prevail with equality?





**Women's Health Goulburn North East (WHGNE)** was established in July 2000. Previously known as NEWomen, Women's Health Goulburn North East is the government funded, specialist women's health service for the Goulburn Valley and north-east Victoria.

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This report has been written by Debra Parkinson, Kerry Burns and Claire Zara. It is based on information provided by a broad range of regional services, the Department of Human Services and Victorian peak bodies, and on key data sources including Australian Bureau of Statistics, Australian Institute of Health and Welfare and Burden of Disease data. Our sincere thanks to all.

A purposive survey was conducted in 2003 to gather the views of 100 women with knowledge and/or expertise in women's health in their local region. 200 questionnaires were sent out, replicating the survey three years earlier. The first 100 returned were analysed, and represent all parts of the region – from provincial centres to small towns to remote areas. Selections from this survey are included here. We greatly appreciate the time and thoughts of those who responded with such a wealth of information.

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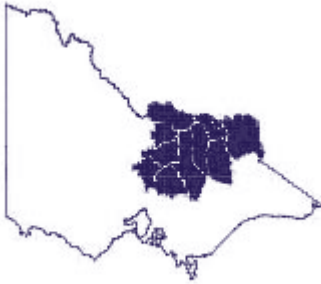




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# Hume Region





## Introduction

Too many woman continue to live in poverty and struggle to participate in the public domain where decisions are made that affect our daily lives. Violence is the expression of inequality between men and women and an action that continues to degrade our health and wellbeing. Achievements for women in policy and social environments have not seen a reduction in violence.

What happens in our lives is not only the result of our personal decisions and choices. We are shaped by a society that ascribes roles to an identity we call woman, and as women we are variously conscious or unconscious of this construction of gender by society and our own participation in it.

The first section of this handbook focuses on provision of data to help inform your work. The second section is a discussion of the challenges that face us, together with evidence from local sources and research. Throughout, reference is made to Hume region which is the Goulburn Valley and north-east of Victoria (Map on previous page).

With women in our region, we continue to work towards the social changes which will bring women economic equality, freedom from violence and real choice about preferred ways of being.





## Have you considered?

In 2002 73% of all Australian parliamentarians were men (Sawer, National Labor Women's Conference 2002); 78% of people earning more than \$1500 a week are men (ABS, 2001); and 90% of Supreme Court judges are men (OWP, *Valuing Victoria's Women*, p. 4).

In this country, one in three women are survivors of childhood sexual abuse (CASA House); one in four women experiences domestic violence in their home (ABS, 1996); only 19% of women report physical assault (ABS 1996) and 15% report sexual assault (*The Age Agenda*, p. 4, 30.5.2004); 18% of rapes reported proceed to prosecution and of these, the conviction rate in 1999 was 24% (*The Age*, op cit).

In 2001, there were 1,485 people homeless in our region. Hume region has the highest homeless rate in Victoria – 61 per 10,000 compared to the total Victorian rate of 44 per 10,000 (Chamberlain, C. & MacKenzie, D. (2004) *Counting the Homeless 2001*. Hawthorn: Swinburne University and RMIT University. p. 78).

Aboriginal and Torres Strait Islanders comprise 1% of the Hume region population compared to 0.5% for Victoria. The life expectancy of Aboriginal women in Victoria is 64 – some 17 years earlier than for other Victorian women (Source: Public Health Branch, DHS 1997-2001).

Retention of students to Year 12 in the Goulburn North East region in 2001 was the lowest in the State of all non-metropolitan regions (DHS Hume Region, *Alcohol and Other Drugs Strategic Plan 2003-2006*).





## Facts about the Hume Region

- ▶ Estimated resident population 1991      231,412
- ▶ Estimated resident population 1996      237,062
- ▶ Estimated resident population 2001      245,787
- ▶ The 2001 population figure is 5.3 per cent of Victoria's population
- ▶ Estimated population growth is 1.2%, equal to Victoria's, and higher than the expected 1% for regional Victoria (ABS ERP, 2001). (See Table 2 for female population current and projected.)
- ▶ Mitchell Shire is expected to grow at a rate of 2.7% per annum until 2006 and Wodonga Rural City's population is expected to increase at a rate of 2% p.a. until 2006 – more than double the rate of Victoria (Dept. Sustainability and Environment, Victoria in Future 2004 Summary, <http://www.dse.vic.gov.au>).
- ▶ 40,427 square kilometres – 18% of Victoria in area.
- ▶ In 1996, population density was 5.86 compared to 19.1 for Victoria.
- ▶ ABS suggests 3,169 of Hume region population is Aboriginal or Torres Strait Islander (TSI), most in Shepparton, Wodonga and Mitchell Shire. This is 1% of the population compared to 0.5% for Victoria (See Table 1). However, accurate figures on numbers of Indigenous people are not available. Local estimates place the Indigenous population of Greater Shepparton City Council at between 4,000 and 6,000 instead of the official 1,456 (VGDHS, Hume Region Aboriginal Services Plan, 2003-5).





- ▶ 85% of the region's female population were born in Australia. 2% were born in England, and 1% each were born in Italy, Germany and New Zealand (ABS Census, 2001).
- ▶ While 90% of the Hume region population speak English in the home, 0.8% do not speak English well (See Table 1) More than 29 other languages are spoken in homes within Hume region (ABS Census, 2001).
- ▶ The unemployment rate is 6.8% (See Table 1).
- ▶ Hume has a 'remoteness score' (ARIA) of 1.7, compared to 1.2 for Victoria as a whole. Within Hume, the Local Government Area (LGA) of Alpine scores 2.7, Towong scores 2.2 and (the former) Delatite scores 2. The lowest is Wodonga at 1 (See Table 1).

**Table 1 : Selected Hume region facts**

	Indigenous Pop* %	Spoke English not well/at all* %	Unemployment (2000) Rate** %	ARIA**** (Remoteness Score) %
Hume	1	0.8	6.8	1.7
Rural	0.9	0.7	7.6	2.0
Vic	0.5	4.2	6.6	1.2

\* 1996 Census of Population and Housing, ABS (Indigenous population, English proficiency)

\*\* Department of Employment, Workplace Relations and Small Business, 2000

\*\*\* ARIA measures remoteness by determining the distance required to travel to centres of various sizes. The population size of centres is used as a proxy for service availability, and the road distance between centres as indicator of access to service. A higher value of ARIA indicates higher remoteness. Data for ARIA based on Occasional paper series No. 6, Commonwealth Department of Health & Aged Care, 1999





## Female Population

Current female population is shown in Table 2 along with projected figures.

Age breakdown figures, in Table 3, show that 15% of the female population in Hume region are aged 65 or over and 28% are under 20.

There are slightly higher proportions of girls under 14 in Hume than in Regional Victoria, Metro and in Victoria as a whole.

The main difference between Hume region and the metropolitan region is that young people often need to leave home to access further education and employment opportunities. While the female age group 20 to 29 is 11% of the total population for Hume region, it is 15% for the metropolitan region and 14% for Victoria.

**Table 2 : Current and Projected Female Population**

	Hume Region	Regional Vic	Victoria
2001	125 455	672 883	2 451 614
2006	128 019	677 640	2 505 576
2011	131 932	692 337	2 584 592
2016	136 189	708 053	2 656 890
2021	140 669	724 943	2 723 266

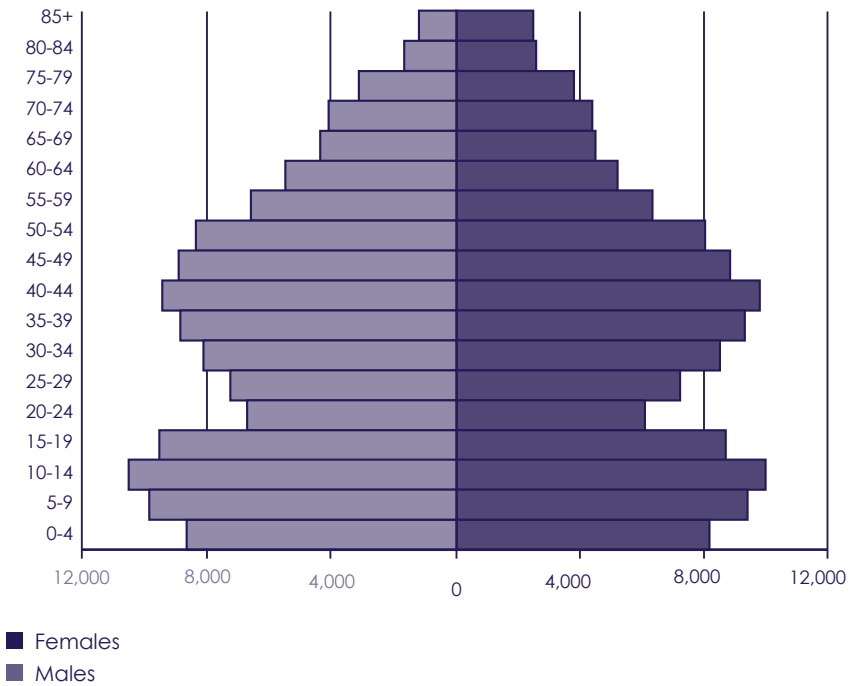
Source: Estimated Resident Population, ABS, 2001, Dept of Sustainability and Environment (from '96 census)





## Hume Region Population 2001 by Gender and Age Cohort

Age Cohort



Source: Hume Region Aboriginal Services Plan, 2004 (ABS Census 2001)





■ Table 3a : Female population % by age

Age	Hume %	Reg Vic %	Metro %	Vic %
0-4	7	6	6	6
5-9	7	7	6	7
10-14	8	7	6	7
15-19	7	7	7	7
20-24	5	5	7	7
25-29	6	6	8	7
30-34	7	7	8	8
35-39	7	7	8	8
40-44	8	8	8	8
45-49	7	7	7	7
50-54	7	7	7	7
55-59	5	5	5	5
60-64	5	5	4	4
65-69	4	4	4	4
70-74	4	4	3	4
75-79	3	4	3	3
80-84	2	2	2	2
85+	2	2	2	2
Total	100	100	100	100

Source: Estimated Resident Population, ABS, 2001 (percentages rounded)





■ Table 3b : Female population numbers by age

Age	Hume No.	Reg Vic No.	Metro No.	Vic No.
0-4	8 301	42 741	107 581	150 322
5-9	9 353	48 362	110 700	159 062
10-14	9 657	49 661	109 918	159 586
15-19	8 470	45 633	115 021	160 661
20-24	6 069	34 702	126 067	160 774
25-29	7 275	38 291	139 977	178 274
30-34	8 485	44 213	146 940	191 160
35-39	9 363	49 031	138 950	187 988
40-44	9 797	51 036	133 208	184 252
45-49	8 984	47 417	121 103	168 527
50-54	8 442	44 973	115 678	160 658
55-59	6 689	35 610	86 979	122 594
60-64	5 658	31 065	71 591	102 661
65-69	4 899	27 436	61 887	89 327
70-74	4 707	27 263	59 534	86 801
75-79	4 005	23 814	52 160	75 978
80-84	2 711	16 169	35 459	51 630
85+	2 572	14 871	33 426	48 299
<b>Total</b>	<b>125 437</b>	<b>672 288</b>	<b>1 766 179</b>	<b>2 438 553</b>





## Population Aboriginal and TSI population

- ▶ Aboriginal and Torres Strait Islander (TSI) population is 1% of Hume region compared to 0.5% for Victoria (See Table 1).
- ▶ 57% of the population is under the age of 25, compared to 39 per cent for the general population.
- ▶ Aboriginal and TSI mothers tend to give birth at a younger age. For example, 29 per cent of Aboriginal and Torres Strait Islander women in the 20-24 age category give birth compared with 12 per cent in the mainstream population.
- ▶ Babies born to Aboriginal and TSI mothers are, on average, of lower weight than babies born to non-Aboriginal and TSI mothers.
- ▶ The rate of perinatal mortality is significantly higher for babies of Aboriginal and TSI mothers.

Source: VGDHS, Hume Region Aboriginal Services Plan, 2003-5

■ **Table 4 : Estimated Aboriginal Female Population**

	Hume Region	Regional Vic	Victoria
2001	1 605	7 445	14 109

Source: ABS 2001

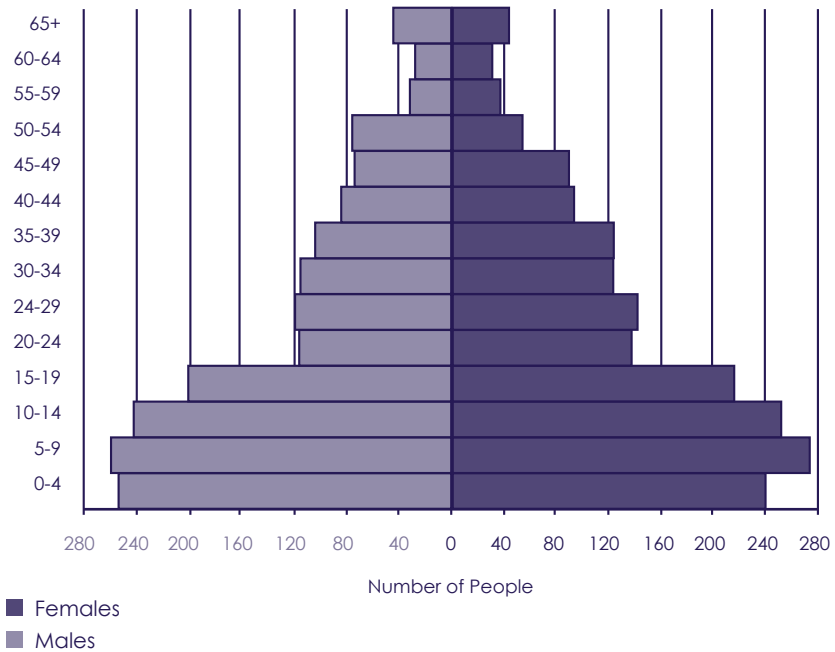
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## Hume Region Indigenous Population By Gender and Age Cohort

Age Cohort





# Life Expectancy

Life expectancy for Hume region is lower than for Victoria as a whole but equal to regional Victoria. WHGNE was unable to obtain data on life expectancy for Aboriginal women within our region, but we know that for Victoria it is 64 years - 17 years short of the state figure.

**Table 5 : Female life expectancy**

Hume Region	Reg Vic	Victoria	Vic Koori
80.8	80.9	81.2	64

Source: Public Health Branch, DHS 1997-2001

Table 6 shows that female life expectancy is below state average in every Hume region LGA. Every five years the ABS produces a disadvantage and wellbeing measure known as SEIFA (Socio Economic Index For Areas). The lower the SEIFA number, the higher the level of disadvantage. In Table 6, the shaded cells show that 7 of the (then) 11 LGAs in Hume region are below the Victorian SEIFA score, indicating greater levels of disadvantage.





■ **Table 6 : SEIFA and Female Life Expectancy in each LGA**

LGA	SEIFA	Female life expectancy
Alpine (S)	1042.00	80.6
Delatite (S)	1001.84	80.6
Greater Shepparton (C)	976.72	80.6
Indigo (S)	1027.36	80.9
Mitchell (S)	994.88	80.7
Moirā (S)	996.00	81.0
Murrindindi (S)	1016.16	80.7
Strathbogie (S)	991.20	81.0
Towong (S)	1031.68	80.9
Wangaratta (RC)	994.32	80.6
Wodonga (RC)	982.16	80.9
Victoria	1014.56	81.2

Source: ABS SEIFA – Griggs, D & Atkins, C. (2004) The Bulk Billing Crisis: A Victorian Perspective. Melbourne: VCOSS, p. 20. Female Life Expectancy - Public Health Branch, DHS 1997-2001



## Self assessed health status

■ **Table 7 : Self assessed health status**

Rating	Vic 2002 (rounded)	Vic 2000% %	Hume 2003 %	Hume 2000 %
Excellent	13.5	30.2	18.8	19
Very Good	35.7	43.5	59.4	55
Good	34.7	21.3	13.6	20
Fair	13.5	4.4	6.2	5
Poor	2.7	0.6	2.1	0
	100	100	100	100

Source: WHGNE Survey 2003/ VGDHS Victorian Pop Health Survey 2002 (pub 2003)





## morbidity + mortality

### The top 10 – morbidity + mortality

■ Table 8 : Top 10 reasons for hospital admission for Hume women

All major disease categories	No.	%
Pregnancy childbirth & the puerperium	4 287	12.60
Diseases & disorders of digestive system	3 485	10.24
Kidney & urinary tract	3 334	9.80
Circulatory system	2 486	7.31
Musculoskeletal system & connective tissue	2 469	7.26
Factors influencing health (e.g. poor nutrition)	2 113	6.21
Female reproductive system	1 957	5.75
Cancers including leukemia	1 902	5.59
Respiratory system	1 578	4.64
Skin subcutaneous tissue & breast (inc breast cancer)	1 513	4.45
<b>Total</b>	<b>34030</b>	<b>100.00</b>

Source: Episodes of Care provided for Hume Female Residents for the Year to date May 17, 2004.  
Victorian Admitted Episodes Data Set. (Thanks to DHS Hume region.)





■ **Table 9 : Top 10 causes of death for Hume women 2002**

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Ischaemic heart disease	178
Cerebrovascular accidents (stroke) or disease	114
Other heart diseases	97
Dementia and related disorders	55
Breast cancer	50
Colorectal cancer	48
Lung cancer	38
Diabetes	36
Chronic obstructive pulmonary disease	33
Pneumonia and Influenza	28

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Source: Australian Institute of Health and Welfare National Mortality Database for Goulburn and Ovens-Murray statistical divisions





## Income

Table 10 shows that many more women than men have negative or nil income, with the one exception of age-group 15-19 where most young people are still receiving education. Nil or negative income affects women mostly in the ages between 25 and 64 at more than double the rate it affects men.

Table 11, and the two graphs that accompany it, show that more women than men earn less than \$400 per week, and that more men than women earn higher than \$400 per week. The trends are stark.

1997 data from the Australian Institute of Family Studies' *Australian Divorce Transition Project* (n=650) showed that 35% of young women had incomes below the poverty line after divorce, and 55% of women who were aged 45+ at the time of divorce had incomes below the poverty line (Weston R and Smyth B. 2000. 'Financial living standards after divorce', *Family Matters*, no: 55: 10-15. Thanks to Women's Health Victoria.).

**Table 10 : Negative or nil individual income by sex and age**

Negative or Nil Income by age	Hume Females	Hume Males	Victorian Females	Victorian Males
15-19	2 314	2 727	43 608	50 048
20-24	215	143	9 016	10 043
25-34	625	279	19 565	8 497
35-44	759	305	20 927	6 927
45-54	1 178	410	24 206	7 249
55-64	786	348	16 448	6 309
65-74	127	101	3 344	2 208
75+	95	64	2 488	1 222
Total	6 099	4 377	139 602	92 503

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Source: Australian Bureau of Statistics 2001 Census Of Population And Housing





**Table 11 : Weekly individual income by sex (aged 15 years and over)**

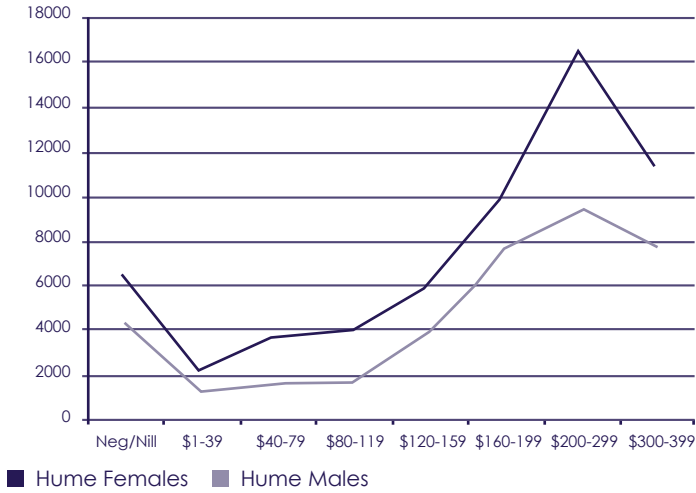
Income PW	Hume		Hume		Vic		Vic	
	Females	%	Males	%	Females	%	Males	%
Neg/ Nil	6 099	6	4 377	5	139 602	7	92 503	5
\$1 - \$39	1 986	2	1 230	1	37 153	2	19 302	1
\$40 - \$79	3 339	3	1 516	2	63 706	3	27 764	2
\$80 - \$119	3 679	4	1 691	2	72 526	4	35 062	2
\$120 - \$159	5 718	6	3 904	4	107 658	6	74 670	4
\$160 - \$199	9 754	10	7 639	8	185 969	10	140 795	8
\$200 - \$299	16 200	17	9 439	10	282 140	15	158 761	9
\$300 - \$399	11 084	12	7 742	8	186 808	10	121 565	7
\$400 - \$499	8 926	9	9 246	10	158 449	8	141 305	8
\$500 - \$599	6 767	7	9 520	10	132 109	7	153 186	9
\$600 - \$699	4 186	4	6 892	7	96 000	5	124 777	7
\$700 - \$799	3 121	3	5 822	6	75 462	4	111 164	6
\$800 - \$999	3 456	4	7 555	8	91 060	5	155 615	9
\$1000 - 1499	2 512	3	6 992	7	72 158	4	172 934	10
\$1500+	854	1	3 022	3	29 976	2	114 155	6
Not stated	7 825	8	6 989	7	158 366	8	135 684	8
Total	96 042	100	94 078	100	1 904 876	100	1 793 141	100

Source: Australian Bureau of Statistics 2001 Census Of Population And Housing





### Income from \$0 - \$399



### Income from \$400 to \$1500 or more





## Education

At tertiary level, more men tend to gain post graduate degrees and many more men attain Certificates than women. More women than men hold Diplomas, Advanced Diplomas, Bachelor degrees and Graduate Diplomas or Graduate Certificates.

The retention rate (students at school until Year 12) in 2001 was 70.9% in the Goulburn North East region\*. This is the lowest rate of all non-metropolitan regions, and is much lower than the average Victorian retention rate of 81.3%. (DHS Hume Region, Alcohol and Other Drugs Strategic Plan 2003-2006, p. 7, [www.dhs.vic.gov.au/regional/hume/adsp.pdf](http://www.dhs.vic.gov.au/regional/hume/adsp.pdf))

\*Region defined by Department of Education

**Table 12 : Education levels**

	Hume Females	Hume Males
Postgraduate Degree	538	873
Graduate Diploma and Grad Cert	1 687	938
Bachelor Degree	7 546	5 262
Advanced Diploma and Diploma	5 549	4 312
Certificate	8 506	22 989
Not applicable	59 581	49 572
Not stated	12 106	9597
<b>Total</b>	<b>95 513</b>	<b>93 543</b>

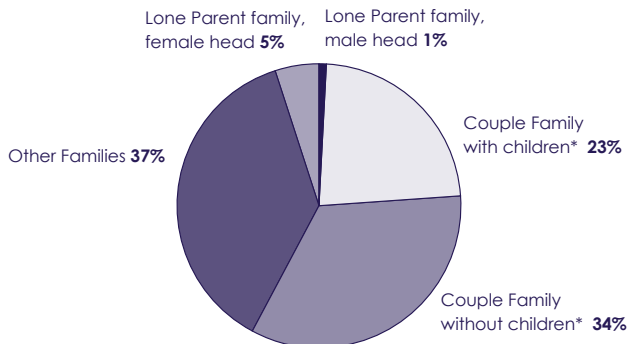




## Family Who's in a family ?

The perception of a 'typical family' - being one with a father, mother and children - is not supported by the facts! Table 13 shows the largest category is 'Other families' at well over a third of all family types. 'Other families' is defined as a family of other related individuals residing in the same household, such as brothers living together. The 'Couple with children' family rates only 22.6% of Hume region families – and this figure includes same-sex couples living in a defacto relationship.

- ▶ In Hume region, women bringing up children on their own comprise 87% of all sole parents (ABS Census 2001).
- ▶ The birth rate in 2001 is 1.73 babies per woman (ABS Year Book Australia 2004 (Thanks to WHV)).
- ▶ The number of childless women has surged in every age group, but especially those aged 25-29, 59 percent of whom have not given birth. This was 35 percent 20 years ago (ABS Year Book Australia 2004 (Thanks to WHV)).





■ Table 13 : Family type

	Hume Region No.	Hume Region %	Reg Vic No.	Reg Vic %	Vic No.	Vic %
Lone parent family, female head	5 031	5.3	26 887	5.3	85 318	4.7
Lone parent family, male head	740	0.8	3 877	0.8	11 866	0.6
Couple family with children*	21 566	22.6	111 263	21.7	402 669	22
Couple family without children*	34 405	33.9	174 574	34.1	615 213	33.7
Other families	35 843	37.5	195 468	38.2	711 389	38.9
Total	97 585	100	512 069	100	1 826 455	100

Source: 2001 Census

\* Couple family includes same-sex couples who state they are in a de facto relationship (ABS Census Dictionary)





## Housing

The rate of homelessness in the region is the highest in Victoria at 61 per 10,000 population (Chamberlain and MacKenzie, (2004) *Counting the Homeless* 2001 p. 78).

Public housing is concentrated in regional centres including Wodonga, Shepparton and Wangaratta.

People experiencing recurring homelessness or at risk of sustained homelessness in the Hume region had an average waiting time for priority housing allocation of 51 days in 1999/2000. This waiting period for priority housing is the second highest in Victoria (DHS Hume Region, *Alcohol and Other Drugs Strategic Plan 2003-2006*).





The following tables are drawn from the Burden of Disease data base, which can be accessed on the Internet at [www.health.vic.gov.au/healthstatus/bod](http://www.health.vic.gov.au/healthstatus/bod). This site provides straightforward access to Burden of Disease estimates for areas, diseases and age groups and includes a glossary of terms and methods used.

It states: 'For each of Victoria's 78 Local Government Areas (LGAs) estimates are available of numbers of cases, deaths, Years of Life Lost (YLL), Years Lived with Disability (YLD) and Disability-Adjusted Life Years (DALYs) with details for the 50 most common diseases and injuries, by nine age groups and for males and females separately. Summary health measures such as life expectancy and DALY rates are also presented to compare health status between LGAs'.

**Table 14 : Years of Life Lost (YLL) and Years of Life Lived with Disability (YLD) for various conditions**

	Males		Females	
	YLL	YLD	YLL	YLD
Attributable Burden				
Obesity	466	331	390	344
Physical Inactivity	755	237	858	333
Tobacco	1 768	542	767	304
Alcohol harm	594	488	264	221
High blood pressure	746	196	829	150
Occupation	340	112	64	87
Illicit drugs	118	145	27	87
Low fruit & veg intake	442	106	315	76
Unsafe sex	61	15	102	30
High blood cholesterol	401	79	232	29
Alcohol benefit	-352	-59	-334	-84

Source: Public Health Division, Burden of Disease, 1996 [www.health.vic.gov.au/healthstatus/bod](http://www.health.vic.gov.au/healthstatus/bod)





# Incidence of particular conditions

**Table 15 : Burden of Disease Incident Cases for Hume Region Females 1996 by Age**

	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Depression	20	267	749	631	671	414	354	180	2	3 288
Falls	31	72	19	23	21	35	37	91	236	565
Alcohol abuse	0	0	258	129	70	37	6	1	1	501
Osteoarthritis	0	0	0	4	23	49	89	131	84	380
Infertility	2	0	27	112	101	0	0	0	0	242
Breast cancer	1	0	0	2	18	37	36	38	30	161
RTA**	6	35	31	24	12	14	6	12	7	147
Social phobia	0	0	76	24	22	17	2	1	1	145
Suicide attempts	1	9	35	26	24	8	1	5	2	111
Bipolar disorder	0	0	25	7	0	0	0	0	0	32
Heroin dep'cy/ polydrug use	0	0	19	2	1	0	0	0	0	22
Violence/ homicide	0	1	3	8	3	3	2	0	0	20
Ovarian cancer	0	0	0	1	2	3	4	5	4	19
Schizophrenia	0	0	7	2	0	0	0	0	0	9

Source: Public Health Division, Burden of Disease, 1996 (<http://www.health.vic.gov.au/healthstatus/bood>)

\* Disability Adjusted Life Years \*\* Road Traffic Accidents

**Table 16 : Burden of Disease Prevalent Cases for Hume Region  
Females 1996 by Age**

	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Osteoarthritis	0	0	0	17	152	426	873	1 703	2 124	5 295
Osteoporosis	0	0	0	37	141	331	607	982	929	3 028
Depression	28	385	191	364	463	475	474	133	12	2 526
Alcohol abuse	0	0	805	665	480	237	42	14	17	2 260
Social phobia	0	0	469	439	567	392	115	8	18	2 009
Breast cancer	3	0	0	12	94	192	183	174	106	764
Infertility	0	0	83	346	273	0	0	0	0	703
Bipolar disorder	0	0	113	237	0	0	0	0	0	350
Schizophrenia	0	0	17	58	82	77	61	0	0	294
Heroin dep'cy/ polydrug use	0	0	113	98	41	0	0	0	0	252
Ovarian cancer	1	1	1	2	7	12	10	11	5	48

Source: Public Health Division, Burden of Disease, 1996 (<http://www.health.vic.gov.au/healthstatus/bood>)



## Prevalence of particular conditions



## Key Challenges

It is recommended that health can be improved with a focus on local burden of disease, gendered service delivery and hard to reach population groups (Rural and Regional Health Services Branch, *Rural Health Promotion* document from [www.dhs.vic.gov.au/rhacs/ruralbranch.htm](http://www.dhs.vic.gov.au/rhacs/ruralbranch.htm), 2.6.04). The Victorian Burden of Disease Study (1999) points to the differences in health status between metropolitan and rural populations and between men and women. This report and the Accessibility Remoteness Index of Australia data emphasise the links between poor health, poverty and proximity to regional centres (<http://www.health.gov.au/ari/aria.htm> - 6.8.2004).

The Hume region covers about a fifth of the state with four provincial centres and many clusters of small, remote populations. It encompasses three federal electorates, two of which have the lowest bulk billing rates in Australia – at less than half the national average.

Bulk billing was the biggest issue identified in the WHGNE 2003 Purposive Survey (n=100) with 80% of respondents citing this as a significant problem. Women of the Hume region are disadvantaged by this.

In 2002, Murray had the lowest rate of bulk billing in Australia, and in 2003, Indi had the lowest rate.





**Table 18 : Rates of bulk billing in the Goulburn Valley and north east Victoria**

Electorate	2002	2003
Indi	34.4%	29.8%
Murray	33.4%	31.5%
McEwen	66.7%	60.9%
Australian average	72.3%	67.7%

Source: Dept of Health and Ageing, Medicare Statistics HYPERLINK "<http://www.health.gov.au/haf/medstats/tablee1.xls>" <http://www.health.gov.au/haf/medstats/tablee1.xls> (5.8.04)

**Table 19 : Reduction in people attending GPs (Total GP services June quarter)**

Electorate	2000	2001	2002	2003
Indi	123 409	128 095	129 305	122 622
Murray	129 346	127 236	128 467	126 389
McEwen	162 123	166 351	177 039	165 162

Source: Griggs, D & Atkins, C. (2004) *The Bulk Billing Crisis: A Victorian Perspective*. Melbourne: VCOSS. p. 23.

Rural women of the Hume region will continue to experience a greater deficit in health than their city counterparts for as long as access to health care is compromised by geography, socio-economic status and the lack of bulk billing.





The following comments have been taken from the WHGNE 2003 survey of 100 Hume region women:

*Bulk billing is an enormous issue, as a large number of families I work with are unable to afford medical treatment and will neglect their own and their children's health because of the costs involved with seeing a doctor.*

*Some GPs will not allow subsequent appointments if the balance of prior accounts has not been met.*

*In my experience women do not always have an opportunity to build a relationship with their primary health provider (GP) that would enable appropriate referrals to support services, and an understanding of health choices and lifestyle issues.*

There are three major Divisions of General Practice in the Hume region. Although the areas they cover do not exactly cover the whole region, their figures give a picture for most of it.

There is a total of 94 practising female GPs, which represents just under a third of all Hume region GPs. However many female GPs work part time and some have closed their books to new patients. The regional breakdown is as follows:

■ Table 20 : Female GPs

	Female GPs	Total GPs
North East DGP	46	110
Goulburn Valley DGP	28	96
Border DGP	20	72
Total	94	278

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Source: Information provided by each GP division June 2004





women's health clinics

We do not have free weekly women's health clinics established across the region – even in major centres (Telephone and email scan, July 2004). Instead, services are offered intermittently, often quarterly, many have waiting periods of several weeks and services vary substantially with many offering just pap tests or breast checks. With low bulk billing rates and few female GPs, women's health clinics have the unrealised potential to respond to gaps in rural health care. 80% of WHGNE 2003 survey respondents (N=100) indicated that lack of access to services is problematic in their area. Barriers to health care and information include: lack of transport; financial hardship; lack of access to female GPs; geographic isolation; and few services, including counselling and women's health issues.

Aboriginal and TSI women

For Aboriginal and TSI women access to appropriate services in most of the region is exacerbated by discrimination. As health care professionals we need to be alert to the notion – and reality - of multiple disadvantage.

women with a disability

Life for women with a disability in Australia includes experiences of exclusion and powerlessness in which the definition 'disability' becomes all encompassing and other important aspects of being such as womanhood and sexuality are denied (Chenoweth 1997, Meekosha 1999, Hastings 1998, Swift 1998, Rappaport 1998, Atkins 1998).

Women with a disability are less likely to be employed than other women, than men with disabilities and the remaining population. Women with a disability generally earn less than their male counterparts, live in poverty at a higher rate than men with a disability, and are less likely to receive vocational programs. Furthermore, they are less likely to receive appropriate health services such as breast and cervical cancer screening programs, bone density testing, menopause and incontinence management.





They are more likely to be unlawfully sterilised than men with disabilities. 90% of women with intellectual disability have been sexually abused and 68% will be sexually abused before they are eighteen years old (Women with Disabilities Australia c. 2001 & Women's Health West c. 2001). (All references cited in WHGNE, *There's No Disability in Women's Hearts*, 2003.)

### mental health **Mental health in Australia is a critical issue:**

- ▶ almost one in five (18%) adults suffered a mental disorder of either anxiety, affective (mood) or substance misuse at some point in the previous 12 months
- ▶ the prevalence of mental disorders generally declined with age - young adults (18-24 years) had the highest prevalence of mental disorders (27%) declining to 6.1% of those aged 65 years or older
- ▶ men and women had similar overall prevalence rates of mental disorders, however, from age 35 years women were more likely to have a mental disorder than men
- ▶ women were more likely than men to have experienced anxiety disorders (12% compared to 7.1%) and affective (mood) disorders (7.4% compared to 4.2%)
- ▶ the prevalence of affective (mood) disorders was highest at 11% for women aged 18-24 years, more than three times the rate for men of this age
- ▶ the highest rate of anxiety disorders (16%) was observed among women aged 45-54 years

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Source: Australian Bureau of Statistics (Cat 4326.0) National Survey of Mental Health and Wellbeing 1997 cited in Healthwise Consulting, *Healthy Minds: West Hume Community Mental Health Plan* (2002).





How often have we seen a group of four women gathering a coffee, work in the community, or in the workplace?

We know that at least one experiences domestic violence in her home (ABS, 1996). Intimate partner violence is the top ranking cause of preventable disease and premature death among Victorian women aged 15-44. The burden is greater than high blood pressure, high cholesterol, obesity or illicit drug use (VicHealth, *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence*, 2004).

Women in the Goulburn Valley and north-east indicate that violence against women is of utmost concern. The World Health Organisation, the Australian and Victorian Governments, the Australian Public Health Association, the Australian Medical Association and Amnesty International agree.

Women in our region state that resources to help women in violent situations range from barely adequate to dangerously scarce (WHGNE, *A Powerful Journey*, 2003) and more than half of WHGNE 2003 survey respondents stated violence against women was not adequately addressed in their local area within Hume region.

Local figures state there were 1447 domestic violence reports to police in the 12 months to June 2004. But real estimates could be five times this number. Only 19% of women who had been physically assaulted in a 12 month period reported the incidence to police (ABS, 1996).

Local police estimate that children are present in about half of the family violence incidents reported. Nationally, 46% of women who experienced violence and had children in their care, stated their children had witnessed the violence (ABS, 1996).





**Table 21 : Number of domestic violence reports (DV) and intervention orders (IOs)**

Area	No. of DV Reports	IOs by Police
Wodonga	425	77
Wangaratta	246	26
Delatite/ Strathbogie	52	4
Mitchell/ Murrindindi	238	36
Shepparton	486	68
	1447	211

Source: Wangaratta Police June 2004

One in three women have survived childhood sexual assault. Most often, women are hurt by men they know (Victorian Centre Against Sexual Assault).

The nature of the crime determines how likely it will be reported. While 95% of victims of motor vehicle theft report the crime, only 20% of female victims report sexual assault (ABS Crime and Justice 2002). Women are embarrassed and ashamed by the assault to their being. (ABS Women's Safety Survey, 1996) The Victorian Law Reform Commission states that 'most sexual assaults are neither reported nor prosecuted.'

There is also some evidence to suggest that not all reports of sexual offences are actually recorded by police. This means that statistics of reported sexual offences grossly under-estimate the extent of the problem' (VLRC Sexual Offences: Interim Report, 2004, p. 59).

Nevertheless, 18,237 sexual assaults were recorded by police in Australia during 2003, a rate of 91.7 per 100,000 population, with women comprising 82% of victims (<http://www.aifs.gov.au/acssa/statistics.html>).





Hume region is served by Upper Murray Centre Against Sexual Assault, and Goulburn Valley Centre Against Sexual Assault. In 2003-04, 734 women sought help at CASAs, and 575 in 02-03, indicating that sexual assault is a significant problem in the Hume region. For some adults, the assaults were from childhood. The real prevalence of sexual assault is unknown. What we do know is that most women don't seek help from the legal and professional sectors.

**Table 22 : Number, age and gender of clients 2002-2003**

	Girls	Boys	Adol Girls*	Adol Boys*	Women 20 +	Men 20+	Total Fem	Total Male
GVCASA	81			35		242	272	86
UMCASA	5	8	42	10	256	44	303	62
<b>TOTAL</b>							<b>575</b>	<b>148</b>

Source: GVCASA and UMCASA – figures provided in different formats

\*Adol refers to Adolescent

The middle years bring demands from children and ageing parents, just as the need for stable adequate income is most pressing. Most carers are 35-64. Around 30% of the Hume region population is under 20 and 7% of these are pre-school children and babies. When combined with 16% aged over 65, there are a lot of people who potentially need care.

Much of this care is informal and most is provided by women in their role as mother, daughter, partner, neighbour and friend. While some men take on this role, it appears the expectation is simply that women will do this. Approximately 13% of Victorians are carers. National figures state 75% of carers are women (Cited in WHGNE, *Touching Women's Lives*, 2002).





Current policy trend is to encourage ageing in the home and therefore the demand for care from family will continue. Women do take on multiple roles to meet these multiple demands, and this often leads to stress and exhaustion. The reality is that there is little choice.

Over half of respondents cited ageing as not being adequately addressed in their local area. Retirement income determines lifestyle, health choices and outcomes. Where income is low, it leads to social isolation.

As women age, declining health and lack of transport compound the problem. Women find that services are hard to access either because of a long wait, ineligibility or fee for service. Even small fees can still be unaffordable for people on low income.

### **The following are further comments from the 2003 survey of 100 Hume region women:**

*I think [we] overlook the demands placed on women (e.g worker, mother, carer) and the role conflicts many suffer and the impact this has on health and the low priority women may place on their own well being due to these demands.*

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*[There are] decreased available services for aged and ill and therefore increased need for families to take over roles as primary carers regardless of their own individual needs.*

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*...Workplaces are less rather than more family friendly and more responsibility is given to the community to look after itself.*





*I drink too much, I live a stressful life with work and family commitments and feel unsupported within my community. To be fair this may be that I don't ask for help because I feel no one would understand.*

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*Access to services, choice and economic participation continue to be significant barriers in regard to health care for older women, who are experiencing ageing within a rural environment. Subsequently these women often feel marginalised within their communities.*

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*Many services (eg. Home help, aged care assessment) although in theory are available, in reality prove to be either unavailable or the wait for assessment is so long the assistance is no longer required.*

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*As an older woman (64yrs) and very active physically and mentally, my lack of income will gradually undermine the way I wish to live my life, which now is modest.*

