

Women



Women represented 50.7% of the total population of SESLHD. Of these women:

- 13% were aged between 15 and 25 years
- 31% between 25 and 45 years
- 24% between 45 and 65 years and
- 17% were aged over 65 years.¹

Over 39% of women in SESLHD were born overseas with 30% of women born in mainly non-English speaking countries. More women than men report using a language other than English at home, and speaking English either not well or not at all. The majority of women born overseas in mainly non-English speaking countries were from: China, Philippines, Indonesia, Nepal, Greece, India, Thailand and Brazil.¹

Aboriginal people represent 1% of the SESLHD population, with 49.5% being women. The largest number of Aboriginal women live in the Sutherland LGA followed by Randwick and Bayside LGAs.¹

Five percent (5%) of women in SESLHD require assistance with core activities. LGAs with the greatest number of women requiring assistance with core activities are Sutherland, Bayside and Georges River.¹

More women (10%) than men (7%) over the age of 15 years were providing unpaid assistance to a person with a disability.¹

Nine percent (9%) of women in SESLHD report having negative or nil incomes compared to 7% of men. Twenty six percent (26%) of women had a total personal income of less than \$499 per week compared to 19% of men.¹

Monash University's Women's Health and Wellbeing Scorecard 2020 indicates that women continue to experience poorer health outcomes compared to men in the domains of mental health, physical and social functioning and bodily pain.²

Aboriginal women have poorer health outcomes than non-Aboriginal women for a range of health conditions including diabetes, coronary heart disease, breast, cervical and ovarian cancer.³ Aboriginal women have significantly higher rates of smoking during pregnancy.⁴ Aboriginal women are also more likely to be hospitalised due to family violence than other Australian females and have a rate of hospitalisation due to intentional self-harm over three times higher than non-Aboriginal women.^{5,6}

Participation rates in cancer screening programs are lower for Aboriginal women, women living with a disability, lesbian and bisexual women and trans and gender diverse people.⁷

Women from culturally and linguistically diverse communities, particularly those from mainly non-English speaking countries, face challenges in accessing and engaging with health services due to differing cultural practices and beliefs, social isolation, experience of trauma, language barriers and poorer health literacy.⁵

Younger women are more likely to be hospitalised for intentional self-harm, experience high levels of psychological distress and experience more physical or sexual violence than women in any other age group.⁸

Women who live with a disability and lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+) women are also at increased risk of physical and sexual violence.⁹

Older women are at increased risk of falls, social isolation and homelessness.¹⁰

1. Australian Bureau of Statistics 2021, 'Population: Census.'
2. Australian Institute of Health and Welfare 2023, 'Health Status and Outcomes.'
3. Australian Institute of Health and Welfare 2023, 'Pregnancy and birth outcomes for Aboriginal and Torres Strait Islander women: 2016-2018.'
4. Australian Institute of Health and Welfare 2023, 'Family, domestic and sexual violence.'
5. Australian Institute of Health and Welfare 2023, 'Suicide and self-harm monitoring.'
6. Australian Institute of Health and Welfare 2023, 'Early Detection and early treatment.'
7. NSW Health 2019, 'NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023.'
8. Australian Human Rights Commission 2019, 'Older Women's Risk of Homelessness: Background Paper'
9. Australian Institute of Health and Welfare 2015, 'Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities.'