



Women

In SESLHD

At the time of the 2016 Census women represented 51% of the total population of the District.¹

Of these women,

- 13% were aged between 15 and 25 years,
- 33% between 25 and 45 years,
- 23% between 45 and 65 years, and
- 16% were aged over 65 years.¹



Population profile

SESLHD's population is highly culturally and linguistically diverse, with over 40% of the residents born overseas and 30% of residents born in non-English speaking countries.^{1,2} In 2016, the majority of women born overseas in non-English speaking countries were from China (8%) followed by the Philippines (1%), Indonesia (1%), Greece (1%), India (1%), Nepal (1%) and Thailand (1%).¹

LGAs with the highest number of women born in China were Georges River, Randwick and Sydney City.¹

More women (6%), than men (5%) reported being “not at all” or “not well” proficient in English.¹

Sixteen percent (16%) of women in SESLHD are aged over 65 years. The largest group of older women reside in the Sutherland area (29%) followed by Georges River (18%) and Randwick (15%). Thirteen percent (13%) of women in the District are aged between 15 and 25 years. The majority of these young women live in the Sutherland (22%), Randwick (20%) and Georges River (17%) areas however a significant number (14%) live in Sydney City.

Aboriginal people represent 1% of the District's population, with half (50%) of these being women.¹

Although there is a large Aboriginal community in the La Perouse (Botany Bay) area, the largest number of Aboriginal women live in the Sutherland LGA followed by the Randwick and Sydney City LGAs.

Issues and challenges

Women's health needs should be considered not just in the context of sexual and reproductive health but in the broader context of mental health, women's experience of violence, the impact of social determinants of health (income, access to education and employment) and gender differences in clinical presentation and response to treatment, as well as inequality in accessing services and in health outcomes.

Whilst women today are generally living longer and healthier lives than they ever have, some women, particularly those from disadvantaged and vulnerable populations, continue to experience health inequity. Women who experience inequities in accessing and benefiting from health services include:

- socially or economically disadvantaged women;
- Aboriginal women;
- women from culturally and linguistically diverse communities;
- women who are experiencing homelessness;
- older women;
- women who are carers;
- women who have a disability; and
- LGBTI women.

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Issues and challenges

Socially or economically disadvantaged women

Thirteen percent (13%) of women reported having negative or nil incomes compared to 10% of men.^{1,3} Forty one percent (41%) of women had a total personal income of less than \$499 per week compared to 30% of men.¹ LGAs with the highest numbers of women reporting nil income were Georges River (3%), Sutherland (3%) and Randwick (2%).¹

Aboriginal women

Aboriginal women continue to experience significant health and wellbeing disadvantage and have poorer health outcomes for a range of health conditions including diabetes, coronary heart disease and breast cancer. Aboriginal women experience higher levels of interpersonal violence⁴ than non-Aboriginal women and have a rate of hospitalisation due to intentional self-harm over three times higher than non-Aboriginal women. Aboriginal women have significantly higher rates of smoking during pregnancy³ and a lower participation rate in health (breast, cervical, bowel) screening programs.⁶ Life expectancy for Aboriginal women remains around 10 years less than for non-Aboriginal women.⁴

Women from culturally and linguistically diverse communities

Women from culturally and linguistically diverse communities include women who may be refugees, international students, young women from new and emerging communities, as well as ageing European post World War II immigrants. As such, these women will experience a wide range of health risks, issues and needs. Women from culturally and linguistically diverse communities, particularly those from non-English speaking countries face greater challenges in accessing and engaging with health services as a result of differing cultural practices and beliefs, social isolation, language barriers and poorer health literacy.⁷

Older women

Issues identified for older women include increased risk of falls, social isolation and the increasing number of older women experiencing homelessness. Dementia is one of the leading causes of female deaths.⁵

Younger women

Younger women are more likely to access specialist homelessness services, be hospitalised for intentional self-harm, experience high or very high levels of psychological distress and to experience physical or sexual violence than women in any other age group.⁴

Women who are carers

In 2016 twelve percent (12%) of women in SESLHD over the age of 15 years were providing unpaid assistance to a person with a disability, compared to 9% of men.¹ Women who are carers often report having poorer physical, mental and emotional health and well-being.⁸

1. Australian Bureau of Statistics, Census of Population and Housing 2016.
2. All Country of birth data excludes "not stated".
3. All income data excludes "not stated" or "not applicable".
4. NSW Government. It Stops Here - the NSW Government's Domestic and Family Framework for Reform. Sydney: NSW Government 2014.
5. Department of Family and Community Services: Health and Wellbeing, Women in NSW Report Series 2017, Sydney Department of Community Services
6. Australian Institute of Health and Welfare 2016. Australia's Health 2016. Australia's Health Series no.15. Cat. No. AUS 199. Canberra: AIHW.
7. South Eastern Sydney Local Health District 2014-2016 Implementation Plan for Healthy Culturally Linguistically Diverse Communities, SESLHD 2014.
8. Department of Health and Ageing. National Women's Health Policy 2010. Canberra: Commonwealth of Australia; 2010.