

Survey of Women's Health in the ACT

2023
Highlight Report



Between November 2022 and February 2023, Women’s Health Matters conducted an online survey.

People self-selected to participate.

In total, **1668** valid responses were collected, on topics including:

- health and health services
- mental health
- sexual and reproductive health
- pregnancy and parenting
- violence and safety

Who did the survey?



1668

eligible people completed the survey (women, femme-identifying people and people who align themselves with this group who were aged 18 + years and living in the ACT or region).

1.7%

Aboriginal and/or Torres Strait Islander people



Similar to the ABS 2021 Census figures for ACT women aged 18 and over

28%

The largest group - aged 35-44



Proportionally fewer women aged 18-24 and 55+ than in the census

83%

Born in Australia



Compared with 64% in the ABS census

14%

From a migrant background



2% identified as a temporary visa holder

96%

Spoke English as their main language at home



Compared with 70% in the ABS census.

23%

Had a disability



Similar to the ACT population of women

81%

Were employed



Compared with around 70% in the ABS census

51%

Reported at least one indicator of financial stress



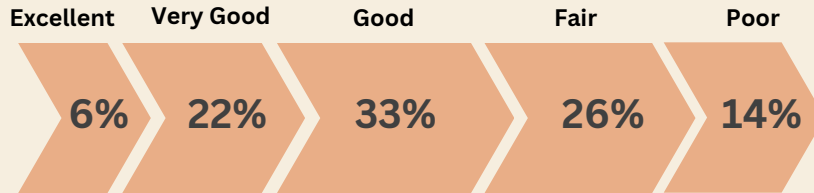
Higher levels of financial stress than other surveys of ACT women

79%

Identified as heterosexual

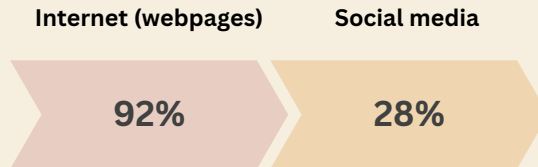
Self-rated health

Participants were asked to rate their health over the past four weeks. The results show that while the most common response was "Good," a significant proportion rated their health as only "Fair" or "Poor."

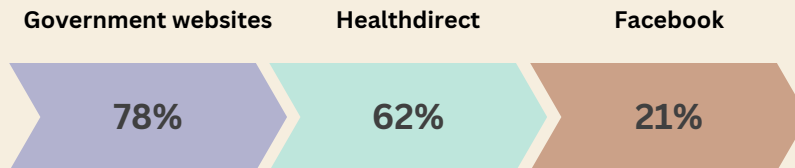


Health information

Almost all respondents (**93%**) get some of their health information from online sources

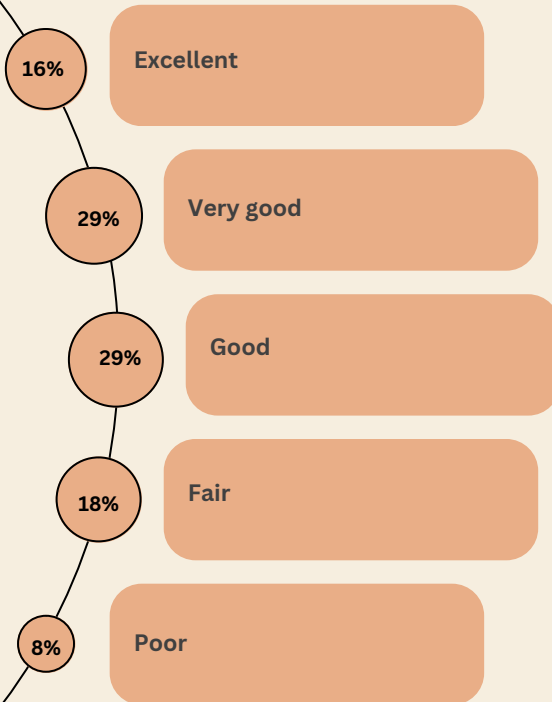


Most commonly used online sources



Access to GP

We asked respondents to rate their overall access to GP consultations. Over a third rated their access as "Excellent" or "Very good", while around a quarter rated their access as "Fair" or "Poor."



Main reasons for GP access being only fair or poor:

- difficulty getting an appointment
- too expensive

Quality of GP consultations

We asked respondents to rate their experience with different aspects of accessing a GP:

Highly rated



- Treated the person with dignity and respect
- Respected the person's culture, identity, beliefs and choices
- Technical skills of doctor
- How well the doctor listened

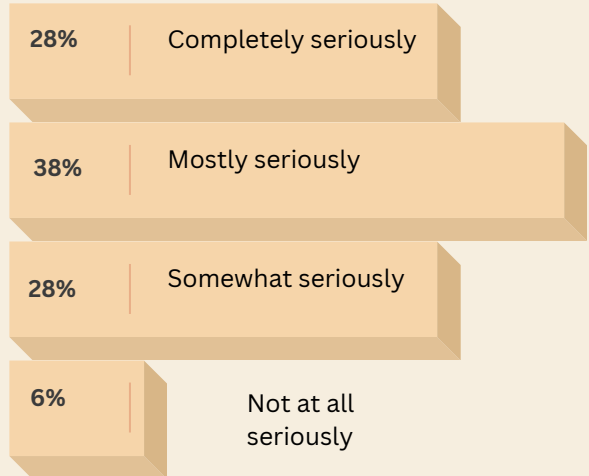
Rated most poorly



- Access to bulk billing
- Cost
- Access to preferred GP
- Wait time for appointments

Felt taken seriously by doctors

We asked respondents to rate how seriously they felt taken by doctors when explaining symptoms or health concerns:



Access to other kinds of healthcare

We asked respondents to rate their access to different kinds of medical care as "Excellent," "Very good," "Good," "Fair" or "Poor":

Kinds of medical care



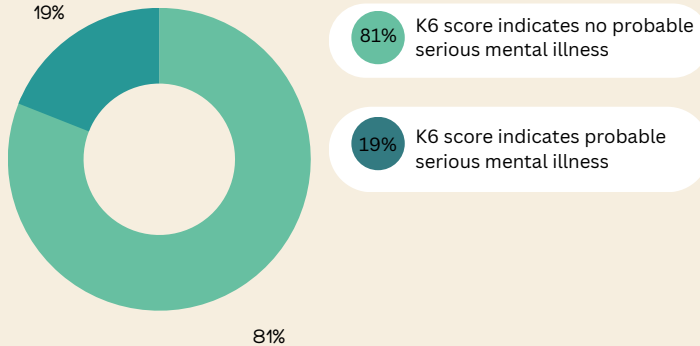
Rated most poorly for access



For every kind of care (except Telehealth) more people rated their access as "Fair/Poor" than rated it as "Very good/Excellent."

Mental health

Psychological distress (K6)



The K6 is a set of six questions about how often a person experienced different kinds of psychological distress. The results indicate whether the person is likely to have a serious mental illness.

Mental health conditions

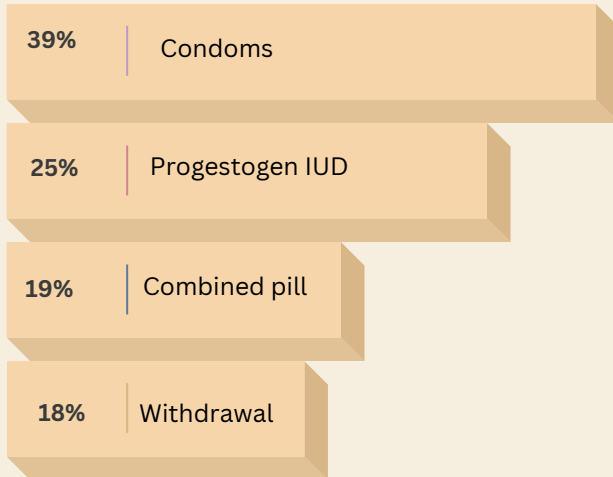
- Most respondents had been diagnosed or treated for a mental health condition at some point.
- Only around a third reported that they had never been diagnosed or treated for a mental health condition.
- Nearly half reported some kind of mental health condition in the last two years.

Most commonly reported conditions

Anxiety
Depression
Post traumatic stress disorder

Contraception

We asked people what forms of contraception they used. For the **714** people who had sex in the last six months that could result in pregnancy, the most common answers were:



39% of the group used some form of LARC (long acting reversible contraceptives) including progestogen IUDs, copper IUDs, injections, implants and vaginal rings. This is higher than other Australian studies.

Some people used contraceptives for reasons other than preventing pregnancy.

We asked respondents to rate how satisfied they were with their contraception method:

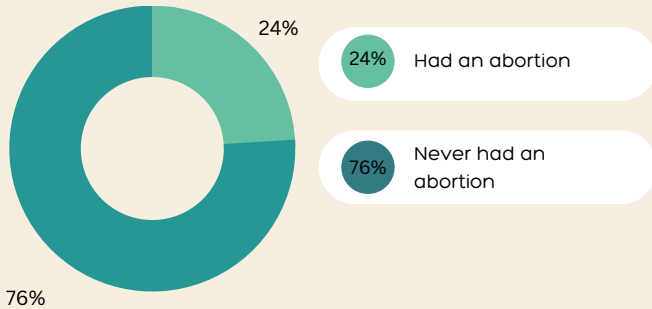


Main reasons people didn't change their contraceptive method:

- cost
- advice from doctor other methods are not suitable
- concerns about side effects, pain and discomfort

Abortion

We asked the 1109 respondents who had ever been pregnant whether they had ever had an abortion:



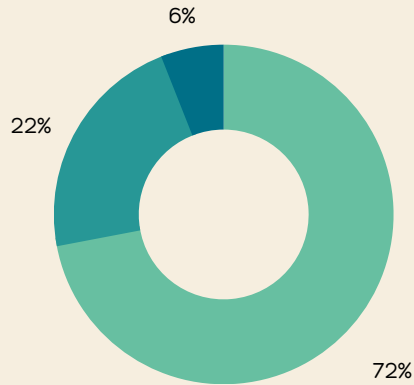
This is broadly consistent with other Australian datasets

We asked respondents how satisfied they were with accessing an abortion in the ACT:



Menopause

We asked people whether they had reached menopause:



72%

Have not reached menopause

22%

Have reached menopause

6%

Unsure

We asked respondents how satisfied they were with support services in relation to menopause:



8%

Extremely satisfied

15%

Very satisfied

36%

Quite satisfied

29%

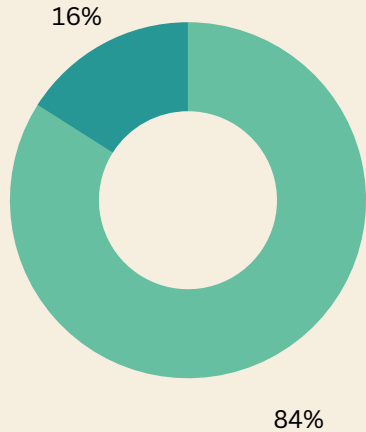
Dissatisfied

12%

Very dissatisfied

Endometriosis

We asked respondents if they had ever been diagnosed or treated for endometriosis:



84%

Never diagnosed or treated

16%

Ever diagnosed or treated

We asked respondents how satisfied they were with support services in relation to endometriosis:



7%

Extremely satisfied

11%

Very satisfied

31%

Quite satisfied

35%

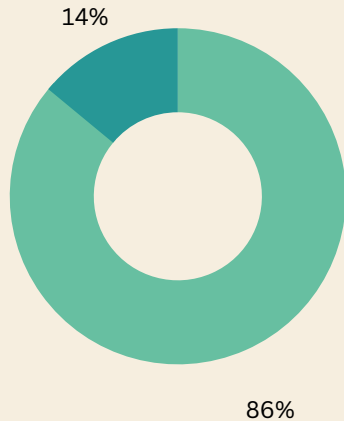
Dissatisfied

17%

Very dissatisfied

Polycystic ovary syndrome (PCOS)

Ever diagnosed or treated for PCOS



86%

Never diagnosed or treated

14%

Ever diagnosed or treated

We asked respondents how satisfied they were with PCOS healthcare:



3%

Extremely satisfied

9%

Very satisfied

35%

Quite satisfied

35%

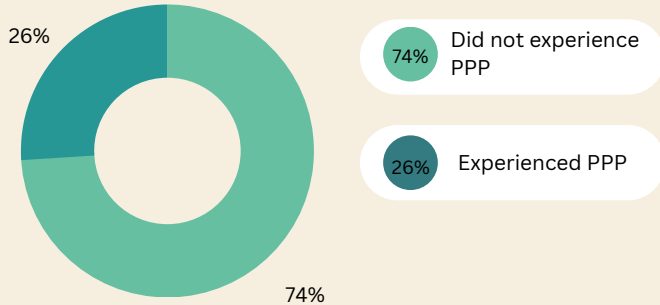
Dissatisfied

19%

Very dissatisfied

Persistent pelvic pain (PPP)

We asked respondents if they had experienced PPP in the last 12 months:



67% of people who had PPP had missed work or study due to the condition.

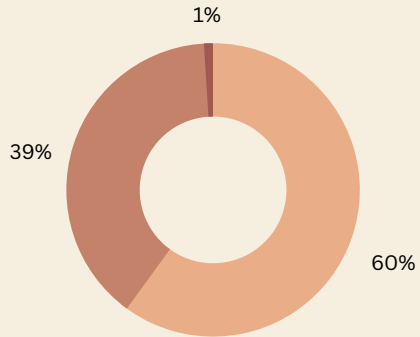
This represents **17%** of all people who did the survey.

We asked respondents how satisfied they were with health care for PPP:



Parenting

We asked people about their parenting status:

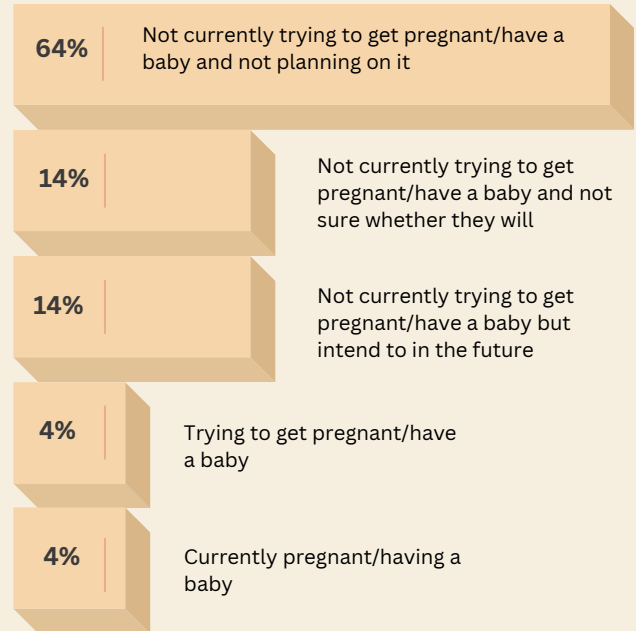


60% Have a biological child/children

39% Don't have children

1% Have a non-biological child/children

We asked people about their parenting intentions:



64% Not currently trying to get pregnant/have a baby and not planning on it

14% Not currently trying to get pregnant/have a baby and not sure whether they will

14% Not currently trying to get pregnant/have a baby but intend to in the future

4% Trying to get pregnant/have a baby

4% Currently pregnant/having a baby

Infertility

Around **26%** of respondents reported that they had experienced some kind of challenge with their fertility.

Most of these people reported a challenge with their own fertility.

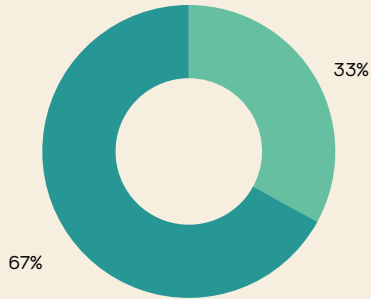
Smaller proportions reported problems arising from:

- their partner's fertility
- being single
- being in a same sex or gender diverse relationship
- other reasons

8% of respondents said their access to fertility treatment influenced their parenting intentions.

Pregnancies

Pregnancy



33% Never been pregnant

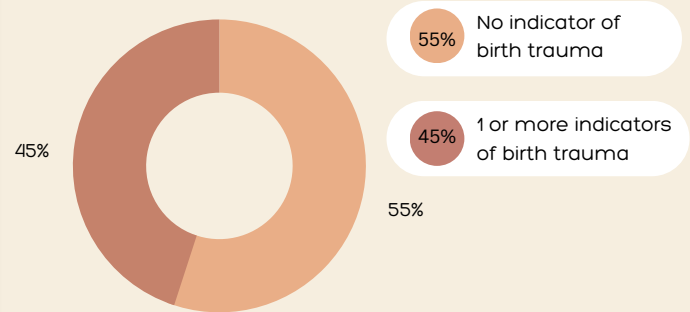
67% Have been pregnant one or more times

Of the 1109 people who had ever been pregnant:

33 people (3%) had experienced **stillbirth**

432 people (39%) had one or more **miscarriages**

Birth trauma



55% No indicator of birth trauma

45% 1 or more indicators of birth trauma

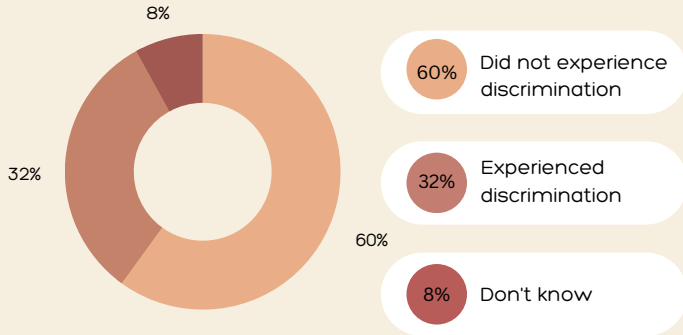
Among the 982 people who had given birth to a living baby, the most common indicators of birth trauma were:

- Emotional distress during delivery (24%)
- Caesarean section after labour started (22%)
- Labour lasting longer than 36 hours (14%)

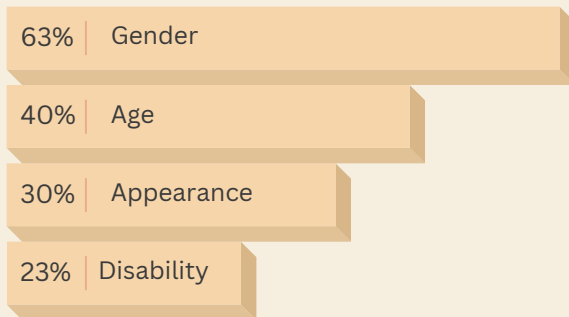
Note: we did not ask how long ago these experiences occurred, or whether they occurred with the same birth or different births.

Discrimination

We asked respondents if they had experienced discrimination in the last 12 months:

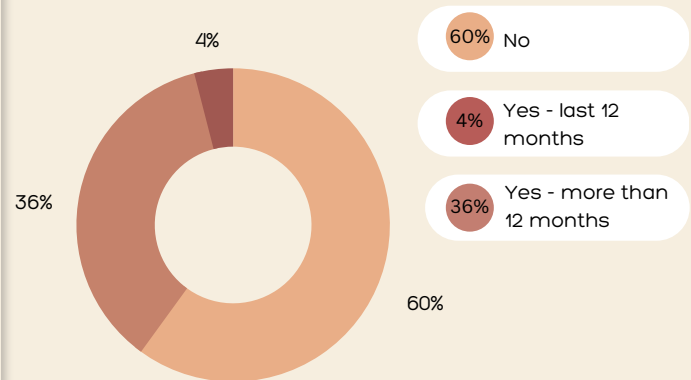


Factors most commonly reported for discrimination:



Workplace sexual harassment

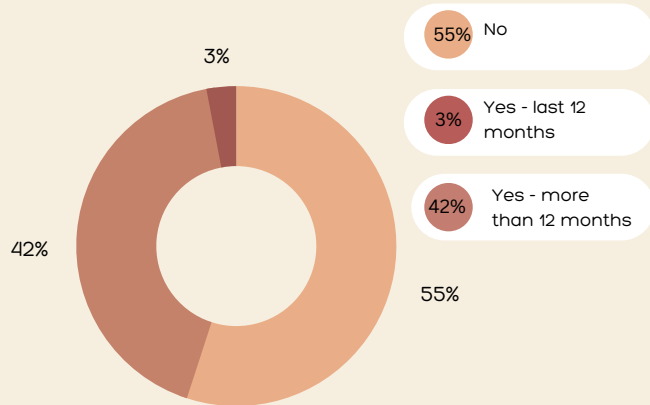
We asked respondents if they had ever experienced workplace sexual harassment:



4% of respondents had experienced workplace sexual harassment in the last 12 months.

Sexual violence

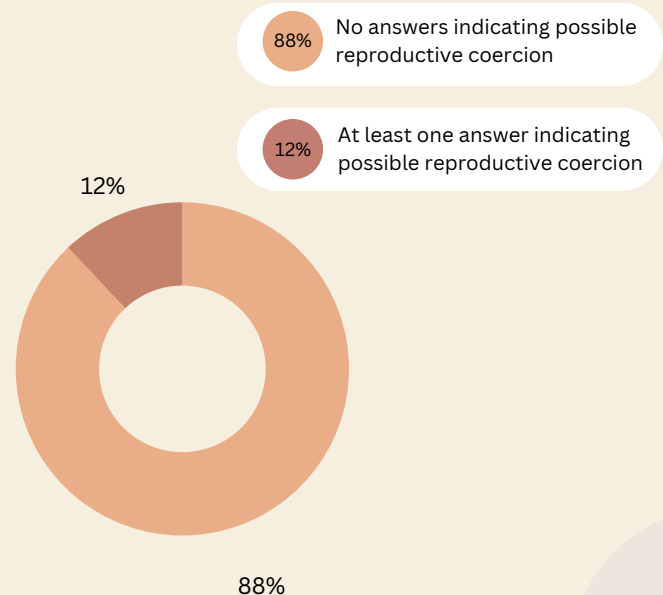
We asked respondents if they had ever experienced sexual violence:



3% of respondents had experienced sexual violence in the last 12 months

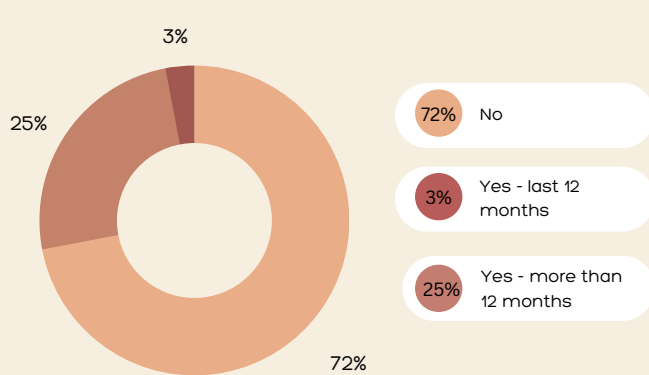
Reproductive coercion

We asked respondents about whether someone had tried to control their reproductive lives, using a list of six scenarios that could indicate reproductive coercion - such as someone hiding or interfering with contraception, or being coerced to continue or end a pregnancy:



Domestic violence

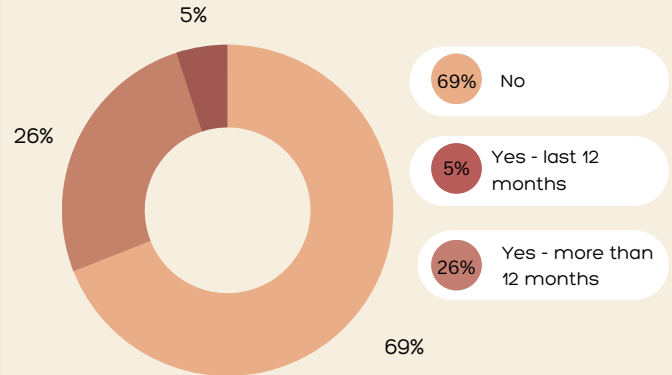
We asked respondents if they had ever experienced violence from a partner/spouse:



3% of respondents had experienced domestic violence in the last 12 months.

Family violence

We asked respondents if they had ever experienced violence from a family member other than a partner/spouse:



5% of respondents had experienced family violence in the last 12 months.

Notes

The survey results show there are many areas of women's health that need more attention and action.

Over the next period, Women's Health Matters will look more closely at the health needs and experiences of different groups of people in the survey. We will further analyse the data, share more findings, and use the survey to inform our work.

We wish to thank all the people who completed the survey, the people and organisations who helped us develop it and promote it, and the Snow Foundation and the ACT Health Directorate for providing funding.

Percentages in this summary exclude results from people who chose not to answer. All efforts have been made to ensure the accuracy of data presented in this summary. Any changes will be documented in future reports.



To view the full report, use the QR code or visit our website.

women's
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