



2025 HIGHLIGHTS

Survey of women's health in the ACT



women's health matters

the voice for women's health and wellbeing in the ACT

- Women's Health Matters
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Women's Health Matters advocates for gender responsive health and wellbeing services for all ACT women.

Our focus is on addressing barriers women face in trying to maintain and enhance their health and wellbeing, and improving the social and economic factors that can lead to better health outcomes

Between December 2024 and March 2025, Women's Health Matters conducted a survey about women's health and wellbeing, asking questions to gain insight into their experiences of mental health, sexual and reproductive health, pregnancy and birth, violence and safety, and accessing health services.

WHO DID THE SURVEY?

1319

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, were eligible to do the survey.

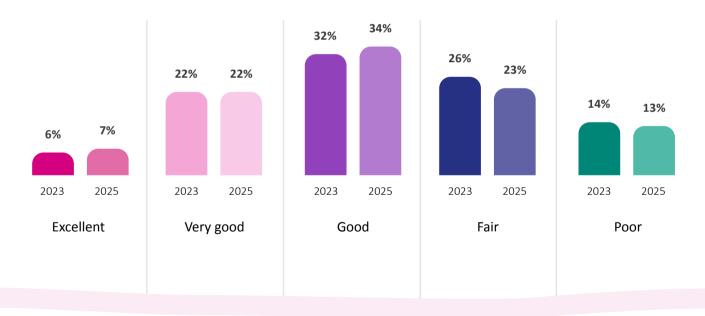
The survey sample was more representative than the previous survey in 2023, better reflecting the diversity of women living in the ACT.

- 1.9% of the survey respondents were Aboriginal and/or Torres Strait Islander people (similar to the ABS 2021 Census figures for ACT women aged 18 and over)
- People 25-34 years old were the largest group by age (23%), and the overall sample was similar in age profile to the Census figures for ACT women aged 18 and over

- 25% identified as having or living with a disability (similar to the ACT population of women)
- 71% were born in Australia (closer to the 64% in the Census than our 2023 survey, in which 83% were Australian-born)
- 28% identified as being from a migrant background, up from 14% in our 2023 survey
- **9%** were temporary visa holders, compared to 2% in our 2023 survey
- 87% spoke English as their main language at home (closer to the 70% reported by the Census than our 2023 survey, in which 96% spoke English as their main language at home)
- 18% were neurodivergent
- 21% were unpaid carers
- 70% identified as heterosexual
- 70% were employed (similar to the ABS census)
- 42% reported at least one indicator of financial stress

SELF-RATED HEALTH

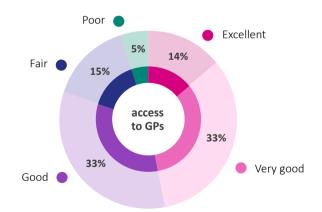
Participants were asked to rate their health over the past four weeks. More respondents rated their health as 'Fair' or 'Poor' (36%) than rated their health as 'Very good' or 'Excellent' (29%). These results are similar to the results of our 2023 survey.



ACCESSING GPs

of respondents had been to a GP in the last 12 months

When asked to rate their access to a GP, a large proportion of those who consulted a GP in the ACT responded positively. Overall responses were slightly more positive than in the 2023 survey.



20% rated their access to a GP as 'Fair' or 'Poor' in 2025, compared with 26% in 2023. In 2025 the main barriers faced were:

- Difficulty getting an appointment (86%)
- Expense (66%)
- Not enough time to consult a GP (20%)

For those who did not consult a GP in the last 12 months, the most common reasons given were:

- Not needed (**54%**)
- Too expensive (31%)
- Not enough time to consult a GP (21%)
- Do not like visiting the doctor (18%)

SATISFACTION WITH GP

WHETHER TAKEN SERIOUSLY

Respondents were asked to rate their level of satisfaction with different aspects of their most recent visit to a GP:

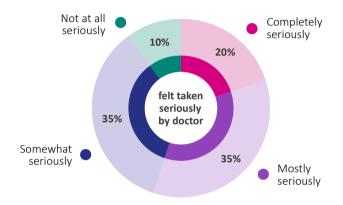
Highly rated:

- How well GP respected culture, identity, beliefs and choices
- GP's technical skills
- Accessibility of facilities

Most poorly rated:

- Length of time spent in waiting room
- Length of time to get an appointment
- Amount of time spent with GP

When asked if they felt they were taken seriously by doctors, responses were varied:



In 2025 **45%** of respondents said they were taken only "somewhat seriously" or "not at all seriously" compared with **35%** in our 2023 survey.

Almost **40%** said they only go to the doctor if there is no other option.

ACCESSING OTHER TYPES OF HEALTHCARE

Types of services used

After GPs, the next most widely used types of healthcare service were:

60% used pharmacists

60% used dentists

Almost a third of respondents reported using telehealth at least once in the previous 12 months.

Nearly a fifth of all respondents said they went without medical care or medication as a result of not having enough money.

Rated poorly for access:

- mental health services
- medical care after hours
- medical care at short notice
- specialists

Rated better for access:

- care in preferred language
- emergency care
- telehealth

MENTAL HEALTH

A wide range of services are provided on the assumption that patients have Medicare, but many temporary visa holders are not covered by Medicare.

- 6% of respondents did not have Medicare
- of those without Medicare were on a temporary visa and studying
- of those without Medicare
 did not have private health insurance

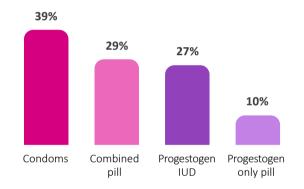
Both our 2023 and 2025 surveys found higher rates of mental health conditions than the 2021 ACT General Health Survey data. In 2025:

- Two thirds of all respondents indicated they had been treated for or diagnosed with a mental health condition at some time in their lives
- Around 45% of all respondents had been treated or diagnosed in the last two years
- 20% reported levels of psychological distress indicating a likely serious mental health condition (as measured by the Kessler Psychological Distress scale- K6)
- Depression and anxiety (including perinatal depression and anxiety) are the most widely reported mental health conditions, followed by Post-Traumatic Stress Disorder (PTSD)

CONTRACEPTION

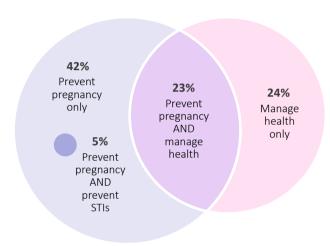
respondents (around 38%) said they had used contraception in the last 6 months

The forms most widely used were:



In 2025 a higher proportion of respondents reported using the combined pill (29%) compared with 2023 (19%). This could be because we had more young people in our sample in 2025.

The most common reasons for using contraception were:



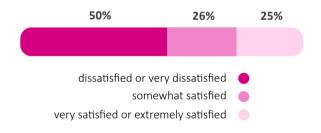
ENDOMETRIOSIS AND ADENOMYOSIS

POLYCYCSTIC OVARY SYNDROME (PCOS)

We asked respondents if they had ever been diagnosed with Endometriosis or Adenomyosis:

19% said yes (241 people)

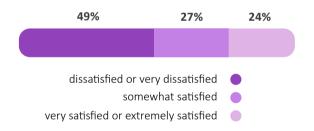
The **167** who had been diagnosed or treated for Endometriosis or Adenomyosis in the last 2 years were asked how satisfied they were with their treatment



We asked respondents if they had ever been diagnosed with, or treated for, PCOS:

14% said yes (**181** people)

For the **112** who had been diagnosed or treated in the last two years for PCOS, we asked about their satisfaction with the treatment they had received for the condition.



PERSISTENT PELVIC PAIN (PPP)

REPRODUCTIVE SURGERIES

We asked respondents whether they had experienced persistent pelvic pain in the last two years, using a different definition than in our last survey.

17% said yes (**227** people)

of these **had missed work/study** as a result in the last 12 months

of the **174** who had sought treatment were either 'Dissatisfied' or 'Very dissatisfied' with the treatment received

of the sample reported having one or more common reproductive surgeries

These surgeries included:

- Removal of the uterus (8%)
- Removal of one or both ovaries (6%)
- Removal of fallopian tubes (6%)

ABORTION

Access to abortion is improving in the ACT, with the ACT Government's commitment to provide medical and surgical abortion at no cost for women in the ACT.

Nearly **39%** said they would feel **very confident or confident** helping a family member or friend find abortion services.

However 27% said they would feel not very confident or not confident at all.

Our survey findings indicated that attitudes and beliefs about abortion were positive overall.

" Most people in the ACT believe abortion should be legal & available

89% agree or strongly agree with this statement

Health professionals who provide abortion make a positive contribution to society "

87% agree or strongly agree

"I would expect abortion providers to be friendly & supportive"

95% agree or strongly agree

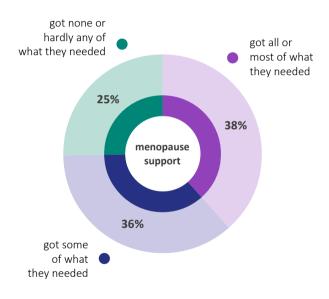
MENOPAUSE

We asked respondents whether they had been through menopause.

49% of all respondents (**643**) said they had gone through menopause, were in perimenopause or might be in perimenopause.

Of these 643, **51%** had sought support, information, or healthcare in relation to menopause/perimenopause over the last two years.

Did you get the information, support or healthcare you needed for menopause/perimenopause?

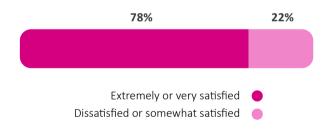


726

(55%) of survey respondents had been **pregnant at some point in their lives**

Of the 726 people who had been pregnant at some point, **37%** had experienced perinatal loss.

Among those who had given birth to living babies in the ACT in the last two years (67 births), satisfaction with their maternity care was mostly high:



55% of respondents who had ever given birth to a living baby reported having at least one traumatic birth experience.

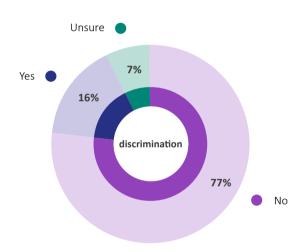
Of the **61** people who had given birth in the ACT in the last two years, **48%** had experienced at least one traumatic birth experience.

Forms of birth trauma listed were:

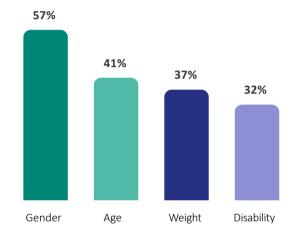
- caesarean after labour started
- labour longer than 36 hours
- emotional distress during labour
- and baby spending time in intensive care

DISCRIMINATION IN HEALTHCARE

We asked respondents if they had experienced discrimination in a healthcare setting in the last 12 months.



We asked which factors the discrimination related to (allowing respondents to select all that applied):

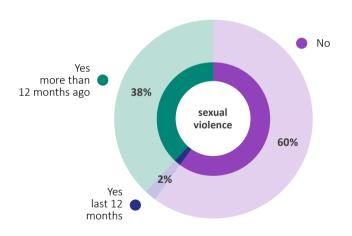


SAFETY AND VIOLENCE

Sexual violence

We asked respondents whether they had ever experienced sexual violence.

Of the **1076** people who chose to answer, **40%** told us they had experienced some form of sexual violence in their lives.



Reproductive coercion

Reproductive coercion is behaviour intended to limit another person's ability to make reproductive choices and have autonomy over the reproductive functions of their body.

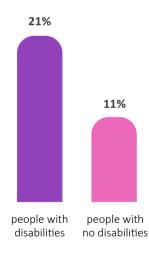
Of the **727** respondents who agreed to answer the questions about reproductive coercion, **9%** reported at least one experience in the last year that might indicate they had been subjected to reproductive coercion.

Violence from someone you rely on

In a new question, we asked respondents if they had ever experienced violence from someone they lived with or relied on but who was not a family member. This could be, for example, a support worker, housemate, or someone who works where the respondent lives.

12% of the **1106** people who answered this question had experienced this form of violence at some point.

A larger proportion of people with disabilities reported having experienced this form of violence, compared with people who do not have disabilities.



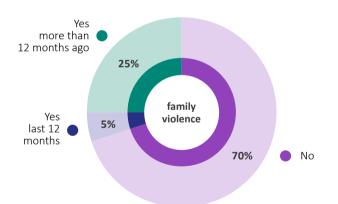
Family violence

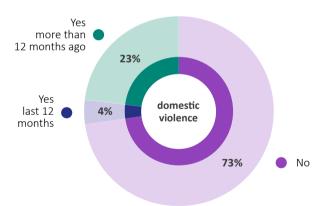
Domestic violence

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

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

Of the 1087 who chose to answer, 30% said they had experienced this form of violence. Of the 1091 who chose to answer, 27% said they had experienced this form of violence.





Institutional violence

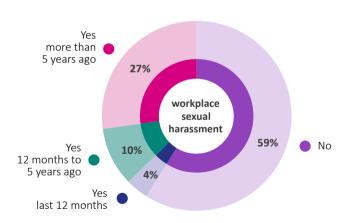
Workplace sexual harassment

Institutional violence is when a facility or organisation inflicts harm on a person or controls them in harmful ways. This can happen in different settings such as hospitals or clinics, prisons, schools, religious institutions, residential care, while in custody, group homes, or nursing homes.

Of the **1106** people who agreed to answer this question, **8%** said they had experienced institutional violence at some point in their lives.

We asked respondents whether they had ever experienced **workplace sexual harassment** and how recently.

Of the **1083** who chose to answer, **41%** said they had experienced this form of violence.



CONCLUSION

Women's Health Matters thanks everyone who completed the survey, the individuals and organisations who helped us develop and promote it, and the Snow Foundation and the ACT Health Directorate for supporting it with funding. We gratefully note that some questions were adapted from the Australian Longitudinal Study of Women's Health and others were developed with assistance from Women With Disabilities ACT.

We look forward to using the data to inform service and system improvements in the ACT and region, and continuing to build the local evidence base for women's health and wellbeing.

Note: Numbers in this report have been rounded, so some percentages might not sum to 100.

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







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