**GENDER EQUALITY – HOW QUEENSLAND IS FARING**

**Life expectancy**

In 2015-17, females had life expectancy of 84.4 years at birth, compared with 80.0 years for males.[[1]](#endnote-1)

Aboriginal and Torres Strait Islander females had life expectancy of 76.4 years at birth in 2015-17 – higher than that of 72.0 years for Indigenous males, but 8 years lower than for non-Indigenous females.[[2]](#endnote-2)

**General health status**

Most females considered themselves to be in ‘excellent’ or ‘very good’ health, with little difference between females (55.2%) and males (53.6%) in 2014.[[3]](#endnote-3)

Females (66.3%) were more likely than males (58.9%) to experience at least one personal stressor in the previous 12 months in 2014, with common stressors for both females and males being illness, death of a family member or friend and unable to get a job.[[4]](#endnote-4)

**Smoking and drinking**

Females 18 years and over were less likely to smoke daily (10.0%), compared with males (12.2%) in 2018.[[5]](#endnote-5)

Daily smoking rates were highest in the 45-64 years with male rates peaking at 45-54 years (15.8%) and females at 45–54 years (14.0%).[[6]](#endnote-6)

In 2018, females aged 18 years and over were less likely to drink alcohol at ‘Lifetime risky’[[7]](#endnote-7) levels (12%), compared with 33%for males.[[8]](#endnote-8)

Aboriginal and Torres Strait Islander mothers were considerably more likely to smoke at some time during pregnancy than non-Indigenous females (42.9% compared with 9.8% in 2016).[[9]](#endnote-9)

**Healthy weight and food**

Females aged 18 years and over were 36% more likely than males to be in the healthy weight range in 2018, based on self-reported data. [[10]](#endnote-10) The difference was mainly due to the higher prevalence of self-reported overweight for males (43% compared with 30%), while obesity was similar (24.5% compared with 23.9%).

Females aged 18 years and over were more likely than males to consume the recommended daily serves of fruit (55.3% compared with 48.8%) and vegetables (12.8% compared with 4.2%) in 2018.[[11]](#endnote-11)

**Cancer screening**

Females in the target age groups for cancer screening programs participated in cervical screening (at 53% of those aged 20–69 years in the two years 2015 to 2016) and breast screening (at 56% of those aged 50–74 years in the two years 2015 to 2016).[[12]](#endnote-12)

**Pregnancy and childbirth**

Of the total 61,841 births registered in 2016, 49.1% were female babies and 50.9% were male babies, resulting in a sex ratio at birth of 103.8 male births per 100 female births.[[13]](#endnote-13)

Females had an average of just under two children during their reproductive life at the fertility rate of 1.82 babies per female in 2016 – nationally 1.79.[[14]](#endnote-14)

Females had a median age for childbirth of 30.4 years in 2016, compared with 32.4 years for the median age of father.[[15]](#endnote-15)

The median age of Queensland’s first-time mother was 29.2 years in 2016.[[16]](#endnote-16)

Of the 61,876 mothers who gave birth in 2016[[17]](#endnote-17):

* about three-quarters were aged 20–34 years. A further 3.4% were teenage mothers and the remaining 20% were aged 35 years and over.
* 6.8% were Aboriginal and Torres Strait Islander mothers.

**Falls**

Females aged 65 years and older comprised the majority of fall-related hospitalisations (65.5% in 2015–16), and fall-related deaths (57.0% in 2015).[[18]](#endnote-18)

**Mental health and wellbeing**

20.1% of females reported having mental and behavioural health problems in the previous 12 months, which lasted or were expected to last at least six months or more, compared with 16.0% of males in 2014–15:[[19]](#endnote-19)

Anxiety related problems were the most commonly reported mental and behavioural conditions for all Queenslanders, but at a greater rate for females (14.0%) than for males (10.7%) in 2014–15.[[20]](#endnote-20)

Females (13.0%) were more likely to experience a high to very high level of psychological distress in the previous four weeks, compared with males (10.4%) in 2014–15.[[21]](#endnote-21)

* The 35–44 years age group showed the largest difference between females (15.5%) and males (9.0%) experiencing a high to very high level of psychological distress.

Deaths from suicide (intentional self-harm) were less likely to occur among females, compared with males.[[22]](#endnote-22) In 2016, of total 674 suicide deaths, 22.1% were female deaths.

* the highest proportion of suicide deaths of females occurred among those 15–24 years of age, while for males it was the 35–44 years of age.[[23]](#endnote-23)

**Physical activity**

Females aged 18 years and over (**56.6**) were less likely than males (**62.9%**) to be sufficiently active for health benefits[[24]](#endnote-24) in 2018.[[25]](#endnote-25)

Girls aged 5–17 years were less likely than boys of the same age to be active every day of the past week (36.4% compared with 44.7% in 2018) with the 16–17 years age group being least active for both girls (25.2%) and boys (27.7%).[[26]](#endnote-26)

Just over half of females (54.5%) and males (52.9%) participated in sport and physical recreation activities in the previous 12 months in 2013–14[[27]](#endnote-27), showing the lowest participation rate in Australia – nationally 59.4% for females and 61.0% for males.

**Diseases and causes of death**

The most common cause of death for both females and males was malignant neoplasms in 2016, followed by:[[28]](#endnote-28) [[29]](#endnote-29)

* Ischaemic heart diseases, cerebrovascular diseases, organic (including symptomatic, mental disorders), and other forms of heart disease for females.
* Ischaemic heart diseases, chronic lower respiratory diseases, cerebrovascular diseases, and other forms of heart disease for males.

Females were overrepresented in some cause of death categories, including female-specific causes:[[30]](#endnote-30) [[31]](#endnote-31)

* Malignant neoplasms of female genital organs (100.0%), malignant neoplasm of breast (98.9%), disorders of bone density and structure (77.8%), systemic sclerosis (75.0%), and bronchiectasis (73.0%).

For Aboriginal and Torres Strait Islander people, the most common cause of death was ischaemic heart diseases (comprising 10.4% of female deaths and 15.7% of male deaths in 2016), followed by diabetes for females and suicide for males.[[32]](#endnote-32)

1. Australian Bureau of Statistics, 2018, *Life tables, states, territories and Australia, 2015-2017*, ‘Table 1: Life tables, States, Territories and Australia - 2014-2016, Table 1.3 Life tables, Queensland, 2014-2016’, cat. no. 3302.0.55.001. [↑](#endnote-ref-1)
2. Australian Bureau of Statistics, 2018, *Life tables for Aboriginal and Torres Strait Islander Australians, 2015-2017*, ‘Table 1.4 Life Tables for Aboriginal and Torres Strait Islander Australians, Queensland, 2015-2017’, cat. no. 3302.0.55.003. [↑](#endnote-ref-2)
3. Australian Bureau of Statistics, 2015, *General social survey, summary results, Australia, 2014*, ‘Table 3.3 All persons, selected personal characteristics – by state and territory’, customised data. [↑](#endnote-ref-3)
4. *ibid*. [↑](#endnote-ref-4)
5. Queensland Health, 2018, *The health of Queenslanders 2018*. Report of the Chief Health Officer Queensland. [↑](#endnote-ref-5)
6. *ibid*. [↑](#endnote-ref-6)
7. Consuming two or more standard drinks per day (greater than 14 per week) at risk of harm/developing health problems over a lifetime. [↑](#endnote-ref-7)
8. Queensland Health, 2018, *The health of Queenslanders 2018*. Report of the Chief Health Officer Queensland. [↑](#endnote-ref-8)
9. Queensland Health, 2017, *Queensland perinatal statistics 2016*, ‘Perinatal statistics 2016 annual report tables’ ‘Table 5.07 Mothers birthing in Queensland, 2016, smoking status by number of cigarettes after 20 weeks gestation’. [↑](#endnote-ref-9)
10. Queensland Health, 2018, *The health of Queenslanders 2018*. Report of the Chief Health Officer Queensland. [↑](#endnote-ref-10)
11. *ibid*. [↑](#endnote-ref-11)
12. Queensland Health, 2018, *The health of Queenslanders 2018*. Report of the Chief Health Officer Queensland. [↑](#endnote-ref-12)
13. Australian Bureau of Statistics, 2017, *Births, Australia, 2016*, ‘Births, summary, by state’, cat. no. 3301.0. [↑](#endnote-ref-13)
14. Australian Bureau of Statistics, 2017, *Births, Australia, 2016*, ‘Fertility, by age, by state’, cat. no. 3301.0. [↑](#endnote-ref-14)
15. Australian Bureau of Statistics, 2017, *Births, Australia, 2016*, ‘Confinements, by nuptiality, by state’, cat. no. 3301.0. [↑](#endnote-ref-15)
16. *ibid* [↑](#endnote-ref-16)
17. Queensland Health, 2018, *The health of Queenslanders 2018*, Report of the Chief Health Officer Queensland. [↑](#endnote-ref-17)
18. *ibid*., unpublished data. [↑](#endnote-ref-18)
19. Australian Bureau of Statistics, 2015, *National health survey: first results, 2014-15*, ‘Table 22: Queensland, Table 3.3 Long-term conditions, proportion of persons – persons’, cat. no. 4364.0.55.001. [↑](#endnote-ref-19)
20. *ibid*. [↑](#endnote-ref-20)
21. Australian Bureau of Statistics, 2016, *National health survey: first results, 2014-15*, ‘Table 22: Queensland, Table 7.3 Psychological distress, proportion of persons’, cat. no. 4364.0.55.001. [↑](#endnote-ref-21)
22. Australian Bureau of Statistics, 2017, *Cause of death, Australia, 2016*, ‘11. Intentional self-harm (Suicide) (Australia)’, cat. no. 3303.0. [↑](#endnote-ref-22)
23. Australian Bureau of Statistics, 2017, *Cause of death, Australia, 2016*, ‘4. Underlying causes of death (Queensland), Table 4.3 Underlying cause of death, selected causes by age at death, numbers and rates, Queensland, 2016’, cat. no. 3303.0. [↑](#endnote-ref-23)
24. Participating in at least 150 minutes of moderate intensity physical activity over five or more sessions in a week for adults. [↑](#endnote-ref-24)
25. Queensland Health, 2018, *The health of Queenslanders 2018*. Report of the Chief Health Officer Queensland. [↑](#endnote-ref-25)
26. *ibid*. [↑](#endnote-ref-26)
27. Australian Bureau of Statistics, 2015, *Participation in sport and physical recreation, Australia, 2013-14*, ‘Table 1 Persons participating in sport and physical recreation, states and territories, by sex and age’, cat. no. 4177.0. [↑](#endnote-ref-27)
28. Australian Bureau of Statistics, 2017, *Cause of death, Australia, 2016*, ‘4. Underlying causes of death (Queensland), Table 4.1 Underlying cause of death, all causes, Queensland, 2016’, cat. no. 3303.0. [↑](#endnote-ref-28)
29. Using International Classification of Diseases (ICD) 10th Revision blocks of categories. [↑](#endnote-ref-29)
30. Australian Bureau of Statistics, 2017, *Cause of death, Australia, 2016*, ‘4. Underlying causes of death (Queensland), Table 4.1 Underlying cause of death, all causes, Queensland, 2016’, cat. no. 3303.0. [↑](#endnote-ref-30)
31. Using International Classification of Diseases (ICD) 10th Revision three-character categories where total deaths are greater than 30. [↑](#endnote-ref-31)
32. Australian Bureau of Statistics, 2017, *Cause of death, Australia, 2016*, ’12. Deaths of Aboriginal and Torres Strait Islander Australians, Table 12.5 Underlying causes of death, Leading causes by Aboriginal and Torres Strait Islander status, NSW, Qld, SA, WA and NT, 2012-2016’, cat. no. 3303.0. [↑](#endnote-ref-32)