



## Women's Health Association of Victoria (WHA V)

Proposal for:

***Victorian Sexual and Reproductive Health Strategy***

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## **Executive summary**

This proposal puts forward the need for a Victorian Sexual and Reproductive Health Strategy. There is potential to exercise leadership on this issue by drawing together existing initiatives and responding where gaps exist in sexual and reproductive health to provide a strong framework for action. This represents a major opportunity for the Baillieu Government to act decisively and draw on the immense capacity of the sector to develop a Victorian Sexual and Reproductive Health Strategy.

The Women's Health Association of Victoria strongly advocates for the development and implementation of a statewide sexual and reproductive health strategy that is informed by current research and consultations to achieve the following:

- Strengthen health promotion initiatives that work to redress the social determinants of sexual and reproductive health, particularly for the population groups outlined on page 4.
- Provide an integrated approach to sexual and reproductive health policy, health promotion, service and program delivery.
- Ensure sexual and reproductive health rights are protected and upheld.

There currently exist clear opportunities to eliminate barriers to, and promote, sexual and reproductive health. The simple but tangible responses presented here will enable the sector to respond more effectively to sexual and reproductive health and create better outcomes for all Victorians.

### **Opportunities for action include:**

- Establish routine data collection across the state to provide an evidence base on sexual and reproductive health for all Victorians.
- Establish state-wide standards for culturally competent sexual and reproductive health service delivery to specific groups of women.
- Ensure that integrated health promotion in Primary Care Partnerships includes sexual and reproductive health promotion activities. Few Primary Care Partnerships in Victoria currently have this as a health promotion priority for 2007-2012.
- Establish a state-wide information, counselling and referral service for unplanned pregnancy. This could direct women to appropriate services, and monitor availability and adequacy of procedural services.
- Promote respectful relationships to men and women in health and educational settings, to support them in experiencing positive sexual relationships.
- Make clear the links between sexual and reproductive health and violence against women, mental health, homelessness and drug and alcohol abuse.
- Implement a requirement in funding agreements that all publicly funded sexual and reproductive health services, including those providing termination of pregnancy and contraception, meet catchment needs.
- Ensure women accessing termination of pregnancy services are not targeted and harassed by anti-choice picketers.

## 1. Foreword

This proposal for a Victorian Sexual and Reproductive Health Strategy has been developed by the Women's Health Association of Victoria (WHAV). Members of WHAV represent rural, metropolitan and statewide women's health organisations. They bring a high level of expertise and strong knowledge of the factors that impact on Victorian women's sexual and reproductive health.

After more than two decades focusing on the sexual and reproductive health needs of Victorian women, the women's health sector has enormous capacity to contribute to 'a way forward' in Victoria, with some women's health services already leading the development of regional strategies.

The opportunities proposed in this document reflect the available evidence and the combined experiences of WHAV members. We recognise and currently work with other leaders in the field of sexual and reproductive health in Victoria, including Family Planning Victoria, Gay and Lesbian Health Victoria, the Australian Research Centre in Sex, Health and Society and other service delivery and research bodies. Development of a Victorian Sexual and Reproductive Health Strategy must include consultation with these key organisations to capture their contributions and significant expertise. This paper is intended as a starting point to encourage further discussion, consultation and action.

## 2. Introduction

### ***What is sexual and reproductive health?***

The International Conference on Population and Development defines reproductive health as:

... a state of complete physical, mental and social wellbeing ... in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how to do so.<sup>1</sup>

The Fourth World Conference on Women defines sexual health as:

... a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, sexual rights of all persons must be respected, protected and fulfilled.<sup>2</sup>

To achieve and maintain sexual and reproductive health, individuals must live in an environment where their sexual and reproductive rights are respected and upheld.

The World Health Organization's working definition of sexual rights includes:

... the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;

- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.<sup>3</sup>

### ***Why is sexual and reproductive health important for all Victorians?***

These definitions highlight that sexual and reproductive health involves more than biological differences between men and women. They include complex interactions such as gender relations, power differentials, and human rights.<sup>4 5</sup> The World Health Organization<sup>6</sup> points to how:

Sexuality and the dynamics of sexual relationships have a fundamental influence on the uptake and use of contraceptives, the risk of sexually transmitted infections...and pregnancy and abortion. Important sexuality-related issues include the nature and frequency of sexual acts, the conditions of choice or coercion that motivate the acts, the meanings associated with them, the perception and experience of sexual drive and pleasure, the choice and number of sexual partners, and the formation and complexity of a person's sexual identity (Dixon-Mueller, 1993).

Sexual and reproductive health is essential to individuals throughout the life course.<sup>7 8</sup> It is fundamental to a positive identity and for the enjoyment of social relationships,<sup>9</sup> and more broadly to physical and mental health.<sup>10</sup> Therefore, any action to improve sexual and reproductive health must also target the social determinants of health, rather than simply focusing on individual risk factors and behaviours. This recognises the social and structural context of sexual and reproductive health, and responds to the social factors that have a significant impact on health.

### ***Why should Victoria have a Sexual and Reproductive Health Strategy?***

There are clear opportunities to eliminate barriers to, and promote, sexual and reproductive health. The development of a Victorian Sexual and Reproductive Health Strategy would achieve three important outcomes:

*(i) Strengthen health promotion initiatives and services to achieve health equity for all Victorians, with a particular focus on the following population groups:*

- Aboriginal and Torres Strait Islander women and men
- Immigrant and refugee communities
- Women and men from female genital mutilation affected communities
- Lesbians, gay, bi-sexual, trans-gender, trans-sexual, inter-sex and questioning people
- Women and men with disabilities
- Young women and men
- Older women and men
- Rural women and men
- Survivors of sexual and intimate partner violence
- Women and men in and being released from prison
- Sex workers
- Women and men who inject drugs

*(ii) Provide an integrated approach to sexual and reproductive health policy, service and program delivery:*

This would ensure coordination and responsiveness to sexual and reproductive health through preventative approaches as well as through primary, secondary and tertiary health care. A strategy has the further potential to facilitate links to other sectors, such as homeless or drug and alcohol sectors, to ensure that sexual and reproductive health is recognised within a broader social framework.

*(iii) Ensure sexual and reproductive rights are protected:*

To achieve this, it is essential to develop and maintain affordable access to health services such as, contraception, termination of pregnancy services and assisted reproductive technology. It is also important to respond to other social determinants of health that may impinge on sexual and reproductive rights, like violence against women.

### **The importance of focusing on equity to improve sexual and reproductive health**

Any statewide sexual and reproductive health strategy must be aimed at ensuring health equity, or improving the health and wellbeing of communities by tackling the disparities in health status between social groups. Broader than advocating for individual behaviour change, this approach focuses on the range of factors that influence health and wellbeing at a population level – these are known as the **social determinants of health** and include factors like poverty and socio-economic status, gender norms, and experiences of violence and coercion. It is crucial to consider the social determinants of health in planning service delivery, developing public policy and designing prevention strategies.

By integrating action that redresses the social determinants of health, we can prevent ill health and disease in a way that is sustainable and cost-effective. Such an approach is complex yet pivotal, as sexual and reproductive health interventions that fail to account for social determinants are less likely to see tangible health improvements, particularly among disadvantaged communities. This does not negate the need for primary healthcare and clinical sexual and reproductive health services; ideally such initiatives occur in combination with integrated strategies that focus on the determinants that drive sexual and reproductive ill health and disease.<sup>11</sup>

### **3. Policy context**

Victoria remains without a statewide sexual and reproductive health strategy to provide an overarching evidence-based framework for research, policy and program development and delivery. In the absence of a comprehensive statewide strategy, responses to sexual and reproductive health continue to be compartmentalised and primarily focussed on treatment of ill health and behaviour change. Programs regularly focus on single issues and specific at-risk population groups in isolation from the broader social and cultural context that these health concerns sit within. Even where single disease policies have existed in the past in Victoria, these strategies are out of date and evaluation has not been released.<sup>a</sup> The women's and men's health and wellbeing strategies each make reference to sexual and reproductive health, but have limited capacity to integrate with other policies in a meaningful way.

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<sup>a</sup> For example, see Victorian Sexually Transmissible Infections Strategy 2006-2009, Victorian HIV/AIDS Strategy 2002-2004 and Addendum 2005-2009, and Victorian Hepatitis C Strategy 2002-2004 and Addendum 2005-2009.

This represents a major opportunity for the Baillieu Government to act decisively and draw on the immense capacity of the sector to develop a Victorian Sexual and Reproductive Health Strategy. There is potential to exercise leadership on this issue by drawing together existing initiatives and responding where gaps exist in sexual and reproductive health to provide a strong framework for action. This will move the focus beyond individuals and diseases, to acknowledge the relationship between sexual and reproductive health and broader social issues by connecting with relevant policy areas such as education, drug and alcohol, and mental health. This will ensure multi-sectoral engagement and a collaborative approach, which is essential to sexual and reproductive health policy and program development.<sup>12 13</sup>

#### **4. Current sector context**

Victoria has a strong and committed sexual and reproductive health sector, spanning the spectrum of health, from prevention and health promotion to primary, secondary and tertiary care. There is enormous potential to link the work currently being done by government and non-government agencies, research organisations, health, community and women's services, private practitioners, community groups and the broader community. Our experience indicates that the key barriers to Victorians experiencing an effective state-wide sexual and reproductive health system fall into three categories:

- Data collection to inform good practice
- Prevention and health promotion
- Integrated, affordable and accessible health service delivery

##### ***Data collection to inform good practice***

Current Victorian data on sexual and reproductive health indicators is limited, with the exception of data on sexually transmitted infections. A holistic approach to sexual and reproductive health recognises the importance of many other factors beyond the presence or absence of disease. For this reason, it is important to expand the scope of data collection on sexual and reproductive health in Victoria to gauge the current state of health promotion and service delivery, and to identify issues regarding accessibility of services, health literacy, and the social determinants of health. Reliable and accurate data will ultimately inform good practice and improve the sexual and reproductive health of Victorians.

*Our experiences highlight the need for data collection to inform good practice:*

- The sexual and reproductive health data collected across the state in regard to specific populations is not coordinated and therefore is neither consistent nor comparable.
- There is no systematic reporting of pregnancy termination procedures within Victoria. For example, the Victorian Admitted Episodes Data Set only provides details of hospital admissions and therefore does not include medical terminations or terminations that occur outside of hospitals. This hampers health professionals in their efforts at monitoring, service planning and health promotion.
- There is limited data available on sexual and reproductive health for specific population groups, including GLBTI populations, immigrant and refugee women, and ATSI women.

- No major research has specific data on contraceptive use including access to emergency contraception or contraceptive failure in Victoria, particularly for people from regional or rural areas, people with disabilities, immigrant, refugee or Aboriginal and Torres Strait Islander communities, and people under 15 years of age.
- There is limited information on the link between alcohol, illicit drug use and the impact on sexual and reproductive health.
- There is limited information available on the sexual and reproductive health of women who have experienced or are experiencing violence, specifically intimate partner violence.

### ***Prevention and health promotion***

Prevention and health promotion aim to ensure that the broader social and cultural context facilitates sexual and reproductive health. These approaches respond to the social determinants of sexual and reproductive health, and are essential elements in a comprehensive public health response. They also provide an opportunity to link with other relevant sectors in initiatives to promote sexual and reproductive health.

*Our experiences highlight the need for prevention and health promotion:*

- It is not widely recognised that sexual and reproductive ill-health disproportionately affects certain population groups such as people with disabilities, same-sex attracted young people, immigrants and refugees, and Aboriginal and Torres Strait Islanders. Consequently, women and men from these groups are not well served by health promotion efforts.
- The links between sexual and reproductive health and violence against women are not widely understood and therefore, not addressed. For example, the role of coercion in sexually transmitted infections and unplanned pregnancy, the trauma of childbirth or pap tests for women who have been sexually assaulted, and the first experience of family violence during pregnancy.
- Immigrant and refugee women face barriers in accessing sexual and reproductive health promotion programs, information, research and advocacy, and health education in preferred languages. This is due to the high demand for these services.
- They are also less likely to access antenatal care before 20 weeks gestation when many risk factors could be addressed.<sup>14</sup> There is a higher prevalence of gestational diabetes,<sup>15</sup> birth defects,<sup>16</sup> foetal deaths and perinatal deaths<sup>17</sup> among these women and they are over-represented in maternal deaths.<sup>18</sup>
- Cosmetic genital surgery is increasing for some groups of women.
- While information and communication technologies such as Skype, mobile phones and social media can be harnessed for promoting positive messages, they can also be used to enable sexual assault offending.
- Despite the introduction of sexuality education in Victorian schools as a compulsory health education curriculum component from prep to Year 10, there is an ad-hoc and inconsistent approach with some schools adopting a comprehensive whole-school sexuality education and others providing only a basic program.
- Programs that have demonstrated success in addressing sexual and reproductive health issues have not been resourced on a state-wide basis.
- There is increasing evidence of the harm to women and girls from sexualised representations

of women's bodies and gender stereotyping in mainstream media. For example, a negative body image can lead to eating disorders and subsequent menstrual problems, and the early sexualisation of children.

- The sexual and reproductive health of women is affected by women's economic disadvantage. For example, financial difficulty has implications for access to primary care services such as GPs, contraception and termination of pregnancy, and may also have implications for participation in sex work.

### ***Integrated health service delivery***

Health services should operate in an integrated manner to address the spectrum of sexual and reproductive health needs by encouraging access to appropriate services, promoting positive behaviours, and maintaining seamless referral pathways and communication links between primary, secondary, and tertiary care.

*Our experiences highlight the need for integrated health service delivery:*

- There are no state-wide standards for culturally competent sexual and reproductive health service delivery to specific groups of women.
- Many Victorians do not have access to contraception. Cost, availability and privacy can be barriers. Access to, and knowledge of, emergency contraception is also an issue, particularly for young women and women living in rural and remote areas.
- Public and private termination of pregnancy provision is limited in rural areas and some metropolitan regions in terms of number of services, waiting periods and gestational limits.
- Women across Victoria have unequal access to a state-wide service dedicated to the provision of accessible, free, comprehensive unplanned pregnancy and termination of pregnancy support accessible via phone and face to face, e.g. information, professional counselling, advocacy and referral.
- Detailed standards of practice for unplanned pregnancy counselling and support services provision do not exist.<sup>b</sup>
- GP knowledge of their obligations under the *Abortion Law Reform Act 2008* is limited. This includes their responsibility to ensure that women are provided with full information regarding their options.
- Women across all geographical areas have poor access to sexual health services and bulk billing is often discretionary.
- In rural and remote areas, there are few female general practitioners and few sexual health nurses. Women of all ages are disadvantaged by having to travel for specialist sexual health services.
- Teenage birth rates are higher in rural and remote areas and among particular population groups of young women. In 2003, the teenage birth rate among Indigenous women was more than four times the overall Australian birth rate.<sup>19</sup>

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<sup>b</sup> While RANZCOG meets some aspects of standards and professional practice for doctors, there is no central association or advocacy body which could offer professional networking and coordinate professional development of other health professionals involved in the broader area of unplanned pregnancy support.



- Women with disabilities are more likely to be subjected to medical interventions to control fertility, including sterilisation and less likely to receive appropriate health and screening services.
- Testing and notification rates for sexually transmitted infections are much lower in rural than metropolitan regions. As lower rates may reflect limited access by rural people to clinical, health and community support services, the true prevalence of STIs in rural Victoria is not clear<sup>20</sup>.

## 5. Opportunities for action

Given the current policy and sector context in the field of sexual and reproductive health, there are clear opportunities for action. WHAV recommends the development of a holistic Sexual and Reproductive Health Strategy to address the issues and gaps identified. The strategy would be evidence-based and recognise the health service delivery sector, and would be strongly informed by health promotion theory and the social determinants of health.

The Victorian Sexual and Reproductive Health Strategy will provide a strong framework for action, and will:

- Strengthen health promotion initiatives that work to redress the social determinants of sexual and reproductive health, particularly for the population groups experiencing the most significant health inequities
- Provide an integrated approach to sexual and reproductive health policy, service and program delivery.
- Ensure sexual and reproductive rights are protected

Specific opportunities for action are detailed below under each of these headings, and we recommend that the strategy incorporate these suggestions, along with feedback from the broader sexual and reproductive health sector. Many of the opportunities are simple and tangible. They draw together work across the sector to respond more effectively to sexual and reproductive health and create better outcomes for all Victorians.

### ***Strengthen health promotion initiatives and services to all Victorians, including specific population groups***

*Specific opportunities include:*

- Establish routine data collection across the state to provide an evidence base on sexual and reproductive health for all Victorians, including the population groups identified on page 4. Data collection should include information on teenage pregnancy, sexually transmitted infections and termination of pregnancy.
- Make the data publicly available for planning and monitoring, both at a state level and at Department of Health region level.
- Conduct an audit of Victorian sexual and reproductive health services.
- Provide multi-lingual information so that Victorians are aware of the scope of services available

to them to support their sexual and reproductive health.

- Continue the advocacy to increase nurse delivery of pap tests.
- Establish state-wide standards for culturally competent sexual and reproductive health service delivery to specific groups of women.
- Establish a state-wide multi-lingual information, counselling and referral service for unplanned pregnancy. This could direct women to appropriate services, and monitor availability and adequacy of procedural services.
- Improve rural sexual and reproductive health services in Victoria through increasing confidential free services.
- Skill general practitioners in sexual and reproductive health conversations, especially in regard to young people and sexual diversity.
- Expand programs to prevent bullying and discrimination against young people who are same-sex attracted or gender questioning.
- Improve service responsiveness and accessibility for gay, lesbian, bisexual and transgender women.
- Develop and fund strategies to combat the increasing sexualisation of young women and girls evident in media and product marketing.
- Expand programs to provide culturally and linguistically appropriate health education to communities affected by female genital mutilation, and to educate community members on the sexual and reproductive rights of people in Australia.
- Advocate and support free or affordable access to all sexual and reproductive health services including contraception.

***Provide an integrated approach to sexual and reproductive health policy, service and program delivery***

*Specific opportunities include:*

- Ensure that integrated health promotion in Primary Care Partnerships includes sexual and reproductive health promotion activities. Few Primary Care Partnerships in Victoria currently have this as a health promotion priority for 2007-2012.<sup>21</sup>
- Ensure public hospitals provide all sexual and reproductive health services, including medical and surgical termination of pregnancy.
- Increase awareness among doctors about their obligations under the *Abortion Law Reform Act 2008* to women with unplanned pregnancy.
- Urge the Federal government to provide full Medicare funding for all sexual and reproductive health services including testing, pathology and treatment.
- Urge the Federal government to deliver rural pap test nurse training.
- Provide professional development and resources for teachers and other health educators to deliver a mandated, comprehensive, whole-school approach to sexuality and respectful relationship education.

- Build the capacity of the existing health workforce to address sexual and reproductive health and integrate this into broader practice.
- Increase the number of female nurse practitioners in regional and rural areas.
- Expand the school nurse program to all rural and regional school communities.

***Ensure sexual and reproductive rights are protected***

*Specific opportunities include:*

- Promote respectful relationships to men and women in health and educational settings, to support them in experiencing positive sexual relationships.
- Promote and safeguard women's rights and choices regarding their sexual and reproductive health generally, including improving resources to the state wide FARREP program that works with communities where female genital mutilation is known to occur.
- Make clear the links between sexual and reproductive health and violence against women, mental health, homelessness and drug and alcohol abuse.
- Implement a requirement in funding agreements that all publicly funded sexual and reproductive health services, including those providing termination of pregnancy and contraception, meet catchment needs.
- Ensure all pharmacies sell contraception, including emergency contraception.
- Ensure women accessing termination of pregnancy services are not targeted and harassed by anti-choice picketers.
- Resource women with disabilities to advocate on sexual and reproductive health issues.
- Work to progress the legal rights of same-sex attracted people, particularly in relation to adoption legislation, which currently discriminates against same-sex couples in Victoria.

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## References

- <sup>1</sup> International Conference on Population and Development. ICPD Programme of Action. Cairo: UNFPA; 1994.
  - <sup>2</sup> Fourth World Conference on Women. Beijing Declaration and Platform for Action. Beijing: United Nations; 1995.
  - <sup>3</sup> World Health Organization. Defining sexual health; 2002 [cited 20 April 2011] Available from: [http://www.who.int/reproductivehealth/publications/sexual\\_health/defining\\_sexual\\_health.pdf](http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf)
  - <sup>4</sup> World Health Organization. Transforming health systems: gender and rights in reproductive health; 2010 [cited 13 April 2011] Available from: [http://www.who.int/reproductivehealth/publications/gender\\_rights/RHR\\_01\\_29/en/index.html](http://www.who.int/reproductivehealth/publications/gender_rights/RHR_01_29/en/index.html)
  - <sup>5</sup> Petchesky R. Reproductive health in the 21<sup>st</sup> century: means nothing in isolation. International Symposium on Human Rights in Public Health: Research, Policy and Practice. The University of Melbourne: 3-5 November 2004.
  - <sup>6</sup> World Health Organization. Developing sexual health programmes: a framework for action. Geneva: World Health Organization; 2010 [cited 13 April 2011] Available from: [http://www.who.int/reproductivehealth/publications/sexual\\_health/rhr\\_hrp\\_10\\_22/en/index.html](http://www.who.int/reproductivehealth/publications/sexual_health/rhr_hrp_10_22/en/index.html)
  - <sup>7</sup> World Health Organization. Developing sexual health programmes: a framework for action. Geneva: World Health Organization; 2010 [cited 13 April 2011] Available from: [http://www.who.int/reproductivehealth/publications/sexual\\_health/rhr\\_hrp\\_10\\_22/en/index.html](http://www.who.int/reproductivehealth/publications/sexual_health/rhr_hrp_10_22/en/index.html)
  - <sup>8</sup> Nusbaum M & Rosenfeld JA. Sexual health across the lifecycle: a practical guide for clinicians; 2004. Cambridge: Cambridge University Press.
  - <sup>9</sup> Pitts M cited in O'Rourke K on behalf of the Sexual and Reproductive Health Strategy Reference Group of the Public Health Association of Australia (PHAA) Women's Health Special Interest Group, Sexual Health & Family Planning Association of Australia (SH&FPA) and the Australian Reproductive Health Alliance (ARHA). Time for a national sexual and reproductive health strategy for Australia: background paper; 2008 [cited 13 April 2011] Available from: <http://www.fpa.org.au/resources/srhbackground.pdf>
  - <sup>10</sup> Nusbaum M & Rosenfeld JA. Sexual health across the lifecycle: a practical guide for clinicians; 2004. Cambridge: Cambridge University Press.
  - <sup>11</sup> Keleher H, MacDougall C & Murphy B. Understanding health promotion (2<sup>nd</sup> edition); 2008. Oxford: Oxford University Press.
  - <sup>12</sup> World Health Organization. Developing sexual health programmes: a framework for action. Geneva: World Health Organization; 2010 [cited 13 April 2011] Available from: [http://www.who.int/reproductivehealth/publications/sexual\\_health/rhr\\_hrp\\_10\\_22/en/index.html](http://www.who.int/reproductivehealth/publications/sexual_health/rhr_hrp_10_22/en/index.html)
  - <sup>13</sup> IPPF European Network. Developing policies on the sexual and reproductive health and rights of young people in Europe; 2007 [cited 13 April 2011] Available from: <http://www.ippfen.org/NR/rdonlyres/7084F4B0-331E-4A65-9E59-EBC1D175EE7C/0/policybrief.pdf>
  - <sup>14</sup> Centre for Epidemiology & Research, NSW Department of Health, NSW Mothers and Babies 2006, NSW Public Health Bulletin 2007, 18 (S-1). Available [http://www.health.nsw.gov.au/pubs/2009/pdf/mothers\\_babies.pdf](http://www.health.nsw.gov.au/pubs/2009/pdf/mothers_babies.pdf)
  - <sup>15</sup> Templeton, M. & Pieris-Caldwell I. 'Gestational diabetes mellitus in Australia 2005-06', Australian Institute of Health and Welfare, Diabetes Series No.10, Canberra, 2008. Available: <http://www.aihw.gov.au/publications/cvd/gdmia05-06/gdmia05-06.pdf>
  - <sup>16</sup> Consultative Council for Obstetric and Paediatric Mortality and Morbidity, Birth Defects in Victoria 2001-2002, Victorian State Government, Department of Health. Available: <http://www.health.vic.gov.au/ccopmm/statistics/bdv.htm>
  - <sup>17</sup> Laws PJ, Li Z & Sullivan EA (2010) Australia's mothers and babies 2008. Perinatal statistics series no.24. Cat no. PER 50. Canberra: AIHW. Available: <http://www.aihw.gov.au/publications/index.cfm/title/11813>
  - <sup>18</sup> Sullivan EA and King JF (eds) (2006) Maternal deaths in Australia 2000-2002. Maternal Deaths Series no. 2 Cat no. PER 32. Sydney: AIHW National Perinatal Statistic Unit. Available: <http://www.preru.unsw.edu.au/PRERUWeb.nsf/page/md2>
  - <sup>19</sup> Australian Bureau of Statistics. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People; 2005. Canberra: Australian Bureau of Statistics.
  - <sup>20</sup> Communicable Disease Control Unit, Rural & Regional Health and Aged Care Services, Department of Human Services, Victoria. Surveillance of notifiable infectious diseases in Victoria; 2007 [cited 4 May 2011] Available from: [http://www.health.vic.gov.au/\\_data/assets/pdf\\_file/0005/67262/SNID\\_05.pdf](http://www.health.vic.gov.au/_data/assets/pdf_file/0005/67262/SNID_05.pdf)
  - <sup>21</sup> State Government of Victoria, Department of Health. Victorian Health Promotion Statewide Priorities for 2007-2012; 2007 [cited 3 May 2011] Available from: [http://www.health.vic.gov.au/pcps/hp/priority\\_setting.htm](http://www.health.vic.gov.au/pcps/hp/priority_setting.htm)
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## APPENDIX - EXAMPLES OF CURRENT WORK UNDERTAKEN BY REGIONAL AND STATE WOMEN'S HEALTH SERVICES

Women's health services in Victoria have led the way for catchment-based approaches to sexual and reproductive health, recognising that building organisational capacity, regional partnerships and a strategic integrated approach are essential in optimising the sexual and reproductive health of women. Outlined below are examples of regional and state wide strategies and programs that could be drawn on to guide the development and implementation of a state wide strategy.

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### CASESTUDY - Women's Health West

Over the past two years, Women's Health West (WHW) in collaboration with key partner agencies has worked to develop a western region sexual and reproductive health action plan, through the use of statistical sources, current research and evaluation, and expert knowledge. Tailored to the particular characteristics of the western region, the plan aims to provide a coordinated and multidisciplinary approach to strategic prevention activities that works to redress the social determinants that drive poor sexual and reproductive health.

#### **Phase 1: Mapping current sexual and reproductive health inequities and service and program delivery**

Data analysis: statistical profile and status of women's sexual and reproductive health in Melbourne's west, including emerging health concerns and the population groups that are disproportionately affected by poor sexual and reproductive health.<sup>21</sup>

Mapping and needs analysis: sexual and reproductive health needs assessment of the western region, and mapping the service system to identify gaps in health service delivery, program coordination and organisational capacity.

Service sector consultation: forum for workers to highlight their 'on-the-ground' concerns and to identify opportunities for collective regional action

Outputs and findings: WHW produced the *Sexual and Reproductive Health: Mapping and needs analysis, 2010* report.

Key findings:

- Regional under-resourcing in program and service delivery for various population groups that were disproportionately affected by sexual and reproductive ill health
- Responding to the social determinants of sexual and reproductive health remained out of the scope of many programs and initiatives
- In the absence of a comprehensive evidence-based strategy there is a lack of consistency that limits sexual and reproductive health being dealt with in an integrated way
- Optimising the sexual and reproductive health of communities living in Melbourne's west is best achieved through greater coordination among service providers and by way of a population health approach that focuses on the social determinants of sexual and reproductive health

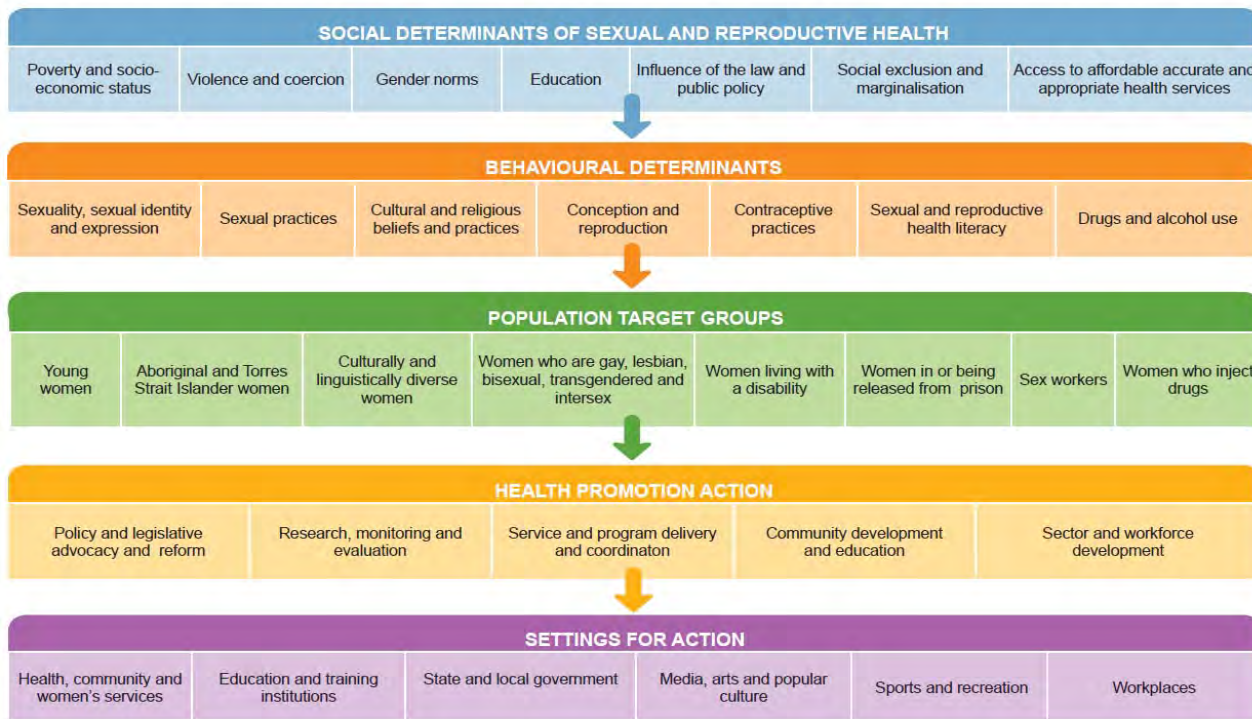
#### **Phase 2: In-depth analysis of the social determinants of sexual and reproductive health**

Literature review: a critical review of international and national literature to gain an overview for consolidating the evidence base for the social determinants of health that relate specifically to sexual and reproductive health in a Victorian context.

Health promotion framework development: to provide an overarching conceptual framework for health promotion action that will promote and optimise the sexual and reproductive health of communities living in Melbourne's west.

Outputs and findings: WHW published the *Social Determinants of Sexual and Reproductive Health, 2011* report and developed the *Women's Health West's Sexual and Reproductive Health Promotion Framework 2011*. Consistent with work undertaken by the WHO, this framework is designed to redress the array of social, political, economic and environmental factors that shape sexual and reproductive health.

### Women's Health West Sexual and Reproductive Health Promotion Framework 2011



This framework is modelled on the VicHealth Mental Health Promotion Framework 2005 - 2007 and is informed by Women's Health West Planning for Equity Framework, 2008

#### Key findings:

- There are seven key social determinants of sexual and reproductive health.
- An emerging body of international and national research has shown that many sexual and reproductive health problems are preventable.
- Sustainable prevention of sexual and reproductive health morbidity is achievable through a population health approach that works to tackle the social determinants of sexual and reproductive health.
- A sexual and reproductive health strategy that provides an overarching evidence-based framework for research, policy and program development and delivery is necessary.

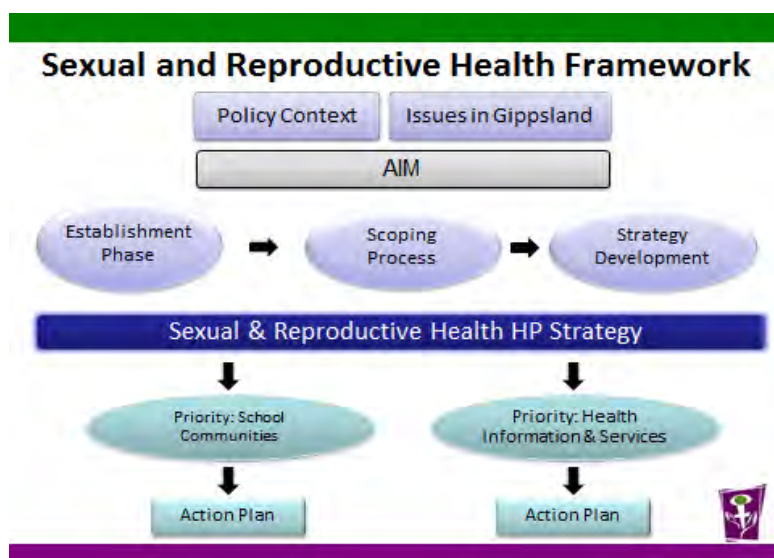
#### Phase 3: Western region action plan for sexual and reproductive health

Bringing together the evidence base identified by the mapping and needs analysis along with the social determinants of sexual and reproductive health, has led to the development of a western region action plan. The action plan targets population groups experiencing high health inequities and an under-resourcing of health promotion and service delivery initiatives. The plan is informed by health promotion actions that work across six key 'settings' to redress the social determinants of sexual and reproductive health. The action settings are informed by the recognition that the drivers of poor sexual and reproductive health sit outside the health sector and so approaches must be coordinated across various sectors to achieve sustainable change.<sup>21</sup>

## CASESTUDY - Gippsland Women's Health

In recognition of the growing need to address sexual and reproductive health issues, particularly from a health promotion perspective, the Department of Health appointed Gippsland Women's Health Service to lead the development of a regional Sexual and Reproductive Health Promotion Strategy for 2009-2012.

The aim of the strategy was to develop a comprehensive, evidence-based regional plan that will direct and inform health promotion activity for sexual and reproductive health.



### Establishment Phase

Key activities in the development of the strategy have so far included:

- An endorsed Action Plan and Framework to guide the development of the strategy.
- The establishment of a reference group and Terms of Reference comprising stakeholders from the health, community and education sectors.

### Scoping Process

This process included the identification of the key issues for sexual and reproductive health in Gippsland by using current local, state and national data, through consultation with key stakeholders and through the development of mapping surveys.

As a result of this process, the reference group chose young people as the target population for the strategy.

1. A mapping process was undertaken to identify current regional activity around sexual health service provision and education. A survey was developed and widely distributed.

Results showed that:

- There was limited sexual health promotion being undertaken in Gippsland via the health and community sector.
- The current approach was ad-hoc and based on individual organisational planning.
- There has been minimal collaborative work across the region.
- Time and resources appeared to be an issue for many services.

2. A school survey was developed to map the current sexuality education activity taking place in the Gippsland region. Schools are mandated under the Victorian Education Learning Standards to deliver sexuality education to both primary and secondary students but currently do not have to report on what they deliver.

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Results showed that most schools were covering the basics such as puberty, STIs and contraception but they weren't covering topics such as consent and coercion and arousal and desire. Generally delivery was ad hoc and use of resources was varied. Some were utilising the Catching On resource that has been developed by the Department of Education and Early Childhood Development.

3. The next step involved the collation of evidence based interventions from within the literature and reported public health experience. To ensure the development of a best practice strategy, a range of interventions that include a mix of policy, program and infrastructure development were included where available.

### **Strategy Development**

Based on current research, the needs analysis and the intervention mapping process, the original target population of young people was narrowed down to specifically focus on two groups.

1. School communities: inclusive of school staff, students and parents
2. Young people at risk: looking at young people who aren't engaged in formal education or employment and those living outside of home such as in foster care, residential care etc.

An action plan outlining the goals, objectives and strategies was developed. The overarching goals that were identified for the strategy are to:

- Reduce the incidence of Chlamydia in the Gippsland Region
- Reduce the rate of teenage pregnancy in the Gippsland Region

### **Key activities:**

- The development of a whole of school approach to sexuality education in the Gippsland region. This will include the development of a tool kit/resource that becomes a model for best practice and aligns with the VELs requirements of schools. This would be supported by teacher professional development and parent engagement/education.
- Identifying options for youth friendly social marketing for the region.
- Research to identify workforce training needs of the community sector and delivery of associated capacity building activities.
- Creating partnerships with Aboriginal health services to identify best practice approaches to sexuality education for the Indigenous community.

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## **CASESTUDY - Women's Health Loddon Mallee, Regional Pap Screen Strategy**

### **Background**

When established 21 years ago Women's Health Loddon Mallee ran a Pap Screen Clinic in order to meet a service gap relating to insufficient numbers of female practitioners. The numbers of female GPs and nurse run clinics has risen in that time – e.g. in Bendigo there are now 17 female GPs compared to the original number of 2. Women's Health Loddon Mallee continues to provide pap testing however as a result of analysis of regional pap testing rates and in response to service mapping which indicates under screening of women, in particular in rural areas; potential for a greater pap test nurse role and the availability and interest of nurses, limited by structural issues. The strategy addresses compounding issues of Medicare rebatable interventions which influence the degree to which clinics utilise their nurses, clinic awareness of optimal arrangements for providing pap testing (GP knowledge, clinical practice and attitudes) and the lack of provision of accessible training for rural nurses.

### **Regional Situation**

In 2008, the rate for participation in cervical screening in Loddon Mallee Region was 60.8% compared to the Victorian average of 62.3% (Victorian Cervical Cytology Registry (VCCR), 2008). (Source: VCCR Biennial



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cervical screening rates by regions of the Department of Human Services, for the calendar years of 2006-2007 and 2007-2008).

When broken down into Local Government Areas, the rate of participation is much lower in some areas. For example rates in Central Goldfields are 50.6% and in Swan Hill are 52.3%. (Source: VCCR Biennial cervical screening rates by local government area, for the calendar years of 2006-2007 and 2007-2008).

VCCR Statistical Report (2008) documents that 17.6% of Pap tests in the Loddon Mallee region were conducted by nurses – significantly higher than other regions in Victoria.

### **Strategy**

After further investigation through a project funded by DHS, Women's Health Loddon Mallee is implementing a strategy summarised by the following points:

1. Facilitate a collaborative response to provision of Pap screening.
  - a. Convene a reference group to work on:
    - Advocacy around Medicare classification of nurse work
    - Provision of accessible training and preceptoring of nurses in the rural areas (long term strategy)
    - Raising awareness of nurse capacity and scope of practice with GP and community clinics in the region.
2. Facilitate training for local nurses in 2010 – medium term strategy:
  - a. Facilitate Pap test training of 2 designated Registered Nurses either in Bendigo or Melbourne
  - b. Provide a one off training opportunity in Bendigo in partnership with FPV in 2010
3. Facilitate preceptoring opportunities for pap test nurses – new and existing.
  - a. Run clinics in Bendigo, Ouyen and outreach across the region that can be used by PTNs for preceptoring and to gain experience
  - b. Liaise with pap test nurses to coordinate and support their credentialing needs.
4. Utilise pap test clinics to reach under screened women in the community

### **Implementation summary**

This work is underway with the short term training having been delivered in Bendigo, two nurses trained through a scholarship for Family Planning Victoria Melbourne based training, liaison with existing nurses to coordinate access to preceptoring, discussions with Latrobe University and Family Planning Victoria about the longer term issues of training access. The WHLM clinics have provided access to nurses from Mildura, Swan Hill, Inglewood and Ouyen to maintain or gain credentials and have provided access to under screened women to supportive and comprehensive pap screening and health information. The work is being done with the Sexual health task group (Bendigo Loddon PCP), Latrobe University, Pap Screen Victoria, Family Planning Victoria, Australian Nurses Federation and others.

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## **CASESTUDY - The Women's Hospital**

### **Sexual and Reproductive Health of Young Victorians (SRHYP) Phase II**

#### **Background: Phase I**

In 2004-2005, Family Planning Victoria (FPV), the Royal Women's Hospital (RWH) and the Centre for Adolescent Health (CAH), Royal Children's Hospital collaborated to deliver the Sexual and Reproductive Health of Young Victorians (SRHYV) project. The report is available:

[http://www.fpv.org.au/pdfs/HReport2\\_02Dec2005.pdf](http://www.fpv.org.au/pdfs/HReport2_02Dec2005.pdf)

#### **SRHYP Phase II**

In 2009 FPV and The Womens' reconvened a partnership to develop the 2010 Sexual and Reproductive Health of Young Victorians Phase II Report – for release in 2011.

#### **Strategy 1**

Map current availability, scope and access to sexual and reproductive health services by tertiary students at all Victorian Universities and TAFEs.

1. Consultations with providers to map the services available to Victorian tertiary students.
2. Analysis of barriers in access to sexual and reproductive health services
3. Assessment of the sexual and reproductive health needs of tertiary aged young people at one urban and one rural University or TAFE Campus.

#### *Preliminary findings*

- A distinct lack of evidence and published literature on the sexual and reproductive health needs of Victorian tertiary students.
- A lack of systemic guidelines and coordination at both policy and service delivery levels.
- International students were identified as a specific concern by health professionals.
- A significant variance in the provision of on-campus health care across Victorian Universities and TAFEs.

#### *Output*

Report of all Victorian Universities and TAFEs provision of sexual and reproductive health services to tertiary students.

#### **Strategy 2**

Explore the sexual and reproductive health of young Victorians.

1. Literature review of current evidence-based research on the sexual and reproductive health of young people in Victoria. State, national and international bodies known to collect data on the SRH outcomes for young people were consulted and available information was collated and reported.

#### *Preliminary findings*

- Abortion rates remain unknown however available evidence suggests young people seek access to abortion services.
- Young people are more vulnerable to the transmission of sexually transmissible infections than other age groups.
- Priority groups among young people need more attention, as they carry a dual burden of risk. These sub-groups include rural young people, same sex attracted and gender diverse young people, Aboriginal and Torres Strait Islander youth and international students.
- The health and wellbeing of young Victorians can be better influenced by making clear the critical linkages at a state level between relevant determinants, including employment, housing, mental health, alcohol and other drugs, gender and early childhood development.

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### *Output*

Literature review of policy, practice and evidence based research of the sexual and reproductive outcomes for young people in Victoria 2005-2010.

### **Strategy 3**

Building partnerships to support sexuality educators in Victoria

1. Consultation forums held with Victorian education stakeholders to develop priorities to support the delivery of comprehensive whole-of-school sexuality education in Victoria.

#### *Preliminary findings/priorities*

- A straightforward plan for building the sexual health literacy of school-aged young people.
- A community engagement campaign to raise mainstream awareness about sexual and reproductive health.
- A collaboration network for sexuality educators.
- Better access to workforce development for current sexuality educators
- A sexual health kit tailored to all levels of school aged young people
- A communication strategy to promote collaborative action.

### *Output*

Development of a framework for a Victorian Sexuality Educator's Collaboration Network

### **Strategy 4**

Lessons learnt from Models of Shared Responsibility

Analysis of two models of shared responsibility for sexuality education interventions in school-aged young people as a means of improving sexual health literacy.

1. The school-based model of shared responsibility for sexuality education conducted with six primary schools in the Bass Coast region of Victoria in 2003.
2. The community-based Partnerships in Safer Sex and Testing (PSST) that supported six primary care partnerships (PCPs) to establish sexual health promotion initiatives for young people disengaged from mainstream education in 2007.

#### *Preliminary findings: School's Model*

- Significantly increased number of teachers teaching sexuality education in the six schools and a marked shift in teacher's levels of confidence, knowledge and skills in teaching sexuality.
- Successfully built capacity in schools to deliver sexuality education through improved planning and classroom delivery.
- Created a community partnership link through the local community health service with networking and support opportunities utilised by schools 12 months post completion of the project.

#### *Preliminary findings: Community Model*

- Establishing local sexual health reference groups at each of the six Primary Care Partnerships (PCPs) enabled sexual and reproductive health of young people to be placed on the organisational agendas of PCPs.
- The core strategies of capacity building, change management and workforce development were considered key approaches to creating sustainable organisational and community change.
- Engaged collaboration between service providers and key stakeholders to promote community level ownership of sexual and reproductive health as a health promotion priority for young people.

### *Output*

Development of a Capacity Sexual Health Education Model to deliver effective and sustainable whole school sexuality education programs in Victorian schools.