

SEXUAL AND REPRODUCTIVE HEALTH SNAPSHOT:

CENTRAL HIGHLANDS

Sexual and reproductive health is a fundamental health issue for all women, affecting them through all life stages. It is an important factor in shaping how women develop and maintain meaningful interpersonal relationships; appreciate their bodies; interact with others; express affection, love, and intimacy; and by choice, bear children. Sexual and reproductive health is intertwined with many other aspects of health and contributes to the overall health and wellbeing of the individual.

This snapshot outlines the sexual and reproductive health outcomes experienced by the 84,451¹ women living in the four local government areas that make up the Central Highlands Primary Care Partnership catchment; Ballarat, Hepburn, Golden Plains and Moorabool. It also illustrates some of the key factors that have effect on these outcomes.

Sexual health is 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 fulfilled².

Reproductive health 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 so³.

Central Highlands is located within the Department of Health and Human Services Grampians region



Recent data relating to Central Highlands shows:

Teenage birth rates are above the state average, with Ballarat ranked as the 10th highest local government area in the state

Ballarat has significantly higher rates of Chlamydia than the state average

Privacy and availability of services are barriers impacting rural women's access to contraception, emergency contraception and condoms

Just over half of all Australian women have experienced an **unplanned pregnancy**

Limited abortion services are available within the catchment; however women or service providers commonly don't know what services are available or how to access them

FERTILITY

BIRTH RATES: In 2014 the total birth rate per 1000 women across Victoria aged 15 – 44 was 1.7. This rate was slightly higher across all Local Government Areas in the Central Highlands: Golden Plains (2.4), Moorabool (2.2), Hepburn (2.0) and Ballarat (1.9) per 1000⁴.

TEENAGE BIRTH RATES: Teenage birth rates tend to change rapidly and are influenced by many factors. It is best to look at trends over time when attempting to make assumptions based on this data. For the 5 year period 2010-2014 the average birth rate of females aged 15-19 years in Victoria was 9.0 per 1000. Teenage birth rates across the Central Highlands for this period are all above the state average, with Ballarat ranked as the 10th highest in the state: Ballarat (15.0), Hepburn (11.4), Moorabool (10.0) and Golden Plains (9.4). The average rate for Metropolitan Melbourne was 6.6⁴.

Teenage Birth Rate per 1,000 15-19 year age group: Grampians Region						
Region	2010	2011	2012	2013	2014	5 Year Data Trend/Rate
Ararat	22	27	22	40	16	2.8 times the state average (25.4)
Horsham	16	32	24	17	23	2.5 times the state average (22.4)
Northern Grampians	17	10	24	26	23	2.2 times the state average (20.0)
Ballarat	13	12	18	14	18	above state average (15.0)
Hepburn	7	11	18	21	0	above state average (11.4)
Moorabool	8	8	13	11	10	above state average (10.0)
Golden Plains	5	5	13	11	13	above state average (9.4)
West Wimmera	22	21	0	0	0	below state average (8.6)
Yarriambiack	13	0	13	13	0	below state average (7.8)
Pyrenees	15	14	0	0	0	below state average (5.8)
Hindmarsh	0	0	22	0	0	below state average (4.4)
Victoria	9	9	10	9	8	(9.0)
Non Metro Victoria	14	15	18	16	4	(13.4)
Metro Melbourne	6	7	7	7	6	(6.6)

BIRTH NUMBERS: In 2011, 2807 babies were born in the Grampians region. Of these babies, 2113 or 75% were born to residents of the Central Highlands⁵.

UNPLANNED PREGNANCY: Just over half of all Australian women have experienced an unplanned pregnancy; 60% of these women were using at least one form of contraception and 20% sought emergency contraception at time of conception⁶. There is no consolidated national data on abortion in Australia and statistics are not recorded in Victoria. However, it is estimated that approximately 1 in 5 (20-25%) women in Australia will have an induced abortion during their lifetime⁷. Based on 2011 Census data it can be estimated that approximately 16,276 females that currently reside in the Central Highlands would need to access abortion services at some point in their life⁸.

CONTRACEPTION: 70.8% of sexually active women in Australia use a form of contraception with the combined oral contraceptive pill being the most frequently prescribed method⁹. In 2009 20.7% of sexually active adolescent females across the Grampians region reported they did not use contraception to avoid pregnancy¹⁰.

SEXUALLY TRANSMITTED INFECTIONS (STI's)

CHLAMYDIA: Chlamydia is the most common STI in Australia. Of the 9 Department of Health regions the Grampians has one of the highest regional rates of Chlamydia. Approximately 60% of the notifications are attributed to females, most prevalent in the 15-24 year old age group¹¹. Of all LGA's in the Grampians region Ballarat (455.8) has the second highest rate of Chlamydia per 100,000 population which is also significantly higher than the Victorian rate of 349.6. Rates in other LGA's in Central Highlands vary: Moorabool (335.8), Hepburn (260.5) and Golden Plains (220.1)¹¹.

Chlamydia Rates per 100,000 of population: Grampians Region		Number of Cases		
Region	Rate^	2012	2013	2014
Horsham	523.9	108	110	98
Ballarat	455.8	449	469	348
Moorabool	335.6	73	102	69
Ararat	291.0	68	43	25
Hepburn	260.5	50	45	37
Hindmarsh	227.6	9	14	8
Golden Plains	220.1	54	35	44
Northern Grampians	211.1	38	33	20
Pyrenees	144.4	12	18	6
West Wimmera	130.7	7	5	11
Yarriambiack	105.1	15	10	12
Grampians	392.1	883	883	678
Victoria	349.6	20266	19591	16664

^ Rate per 100,000 population for the 12 month period 04-06-13 to 05-06-14

Across all other STI's and BBV's, the Grampians has significantly lower rates than Victoria.

OTHER INDICATORS

PAP SCREENING: Data for 2013-14 shows 7 of the 11 LGA's in the Grampians region have lower participation in pap screening than Victorian average of 59.2% including Ballarat which has a rate of 56.8%¹². The remaining three LGA's in the Central Highlands have rates slightly higher than the Victorian average¹².

Women aged 20-69 years who have had a Pap Test in the past 2 years: Grampians Region						
Region	2009-10	2010-11	2011-12	2012-13	2013-14	Difference 2009-14
Northern Grampians	54.1%	53.4%	51.6%	52.0%	51.0%	-3.1%
Hindmarsh	57.8%	52.4%	57.3%	57.6%	52.2%	-5.6%
Ararat	48.6%	50.4%	57.2%	55.4%	52.3%	3.7%
Pyrenees	52.1%	52.6%	55.8%	56.9%	53.8%	1.7%
Yarriambiack	50.7%	54.5%	53.5%	54.9%	55.1%	4.4%
West Wimmera	49.5%	44.9%	47.7%	54.5%	56.1%	6.6%
Ballarat	54.8%	56.1%	56.7%	57.1%	56.8%	2.0%
Horsham	58.2%	58.0%	60.4%	62.0%	59.5%	1.3%
Hepburn	63.3%	65.3%	62.7%	61.8%	60.3%	-3.0%
Moorabool	58.2%	54.9%	58.1%	62.2%	60.5%	2.3%
Golden Plains	62.9%	61.5%	62.1%	63.1%	62.7%	-0.2%
Grampians	56.2%	56.3%	57.6%	58.6%	57.5%	1.3%
Victorian	60.7%	59.2%	60.0%	60.4%	59.2%	-1.5%
Australian	57.4%	57.2%	58.0%	57.7%	57.3%	-0.1%

SEXUAL ASSAULT: For the period 2013/14 the recorded rate of non-rape sexual assault offences in Ballarat was 240.2 and in Moorabool 250.7 per 100,000 population versus the state rate of 128.9¹³. For the same time period the rate of recorded rape offences in Ballarat was 18% higher than the Victorian rate¹³.

KEY ISSUES IMPACTING SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES

ACCESS TO AFFORDABLE AND APPROPRIATE HEALTH SERVICES:

CONTRACEPTION

Availability, Travel and Cost have been identified as having the highest impact on rural women accessing contraception¹⁴.

Young people often feel uncomfortable or too concerned about confidentiality to seek information, testing or treatment about sexual health including contraception when the only general practitioner available is their family doctor.

Some pharmacies will not stock contraception, including emergency contraception (EC) on conscientious objection grounds. Anecdotal evidence also suggests cultural or religious views of medical practitioners can influence whether or not they prescribe contraceptives (particularly for young

Emergency contraception is available over the counter at most Australian pharmacies however most pharmacies in rural areas do not have extended opening hours. Women's knowledge of emergency contraception is generally poor; many believe it must be taken the morning after unprotected sex when in reality it remains effective for up to 120 hours⁹. The cost of emergency contraception can range from \$20 - \$40.

Women (particularly young women) wanting emergency contraception from pharmacies can be subjected to a list of questions about their sexual activities by pharmacists, often with limited regard to confidentiality. Some pharmacists refuse to supply emergency contraception to women due to religious beliefs and the mistaken view that emergency contraception causes abortion.

CONDOMS

Privacy, Availability and Travel are the top three barriers identified for rural women accessing condoms¹⁴.

Condom access is a key public health consideration as using condoms and lubricant consistently and correctly can prevent the transmission of sexually transmissible infections (STIs) including chlamydia, gonorrhoea and HIV, and can protect against unwanted pregnancies.

Outside of Ballarat there is limited access to free condoms in the Central Highlands. Access to condoms is most commonly via pharmacies and supermarkets. Comments captured in a survey of rural service providers remind us that purchasing condoms or emergency contraception in a small town can mean being served by someone you know, or in the case of young people, someone who knows your parents¹⁴.

ABORTION

Travel, Availability, and Privacy, have been ranked as having the highest impact on rural women accessing abortion services¹⁴. There are abortion services available within the Central Highlands, however there is anecdotal evidence that suggests they may be difficult to access. Women who experience anti-choice attitudes by medical practitioners find their options even further reduced.

Financial barriers can also limit a woman's access to abortion. Most abortions are provided in private clinics, although a substantial proportion of abortions are provided at public hospitals¹⁵. This means that out-of-pocket expenses for women can increase considerably. Some public hospitals provide a small number of abortions at no cost. Out-of-pocket expenses vary with private providers and range from around \$200 to \$400.

Travelling to metropolitan areas to access services can place further emotional and financial strain on women making the decision to terminate. It takes time, can be expensive, and can require arrangements to be made regarding childcare, school or employment¹⁶.

POVERTY AND SOCIO – ECONOMIC STATUS

The relationship between socio-economic status and health is well established in the public health field. Socio-economic disadvantage can be both a cause and an outcome of poor sexual and reproductive health and can restrict women's choices regarding their health¹⁷.

Ballarat and Hepburn are ranked within the most disadvantaged all LGA's in Victoria based on socio-economic disadvantage. This ranking is based on attributes that reflect disadvantage such as low income, low educational attainment, high unemployment, and jobs in relatively unskilled occupations¹⁸.

In 2014 in Australia the poverty line (50% of median income) for a single adult was \$426.30 per week¹⁹. According to the Victorian Department of Health and Human Services the average number of females across the Central Highlands who have an income of less than \$400 per week is 48 percent compared to 34 percent of men⁵.

DISCRIMINATION AND VIOLENCE

A considerable body of research shows that violence and discrimination has significant and often long-lasting physical and psychological health consequences, particularly for sexual and reproductive health¹⁷. The rate of family incidents in Victoria in 2016 was 1302.1 per 100,000 population where as in Ballarat the rate was 37% higher: 1785.4. Across Victoria for the same time period approximately 74.8% of those affected in family incidents were women²⁰.

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