

## SEXUAL AND REPRODUCTIVE HEALTH SNAPSHOT:

### WIMMERA

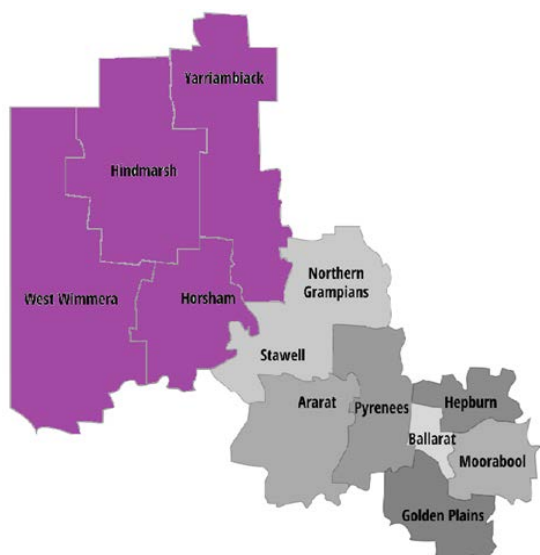
Sexual and reproductive health is a fundamental health issue for all women, affecting them through all life stages. It is an important factor in shaping how women develop and maintain meaningful interpersonal relationships; appreciate their bodies; interact with others; express affection, love, and intimacy; 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 18,399 women living in the four local government areas that make up the Wimmera Primary Care Partnership catchment; Horsham, Hindmarsh, Yarriambiack and West Wimmera. 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 fulfilled<sup>1</sup>.

**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 so<sup>2</sup>.

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



Recent data relating to Wimmera shows:

**Teenage birth rates are above the state average**, with Horsham ranked 3<sup>rd</sup> highest local government area in the state

**Horsham 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**

No abortion services are available within the catchment; and women are commonly referred to Melbourne. 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 Wimmera: Horsham 2.1, Hindmarsh 1.8, Yarriambiack 1.9 and West Wimmera 2.4 per 1000<sup>3</sup>.

**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 Wimmera for this period in time are varied, with Horsham rates significantly above the state average at 22.4 per 1000. Birth rates of females aged 15-19 across other LGAs in the Wimmera: West Wimmera 8.6, Yarriambiack 7.8 and Hindmarsh 4.4. The average rate for Metropolitan Melbourne was 6.6<sup>3</sup>.

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)
<b>Horsham</b>	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)
<b>West Wimmera</b>	22	21	0	0	0	below state average (8.6)
<b>Yarriambiack</b>	13	0	13	13	0	below state average (7.8)
Pyrenees	15	14	0	0	0	below state average (5.8)
<b>Hindmarsh</b>	0	0	22	0	0	below state average (4.4)
<b>Victoria</b>	<b>9</b>	<b>9</b>	<b>10</b>	<b>9</b>	<b>8</b>	<b>(9.0)</b>
<b>Non Metro Victoria</b>	<b>14</b>	<b>15</b>	<b>18</b>	<b>16</b>	<b>4</b>	<b>(13.4)</b>
<b>Metro Melbourne</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>(6.6)</b>

**BIRTH NUMBERS:** In 2011 2574 babies were born in the Grampians region. Of these babies, 405 or 15% were born to residents of the Wimmera<sup>4</sup>.

**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 conception<sup>5</sup>. 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 lifetime<sup>6</sup>. Based on 2011 Census data it can be estimated that approximately 3679 females that currently reside in the Wimmera would need to access abortion services at some point in their life<sup>7</sup>.

### 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 method<sup>8</sup>. In 2009 20.7% of sexually active adolescent females across the Grampians region reported they did not use contraception to avoid pregnancy<sup>9</sup>.

## 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 group<sup>10</sup>. Of all LGA's in the Grampians region Horsham has the highest rate of Chlamydia: 523.9 per 100,000 population which is also significantly higher than the Victorian rate of 349.6<sup>10</sup>.

Chlamydia Rates per 100,000 of population: Grampians Region		Number of Cases		
Region	Rate^	2012	2013	2014
<b>Horsham</b>	<b>523.9</b>	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
<b>Hindmarsh</b>	<b>227.6</b>	9	14	8
Golden Plains	220.1	54	35	44
Northern Grampians	211.1	38	33	20
Pyrenees	144.4	12	18	6
<b>West Wimmera</b>	<b>130.7</b>	7	5	11
<b>Yarriambiack</b>	<b>105.1</b>	15	10	12
<b>Grampians</b>	<b>392.1</b>	<b>883</b>	<b>883</b>	<b>678</b>
<b>Victoria</b>	<b>349.6</b>	<b>20266</b>	<b>19591</b>	<b>16664</b>

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%<sup>11</sup>. Three LGA's in the Wimmera are ranked within the bottom 20 LGA's in the state: Hindmarsh 52.2%, West Wimmera 56.1% and Yarriambiack 55.1%<sup>11</sup>.

<b>Women aged 20-69 years who have had a Pap Test in the past 2 years: Grampians Region</b>						
<b>Region</b>	<b>2009–10</b>	<b>2010–11</b>	<b>2011–12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>Difference 2009-14</b>
Northern Grampians	54.1%	53.4%	51.6%	52.0%	51.0%	-3.1%
<b>Hindmarsh</b>	57.8%	52.4%	57.3%	57.6%	<b>52.2%</b>	-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%
<b>Yarriambiack</b>	50.7%	54.5%	53.5%	54.9%	<b>55.1%</b>	4.4%
<b>West Wimmera</b>	49.5%	44.9%	47.7%	54.5%	<b>56.1%</b>	6.6%
Ballarat	54.8%	56.1%	56.7%	57.1%	56.8%	2.0%
<b>Horsham</b>	58.2%	58.0%	60.4%	62.0%	<b>59.5%</b>	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%
<b>Grampians</b>	<b>56.2%</b>	<b>56.3%</b>	<b>57.6%</b>	<b>58.6%</b>	<b>57.5%</b>	<b>1.3%</b>
<b>Victorian</b>	<b>60.7%</b>	<b>59.2%</b>	<b>60.0%</b>	<b>60.4%</b>	<b>59.2%</b>	<b>-1.5%</b>
<b>Australian</b>	<b>57.4%</b>	<b>57.2%</b>	<b>58.0%</b>	<b>57.7%</b>	<b>57.3%</b>	<b>-0.1%</b>

**SEXUAL ASSAULT:** Rates of recorded sexual assault offences across the Wimmera are similar to rates across the state. However, there are areas of concern. For the period 2013/14 the recorded rate of non-rape sexual assault offences in the West Wimmera was 171.2 per 100,000 population versus the state rate of 128.9<sup>12</sup>. For the same time period the rate of recorded rape offences in Horsham was 78% higher than the Victorian rate<sup>12</sup>.

## 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 contraception<sup>13</sup>.

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 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 women). These issues are amplified in rural areas where there may be no local alternative.

There are only two services that offer after-hours access to emergency contraception in the Wimmera. 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 hours<sup>8</sup>. 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 condoms<sup>13</sup>.

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.

There is limited access to free condoms in the Wimmera. Grampians Community Health in Horsham is the only service that offers free condoms to the public. Access to condoms in the Wimmera 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 parents<sup>13</sup>.

### ABORTION

Travel, Availability, and Privacy, have been ranked as having the highest impact on rural women accessing abortion services<sup>13</sup>. No abortion services are available in the Wimmera. Women are commonly referred to Melbourne for abortion services which can mean travel of up to 816km to access a service. Women in these areas 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 hospitals<sup>14</sup>. 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 employment<sup>15</sup>.

### **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 health<sup>16</sup>.

Horsham, Yarriambiack, West Wimmera and Hindmarsh 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 occupations<sup>17</sup>.

In 2014 in Australia the poverty line (50% of median income) for a single adult was \$426.30 per week<sup>18</sup>. According to the Victorian Department of Health and Human Services the average number of females across the Wimmera who have an income of less than \$400 per week is 50 percent compared to 37 percent of men<sup>4</sup>. For women and men in paid full time employment across the Wimmera there is an 8 percent gender pay gap (in favour of men)<sup>4</sup>.

## 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 health<sup>16</sup>. The rate of family incidents in Victoria in 2014 was 1165.8 per 100,000 population where as in Horsham the rate was almost twice as high: 2526.1. Across Victoria for the same time period approximately 76% of those affected in family incidents were women<sup>19</sup>.

## REFERENCES

1. Fourth World Conference on Women (1995) Beijing Declaration and Platform for Action, United Nations: Beijing.
2. International Conference on Population and Development (1994) ICPD Programme of Action, UNFPA: Cairo.
3. Statistical Data for Victorian Communities, Victorian Local Government Association. Retrieved December 2016 from: <http://www.greaterdandenong.com/document/18464/statistical-data-for-victorian-communities>
4. Victorian Government Department of Health (2013). 2012 Regional health status profiles Grampians region, Melbourne Victoria.
5. Marie Stopes International. (2008). Real Choices: Women, contraception and unplanned pregnancy. Melbourne Victoria
6. Family Planning NSW. (2011) Report: Reproductive and Sexual Health in New South Wales and Australia: Differentials, Trends and Assessment of Data Sources
7. Australian Bureau of Statistics. Census 2011
8. Mazza, D., Harrison, C., Taft, A., Brijnath, B., Britt, H., Hobbs, M., Steward, K & Hussalny, S. (2012). Current contraceptive management in Australian general practice: an analysis of BEACH data. *The Medical Journal of Australia*, 197(2), 110-114.
9. Department of Education and Early Childhood Development. (2011). Adolescent Community Profiles. Melbourne, Australia
10. Department of Health and Human Services (DHHS) (2014). *Area/regional reports: Grampians*. Retrieved from: <http://ideas.health.vic.gov.au/surveillance/tabulated-summaries.asp>
11. Victorian Cervical Cytology Registry (2015). Annual Statistical Report: VCCR Data. Retrieved from: [www.vccr.org/stats.html](http://www.vccr.org/stats.html)
12. Crime Statistics Official Release 2013/14 Victoria Police. Retrieved May 2015 from: [http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media\\_ID=72176](http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72176)
13. Women's Health Association of Victoria (WHAV) (2012). Victorian Rural Women's Access to Family Planning Survey Report. Ballarat Victoria
14. Victorian Law Reform Commission. (2008). Law of Abortion: Final Report. Melbourne: Victorian Law Reform Commission.
15. Women's Health Association of Victoria (WHAV) (2010). Women and Abortion: Women's Health Issues Paper No. 6. Melbourne, Victoria
16. World Health Organisation (2010) Social Determinants of Sexual and Reproductive Health: Informing future research and programme implementation, WHO Press: Geneva.
17. Victorian Local Government Association (VLGA) (2015). Statistical Data for Victorian Communities. Retrieved from: <http://www.greaterdandenong.com/document/18464/statistical-data-for-victorian-communities>
18. Australian Council of Social Service (ACOSS) (2016). The Poverty Report 2016. Retrieved from <http://www.acoss.org.au/wp-content/uploads/2016/10/Poverty-in-Australia-2016.pdf>
19. Crime Statistics Agency. (2016). Data tables: Family incidents. Retrieved from: <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data/family-incidents-1>