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WOMEN'S HEALTH
GOULBURN NORTH EAST
Challenging inequity, embracing diversity.

Sexual Reproductive Health

Steering Committee

Reproductive health is defined as, "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."

Source: Report of the International Conference on Population and Development, Document A/Conf. 171/13, New York, United Nations, 1994, paragraph 7.

Working Definitions

■ *Sex*

Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. *In general use in many languages, the term sex is often used to mean "sexual activity", but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.*

■ *Sexuality*

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

■ *Sexual health*

Sexual health is a state of physical, emotional, mental and social well-being 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, the sexual rights of all persons must be respected, protected and fulfilled.

■ *Sexual rights*

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include 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.

The responsible exercise of human rights requires that all persons respect the rights of others.

Source: Promoting sexual health. Washington, DC, Pan American Health Organization, 2000.

Primary prevention aims to limit or inhibit the incidence of a conditions such as a disease, illness or disability in a population by promoting protective factors. The approach is orientated towards eliminating or reducing the determinants or poor health or exposure to risk. For example, promoting the use of condoms to prevent STI's and educative programs to reduce risk-taking and promote healthy respectful relationships.

Source: Discussion Paper: Current context of sexual health promotion in Goulburn Valley and northeast Victoria, CERSH, 2010.

The following data snapshot highlights the key areas of interest in relation to the Sexual and Reproductive Health of Young People.

Availability

Access to local services (eg. where a gynaecologist is present), the opening hours and waiting time.
There are five major community health agencies (Wodonga, Wangaratta, Benalla, Shepparton and Broadford). Most community health centres in regional areas provide generalist or specialist pregnancy counselling (terminations unavailable).

Condoms – Free from some settings, payable from vending machines at service stations, sporting clubs, parents/friends often the supplier. Very limited access, limited opening hours of supermarkets and pharmacies in rural towns, the costs associated, and that feeling of embarrassment where persons are known.
'In some towns they (condoms) are only available at local shops. I had a young person tell me that the shop keeper refused to serve them and threatened to tell their mum (who was a friend)'

Contraception – Generally available through GP (Implanon and contraceptive pills are the most common two). Bulk billing through GP in private practice and through some health centres.

Emergency Contraception – Via pharmacies in larger towns, after hours in larger towns as well as Albury, also free from *some* centres. Limited opening hours for an emergency.

Pregnancy Counselling/Termination- Bulk billing for counselling, available through GP or regional service, culturally sensitive counselling at Aboriginal Health Services in Shepparton/Albury. Referrals through GP, no terminations available in Hume (7)

Travel

Living rurally often means being isolated. Travelling to larger areas can aid anonymity and confidentiality however it can pose additional expenses and issues and hours are limited. Some studies have found that 96% of patients were referred somewhere other than their small town (50% to Melbourne and 46% out of town).
In 2009 10%of adolescents in the Hume region felt that lack of access to transport impacted on their ability to work, study, see a doctor or socialise. This was slightly higher than the proportion reported across VIC of 9.3% (1).

Cost

This includes the high costs of contraception, travelling to and from appointment requirements and the lack of bulk billing. Limited services in the Hume region provide bulk billing and low cost Sexual Reproductive Health services. Bulk billing is not always advertised.
'GPs say they will do bulk billing but the young person has to request it and it's hard enough getting them to the GP let alone then remembering to request it prior to the appointment.' (7)

Privacy

Confidentiality and anonymity is a big issue in rural areas. One report pointed out that 72% of respondents considered privacy to be an issue for their local area (6). Self-serve supermarkets and condom vending machines for example provide greater privacy. Patient privacy is an issue in agencies; young people are reluctant to access services where they are known. Clinic 35 at Gateway Community Health in Wodonga offers a free, confidential and safe setting in which to discuss sexual health concerns and receive specialist Sexual Reproductive Health care' (2)

Information

This includes the lack of availability and access to accurate and up to date information. Provided by a range of services/online but most comes from a parent/friend/peer. The delivery of Sexual Reproductive Health education is not always accurate and accessible due to time constraints, over stretched community health service professionals/providers. Gaps are present in making known the options available in regards to Sexual Reproductive Health. Some studies have found that many young rural women have used condoms and contraception before becoming pregnant, however their knowledge is poor.

'*My older sister was on the pill.. and I used to pinch her pill.. One day I'd miss it and the next day I'd take two or three.' (*10)

In a broader study half of the respondents who identified as GLBTIQ said that the sex education they received was irrelevant to them (10).

Professional's Attitudes & Skills

The attitudes of health professionals to young people, disabled adults, vulnerable and minority groups has a strong bearing on availability and access. The obstructive attitude of some GPs and staff, conscientious objection to abortion, bias/discrimination against particular groups all poses barriers to appropriate care. Professional development is an important area for consideration – what are the barriers to their development of Sexual Reproductive Health knowledge and what assistance can be obtained (6).

Community & Client Attitudes

This theme includes clients feeling embarrassed, the stigma attached to family planning services and the judgemental attitudes of some community members such as double standards for men and women that 'remain deep rooted and are enormously unhelpful to healthy relationships for young people' (2). Community attitudes can both enable and constrain availability to Sexual Reproductive Health information, education and services in Hume.

Facts and Stats

- The age of consent for engaging in sexual intercourse is 16 years. The same age goes for receiving a prescription for the contraceptive pill without a parent's consent (7).

STI rates

- Women under the age of 25 have the highest rates of notification of Chlamydia in Victoria (3).
- The Hume region Chlamydia rate of 36.1 per 1000 population compared with the state rate of 35.7 resulted in a ranking of 4th in the state in 2011 (5).
- The proportion of gonorrhoea notifications in Victoria women nearly doubled between 2006 (10%) and 2009 (19%). 34% of these notifications were in young people aged between 15 and 24 years (3).'

In 2009:

- Young people 12-14 who had had sexual intercourse was higher in rural Victoria (6.2%) than in metropolitan Vic (5.6%) as well as 15-17 year olds (30.5%) compared to metro 24.3% (1)
- 58.9% of sexually active adolescents surveyed in Hume region reported that they practiced safe sex by using a condom – slightly higher than Vic, 58.1% (1)
- 94.6% of sexually active adolescent females in Hume used contraception to avoid pregnancy – higher than Vic, 78.9% (1)

'Young women who have been exposed to partner violence are more likely to experience unplanned pregnancy, termination or miscarriage. They are slower to make contact with health services for antenatal care than women who have not been exposed to violence; they are more likely to have an abnormal result in a pap smear or to report a vaginal or endo-cervical infection' (9)

References

1)Adolescent Community Profiles: *Summary sheet for the Hume Region*, Department of Education and Early Childhood Development, 2011, http://www.education.vic.gov.au/Documents/about/research/humeregsum.pdf

2)Discussion Paper*: Current context of sexual health promotion in Goulburn Valley and northeast Victoria*, Centre for Excellence in Rural Sexual Health (CERSH), 2010, http://www.cersh.com.au/HealthPromotionActivities/HP-Documents/CERSH%20Health%20promotion%20discussion%20paper%20October%202010.pdf

3)FPV's response to the Victorian Health Priorities Framework 2012 – 2022, Family Planning Victoria, 2012, http://docs.health.vic.gov.au/docs/doc/E17518284339261BCA2579190011A7A8/$FILE/Family%20Planning%20Victoria%2022%20Sep%202011.pdf

4)Hume region health status profile, Department of Health Victoria, 2011, http://docs.health.vic.gov.au/docs/doc/9494E05331A911DBCA257A020018906C/$FILE/Hume%20Region%20Health%20Status%20Profile%202011.pdf

5)Local Stats about Women, Women's Health Goulburn North East, 2012, http://www.whealth.com.au/publications_local_stats_2012.html

6)Proposal for Victorian Sexual and Reproductive Health Strategy, Women's Health Association of Victoria (WHAV), 2012, http://whwest.org.au/wp-content/uploads/2012/03/WHAV-proposal-for-statewide-SRH-strategy.pdf

7)Rural Women's Access to Family Planning Services – Hume Region, Women's Health Goulburn North East (WHGNE), 2012, http://www.whealth.com.au/documents/publications/whp-Final-Hume-Region-Rural-Womens_Access.pdf

8)Sexual and reproductive Health, Australian Institute of Health and Welfare, 2003, http://aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459531

9)Social determinants of Sexual and Reproductive health, Women's Health West, 2011, http://whwest.org.au/wp-content/uploads/2012/01/SRH_Social-determ_2011.pdf

10)Young people and sexual health in rural and regional Victoria – discussion paper (PENDING), Youth Affairs Council of Victoria (YacVic), 2013.

11)2012 Local Government Area Profiles, Department of Health Victoria, Australia, 2012, http://www.health.vic.gov.au/modelling/planning/lga.htm