

# Regional SRH Needs Analysis - Boroondara

## EMR Priorities

1. • Representation of SRH issues in regional policy & planning
2. • Sexually transmitted infections
3. • Reproductive empowerment, access and rights
4. • Sexualisation & objectification of women
5. • Sexual and reproductive health literacy
6. • Female genital mutilation/ cutting

### Priority 1

#### Representation of SRH in Regional Policy & Planning

- Raise awareness of SRH need in the EMR

#### Victorian PHWP 2015-2019:

- Reduce inequalities in health and wellbeing
- Improving sexual and reproductive health
- Critically influenced by power dynamics, gender norms and expectations

### Priority 1 Recommendation

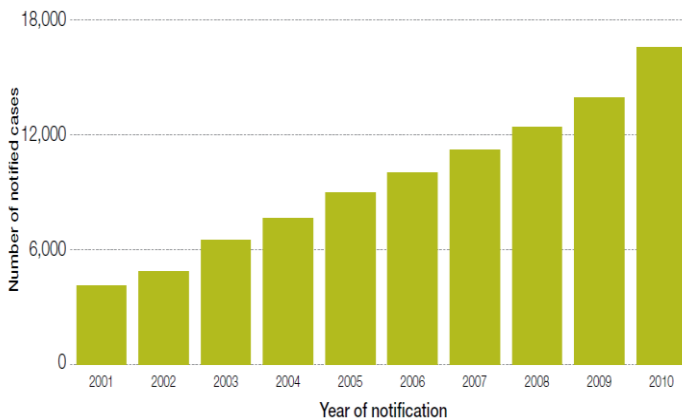
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- Promote the inclusion of SRH as a priority issue at local, regional and state government levels, and in community health, PCP, PHN and other relevant health plans

### Priority 2

#### Sexually Transmitted Infections

#### Chlamydia Notifications



Victoria 2001-2010 (all ages)

Source: Surveillance of notifiable infectious diseases Vic (2010)

#### EMR Chlamydia Data

Chlamydia Notification Rates 15-24 year olds 2008 - 2011 (per 1,000 population)	
Boroondara	34.21
Knox	39.74
Manningham	27.70
Maroondah	46.17
Monash	23.76
Whitehorse	39.09
Yarra Ranges	45.57
EMR	35.70
Vic	38.71

Data source: Family Planning Victoria 2013, Eastern Region sexual and reproductive health indicators

Figure for Boroondara is lower than Vic and EMR rates – however, this is a notification rate, not prevalence, and it could indicate that testing rates are below average.

**Hepatitis B Data - Rankings are based on the old Medicare local areas**

Previous Medicare Local areas	Prevalence ranking (chronic Hep B)	Treatment uptake rank
Rankings are out 61 for Australia. Lower ranking = higher prevalence/ higher treatment uptake		
Inner East Melb	7	6
Outer East Melb	32	12
South Eastern Melb	6	7
Inner Nth West Melb	10	14
Northern Territory	1	31
Inner West Sydney	2	5

Hepatitis B Mapping Project 2011 - Australasian society for HIV medicine and Vic infectious diseases reference laboratory (ASHM), the Doherty Institute

**Inner East Melbourne Hepatitis B prevalence ranked 7<sup>th</sup> highest in Australia.**

Chronic Hepatitis B is a significant burden of disease – many people don't know they have it and long term illness can lead to liver cancer and death.

**Transmission** – sexually transmitted, needle sharing, and most commonly through mother to baby transmission at birth.

**Priority 2 Recommendations**

- 1 • Improve access to STI information, education, prevention & screening for women, with a focus on those at greater risk
- 2 • Advocate for a National free STI screening program
- 3 • Build workforce capacity to prevent Hepatitis B through education, immunisation, screening & treatment

**Priority 3 Reproductive Empowerment, Access & Rights**

Emergency Contraception	Medical Abortion	Surgical Abortion
<ul style="list-style-type: none"> <li>• Barriers to access</li> <li>• Young women</li> <li>• Privacy issues</li> </ul>	<ul style="list-style-type: none"> <li>• Very limited availability EMR</li> <li>• Costly (\$500 private), no public in EMR</li> <li>• No advertisement</li> <li>• GPs resistant</li> </ul>	<ul style="list-style-type: none"> <li>• EMR – no public available</li> <li>• private only -Dr Marie</li> <li>• Public at Women's - very limited</li> </ul>

**EMR Birth Rate Data (young women)**

Birth Rate (number of births per 1,000 women)									
	Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	EMR	Vic
Mothers < 20	1.1	4.0	0.8	7.1	2.8	2.2	6.9	3.4	9.13
Mothers 20-24	5.6	23.6	9.3	27.7	12.6	11.7	39.2	16.9	37.1

Data source: ABS (2009)

The birth rate for young women is a strong indicator for poor access to long term contraception, emergency contraception, surgical and medication abortion. However, it is important to remember that pregnancies for young women are not always unintended.

**Priority 3 Recommendations**

- 1 • Strengthen women's reproductive rights & capacity to make informed choices, through strategies that include education, advocacy and other means, with a focus on those at greater risk
- 2 • Improve access to emergency contraception, medical and surgical abortion

## Priority 4

### Sexualisation & Objectification of Women

Portrayal of women in the public domain – media, online gaming, merchandising, clothing, porn .....

Sexualisation & objectification of women linked to gender stereotyping & sexist attitudes

Young men may have unrealistic expectations of sexual relationships based on portrayal in pornography

#### Priority 4 Recommendation

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- Promote gender equity by advocating for the non-sexualised portrayal of women in the public domain, e.g. the media, pornography and online gaming

## Priority 5

### SRH Health Literacy

- ❖ Individual health skills, knowledge & motivation
- ❖ Environmental and structural factors that influence people's health decisions & access to care

#### Affected by:

- Culture & language, attitudes & beliefs
- General literacy, SRH education
- Attitudes and understanding of health sector

#### Cervical Screening Data

LGA (women 20-69 yrs)	2012-2013 (%)	2013-2014 (%)
Boroondara	67.2	64.8
Knox	62.9	61.8
Manningham	66.4	64.8
Maroondah	61.6	60.4
Monash	58.1	56.5
Whitehorse	61.0	58.7
Yarra Ranges	65.0	63.5
Eastern Metro Vic	63.0	61.3
Victoria	60.4	59.2

Data source: Victorian Cervical Cytology Registry, 2014

Regular cervical screening is an example of adequate SRH literacy for women – it indicates that women have an understanding of the need for cervical screening, the recommended timing and that they have access to appropriate services.

Groups of women who are more likely to face barriers to SRH literacy include migrant women, sexual & gender diverse women, women with disabilities, women who have experienced violence from men, and Aboriginal women.

#### Priority 5 Recommendations

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- Improve sexual & reproductive health literacy for all women

2

- Ensure access to responsive, culturally & linguistically inclusive healthcare for all women

## Priority 6

### Female genital mutilation/ cutting

Data exists to show that there are sufficient numbers of women in the EMR who may be affected by FGM/C. EMR is currently the only metro region not to receive funding to respond to this significant health and human rights issue. It is imperative that the needs of communities affected by FGM/C and that now live in the EMR are understood and addressed, and that interventions are undertaken to work toward ending this practice.

#### Priority 6 Recommendation

1

- Advocate for a preventative and workforce capacity building response to FGM/C in the EMR

# EMR Priority Area Summary

## 1. Representation of SRH issues in Regional Policy and Planning

1.1 Promote the inclusion of SRH as a priority issue at local, regional and state government levels, and in community health, PCP, PHN and other relevant health plans

## 2. Sexually Transmitted Infections

2.1 Improve access to STI information, education, prevention and screening for women, with a focus on those at greater risk

2.2 Advocate for a National STI screening program

2.3 Build workforce capacity to prevent Hepatitis B through education, immunisation, screening and treatment

## 3. Reproductive Empowerment, Access and Rights

3.1 Strengthen women's reproductive rights and capacity to make informed choices, through strategies that include education, advocacy and other means, and with a focus on those at greater risk

3.2 Improve access to emergency contraception, medical abortion and surgical abortion

## 4. Sexualisation and Objectification of Women

4.1 Promote gender equity by advocating for the non-sexualised portrayal of women in the public domain, e.g. the media, pornography and online gaming

## 5. Sexual and Reproductive Health Literacy

5.1 Improve SRH literacy for all women

5.2 Ensure access to responsive, culturally and linguistically inclusive healthcare for all women

## 6. Female Genital Mutilation/Cutting

6.1 Advocate for a preventative and workforce capacity building response to FGM/C in the EMR