

# Women's Sexual and Reproductive Health

## VISION FOR THE EASTERN METROPOLITAN REGION OF MELBOURNE

Women in the Eastern Metropolitan Region will have choice, freedom and control regarding their sexual and reproductive health and wellbeing. They will have access to non-judgemental, relevant and responsive information and services about sexual and reproductive health

**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. **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 often to do so.<sup>1</sup>

Defined in these ways, sexual and reproductive health is not merely the absence of disease, dysfunction or infirmity, but rather a complete state of physical, mental and social wellbeing in relation to sex, sexuality, sexual relationships and reproductive processes, functions and stages throughout life.<sup>1</sup>

Sexual and reproductive health is influenced by the complex interaction of macro-level determinants, mid-stream level factors, and micro-level factors. Macro-level determinants are the most profound level of influence. They are deeply structural and include gender norms; cultural and societal norms and values; violence, discrimination and stigma; public policy and law; socio-economic status; and the health care system. They give rise to the unequal distribution of power, resources and prestige among different groups in the population, which in turn results in inequities in material circumstances or daily living conditions (work, employment, education, social participation) – the mid-stream level of influence. Mid-stream factors can then be protective or damaging to health with respect to individual health-related knowledge, attitudes or behaviours – the micro-level factors.<sup>2</sup>

The complex interaction of multi-level determinants and factors means that sexual and reproductive health outcomes are not evenly distributed across the population. In the Eastern Metropolitan Region (EMR), some women experience poorer sexual and reproductive health outcomes relative to others. Young women, women with disabilities, Aboriginal women, migrant and refugee women, lesbian and trans women, sex workers, and women who experience violence from men, are among these groups. Sustained and measurable improvements to sexual and reproductive health inequalities can be achieved if macro-level determinants are addressed.

Women's Health East (WHE) conducted a sexual and reproductive health needs analysis in 2014/15. A copy of the report can be found on WHE's [website](#). The needs analysis led to the identification of six priorities for the EMR.

### Priority 1: Sexual and reproductive health in regional health policy and planning

While some organisations in the EMR are undertaking work relevant to sexual and reproductive health, few have prioritised it in a strategic way. Prioritisation and planning by local government, community health and other organisations to strengthen our shared efforts on shifting the macro-level determinants could significantly improve the sexual and reproductive health outcomes for women in the region, especially those experiencing poorer outcomes.

**Recommendation: Promote the inclusion of sexual and reproductive health as a priority issue at local, regional and state government levels, and in community health, Primary Care Partnership, Primary Health Network and other relevant health plans**

## Priority 2: Sexually transmitted infections

**Chlamydia** is responsible for 90% of sexually transmitted infection (STI) notifications in Australia, predominantly for young people between 15–24 years of age.<sup>3</sup> Chlamydia is asymptomatic in up to 90% of people, leading to significantly low testing rates.<sup>3</sup> Table 1 indicates local government area notifications in the EMR for women.<sup>4</sup>

Chlamydia Notifications for females 2013-2014								
Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges	EMR average	Victorian average
252	285	137	147	210	206	256	213.3	138.7

Table 1: Chlamydia notifications by LGA

**Hepatitis B** prevalence in the inner east of the EMR is ranked 7<sup>th</sup> for out of 61 areas in Australia.<sup>5</sup> Hepatitis B is preventable, using strategies to prevent the transmission of blood borne viruses and STIs and through vaccination.

Chlamydia prevention includes education around safe sex as well as routine STI testing

### Recommendations:

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

## Priority 3: Reproductive empowerment, access and rights

**Reproductive rights** include the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.<sup>6</sup>

### Recommendations:

- 1. Strengthen women's reproductive rights and capacity to make informed choices through 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 and objectification of women

**Sexualisation and objectification of women** is the valuation of women based on their sexual appeal to the exclusion of other characteristics.<sup>7</sup> It encompasses women's portrayal through the media, online gaming, merchandising, advertising and pornography. It is linked to the macro-level determinant of gender norms through gender stereotyping and sexist attitudes and expectations of sexual relationships.

**Recommendation:** *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: Sexual and reproductive health literacy

**Health literacy** includes individual health skills, knowledge and motivation, as well as the environmental and structural factors that influence people's health decisions and access to care.<sup>8</sup>

### Recommendations:

- 1. Improve sexual and reproductive health literacy for all women*
- 2. Ensure access to responsive, culturally and linguistically inclusive healthcare for all women*

## Priority 6: Female genital mutilation/cutting

Population data shows that communities from countries where FGM/C is routinely practiced may live in the EMR. For more about this issue, see WHE's FGM/C [fact sheet](#).

Female genital mutilation/cutting (FGM/C) is a harmful traditional practice that affects the health and wellbeing of girls and women all over the world<sup>9</sup>

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

## References

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- <sup>2</sup> Women's Health West 2016, *The Health Inequities of Sexual and Reproductive Health: A review of the literature*, Women's Health West, Melbourne, retrieved 6 December 2017, [http://whwest.org.au/wp-content/uploads/2016/09/SRH\\_literature\\_review\\_hires.pdf](http://whwest.org.au/wp-content/uploads/2016/09/SRH_literature_review_hires.pdf) and see also VicHealth 2015, *Fair Foundations: The VicHealth framework for health equity*, at <https://www.vichealth.vic.gov.au/media-and-resources/publications/the-vichealth-framework-for-health-equity>
- <sup>3</sup> Pitts M 2014, 'Sexual health for all? Australia today', In M Temple-Smith (Ed), *Sexual Health: A multidisciplinary approach*, Ch 1, pp.3–21, IP Communications, Melbourne
- <sup>4</sup> Department of Health 2014, Victorian Notifiable Infectious Diseases Surveillance database, [http://victorianwomenshealthatlas.net.au/#!/atlas/Sexual%20and%20Reproductive%20Health/SRH/Chlamydia/SRH\\_02/2014%20Rate%20\(per%2010,000\)/38/F/region/WHE/false](http://victorianwomenshealthatlas.net.au/#!/atlas/Sexual%20and%20Reproductive%20Health/SRH/Chlamydia/SRH_02/2014%20Rate%20(per%2010,000)/38/F/region/WHE/false), retrieved 21 December 2017
- <sup>5</sup> MacLachlan J & Cowie B 2015, *Hepatitis B Mapping Project*, Australasian Society for HIV Medicine, retrieved 9 September 2015, <http://www.ashm.org.au/HBV/more-about/hepatitis-b-mapping-project>
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- <sup>7</sup> Women's Health Victoria 2009, *Gender Impact Assessment: Body Image*, WHV, retrieved 9 September 2015, <http://whv.org.au/static/files/assets/3aabe075/bodyimage-gia.pdf>
- <sup>8</sup> Australian Government 2014, *National Statement on Health Literacy*, Australian Commission on Safety and Quality in Health Care, retrieved 9 September 2015, <http://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-National-Statement.pdf>
- <sup>9</sup> Chen J & Quiazon R 2014, *Best Practice Guide for Working with Communities Affected by FGM/C*, p.2, Multicultural Centre for Women's Health, Melbourne