Women's Health East

Investing in Equality and Wellbeing for Women

A STRATEGY FOR EQUALITY:

Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025

Acknowledgement of Country

Women's Health East acknowledges the Traditional Owners of the land on which we work, the Wurundjeri people of the Kulin Nations. We pay our respects to their Elders past and present.

Acknowledgements

Women's Health East's *A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025* was developed in consultation with a range of stakeholders including the Eastern Metropolitan Region Sexual and Reproductive Health Strategic Reference Group, which comprises representatives from local government, community health organisations and other service providers committed to improving the health and wellbeing of women in the region. The Strategic Reference Group is responsible for overseeing the implementation of the Strategy.

Women's Health East would like to thank the Strategic Reference Group members and other stakeholders for their valuable contributions to the development of the Strategy:

- Access Health and Community
- Boroondara City Council
- 360 Boroondara Youth Resource Centre
- Boroondara Maternal and Child Health
- Deakin University
- EACH
- Eastern Health
- Eastern Melbourne Primary Health Network
- Family Planning Victoria
- Headspace Knox
- Hepatitis Victoria
- Jean Hailes for Women's Health
- Knox City Council
- Manningham City Council
- Marie Stopes Australia
- Maroondah City Council
- Monash City Council
- Multicultural Centre for Women's Health
- Primary Care Partnerships Inner East
- The Royal Women's Hospital
- Whitehorse City Council
- Yarra Ranges Shire Council

About Women's Health East:

Women's Health East is the women's health promotion agency for the Eastern Metropolitan Region of Melbourne. We aim to improve health outcomes for women across the seven local government areas of Boroondara, Knox, Maroondah, Manningham, Monash, Whitehorse and the Yarra Ranges. Women's Health East also influences women's health and wellbeing at a state and national level.

Our vision is equality, empowerment, health and wellbeing for all women.

Women's Health East works across three, interlinked strategic priorities: Advance Gender Equality, Prevent Violence against Women, and Improve Women's Sexual and Reproductive Health.

Suggested citation

Women's Health East 2020, *A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 - 2025*, WHE, Melbourne.

Foreword

Sexual and reproductive health is an essential component of women's general health and wellbeing and has a substantial impact on women throughout their lives. It is also a fundamental human right.

Optimal sexual and reproductive health includes the right to healthy and respectful relationships, to choose if and when to have children, to have full bodily autonomy and reproductive choice, and to have access to health services that are inclusive, culturally appropriate, safe and responsive to identified needs, and relevant information.

It is also enabled by, and an enabler of, gender equality, and is predicated on freedom from discrimination, violence and stigma.

Despite the significant impact of, sexual and reproductive health on women's physical and mental health outcomes and on gender equality, it is not always given appropriate focus. Thus, a collective strategy to improve women's sexual and reproductive health, one which is informed by an intersectional feminist framework, is necessary.

Women's Health East has been thrilled to work with others in the region to develop and release *A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025*. This Strategy identifies key sexual and reproductive health issues for women living and working in the Eastern Metropolitan Region, including Aboriginal and Torres Strait Islander women, LGBTIQ women, women living with disabilities and women from culturally and linguistically communities, older and young women.

To address key sexual and reproductive health issues identified through extensive stakeholder consultation, literature review and data analysis, this Strategy identifies three key priorities under which objectives are grouped: strengthening gender equity to improve sexual and reproductive health, improving sexual and reproductive health capability among service providers and increasing access to sexual and reproductive health services.

The Strategy is designed to be read in conjunction with the corresponding Background Paper, which identifies key macro-level themes from the evidence base that reinforces the necessity of a primary prevention approach to achieving optimal sexual and reproductive health for women.

On behalf of Women's Heath East and the Regional Sexual and Reproductive Health Strategic Reference Group, I commend this Strategy to you, and urge that it be used as a resource to assist your organisation to include improving women's sexual and reproductive health in your Organisational Plans for 2021 – 2025.

We look forward to working with you.

Regards,

Kristine Olaris
Chief Executive Officer

Strategic Reference Group members

An important note

Women's Health East works within an intersectional feminist framework and acknowledges the diverse sexual and reproductive health needs of people who do not identify as cisgender, including transgender people, gender diverse, non-binary and gender non-conforming people, transfeminine and transmasculine people and intersex people. Unless otherwise stated, where *A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025* (the Strategy) uses the terminology women, it aims to be inclusive of cisgender women, LGBTIQ women and people who identify as women. The Strategy also makes reference to people with a uterus in acknowledgement of the fact that some sexual and reproductive health issues may affect people who have female reproductive organs but do not identify as women. Although the Strategy may not explicitly focus on all these groups, we support the provision of more accessible, inclusive, community-centred and rights-based sexual and reproductive health services for all.

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VISION

The rights of women in the Eastern Metropolitan Region to optimal sexual and reproductive health and wellbeing are fully realised, regardless of age, sexuality, disability, language, culture or ethnicity, and socioeconomic status.

PURPOSE

A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025 drives coordinated action to address the sexual and reproductive health and rights of women in the Eastern Metropolitan Region.

STRATEGIC PRIORITIES

EQUITY	CAPABILITY	ACCESS
This Strategy advances a broad **equity** agenda for action on the social determinants to help realise the rights to optimal sexual and reproductive health for all women in the EMR;	This Strategy seeks to improve the **capability** of our health system, from information and referral pathways to service and program planning and delivery, so our health system is better equipped to understand and respond to women's sexual and reproductive health needs;	This Strategy seeks to improve the safety, appropriateness, affordability, timeliness and inclusivity of our health services, so women have **access** to our health services when and where they are needed.
Objective 1. Apply and promote a sex positive, intersectional gender lens to sexual and reproductive health planning, service provision and health promotion activities.	**Objective 4.** Enable practitioners to deliver safe, appropriate and responsive sexual and reproductive health information, services and referral pathways.	**Objective 6.** Address the economic, political and social factors influencing women's sexual and reproductive health-seeking behaviours.
Objective 2. Challenge and reduce stigma and discrimination around women's sexual and reproductive health issues in health and community settings.	**Objective 5.** Improve the collection and use of quantitative and qualitative sexual and reproductive data and information.	**Objective 7.** Identify and address the distinct barriers to accessing specialist services for key sexual and reproductive health issues and priority populations.
Objective 3. Integrate a focus on reproductive coercion and sexual violence into women's health programs, service delivery and prevention of violence against women activities.		

About this Strategy

A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025 is a five-year sexual and reproductive health promotion strategy for women in the Eastern Metropolitan Region (EMR). The Strategy contains three strategic priorities and seven high-level objectives to improve the sexual and reproductive health and wellbeing outcomes of women in our region. The priorities and objectives will do this by guiding the development and implementation of partnership and collaborative action on the *social determinants* of women's sexual and reproductive health.

Social determinants are understood as the underlying structural conditions that produce unequal health outcomes, or health inequalities.[1-3] Health inequalities include the differences in lived experiences of sexual and reproductive health between groups within our population. The underlying conditions are fundamentally inequitable in that they are socially produced, unfair and responsible for uneven health outcomes at the population level, both positive and negative. The underlying conditions are also avoidable, meaning they are *actionable*.

Action on the underlying structural conditions or social determinants necessarily shifts inequalities in health and wellbeing outcomes at the community and population levels. Taking action in this way is known as *primary prevention*.

Among the most influential of the underlying conditions of sexual and reproductive health inequalities is the social construction of gender.[3] The social construction of gender is historically grounded in, and continues to be sustained by, rigid binary interpretations, expectations and institutions related to what it means to be woman and a man in our society. The social construction of gender is inequitable in that it generates and perpetuates differences between women and men in the context of power, privilege and access to resources for health – differences that are systemically disadvantageous to women relative to men.

That said, the underlying conditions of sexual and reproductive health inequalities also include other social systems of privilege and oppression that intersect with the social construction of gender.

The intersection of these other underlying structures with the social construction of gender creates compounding social, economic and other disadvantages among specific cohorts of women in relation to power, privilege and access to resources, thereby increasing their exposures and risks to poorer health outcomes. This way of understanding the underlying structural conditions and the differential impacts of intersecting systems on lived experience (including of sexual and reproductive health and wellbeing) is known as *intersectionality*.

Any primary prevention strategy that seeks to improve women's sexual and reproductive health outcomes therefore requires an *equity-based approach*. An equity-based approach helps to focus efforts on shifting the underlying structural conditions, particularly the systems that disadvantageously expose different groups of women to poorer health outcomes relative to others, *so that no woman is left behind.*

This is exactly what our Strategy does. The priorities and objectives of our Strategy apply an equity-based approach (as framed by intersectional understandings of the social determinants) to improve the sexual and reproductive health outcomes of women in our region. Drawing on sound health promotion practice, the priorities and objectives of our Strategy will help guide the development and implementation of action on the social determinants through a range of mutually reinforcing 'techniques', among them:

- advocacy;
- policy and legislative reform;
- sector and workforce development;
- community capacity building;
- social marketing;
- research and evaluation; and
- inclusive service or program design and delivery.

The priorities and objectives of this Strategy will also help us to locate our collective action on the social determinants in a number of everyday 'settings.' Settings are the places and locations where people live, work, learn and socialise.[2]

The Strategy has been informed by an examination of the latest data on women's sexual and reproductive health and through extensive stakeholder consultation. For more information about the Strategy research and development phase, and for a more in depth examination of the underlying conditions of sexual and reproductive health inequalities, please refer to the accompanying publication, *A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025 Background Paper.*

Policy context

A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025 sits within a broader Victorian and national policy context in relation to sexual and reproductive health.

Victoria's first women's sexual and reproductive health plan was launched in 2017. *Women's Sexual and Reproductive Health Key Priorities 2017 – 2020* addresses the social determinants that impact on women's sexual and reproductive health and identifies four outcome areas.

- Victorians have improved knowledge and capacity to manage fertility.
- Victorians have improved access to reproductive choices.
- Victorian women with endometriosis and polycystic ovary syndrome or undergoing menopause have improved access to reproductive health services.
- Victorian women feel confident about accessing respectful and culturally safe sexual health services for testing, treatment and support, regardless of their gender identity, cultural identity, ethnicity, age, sexual orientation, disability or residential location.

The Victorian Public Health and Wellbeing Plan 2019 – 2023 includes improving sexual and reproductive health as one of ten priorities. In relation to sexual and reproductive health, the policy aims to:

- promote and support positive, respectful, non-coercive and safe sexual relationships and reproductive choice (including planned, safe and healthy pregnancy and childbirth);
- improve knowledge and awareness of factors that affect the ability to conceive a child, and increase access to contemporary, safe and equitable fertility control services to enable Victorians to exercise their reproductive rights;
- improve early diagnosis, effective treatment and management of specific reproductive health issues, such as endometriosis, polycystic ovary syndrome and menopause;
- reduce sexually transmissible infections and blood-borne viruses through prevention, testing, treatment, care and support;
- work towards eliminating HIV and viral hepatitis transmission and significantly increase treatment rates; and
- reduce and eliminate stigma, including homophobia, transphobia and biphobia.

There is currently no national women's sexual and reproductive health strategy; however, the *National Women's Health Strategy 2020 – 2030* includes maternal, sexual and reproductive health as one of five priority areas and commits to:

- increasing access to sexual and reproductive health care information, diagnosis, treatment and services;
- increasing health promotion activity to enhance and support preconception and perinatal health; and
- supporting enhanced access to maternal and perinatal health care services.

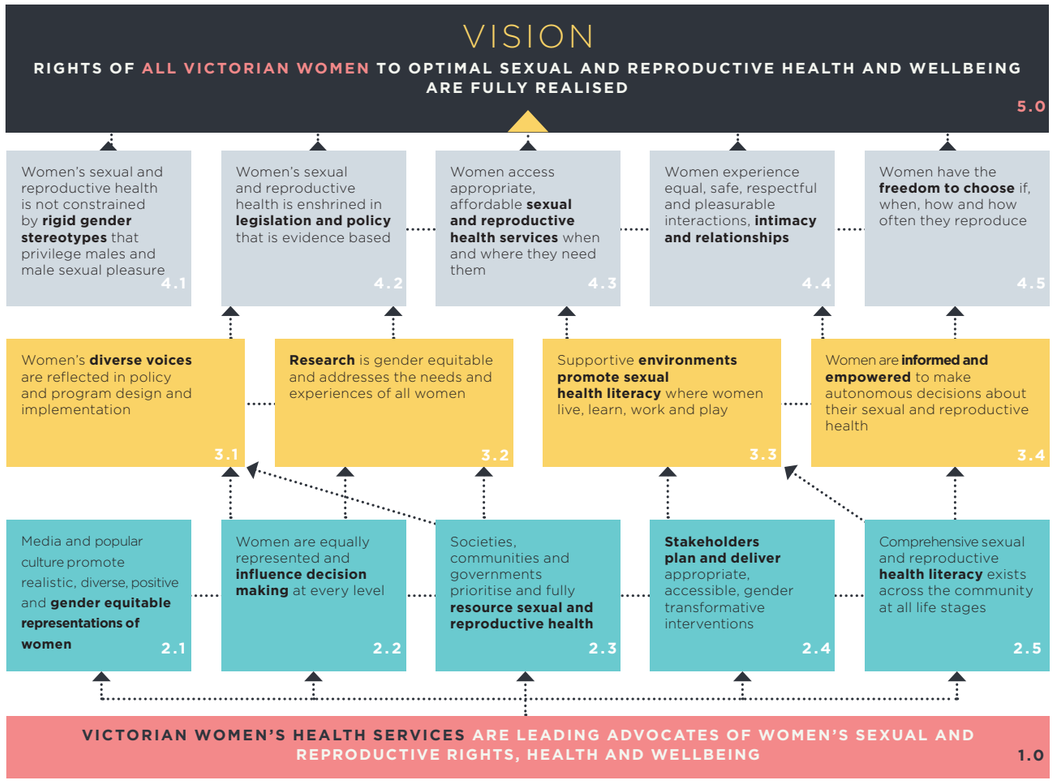
Other strategies of significance to *A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025* are the *Victorian Hepatitis B Strategy 2016 – 2020*, the *Victorian HIV Strategy 2017 – 2020*, the *Fourth National Sexually Transmissible Infections Strategy 2018 – 2022* and the *Fifth National Aboriginal and Torres Strait Islander Blood-Borne Viruses* and *Sexually Transmissible Infections Strategy 2018 – 2022*.

A Theory of Change

Women's health services across Victoria have routinely prioritised improving sexual and reproductive health in their work and have articulated strategic priorities and objectives in their own guiding regional frameworks. To help with this work, Victoria's women's health services have developed a Theory of Change. The Theory of Change guides the collective action of Victoria's women's health services as they (alongside their partners) work towards a shared vision: a future where the rights of all Victorian women to optimal sexual and reproductive health and wellbeing are fully realised.

The Theory of Change maps the results that must be achieved along various pathways towards the shared vision, starting from the current Victorian context and projecting forward over 20 years. The Theory of Change takes an intersectional view of the social determinants of sexual and reproductive health; it also advocates for the complete transformation of these structural conditions at all levels of the ***social ecology***. Social ecology refers to the societal, institutional, community, organisational, interpersonal and individual levels in which the social determinants exert their influence.

The Theory of Change and its narrative can be accessed at www.genvic.org.au.



Evidence for action

The Theory of Change states that while Victoria's population is one of the healthiest in the world, the burden of disease associated with poor sexual and reproductive health continues to increase, despite being preventable. In addition, social, economic and other disadvantages experienced by specific groups of women continue to result in poorer sexual and reproductive health outcomes including (but not limited to) sexually transmissible infections (STIs), unintended pregnancy and low uptake of contraception.

The following research and data 'highlights' point to the need for action on the social determinants of women's sexual and reproductive health in Melbourne's east and the timeliness of *A Strategy for Equality: Women's Sexual and Reproductive Health in Melbourne's East 2020 – 2025*. Please refer to the Strategy's accompanying Background Paper for a fuller exploration of the evidence for action.

Evidence shows that gender inequality, along with other intersecting systems of privilege and oppression, is the necessary social condition for **violence against women**.[4] Statistics published by Our Watch reveal that one in three Australian women (34.2%) has experienced physical and/or sexual violence perpetrated by a man, and one in four Australian women (23.0%) has experienced physical, sexual or emotional abuse from a current or former partner. These rates are even higher for Aboriginal and Torres Strait Islander women, women with disabilities and women from the LGBTIQ community.

Despite this, the majority of policies and frameworks to address violence against women do not acknowledge the complex and dialectical relationship between physical, emotional and sexual abuse and women's sexual and reproductive health.

Research finds that women with lived experiences of physical or sexual violence (including reproductive coercion) have poorer physical and mental health outcomes overall. In terms of sexual and reproductive health and wellbeing specifically, violence against women:

- is associated with a range of outcomes such as increased risk of unintended pregnancy, inconsistent contraceptive use, reduced sexual autonomy, poorer maternal and child health outcomes in pre- and post-partum periods, and genital and reproductive tract infections; [5-11]
- has implications for access to sexual and reproductive healthcare, as women experiencing violence may have reduced financial independence thus limiting their ability to utilise services and obtain contraception and abortion. [12-14]

Evidence shows that women are disproportionately impacted by **sexually transmissible infections** and blood-borne viruses (BBVs) and experience a disproportionate burden of disease, despite the fact that STIs and BBVs in the EMR and Victoria are generally more prevalent among men than women. Some STIs are asymptomatic in women: in chlamydia and gonorrhoea, for instance, up to 80% of cases in women are asymptomatic.[15] While chlamydia rates are higher among men than women in Victoria generally, these rates are higher among women in all EMR local government areas with the exception of Boroondara. Though easily treated by antibiotics, untreated chlamydia and gonorrhoea can cause pelvic inflammation and infertility in women.

Evidence shows that access to (and the existence of) **affordable contraceptive options** are critical for positive sexual and reproductive health outcomes among women. A large-scale study highlights that many Australian women are frustrated by the lack of practitioner knowledge about contraception other than the pill, including long-acting reversible options.[16] Long-acting reversible contraception, such as intrauterine devices, contraceptive implants and injections, are the most effective forms of birth control; however their uptake in Australia and in Victoria is low.[17] Many women have reported that prescribers do not discuss potential side-effects of contraceptives with them.[18,19] This is concerning in light of the impact of adverse side-effects on contraceptive adherence on women's physical and mental health. Some women perceived their health care providers to be unsupportive or judgmental in discussing contraception.[18]

Abortion is a safe and essential medical procedure. Although abortion is legal in Victoria, there are barriers to **accessing medical and surgical abortion**, including cost, proximity, availability and conscientious objection on the part of some doctors.[20,21] Timely access to abortion services relies on effective referral pathways and the availability and **capability** of individual providers and services to meet demand. Although there is no comprehensive data available on public and private abortion service providers in Victoria, it is possible that demand exceeds available services. While medical abortion services in the EMR are available through the Sexual and Reproductive Health Hub at EACH and Family Planning Victoria, there is an identified need for additional publicly funded surgical abortion services in the region.

Some groups of women are at increased risk of experiencing **mental health conditions** due to the impact of compounded disadvantage, social exclusion and limited access to services. For example, **older women** may experience sexism and ageism, which contribute to social isolation and exclusion and can reduce access to services, as outlined in Women's Health East's report, *The Unheard Story: The impact of gender on social inclusion for older women*.[22] Similarly, LGBTI women experience disproportionate burden of poor mental health outcomes and a higher risk of suicidal behaviours than their heterosexual counterparts, due to experiences of stigma, prejudice and discrimination.[23] While women's mental health outcomes are closely connected with their sexual and reproductive health outcomes, the relationship between these two areas of health is often overlooked.[24]

The sexual and reproductive health outcomes for **Aboriginal women** are structurally determined by factors such as systemic racism and discrimination; dispossession and lack of self-determination; entrenched and intergenerational poverty; incarceration and interactions with the criminal justice system; stigma; lack of culturally appropriate services; and inadequate access to resources for positive health such as stable and secure housing, education and employment opportunities.[25-28] One of the most critical actions to improve Aboriginal women's sexual and

reproductive health relates to the existence and provision of culturally appropriate, accessible and affordable healthcare services. While there are no Aboriginal Community Controlled Health Organisations in the EMR, there are Aboriginal organisations that provide women's health services or services to prevent and respond to violence against women, such as Mullum Mullum Indigenous Gathering Place and the Boorndawan Willam Aboriginal Healing Service. Eastern Health has an Aboriginal Health Team, a community-based health service delivering primary healthcare, social and emotional wellbeing services, case management and advocacy to Aboriginal people in the EMR.

Women with disabilities are a substantial and diverse population in Victoria. Nearly one in five women and girls have a disability and the rate of disability for culturally and linguistically diverse or Aboriginal women is higher than the rate of disability in the general population. The compounding effect of gender inequality and ableism means that women with disabilities are more likely than men with disabilities to be unemployed, engaged in unpaid caring work and living in poverty, and more likely than women in general to be exposed to violence perpetrated against them.

- women with disabilities are **40%** more likely to experience domestic violence than women who do not live with disabilities.[29]
- an estimated **70%** of women with disabilities experience sexual violence;[29]
- some **90%** of women with cognitive disabilities experience sexual violence, many before adulthood;[29]

In terms of sexual and reproductive health outcomes related to the intersecting systems of gender inequality and ableism, there is evidence that women with disabilities disproportionately experience forced, involuntary or coerced sterilisation. While the exact prevalence of sterilisation procedures on women and girls with disabilities in Australia is not known, bodies such as the Australian Human Rights Commission and United Nations Committee on the Rights of the Child are concerned that forced, involuntary or coerced sterilisation is ongoing, and may be increasing.[30] Involuntary sterilisation is a form of violence, and a violation of sexual and reproductive health rights.[30]

Factors that limit women with disabilities' full participation in society also limit their ability to exercise their sexual and reproductive health rights.[31] These include negative attitudes and stereotypes about people with disabilities, limited or inaccessible services and inadequate funding for specialised services, lack of consultation and involvement of people with disabilities in planning and implementing services that impact them, limited data and research on the needs of people with disabilities, entrenched poverty and inadequate policies to address these structural factors.[31]

Women from culturally and linguistically diverse backgrounds, particularly women from refugee and migrant backgrounds, can experience poorer sexual and reproductive health outcomes compared to women from the general population, as a result of limited access to healthcare, social services and culturally relevant and multilingual health information.[32] Experiences of racism, both institutionally and interpersonally, intersect with sexism to impact the health outcomes of these women. Limited access to interpreters in healthcare settings can limit the ability of women from non-English speaking backgrounds to utilise the healthcare system. Some women from refugee backgrounds, international students and women on temporary visas, are ineligible for Medicare. While they might access subsidised healthcare through other mechanisms, there are still social and structural barriers to accessing affordable healthcare for women who are not legal citizens or permanent residents.

Female Genital Mutilation/Cutting (FGM/C) can also be significant sexual and reproductive health issues for women from culturally and linguistically diverse backgrounds. The Eastern Metropolitan Region is the only region not funded to address FGM/C among its constituents.

LGBTIQ people experiences worse health outcomes overall, in comparison to their heterosexual and cis-gendered peers, particularly in mental health and suicide ideation, related to experiences of prejudice, discrimination and trauma.[33] Their experiences are not inherent to LGBTIQ identity, but rather shaped and perpetuated by oppressive and discriminatory

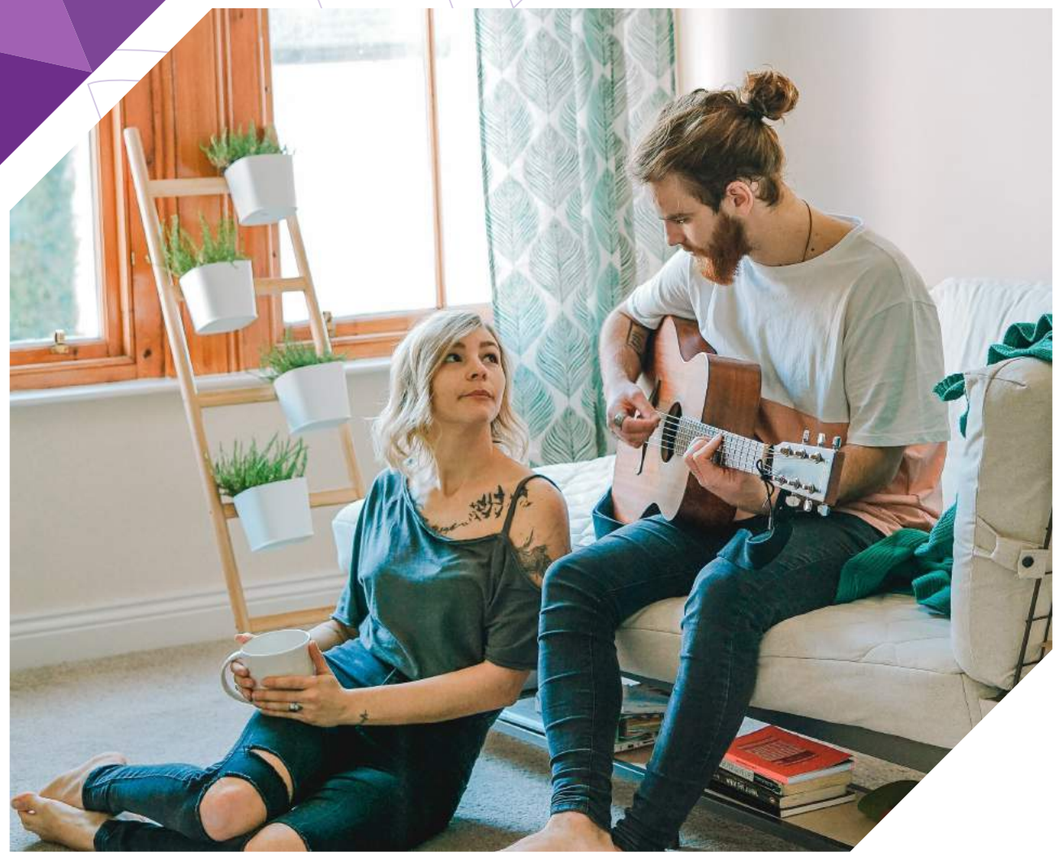
structures and institutions that privilege heteronormativity and cis-normativity. Women's Health East's *Young and Queer in Melbourne's East: Exploring LGBTIQ Young Women's Access to Sexual and Reproductive Health Services* is an important contribution to understanding the barriers and enablers to accessing services specific to **young LGBTIQ women**.[34] Research finds that compared to their heterosexual peers, young LGBTIQ women are more likely to:

- experience an unplanned pregnancy or have an STI or urinary tract infection, and less likely to have a cervical screening or use a condom during penetrative sex;[35, 36] and
- be dissatisfied with their experience at a sexual and reproductive health service.

These findings are consistent with other studies that show that some LGBTIQ women experience poorer sexual and reproductive health outcomes and higher rates of sexual violence, have poorer sexual and reproductive health literacy and are more likely to engage in risky behaviours such as unsafe sex.[36, 37]

Transgender and gender diverse people are more likely to report inconsistent condom use, experiences of sexual violence or coercion and negative experiences in accessing sexual and reproductive healthcare services. Trans men and gender diverse people with an intact cervix also need access to cervical screenings, but emerging international evidence suggests that previous negative experiences in healthcare settings deters uptake.[38]

Definitions



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. Achieving optimal sexual health requires a positive and respectful approach to sexuality and sexual relationships, encompassing 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.[39]

Reproductive health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Optimal reproductive health implies that people are able to have a satisfying and safe sex life and that they have as much autonomy as possible in deciding if, when and how many children to have.

Reproductive rights rest on the recognition of the basic rights of all women and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, and the right to bodily autonomy for all women and people.[40]

Sex refers to a set of biological attributes. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive and sexual anatomy. A binary categorisation of sex distinguishes between female and male but there are known variations in the biological attributes that comprise sex and how those attributes are expressed, often described as intersex.[41]

Gender interacts with, but is different from, the commonly understood binary categories of biological sex. Gender refers to the socially constructed roles, behaviours, activities, attributes and opportunities that any society considers appropriate for girls and boys, and women and men.[42] Expectations and understandings of gender have traditionally focused on rigid, binary interpretations of femininity and masculinity, but these have varied historically over time and in different cultural settings.[43] People whose gender identity corresponds with the sex assigned to them at birth are referred to as **cisgender**. Those whose gender identity diverges from the cultural expectations of the sex assigned to them at birth may refer to themselves as **gender fluid, non-binary or transgender**.

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