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## GIPPSLAND SEXUAL AND REPRODUCTIVE HEALTH STRATEGY

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### 1. Background

Like many areas of health, sexual and reproductive health is influenced by biological, psychological and social determinants (O'Rourke, 2008). Current research tells us that the social determinants that may impact on health, including sexual and reproductive health encompass areas such as income, employment, housing, education and gender as well as access to resources and opportunities that enable people to make appropriate decisions to control their life (O'Rourke, 2008).

Accompanying the impact of the common social determinants of health, sexual and reproductive health is also especially vulnerable to social attitudes. Evidence from across the world shows that the countries with good sexual and reproductive health outcomes express egalitarian attitudes towards sexuality, and that these attitudes are reflected in popular culture, policies, programs and laws that promote respect and respect sexual and reproductive rights (O'Rourke, 2008)

Evidence drawn from across Australia, demonstrates that sexual and reproductive ill health has the greatest consequence on vulnerable groups including adolescents and young people, people with disabilities, people living in rural and remote areas, people from culturally and linguistically diverse groups, same-sex attracted including gay, lesbian, bisexual, transgender and intersex people, sex worker, people in prison and the homeless (O'Rourke, 2008).

Additionally the summary findings of the Australian Study of Health and Relationships 2001-2002 (Australian Research Centre in Sex, Health and Society, 2003) have highlighted some of the changes in sexual behaviour between the 1940s and present day. These studies show that half the men born between 1941 and 1950 had vaginal intercourse by age 18, however for men born between 1981 and 1986 this age at first intercourse had declined to 16 years. For women the age at first vaginal intercourse declined from 19 (those born between 1941 and 1950) to 16 (those born between 1981 and 1986) (Australian Research Centre in Sex, Health and Society, 2003). The resulting alternations in sexual behaviours seen over the last 50 years are considered to be contributing to the increasing impact of sexual and reproductive ill health seen within areas such as Gippsland which encompasses many of the vulnerable groups identified.

In recognition of the growing need to address sexual and reproductive health issues, particularly from a health promotion perspective, the Department of Health has appointed Gippsland Women's Health Service to lead the development of a regional Sexual and Reproductive Health Promotion Strategy for 2009-2012.

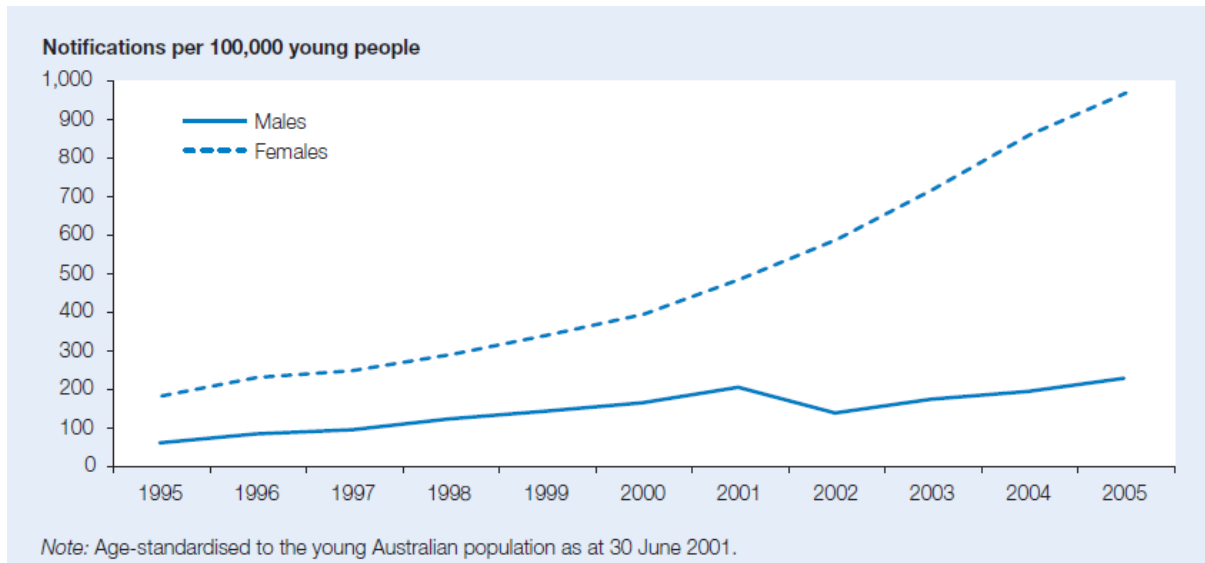
The aim of the strategy is to develop a comprehensive, evidence-based regional plan that will direct and inform health promotion activity for sexual and reproductive health.

Key activities in the development of the strategy have so far included:

- An endorsed Action Plan and Framework to guide the development of the strategy.
- The establishment of a reference group and Terms of Reference. The first meeting of the Gippsland Sexual and Reproductive Health Strategy was held on February 24th 2009. Invitations to join the group were extended across the health, community and education sectors.
- Membership is open and currently has representatives from the following organisations:
  - Gippsland Women’s Health Service
  - Central Gippsland Health Service
  - Latrobe Community Health Service
  - Bass Coast Community Health Service
  - Bairnsdale Regional Health
  - Department of Health
  - Department of Education and Early Childhood Development
  - Central West Primary Care Partnership
  - East Gippsland Primary Care Partnership
  - South Gippsland Primary Care Partnership
  - Wellington Primary Care Partnership
  - Ramahyuck District Aboriginal Corporation
  - Family Planning Victoria
  - Gippsland Southern Health
- Scoping of sexual and reproductive health issues and potential interventions for the region.
- Managing a prioritisation process to determine the interventions to be included in the strategy.
- Mapping of current organisational activity in sexual and reproductive health.
- Mapping of current sexuality education in Gippsland schools.
- Presentation at a regional professional development day for teachers.
- GWHS joining the steering committee for the state-wide Mind the Gap project.
- Writing a draft of the Strategy.

This strategy is a living document and as such will be updated as new policy and evidence becomes known.

## 2. Size and distribution of the Problem



**Figure 1: Chlamydia notifications for young people aged 12–24 years, Australia 1995–2005.**

Source: National Notifiable Diseases Surveillance System cited in *Young Australians: their health and wellbeing 2007* (Australian Institute of Health and Welfare, 2007).

**Table 1: Notified cases of Chlamydia reported for Gippsland region by LGA and age group, 2002-2007.**

Age group	Bass Coast	Baw Baw	East Gippsland	Latrobe	South Gippsland	Wellington	Total
0-4	0	<5	<5	0	<5	0	<5
10-14	<5	<5	<5	5	<5	<5	15
15-19	73	122	86	98	55	91	525
20-24	73	134	107	164	53	122	653
25-29	26	52	31	58	12	36	215
30-34	6	26	21	17	5	11	86
35-39	7	13	5	14	<5	5	46
40-44	<5	7	5	8	<5	7	31
45-49	0	<5	<5	<5	<5	<5	12
50-54	<5	<5	0	<5	0	0	<5
55-59	<5	<5	0	0	<5	<5	<5
60+	0	<5	<5	<5	0	0	5
Unknown	<5	0	0	<5	0	0	<5
<b>Total</b>	<b>193</b>	<b>363</b>	<b>260</b>	<b>372</b>	<b>135</b>	<b>278</b>	<b>1601</b>

Source: Victorian Notifiable Infectious Diseases Database. Communicable Diseases Unit, Public Health Branch Department of Human Services and Department of Planning and Community Development.

As shown in Figure 1, the rates of Chlamydia notifications for people aged 12-24 years in Australia have increased dramatically in the 10 years from 1995 to 2005. A sharp increase in the rate of female Chlamydia notifications seen from 2001-2002 has resulted in a considerably higher rate of infection in females compared to males of the same age.

The notified cases of Chlamydia broken down into local government areas by age group are given in Table 1. The notified cases of Chlamydia increase drastically from 9% of total reported cases of Chlamydia in the 10-14 age group to approximately 33% of total notified Chlamydia infections in the 15-19 age group to approximately 41% of total notified cases in the 25-29 age group.

**Table 2: Number of births per 1,000 estimated female resident population for women aged 15-19 years, Gippsland 2006-2007.**

LGA	2006			2007			2006 - 2007	
	Total Confines	Mothers <20 years of age	%	Total Confines	Mothers <20 years of age	%	EFRP aged 15-19 yrs	Crude birth rate
Bass Coast	261	9	3.4	289	12	4.2	1,539	13.6
Baw Baw	425	20	4.7	485	13	2.7	2,924	11.3
East Gippsland	454	37	8.1	427	23	5.4	2,717	22.1
Latrobe	887	72	8.1	918	64	7.0	5,420	25.1
South Gippsland	314	18	5.7	311	12	3.9	1,756	17.1
Wellington	524	27	5.2	499	25	5.0	2,850	18.2
<b>Gippsland</b>	<b>2,865</b>	<b>183</b>	<b>6.2</b>	<b>2,929</b>	<b>149</b>	<b>5.1</b>	<b>17,206</b>	<b>19.3</b>
<b>Victoria</b>	<b>68,547</b>	<b>1,964</b>	<b>2.9</b>	<b>70,827</b>	<b>1,818</b>	<b>2.6</b>	<b>341,649</b>	<b>11.1</b>

Source: Births in Victoria, Victorian Perinatal Data Collection Unit, Public Health, Victorian Government Department of Human Services, June 2009, Melbourne, Victoria.

Notes:

- EFRP = Estimated Female Resident Population.
- Includes women who live in a postcode outside Victoria, but who give birth at a Victorian hospital.
- A confinement is a pregnancy that results in at least 1 birth. Number of confinements does not equal number of births as one confinement may result in multiple births (eg. twins).
- Crude Birth Rate = Number of births/1000 EFRP aged 15-19 years.
- Numbers of confinements are approximate only and are based upon the 2005-06 ABS allocation of postcodes to LGAs.

The number of births per 1,000 estimated female resident population for women aged 15-19 years is given in Table 2. Table 2 shows that out of the total number of births in Gippsland; 6.2% in 2006 and 5.1% in 2007; are to teenage mothers, compared to the Victorian State average of 2.9% in 2006 and 2007, with particularly high rates in East Gippsland (8.1% in 2006 and 5.4% in 2007) and Latrobe (8.1% in 2006 and 7.0% in 2007) local government areas. Table 2 also highlights that of the total estimated female resident population approximately 19% of Gippsland female's aged between 15-19 years gave birth in 2006-2007, compared to the Victorian State average of 11.1% for the same time period.

### 3. Strategy Plan

## Gippsland Sexual and Reproductive Health Promotion Strategy 2009-2012

**Goals:**

1. To reduce the incidence of Chlamydia in the Gippsland region.
2. To reduce the rate of teenage pregnancy in the Gippsland region.

**Target populations:**

- School Communities
- Young people at risk (including workers and carers involved with young people at risk)

Objectives	Tasks	Timeline	Who?	Evaluation Methods/Measurement
<p><b>Objective 1:</b>  <b>By June 30 2012 improve equitable access and information to target groups around the following:</b></p> <ul style="list-style-type: none"> <li>• Knowledge and access to health care services</li> <li>• Knowledge and access to sexuality education</li> <li>• Access to screening</li> </ul> <p><b>Strategy 1.1:</b> Development of a youth friendly Social Marketing Campaign.</p>	<p>Review the reach of the National Sexual Health Campaign in Gippsland.</p> <p>Consultation with young people.</p>	<p>Nov 2009</p> <p>March 2010</p>	<p>GWHS Dept Health</p> <p>Ref Group</p>	<p>Campaign message recall – prompted and unprompted.</p> <p>Focus groups</p> <p>Surveys</p>

<p><b>Strategy 1.2:</b> Identify and promote youth friendly clinics and health services.</p>	<p>Ensure a diversity lens is applied to all activities within the campaign.</p>	<p>Ongoing</p>	<p>Ref Group</p>
	<p>Investigate the use of local radio. In particular community service messages and health promotion segments.</p>	<p>April 2010</p>	<p>GWHS</p>
	<p>Investigate the use of Somazone SMS messages as a social marketing tool.</p>	<p>April 2010</p>	<p>GWHS</p>
	<p>Develop or source appropriate resources for youth residential services.</p>	<p>Dec-Jan 2009</p>	<p>Reference Group FPV</p>
	<p>Develop or source appropriate resources for Indigenous young people.</p>	<p>Dec- Jan 2009</p>	<p>FPV ACCHOs</p>
	<p>Review existing services available.</p>	<p>Jan 2010</p>	<p>GWHS FPV (MTG)</p>
	<p>Identify ways to identify and engage</p>		

<p><b>Strategy 1.3:</b> Support the implementation of the Mind the Gap Project in Gippsland.</p>	<p>GPs, Practice Nurses and Community Health Services.</p>	<p>Jan 2010</p>	<p>GWHS FPV (MTG)</p>	<p>Audit tools: Pre and post analysis of pathology data. % increase of screening</p>
	<p>Engage Divisions of General Practice and investigate the inclusion of sexual health session on GP CBD Calendar</p>	<p>Dec 2009 – Feb 2010</p>	<p>PCPs Reference Group</p>	
	<p>Promote options for Chlamydia screening and testing in Gippsland including TestMe.</p>	<p>June 2010</p>	<p>Ref Group PCPs and member agencies</p>	
	<p>Include screening alert on PAP Test slide packets.</p>	<p>July 2010</p>	<p>Dept Health</p>	
	<p>Investigate current sexual health education at Gippsland Medical School.</p>	<p>Dec 2010</p>	<p>GWHS Dept Health</p>	
	<p>Membership on the Mind the Gap Project Steering Committee and collaborative work within the Gippsland region.</p>	<p>Ongoing</p>	<p>GWHS</p>	

	Develop professional development day for GPs and Allied Health workers in partnership with Mind the Gap.	Feb 2010	FPV GWHS PCPs	
<p><b>Objective 2: By June 30 2012, primary and secondary schools in Gippsland will provide sexuality education in a consistent manner and aligned with best practice.</b></p> <p><b>Strategy 2.1:</b> Develop and promote a web-based toolkit for schools that includes a model of best practice for sexuality education (inc evaluation tools and intervention list (appendix b)).</p> <p><b>Strategy 2.2:</b> Provision of professional development for relevant school staff.</p>	<p>Identify and source information for toolkit including resources for teachers, parents and students.</p> <p>Continue to develop appropriate measurement tools for evaluation of the interventions in the tool kit.</p> <p>Add the Catching Online and Mind the Gap web links to the Health Promotion in Gippsland website.</p> <p>Develop professional development program for school staff based on toolkit.</p>	<p>March 2010</p> <p>May 2010</p> <p>Dec 2009</p> <p>May – July 2010</p>	<p>Working group to be established.</p> <p>Dept Health GWHS</p> <p>Dept Health</p> <p>PCPs GWHS DEECD</p>	<p>Pre and post survey of general teaching population.</p>

<p><b>Strategy 2.3:</b> Support schools to deliver sexuality education sessions for parents.</p> <p><b>Strategy 2.4:</b> Advocate for policy changes at a State level that support a consistent approach to sexuality education.</p>	<p>Deliver professional development for teachers.</p> <p>Identify resources for teachers to use for parent sexuality education (see also Strategy 2.1)</p> <p>Work with schools to develop and promote sexuality education sessions for parents.</p> <p>Identify key policy documents.</p> <p>Engage and provide input, where possible, with key State-wide taskforces around sexual health.</p>	<p>Aug – Sept 2010</p> <p>May 2010</p> <p>Sept - Oct 2010</p> <p>Feb 2010</p> <p>Ongoing</p>	<p>Reference Group</p> <p>DEECD Com&amp; WH Services DEECD</p> <p>Dept Health</p> <p>GWHS Dept Health</p>	<p>Student survey to measure quality of sexuality education.</p> <p>Pre and post survey: parents.</p> <p>Interviews.</p>
<p><b>Objective 3: By June 30 2012, enhance the skills and knowledge of people working in the community sector to deliver sexuality education.</b></p> <p><b>Strategy 3.1:</b> Development and provision of workforce training opportunities for</p>	<p>Develop a survey tool for carers/workers to identify their</p>	<p>Jan - Feb 2011</p>	<p>Reference Group</p>	<p>Focus groups</p>

community workers and carers working with young people at risk.	professional development needs			
	Undertake a survey of worker/carer needs.	March - April 2011	GWHS	Pre and post surveys of participants in professional development.
	Develop and deliver professional development program.	June 2011	Working group to be established.	
	Identify resources for carers/workers	Dec 2010	Working group.	
Promote sexual and reproductive health resources on Department of Health's "Health Online" website.	Dec 2010	Dept Health		

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## Appendix A

**Table 3: Notified cases of sexually transmitted infections per 100,000 population, 1 January 2009 – 30 April 2009.**

Region	Chlamydia	Gonococcal Infection	Syphilis Infection
Barwon South West	199.6	11.1	3.4
Grampians	216.5	15.6	0.0
Loddon Mallee	208.5	5.2	2.0
Hume	180.8	5.8	2.3
Gippsland	144.3	11.0	0.0
North West Metro	224.7	51.2	9.2
Eastern Metro	156.1	18.1	3.7
Southern Metro	241.4	42.0	6.4
<b>Victoria*</b>	<b>215.4</b>	<b>30.9</b>	<b>6.1</b>

Source: *Communicable Disease Control—Public Health Branch, Department of Human Services, 2009 (Communicable Disease Control - Public Health Branch, 2009).*

Notes: \*Victorian total includes notifications where the region is unknown or not stated.

Rates were standardised using the Australian Bureau of Statistics 2007 estimated resident population.

**Table 4: Condom use among sexually active students in the previous year (%), Australia 2008.**

		Year 10	Year 12	Total
Males	Always used condoms	66.1	50.7	60.8
	Sometimes used condoms	27.0	40.7	34.9
	Never used condoms	6.9	8.6	4.3
		N=162	N=270	N=340
Females	Always used condoms	56.0	43.7	46.1
	Sometimes used condoms	42.1	48.5	45.8
	Never used condoms	1.9	7.8	8.1
		N=179	N=519	N=789
Total	Always used condoms	56.5	46.8	50.5
	Sometimes used condoms	35.6	46.9	42.6
	Never used condoms	8.0	6.3	6.9
		N=432	N=698	N=1130

Source: *Secondary Students and Sexual Health 2008, Results of the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health, 2003(Smith et al., 2009).*

**Table 5: Secondary School Students mean scores for knowledge of HIV, STI and Hepatitis, Australia 2008.**

	Year 10			Year 12			Total		
	HIV*	STI*	Hepatitis <sup>#</sup>	HIV*	STI*	Hepatitis <sup>#</sup>	HIV*	STI <sup>#</sup>	Hepatitis <sup>#</sup>
Males	9.1	6.7	4.3	9.4	6.7	4.5	9.3	6.7	4.4
Females	9.2	7.0	4.6	9.6	8.0	4.9	9.4	7.5	4.7
<b>Total</b>	<b>9.2</b>	<b>6.9</b>	<b>4.5</b>	<b>9.5</b>	<b>7.6</b>	<b>4.8</b>	<b>9.3</b>	<b>7.2</b>	<b>4.6</b>

Source: Secondary Students and Sexual Health 2008, Results of the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health, 2003(Smith et al., 2009).

Notes: \* HIV and STI knowledge scale ranges from 0-11

<sup>#</sup> Hepatitis knowledge scale ranges from 0-7

**Table 6: Secondary School Students who have ever had a sexual intercourse (%), Australia 2008.**

	Year 10	Year 12	Total
Males	27.1 (N=624)	44.4 (N=411)	34.0 (N=1035)
Females	27.6 (N=1033)	61.7 (N=858)	43.1 (N=1891)
<b>Total</b>	<b>27.4 (N=1657)</b>	<b>56.1 (N=1269)</b>	<b>39.9 (N=2926)</b>

Source: Secondary Students and Sexual Health 2008, Results of the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health, 2003(Smith et al., 2009).

**Table 7: Secondary School Students who have been diagnosed with a STI (%): Sexually active students only. Australia 2008.**

	Year 10	Year 12	Total
Males	2.9 (N=165)	1.9 (N=183)	2.4 (N=348)
Females	2.4 (N=281)	3.4 (N=523)	3.1 (N=804)
<b>Total</b>	<b>2.6 (N=446)</b>	<b>3.0 (N=706)</b>	<b>2.9 (N=1152)</b>

Source: Secondary Students and Sexual Health 2008, Results of the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health, 2003(Smith et al., 2009).

**Table 8: Reported number of sexual partners in the previous year for sexually active students, Australia 2008.**

Frequency	Year 10		Year 12		Total	
	Males	Females	Males	Females	Males	Females
No sex in past yr	6.5	4.2	2.6	2.2	5.1	2.3
1 person	45.3	53.3	44.2	56.2	50.3	53.1
2 people	12.2	17.1	15.1	14.5	15.3	14.6
3 or more people	36.1	25.4	38.2	27.2	29.3	30.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: Secondary Students and Sexual Health 2008, Results of the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health, 2003(Smith et al., 2009).

**Table 9: Sexually active students who were drunk or high the last time they had sex (%) Australia 2008.**

	Year 10	Year 12	Total
Males	23.8	42.7	33.7
Females	17.9	21.4	20.2
<b>Total</b>	<b>20.1</b>	<b>26.9</b>	<b>24.2</b>

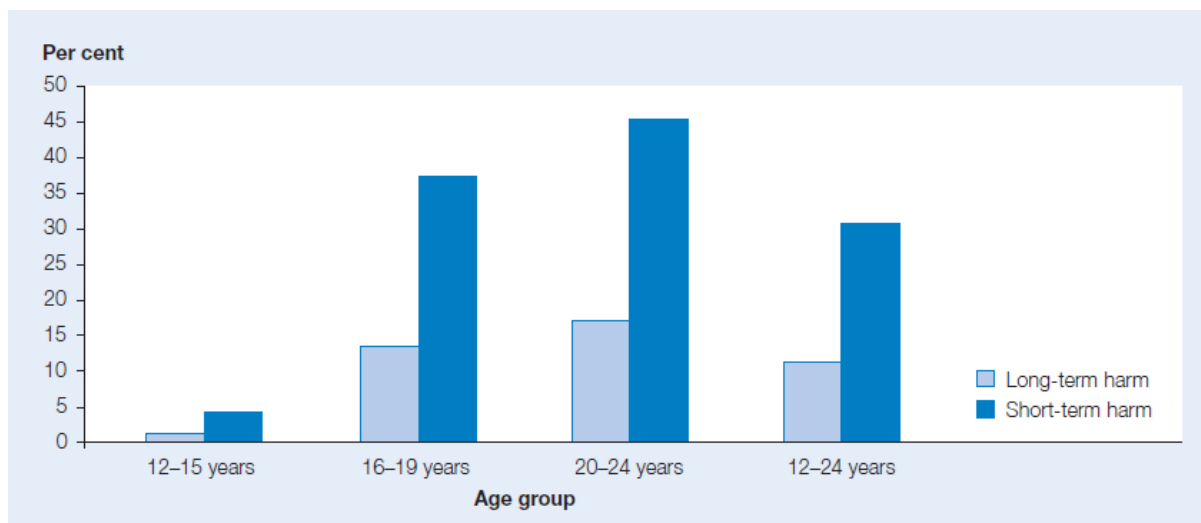
Source: Secondary Students and Sexual Health 2008, Results of the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health, 2003(Smith et al., 2009).

**Table 10: Notification rate of sexually transmitted infections for young Indigenous people aged 12-24 years, Australia 2002-05.**

Sexually transmitted infection	2002	2003	2004	2005
<b>Chlamydia</b>				
Number	2,201	2,708	2,879	2,791
No. per 100,000 young people	1,827.5	2,154.0	2,208.3	2,066.7
<b>Gonococcal infection</b>				
Number	1,530	1,853	2,029	2,294
No. per 100,000 young people	1,265.2	1,473.9	1,556.3	1,698.6
<b>Syphilis</b>				
Number	347	290	227	177
No. per 100,000 young people	286.9	230.7	174.1	131.1

Source: National Notifiable Diseases Surveillance System Survey cited in Young Australians: their health and wellbeing 2007 (Australian Institute of Health and Welfare, 2007).

**Figure 2: Proportion of young people who drink at risky or high-risk levels for short-term and long-term harm, Australia 2004.**



Source: AIHW 2004 National Drug Strategy Household Survey cited in Young Australians: their health and wellbeing 2007 (Australian Institute of Health and Welfare, 2007).

## Appendix B Sexual and Reproductive Health Intervention List

- **Catching On** - Catching On assists with building the capacity of teachers to integrate sexual and reproductive health education into everyday learning and teaching. "Catching On aims to provide a comprehensive resource.
- **Safer Choices** - has a focus on "education with AIDS/STD prevention information plus parent involvement and community health links.
- **SeXfactor** - comprises one full day of sex education for year 9 and 10 boys or girls (alternating sexes each year) attended by a number of high schools in the area. It engages local services including pharmacies, GPs and local businesses as ways of promoting the event to those outside of traditional education systems.
- **Sexual Health Training for health professionals** - Young people need to feel comfortable in accessing services and advice in order to seek and receive treatment and prevention information. Sexual health training for other health professionals can assist with making services more youth and diversity friendly.
- **Talking Sexual Health** - is a teaching and learning resource for teachers endorsed by the Department of Education and Early Childhood Development. Utilised across the country, Talking Sexual Health looks at a number of sexual and reproductive health issues including sexual diversity, safer sex, STIs and blood-borne viruses.
- **Community Health Services in Schools** - utilises, along with medical practitioners and school health and wellbeing staff, onsite school facilities to provide opt-out one-on-one sessions that include confidential screening for STIs and sexual and reproductive health information for all students.
- **Partnerships in safer sex and testing** - designed to give youth workers, clinicians and others working with young people the information and strategies they need to make sexual health a priority and establish appropriate sexual health service referral paths in their local area.
- **Sustainable sexual and reproductive health education for primary school children** - By attending professional development teachers gain skills and a number of techniques for integrating sexual and reproductive health activities and information into their classes. Professional development training builds the capacity for schools to deliver and provide competent sexual and reproductive health education to their students.
- **Safer Sex in the Sticks** - linking with the local football clubs, this intervention aims to "raise awareness of STIs, increase access to and use of condoms, and improve access for young people to sexual health education and testing". A screening and education component is delivered.
- **Sexual and Reproductive health in secondary schools** - professional development for teachers around the rationale for teaching sexuality education in schools, development distribution and curriculum implementation of DEECD endorsed guidelines, inclusion of parents' opinions around the teaching of sexuality education to their children and the up skilling teachers in the implementation and integration of sexuality education across the curriculum.
- **Young mothers in education** - Schools providing specialised programs to help young mothers stay engaged with education to enable young women to complete their studies while parenting.