

GIPPSLAND
SEXUAL AND REPRODUCTIVE HEALTH STRATEGY
2017 - 2021



G I P P S L A N D
Sexual and Reproductive Health Alliance

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Foreword

Gippsland Sexual and Reproductive Health Strategy was developed by the Gippsland Sexual and Reproductive Health Alliance (GSRHA), a group of organisations committed to improving the health and wellbeing of Gippslanders. Led by Gippsland Women's Health, the Alliance will oversee the implementation of the plan.

We would like to thank the members of the Gippsland Sexual and Reproductive Health Alliance and their organisations for their contributions to the development of the Gippsland Sexual and Reproductive Health Strategy:

- Bairnsdale Regional Health Service
- Bass Coast Shire Council
- Baw Baw Shire Council
- Central Gippsland Health Service
- Centre for Multicultural Youth
- Department of Health and Human Services
- East Gippsland Primary Care Partnership
- Family Planning Victoria
- Gippsland Centre Against Sexual Assault
- Gippsland Primary Health Network
- Gippsland Southern Health Service
- Gippsland Women's Health
- Latrobe Community Health Service
- Omeo District Health
- School Nursing Program- Department of Education and Training, Gippsland
- South Gippsland Health Service
- South Gippsland Shire Council
- Wellington Primary Care Partnership

Background

Sexual and reproductive health is a state of complete physical, mental and social wellbeing in relation to sexuality and reproduction.

Definitions:

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. (World Health Organisation, 2013)

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 to do so (UNFPA 1994).

Reproductive Rights is the recognition of the basic right of all couples 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 their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. (UNFPA 1994)

Sexual and reproductive health is integral to supporting overall health and wellbeing. While the population of Victoria is one of the healthiest in the world, the burden of disease associated with poor sexual and reproductive health continues to increase. Sexual and Reproductive ill health disproportionately affects 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).

- In 2014, 27.7% of young people in Inner Gippsland and 31.1% Outer Gippsland (16.9% Victoria) reported that they had sexual intercourse (Dept. of Education and Training 2014).
- Young people are having unwanted sex with one quarter (25%) of the respondents to the National Survey of Australian Secondary Students and Sexual Health 2013 reported having sex when they didn't want to. Being too drunk (49%), being influenced by their partner (53%) and being frightened (28%) were the most common reasons for having sex when they did not want to (Mitchell et al 2014).

The rates of STIs are increasing across Australia, particularly for chlamydia, and this trend is occurring in Gippsland as well. Although it is difficult to know if some of these figures are lower than actual due to a lack of testing.

- The rates of Chlamydia in 2014 varied across Gippsland from 17.54 (East Gippsland) to 23.21 (Latrobe) for rates per 10,000 for females (18.01 Victoria) and between 7.09 (Bass Coast) to 13.95 (Latrobe) for rates per 10,000 for males (11.39 Victoria) (WHV, 2017 Women's Health Atlas). It is important to promote sexual practices that protect against sexually transmissible diseases (STI).
- In 2014, 22.8% of sexually active adolescents surveyed in Inner Gippsland Region and 16.9% in Outer Gippsland Region (27% Victoria) reported that they practiced safe sex by using a condom. It is concerning that three quarters or more of sexually active young people are not practising safe sex (Dept. of Education and Training 2014).

Contraception should be readily available so that women have the right to choose if, when and how they have children. In particular it is important that young women have access to affordable contraception as teenage childbearing is often related to decreased health, social and economic outcomes for teenagers and their children.

- In 2009, 79.4% of sexually active adolescent females in Gippsland (78.9% Victoria) have used contraception to avoid pregnancy (Dept. of Education and Early Childhood Development 2011)
- In 2015 all local government areas in Gippsland had higher rates of teenage pregnancies (range 9.8 to 21.5 births per 1000 women in 15-19 year age bracket) than the Victorian average (9.5) (WHV, 2017).

Research with key stakeholders and service providers on access to family planning services completed by rural Victorian Women's Health Services, including Gippsland Women's Health Service, identified privacy, availability, travel and cost, as the key barriers to accessing these services (Rural Services of Women's Health Association of Victoria 2012). The Gippsland Sexual and Reproductive Health survey found similar issues including cost, privacy, wait time and lack of availability, as barriers to accessing sexual and reproductive health services locally (Gippsland Women's Health Service 2012).

Policy Context

At the policy level there are state and national policies & strategies that support action on sexual and reproductive health.

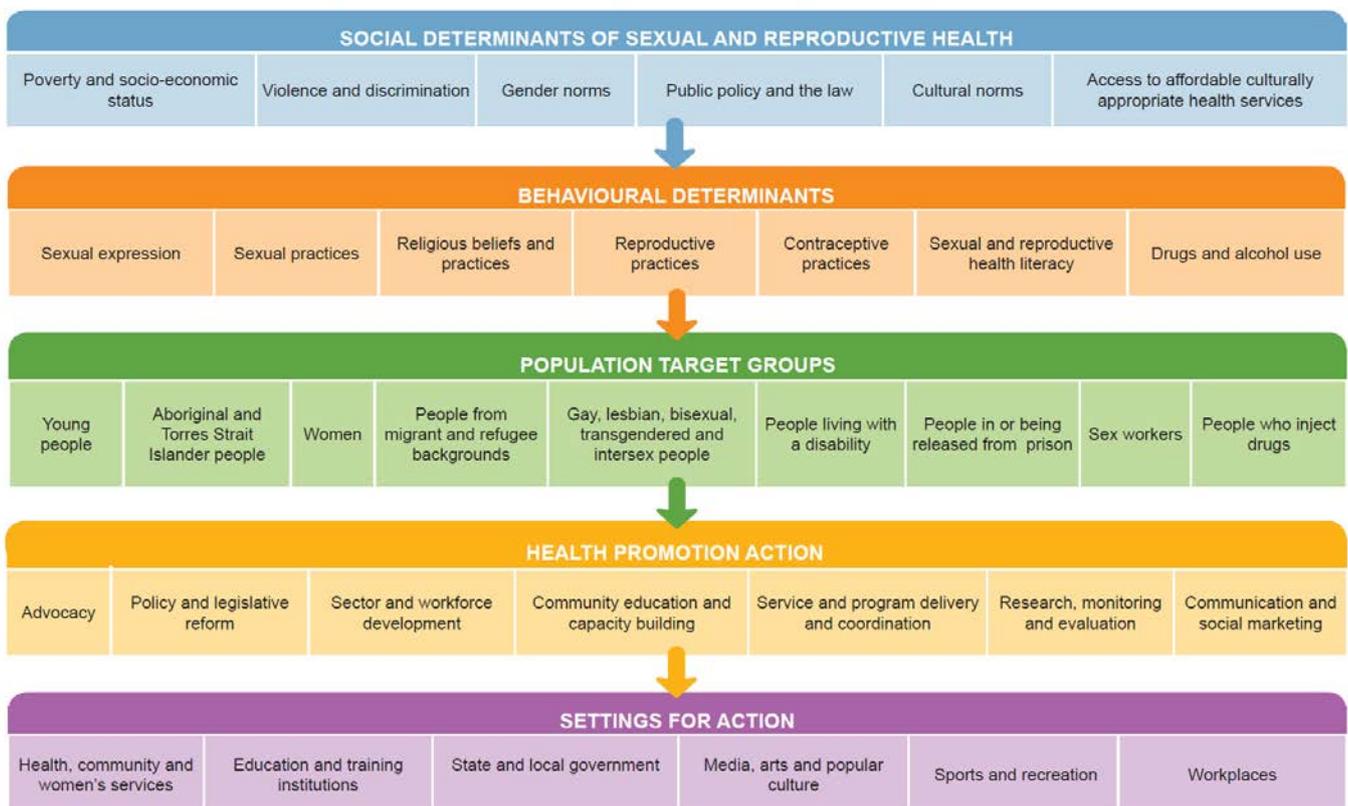
- [Women's sexual and reproductive health: key priorities 2017-2020](#) is Victoria's first ever women's sexual and reproductive health strategy. The Plan recognises the important role that sexual and reproductive health plays in women's health and wellbeing, and in the achievement of gender equality. The Plan acknowledges the broad definition of sexual and reproductive health as the right to healthy and respectful relationships; inclusive, safe and appropriate services; access to accurate information and effective and affordable methods of family planning and fertility regulation. This document has guided the development of the Gippsland Sexual and Reproductive Health Alliance Strategy.
- [Third National Sexually Transmissible Infections Strategy 2014 – 2017](#)
- [Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014 – 2017](#)
- [Victorian HIV Strategy 2017-2020](#) will improve prevention, testing and treatment of HIV. In collaboration with affected communities the government will also reduce HIV stigma and discrimination.
- [Victorian hepatitis B Strategy 2016-2020](#) has the goal of eliminating hepatitis B as a public health concern by 2030
- [Victorian hepatitis C Strategy 2016- 2020](#) will increase prevention, testing and treatment of hepatitis C and to reduce stigma and discrimination.
- [The Victorian Public Health and Wellbeing Plan 2015 – 2019](#) which includes sexual and reproductive health as a priority area.

Social Determinants of Sexual and Reproductive Health

A report from WHO has identified 'that factors beyond the control of the individual influence sexual and reproductive health. Programs that fail to consider the external social determinants of sexual and reproductive health are unlikely to improve the sexual and reproductive health particularly among vulnerable population' (WHO 2010). Informed by the WHO and prominent VicHealth primary prevention frameworks, Women's Health West developed a Sexual and Reproductive Health Promotion Framework (2011) which provides a conceptual framework to guide health promotion in this area. This framework guides the Gippsland Sexual and Reproductive Health Strategy.

The framework identifies 6 social determinants of sexual health and reproductive health that need to be considered to achieve sustainable and equitable health outcome. The next layer of the framework deals with the key behaviours that effect an individual sexual and reproductive health. The third layer identifies population groups that population groups that are most at risk of sexual and reproductive health inequity in Melbourne’s West and this may vary for the Gippsland population. The fourth layer documents the health promotion action areas to promote sexual and reproductive health and the final layer identifies settings for action (Women’s Health West 2012).

Western Region Sexual and Reproductive Health Promotion Framework



(Citation: Adapted from Women’s Health West’s, Sexual and Reproductive Health Promotion Framework 2011)

Previous Gippsland Sexual and Reproductive Health Strategies

The Gippsland Sexual and Reproductive Health Strategy 2017-2021 builds on the work and partnerships of the previous two Gippsland Sexual and Reproductive strategies. The 2013-2017 Strategy’s achievements included the installation of condom vending machines in 5 out of the 6 local government areas, #areyoucovered-safe and consensual sex campaign and the uptake of relationships and sexual health grants by schools.

Gippsland Sexual and Reproductive Health Strategy 2017-2021

Vision

For people in Gippsland to have positive, respectful, safe sexual relationships and reproductive choice.

Goal:

To improve sexual and reproductive health of people in Gippsland

Evaluation Questions

- What knowledge, attitude and behaviour changes do;
 - young people need to increase their sexual and reproductive health?
 - people with a disability need to increase their sexual and reproductive health?
 - health professionals need to improve services for women on choice of when and how often to reproduce?
 - schools and school staff need to deliver comprehensive, inclusive relationship and sexual health education?
 - health professionals to improve services for women with endometriosis, polycystic ovary syndrome and menopause?
- What training and support do schools need to deliver comprehensive, inclusive relationship and sexual health education?

Sexual and Reproductive Health Strategy 2017-2021 Implementation Plan

Objective	Strategies	Planned impact indicators	Partners & Responsibilities	Evaluation Methodology
<p>1 To increase safe sex practices in young people in Gippsland by end of June 2021</p>	<p>1.1 Work with local government, health services and community groups to install and maintain condom vending machines 1.2 Develop and expand areyoucovered safe & consensual social marketing campaign 1.3 Explore expanding social marketing for promotion of testing for STIs</p>	<ul style="list-style-type: none"> • Number of young people who know how to practice safe sex • Number of young people who know where to get condoms • Number of young people using a condom • Number of schools with trained staff teaching comprehensive sexual education • Number of condoms sold in LGAs related to survey results 	<ul style="list-style-type: none"> • DET – Teachers and School Nurses-<i>Teach comprehensive, inclusive sexual education</i> • GWH, Local Government, Health Services- <i>Installation and promote location of condom vending machines</i> 	<ul style="list-style-type: none"> • Survey of young people on knowledge, attitudes and behaviour • Record of teachers and schools who have attended FPV training • Quarterly report of the number of condoms sold in each LGA
<p>2 To increase the number of Gippsland schools delivering comprehensive, inclusive relationship and sexual health education</p>	<p>2.1 Improve access and awareness of resources available for teaching and promoting inclusive approaches to sexuality and sexual relationships 2.2 Improve participation of schools in Sexual Health and Wellbeing priority area of the Achievement Program and uptake of the Relationship and Sexual Health Grant program</p>	<ul style="list-style-type: none"> • Number of schools that gain sexual health and wellbeing priority area in the Achievement program • Number of schools delivering best practice relationship and sexuality education. 	<ul style="list-style-type: none"> • GWH- <i>Relationship and Sexual Health School Grants</i> • Health Promotion Workers-<i>Support schools with the Achievement Program and selection of Sexual Health and Wellbeing benchmark</i> • FPV- <i>Teaching Staff training and resources</i> • GCASA –<i>School sessions</i> • DET – School Nurses-<i>Survey school's practice</i> 	<ul style="list-style-type: none"> • Record data from Achievement Program data base • Audit/Survey of schools • Case studies of schools with comprehensive relationship and sexual health programs

Objective	Strategies	Planned impact indicators	Partners and Responsibilities	Evaluation Methodology
<p>3.To increase awareness about respectful relationships and access to sexual and reproductive health information and services for adults with minor intellectual disability in Gippsland by end June 2021</p>	<p>3.1 Working with local partners to deliver the Sexual Lives & Respectful Relationships (SL&RR) program in Gippsland. 3.2 Provide Respectful Relationships and Sexual Health training to program partners (including sector workers in local government, community health, sexual assault services and disability services)</p>	<ul style="list-style-type: none"> • Increased knowledge of program participants • Increased knowledge and skills of program partners and their organisations 	<ul style="list-style-type: none"> • SL&RR Reference group including GCASA, Rural Access- Facilitate SL&RR program • GWH-promote the program 	<ul style="list-style-type: none"> • Survey/interviews • Relevant research findings
<p>4 To improve affordable and confidential access to emergency contraception and termination</p>	<p>4.1 Complete service and program mapping on access to emergency contraceptive choices, pregnancy choices counselling and terminations. 4.2 Delivery of medical termination of pregnancy training to GPs. 4.3 Advocacy to public hospitals to offer terminations. 4.4 Support the development of emergency contraceptive, pregnancy choices counselling and termination of pregnancy pathways 4.5 Dismantle and challenge stereotypes about who can exercise choice.</p>	<ul style="list-style-type: none"> • Number of GPs delivering medical termination of pregnancy • Number of hospitals offering terminations • Number of GPs and health professionals using emergency contraceptive and termination of pregnancy pathways 	<ul style="list-style-type: none"> • GWH - service mapping, • Health Professionals • Gippsland PHN • PCPs • Pharmacies • Community Health 	<ul style="list-style-type: none"> • Report on services available in Gippsland

Objective	Strategies	Planned impact indicators	Partners and Responsibilities	Evaluation Methodology
<p>5 To increase health professionals' knowledge of endometriosis, polycystic ovary syndrome and menopause</p>	<p>5.1 Disseminate relevant information and professional opportunities on endometriosis, polycystic ovary syndrome and menopause 5.2 Develop and promote health pathways for endometriosis, polycystic ovary syndrome and menopause</p>	<ul style="list-style-type: none"> Increased knowledge of symptoms and treatment of the endometriosis, polycystic ovary syndrome and menopause by health professionals. 	<ul style="list-style-type: none"> GSRHA-<i>Distribute information to networks</i> 	<ul style="list-style-type: none"> Pre and post surveys of health professionals Record number of health professionals who attend training and information sessions

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