

# Victorian women's sexual and reproductive health plan

2022–30



Front cover photo: Emily Mackie  
and Dr Tash McLellan,  
Gateway Health Wodonga

Images by On Location Photography

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In this document, 'Aboriginal' refers to both  
Aboriginal and Torres Strait Islander people.

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# Acknowledgement of Aboriginal Victorians

**We recognise the diversity of Aboriginal people living throughout Victoria. In this strategy we have used the term 'Aboriginal' to include all people of Aboriginal and Torres Strait Islander descent living in Victoria.**

The Victorian Government proudly acknowledges Victoria's Aboriginal communities and the richness and depth of the world's oldest living culture and pays respect to Elders past and present. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches our society more broadly. We embrace self-determination and reconciliation, working towards equality of outcomes and ensuring an equitable voice.

Within Aboriginal Victorian communities, there is a rich landscape of cultural and spiritual diversity, with varied heritages and histories both pre and post-invasion. We understand and acknowledge that people may have multiple and intersecting gender and sexuality identities including: young people, women, gay, bisexual and men who have sex with men, trans and gender diverse people including Sistergirls and Brotherboys. We also acknowledge priority groups within the Aboriginal Victorian population who particularly experience poor

sexual and reproductive health outcomes. We recognise that these groups have a right to enjoy and have control over their own sexual and reproductive behaviours in line with cultural values, kinship practices and individual ethics, and may need support to access culturally inclusive reproductive health services and programs.

Victorian Aboriginal communities continue to lead with strength and resilience in the face of ongoing transgenerational trauma, systemic racism and the impacts of colonisation, dispossession and removal of families and Country. Cultural and social determinants of health affect Aboriginal Victorians' experiences of wellbeing, blood-borne viruses (BBV), sexually transmissible infections (STI) and reproductive health choices. In this context, wellbeing is not a narrow experience of the physical body, it is a cultural, emotional and spiritual experience. This wellbeing includes the right to be free from diseases that may interfere with sexual life.

To achieve these freedoms, we have established a continued willingness to work in partnership to address BBV and STI and to promote reproductive health. This partnership, defined by the hallmarks of the community-controlled and led response, is best practice and improves quality-of-life and health outcomes for individuals, families and communities.

The Victorian Government notes that, in partnership with the First Peoples' Assembly of Victoria, Victoria is currently establishing a framework to begin treaty

negotiations with Traditional Owners and Aboriginal Victorians. Government will work to ensure relevant actions outlined in this strategy align with treaty negotiations and delivering future treaties in Victoria. This includes corresponding funding, implementation of actions and governance mechanisms. We are deeply committed to Aboriginal self-determination and to supporting Victoria's treaty process. We acknowledge that treaty will have wide-ranging impacts for the way we work with Traditional Owners and Aboriginal Victorians. We seek to create respectful and collaborative partnerships. We will develop policies and programs that respect Aboriginal self-determination and align with treaty aspirations.

We acknowledge that Victoria's treaty process will establish a framework for transferring decision making power and resources to support self-determining Aboriginal communities to take control of matters that affect their lives. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal Victorians.

As we work together to ensure Victorian Aboriginal communities continue to thrive, the government acknowledges the invaluable contributions of generations of Aboriginal warriors and matriarchs that have come before us, who have fought tirelessly for the rights of their people and communities towards Aboriginal self-determination. We are now honoured to be part of that vision.



“ Women’s sexual and reproductive health is incredibly important throughout all life stages. The strategy will create an opportunity for stronger, louder, everyday conversations with the voice and experience of women at the centre of a system that is focused on prevention. Victoria has a strong, proud history of the Victorian Women’s Health Services leading advocacy and influencing structural change for better sexual and reproductive health with a vibrant prevention architecture across the state.

The strategy maps out key way points to support women, girls and gender diverse people toward better sexual and reproductive health by addressing inequities and improving access to information and service navigation. The Victorian women’s sexual and reproductive plan is an invitation to contribute to a system and experience based on mutual respect and regard. ”

Tricia Currie, Chief Executive Officer, Women’s Health  
Loddon Mallee, and Chair, Women’s Health Services Council

**Pictured:** Women’s Health Service CEOs (L-R): Marianne Hendron, Emma Mahony, Amanda Kelly and Elly Taylor and Dianne Hill, Chief Executive Officer, Women’s Health Victoria.

# Contents

<b>Acknowledgement of Aboriginal Victorians</b>	<b>3</b>
<b>About this plan</b>	<b>6</b>
<b>Introduction</b>	<b>8</b>
Health equity and priority populations	13
Mental health, family violence and reproductive coercion	14
Coronavirus (COVID-19) recovery and care	16
A life course approach	18
<b>Women’s sexual and reproductive health in Victoria</b>	<b>23</b>
Key achievements 2017–20	23
Victoria’s sexual and reproductive health system	24
<b>Key statistics</b>	<b>26</b>
<b>Victorian women’s sexual &amp; reproductive health plan</b>	<b>30</b>
<b>Consumer health information</b>	<b>32</b>
Key achievements in consumer health information (2017–20)	33
Priority actions – improving access to information that promotes good sexual and reproductive health	35
<b>Service provision</b>	<b>36</b>
Key achievements in service provision (2017–20)	38
Priority actions – increasing access to person-centred sexual and reproductive health services for all Victorians	40
<b>Workforce</b>	<b>42</b>
Key achievements in workforce (2017–20)	43
Priority actions – improving integration across the sexual and reproductive health system by strengthening workforce capacity, fostering partnerships and increasing collaboration	44
<b>References</b>	<b>46</b>

# About this plan

**The Victorian women's sexual and reproductive health plan 2022–30 is one of seven plans that form the Victorian sexual and reproductive health and viral hepatitis strategy 2022–30.**

The plan builds on and extends the objectives and focus areas from the *Women's sexual and reproductive health: key priorities 2017–2020*. It outlines the priority actions implemented to date and includes new and refocused priority actions that support positive sexual and reproductive health and wellbeing outcomes for Victorian women, girls and gender diverse people.

The strategy and plan acknowledge gender diversity and promote gender equality. The terms 'women' and 'girls' do not exclude gender diverse people. The plan recognises that some people who do not identify as women or girls at different points across the life course access women's sexual and reproductive health services. This plan is inclusive of trans, non-binary, agender, intersex and other gender diverse populations.

This plan aligns with the *National women's health strategy 2020–2030*, which provides a framework for a high-quality and coordinated national response. The plan also aligns with and supports the *Victorian public health and wellbeing plan 2019–2023* and *Safe and strong: a Victorian gender equality strategy*.

This plan will also enable Victoria to leverage opportunities arising from the *National endometriosis action plan 2018* and the *National men's health strategy 2020–2030*.

The women's sexual and reproductive health plan was developed based on work across Victorian government departments, sector-wide consultation undertaken by key partner organisations, department-led engagement workshops and written recommendations.

Consultation and engagement with the sexual and reproductive health sector included clinicians, advocates, researchers, health promotion organisations and Aboriginal Community Controlled organisations.

The plan reflects the Victorian Government's commitment to working together to achieve our shared vision that Victorian women, girls and gender diverse people are supported to achieve their optimal sexual and reproductive health outcomes.

Figure 1 shows where this plan fits within the Victorian sexual and reproductive health and viral hepatitis strategy.

The women's sexual and reproductive health plan is supported by a strategy companion document made up of an overview (which frames our approach and details our guiding principles, priority populations and settings) and system enabler plan.

The system enabler plan acknowledges the enablers that make a significant contribution to outcomes across Victoria's sexual and reproductive health and viral hepatitis response, specifically:

- reducing stigma, racism and discrimination
- strengthening workforce capacity
- fostering partnerships and collaboration
- strengthening and supporting data and research.

This approach aims to strengthen shared priority actions across the sexual and reproductive health system to address common system challenges faced by Victorians in having their sexual and reproductive health and care needs understood and met.

This will involve establishing and deepening partnerships outside the sexual and reproductive health sector, such as with organisations in the mental health, housing, alcohol and other drug, and refugee health sectors. These partnerships will help us develop pathways and programs tailored to our priority populations.

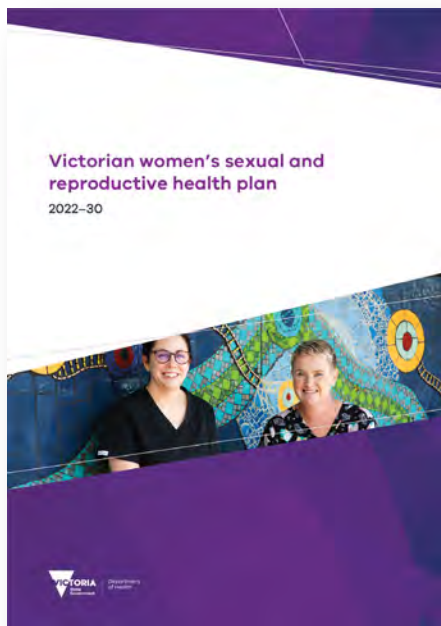
Our models of care must use an intersectional and gendered-lens approach. They must respond to diversity, increasing complexity and co-occurring needs. They must address inequity and promote access to culturally safe, locally delivered, person-centred care when and where people need it.

Aboriginal Victorians are a priority population in the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*. Recognising the unique needs of Aboriginal Victorians, the *Victorian Aboriginal sexual and reproductive health plan 2022–30* outlines priority actions needed to improve Aboriginal Victorians' wellbeing through reducing the transmission and impact of blood borne viruses (BBV) and sexually transmissible infections (STI) and improving sexual and reproductive health outcomes.

The Victorian Government will undertake a mid-point review in 2025–26 to assess progress against the plan. The mid-cycle progress report will be used to refresh and refocus priority actions and activities outlined in this plan and aligned plans under the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*.

Figure 1: Components of the *Victorian sexual and reproductive health and viral hepatitis strategy*

## Victorian sexual and reproductive health and viral hepatitis strategy 2022-30



The indicators and monitoring framework currently in development will form the basis of understanding the impact of the strategy and each plan.

# Introduction

The Victorian Government's vision is that every Victorian is supported to achieve their optimal sexual and reproductive health outcomes. This means that Victorian women, girls and gender diverse people will have access to comprehensive sexual and reproductive health services and information, when and where they need it, that normalises reproductive health across the life course.

To achieve this vision, the service system requires strengthening and redesign, particularly in terms of integrating sexual and reproductive health service delivery. As part of this focus, the Victorian Government will continue to invest in sexual and reproductive health clinical and information services and support programs that are appropriate for a person's age and stage. Sustained investment and efforts to prevent and intervene effectively and early in preventing family violence and violence against women will also support Victorians' abilities to make sexual and reproductive health decisions free of coercion.

Our vision will require concerted system capacity and capability building undertaken in partnership with clinicians, researchers, advocates and communities to implement collective actions across the care continuum.

This plan provides the framework to strengthen Victoria's response to sexual and reproductive health to deliver a more comprehensive, collaborative and contemporary service system in Victoria.

Working alongside and in partnership with priority populations to design and implement actions is an essential principle for improving the sexual and reproductive health for Victorians.

Between now and 2030, we will build on our achievements under the *Victorian Women's sexual and reproductive health key priorities 2017-2020* and focus on the key sexual and reproductive health issues facing women, girls and gender diverse people during their reproductive years.

These issues include menstrual health, contraception, abortion, assisted reproductive treatment and specific reproductive health issues (endometriosis, polycystic ovary syndrome [PCOS] and menopause). Alongside this work, Victorian Government initiatives, including sexuality and consent education aligned to the Victorian curriculum, provide a foundation for optimal sexual and reproductive health.





**Pictured:** Louise Holland,  
Sexual Health Nurse Practitioner,  
Bendigo Community Health Service

During 2016 and 2017 the Victorian Government consulted with the reproductive health sector on developing Victoria's first reproductive health plan, *Women's sexual and reproductive health: key priorities 2017–2020*. This reflected its commitment to working in partnership with health services, professional associations, women's health organisations, researchers and other stakeholders to achieve optimal women's reproductive health outcomes.

In 2019 the Victorian Government undertook the Review of Victorian Sexual Health and Service Needs (Department of Health and Human Services 2019).

The review identified the need for stronger statewide clinical sexual health system architecture to meet population need and service demand, and to drive high-quality, inclusive sexual and reproductive health care in routine care. Such an approach involves a stronger role for primary care, with formal links to specialist sexual health services when clinically necessary.

The review showed we need clearer referral pathways, multidisciplinary models of care and collaborative or joint service

arrangements to promote better access to the right care when and where people need it.

This plan responds to these findings with a focus on improving service access across population groups and geographical areas, addressing inequities and aligning with other key policy reform priorities such as preventing family violence, strengthening gender equality and the Royal Commission into Victoria's Mental Health System.

This plan will identify and address areas requiring further strengthening and support, with priority actions identified to deliver:

- improved access to information that promotes good sexual and reproductive health
- increased access to person-centred sexual and reproductive health services for all Victorians
- improved integration across the sexual and reproductive health system by strengthening workforce capacity, fostering partnerships and increasing collaboration.

Positive sexual and reproductive health involves, but is not limited to, gender equality, respect, safety and freedom from racism, discrimination and violence. It ensures a person's reproductive health autonomy is maintained in decision making. Sexual and reproductive health is influenced by power dynamics, gender norms and gender expectations. It can be expressed through diverse sexualities and genders.

Good sexual and reproductive health is important for everyone across all stages of life and is about more than just the absence of disease. It includes:

- the right to healthy and respectful relationships
- access to inclusive, safe and appropriate services and accurate information
- the availability of and access to effective and affordable services to help manage the continuum of reproductive health including chronic conditions (PCOS and endometriosis), pelvic pain, menstruation, fertility, contraception and menopause.



**“ It’s important to support girls and women to have agency for their own sexuality. Discussing pleasure is a part of that. It’s as important as consent and STI education. If a person feels shame regarding their own desire, they are less likely to seek help when they need it. It effects their self-esteem and robs them of the power to give or withhold consent. ”**

Athi Kokonis, Community Educator, Sexual Health Victoria

**It is essential that Victorians are supported to address chronic conditions or issues that affect their sexual and reproductive health outcomes across the life course. They must be able to do so without stigma, racism, discrimination or reproductive coercion.**

Included in this plan, and the system enabler plan, are activities that focus on addressing these issues and reducing barriers to information and service access.

Some of the key enablers of optimal sexual and reproductive health are prevention, health promotion, health literacy, access to services, gender equality and violence-free sexual relationships.

This plan recognises the work underway across government to address associated health and education programs. This work offers an enabling environment to support and enhance reproductive health and includes:

- freedom from violence and reproductive coercion
- strengthened affirmative sexual consent laws
- gender equity
- public maternity and newborn care
- menstruation support for adolescents and young people
- sexuality and consent education and respectful relationships
- increasing access to publicly funded infertility treatments and reproductive tissue banks
- improving access to reproductive health and mid-life services in health and community settings.

This coordinated and collaborative system response with linked strategies across sectors will enable Victorian women, girls and gender diverse people to access the care they need, when and where they need it.



**“ Migrant and refugee women in Victoria have a higher birth rate than the general population. While 70 per cent of pregnant migrant women access antenatal care in the first trimester, this rate is lower than the state average. Antenatal care services need to work in partnership with migrant women’s health organisations to make their services more equitable and increase antenatal care rates. ”**

Dr Adele Murdolo, Executive Director, Multicultural Centre for Women's Health

## Health equity and priority populations

Sex, gender, intersectionality and diversity framed from a life course approach are important determinants. They allow us to understand why risk, vulnerability in health outcomes, and varying levels of access to health services and information, affect people differently. The strategy aims to ensure programs and services promote inclusiveness, diversity and respect for the human and reproductive rights of individuals and population groups, and that they are sensitive to the health needs of all Victorians.

Gender inequity results in women having fewer opportunities for living in a safe and equal society where they enjoy equal power, can access resources and opportunities and are treated with dignity, respect and fairness.

This can be compounded by other forms of disadvantage or discrimination that people may experience on the basis of Aboriginality, age, disability, ethnicity, gender identity, race, religion, sexual orientation, occupation or other attributes.

Gender equality is a precondition for preventing family violence and other forms of violence against women and girls. Gender equality benefits all Victorians regardless of gender. It is a human right and precondition to social justice. It brings economic, social and health benefits for Victoria.

**There is a complex interplay between the range of social, cultural, economic, political and biological factors that have a profound impact on the sexual and reproductive health of women, girls and gender diverse people. This means not everyone will have the same health outcomes.**

We must proactively take multi-strategic actions to address the impacts of inequity across the life course. Women and girls are over-represented, for example, in poorer sexual and reproductive health outcomes such as higher rates of STI and higher rates of intimate partner violence.

Certain populations experience other barriers to accessing services and support that can worsen sexual and reproductive health outcomes. This includes women, girls and gender diverse people from Aboriginal communities, from culturally diverse backgrounds and communities, with disability and from LGBTIQ+ communities.

Although the data on access to sexual and reproductive health services for intersectional groups is limited, the data we do have is sufficient to signal that we need to do more to address individual and systemic barriers contributing to sexual and reproductive health inequities.

## Mental health, family violence and reproductive coercion

Different phases and changes across the life course in sexual and reproductive health play a vital role in shaping a person's mental health and vice versa. For example, 10 to 15 per cent of women in developed countries and 20 to 40 per cent of women in developing countries experience depression during pregnancy or after childbirth (Timilsina 2018).

Poor sexual and reproductive health outcomes do not emerge in isolation. People who are at risk of poor sexual and reproductive health are also at risk of a range of other poor outcomes including higher levels of substance abuse and mental health disorders (Patton 2004).

Gender inequality is a critical determinant of mental health and wellbeing for women, linked with carer burden, wage gaps, discrimination and poverty, and further compounded with intersectionality. Gender-based violence can affect all aspects of a person's physical, mental and sexual and reproductive health. It contributes to issues such as infertility, miscarriage, reproductive coercion, depression and anxiety. This violence comes at a significant cost to the individual, families, communities and society.

Gender-based violence often occurs in familial settings. Family violence is a pervasive and gendered issue, with women and children its major victim survivors. It is characterised by control, coercion and domination by one person over another.

One in three Australian women have experienced family violence in their lifetime (Australian Bureau of Statistics (ABS) 2017). This includes sexual, physical and/or emotional abuse. It is almost always perpetrated by a male. Ascribed gender roles and socio-cultural beliefs, norms and stereotypes that dictate behaviour around gender roles have a significant impact on the sexual and reproductive health inequities experienced by women and girls across various population groups.

During pregnancy, women are at an increased risk of family violence (both first instance and exacerbating existing violence) (Bacchus et al. 2006). This risk is amplified if the pregnancy is unintended (Baird 2012). Three out of five women who experienced family violence while pregnant reported that the violence began after becoming pregnant (Cox 2012).

People with disability are three times more likely to experience family violence and twice as likely to experience sexual violence than people without disability (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability 2021).

Victoria's Royal Commission into Family Violence<sup>1</sup> set a bold whole-of-government and system reform agenda to end family violence and gender inequality, outlined in a 10-year plan for change. Targets of this plan include:

- No woman or child is killed as a result of family violence.
- All Victorians will believe that family violence and gender inequality are unacceptable and will hold attitudes that support respectful relationships.
- More women and children at risk of family violence will be able to access effective early interventions.
- Family violence reoffending will be eliminated.

1 Go online for more information about the **Royal Commission** <<https://www.vic.gov.au/ending-family-violence-victorias-10-year-plan-change>>.

In recognition of the impact gender has on mental health, the Royal Commission into Victoria's Mental Health System (State of Victoria 2021) made a series of recommendations to support mental health and wellbeing services to eliminate sexual and gender-based violence in key settings. Other recommendations were identified to support LGBTIQ+ people to navigate and access the mental health and wellbeing system.

Reproductive coercion is a form of family violence that includes any controlling and constraining behaviours over another person's reproductive health and/or related decision making (Grace & Anderson 2018). It is not limited to just intimate partner violence, nor does it necessarily include physical violence. And it can be perpetrated by another (not intimate) family member. It is also important to note the unique experiences of some people with disability who can be at increased risk of reproductive coercion from intimate partners, family or health professionals – for instance, relating to choices about contraception and pregnancy.

In 2020 the reported intimate partner violence rate for women was 81.6 per 10,000 female victims (Women's Health Victoria 2021a), but the true prevalence is unknown. It is almost certainly higher because of a reluctance to report these crimes to police due to fear or shame. An estimated one-third of women who experience family violence will experience reproductive coercion (Price et al. 2019).



**Pictured:** Professor Jane Tomnay, Director, Centre for Excellence in Rural Sexual Health, The University of Melbourne

## Coronavirus (COVID-19) recovery and care

The leadership efforts and adaptive work of the sexual and reproductive health sector to continue providing quality, person-centred services throughout the course of the pandemic in line with the public health directions and restrictions deserves profound acknowledgment and appreciation.

Health services quickly adapted and modified their approaches to delivering healthcare services. For instance, Commonwealth-funded telehealth consultations assisted Victorians' access to sexual and reproductive health care during the pandemic. Services suited to virtual appointments included providing early medical abortion for women, with access to the required associated services of pathology and ultrasound.

This new approach had many positive effects including removing barriers for some people who would normally find physically accessing services difficult because of various psycho-social, mobility, cultural, geographical or cost factors. They afforded greater privacy and the involvement of support people. However, there are also demonstrable downsides including the inability for the health professional to assess if a woman was able to conduct the consultation with their desired privacy including in situations of family violence and reproductive coercion.

Emerging literature suggests the wellbeing of priority populations were at higher risk during the pandemic due to physical distancing restrictions. Groups likely to have the least resources and be affected the hardest and longest by the pandemic include Aboriginal communities,

women from migrant and refugee backgrounds, children in out-of-home care, children and young people and women at risk of family violence (Department of Health 2020).

Existing gender inequalities have meant that women were particularly impacted by the pandemic. Economic insecurities and extra responsibilities in managing home schooling contributed to increased stress and risk of conflict and violence (McArdle 2021). Women from migrant and refugee backgrounds have been particularly affected, with many reporting decreases in paid work and increases in unpaid care work. This is in addition to family separation due to border restrictions and limited access to health care for those not eligible for Medicare and those with mental health issues (GenVIC & MCWH 2021).





Although there is limited evidence on the impact of COVID-19 and associated physical distancing measures on pregnant women, partial or complete suspension of face-to-face maternal and newborn care and reproductive services meant pregnant women were less able to access standard care (Kotlar et al. 2021).

In cases where fewer people presented to health services, health professionals took time to establish links with new community groups and programs. Health professional education pivoted to a virtual mode of delivery, saving time for travel and associated costs, and reducing missed appointments at clinics.

New health reforms arising from the pandemic showed that care can be delivered closer to home and across regional areas safely. Several benefits can be leveraged more broadly across the health system including new and innovative models of care, a regional approach to service delivery and best use of the health workforce.

We will be in a sustained pandemic environment for some time. We will continually need to adapt our services and messaging to ensure women can access the care they need.

Established in response to the pandemic, Local Public Health Units (LPHUs) provide the capacity for a stronger, more responsive public health system delivered in partnership with local communities and services. The local place-based role and function can support efforts to strengthen the Victorian sexual health service system. This will enable a more responsive and coherent public health system response to the priorities identified in this plan.

## **In response to our learnings from COVID-19, we will:**

**Re-engage people in testing, treatment and care**

**Build on understanding prevention, risk recognition, risk reduction, testing and contact tracing**

**Build on new and innovative models of care**



## A life course approach

### Adopting a life course approach recognises the impact of the biological, behavioural and social determinants of health and wellbeing.

Events occurring at each stage of people's lives have an impact on the quality of the next stage. A life course perspective therefore offers potential for early intervention to improve future health outcomes.

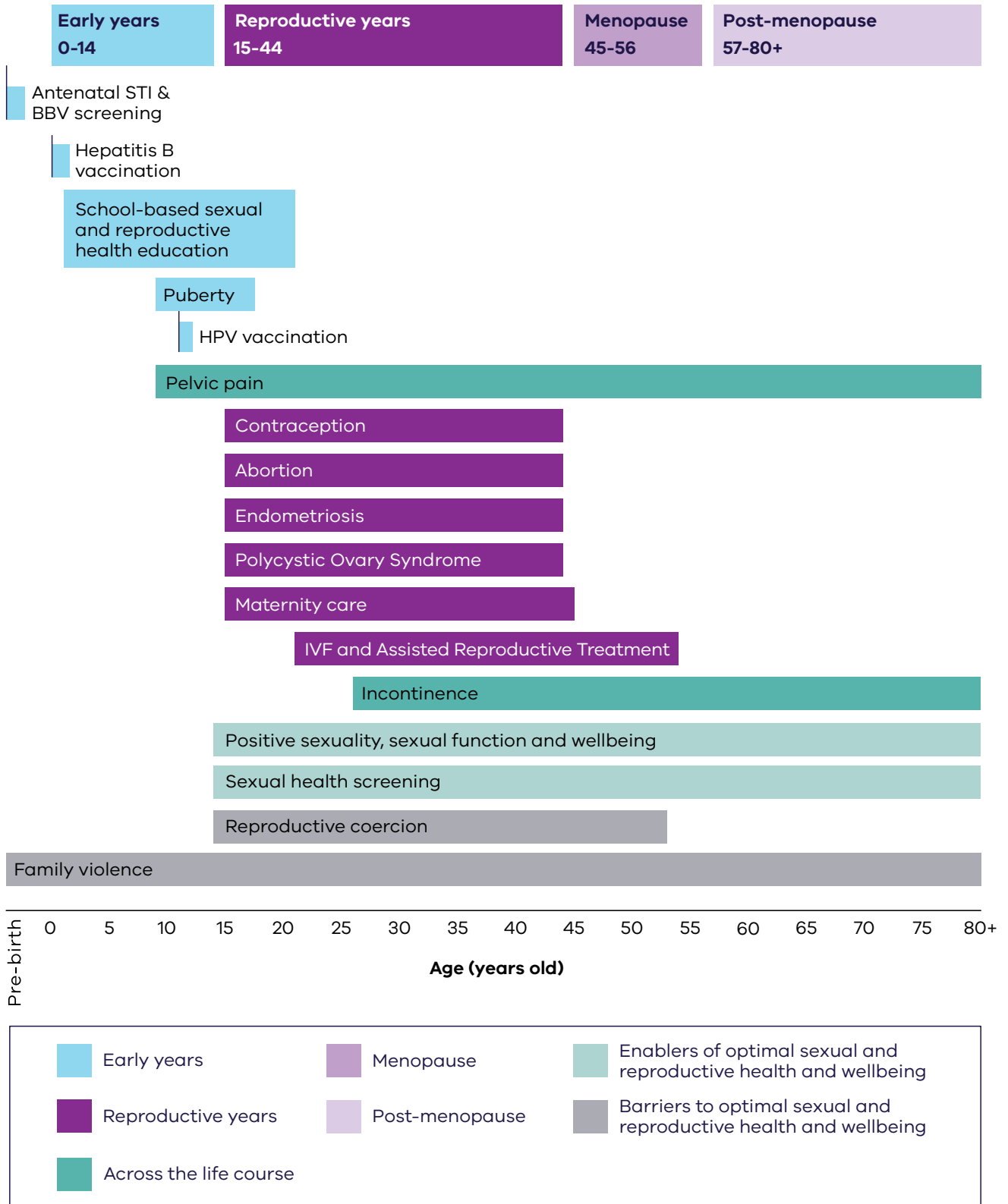
People have reproductive and sexual health needs that unfold across their life course including in older age. Supporting people to enjoy healthy sexual relationships and have control of their fertility requires timely and accurate sexual health education, access to effective contraception and early identification and management of chronic reproductive health conditions.

At various stages of their lives, women, girls and gender diverse people are affected by changes in their sexual and reproductive health and development. These changes can affect people in different ways, having an impact on overall health and wellbeing. Sexual and reproductive health issues can affect all people and may result in poor health outcomes without access to inclusive support, information and services. Health and wellbeing experiences for girls, women and gender diverse people across the life course are highly gendered (Figure 2).

Young women experience higher rates of mental distress, are subject to the effects of body image pressures and are more likely to experience intimate partner violence.

Family violence is the leading cause of preventable death, disability and illness in women aged 15 to 44 years (AIHW 2020a). For older women, lack of superannuation and a longer life expectancy contribute to them becoming the fastest growing group of homeless women (Women's Health Victoria 2021a).

Figure 2: Women's sexual and reproductive health across the life course



## Adolescence to young adulthood

As they grow, young people face important decisions about their health, employment, education, relationships, housing, sexuality, gender and sexual behaviour. From puberty to 25 years of age, girls and gender diverse people experience the onset of menstruation, commencement of sexual activity and fertility.

The decisions made at this time can affect their health and wellbeing for the rest of their lives. Accessing age-appropriate and culturally sensitive information, advice and support will provide young people with the necessary skills to help them make informed decisions about their reproductive health and overall wellbeing.

Availability and promotion of the most effective methods of contraception can be balanced with the importance of a person's choice of method and an acknowledgement of different needs at different life stages.

## Middle and reproductive years

About a quarter of pregnancies in Australia are unplanned (Taft et al. 2018). Access to reproductive health options underpins an ethical and equitable reproductive health system. This may include terminating a pregnancy, continuing a pregnancy to become a parent or choosing another care arrangement. It is fundamental to a person's health, wellbeing and human rights.

Age remains a significant determinant of infertility, noting that the decision to have children is made in the context of the broader social environment (education, employment, housing, childcare). Infertility can affect people of any gender. For many Victorians who experience fertility issues, it may be necessary to access assisted reproductive treatment, including in-vitro fertilisation (IVF) (and sometimes donor eggs, sperm and embryos) to start or extend a family. In addition, same-sex couples wanting to start or expand their family often rely on assisted reproductive treatments. IVF requires specialised treatments and care and can be expensive. For many, the option of undertaking this procedure is financially out of reach.

Early diagnosis of chronic conditions that affect sexual function and enjoyment, fertility

and overall reproductive health is critical. Conditions such as PCOS and endometriosis affect a large number of people, yet often go undiagnosed or diagnosis is delayed. For example, endometriosis affects more than 800,000 Australian women in their lifetime, with symptoms usually beginning in adolescence (AIHW 2019).

Prevention and early diagnosis of cervical cancer is also critical, particularly if Australia is to meet the ambitious goal of eliminating cervical cancer by 2035. This goal will only be realised with high-level participation in both human papillomavirus (HPV) vaccination and cervical screening programs. Normalising health-seeking behaviours including cervical screening is particularly important for diverse Victorian young women, who have the lowest cervical screening participation when compared with other jurisdictions (AIHW 2021). Introducing universal cervical screening self-collection from 1 July 2022 presents an opportunity to address many barriers to cervical screening, particularly for diverse young women and other under-screened groups.

Similarly, undiagnosed STI, such as chlamydia, gonorrhoea and syphilis, can lead to long-term impacts on reproductive health.

Most STI are preventable, easy to test for and treatable. But without early diagnosis and timely treatment, STI can lead to acute and chronic health consequences including:

- pelvic pain and inflammatory disease
- infertility
- foetal and neonatal death
- congenital abnormalities in newborns
- neurological disease
- the facilitation of HIV transmission.

Pregnancy is also an opportunity to provide ongoing engagement in care for women with hepatitis B (HBV) and help to prevent mother-to-child transmission of the virus. A study led by the Doherty Institute shows there continues to be individual challenges and system-level barriers in accessing and providing HBV care during pregnancy in Victoria (Yussf et al. 2021). Most cases of HBV are acquired at birth or in early childhood when there has been inadequate access to vaccination, such as in people from culturally diverse backgrounds (Kirby Institute 2018). In September 2021, 95 per cent of Victorian children aged 12 to 15 months had received the recommended number of HBV vaccines (Australian Government 2021).

## Women at midlife and beyond

Once dismissed as an inconvenient period of hot flushes and night sweats, symptoms of menopause are now widely recognised to be more complex, severe and pervasive. Menopause affects women's mental and physical health and wellbeing, and socioeconomic security. Menopause also causes acute bone loss which can lead to osteoporosis. This stage of the life course requires greater attention including supporting women to manage the transition through menopause while promoting healthy lifestyles for ageing. Midlife considerations and health issues include:

- promoting positive sexual health and associated STI testing
- preventing or managing age-related disease, frailty, dementia, vaginal atrophy, osteoporosis, hormone disorders and other gynaecological issues.

Menopause is an important gender-equality and age-equality issue. For most women, menopause occurs between the ages of 45 and 55 years. This is a time when nearly 70 per cent of Australian women are in paid employment (Workplace Gender Equality Agency 2021). Addressing its consequences should be part of an inclusive work environment. A 2019 United Kingdom (UK) survey found that three in five menopausal women were negatively affected at work and almost 900,000 women in the UK had left their workplace due to menopausal symptoms (UK Parliament 2021).

### Menopause

**Short-term symptoms of menopause include vasomotor symptoms (hot flushes and night sweats), anxiety, depression, sleeplessness and urogenital atrophy.**

The long-term effects include bone loss and increased fracture risk, central abdominal weight gain with increased risk of cardiovascular disease, diabetes and cancer. Seventy-five per cent of post-menopausal women aged younger than 55 report vasomotor symptoms. Forty-two per cent of women aged 60 to 64 continue to experience symptoms (Gartoulla et al. 2015).

Between 68 and 86 per cent of post-menopausal women have sexual symptoms including low libido and vulvovaginal atrophy (Ambler et al. 2012).



**“ The Victorian Government’s ambitious new women's sexual and reproductive health plan addresses several key areas of need, especially in promoting good sexual and reproductive health knowledge from early life, through to menopause and beyond – a critical time, where good management can safeguard health well into the later years. Reducing stigma, and building a skilled and culturally safe workforce and services will dismantle so many of the barriers to women and gender diverse people leading healthy lives. ”**

Janet Michelmore AO, Founder and Chief Executive Officer, Jean Hailes for Women's Health

# Women's sexual and reproductive health in Victoria

## Key achievements 2017–20

The following initiatives were implemented under the *Women's sexual and reproductive health: key priorities 2017–2020*:

- expanding access to women's sexual and reproductive health clinical services
- increasing training opportunities for health professionals in primary health care with support available from specialists
- providing women's reproductive health services in local primary care settings whenever clinically appropriate
- increasing access to women's sexual and reproductive health information, in inclusive and accessible formats and community languages, including establishing a statewide pregnancy support phone line.

Core principles to achieve these activities included relying on best evidence available, ensuring equity, having a prevention focus and enabling culturally safe services.

The following complementary government strategies and initiatives have strengthened the achievements arising from implementation of the *Women's sexual and reproductive health: key priorities 2017–2020* such as:

- the Monash PCOS Centre of Excellence expanding service delivery for clinical statewide services, and providing consumer health information via online resources, videos and information apps and tools for women and health professionals
- nurses in Supercare pharmacies

- nurses in multidisciplinary centres (family violence hubs)
- the work of the Family and Reproductive Rights Education Program (FARREP)
- health promotion and community development by the Women's Health Program organisations
- online health information resources, online training, scholarships and a community of practice for nurses and health professionals by the Centre for Excellence in Rural Sexual Health
- the Department of Education and Training's GPs and nurses in schools programs, with training provided by Sexual Health Victoria (formerly Family Planning Victoria) and administered by the University of Melbourne.

## Victoria's sexual and reproductive health system

Victoria has a world-class sexual and reproductive health system, underpinned by a range of health service providers that work together to improve sexual and reproductive health outcomes for women, girls and gender diverse people.

These include government-funded and non-government funded organisations such as community, primary care and community-controlled services, public and private hospitals, not-for-profit organisations, the Women's Health Program, research organisations and local government.

This plan outlines the Victorian sexual and reproductive health service system priority actions to:

- understand and respond to the impact of intersectionality to prevent stigma, racism and discrimination
- support the sexual and reproductive health workforce with the resources, skills and knowledge needed to deliver best practice sexual and reproductive health care
- draw on strong partnerships to meet the needs of women, girls and gender diverse people across the life course, as well as populations experiencing health inequalities that increase the risk of poor sexual and reproductive health outcomes.
- continuously learn and innovate practice through sex and gender inclusive translational research, clinical trials and improvement methodologies.

The Victorian sexual and reproductive health system includes the following components:

- 1800 My Options is the statewide provider of accurate and contemporary information about reputable Victorian reproductive health service providers via a phone service and geo-mapped database.
- Primary care (general practice), community health and Aboriginal Community Controlled organisations are usually the first point of contact. They provide sexual and reproductive health information, clinical care and management in the context of people's overall health care across the life course within their own community.

- Complementary clinical services such as pathology, pharmacies and ultrasonography are important pathways needed within the local community as part of an integrated response.
- General practice offers a referral pathway to tertiary services for maternity care, surgery, medical and surgical abortion and specialist care for more complex sexual and reproductive health issues.
- Sexual and reproductive health hubs established and based in community health services. They provide a mix of services, including long-acting reversible contraception insertion, medical abortion and STI testing and treatment.
- The Victorian Women's Health Program, a network of women's health promotion organisations, also known as 'Women's Health Services', deliver gender-based health promotion and primary prevention initiatives to improve the health and wellbeing of all Victorian women. They include three statewide, four metropolitan and five regional organisations.
- A strengthened statewide PCOS clinic offers greater access to affordable clinical specialist services in early diagnosis, treatment and support.
- Key statewide and regional reproductive and sexual health services provide information, training and education support to consumers as well as the reproductive health workforce.



- FARREP is a statewide program that helps communities traditionally affected by practices such as female genital mutilation/cutting, addresses other sexual and reproductive health issues and supports women to access culturally safe and appropriate health information and care.
- Victoria's public maternity and newborn system offers a tiered network of services committed to providing safe and supportive high-quality birthing care when and where people need it. Koori Maternity Services offer culturally safe and appropriate holistic care for Aboriginal women and their families. Work continues to strengthen and support the maternity system, noting this focused activity is outside the scope of this plan.
- The Victorian Government also partners and collaborates with a range of not-for-profit agencies, research organisations, centres of excellence and private sector partners contributing to and delivering crucial sexual and reproductive health services for Victorians.
- For Victorians requiring support with fertility issues, assisted reproductive treatment is provided by nationally registered clinical providers (complying with the *Victorian Assisted Reproductive Treatment Act 2008*). The establishment of public IVF services, including Victoria's first public egg and sperm bank, will commence in a phased approach from 2022.

Barriers for women attempting to access termination of pregnancy and a broader range of contraceptive options have been reduced through access to improved information and referral pathways through 1800 My Options, reproductive health hubs and 'upskilled' primary care services.

Significant and complementary government achievements contributing to sexual and reproductive health have been implemented in the Victorian education system:

- **Sexuality education:** Sexuality and consent education in an age-appropriate way from Foundation to Year 12 are part of the Victorian curriculum, mandated for government and Catholic schools in Victoria and supported by guidance and resources. The free sanitary pads and tampons in all government schools program helps to normalise and destigmatise reproductive health issues.
- **Respectful relationships:** The Royal Commission into Family Violence identified the critical role that schools and early childhood settings have in creating a culture of respect and equality to change the story of family violence for future generations. It recommended that respectful relationships education is delivered through a whole-school approach in every Victorian government school from Foundation to Year 12 by 2021. The Victorian Government has committed

to continuing the Respectful Relationships initiative for a further four years. It will support schools to promote and model respect, positive attitudes and behaviours and teach students how to build healthy relationships, resilience and confidence. The Department of Education and Training supports more than 1,950 schools to embed this approach across the school community.

- **Doctors and nurses in schools:** The Victorian Government funds several initiatives where students at participating secondary schools can seek medical advice, treatment and referral for sexual and reproductive health concerns. The Doctors in Secondary Schools program provides access to GPs for students at 100 secondary schools in disadvantaged areas. The Secondary School Nursing Program focuses on health promotion and primary prevention to improve student health, wellbeing and learning outcomes in 198 targeted schools.

# Key statistics

## Adolescence to young adulthood

**10%**

of girls experience pelvic pain that severely affects their schooling, career path, social growth and participation (Commonwealth Department of Health 2018).

**78.7%**

of Victorian females had completed a full course of HPV vaccine by 15 years of age in 2021 (Services Australia 2022).

**73.4%**

of Victorian males had completed a full course of HPV vaccine by 15 years of age in 2021 (Services Australia 2022).

## Middle and reproductive years

### Contraception

Three most common contraception methods in Australia in 2015 (Family Planning NSW 2020):

**28%**

oral contraceptives.

**24%**

condoms.

**7.5%**

vasectomy.

Use of long-acting reversible contraceptive methods (LARCs) increased between 2005 to 2015 (Family Planning NSW 2020):

From

**3 to 5.1%**

for contraceptive implants.

From

**1.6 to 4.5%**

for intrauterine devices (IUDs).

### Pregnancy

**75%**

(approximately) of women in Victoria give birth in a public maternity service (CCOPMM 2019).

**30.6%**

years was the average maternal age of Victorian women having their first child in 2019 (CCOPMM 2021).

Women aged

**35-39**

years accounted for more than a fifth of all women who gave birth in 2019 (CCOPMM 2021).

**1.43**

babies per woman was the total fertility rate for Victoria in 2020, lower than the Australian average rate of 1.58 (ABS 2020).

More than

**15,600**

patients accessed fertility treatment in 2019-20 (VARTA 2021).

**4,068**

live babies were born in Victoria involving some form of fertility treatment in 2019-20 (VARTA 2021).

**5.1%**

decline in surgical abortions per year since the listing of combination mifepristone/misoprostol on the Pharmaceutical Benefits Scheme (PBS) (Keogh et al. 2021).

# Key statistics continued...

## Middle and reproductive years continued...

### Chronic reproductive conditions

Average of

# 7-12

years time between the onset of symptoms and diagnosis of endometriosis (Commonwealth Department of Health 2018).

# 1 in 9

women born between 1973 and 1978 were diagnosed with endometriosis by age 40–44 (AIHW 2019).

# 1 in 15

women born between 1989 and 1995 were diagnosed with endometriosis by age 25–29 (AIHW 2019).

# 33.3%

(approximately) of women with endometriosis have difficulty achieving a pregnancy (Jean Hailes 2019).

# 8-13%

of women of reproductive age are estimated to be affected by PCOS (Monash University 2018).

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## STI in Victoria (2016-2021)

Almost

# doubling

of infectious syphilis rates in women in 2021 compared to 2016.

# 12

notified cases of congenital syphilis since 2017, including

# 4

foetal deaths.

# 32%

increase in gonorrhoea incidence in women, peaking in 2019.

## Chlamydia in women of reproductive age

# 15%

increase in notified cases from 2016-2019.

# 14%

decrease in notified cases from 2020-2021.

## Women at midlife and beyond

**51 years**

is the average age of menopause (Australian Menopause Society 2020).

**60%**

of women experience mild to moderate menopausal symptoms (Jean Hailes 2021).

**20%**

of women have menopausal symptoms so severe that they significantly interfere with daily life (Jean Hailes 2021).

**14.6%**

of women over 45 years of age report having osteoporosis (AIHW 2021).

**29.2%**

of women over 75 years report having osteoporosis (AIHW 2021).

**Pictured:** Gateway Health Wodonga: Dr Tash McLellan, General Practitioner, sexual health clinic and Emily Mackie, Sexual Health Nurse

“ Simply by naming Sexual and Reproductive Health gives permission to speak about it and enables women to break the silence on subjects that they might otherwise have felt too ashamed or embarrassed to speak about. We encourage the Victorian government to continue its investment in services in rural and regional Victoria to ensure that the benefits of the plan are delivered equitably across the state and enable better access for rural women to services that understand and can meet their needs. ”

Gateway Health Wodonga team

# Victorian women's sexual & reproductive health plan

## Visions:

Victorian women, girls and gender diverse people are supported to achieve optimal sexual and reproductive health.

The Victorian sexual and reproductive health system is a world leader in gendered practice.

## Goals

Systems support individuals and communities to enjoy positive sexual and reproductive health and wellbeing.

Victorian women, girls and gender diverse people are supported to access high-quality, safe and respectful sexual and reproductive health services that are free from stigma, racism and discrimination.

Victorian women, girls and gender diverse people have access to information and are empowered to make decisions about their sexual and reproductive health.

The Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice sexual and reproductive health testing, treatment and care for women, girls and gender diverse people.

## Complementary targets for 2030 from the STI and hepatitis B plans relevant to this plan

Eliminate congenital syphilis.<sup>2</sup>

Eliminate mother-to-child transmission of hepatitis B.

Achieve and maintain HPV adolescent vaccination coverage of 80 per cent.

Achieve and maintain childhood hepatitis B vaccination coverage of 95 per cent at birth, 12 and 24 months.

<sup>2</sup> No new cases of congenital syphilis notified for two consecutive years (as defined by the Australian Series of National Guidelines).

## Focus areas

- Improve access to information that promotes good sexual and reproductive health
- Increase access to person-centred sexual and reproductive health services for all Victorians
- Improve integration across the sexual and reproductive health system by strengthening workforce capacity, fostering partnerships and increasing collaboration
- System enablers:
  - Reduce stigma, racism and discrimination
  - Strengthen workforce capacity
  - Foster partnerships and collaboration
  - Strengthen and support data and research.

## Priority populations

Priority populations are based on social and cultural determinants of health, behavioural risk factors, medical/biological factors or conditions, epidemiological burden of disease, health service access and geographical factors.

People not eligible for Medicare may experience increased risk for BBV, STI and reproductive health issues. They may be a part of one or more priority population groups.

The priority populations for this plan include:

- all women, girls and gender diverse people across the life course
- Aboriginal people
- LGBTIQ+ people
- culturally diverse women
- women in custodial settings
- women living with a disability
- sex workers
- women living with BBV and/or STI.

## Mid-point review

The Victorian Government will undertake a mid-point review in 2025–26 to assess progress against the plan. The findings of the mid-cycle progress report will be used to refresh and refocus priority actions and activities outlined in this plan and aligned plans under the *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*.

## Complementary targets for 2030 continued...

Achieve and maintain 100 per cent uptake of HBIg and hepatitis B birth dose vaccine for all infants born to women with chronic hepatitis B, and access to antiviral therapy in the third trimester of pregnancy for women with high hepatitis B viral load.

Increase STI testing coverage in priority populations (compared with 2019).

Reduce the prevalence of chlamydia, gonorrhoea and infectious syphilis (compared with 2019).

Reduce the reported experiences of stigma, racism and discrimination for people living with or affected by hepatitis B or STI in health and social support settings to less than 10 per cent.

# Consumer health information

## Better promotion of sexual and reproductive health information at all stages of life.

There is a need for a continued focus on ensuring key sexual and reproductive health information is normalised and accessible to all Victorian women, girls and gender diverse people. This includes information about:

- consent
- respectful sexual relationships
- menstrual health
- menopause
- pelvic pain
- other chronic conditions such as PCOS and endometriosis
- effectiveness of assisted reproductive treatments
- prevention, testing and treatment of STI
- cervical screening
- benefits, efficacy and limitations on the range of contraception options including condoms and LARC
- pregnancy and abortion options.

Providing comprehensive sexuality and consent education within school-based programs is foundational to supporting young people to learn about the cognitive, emotional, physical and social aspects of sexuality. This education is vital for equipping them to develop respectful social and sexual relationships; consider how their choices affect their own wellbeing and that of others;

and understand and ensure the protection of their reproductive rights throughout their lives.

Comprehensive and timely education in schools about menstruation, pelvic pain and conditions that affect women and girls' reproductive health is critical. A recent study of adolescents and young women in Australia revealed that 92 per cent report painful menstruation, causing many to miss school, problems with concentration and increased absenteeism (Armour et al. 2020).

Stigmatisation and social pressure to hide any sign of menstruation can dissuade girls and women from talking about their experiences or seeking support and advice. It is therefore vital that we have:

- increased support for young people to manage their menstrual health
- strengthened provision of sexuality, relationship and consent education aligned to the Victorian curriculum
- information about early identification and management of chronic conditions such as endometriosis and PCOS that affect long-term reproductive health outcomes.

Disengagement from formal education or the workforce reduces opportunities to access information and support about sexual and reproductive health and respectful relationships. Individual differences in knowledge, attitudes and behaviours can compound sexual and reproductive health inequities. It is therefore important that young people have access to sexual and reproductive health information that is comprehensive, accurate and evidence-based; culturally and linguistically accessible; and in a variety of settings where they engage, formally and informally – for example, across health and social support services, community and youth settings, in regional and rural areas and online.

Providing accessible information and services across multiple platforms and settings is important when reaching women, girls and gender diverse people across the life course. Finding opportunities where older women are more likely to access sexual and reproductive health information and support is imperative, particularly because online environments may not always be suitable. Supporting these women to make informed choices based on evidence-based information will contribute to their optimal sexual and reproductive health.





## Key achievements in consumer health information (2017–20)

### 1800 My Options

1800 My Options is a statewide contraception, pregnancy options and sexual health phone and web-based information service. It offers trusted, non-judgemental information to Victorians. Incorporating a geo-mapped database of more than 400 reputable health service providers, the service's woman-centred approach and strong partnerships with the sexual and reproductive health sector ensures callers can access high-quality information and services when and where they need them.

Women's Health Victoria has operated 1800 My Options since 2018. Almost 18,000 callers accessed the service within the first four years. In 2020–21 the service took 4,064 calls, including an increase in callers from rural areas. This helped alleviate overall stress and anxiety around access to sexual and reproductive health services during the pandemic. During this time, 29,317 users also accessed the 1800 My Options website 38,319 times, an increase from the previous year's 23,392 users.

Increased funding for 1800 My Options in 2020–21 to expand its service availability by two hours each weekday has allowed the service to take a higher number of calls. Since the expansion, the service reports that 19 per cent of calls come during the extended hours. An independent evaluation in September 2020 showed that the service is unique and integral to the sexual and reproductive health service system. It helps reduce stigma, manage demand, empower clinicians and reach people living in communities where there are additional barriers to access. (Women's Health Victorian 2021b).

### Better Health Channel

Extensive development of the award-winning Better Health Channel website occurred while implementing the *Women's sexual and reproductive health: key priorities 2017–20*, including:

- creating a landing page for comprehensive sexual and reproductive health information
- new translations
- links to reputable Australian publicly funded websites for other evidence-based resources
- new and revised fact sheets.

Fact sheets were updated in partnership with expert content partners such as Sexual Health Victoria, the Royal Women's Hospital, the Multicultural Centre for Women's Health, Melbourne Sexual Health Centre, Jean Hailes for Women's Health and FARREP.

These partners worked with the Department of Health to address gaps in consumer health information and to cross-reference the new resources on their respective websites.

Abortion fact sheets translated into 15 community languages and a range of contraception fact sheets translated into 19 community languages have

addressed gaps in access to in-language resources for priority community languages in Victoria.

Jean Hailes for Women's Health developed health resources on menopause and endometriosis for health professionals and the community. Broad reach via booklets, a video animation and fact sheets including translations has filled information gaps such as:

- managing symptoms and treatment
- partner support
- menopause hormonal therapy
- early/premature menopause.

Victorian women, girls and gender diverse people have access to information and are empowered to make decisions about their sexual and reproductive health

**By 2030:**

Sexual and reproductive health is normalised.

Victorian women have equitable access to quality evidence-based information.

Victorian women are empowered to make reproductive health decisions based on early access to evidence-based information that promotes positive sexual and reproductive health across the life course.



“ 1800 My Options works in partnership with the entire health system to ensure that all Victorians can access contraception, abortion and sexual health services. Addressing systemic barriers and stigma is part of our work to ensure that our system is truly accessible and responsive to sexual and reproductive health needs. ”

Carolyn Mogharbel, Manager, 1800 My Options.

## Priority actions – improving access to information that promotes good sexual and reproductive health

### Build community awareness of good sexual and reproductive health across the life course through promotion, information and resources

- Promote an understanding of sexual and reproductive health across the life course, and the impact of sexual and reproductive health on overall physical, emotional, cultural and mental health and wellbeing
- Develop and deliver health promotion and prevention information that enhances and promotes good sexual and reproductive health across the life course
- Address and reduce stigma associated with sexual and reproductive health such as perimenopause, premature menopause, post-menopause and sexual health
- Develop information and resources about assisted reproductive treatment (ART) including procedures, services and legal requirements, and ensure these are easily accessible and available
- Increase awareness, including for young people, about promoting fertility, preventing infertility, treatment options, ART and preconception health assessments
- Address and reduce stigma associated with abortion
- Increase access to information about both medical and surgical abortion options for people requiring reproductive and pregnancy choices
- Promote increased awareness of contraception options, including LARC
- Promote increased access to information about condoms and other barrier methods to decrease the risk of acquiring an STI
- Develop and deliver sexual and reproductive health promotion and prevention materials for young people that complement existing school-based education programs that are aligned to the Victorian curriculum
- Normalise discussions with young people about sexual and reproductive health needs when accessing services

### Increase sexual and reproductive health literacy and knowledge for priority populations

- Address gaps in sexual and reproductive health literacy through targeted programs and resources in community and health organisations
- Promote access to culturally safe and appropriate sexual and reproductive health information
- Improve the accessibility of sexual and reproductive health information to meet the needs of specific populations and settings
- Implement inclusive diversity and respectful relationship education and resources aligned with the Victorian curriculum
- Co-design approaches that increase young people's understanding of consent, respectful relationships and the different forms of family and sexual violence
- Support age-appropriate, contemporary and inclusive sexual and menstrual health education in schools, aligned to the Victorian curriculum
- Support activities strengthening access to sexual health information, health literacy and services for children and young people in residential and out-of-home care
- Explore opportunities for pelvic floor education in a broader range of settings

### Promote information about reproductive coercion and its effects on women's health and wellbeing

- Provide community education on the gendered drivers of violence against women and their impact on women's sexual and reproductive health
- Build the evidence base about reproductive coercion and its effects on women's health and wellbeing
- Engage men and boys in the prevention of gender-based violence, including through consent education and programs that promote respectful relationships

# Service provision

Our goal is for equitable access to evidence-based, person-centred sexual and reproductive health care regardless of where people live, work or socialise.

Given the breadth of services involved in prevention, promotion and direct care to women in sexual and reproductive health, it is critical to strengthen the connections and pathways between these services. Some women, girls and gender diverse people with sexual and reproductive healthcare needs may not access or be well engaged with primary and community health care. They may be more engaged with social support services.

Barriers to accessing essential health services relating to cost, distance, culturally appropriate practice and service availability in the health system are disproportionately experienced by Aboriginal women, women living with a disability, migrant and culturally diverse women and people with diverse sexual orientation and gender diverse identities.

Improving partnerships and referral pathways between the social support and health systems will better support women, girls and gender diverse people who may have difficulty navigating and accessing timely care.

## The doctors and nurses in secondary schools' programs contribute to increased access by young people to sexual and reproductive health care.

A clinical sexual and reproductive health system more strongly anchored in primary and community care will better align with current and future needs. It will better foster excellence in prevention, support, care and, where needed, treatment. It will promote greater capacity and sustainability of services. A dedicated network of comprehensive sexual and reproductive health services will bring care to people where and when need it.

For most of their reproductive years, starting in adolescence or young adulthood, women need accurate information, advice and support for effective means of preventing unwanted pregnancy and/or spacing their pregnancies. Factors such as age, ethnicity,

Indigenous status and concession card status have a significant association with lower rates of medical consultations relating to contraception (Mazza et al. 2012). There are a range of contraceptive options available and use varies based on individual needs.

In conjunction with education about and access to effective contraception, availability of termination of pregnancy options and associated support services are critical service components. For those experiencing miscarriage, the availability of grief counselling is also important for emotional recovery, in recognition that previous reproductive loss is a risk factor for perinatal anxiety and depression (Family and Community Development Committee 2018).

Victoria has legislation to ensure women have the right to exercise reproductive choices. But barriers and service gaps that affect access to affordable health care still exist, including to abortion services.

Through continued efforts to improve access, medical termination of pregnancy is gradually growing in Victoria while surgical terminations are slowly decreasing.

Surgical termination of pregnancy is offered as an option where gestation, regional service availability and other factors including a woman's choice prevent medication abortion. Most surgical terminations in Victoria occur before 14 weeks' gestation and are performed by a range of public and private providers, including hospitals and day surgery centres. Termination in later pregnancy is less common and is provided by some public and private hospitals and private day surgery centres. There is a continued need for this vital service, which is enabled under the *Abortion Law Reform Act 2008*.

The continuum of care in reproductive health also includes preventing and managing infertility. About one in six heterosexual couples in Australia experience infertility (VARTA 2021). In Victoria the average age of women having children continues to rise. Establishing public fertility care services will enable more Victorians to access these specialised treatments.

In attempting to reduce the prevalence of infertility, it is important to continue to improve STI prevention, testing and treatment to reduce impacts on fertility and other health consequences. Early diagnosis and appropriate and timely treatment reduces onward transmission.

Regular health checks and screening for older women, coupled with general healthy lifestyle advice, all contribute to optimal sexual and reproductive health. Primary care and community health services are well placed to offer targeted support and can leverage existing Medicare Benefits Schedule (MBS) items such as health checks for the 45 to 49 and the over-75-year age groups, and cervical screening tests. Specialised services and support that focus on prevention and early detection to improve older women's sexual and reproductive health and wellbeing outcomes should be culturally sensitive and accessible to older Victorians.

## Key achievements in service provision (2017–20)

The Victorian reproductive health sector has increasingly championed initiatives and innovative models of practice, which informed the *Women's sexual and reproductive health: key priorities 2017–2020*.

Increased recognition of the importance of nurse-led models of reproductive health care has brought about a shift to greater provision of LARC and medical termination of pregnancy in primary care. It has also resulted in an increasing acceptance of telehealth models of care for medical termination of pregnancy in regional Victoria.

### Sexual and reproductive health hubs

Since 2017, eight public community-based women's sexual and reproductive health hubs have been progressively established in community health services. Funding has enabled services to expand or develop their ability to offer focused sexual and reproductive health services. The hubs provide local leadership and a range of sexual and reproductive health services for Victorian women. Currently, four hubs are located in regional Victoria and four in metropolitan Melbourne (Figure 3). Another three regional hubs will be established in 2022.

In 2020–21 more than 5,000 women accessed services across the eight hubs, around half of whom were concession

card holders. Services provided included provision of LARC (intrauterine devices and Implanon insertions), Depo Provera injections, medical abortion, referrals for surgical abortion and sexual health testing, treatment and prevention.

The hubs continue to strengthen local referral pathways and links to care through engaging with the broader Victorian reproductive health sector in service development and health promotion.

The Royal Women's Hospital Sexual and Reproductive Health Clinical Champions Project has helped develop the hubs' workforce, as has the continuing contribution from Sexual Health Victoria.

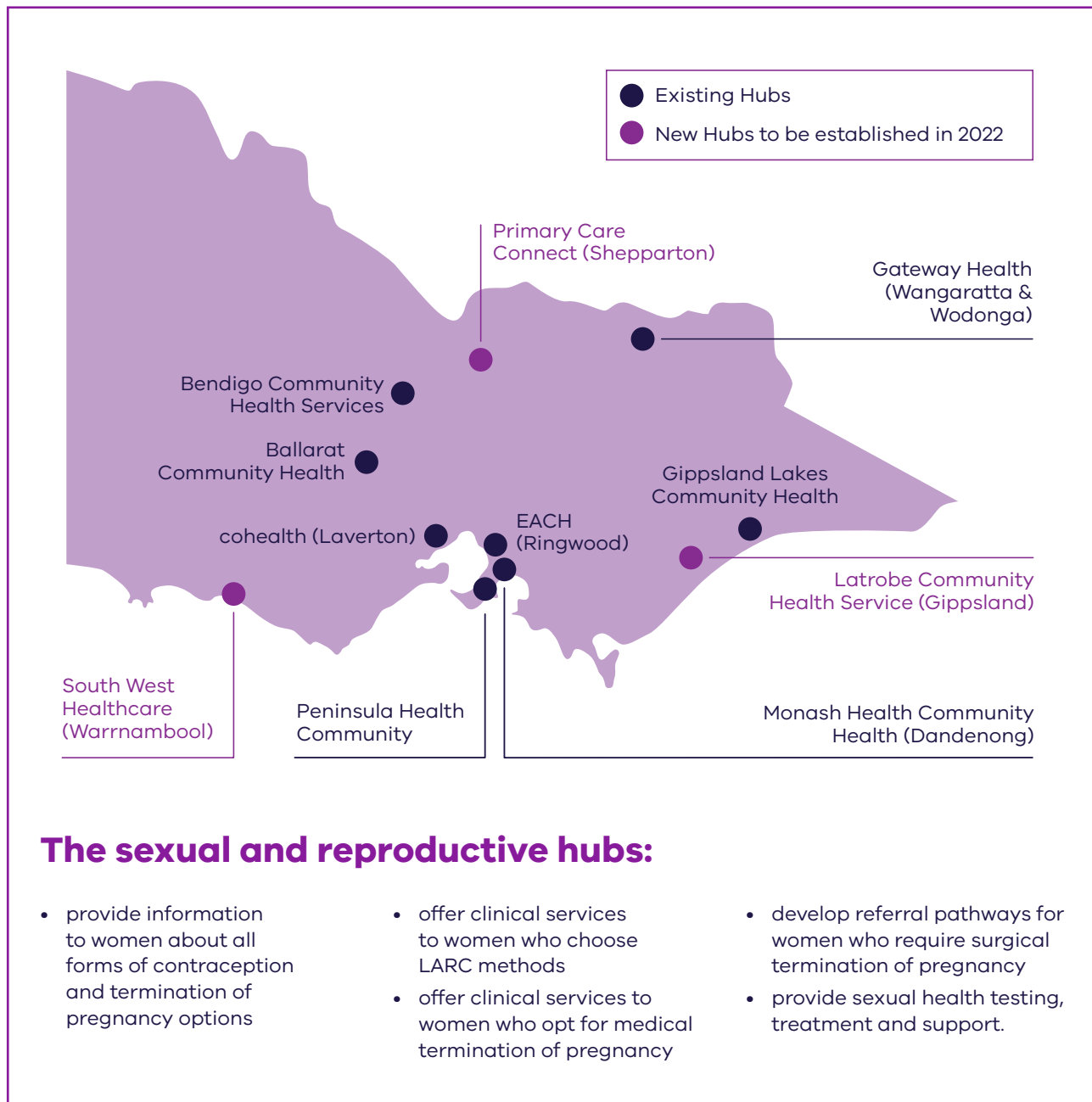
“Equitable access to quality reproductive health services is key to upholding reproductive health rights – particularly access to safe and timely contraception and abortion services. We look forward to working with the government, our partners and peers, as we continue to address and remove barriers and service gaps to enable safe, timely and accessible reproductive health care for all Victorians. ”

Dr Sue Matthews, Chief Executive Officer, Royal Women's Hospital

**Pictured:** Catherine Hannon, Project Manager, and Dr Patricia Moore, Lead Clinician, Royal Women's Hospital Clinical Champions Project.



Figure 3: Location of Victoria’s women’s sexual and reproductive health hubs



### The sexual and reproductive hubs:

- provide information to women about all forms of contraception and termination of pregnancy options
- offer clinical services to women who choose LARC methods
- offer clinical services to women who opt for medical termination of pregnancy
- develop referral pathways for women who require surgical termination of pregnancy
- provide sexual health testing, treatment and support.



## Priority actions – increasing access to person-centred sexual and reproductive health services for all Victorians

### Strengthen routine, comprehensive and integrated sexual and reproductive health care

- Support the increased capacity of health services, primary care, community health, Aboriginal Community Controlled organisations and specialist services to provide routine, integrated and comprehensive sexual and reproductive health care across all life stages
- Build and maintain safe and non-judgemental, inclusive health services so Victorians can access the sexual and reproductive health services they need, free from stigma, racism and discrimination
- Embed and expand multidisciplinary models of sexual and reproductive health care including nurse-led, nurse practitioner-led and peer-led models in primary care
- Work with Primary Health Networks and cancer screening partners to encourage eligible women to participate in all cancer screening programs
- Leverage the introduction of universal self-collection in cervical screening programs to encourage lapsed and never-screened women and people with a cervix to have a cervical screening test
- Improve primary care referral pathways for access to abortion options, miscarriage support and early diagnosis of reproductive health issues
- Develop and deliver new and strengthen existing referral pathways and criteria for sexual and reproductive health conditions from primary care to specialist services
- Support provision of trauma-informed care and cultural safety across the sexual and reproductive health system

### Enhance prevention and early intervention efforts to improve sexual and reproductive health and wellbeing outcomes

- Identify policy and program opportunities to enhance midlife preventative health care to provide multidisciplinary services for sexual and reproductive health conditions and life stages
- Improve access to early diagnosis and management of endometriosis and PCOS
- Improve uptake of the HPV vaccine, with attention to timely vaccination of priority groups of adolescents and those who miss vaccinations
- Implement prevention, testing and treatment programs and activities to reduce the transmission and impact of STI on reproductive health
- Strengthen integration of health promotion activities with service delivery in primary health and community settings



# Victorian women, girls and gender diverse people are supported to access high-quality, safe and respectful sexual and reproductive health services that are free from stigma, racism and discrimination

## By 2030:

Victorian women have equitable access to sexual and reproductive health services that are free from stigma, racism and discrimination.

Victorian women have access to evidence-based sexual and reproductive health services that provide safe, culturally sensitive, respectful and inclusive care.

Victorian women know how to access contemporary, safe and equitable fertility control services that enable them to exercise their reproductive rights.

## Improve access to affordable services to improve sexual and reproductive health

- Identify opportunities to remove cost barriers and expand multidisciplinary sexual and reproductive health services
- Explore opportunities to expand access to regional services and providers informed by the experiences of the sexual and reproductive health hubs
- Improve awareness and management of sexual and reproductive health in primary care, community health and community-controlled settings
- Strengthen delivery of sexual and reproductive health in key settings including primary and community health and relevant health services
- Promote increased access to and use of condoms and other barrier methods to decrease the risk of acquiring an STI
- Continue a priority focus on increasing access to and uptake of LARC
- Continue to promote and encourage the uptake of sexual and reproductive care through school based health and wellbeing programs or services inclusive of, but not limited to, Doctors in Secondary Schools and the Secondary School Nursing Program
- Progress the establishment of accessible public IVF services and of egg and sperm banks
- Improve safe and respectful access to medical abortion services in primary care both in person and via telehealth, particularly in regional areas
- Normalise discussion with young people about sexual and reproductive health needs when accessing health, community and social support services alongside development of clear referral pathways for peer support and culturally safe care
- Improve access to pregnancy options counselling, support and referral for all pregnancy options
- Explore opportunities to strengthen and support care pathways for women experiencing miscarriage and pregnancy loss
- Promote Supercare pharmacies as a provider for sexual and reproductive health information and low-complexity care
- Strengthen postnatal access to community nursing or allied health services for pelvic floor health and management
- Improve availability and access to free and/or affordable continence aids and menstrual products
- Explore the development of a model for delivering free menstrual products in state-run facilities
- Use opportunities to advocate for MBS reforms to fund sexual and reproductive health service provision, including new MBS item numbers to support nurse-led and other effective models of care
- Undertake research to increase inclusion of women's lived experience into service models where appropriate and feasible
- Encourage sexual and reproductive health organisations to provide up-to-date information (such as 1800 My Options).
- Explore opportunities to understand the reproductive health access needs for people not eligible for Medicare and options to address these

# Workforce

This plan aims to support the sexual and reproductive health workforce to provide evidence-based, safe and inclusive sexual and reproductive health information, services and referrals, and to recognise and respond to the signs of family violence, including reproductive coercion, to better support women.

Critical to strengthening the sexual and reproductive health service system is improving and enhancing the expertise and skills within the workforce. A highly capable and supported multidisciplinary workforce, supported by sex and gender inclusive research, will help us achieve our system vision of being a world leader in gendered practice.

Leveraging the workforce development undertaken to date across the sector and supporting and strengthening communities of practice, mentoring opportunities, regional networks and regional and local service pathways are key actions, all of which:

- contribute to destigmatising specific service provision such as abortion
- help reduce worker isolation
- contribute to skill development and work satisfaction for reproductive health professionals.

LARC is the most effective and cost-effective means of preventing pregnancy. Its' increasing use in Victoria is likely due to more accurate and evidence-based information being available to people and health professionals about safety and efficacy. Increased skill development among, and the availability of, health professionals offering it has also been a factor.

PCOS can affect fertility but also have significant long-term health consequences and impacts on women’s quality of life (Neven et al. 2018). Delays to diagnosis are common and, like endometriosis, present an opportunity to increase awareness and education among health professionals and improve referral, diagnosis, support and management.

The Victorian Government will continue to advocate to the Commonwealth for policies that will enhance Victorians’ sexual and reproductive health. These include reform to Medicare rebates and items, treatments on the PBS and eligibility of particular health professionals to access them and the associated telehealth rules.



“ It’s great that strengthening workforce capacity continues to be a priority as it plays such an important role in increasing access to quality sexual and reproductive health care. The confidence of practitioners to opportunistically initiate the discussion as part of routine consultations, and possess the skills and knowledge to provide information, clinical services and referrals, is key in providing positive, timely and comprehensive sexual and reproductive health care. ”

Madeleine Van-Orsouw, Sexual and Reproductive Health Nurse Coordinator, cohealth

## Key achievements in workforce (2017–20)

Key Victorian reproductive sector organisations have continued to deliver training and education to the workforce. For example, Sexual Health Victoria provides reproductive health professional workforce development including clinical training and education resources. The Centre of Excellence in Rural Sexual Health offers a range of online learning modules and resources and has worked with the sector to develop nurse-led models of care.

Alongside these established providers, new initiatives were launched to address other workforce needs via the *Women's sexual and reproductive health: key priorities 2017–2020*.

Funded by the Department of Health and led by the Royal Women's Hospital, the Sexual and Reproductive Health Clinical Champions Project is a statewide program building workforce capability and system capacity to improve access to abortion and contraception services that are safe, evidence-based and timely.

Since 2017 the project has successfully provided clinical leadership, expertise and mentoring activities to providers of medical and surgical abortion and LARC in practice settings including the sexual and reproductive health hubs, primary care and publicly funded health services. The aim is to develop a network of Clinical Champions and better position the health service system to provide accessible and equitable services.

Other initiatives under the *Women's sexual and reproductive health: key priorities 2017–2020* included:

- continued workforce development by Jean Hailes for Women's Health throughout Victoria and Australia, and dissemination of evidence-based information and resources to health professionals on menopause and endometriosis
- training for health professionals on accessible and appropriate service provision by Women with Disabilities Victoria
- provision of a new women's reproductive health clinical education and resource for pharmacists by the Pharmaceutical Society of Australia
- a Royal Australian College of General Practitioners partnership to deliver clinical reproductive health education to GPs
- Sexual Health Victoria's (then Family Planning Victoria) refurbishment for expanded capacity to provide clinical services and hands-on clinical training for medical and nursing staff, and to frontline and reception staff in hubs in responding to unplanned pregnancy enquiries and service delivery
- an Australian College of Rural and Remote Medicine partnership to produce reproductive health webinars for GPs.

The Victorian workforce has the skills, knowledge and attitudes needed to deliver best practice sexual and reproductive health testing, treatment and care for women, girls and gender diverse people

### By 2030:

Health professionals provide evidence-based, safe and inclusive sexual and reproductive health information, services and referrals.

Pathways to care provide supported navigation and access to sexual and reproductive health services.

Sexual and reproductive health professionals and peer workforces have the training they require to provide high-quality clinical care and peer support to improve workforce sustainability.

Health professionals understand the intersection between reproductive coercion, family violence and sexual and reproductive health.

## Priority actions – improving integration across the sexual and reproductive health system by strengthening workforce capacity, fostering partnerships and increasing collaboration

### Support the sexual and reproductive health workforce to recognise and respond to the signs of family violence, including reproductive coercion

- Strengthen and promote resources such as the Family Violence Multi Agency Risk Assessment Management (MARAM) framework for health professionals to understand family violence, reproductive coercion, risk factors, the gendered drivers of violence and the impact on women's health and wellbeing
- Support the sexual and reproductive health sector to recognise and respond to family violence and reproductive coercion and to provide trauma-informed practice and access to effective referral pathways, as guided by the practices established through the MARAM framework

## Build the skills, knowledge and attitudes of the multidisciplinary workforce needed to deliver best practice sexual and reproductive health care

- Provide ongoing professional education opportunities in sexual and reproductive health services for primary health professionals to gain new clinical skills and maintain contemporary evidence-based knowledge
- Support skill development to provide culturally safe and culturally informed services that recognise, respect and seek to address barriers to access, embed intersectionality and celebrate diversity
- Drive workforce capability through partnerships with key sector communities of practice
- Strengthen opportunities to include and upskill bicultural health workers in the sexual and reproductive workforce
- Support innovative and flexible models of care
- Identify the impact of stigma on health professionals delivering reproductive health care, and support strategies that normalise the work and promote its importance
- Strengthen, support and expand regional and rural sexual and reproductive health workforce capacity and sustainability
- Promote, review and maintain referral pathways to localise sexual and reproductive health care, with clear referral pathways from primary to specialist care when necessary
- Strengthen health professionals' knowledge of referral obligations in response to conscientious objections in providing sexual and reproductive health care
- Promote awareness of health complaints and patient/consumer advocacy processes
- Support peak bodies to strengthen training for newly arrived overseas health practitioners, incorporating responsibilities relating to Victorian abortion legislation
- Implement workforce development training for social support settings to strengthen referral and service pathways for sexual and reproductive health support and care
- Strengthen workforce sustainability, collaboration and networking through targeted training and learning activities
- Support continued collaboration between health services and key sexual and reproductive health stakeholders to ensure access to sexual and reproductive health services, including strengthening networks and referral pathways
- Deliver targeted training and embedded clinical experience to build the capability and capacity of the primary care workforce to deliver sexual and reproductive information and health care
- Ensure primary care training models incorporate inclusive practice content tailored for reception and administrative staff to support a whole-of-practice approach to non-stigmatising non-judgemental care
- Support and strengthen opportunities for peer workforce development
- Support mainstream sexual and reproductive health providers to understand their roles and responsibilities for disseminating evidence-based sexual and reproductive health information that supports appropriate referrals for safe and affordable services, when and where people need them
- Strengthen and support use of and access to sexual and reproductive health guidelines
- Strengthen and support the roles of nurse practitioners, maternal and child health nurses and nurse-led models in sexual and reproductive health care
- Promote and improve access to training and clinical placements for GPs to provide expanded reproductive health services
- Monitor and review workforce effectiveness and succession planning relating to expected ongoing change and disruption of the rural workforce

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