GOOD HEALTH DOWN SOUTH 2018-2021

A SEXUAL AND REPRODUCTIVE HEALTH STRATEGY
FOR THE SOUTHERN METROPOLITAN REGION

whise
Women's Health in the South East

www.whise.org.au

2018
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Acknowledgements

Women's Health in the South East (WHISE) would like to acknowledge and thank the many organisations and individuals that contributed to the creation and writing of *Good Health Down South*: *A Sexual and Reproductive Health Strategy for the SMR 2018-2021*. Their significant input and feedback into its development was vital.

As a collaborative effort, we gratefully acknowledge the following:

AMES Australia

Central Bayside Community Health Services

City of Port Phillip

City of Stonnington

Dandenong and District Aborigines Co-operative Ltd

Department of Education and Training

Department of Health and Human Services

Headspace

Hepatitis Victoria

Kooweerup Regional Health Service

Monash Health

Monash Health Community

National Ageing Research Institute and University of Melbourne

Peninsula Health

South Eastern Centre Against Sexual Assault (SECASA)

Star Health

Organisations who have endorsed the recommendations of this Strategy can be found on page 28.

Foreword

Taking real action at the local level is vital if we are to address the determinants of sexual and reproductive health.

As a Steering Committee, our work has been to oversee the development of this regional Strategy. We are proud to support this important initiative.

Through the development of the Strategy, key issues have been identified that must be addressed if we are to achieve our agreed vision:

"To promote and celebrate optimal sexual and reproductive health for all in the SMR by increasing knowledge and access to safe and appropriate services".

Our key challenges in the region are: overcoming barriers to women accessing reproductive and sexual health services; improving health literacy; increasing access to appropriate information at the time and place required; and addressing misinformation and shifting attitudes about sexually transmitted infections (STIs) in the region.

To address these issues, the Strategy sets out seven health promotion actions and objectives.

The success of the Strategy, the achievement of the actions and objectives, and the impact it has in the communities of Southern Metropolitan Melbourne will come down to our region's collective effort and ownership. Through a shared agenda, combined efforts through our work aligned to the objectives and actions, as well as valuing the diverse range of skills and perspectives that each stakeholder brings to this Strategy, we will succeed.

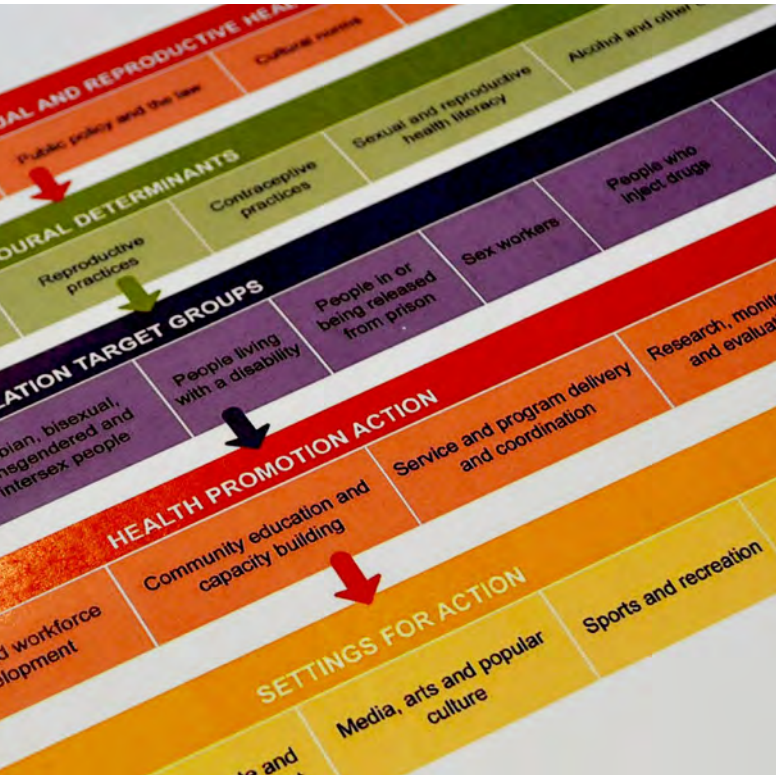
In closing we thank the team at Women's Health in the South East (WHISE) who have guided the Steering Committee through the process, and assisted in arriving at the final Strategy which we are proud to present to you. WHISE will work with the sector as well as the range of stakeholders and region to implement the Strategy by coordinating the various tasks and initiatives to realise its vision.

We commend *Good Health Down South: A Sexual and Reproductive Health Strategy for the SMR 2018-2021* to you and encourage all key stakeholders in the region to commit to it and become involved in its implementation.

Signed:

Sexual and Reproductive Health Steering Committee:

Department of Health and Human Services, National Ageing Research Institute and University of Melbourne, Monash Health and Melbourne University & South Eastern Centre Against Sexual Assault



01

THE STRATEGY AND FRAMEWORK AT A GLANCE: EXECUTIVE SUMMARY

Good Health Down South: A Sexual and Reproductive Health Strategy for the SMR 2018-2021 (from here on referred to as *Good Health Down South*) is a document that promotes, celebrates, and guides future directions that continuously improves sexual and reproductive health (SRH) outcomes throughout the Southern Metropolitan Region (SMR).

The release of Victoria's first ever SRH Strategy in 2017 was a reminder of the importance of SRH. Fundamental to this understanding was the acknowledgement about the need for an overarching approach to SRH where evidence-based data and research could accurately inform the design and improvement of programs and services. Without a focused analysis of the conditions and needs of specific communities, the various challenges and associated gaps could not be targeted, nor could they be fully understood.

To better understand the specific needs and challenges of the SMR, *Good Health Down South* has used a sexual and reproductive health promotion framework that outlines the significance of the social determinants of health. SRH cannot be understood without recognising the relationship and impact of the wider social and cultural environment on an individual's health and wellbeing and the decisions they make regarding their health.

It has been widely recognised that health and wellbeing are intimately bound to one's position in the world. Where we live, work and play impacts heavily on the choices and opportunities individuals have regarding all aspects of their health and wellbeing, including SRH. Too often, decisions and choices about health are limited and mediated through the resources people have access to. The framework used in *Good Health Down South* acknowledges the multiplicity of factors that impact on health and wellbeing.

Good Health Down South is a collaborative undertaking drawing on the work and expertise of various organisations and community leaders. It is a regional response to the needs of the SMR. This integrated approach to the development of *Good Health Down South* will provide and build the evidence base while contributing to the strengthening of service provision. Without this collective and cooperative approach, *Good Health Down South* would not be able to accurately reflect the needs, gaps and challenges faced throughout the SMR. As a region with a diverse population and demographics, it is essential that a wide-ranging process be utilised in order to more clearly and legitimately understand, advocate and implement services and programs.

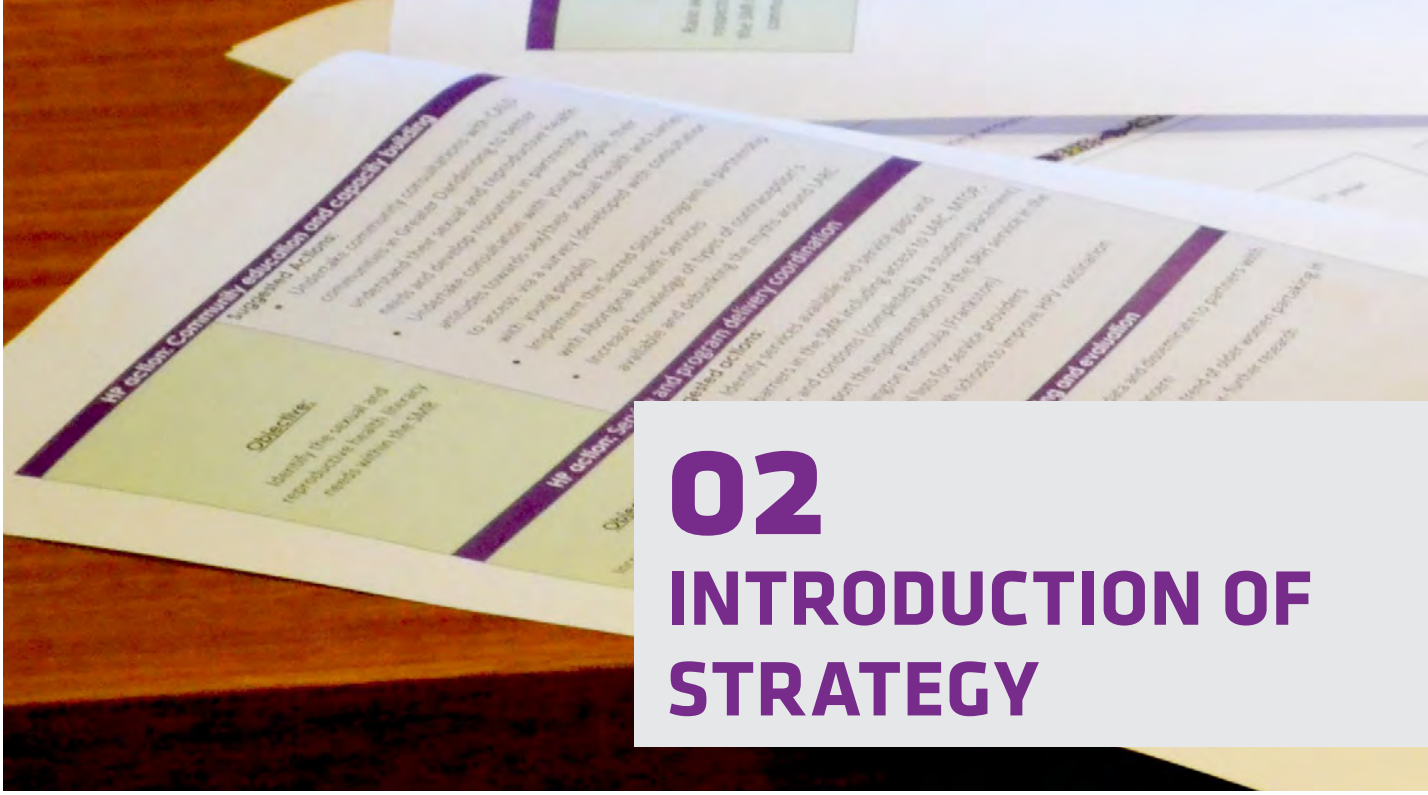
ACRONYMS

HIV:	**Human Immunodeficiency Virus**
HPV:	**Human papillomavirus**
LARC:	**Long Acting Reversible Contraception**
LGA:	**Local Government Area**
LGBTIQA+:	**Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, Other**
MSM:	**Men who have Sex with Men**
PCP:	**Primary Care Partnership**
SEMPHN:	**Southern Eastern Melbourne Primary Health Network**
SES:	**Socio Economic Status**
SMR:	**Southern Metropolitan Region**
SRH:	**Sexual and Reproductive Health**
STI:	**Sexually Transmitted Infection**
WHISE:	**Women's Health in the South East**
WHO:	**World Health Organisation**
IUD:	**Intra Uterine Device**

VISION
To promote and celebrate optimal sexual and reproductive health for all in the SMR, by increasing knowledge and access to safe and appropriate services

HEALTH PROMOTION ACTIONS						
Advocacy	Policy and legislative reform	Sector and workforce development	Community education and capacity building	Service and program delivery coordination	Research, monitoring and evaluation	Communi-cation and social marketing

OBJECTIVES						
Advocate for sexual and reproductive health to be viewed as a priority in the SMR across targeted settings	Influence and inform practices, policies and legislation that promote equity, inclusion and non-discriminatory behaviours	Build workforce capacity to meet the diverse sexual and reproductive health needs in the SMR	Identify the sexual and reproductive health literacy of community members	Improve the coordination of existing sexual and reproductive health services in the SMR	Research and monitor sexual and reproductive health trends in the SMR to continually inform and adapt evolution of activities	Raise awareness of safe and respectful sexual practices through a number of communication platforms



02
INTRODUCTION OF STRATEGY

Good Health Down South is a regional response to the *Women's Sexual and Reproductive Health: Key Priorities 2017-2020* report to promote and improve sexual and reproductive health across the SMR. In collaboration and partnership with a wide range of stakeholders from the SMR, *Good Health Down South* responds to, addresses and informs collective action towards better meeting the SRH needs of the people in the SMR. Funded by the Department of Health and Human Services, as part of the *Victorian Public Health and Wellbeing Plan 2015-2019*, and the *Women's Sexual and Reproductive Health: Key Priorities 2017-2020, Good Health Down South* is led and coordinated by WHISE to work in partnership with local and state government organisations, non-government organisations and other organisations and groups to develop *Good Health Down South* for the SMR.

Fundamental to *Good Health Down South* is the desire to promote and improve SRH amongst all people[1] throughout the SMR. Alongside our many stakeholders and practitioners, *Good Health Down South* provides a platform from which to respond to the needs of the SMR where the population continues to grow exponentially in some areas, while disadvantage remains in others. We acknowledge these two are not mutually exclusive, but highlight the diverse demographics. By consulting and undertaking research and data analysis with a wide range of community-based organisations, a clearer picture has been presented so that all people, including the most marginalised in our region, can better access and utilise SRH services and resources as needed.

[1] The term 'people' has been used to refer to both women and men living in the SMR. We acknowledge that SRH impacts all individuals, not just women, and that gender is a fluid concept.

Through this consultation, four key areas were identified. Those areas include:

- Reproductive Access and Rights
- Sexually Transmitted Infections
- Advocacy
- Sexual and Reproductive Health Literacy

Although *Good Health Down South* is being led by WHISE, we acknowledge the significant input from, and role of, stakeholders and community groups into the development of this Strategy. Their involvement has been fundamental to its creation – highlighting *Good Health Down South's* shared ownership and collaborative nature.

03
POLICY CONTEXT

Good Health Down South is consistent with recent state government policies and strategies developed to address the issues and challenges related to SRH. Particularly pertinent to the formulation of *Good Health Down South* is the *Victorian Public Health and Wellbeing Plan 2015-2019* that identifies sexual and reproductive health promotion as one of nine priorities for the state. In addition, *Women's Sexual and Reproductive Health: Key Priorities 2017-2020*, developed by the state of Victoria, further emphasises the importance of SRH. This document points to key priorities including fertility support; reproductive choices; endometriosis, polycystic ovary syndrome and menopause; and sexual health. These key priorities underline a number of areas of focus and concern identified within the SMR.

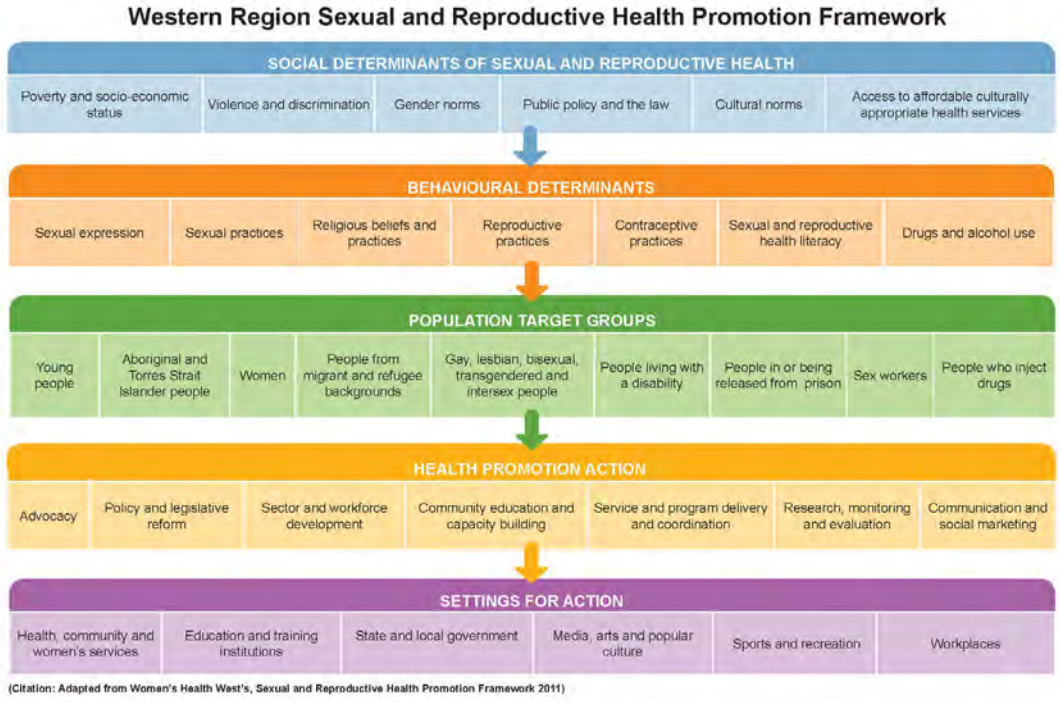
The successful release of the first Victorian SRH Strategy is noteworthy and highlights the importance of SRH in Victoria. Despite the release of this Strategy, Australia currently lacks a coordinated national strategy and framework regarding SRH. A partnership of peak bodies has identified this need and called for a National Sexual and Reproductive Health Strategy for Australia (O'Rourke, 2008). This was also highlighted as a priority in the recommendations detailed by the Australian Women's Health Network's position paper on women and SRH (AWHN, 2012). Although several Federal policy documents addressing aspects of SRH exist[2], the need for a more coordinated and specific strategy in terms of SRH remains.

[2] These include: The 3rd National STI Strategy (2014), the 2nd National Hepatitis B Strategy, the 4th National Aboriginal and Torres Strait Islander BBV and STI strategy, National Women's Health Policy 2010 and the 7th HIV Strategy 2014-2017.

04 INFLUENCING & GUIDING FRAMEWORKS

Good Health Down South draws heavily upon a health promotion framework and the social determinants of health.

Women's Health West's *Western Regional Sexual and Reproductive Health Promotion Framework* (2011) has been used as a best practice model for sexual and reproductive health promotion. The framework identifies five areas of influence: the social determinants of SRH; behavioural determinants; population target groups; health promotion action; and settings for action.



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

HEALTH PROMOTION FRAMEWORK

Health promotion is the process of enabling people to increase control over and to improve their health. Health promotion is a set of actions that foster good health and wellbeing, and is emphasised by the World Health Organisation's (WHO) Ottawa Charter (1986) which defines health promotion as:

..."the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing."

SOCIAL DETERMINANTS OF HEALTH

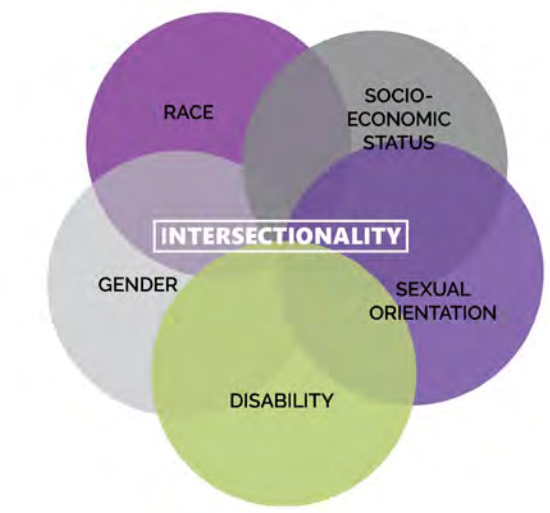
The health promotion framework is underpinned by the recognition of the social determinants of health and their impact on individual behaviour and opportunities. It acknowledges that various factors within someone's social and cultural environment influence and intersect with an individual's health and wellbeing. Where 'we live, work and play', can influence people's ability to make healthy choices. These multiple forms of influence identified in the WHW SRH framework include:

- Poverty and socio-economic status
- Violence and discrimination
- Gender norms
- Public policy and the law
- Cultural norms
- Access to affordable cultural health services

Optimum health promotion acknowledges the presence and significance of the multiplicity of factors that impact on someone's health and wellbeing. *Good Health Down South* is informed by the view that health can only be understood within the broader contexts in which individuals live, work and play.

The concept of intersectionality is a good reference point through which to better understand the social determinants of health. As Lisa Bowleg (2012) explains;

"Intersectionality is a theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, socio-economic status, and disability intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression (i.e., racism, sexism, heterosexism, classism) at the macro social structural level."



In other words, one's experience of the world is mediated through the level of access to education; health care; individual experiences of racism or inequality etc. Understanding the factors that shape someone's experience of the world is critical to better understanding their health and wellbeing decisions and outcomes. Someone's experience of poverty for example produces quite disparate health outcomes to someone with greater income and/or secure housing. As the WHO acknowledges in its report *The Solid Facts* (2003), "poor social and economic circumstances affect health throughout life". Poverty and social exclusion "denies people access to decent housing, education, transport and other factors vital to full participation in life".

Given the impact of these variables on an individual's health and wellbeing, it is important to recognise that within the SMR different challenges are faced by specific municipalities. These challenges can be seen primarily in relation to socio-economic status (SES), disadvantage and the impact of migration and resettlement, as encountered by a diverse range of refugees and migrants living within the SMR.

The SMR is a diverse and expansive area that covers 10 local government areas (LGAs), including suburbs from South Melbourne to the Mornington Peninsula and east to Casey and Cardinia. The SMR covers an area of 2,888 square kilometres, with approximately 1.3 million people, representing about one-quarter of the state's total population. Of this, 689,859 (51%) are female and 671,289 (49%) are male. To the south of the region, affluent and wealthy areas can be found while the south east reveals some of the most economically marginalised areas within Victoria. Further inland, the growth corridors of Casey and Cardinia face a rapid population growth.

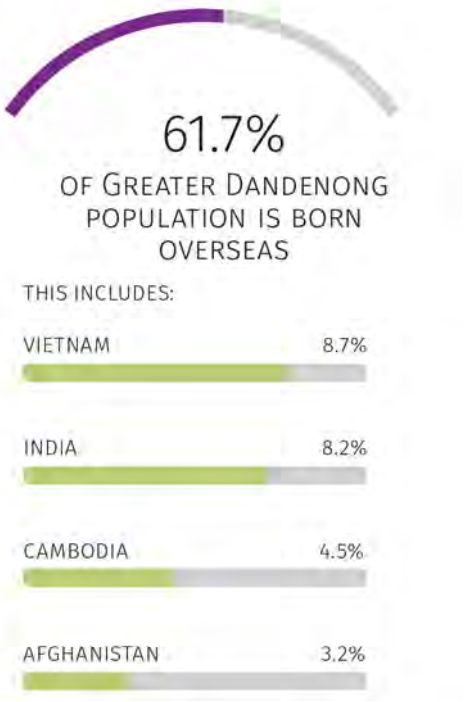
The contrasting socio-economic conditions, for example, are noteworthy and reveal the complexities found within the SMR. At one end of the spectrum, Greater Dandenong, with a median income for persons over the age of 15 at $476 per week is one of the most disadvantaged areas in Victoria. In contrast, Port Phillip's median income for the same grouping is $1088 and is one of the least disadvantaged areas in Victoria.

According to the Socio Economic Index for Areas (SEIFA) (ABS 2016), the City of Greater Dandenong is ranked as the second most disadvantaged municipality within Victoria. Within Australia, City of Greater Dandenong is ranked in the most disadvantaged decile of municipalities. In contrast, four of the 10 municipalities within the SMR are ranked in the least disadvantaged decile within both Victoria and Australia[3].

> Greater City of Dandenong is ranked in the LOWEST 10% of municipalities in terms of disadvantage.
>
> On the other end FOUR out of the 10 municipalities are ranked in the 10% least disadvantaged within Victoria and Australia.

In addition to these socio-economic factors, refugee and migrant women's experience of migration and displacement have been shown to also impact on women's health. English language difficulties, lack of familiarity with services available, lack of access to interpreters and contrasting cultural and social norms around sexual health and sexuality, can profoundly impact on someone's health and wellbeing. As *Common Threads: The Sexual and Reproductive Health Experiences of Immigrant & Refugee Women in Australia* (2012) report reveals, "immigrant and refugee women have poorer health outcomes and are at greater risk of developing adverse health conditions than Australian-born women".

In terms of linguistic and cultural diversity, as ABS statistics indicate, 61.7% of the Greater Dandenong population is born overseas, while Port Phillip's overseas born population is 35.1%. Furthermore, within Greater Dandenong the top countries of birth (outside those born in Australia) include Vietnam (8.7%); India (8.2%); Cambodia (4.5%) and Afghanistan (3.2%). In contrast, within Port Phillip the top countries of birth are the United Kingdom (7.1%); New Zealand (3%); India (2%) and China (1.8%).



[3] According to the ABS (2016) "A low score on this index indicates a high proportion of relatively disadvantaged people in an area." In contrast, an area "with a very high score has a relatively low incidence of disadvantage." Pg 6 Technical Paper Socio Economic Indexes for Areas (SEIFA) ABS 2016

05 EVIDENCE BASED

Priority areas

The correlation between disadvantage (in its various forms) and poorer health outcomes can be seen in the evidence base used for the development of *Good Health Down South*. A Service Mapping Tool gathered information on the existing SRH services, programs and initiatives across SMR. The Service Mapping Tool was distributed to 40 stakeholders in October 2016. In April 2017, the Service Mapping Tool was further circulated through the South Eastern Melbourne Primary Health Network (SEMPHN) Newsletter. Stakeholders within the region completed the Service Mapping Tool via Survey Monkey. A total of 38 responses were received between October 2016 and April 2017. The Service Mapping Tool gathered qualitative data on the unmet needs, gaps and barriers of the SRH services, programs and initiatives across the SMR. Along with the Service Mapping Tool, consultation with stakeholders and community organisations as well as data collected from within the SMR, identified four (4) priority areas needing attention and additional resources:

1. Reproductive Access and Rights
2. Advocacy
3. STI Rates: Shifting Attitudes
4. Sexual and Reproductive Health Literacy

REPRODUCTIVE RIGHTS AND ACCESS

SRH must encompass a woman's right to control her fertility. Moreover, as the *Australian Women's Health Network* (2012) position paper acknowledges, women have the right to "prevent pregnancy through contraception, to respond in the way they choose to an unplanned pregnancy, and to access assistance to become a parent". However, women may not be in a position to take action or freely and openly exercise a specific choice. As this document has highlighted, access to information and services are dependent on a number of factors. The social determinants of health clearly influence the challenges many women face. Factors like SES, cultural and linguistic diversity, education, religion and so on can significantly impact a person's ability to access appropriate services and information, particularly around SRH. The reality of sexual assault must also be considered here and as part of reproductive access and rights. The power dynamics of sexual assault deny and disallow women the ability to exercise choice in a number of ways including access to her body and reproductive choice. As such, reproductive access and rights are an essential component of *Good Health Down South.*

As part of the service mapping undertaken, it was found that women lacked information and access to contraception. A rise in pregnancy testing was found by a number of health organisations providing this service in the SMR (see image 4). Twenty-five per cent of respondents who participated in the service mapping undertaken by WHISE identified an increase in pregnancy testing over the 2016-17 period.

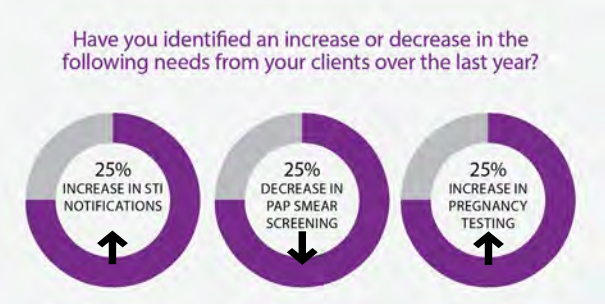


IMAGE 4

It was also found that the most 'popular' form of contraception from organisations[4] providing this service was condoms. Image 5 highlights that out of those organisations that provide contraception, 82.5% provided condoms in contrast to other forms of contraception. This statistic may explain the rise in pregnancy testing sought, particularly when rates for Implanon insertion remained low. It is acknowledged implanon efficacy is higher than other forms of contraception. Low uptake of Long Acting Reversible Contraception (LARC) remains a significant barrier to women's SRH.

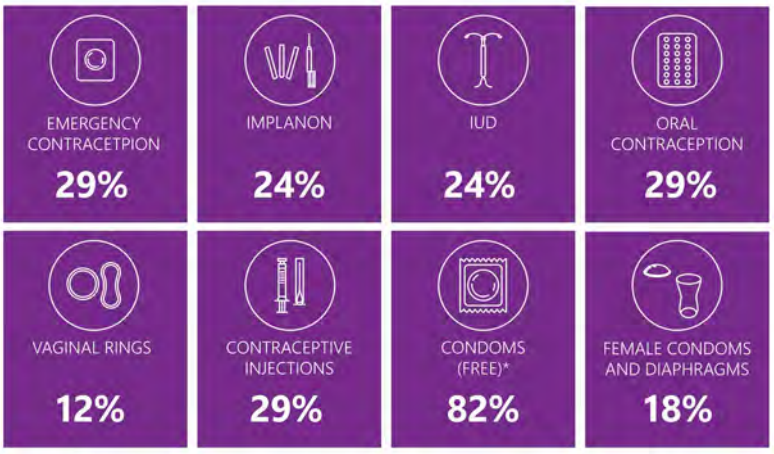


IMAGE 5

[4]It is important to state that there are a variety of organisations that may provide condoms. The provision of condoms is not limited to health organisations. Rather, agencies such as community centres, drop-in centres and other community based bodies can provide access to condoms.
* Of the organisations who provided condoms, none of them had an associated cost.

Oral contraceptives are the most popular form of contraception in Australia; 48% of women using a form of contraception use oral contraceptives, compared with only 5 % who use an IUD and 5% who use an implanon (Garret et al.). Low uptake of Long Acting Reversible Contraception (LARC) remains a significant barrier to women's SRH. As Garret et al. states 'less is known about the barriers to LARC use in Australian context. Given the particularly low uptake of LARC in Australia.'

While condoms remain a very popular form of contraception provided by organisations in the SMR, rises in pregnancy testing indicate challenges in relation to the types of contraception women might have access to.

> *In Australia, 48% of women using contraception are using oral contraceptives, compared with 5% using an IUD and 5% using Implanon.*

ADVOCACY

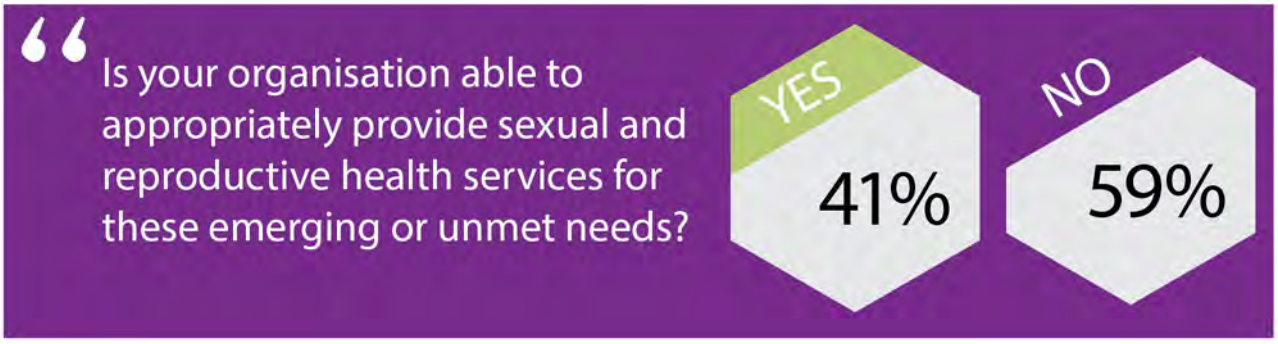
Part of the role of *Good Health Down South* is to engage in the "broader social and economic policy development and implementation" relevant to SRH (Wise, 2001). We recognise the importance of advocacy within SRH to ensure it is viewed as a priority across the SMR, particularly by identifying unmet needs or shortcomings in service delivery and capacity building.

Through service mapping, a number of issues were identified as being unmet or requiring attention. For instance, 59% of responding organisations stated they were unable to appropriately provide SRH services for specific unmet needs. Some of their concerns included:

- Their inability to provide culturally appropriate SRH information
- A lack of female GPs, or women's health clinics
- Long waiting lists for IUD insertion
- A lack of easily accessible youth-friendly sexual health practitioners

These practitioners and service providers further outlined various reasons for their inability to adequately respond to specific needs in their service provision. These included:

- Inadequate or no funding for certain aspects of SRH.
- Inability to adequately refer clients to more specialised services.
- Lack of consistently available health practitioners.
- Lack of appropriately qualified and experienced health practitioners



STI RATES: SHIFTING ATTITUDES

Throughout Australia, high levels of STIs continue to occur. There is often misinformation or misunderstanding about the impact or health consequences of STIs. For many sexually active individuals, STI symptoms may not be obvious. It is therefore important to continue to "raise awareness and knowledge of STIs and their consequences" as the Third National Sexually Transmissible Infections Strategy 2014-2017 reveals.

Throughout the SMR, high rates of STIs were identified, in line with national trends as identified by various reports including the *Annual Surveillance Report of HIV, viral hepatitis, STIs 2017* by the Kirby Institute. As an ABS Social Trends Report into STIs (2012) states, "The past decade has seen rates of sexually transmissible infections (STIs) increase in Australia". In particular, high rates of chlamydia, gonorrhoea, and hepatitis B were found present amongst a number of municipalities in the SMR. In addition, high rates of HIV were found amongst a large proportion of males in other municipalities.

Chlamydia

The SMR has some of the highest rates of chlamydia found in Victoria. Within the SMR, six out of the 10 LGAs have rates higher than the state average for chlamydia. This is particularly the case amongst women. As Table A indicates, the rate of chlamydia has been steadily rising since 2010 despite a small drop in 2012. While the rates of chlamydia in men are also high in comparison to the state average, women maintain higher rates in all 10 LGAs in the SMR.

Significantly, young women are disproportionately affected by high rates of chlamydia. Young people aged between 15-24 years[5] are most affected by chlamydia, which accounts for at least 80% of cases[6].

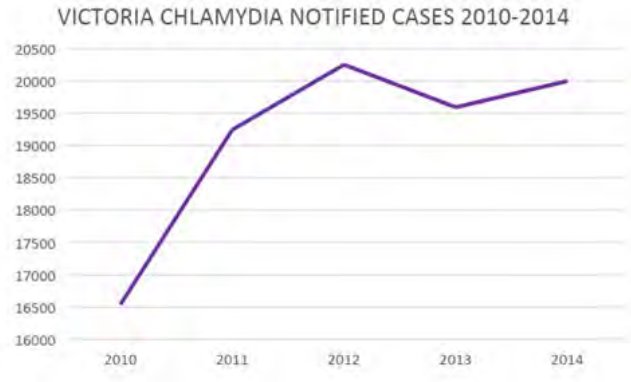


TABLE A

HPV Vaccination

Several LGAs have low Human papillomavirus (HPV) immunisation rates for 14 year-old females. As research has revealed, "the HPV vaccine has significantly lowered the risk of HPV-related cancers for thousands of women around the world"[7].

The vaccine has been shown to reduce cervical cancer and remains an important aspect of SRH. Despite this, several LGAs within the SMR have lower rates of HPV vaccination. Cardinia, Casey, and Greater Dandenong reveal a lower coverage, particularly in relation to Dose 3 of the vaccination. It is important for all three doses to be administered as this ensures full protection against HPV-related cancers (See Table B).

HPV vaccination rates for 14 year old females (2015)

LGA	Coverage Dose 1	Coverage Dose 2	Coverage Dose 3
CARDINIA	82.2%	78.3%	68.6%
CASEY	89.0%	84.3%	75.8%
GREATER DANDENONG	82.4%	80.7%	75.3%
ALL SMR LGA'S	88.9%	85.6%	79.1%
VICTORIA	90.0%	87.0%	81.1%

TABLE B

[5]http://www.sti.guidelines.org.au/populations-and-situations/young-people
[6]http://www.cersh.com.au/wp-content/uploads/2016/05/CERSH-presentation_Mar2_2016-J-Hocking.
[7]https://www.cancercouncil.com.au/blog/australian-success-story-hpv-vaccine/

HEPATITIS B

Greater Dandenong has the second highest prevalence of Hepatitis B in Victoria

HIV

Port Phillip and Stonnington have HIV rates five times higher than the state average.

Hepatitis B

Greater Dandenong and Stonnington have higher rates of hepatitis B than the state average. While Greater Dandenong has the highest rate of hepatitis B in the SMR, this LGA is also ranked as having the second highest prevalence in Victoria.

According to the report, *'Hepatitis B Mapping Project: Estimates of geographic diversity in chronic hepatitis B prevalence, diagnosis, monitoring and treatment - National Report 2016'*, Greater Dandenong has a hepatitis B prevalence of 2.13% in comparison to the state average of 1.00%. The high rates found in Greater Dandenong, in particular, correspond with the high rates of migrants and refugees living in the municipality. As was revealed in the 'Hepatitis B Mapping Project' (2016), "the majority (61%) of people living with chronic hepatitis B in Australia were born overseas, with the most common region of origin the Asia-Pacific (41% of the total)."

HIV

Port Phillip and Stonnington have a HIV rate five times higher than the state average, particularly amongst their male population. These rates are consistent with other Australian data about transmission of HIV amongst males, confirming that "Male-to-male sex continues to be the major HIV risk exposure in Australia ... with male to male sex accounting for 70% of HIV diagnoses in 2016, while heterosexual sex accounted for 21% of diagnoses"[8].

As stated previously, these two LGAs have a high rate of gay men living there. In addition, these municipalities attract great numbers of interstate and international travellers compared to other LGAs, predominantly young men and women. This transient community of travellers may further explain the higher rates of HIV compared to other LGAs.

[8]Annual Surveillance Report of HIV, viral hepatitis, STIs 2017, UNSW Sydney, Kirby Institute, https://kirby.unsw.edu.au/sites/default/files/kirby/report/ SERP_Annual-Surveillance-Report-2017_compressed.pdf

Port Phillip and Stonnginton have rates of gonorrhoea eight times higher than the state average

Low participation is found in Cardinia, Casey, Frankston and Greater Dandenong. They are below the state average of 60%

Gonorrhoea

Port Phillip and Stonnington have rates of gonorrhoea almost eight times higher than the state average. These rates are most likely due to the historically high rates of LGBTIQA+ individuals living in those two municipalities. It is noteworthy, the prevalence and incidence of gonorrhoea is typically higher amongst gay men and other men who have sex with men (MSM) than the general population (including testing rates).

As statistics from the *Annual Surveillance Report of HIV, viral hepatitis and STI in Australia* (2017) show, the rise in gonorrhoea notifications of 29% in 2016, highlighted that "about three quarters of notifications were in males (17 325, 73%), resulting in a male-to-female ratio of 3:1".

The Third National Sexually Transmitted Infections Strategy 2014-2017 highlights similar findings, reporting that "The very high male-to-female ratio in this population suggests transmission is occurring predominantly by sexual contact between men".

Cervical Screening Participation

Low participation in Cervical screening is found in Cardinia, Casey, Frankston and Greater Dandenong. These four municipalities are below the state average of 60% participation; with Frankston having only 54% participation rate.

In December 2017, a five-yearly Cervical Screening Test replaced the two-yearly Pap test. The new Cervical Screening Test is more effective than the Pap test previously undertaken every two years. It will be interesting to see whether this impacts on screening rates over time.

Although Cervical screening is not considered an STI screen, it does screen for and detect HPV which can lead to cervical cancer. As such Cervical screening participation has been placed in this section.

Syphilis

Although Cervical screening is not considered an STI screen, it does screen for and detect HPV which can lead to cervical cancer. As such Cervical screening participation has been placed in this section.

It is also worth mentioning the continued increase of notifications for infectious syphilis. In Victoria, there has been a 41% increase in cases since 2015. The majority of cases continue to occur amongst males, with 74% of males reporting male sexual partners as the source of infection. Amongst women, there has been a continued increase in notified cases over the last three years. In 2017, 146 cases were notified representing 11% of cases while in the previous year 100 cases were notified representing 11% of total cases, in 2015 the rate was 5% of total cases[9]. These rises are of particular concern for women as it can cause serious birth defects including fetal death. It is important, therefore that all women of reproductive age are screened including all pregnant women.

Similar trends have been reflected in the SMR. Port Phillip and Stonnington have rates of syphilis almost five times higher than the state average.

[9]https://www2.health.vic.gov.au/about/news-and-events/healthalerts/rising-syphilis-cases-august-2018

SEXUAL AND REPRODUCTIVE HEALTH LITERACY

The link between the ability to make choices about SRH and access to accurate information that is culturally appropriate and in language is significant. As the Australian Women's Health Network position paper (2012) highlights, an informed choice cannot be made without having access to "comprehensive and reliable sexual and reproductive health information. Information needs to be transparent and accessible, particularly for disadvantaged women".

As previously noted, the SMR is home to a diverse population encompassing a range of socio-economic statuses and ethnicities as well as marginalised communities. With such demographics, the ability to access reliable and comprehensive information may be challenging. Access to a wide range of information in a variety of languages may not exist or be limited to only specific languages. Competency and confidence in seeking out SRH information may also be challenging for some women. For other women, cultural barriers may exist preventing them from fully accessing information and support. These challenges may limit women's ability to make the most appropriate choices for themselves. In addition, women from "CALD backgrounds and Aboriginal and Torres Strait Islander women are likely to experience a myriad of barriers when seeking health information"[10].

It is worth remembering that health literacy encompasses more than just 'educating' or empowering individuals but is also about ensuring health providers and organisations are able to appropriately communicate and disseminate information with individuals from a range of settings. As Trezon et al. states, understanding "promotes the responsibility of health care organisations to ensure they meet the health literacy needs and preferences of the people and communities they serve".

[10]The Australian Women's Health Network. Women and Sexual and reproductive Health position paper (2012) http://awhn.org.au/wp-content/uploads/2015/03/94_AWHNWomenSexualReproductiveHealthPositionPaper2012.pdf

06
STRATEGY FRAMEWORK

The Health Promotion Actions from Women's Health West's Western Regional Sexual and Reproductive Health Promotion Framework (2011) have been used as a best practice model for the development of the *Good Health Down South* Framework. An objective specific to the needs of the SMR has been identified for each Health Promotion Action, as stated in the table below.

VISION
To promote and celebrate optimal sexual and reproductive health for all in the SMR, by increasing knowledge and access to safe and appropriate services.

HEALTH PROMOTION ACTIONS						
Advocacy	Policy and legislative reform	Sector and Workforce development	Community education and capacity building	Service and Program Delivery Coordination	Research, Monitoring and Evaluation	Communication and Social Marketing
OBJECTIVES						
Advocate for sexual and reproductive health to be viewed as a priority in the SMR across targeted settings	Influence and inform practices, policies and legislation that promote equity, inclusion and non-descriminatory behaviours	Build workforce capacity to meet the diverse sexual and reproductive health needs in the SMR	Identify the sexual and reproductive health literacy of community members	Increase the coordination of existing sexual and reproductive health services in the SMR	Research and monitor sexual and reproductive health trends in the SMR to continually inform and adapt activities	Raise awareness of safe and respectful sexual practices through a number of communi-cation platforms communication platforms

07 STRATEGY GOVERNANCE

WHISE will provide overall leadership of *Good Health Down South.* As the regional women's health service for the SMR of Melbourne, WHISE is placed in a unique position to undertake this role. WHISE has been the leading women's health service in the SMR. Formally established in 1992, WHISE is one of 12 women's health services across the state and is funded by the Department of Health and Human Services. Through collaboration and partnership with various community-based organisations and stakeholders, WHISE has continued to promote and improve the health and wellbeing of women across the SMR, with a keen interest and expertise in the areas of sexual health and wellbeing; the prevention of violence against women; and gender equity. WHISE has worked with key Commonwealth, State and regional groups to advocate for and inform government on strategic areas of policy improvement and service system changes. Through work with various community leaders, organisations and individuals, WHISE has sought to actively respond to the needs of the local community.

Good Health Down South will be governed by a Steering Committee, with membership comprised of senior management representatives from signatory organisations throughout the region who have been selected based on their expertise of SRH and governance. The purpose of the Steering Committee, chaired by WHISE management, will be responsible for strategic decisions that relate to the implementation, reporting and evaluation.

The Steering Committee will inform the Community of Practice who will be responsible for implementing and operationalising *Good Health Down South.* The Community of Practice will involve practitioners from across the SMR who are working in the area of SRH within their own organisation. It will provide a unique opportunity to support Strategy implementation and opportunities for capacity building and development of the SRH workforce. Working groups will be established based on needs, as determined by the Steering Committee.

08
IMPLEMENTATION

Good Health Down South has been developed to be implemented across a range of organisations within the SMR. Given the wide ranging evidence base that has been researched and presented in the Strategy, it is envisaged that organisations will address and carry out specific actions and steps to:

1. Conduct further research in particular areas of relevance

and/or

2. Implement specific programs designed to meet service gaps as identified in *Good Health Down South*.

As the regional women's health service for the SMR, WHISE will provide guidance and assistance in the implementation of *Good Health Down South*. The work of WHISE has focused on improving the health and wellbeing of women across the SMR in various settings. Working collaboratively with women and service partners, WHISE has been pivotal in providing information, research and training in aspects of SRH.

The implementation process will be a coordinated effort wherein WHISE will work alongside the various stakeholders and community based organisations including:

- Local Government
- Community Health Services
- Primary Care Partnerships (PCPs)
- Schools/Education and Training
- SEMPHN
- Hospitals
- Other Community Health Agencies

To successfully implement *Good Health Down South* it is important to consider the role of a 'place-based' approach. As the discussion paper *Delivering place-based primary prevention in Victorian communities* (DHHS) reveals, the ability to focus on local needs and priorities, as well as engaging the community in developing specific solutions for their local context can enhance the outcomes for communities. With this in mind, it is envisaged that a place-based approach will be utilised to better integrate the needs and priorities of specific settings and communities.

09 TIMEFRAME

Following publication of ***Good Health Down South***, the SC will work together to develop a collaborative action plan with consultation from the CoP. Three annual action plans will be developed to provide annual targeted focus for action. They will be based on regional needs, the broader political environment and ongoing monitoring and evaluation findings.

10 GENDERED RESPONSE

Good Health Down South recognises that women have been disproportionately affected by poorer SRH. While both women and men are impacted by SRH, it has been generally women that have carried the burden of SRH. As such, SRH has become an important and fundamental aspect of women's quality of life. As the report Common Threads reveals, "while SRH involves biological difference between the sexes, it is also influenced by social interactions such as gender relations, power differentials and economic and cultural factors".

Highlighting the way in which women are disproportionately affected by SRH is critical to better understanding women's experiences and the reasons why SRH is significant to one's overall health and wellbeing. Some of these include:

- Women bear the childbearing demands; including control of fertility and reproductive choice.
- Women's lives are influenced by the gendered social relations and norms that exist and are manifested in "relations with their intimate partners, immediate family, community, and, ultimately, broader society"[11]. There may be expectations about sexual consent, ability to use condoms and the ability to exercise autonomy in contraception choices.
- Women are more likely to be victims of family violence and sexual assault. Gender-based violence is also more likely to be directed towards women and may include sexual abuse, forced marriage, and lack of reproductive choice.

Gender is considered a social determinant of health as it can profoundly impact women's quality of life. Power dynamics, unequal distribution of resources, and work opportunities are all said to be gendered. Within Australia, the gendered nature of many professions is still a reality.

Understanding gender as a social determinant of health, "allow us to better appreciate the diverse needs of women on their individual life circumstances"[12].

[11]Kane S, Rial M, Matere A, Dieleman M, Broerse JEW, Kok M. Gender relations and women's reproductive health in South Sudan. Global Health Action. 2016;9:10.
[12]Common Threads: the sexual & reproductive health experiences of immigrant & refugee women in australia full report written by Maria Hach

11 POPULATION GROUPS

Good Health Down South will be guided by the nine population groups identified in the *Western Region Sexual and Reproductive Health Promotion Framework* (WHW) that are most at risk of SRH in Melbourne's West. The groups below may vary for the SMR population:

Women

Young people

People from migrant and refugee backgrounds

Aboriginal and Torres Strait Islander people

Gay, lesbian, bisexual, transgender and intersex people

People living with a disability

People in, or being released from, prison

Sex workers

People who inject drugs

12 EVALUATION & MONITORING

One of the objectives of *Good Health Down South* is to research and monitor SRH trends in the SMR to continually inform and adapt activities.

The Strategy will be supported by a rigorous evaluation framework developed by VicHealth's *Evaluating Victorian projects for the primary prevention of violence against women: a concise guide*. This framework involves process, impact and outcome evaluation and will be co-designed with the CoP and stakeholders involved in the implementation of the Strategy.

Regular data collection, data analysis and findings will inform annual action plans. This will allow the SC to assess progress each year, as well as our collective impact in the SMR. Findings will be publicly available at the completion of the plan in 2021, in an evaluation report.

13 DEFINITIONS

Sexual Health: 'A state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence' (WHO, 2013).

Reproductive Health: 'Addresses the reproductive processes, functions and systems at all developmental stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide, if, when and how often to do so' (WHO, 2017).

Sexual rights: 'Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination' (WHO, 2006a, updated 2010).

Rights critical to the realisation of sexual health include:

- The rights to equality and non-discrimination;
- The right to be free from torture or to cruel, inhumane or degrading treatment or punishment;
- The right to privacy;
- The rights to the highest attainable standard of health (including sexual health) and social security;
- The right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage;
- The right to decide the number and spacing of one's children;
- The rights to information, as well as education;
- The rights to freedom of opinion and expression; and,
- The right to an effective remedy for violations of fundamental rights. (WHO, 2006a, updated 2010)

Sexuality: 'A central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors' (WHO, 2006).

Sex: 'refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females (WHO, 2006).

Gender: 'refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men' (WHO, 2017).

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15 ENDORSEMENTS

- Cardinia Shire
- Central Bayside Community Health Services
- City of Greater Dandenong
- Connect Health & Community
- Department of Education and Training
- enliven
- Family Planning Victoria
- Frankston Mornington Peninsula Primary Care Partnership
- Glen Eira City Council
- Hepatitis Victoria
- Jean Hailes for Women's Health
- Kooweerup Regional Health Service
- Monash Health
- Mornington Peninsula Shire
- Peninsula Health
- South Eastern Centre Against Sexual Assault
- South Eastern Melbourne Primary Health Network
- Southern Melbourne Primary Care Partnership
- Star Health

GOOD HEALTH DOWN SOUTH

A SEXUAL AND REPRODUCTIVE HEALTH STRATEGY
FOR THE SOUTHERN METROPOLITAN REGION