

NORTHERN METROPOLITAN REGION SEXUAL AND REPRODUCTIVE HEALTH FACT SHEET 2019

All women have the right to good sexual and reproductive health across the lifespan. This fact sheet details the sexual and reproductive health of the **496,203 women and girls** who call the Northern Metropolitan Region (NMR) home.¹ The NMR includes the local government areas (LGAs) of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra.

At WHIN, we advocate for:

- Women's rights to experience safe and respectful intimacy and relationships, and freedom to express their sexuality without abuse, discrimination or violence.
- Women's rights to choose if, when, how and how often they have children.
- Sexual and reproductive health services that are accessible, affordable and appropriate.

SEX POSITIVE STATEMENT

Sexual health needs to be understood within specific social, economic and political contexts. Sexual and reproductive health is critically influenced by gender norms, roles, expectations and power dynamics.

We acknowledge that we all experience sexuality and sex in different ways; Women's Health In the North is committed to empowering women in the NMR to embrace their sexuality with autonomy, safety and fun.

A note on gender:

WHIN works to eliminate gender inequities and improve outcomes in women's health, safety and wellbeing. We acknowledge that data limitations have restricted this resource in its inclusion of LGBTQIA+ information.



BIRTHS

15,432 babies were born to NMR residents in 2016, which is **1,983** more than reported in 2015.²



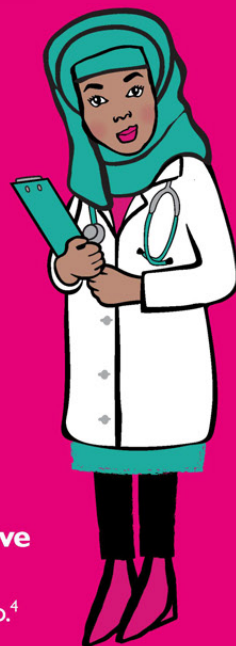
Total fertility rate (TFR) refers to total number of children born or likely to be born to a woman in her lifetime. According to 2016 data, the TFR for women in the NMR was **1.67**, which was slightly lower than the Victorian average of **1.73**.²

The adolescent fertility rate (AFR) is defined as the number of births per 1,000 women ages 15 to 19. The AFR for the NMR was lower than the Victorian AFR across all LGAs with available data.³

INFERTILITY

Infertility affects about **one in six Australian couples** of reproductive age.⁴

In **40% of couples** the cause of infertility is attributed to a **sperm factor**; in another **40% of cases** it is attributed to a cause within the **female reproductive system**; otherwise a combination of the two.⁴



ACKNOWLEDGMENT

WHIN acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services. We pay our respects to their Elders past and present and recognise the ongoing living culture of all Aboriginal people.

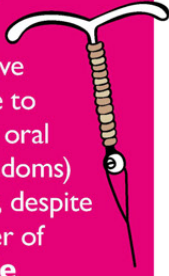
UNINTENDED PREGNANCY

It is estimated that **51% of Australian women** experience an unintended pregnancy.⁵

CONTRACEPTION

66% of heterosexually active women aged 16-49 report contraception use.⁶

Less effective contraceptive methods and those prone to human error (such as the oral contraceptive pill and condoms) are used most commonly, despite the availability of a number of **long-acting reversible contraceptives (LARCs)** proven to be more effective.⁷



EMERGENCY CONTRACEPTION

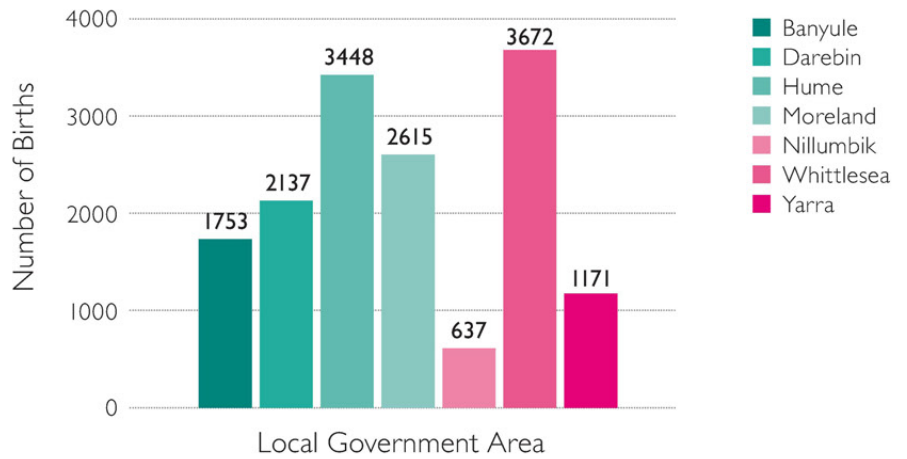
The proportion of women who have ever used emergency contraception has risen from **23% in 2002 to 34% in 2013**. Of users, **51%** had used it only once and **45%** had used it between 2 and 5 occasions.⁶

ENDOMETRIOSIS

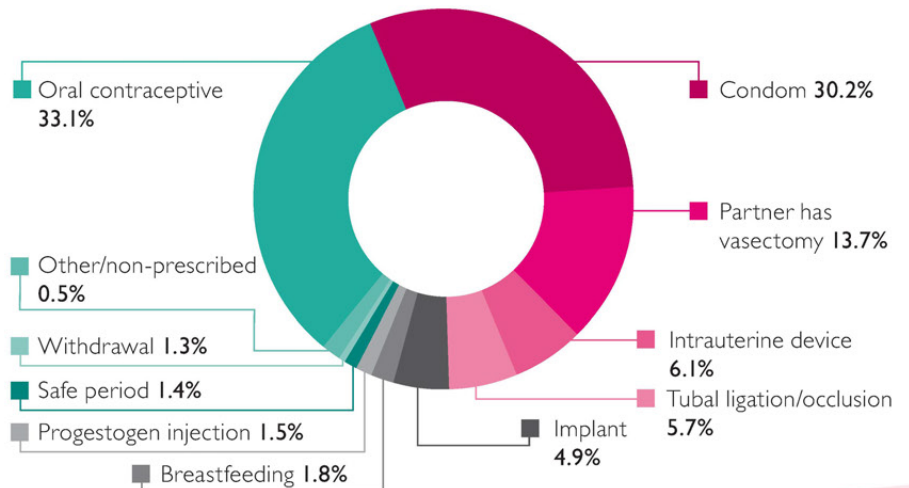
Endometriosis is an under-recognised chronic disease where cells similar to those that line a woman's uterus grow in other parts of the body, usually around the pelvis. It is estimated to affect more than **700,000 Australian women and girls**.⁸

The average time between the onset of symptoms and diagnosis of endometriosis is between **7 to 12 years**.⁸

NMR BIRTHS²



PRIMARY CONTRACEPTIVE METHODS⁶



ABORTION

It is estimated that **1 in 3 Australian women** will have an **abortion** at some point in their lives.⁵

In Victoria, there are options available for both medical and surgical abortion for those who choose not to continue with pregnancy, however some **women still encounter barriers in accessing these services** and information about abortion.⁵

POLYCYSTIC OVARY SYNDROME (PCOS)

PCOS is a **common endocrine disorder** affecting **8.7%** of women. PCOS can be associated with problems such as irregular menstrual cycles, excessive facial and body hair growth, acne, obesity, reduced fertility and increased risk of diabetes. For more information, please see: <https://www.monash.edu/medicine/sphpm/mchri/pcos/resources/resources-for-women-with-pcos.9>



IT IS ESTIMATED THAT **1 IN 3 AUSTRALIAN WOMEN** WILL HAVE AN **ABORTION** AT SOME POINT IN THEIR LIVES.⁵

SEXUALLY TRANSMISSIBLE INFECTIONS (STIS)

For women, chlamydia is the **most commonly reported STI in the NMR**, accounting for approximately 80% of all notifications. The chlamydia rate per 100,000 is higher than the Victorian rate in three LGAs: Darebin, Moreland, and most markedly in Yarra.¹⁰

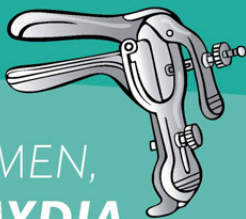
HEPATITIS B

Four LGAs have a **prevalence of chronic hepatitis B** which is higher than the Victorian prevalence rate of **0.99%**. Currently **1.02%** of the population in Darebin; **1.11%** in Yarra; **1.04%** in Whittlesea, and **1.01%** in Moreland are living with chronic hepatitis B.¹¹

Hepatitis B causes inflammation of the liver and can lead to **liver cirrhosis** and **cancer**.¹¹

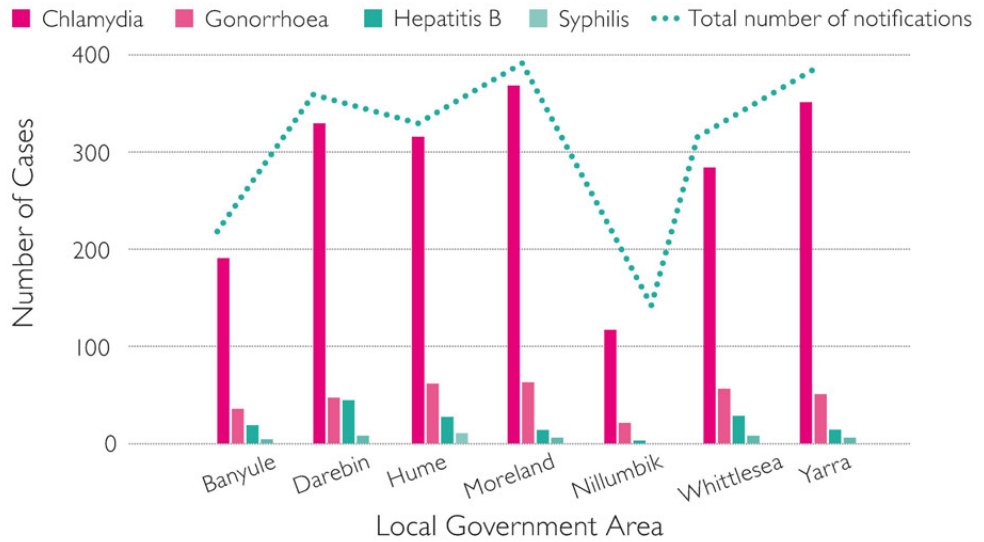
WHAT IS BACTERIAL VAGINOSIS?

Bacterial vaginosis (BV) is the most **common vaginal infection** in women, affecting **10%-30%** of women in developed nations. BV is characterised by abnormal vaginal discharge and odour due to bacterial overgrowth in the vagina. For more information please see: <https://www.mshc.org.au/>.¹²

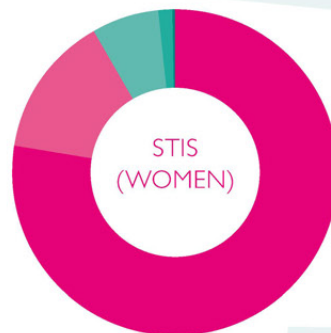
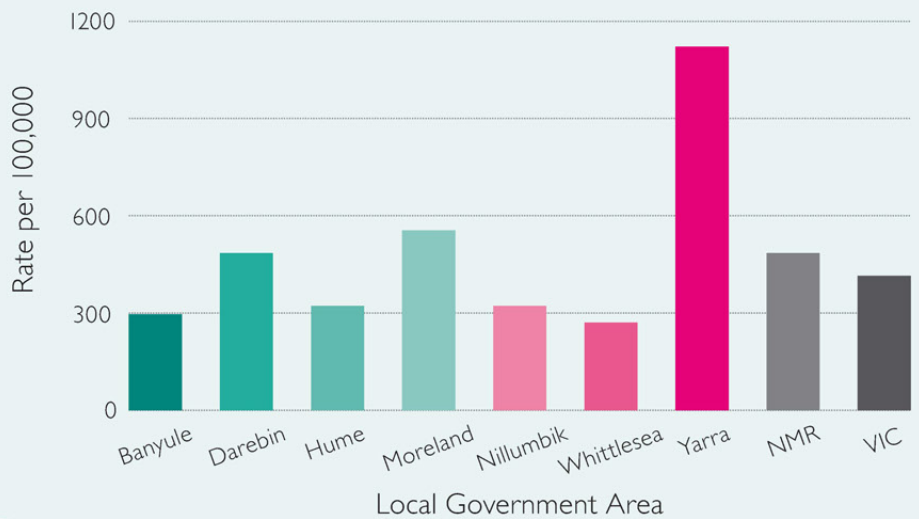


FOR WOMEN, **CHLAMYDIA IS THE MOST COMMONLY REPORTED STI IN THE NMR**.¹⁰

STI NOTIFICATIONS (WOMEN ONLY)¹⁰



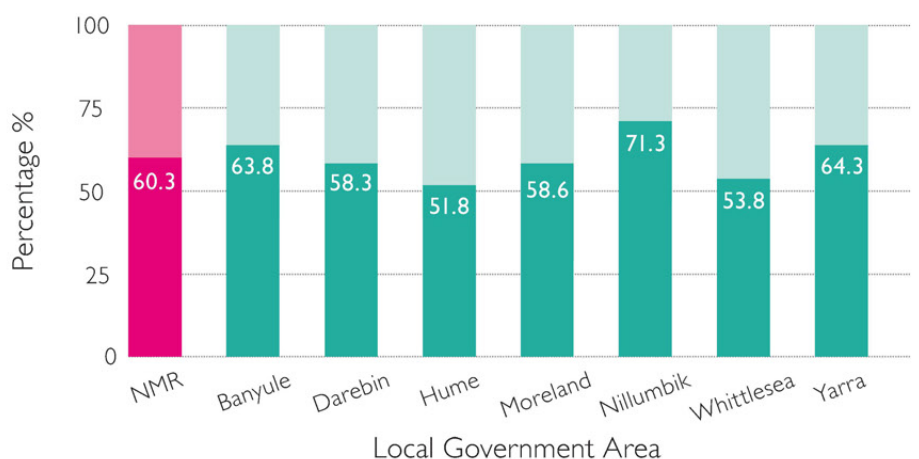
CHLAMYDIA RATE PER 100,000 PEOPLE¹⁰



STI NOTIFICATIONS IN THE NMR (WOMEN ONLY)¹⁰

- Chlamydia 1993 (80%)
- Gonorrhoea 316 (13%)
- Hepatitis B (newly acquired and unspecified) 132 (5%)
- Syphilis 31 (1%)
- HIV 5 (0.2%)

% PARTICIPATION IN CERVICAL SCREENING 2014 - 2015¹⁴



HPV AND CERVICAL SCREENING

Since the implementation of the human papillomavirus (HPV) vaccination, prevalence of cervical HPV types that are targeted by the vaccine has **declined by 92% among women aged 18-35**.¹³

60.3% of women in the NMR participated in cervical screening in 2014-2015.¹⁴

Changes to the cervical cancer screening program now recommend that all people with a cervix aged 25-74 should have a **cervical screening test** every 5 years, even if they have been vaccinated for HPV. For more information please see: <https://www.cancervic.org.au/>.

OLDER WOMEN

There is an absence of sexual health policy that is inclusive of older Australians, as well as lower STI testing rates and a lack of sexual history-taking by GPs. Diagnoses of **chlamydia, gonorrhoea** and **syphilis** among Australians over 60 years old doubled between 2009 and 2013.¹⁵



FEMALE GENITAL CUTTING (FGC)

A significant population of women in the NMR are from communities where FGC is practised. At WHIN we recognise **FGC as a violation of human rights** and a harmful traditional practice with no known health benefits.¹⁶

For more information, please see: <https://www.whin.org.au/resources/sexual-and-reproductive-health-resources/>.

COSMETIC PROCEDURES

Vulvas come in all shapes and sizes, yet many women are unaware of this. Medicare data illustrates a **spike in the rate of female genital cosmetic surgery** such as labioplasty over the past decade, more than doubling previous reports with the biggest increase among women aged **15 to 24** years old.¹⁷

For more information please see: <http://www.labialibrary.org.au/>.

PLEASURE

More than **half of people** with vulvas report having ever faked an orgasm.¹⁸

Nearly **3 out of 4 women** say that clitoral stimulation is vital for orgasm, or makes orgasm feel better.¹⁹

Sexual and reproductive health is not merely the absence of disease, it is about **wellbeing and pleasure** and is expressed through diverse sexualities and forms of sexual expression, so long as there is mutual consent and respect.



SEXUAL AND REPRODUCTIVE HEALTH IS NOT MERELY THE **ABSENCE OF DISEASE,** IT IS ABOUT **WELLBEING AND PLEASURE.**

SEXUAL ASSAULT

Sexual assault is **any sexual behaviour** that makes a person feel **uncomfortable, frightened** or **threatened**. It is sexual activity to which a person does **not consent**. This includes using emotional or physical violence to force another person to engage in sexual activity. **Sexual assault can take various forms**, including: touching, fondling, kissing, being made to look at, or pose for, pornographic photos, voyeurism, exhibitionism, sexual harassment, rape, incest/intrafamilial child sexual assault, and stalking.²⁰

In the NMR, **1091 sexual offences were reported by females in 2018**. In two LGAs, Yarra and Hume, the rates of victim reports per 10,000 women were higher than the Victorian average.²¹

NEGOTIATING CONSENT

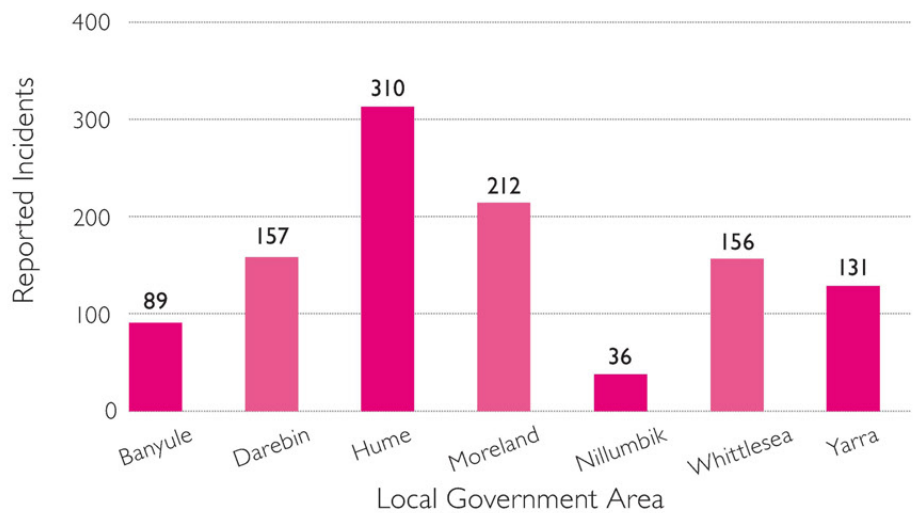
'Enthusiastic consent' is an ongoing process which is voluntary, informed, mutual, sober, honest and wanted, **indicating permission** to engage in sexual activity that has been **mutually agreed upon**.

Many teenagers who have received school sex education report they were given no information about topics such as **sexual decision-making, emotional aspects of sex, and non-consensual sex**.²²

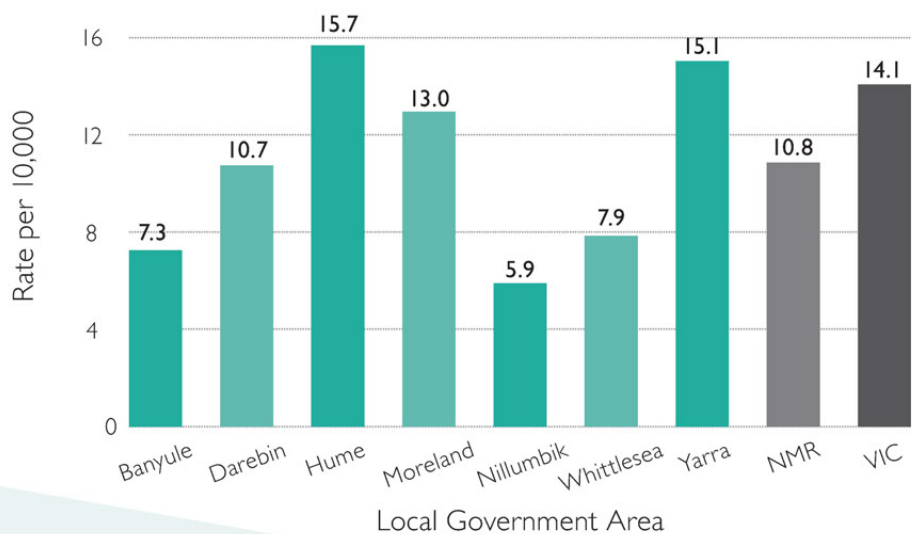
1 in 4 sexually active students reported an experience of unwanted sex.²³

60.5% of women who reported having ever had unwanted sex said it was because their partner thought they should.²³

SEXUAL OFFENCES REPORTED BY WOMEN 2018²¹



VICTIM REPORTS PER 10,000 WOMEN 2018²¹



ENTHUSIASTIC CONSENT IS AN ONGOING PROCESS WHICH IS VOLUNTARY, INFORMED, MUTUAL, SOBER, HONEST AND WANTED, INDICATING PERMISSION TO ENGAGE IN SEXUAL ACTIVITY THAT HAS BEEN MUTUALLY AGREED UPON.

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