

# SEXUAL AND REPRODUCTIVE HEALTH

## NORTHERN METROPOLITAN REGION 2022



**All people have the right to sexual and reproductive health across the life course.**

This fact sheet details the sexual and reproductive health of the girls, women, and gender diverse people who call the northern metropolitan region (NMR) of Melbourne home.

The NMR includes the local government areas (LGAs) of Banyule, Darebin, Hume, Merri-bek, Nillumbik, Whittlesea and Yarra.

### OUR VISION IS THAT

**All women and gender diverse people in the NMR can freely exercise their rights to positive, pleasurable and affirming SRH outcomes.**

### SEX POSITIVITY

Sex positivity is about having a healthy attitude towards sex, whether or not you're having it. Through a sex positive lens, we fight the social norms of what society says sexuality can be and embrace all forms of consensual sexual expression – including the choice not to have sex. **This approach rejects shame and stigma, instead opening avenues for honest conversations and celebration of sexuality.**

### A NOTE ON GENDER

**WHIN works to eliminate gender inequities and improve outcomes in women and gender diverse people's health, safety and wellbeing.**

We acknowledge that there are data limitations that have restricted the inclusivity of this resource. This includes a lack of data on gender diverse people in Australia, as well as SRH data being segregated by sex. We are continuing to advocate for data representation for the LGBTQIA+ community.

**For more information about how we promote sexual and reproductive health, see our strategy [Freedom, Respect and Equity in Sexual Health 2022-2026](#).**

### DEMOGRAPHICS

**The NMR is home to 1,072,469 people, of which 544,519 are females (51%).** There are 8426 people who are Aboriginal or Torres Strait Islander (0.8%). There are 399,308 people born overseas (37%), and 152,033 households that speak a non-English language at home (35%).<sup>1</sup>



Women's Health In the North acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services.



Women's Health In the North acknowledges the support of the Victorian Government.



## BIRTHS

**14,529 babies were born to NMR residents in 2019**, which is 309 fewer than reported in 2018.<sup>2</sup>

### BIRTHING DIVERSITY

If you do choose to have a family, there is no specific way that is correct. Families can be started by adoption, surrogacy, IVF and more. For those who give birth, there is no right or wrong way to experience it.

According to National Core Maternity Indicators for 2018, women with low-risk pregnancies had a diverse range of birthing experiences. 45.3% had an induction of labour (up from 31% in 2004), 30.1% gave birth by caesarean section (up from 23.5% in 2004), and 26.1% had an instrument-assisted birth for their first birth.<sup>3</sup>

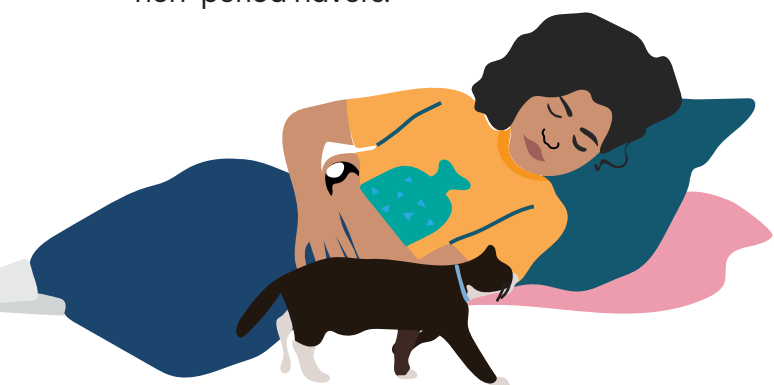
### TOTAL FERTILITY RATE

Total fertility rate (TFR) refers to the average number of children born to a woman throughout her reproductive lifetime. According to 2019 data, **the average TFR for women in the NMR was 1.6 which is lower than the Victorian average of 1.9.**<sup>2</sup>

## PERIOD HEALTH

Periods are a typical experience for most women and gender diverse people. Despite this, there is still stigma and shame surrounding periods which can adversely impact the SRH of people with periods. Stigma prevents people from seeking healthcare for menstrual related pain, and cost and inaccessibility if period products results in period poverty, where people cannot afford the products they need or use alternative products that are not suited to their needs.

**Period health is also connected with gender equity.** People with periods will at least sometimes miss a class or workday due to their period. Additionally, people with periods drop out of sporting activities at a much higher rate than non-period havers.<sup>5</sup>

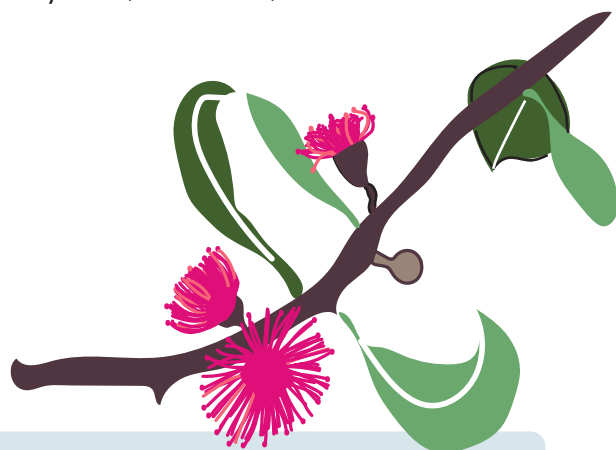


### ADOLESCENT FERTILITY RATE

The adolescent fertility rate (AFR) is an aggregate rate across a two-year period, equalling the number of live births to a woman younger than 20 years, per 1,000 women, aged 13 to 19. **The average AFR for the NMR in 2019 was 4.69 which is lower than the Victorian average of 9.1.**<sup>2</sup>

### INFERTILITY

**Infertility affects about 1 in 6 heterosexual Australian couples of reproductive age.**<sup>4</sup> In 40% of heterosexual 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.<sup>4</sup>



### POLYCYSTIC OVARY SYNDROME

**PCOS is a common endocrine disorder affecting 8–13% 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.<sup>6</sup>

### ENDOMETRIOSIS

Endometriosis is an under-recognised chronic disease where cells similar to those that line a person's uterus grow in other parts of the body, usually around the pelvis.<sup>7</sup> **It is estimated that 11% of Australians (who have a uterus and are in the reproductive age bracket) have endometriosis.** The average time between the onset of symptoms and diagnosis of endometriosis is between 7 to 12 years, leaving many people suffering the associated pain and symptoms in silence.<sup>8</sup>

## CONTRACEPTION

66% of heterosexually active women aged 16–49 report contraception use.<sup>9</sup> While less effective methods of contraception (such as the oral contraceptive pill and condoms) are still favoured, the NMR has seen increased accessibility and uptake of long-acting reversible contraceptives (LARCs). **LARCs are the most effective forms of contraception and people who use them report higher levels of satisfaction.**<sup>9</sup>

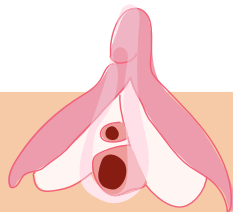
In 2020, the NMR rate of people seeking contraceptive implants was 7.24 per 1000 females, compared to the Victorian average rate of 9.<sup>2</sup> The rates of contraceptive implants being prescribed by provider location was 7.47 per 1000 females, compared to the Victorian average rate of 8.1.<sup>2</sup>

In 2020, the NMR rate of people seeking IUDs was 6.43 per 1000 females, compared to the Victorian average rate of 6.7.<sup>2</sup> The rates of IUDs being prescribed by provider location was 6.35 per 1000 females, compared to the Victorian average rate of 5.4.<sup>2</sup>

Although the average patient and provider rates are similar, most LGAs within the NMR have low provider rates compared to patient rates. The LGA of Yarra is the only exception, with much higher provider rates, indicating that patients from across the NMR travel to Yarra to access contraceptive implants and IUDs.

### EMERGENCY CONTRACEPTION

The proportion of women who have ever used emergency contraception rose 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.<sup>9</sup>

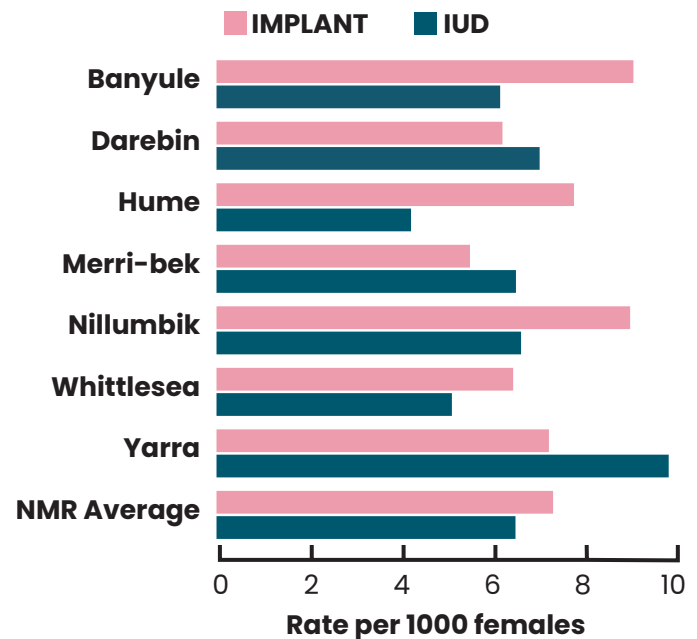


## PLEASURE

**More than half of people with vulvas report having ever faked an orgasm.**<sup>11</sup> Nearly 3 out of 4 women say that clitoral stimulation is vital for orgasm or makes orgasm feel better.<sup>12</sup>

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.

### LARC RATE PER 1000 FEMALES 2020 BY LGA<sup>2</sup>



## VULVA DIVERSITY

Vulvas come in all shapes, sizes and colours, yet many vulva owners are unaware of this. Medicare data illustrates a spike in the rate of female genital cosmetic surgery such as labiaplasty over the last decade, more than doubling previous reports with the biggest increase among women aged 15 – 24 years old.<sup>10</sup> For more information please see [The Labia Library](#).

## FEMALE GENITAL CUTTING

**A significant population of the women in the NMR are from communities where FGC is practiced.**<sup>13</sup>

At WHIN we recognise FGC as a violation of human rights and a harmful traditional practice with no known health benefits. Community-based, respectful and collaborative education is effective in FGC prevention. For more information about FGC, please see our [resources page](#).

# ABORTION

**It is estimated that 51% of Australian women experience an unintended pregnancy.<sup>14</sup> It is estimated that 1 in 3 Australian women will have an abortion at some point in their lives.<sup>14</sup>**

In Victoria, both medical and surgical abortion are available for those who choose not to continue with pregnancy. However, some abortion seekers still encounter barriers in accessing these services and information about abortion. Abortion services should be timely, affordable and appropriate. For further information, go to [1800 My Options](#).

## EARLY MEDICAL ABORTION

Early medical abortion is a safe, non-surgical method that is used for the termination of early pregnancy.

**By patient location, the NMR has an early medical abortion rate of 4.26 per 1000 women aged 12–54** which somewhat aligns to the Victorian average of 4.6.<sup>2</sup>

The NMR early medical abortion rate by prescriber location is 1.74 per 1000 women aged 12–54, which is significantly lower than the Victorian average rate of 4 per 1000 women in this age range. **In 5 out of 7 LGAs, fewer than half of early medical abortion services received were prescribed from within the abortion seeker's LGA.**

The NMR early medical abortion rate by pharmacy location is 2.16 per 1000 women aged 12–54, which is significantly lower than the Victorian average rate of 5.3.<sup>2</sup>

These data indicate that there is an inadequate number of early medical abortion prescribers and dispensing pharmacies in the NMR, which results in patients having to travel to other LGAs to receive these services or not receiving these services at all. **For access to early medical abortion to be equitable, the prescriber and pharmacy rates should align to patient rates.**

## SEXUAL VIOLENCE

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 financial manipulation or physical violence to force another person to engage in sexual activity. Sexual assault can take various forms and can occur in multiple settings such as the home, workplace and public.<sup>15</sup>

**In the NMR in 2020, 1080 sexual offenses were reported by women.<sup>2</sup>** In two LGAs, Yarra and Hume, the rates of victim reports per 10,000 women were higher than the Victorian average.<sup>2</sup> **In Victoria in 2021, the number of sexual assaults increased by 13% from 2020.<sup>16</sup>**

It is likely that this is lower than the actual number of offenses due to barriers to reporting. For more information about our work in preventing gender based violence, see our resources page.



## REPRODUCTIVE COERCION

**Reproductive coercion is behaviour that interferes with the autonomy of a person to make decisions about their reproductive health.**

It includes any behaviour that has the intention of controlling or constraining another person's reproductive decision making.<sup>17</sup> This can include; pressuring someone into pregnancy, sabotaging contraception, or forcing someone to get sterilised.

# SEXUALLY TRANSMISSIBLE INFECTIONS (STIS)

All available STI data is segregated by sex and is not inclusive of gender diverse people. At WHIN we are and will continue advocating for sexual health research to accurately represent the diversity of our community.

**STIs are common and preventable. Some STIs are treatable, all are manageable. STIs should not be stigmatised, and STI care should be non-judgemental and timely.**

For women in 2020, **chlamydia was the most commonly reported STI in the NMR**, accounting for approximately 81% of all notifications.<sup>2</sup>

The chlamydia rate per 10,000 people is higher than the Victorian average rate in Yarra, for women.<sup>2</sup>

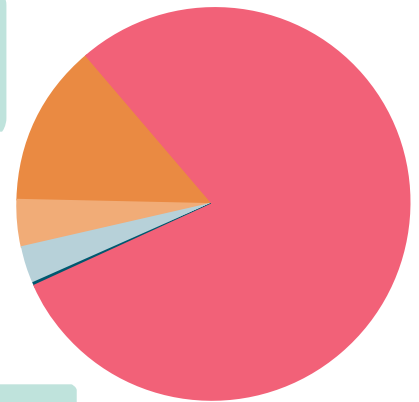
## HEPATITIS B

Two LGAs have a prevalence of chronic hepatitis B which is higher than the Victorian prevalence rate of 0.8%. Currently, **0.89% of the female population in Darebin and 0.96% of the female population in Hume are living with chronic hepatitis B.**<sup>2,18</sup>

Hepatitis B causes inflammation of the liver and can lead to liver cirrhosis and cancer.<sup>18</sup>

## STI NOTIFICATIONS IN THE NMR 2020<sup>2</sup> (WOMEN ONLY)

<b>Chlamydia</b>	1448
<b>Gonorrhoea</b>	249
<b>Hepatitis B</b>	69
<b>Syphilis</b>	60
<b>HIV</b>	5



## BACTERIAL VAGINOSIS

Bacterial Vaginosis (BV) is the most common vaginal infection in women, affecting approximately 10% of women in Australia.<sup>19</sup>

BV is characterised by abnormal vaginal discharge and odour due to bacterial overgrowth in the vagina.

# HUMAN PAPILLOMAVIRUS AND CERVICAL SCREENING

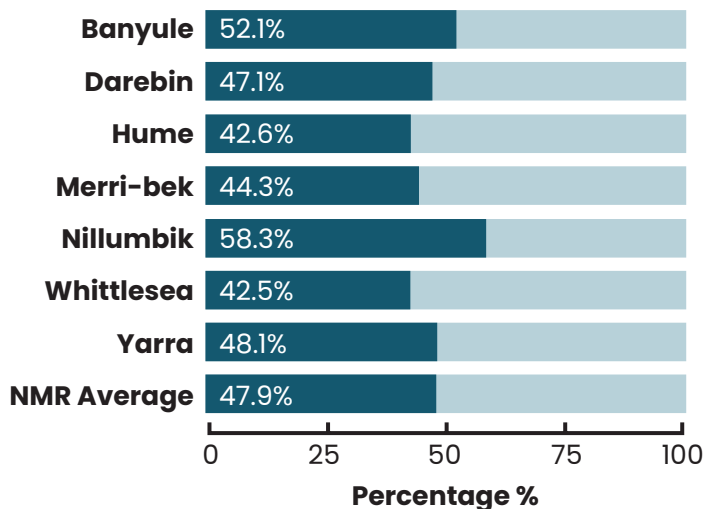
Since the implementation of the human papillomavirus (HPV) vaccination program, prevalence of cervical HPV types that are targeted by the vaccine has declined by 92% among women aged 18–35.<sup>20</sup>

In Victoria in 2020, 82% of girls completed their HPV vaccination course by age 15, which is slightly higher than the national average of 80.5%. 78.4% of boys completed their HPV vaccination course by age 15, which is slightly higher than the national average of 77.6%.<sup>21</sup>

**47.9% of women in the NMR participated in cervical screening in 2018–2019. This is a drop of 12.4% since 2014–2015.**<sup>22</sup>

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.

## % PARTICIPATION IN CERVICAL SCREENING 2018–2019 BY LGA<sup>22</sup>



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RESPECT  
& EQUITY**  
IN SEXUAL HEALTH  
2022-2026

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