SEXUAL AND REPRODUCTIVE HEALTH

YARRA 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 Yarra home.



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

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.

CERVICAL SCREENING

48.1% of people with a cervix in the Yarra region participated in cervical screening in 2018–2019. This is a drop of 16.2% since 2015.

It is recommended that all people with a cervix aged 25-74 should have a cervical screening test every 5 years.

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.



For more information about how we promote sexual and reproductive health, see our strategy <u>Freedom</u>, <u>Respect and Equity in Sexual Health 2022-2026</u>.



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



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

BIRTHS

1,056 babies were born to Yarra residents in 2019, which is 71 fewer than reported in 2018.²

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 Yarra women was 1.05 which is lower than the Victorian average of 1.9.2

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. In 2019 the AFR for Yarra was 4.16 which is lower than the Victorian average of 9.1.2

ABORTION

It is estimated that 51% of Australian women experience an unintended pregnancy.³ It is estimated that 1 in 3 Australian women will have an abortion at some point in their lives.³ Abortion services should be timely, affordable and appropriate. For further information, go to 1800 My Options.

EARLY MEDICAL ABORTION

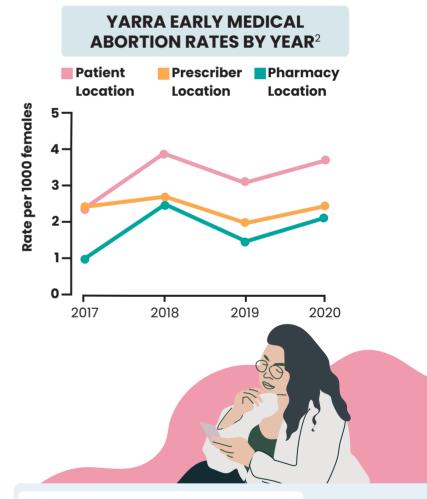
Early medical abortion is a safe, non-surgical method that is used for the termination of early pregnancy.

By patient location, Yarra had an early medical abortion rate of 3.59 per 1000 women aged 12-54 in 2020, which was lower than the Victorian average rate of 4.6.2 The Yarra early medical abortion rate by prescriber location was 2.35 per 1000 women aged 12-54, compared to the Victorian average rate of 4.2 This indicates that patients in Yarra are not able to adequately access medical abortion prescriptions locally. The rate of pharmacies dispensing the medications per 1000 was 2.06 compared to the Victorian average rate of 5.3.2

As the provider and pharmacy rates are lower than the patient rates, this indicates that patients from Yarra are travelling to other LGAs to receive these services.

SEXUAL VIOLENCE

In Yarra in 2020, 134 women reported sexual offenses. The **rate of victim reports per 10,000 women was 15.46, higher than the Victorian average of 14.5 per 10,000 women**.²⁴ 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.



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.⁵

CONTRACEPTION

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

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 longacting reversible contraceptives (LARCs). LARCs are the most effective forms of contraception and people who use them report higher levels of satisfaction.

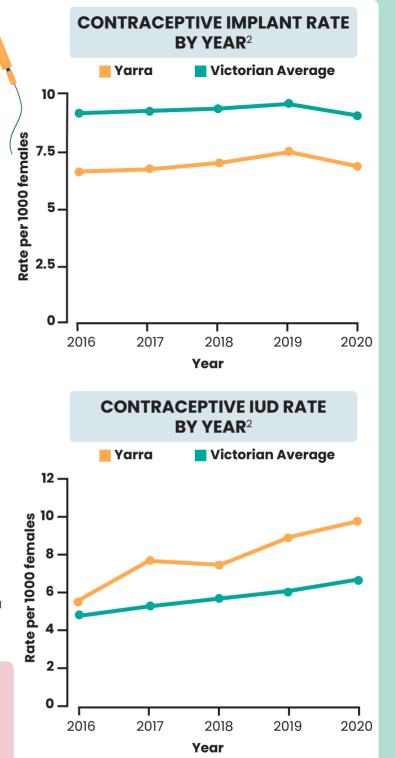
In 2020, the Yarra rate of people seeking contraceptive implants was 7.15 per 1000 females, compared to the Victorian average rate of 9.2 The rates of contraceptive implants being prescribed by provider location was 12.12 per 1000 females, compared to the Victorian average rate of 8.1.2

In 2020, the Yarra rate of people seeking IUDs was 9.73 per 1000 females, compared to the Victorian average rate of 6.7.2 The rates of IUDs being prescribed by provider location was 20.89 per 1000 females, compared to the Victorian average rate of 5.4.2

As the provider rates are much higher than the patient rates in both cases, this indicates that patients from other LGAs are travelling to Yarra to seek contraceptive implants and IUDs.

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. 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.



FEMALE GENITAL CUTTING

A significant population of the women in the NMR are from communities where FGC is practiced.⁹ 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.

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.

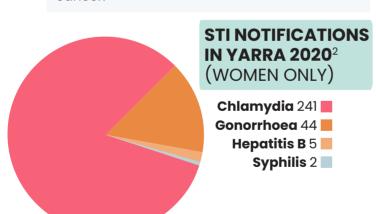
STIs are common and preventable. Some STIs are treatable, all are manageable. STIs should not be stigmatised, and STI care should be non-judgemental and timely.

In Yarra in 2020, chlamydia was the most reported STI, accounting for approximately 83% of all notifications for women. The chlamydia rate per 10,000 people was 27.81 which is higher than the Victorian average rate of 16.4.2

Recent notification rates indicate an increasing trend in gonorrhoea and syphilis across Victoria, which should be considered in STI prevention and response activities.

HEPATITIS B

In 2020, the rate of chronic hepatitis B per 10,000 people in Yarra is 0.58 per 10,000 people which is lower than the Victorian average rate of 0.8. This is also lower than the 2019 rate in Yarra which was 1.62 per 10,000 people.^{2,10} Hepatitis B causes inflammation of the liver and can lead to liver cirrhosis and cancer.10





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- 3. Marie Stopes International. (2008). Real Choices: Women, contraception, and unplanned pregnancy. Melbourne, Victoria. https://www.mariestopes.org.au/wp-content/ uploads/Real-Choices-Key-Findings.pdf
- 4. Australian Bureau of Statistics (ABS). (2022). 2021 Recorded Crime - Victims 2021 [Data set]. Accessed July 2022. https:// www.abs.gov.au/census/find-census-data/search-by-area
- 5. March, W.A., Moore, V.M., Wilson, K.J., Phillips, D.I., Norman, R.J., & Davies, M.J. (2009). The prevalence of polycystic ovary syndrome in a community sample assessed under contrasting diagnostic criteria. Human Reproduction, 25(2):544-551.
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