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Reproductive & Sexual Health

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Reproductive & Sexual Health

2019 Progress Report

Sexual and Reproductive Health and Rights in the Sustainable Development Goals

Empowering People and Ensuring Inclusiveness and Equality in Australia and the Pacific

About us

Family Planning NSW is one of Australia's leading providers of reproductive and sexual health services. Internationally, we operate as Family Planning Australia. Since 1926 we have provided independent, not for profit clinical services and health information to men and women. Our work is underpinned by evidence and a strong commitment to sexual and reproductive health and rights.

In NSW, we work with clients across five clinical sites and through outreach programs across the state, with a focus on our four priority populations:

1. people from culturally and linguistically diverse backgrounds
2. people with disability
3. Aboriginal and Torres Strait Islander people and
4. young people.

We are accredited by the Department of Foreign Affairs and Trade to conduct development assistance in Pacific Island countries and territories including Papua New Guinea, Timor Leste, Fiji, Vanuatu, Tonga, Tuvalu, Samoa, the Solomon Islands and the Cook Islands.

This report is focused on the work of Family Planning NSW/Australia in both Australia and the Pacific to help achieve the 2030 Agenda for Sustainable Development.

About sexual and reproductive health and rights

Family Planning NSW/Australia is committed to sexual and reproductive health and rights for all. The definition for sexual and reproductive health was agreed at the International Conference on Population and Development in Cairo in 1994 and reiterated in subsequent international forums including the Beijing Platform for Action in 1995:

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so…To maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. And when they decide to have children, women must have access to services that can help them have a fit pregnancy, safe delivery and healthy baby[1].

Sexual and reproductive health rights are also articulated in a number of international conventions and treaties including the Convention on the Rights of Persons with Disabilities and Convention on the Elimination of All Forms of Discrimination Against Women.

About this report

This report:

1. Promotes awareness of the SDGs and Australia's performance against them in the area of sexual and reproductive health and rights, with the aim of influencing domestic policy and funding.
2. Supports progress in the Pacific against the Sustainable Development Goals and identifies key areas where Australian aid can make a difference.
3. Provides a regular report on the status of implementation of the Sustainable Development Goals regarding sexual and reproductive health and rights.
4. Identifies gaps in the implementation of the Sustainable Development Goals for national and state government departments responsible for implementation in Australia and internationally.
5. Provides a mechanism for civil society to provide annual structured feedback to government to ensure no- one is left behind in the implementation of the Sustainable Development Goals.

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Note from the CEO

In 2018, Family Planning NSW/Australia published a Sustainable Development Goals Shadow Report to coincide with Australia's first Voluntary National Review at the High Level Political Forum on Sustainable Development.

This year, as part of our mandate to ensure that everybody has access to sexual and reproductive health and rights , we are publishing a Sustainable Development progress report that highlights the centrality of sexual and reproductive health and rights within these goals.

Universal access to sexual and reproductive health and rights, including family planning services, is critical if we are to achieve the goals. Empowering women and their families to decide on the number, timing, and spacing of their children is not only a matter of health and human rights but also affects non-health sector issues that are vital to sustainable development including gender equality, education, climate change, justice and the economy.

Our advocacy in this area is arguably even more important than ever. In 2018 a group of independent experts including Australia's former Sex Discrimination Commissioner Elizabeth Broderick reported to the United Nations that "an unprecedented pushback has been progressing across regions by an alliance of conservative political ideologies and religious fundamentalisms" and noted the urgent need for action on women's reproductive and sexual health rights, including access to contraception and abortion care[2].

Ongoing unmet need for family planning services, low uptake of long acting reversible contraception, inconsistent delivery of comprehensive sexuality education, patchy and inequitable access to abortion care, ongoing deaths from cervical cancer and systemic violence and discrimination against women indicate that sexual and reproductive health and rights are not being fully realised either here in Australia or for our neighbours in the Pacific.

Without sexual and reproductive health and rights, and importantly, good data on sexual and reproductive health and services the effectiveness of other strategies will be reduced. They will cost more to implement, and they will take longer to achieve. Sexual and reproductive health and rights are therefore a foundation for achievement of the ambitious Sustainable Development Goals and to long-term development strategies.

We intend to produce this report annually to advocate for sexual and reproductive health and rights and to work alongside Government to achieve the Sustainable Development Goals, because **we cannot meet the Sustainable Development Goals without realising sexual and reproductive health and rights for all.**

Adj Prof. Ann Brassil
Chief Executive Officer
Family Planning NSW/Australia

The sustainable development goals under review in 2019

In 2015, United Nations member states agreed to the 2030 Agenda for Sustainable Development, which included 17 Sustainable Development Goals.

In 2018 Family Planning NSW/Australia published a Shadow Report to the Australian government's Voluntary National Review in the High Level Political Forum for Sustainable Development, under the auspices of the United Nations Economic and Social Council.

Family Planning NSW/Australia has produced this 2019 progress report to focus on the five goals that are being reviewed this year as well as Goal 17 which is reviewed annually:

- **Goal 4.** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- **Goal 8.** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- **Goal 10.** Reduce inequality within and among countries
- **Goal 13.** Take urgent action to combat climate change and its impacts
- **Goal 16.** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- **Goal 17.** Strengthen the means of implementation and revitalize the global partnership for sustainable development

This year's theme is 'Empowering people and ensuring inclusiveness and equality'. This theme can only become reality with strong support for sexual and reproductive health and rights.

Six key sexual and reproductive health strategies

Family Planning NSW/Australia has identified six key strategies relating to sexual and reproductive health and rights (SRHR) that should guide implementation of the Sustainable Development Goals in Australia, and Australia's work in these areas in the Pacific.

a. **Promote gender equality and end violence against women:** Discrimination and violence against women are common both in Australia and the Pacific. SRHR support gender equality by empowering women to make decisions about work, education, relationships, and whether or when to have children. *See page 19 for more information on this strategy.*
Promotes Goals 4, 8, 10, 16

b. **Invest in comprehensive sexuality education (CSE):** There remains no national approach to CSE in Australia, and an alarming lack of any CSE in the Pacific. Implementation of age-appropriate CSE would promote gender equality and better health outcomes, including lower rates of unintended pregnancy and sexually transmitted infections. *See page 8 for more information on this strategy.*
Promotes Goals 4, 8, 10, 13 and 16

c. **Increase access to long acting reversible contraceptives (LARC):** Despite the evidence as to their effectiveness, use of LARC remains low. Increasing LARC uptake would support women and girls to decide whether or when to have children, and enable them to engage in work and education by reducing the number of unintended pregnancies. *See page 11 for more information on this strategy.*
Promotes Goals 4, 8, 10, 13, and 16

d. **Improve access to abortion care:** Across the world, many women face significant challenges accessing abortion care, including in New South Wales where abortion remains in the criminal code. Improving access to abortion care would improve health outcomes, support women and girls to decide whether or when to have children, and enable them to engage in work and education. *See page 16 for more information on this strategy.*
Promotes Goals 4, 8, 10, 13, and 16

e. **Eliminate cervical cancer:** While we are on track to eradicating cervical cancer in Australia, this form of cancer remains a leading cause of death for women in many countries in the Pacific, preventing many women from living long and healthy lives. *See page 12 for more information on this strategy.*
Promotes Goals 4, 8, 10, and 13

f. **Improve sexual and reproductive health data:** There are significant gaps in reliable data on key indicators that would improve governments' ability to identify areas of health need, and to assess the effectiveness of existing strategies and policies. *See page 18 for more information on this strategy.*
Promotes Goals 4, 8, 13, 16, and 17

The structure of this report

This report steps through each of six focus Sustainable Development Goals and illustrates the ways in which particular strategies support attainment of these goals, providing pragmatic and achievable recommendations along the way.

As noted above, this structure should not be interpreted as meaning that one strategy only supports one goal: just as all goals must work together to achieve a sustainable future, so too must the suggested strategies. A table linking the SDGs with these strategies, and specific recommendations, is provided at the end of this report.

GOAL 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

Sexual and reproductive health and rights (SRHR) promotes access to quality education and lifelong learning. There is a strong relationship between SRHR and education: while early, unintended pregnancy can prevent women and girls from completing their education and engaging in the workforce, access to SRHR services helps girls stay in school, and education empowers girls to seek further information on SRHR. Education also informs boys' views on gender and their roles in respectful relationships.

SRHR supports women and girls to decide when or whether to have children through investments in comprehensive sexuality education (CSE) and legalising and improving access to abortion care and contraceptives, and it promotes lifelong, equitable participation in learning by preventing cervical cancer.

Comprehensive sexuality education

The United Nations Educational, Scientific and Cultural Organization (UNESCO) defines comprehensive sexuality education (CSE) as 'a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality'[3].

There remains no national approach to CSE in Australia, and very little CSE is available in the Pacific. CSE is a crucial early intervention strategy for ensuring that reproductive and sexual health and rights are met. Age-appropriate CSE, commencing in primary school, offers numerous benefits, including promoting gender equality, helping children to identify and report inappropriate behaviour such as child sexual abuse, and helping children develop healthy attitudes about their bodies and relationships.

Evidence confirms that CSE does not hasten sexual activity, but rather has a positive impact on safer sexual behaviours and can delay sexual debut. Furthermore, education that explicitly addresses gender or power relations has a demonstrated positive impact on effectively reducing unintended pregnancy and STIs[4]. This education may improve health outcomes, and reduce violence: research has demonstrated that children of mothers under the age of 18 are at the greatest risk of neonatal mortality, preterm birth, and infant mortality[5] Further, a recent survey of 16-24 year old Australians found that attitudes endorsing gender inequality and having a low level of understanding about violence against women were predictive of attitudes supporting violence against women[6].

Implementation of CSE should be aligned with evidence-based technical guidance published by UNESCO[7] and should ensure that staff delivering this content are well-trained and well-supported[8].

What do NSW students and teachers think about sexuality education?

As an accredited training organisation, Family Planning NSW has extensive experience working with young people and teachers on reproductive and sexual health. Our experience tells us that comprehensive sexuality education is not consistently provided. For instance, the 2017 NSW Sexual Health in Schools Project found that only around half of students surveyed were satisfied overall with the sexual health education they received.

When asked how satisfied they were with the sexual health education provided in school, just over half responded positively, with 11.7 per cent very satisfied,

41 per cent satisfied, 31.2 per cent not very satisfied, and 16.2 per cent not at all satisfied. One Year 10 student told us that her school 'gave as little information as possible'. A Year 9 student told us that 'the atmosphere was still a bit awkward and conservative' and that her class 'brushed over some subjects, or did not reach them at all, such as gender and sexual identity, which are very much needed in schools today'.

Students indicated a lack of information about diversity in gender and sexuality: one Year 12 student told us that, 'My teacher couldn't even tell us how to have safe lesbian sex' and many students reported turning to the internet as an alternative source of information.

For instance, one Year 10 student reported that 'most people who don't identify with the sex assigned to them at birth are very cruelly taunted by their peers who don't understand them….I had to learn about my sexuality from the internet. Before then I felt like I was broken and that something was wrong with me'[9].

Comprehensive sexuality education is particularly significant for students with disability. Although the reproductive and sexual health needs of people with disability are similar to the general population, this community faces the additional challenge of being more vulnerable to assault, rape and coercion[10].

Disability inclusive reproductive and sexual health education in Fiji

Since 2015, Family Planning NSW/Australia has been working closely with The Reproductive and Family Health Association of Fiji (RFHAF) and Fijian Disabled People's Organisations to support teachers to deliver CSE to primary and secondary schools students with disability[11].

Surveys of 60 primary and 12 high school students with disability, taken before the program began, identified clear gaps in students' knowledge and understanding of reproductive and sexual health.

The survey of primary school students found that these students had good knowledge about two of the foundations of child safety: 90 per cent could identify early warning signs (such as feeling angry, sad or wanting to run away) and 83 per cent of students surveyed could name someone that they could talk to about this. However, 60 per cent of students could not name any body changes that boys experience during puberty, and an even greater proportion (70 per cent) could not identify any changes that girls experience.

There were also gaps in secondary school students' knowledge: not one student could identify how to prevent STIs, and while 83 per cent knew what family planning was, fewer than half were able to name any type of contraception[12].

A final report on the outcome of the project will be made available in 2020.

We recommend that the Australian government:

1. Develop a national comprehensive sexuality education curriculum that:
   - is aligned with the 2018 UNESCO technical guidelines
   - is well-resourced and consistently delivered across Australia
   - includes modules for students with disability.
2. Advocate for Pacific Island governments to make commitments to invest in comprehensive sexuality education in schools, including for students with a disability.

GOAL 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.1 Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries

8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

Sustainable economic growth and decent work for all is not possible without SRHR. This is in part because factors such as unmet need for family planning combine with traditional views of gender roles to leave women shouldering much of the responsibility for raising children. In turn, this means that women engage less in the paid workforce, earn less money during their working lives, and (in Australia) retire on much lower superannuation balances (currently 42 per cent lower than men's)[13].

While the gender gap in overall workforce participation rate for those aged 15-64 in Australia is 9 percentage points (83 per cent for men and 74 per cent for women – not taking into account women's higher rate of participation in part-time work)[14], this gap is higher in Pacific Island nations such as Samoa (with a gap of 16 percentage points) and Fiji (with a gap of 34 percentage points)[15].

SRHR contributes to inclusive economic growth by supporting women to decide whether or when to have children, improving general health and wellbeing, and promoting respectful relationships and gender equality. In turn, these factors help reduce the youth dependency rate, enable women to work, and, by lowering the fertility rate, allow families to invest more in each child's health and education[16]. Key SRHR strategies that support these outcomes include comprehensive sexuality education, access to effective contraception and to safe, legal abortion, and eradication of cervical cancer.

Unmet need for family planning

An unmet need for family planning exists when a woman wants to stop or delay childbearing but is not using contraception. In Australia, there is a 10.7 per cent unmet need for family planning. In the Pacific, this percentage is more than twice as high: 22.7 in Vanuatu, 26.7 in Kiribati, and 43.2 in Samoa[17]. In some parts of the Pacific, regular stock outs of contraception place limits on women's choices and women are often only able to access contraception through temporary international aid programs. Building in-country capacity to sustainably fund, source, procure and disseminate contraception is essential[18].

An unmet need for family planning has significant implications for individual women, their families and communities as well as for policy makers. Research shows that:

- Firstborn children of mothers under the age of 18 are at the greatest risk of neonatal mortality, preterm birth, and infant mortality[19]
- Meeting women's need for contraception can have a large impact on maternal, infant and child deaths[20]
- Reducing fertility rates can improve infant survival, children's health, education and wellbeing, women's economic productivity and household income[21].

One strategy for reducing the rate of unintended pregnancies is to increase the uptake of long acting reversible contraception (LARC), including contraceptive implants and intrauterine devices (IUDs). These contraception methods are more than 99 per cent effective, compared with the oral contraceptive pill (93 per cent effective with typical use) and the male condom (88 per cent effective with typical use). However, despite this evidence, use of LARC is low globally.

For instance, while globally, the latest UNESCO data tells us that on average 14 per cent of married or in union women who are using contraception use an IUD, this figure falls to 2.5 per cent in Vanuatu, 0.2 per cent in Samoa and 0.8 per cent in Australia[22]. A more recent study found that 6 per cent of Australian women using a method of contraception use an IUD[23].

The data indicates that adolescents around the world are less likely to be offered and to use LARCs compared to women in other age groups,[24] and many young women in countries such as Australia are more likely to use methods such as the oral contraceptive pill and male condom[25].

How can registered nurses improve women's access to long acting reversible contraception (LARCs)?

Currently in Australia only doctors can access Medical Benefits Schedule (MBS) funding to insert and remove LARCs: this funding is not available to registered nurses providing these services, despite the procedure being within the nursing scope of practice for nurses who have undergone appropriate training, and despite evidence that registered nurses can safely provide IUD insertion service to women.

In 2015, Family Planning NSW conducted research on a model of nurse-led insertion of intrauterine devices (IUD), and invited four Registered Nurses (RNs) to participate in a Family Planning NSW competency-based IUD training program. These nurses then commenced inserting IUDs, with support from medical officer mentors.

The study demonstrated that training RNs led to a high rate of successful insertions (comparable to that of doctors), and improved women's access to contraception. It also found that the inability of nurses to claim insertion through Medicare restricted Australian's women's access to this form of contraception[26].

We recommend that the Australian government:

3. Develop a consumer campaign highlighting the benefits of long acting reversible contraception (LARC)
4. Increase Medicare Benefits Scheme (MBS) rebates to doctors for insertion and removal of long acting reversible contraception (LARC)
5. Provide Medicare Benefits Scheme (MBS) rebates to registered nurses for insertion and removal of long acting reversible contraception (LARC)
6. Contribute to capacity building and funding for sustainable sources of contraception, including long acting reversible contraception (LARC), across the Pacific.

GOAL 10: Reduce inequality within and among countries

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

Ensuring that everyone has access to the health services they need and the ability to exercise their rights goes hand in hand with ending poverty and achieving the Sustainable Development Goals. Globally however, women remain left behind, with many indicators showing ongoing and systemic discrimination that perpetuates inequality within and between countries.

SRHR can help overcome these challenges by promoting gender equality through comprehensive sexuality education in schools and gender-focused development programmes; and by targeting funding and support to strategies that will eliminate cervical cancer.

Cervical Cancer

Cervical cancer is one of the most preventable and treatable forms of cancer if it is detected early and managed effectively, however the World Health Organization (WHO) reports that 90 per cent of deaths from cervical cancer occur in low and middle income countries. It notes that eliminating cervical cancer from these countries could 'dramatically' change this stark inequality[27].

While cervical cancer deaths have halved in Australia since the introduction of the National Cervical Screening Program in 1991, the mortality rate from cervical cancer remains high for Aboriginal and Torres Strait Islander women, at 8 deaths per 100,000 compared to 1.9 deaths per 100,000 for the general population[28]. As Indigenous status and other demographic information (for instance disability and language background) are not recorded at screening, policy makers are not able to maximise the effectiveness of targeted services such as health promotion campaigns. Australia is set to become the first country in the world to eliminate cervical cancer, but this requires ongoing commitment to ensure we achieve this goal and do not leave members of our community behind.

Despite the evidence that regular cervical cancer screening saves women's lives, screening is not routinely available in Pacific nations. Women in the Solomon Islands are dying up to 10 times the rate of Australian women, and in some parts of the Pacific, cervical cancer is the second biggest cause of death by cancer for women aged 25-40[29]. These figures are unacceptable for a cancer that is mostly preventable and treatable if detected early and managed effectively.

As well as implementing effective screening technologies, national strategies should include universal vaccination against human papilloma virus (HPV), and actions to support early diagnosis, treatment and palliative care[30].

Building capacity to eliminate cervical cancer in the Pacific

Building on our Australian clinical and educational expertise, Family Planning NSW/Australia has been working in Fiji, Cook Islands, Solomon Islands and Vanuatu to strengthen health systems and provide women with access to cervical cancer screening and treatment programmes for the past 8 years including:

- Training and supporting 200 nurses and doctors to deliver cervical cancer screening and treatment appropriate to the local context
- Mentoring and supporting local nurses to screen over 14,600 women
- Advising on the development of brochures and posters featuring local public figures, such as Cook Island Parliamentarians and Vanuatu sportswomen, to encourage screening

We also continue to work closely with NGOs and governments to support the development of policies aimed at eliminating cervical cancer

We recommend that the Australian government:

7. Collect additional demographic characteristics of women attending for cervical cancer. screening to improve targeting of resources to particular regions and populations
8. Support Pacific governments to implement national strategies, policies and guidelines for prevention and screening of cervical cancer in line with WHO guidelines
9. Recognise that sexual and reproductive health interventions are key to overcoming systematic inequality, violence and discrimination against women.

GOAL 13: Take urgent action to combat climate change and its impacts

13.2 Integrate climate change measures into national policies, strategies and planning

13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities

Meeting SRHR in all communities, including in Australia and the Pacific, would make significant inroads into mitigating against and reducing the impacts of climate change. As discussed throughout this report, SRHR supports a range of health, education and economic benefits by promoting equality and supporting families to stay healthy and to plan whether or when to have children.

SRHR, including addressing unmet need in family planning, would also support mitigation of and adaption to climate change, and would have the greatest impact on marginalised groups, including women, girls and those living in poverty, who are and will continue to be disproportionally impacted by the impact of climate change. These groups are also the least likely have their health and rights needs met. The International Planned Parenthood Federation has identified that promoting SRHR enables women and girls to plan their families with autonomy and dignity[31].

In turn, smaller and healthier families in stronger economic positions are better able to engage with their communities and to adapt to crises. They also place less pressure on scarce resources such as food and water, and the promotion of women's leadership builds resilience in communities facing the most severe effects of climate change.

Serious consideration as to the role family planning could play in climate change is vital given its potential impact: the Intergovernmental Panel on Climate Change estimates that addressing currently unmet family planning need could reduce CO2 emissions by as much as 30 per cent by 2100, at the same time as improving child and maternal health[32]. Family planning is an appropriate and important strategy given that no single action will be enough to address this complex issue: we need to 'link adaptation and mitigation with other societal objectives'[33].

Climate change and the Solomon Islands

The relationship between SRHR and climate change is clearly demonstrated in the Solomon Islands. Relatively high population growth has combined with limited availability of land suitable for agriculture to lead to deforestation, intensive land use, declining soil fertility and overexploitation of fisheries (due to the high dependence on fish to meet the food needs of the rapidly growing population).

Further, higher temperatures, more intense and shorter periods of rainfall, more intense and longer periods of drought, more intense storms and coastal inundation are all anticipated to reduce yields, change established patterns of pests and diseases, and increase the volatility of agricultural output. These factors put Solomon Islanders at increased risk of poverty, conflict and poorer health outcomes.

Concerted, international effort on climate change is essential to reduce the impact of climate change on countries in the Pacific. In the short term, the Solomon Islands' very high rate of unmet need for family planning (20.9 per cent)[34] suggests one simple and cost-effective strategy that would not only support improved health outcomes and promote human rights – it could also improve the capacity of the Solomon Islands to adapt to the effects of climate change. If delivered as part of a broader investment of $5 per person into health services for women and children, family planning could yield up to nine times that value in economic and social benefits[35], including promoting women's leadership and supporting resilience in the face of climate change.

We recommend that the Australian government:

10. Issue a paper on the link between SRHR and climate change
11. Work with health providers to identify strategies Australia can undertake domestically and as part of our international aid program to support both SRHR and mitigation of/adaptation to climate change
12. Provide targeted funding for SRHR programmes within climate change grants and funds both domestically and in Australia's aid to the Pacific.

GOAL 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all level

16.1 Significantly reduce all forms of violence and related death rates everywhere

16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all

16.6 Develop effective, accountable and transparent institutions at all levels

16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels

SRHR support justice and inclusion through promoting gender equality, reducing violence against women, and providing information and services including contraception and abortion care.

One in five women and one in 20 men have experienced sexual violence in Australia[36], and between one and two in three women living in Pacific Island nations have experienced physical or sexual abuse in their lifetime[37]. Violence against women is a form of gender inequality that directly impacts on women's reproductive and sexual health, including women's decisions about who they have sex with and when, and decisions about whether or when to have children.

The United Nations Office of the High Commissioner on Human Rights notes that criminalising health services that only women need (such as abortion) is a form of sex discrimination[38]. Stigmatisation of people accessing SRHR services is also a significant issue: an inclusive society is not possible if some populations, such as young people or lesbian, gay, bisexual or transgender people cannot access crucial health care.

Access to abortion

Although one in four Australian women has experienced an unintended pregnancy in the last 10 years[39], the patchwork of legal frameworks across Australia in relation to abortion means Australian women face vastly different legal and health service environments when confronted with an unintended pregnancy, depending on which state they live in, whether or not they live in a metropolitan centre, and their financial resources.

Abortion is still contained within the criminal code in New South Wales, in legislative provisions that have not changed since they were first written 119 years ago. This means that accessing an abortion is a criminal offence on the part of the woman and her health care provider unless certain conditions are satisfied. In contrast, in most other states around Australia, abortion is regulated as a healthcare procedure. Victoria achieved decriminalisation in 2008, and Queensland in 2018.

The current laws restrict doctors from providing a full range of reproductive health services and make it difficult for women to access the care they need. Criminalisation can make the process of accessing abortion expensive, time consuming, stressful and in some cases, practically inaccessible. The current law generates stigma, confusion and a fear of prosecution, and can discourage doctors and public providers from providing this reproductive healthcare service.

Abortion should always be safe, lawful, accessible and affordable. This means regulating abortion as any other healthcare procedure rather than as a crime, as well as significant improvements in service provision to ensure that women are not disadvantaged by high fees or their geographical location when accessing abortion care.

A group of independent experts highlighted the urgency of decriminalising abortion to the United Nations last year, noting that 'Criminalizing termination of pregnancy is one of the most damaging manifestations of that instrumentalization [of women's bodies and health], subjecting women to risks to their lives or health and depriving them of autonomy in decision-making[40]'.

GP attitudes on abortion

Since 2013 General Practitioners (GPs) in Australia who have undertaken accredited training have been approved to provide medical termination of pregnancy (MTOP) up to 9 weeks gestation. MTOP is safe and effective and, depending on each state's legislative framework, allows women to have an abortion at home. It was expected that this would allow greater choice and access for women needing this service. Unfortunately, this opportunity has not been realised, with extremely low numbers of GPs taking up training resulting in most services being provided by private clinics which are unaffordable and inaccessible for many women.

In 2017 Family Planning NSW worked with researchers from the University of Technology, Sydney and the University of Sydney to investigate provision of and referral for MTOP by GPs.

It was found that only 1.5% of registered medical practitioners in Australia are certified to provide MTOP. GPs are not providing MTOP for a number of reasons, including concerns about its legality (in NSW), conscientious objection, concerns about MTOP being complex or difficult, workload, a view that abortion is a service others provide, or stigma from colleagues and the broader community. Some GPs who are not certified themselves do not know who to refer women to, because some providers are fearful of the potential backlash involved in promoting this service.

In areas where the local GP does not provide this service, or the pregnancy is too far along to enable MTOP, patients still at times rely on their doctors to advocate for them to be able to access abortion. One GP in a regional area told the project researchers about a 15 year old patient with an intellectual disability who was pregnant as a result of rape:

> Eventually I got one from… one of the obstetricians here. I first of all had it declined and then I rang them up and it was only because I started crying that he agreed to do the termination because he's known me for a long time. He basically sort of said oh, for God's sake …, I'll do it, but I'm not doing it again. So you can imagine how difficult it must be for women themselves without an advocate like you trying to access them. [GP, non-provider outer regional][41]

We recommend that the Australian government:

13. Remove abortion from the NSW Crimes Act and regulate as per other health procedures
14. Develop and deliver a national sexual and reproductive health strategy to ensure that women have access to the full suite of health services regardless of where they live and how much money they have.
15. Advocate for abortion to be decriminalised in the Pacific.

GOAL 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries

Strong global partnerships are crucial to pursue SRHR, and also to achieve the SDGs given the interrelated nature of both the goals and the strategies identified for achieving them. Family Planning NSW/Australia's longstanding and trusted relationships across governments in Australia and the Pacific, as well as with non-government organisations, universities, and others, allow us to deliver a high-quality service offering that includes significant capacity-building activity: we provide training to 12,000 doctors, nurses and others annually in NSW; and have provided training and support to at least 200 nurses providing cervical cancer screening and treatment over the last 8 years across the Pacific.

Adequate and sustainable funding will need to be provided to international aid programmes that focus on SRHR, to continue to support capacity building efforts. Currently, funding for this area is generally provided through health programmes, but to be successful, targeted SRHR programmes need to be supported and their cross-cutting nature recognised. In addition, and critically, what is required is a way to measure areas of need and progress on sustainable development, particularly in key cross cutting issues such as SRHR.

Improved data and monitoring

The SDGs promote the need for greater data capacity to measure sustainable development. While there has been some work towards improving data collection in Australia and the Pacific, data and research on sexual and reproductive health and rights remains low, and in some cases absent. This presents a problem when attempting to understand the need for these services, and to measure their impact.

Gathering this data helps to inform health policy and practice and allow services to be more effectively targeted at groups in need. For example, if data showed that abortion rates were high or rising over time, and use of effective contraception was low or decreasing over time in certain age groups or regions, health districts could respond in a targeted manner, by running health promotions campaigns and encouraging training of GPs and nurses in insertion of LARCs.

However, there is currently no national data collection on the incidence of contraceptive use, pregnancy intention or induced abortion in Australia, and derived data on the number of and indications for induced abortions are limited. The latest and best national figure we have for abortion relies upon data from 2003 and includes a number of estimates and adjustments[42].

In particular, data on socioeconomic characteristics and the sexual and reproductive health of women who present for abortion are very limited, and this lack of data limits the capacity for reproductive and sexual health services to work toward reducing unwanted pregnancies and to provide services for the management of these pregnancies.

Meaningful data could be gathered in a variety of ways, such as mandatory reporting or by regular collection of data from representative samples of women. The British Columbia 2015 Sexual Health Indicators study provides a good example of the latter. A representative sample of women aged 14-49 years were interviewed in relation to sexual health behaviours, pregnancy intention, the prevalence of use of contraceptives and correlation with pregnancy outcomes, sexual behaviours and socio demographic and geographic determinants of health and health equity.

In the Pacific, there is an extremely low level of data around SRHR. Data that does exist is often based on outdated sources, many of which are over a decade old. Research is required in the Pacific to create a better baseline of SRHR need, which can help to define success and design programmes that can make an impact.

The UNFPA has identified the need for improved monitoring of SRHR commitments, including the need for support for information and data collection and analysis[43]. More foundationally, data on the Pacific does not consistently refer to the same region, and countries and territories are grouped under different names such as Oceania, East Asia and the Pacific, Western Pacific and the Asia-Pacific[44].

Men and women working together to improve gender equality and health outcomes

In 2019, Family Planning NSW/Australia completed a review of the men and boys behaviour change programme run in Timor Leste and Papua New Guinea. This research was undertaken in partnership with in-country organisations, Café Cooperative Timor and Susu Mamas. The programme aimed to increase awareness and uptake of family planning, promote gender equality, and improve maternal and child health outcomes by actively engaging men to take a lead role in the health and wellbeing of their families using a peer educator model.

This review provided valuable data that informed changed to the programme going forward, including strengthening of the concept of shared decision making between women and men and the inclusion of women and girls in the programme. Although there is still a strong focus on men, the programme is now designed to encourage participation from both men and women which has offered an opportunity for men and women to work together to achieve gender equality.

The research also strengthened our in-country partners' capacity to conduct research and be involved in analysis of a programme. This approach is invaluable to ensuring that projects are locally owned and managed, and reflect our commitment to strengthen local research capacities in the Pacific.

We recommend that the Australian government:

16. Implement a consistent, national approach to the collection of data on contraception, pregnancy (including pregnancy intention) and abortion through routine data collection and reporting or through regular, population-based survey research.

17. Support research activities in the Pacific that both increase the people to people links between Australian and Pacific researchers, but also provide important data that can inform project designs

Summary of report recommendations

Sustainable development goal	Sexual and reproductive health and rights strategies	Report recommendations
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	a. Promote gender equality and end violence against women b. Invest in comprehensive sexuality education (CSE) c. Increase access to long acting reversible contraceptives (LARC) d. Improve access to abortion e. Eliminate cervical cancer	**1, 2, 3, 4, 5, 6, 7, 8, 9, 13, 14, 15**
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	a. Promote gender equality and end violence against women b. Invest in comprehensive sexuality education (CSE) c. Increase access to long acting reversible contraceptives (LARC) d. Improve access to abortion e. Eliminate cervical cancer	**1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15**
Goal 10. Reduce inequality within and among countries	a. Promote gender equality and end violence against women b. Invest in comprehensive sexuality education (CSE) c. Increase access to long acting reversible contraceptives (LARC) d. Improve access to abortion e. Eliminate cervical cancer	**1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17**
Goal 13. Take urgent action to combat climate change and its impacts	a. Promote gender equality and end violence against women b. Invest in comprehensive sexuality education (CSE) c. Increase access to long acting reversible contraceptives (LARC)	**1, 2, 3, 4, 5, 6, 9, 10, 11, 12**
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all level	a. Promote gender equality and end violence against women b. Invest in comprehensive sexuality education (CSE) c. Increase access to long acting reversible contraceptives (LARC) d. Improve access to abortion e. Improve sexual and reproductive health data	**1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15**
Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development	a. Promote gender equality and end violence against women e. Improve sexual and reproductive health data	**16, 17**

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