family planning nsw
Reproductive & Sexual Health

family planning australia
Reproductive & Sexual Health

Sexual and Reproductive Health and Rights and the Sustainable Development Goals

Priorities for Australia and the Pacific 2020

PUBLICATION INFORMATION

Sexual and Reproductive Health and Rights and the Sustainable Development Goals: Priorities for Australia and the Pacific 2020
Published by Family Planning NSW
328–336 Liverpool Road, Ashfield NSW 2131 Australia
Ph. (02) 8752 4300 www.fpnsw.org.au
ABN: 75 000 026 335

SUGGESTED CITATION

Family Planning NSW. *Sexual and Reproductive Health and Rights and the Sustainable Development Goals: Priorities for Australia and the Pacific 2020.* Ashfield, Sydney: FPNSW; 2020.

ABOUT FAMILY PLANNING NSW/AUSTRALIA

Family Planning NSW is one of Australia's leading providers of sexual and reproductive health services. Internationally, we operate as Family Planning Australia. Our mission is to enhance the sexual and reproductive health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their sexual and reproductive health throughout their life. Since 1926 we have provided independent, not for profit clinical services and health information to communities. Our work is underpinned by evidence and a strong commitment to sexual and reproductive health and rights.

Operating across five fixed clinics as well as outreach clinics, we are experts in contraception, pregnancy options, sexually transmitted infections, common gynaecological problems including menstrual disorders, cervical cancer screening, breast awareness and women's and men's sexuality and sexual function. We maintain accreditation under national quality standards for health managed by the Commonwealth and New South Wales (NSW) governments as well as peak bodies.

As a Registered Training Provider, we provide education and training activities for clinicians, disability workers, teachers, parents and carers, and other health education and welfare professionals. Our education services build the capacity of health, education and community professionals to address the sexual and reproductive health needs of their communities and region.

Through our Research Centre, we partner with universities and other research organisations to grow the body of knowledge about sexual and reproductive health. We focus on translating research findings into clinical practice and teaching and providing guidance on best practice sexual and reproductive health programmes and services. We are compliant with standards under the National Health and Medical Research Centre.

Internationally, we work to assist poor and disadvantaged people through improving access to comprehensive family planning and sexual and reproductive health information and services. We collaborate with other family planning and health organisations in-country and promote a rights-based approach for all people to achieve sexual and reproductive health and wellbeing. We work closely with governments in the region, to support the development and implementation of policy in the area of sexual and reproductive health.

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.

NOTE FROM THE CEO

Universal access to sexual and reproductive health and rights, including family planning services, is critical if we are to achieve the Sustainable Development 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.

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. In 2019, we published a Sustainable Development Progress Report that highlights the centrality of sexual and reproductive health and rights within these goals.

In this 2020 report, Family Planning NSW/Australia has identified seven key priorities relating to sexual and reproductive health and rights that should guide implementation of the Sustainable Development Goals in Australia, and Australia's work in these areas in the Pacific:

- promote gender equality and end violence against women
- increase access to long acting reversible contraceptives
- eliminate cervical cancer
- invest in comprehensive sexuality education
- promote access to sexual and reproductive health services for vulnerable groups
- improve access to abortion care
- improve sexual and reproductive health data

In this final decade of implementation of the Sustainable Development Goals, our advocacy in this area is even more important than ever. 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.

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

CONTENTS

ACRONYMS

AIHW	Australian Institute of Health and Welfare
ABS	Australian Bureau of Statistics
CSE	Comprehensive sexuality education
FPO	Family Planning Organisations
HPV	Human papillomavirus
ICPD	International Conference on Population and Development
LARC	Long-acting reversible contraception
MBS	Medicare Benefits Scheme
MHMS	Ministry of Health and Medical Services
NSW	New South Wales
OCP	Oral contraceptive pill
RN	Registered Nurse
SDG	Sustainable Development Goal
STI	Sexually transmitted infection
SRHR	Sexual and reproductive health and rights
UNESCO	United Nations Educational, Scientific and Cultural Organization
VIA	Visual inspection of cervix with acetic acid
WHO	World Health Organization

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Sexual and reproductive health and rights (SRHR) encompasses all matters related to puberty, relationships, sexuality, sexual health, fertility and birth. It recognises the right of all people to have control over, and make informed decisions on, matters related to their bodies, sexuality and reproduction, free from coercion, discrimination and violence. SRHR includes the rights of people to have safe and accessible information and services for family planning and contraceptive choices and to make decisions on the number, spacing and timing of their children.

In 1994, the International Conference on Population and Development (ICPD) defined sexual and reproductive health as a state of complete physical, mental and social well-being, rather than merely the absence of illness and disease. It affirmed that sexual and reproductive health is a fundamental human right, including the right to:

- reliable access to safe, effective and affordable methods of family planning
- health care and protection, including diagnosis and treatment for sexually transmitted infections (STIs) including HIV
- sexual and reproductive health that are comprehensive, accessible, private and confidential and respectful of dignity and comfort
- appropriate pregnancy, confinement and postnatal services
- inclusive services, regardless of gender, sexual orientation, age or disability
- education and information on sexual and reproductive health and rights
- decide freely and responsibly on the number, spacing and timing of children

Sexual and reproductive health and rights are articulated in several 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.* A widely used United Nations definition:

"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]

By upholding everyone's sexual and reproductive health rights there are health, environmental, social and economic benefits for all.

THE SUSTAINABLE DEVELOPMENT GOALS

In 2015, United Nations member states agreed to the 2030 Agenda for Sustainable Development, which included 17 Sustainable Development Goals (SDGs). The SDGs are a collection of global goals designed to be a "blueprint to achieve a better and more sustainable future for all". They address the global challenges we face, including those related to poverty, inequality, climate change, environmental degradation, peace and justice. The 17 SDGs are all interconnected with an aim to leave no one behind. The goals have a deadline of 2030 to be achieved.

Each year, the High Level Political Forum on Sustainable Development meets under the auspices of the United Nations Economic and Social Council. The Forum is a mandated space to follow up on the implementation of the 2030 Agenda, including the SDGs, and includes a space for countries to provide voluntary national reviews of their implementation of the Agenda.

Achievement of the SDGs can only become a reality with strong support for sexual and reproductive health and rights.

SRHR PRIORITIES

Our 2020 report focuses on seven sexual and reproductive health and rights priorities for Australia and the Pacific and how they link to the Sustainable Development Goals. Each of these priorities includes recommendations that illustrate how to support the implementation of the SDGs.

The overarching ambition of this report is to highlight gaps and opportunities for SRHR interventions that would assist the implementation of the SDGs. This report also aims to:

- influence domestic policy and funding that promotes awareness of how SRHR interventions can achieve the SDGs
- support progress in the Pacific against the SDGs and identifies key areas where Australian aid can make a difference
- encourage dialogue with national and state government departments responsible for the implementation of the SDGs in Australia and internationally
- provide a mechanism for civil society to provide structured feedback to government to ensure no-one is left behind in the implementation of the SDGs
- promote the work of Family Planning NSW/ Australia in implementation of the SDGs

Family Planning NSW/Australia has identified seven key priorities relating to SRHR that should guide implementation of the SDGs in Australia, and Australia's work in these areas in the Pacific.

1. 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.

Promotes all SDGs as is a cross-cutting issue

2. Increase access to long-acting reversible contraceptives (LARCs)

Despite the evidence as to their effectiveness, use of LARCs 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.

Promotes SDGs 1, 3, 5, 8, 10, 13, 16

3. 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.

Promotes SDGs 1, 3, 5, 10

4. Invest in comprehensive sexuality education (CSE)

There remains no consistent approach to CSE in Australia, and an alarming lack of 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.

Promotes SDGs 1, 3, 4, 5, 10, 16

5. Access to sexual and reproductive health services for vulnerable groups

Access to sexual and reproductive health services is important so that all community members can achieve good health outcomes. Achieving health equity requires ensuring universal healthcare access for all people, including those most disadvantaged. People who are socially or culturally marginalised may face additional challenges in accessing sexual and reproductive health services, contributing to health inequity.

Promotes SDGs 1, 3, 4, 5, 10, 11

6. Improve access to abortion care

Across the world, many women face significant challenges accessing abortion care. 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.

Promotes SDGs 3, 5, 8, 10

7. 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.

Promotes SDGs 3, 16, 17

SRHR PRIORITIES AND THE SDGs

PRIORITY 1: PROMOTE GENDER EQUALITY AND END VIOLENCE AGAINST WOMEN

It is widely acknowledged that gender equality and the empowerment of women is a cross-cutting issue in the SDGs. There have been many studies which also demonstrate the causal link between SRHR and gender equality. This is because SRHR supports gender equality by empowering women to make decisions about work, education, relationships, and whether or when to have children.

2020 is a milestone year for gender equality, having been 25 years since the Beijing Declaration and Platform for Action which reinforced the link between SRHR and gender equality, noting that "the lack of sexual and reproductive health education has a profound impact on women".[2]

Australia remains a leader on gender equality and in some areas, such as access to abortion, we have seen forward movement domestically with all but one state decriminalising the service. However, Australia continues to underperform in other areas, including on comprehensive sexuality education which is a critical enabler to promote respectful relationships and provide girls with the information and confidence to take control over if and when to have sex. This, in turn, has an impact on a women's right to choose if and when to have children, which is a fundamental prerequisite for gender equality.

In the Pacific, the situation is worse. Women and girls have low social status and men are the primary decision-makers. Women are often subjected to discrimination, violence and not provided with the same opportunities as men. All key SRHR indicators are poor for women in the Pacific, with the highest level of unmet need for contraception in the world, declining contraception prevenance rates, unacceptably high maternal mortality, increasing prevalence of cervical cancer, and growing incidence of sexually transmitted infections.[3]

Discrimination and violence against women are common both in Australia and the Pacific. In 2018, 1 in 6 (1.6 million) Australian women have experienced physical and/or sexual violence by a current or previous partner since age 15[4] and up to 68% of women in Pacific Islands Countries reporting having experienced gender-based violence.[5] Violence against women is a form of gender inequality that directly impacts on women's sexual and reproductive health, including women's decisions about who they have sex with and when, and decisions about whether or when to have children.

"We need to be deliberate about galvanizing a wide range of partners to play a role in changing society's norms and expectations."
—Melinda Gates; 2020

The social and economic costs and the negative impact of violence against women are high. Evidence suggests that women who are experiencing or have experienced violence make higher use of health-care services. Given that most women will access sexual and reproductive healthcare services during their life, these services in particular offer opportunities for identification and provision of a supportive response for women who have experienced violence.[6]

Family Planning NSW has gender-sensitive services, with specific clinics tailored to women, and outreach activities providing gender-specific information and education. Our clinics also routinely screen for domestic violence, and in the past 12 months we introduced screening for reproductive coercion. Of the over 12,000 people screened during 2018-19, 332 cases of domestic violence were referred and 114 cases of reproductive coercion disclosed.

Internationally, our projects in the Pacific have promoted the rights of women and girls to make informed decisions and have control over their sexual and reproductive health. This includes training clinicians on creating gender safe spaces for their clients and providing community education and information to both men and women to raise awareness and support positive change on gender equality, sexual and reproductive health and related behaviours.

The autonomy and empowerment of women are essential not only for their own health and wellbeing but also for those of their families and communities and, ultimately, for sustainable development. Sexual and reproductive health is, in turn, fundamental for women's full participation in society and return on investment.[2]

SDGs

This priority promotes all SDGs as promoting gender equality and end violence against women is a cross-cutting issue.

RECOMMENDATIONS

We recommend that the Australian government:

- remain a leader on gender equality by investment in women and girls, and implementing public policy solutions that target gender equality outcomes
- use the Australian Development budget to prioritise interventions that promote gender equality and the empowerment of women and girls in the Pacific
- become a leader in speaking out against violence against women, investing in sexual and reproductive health solutions.

CASE STUDY: PAPUA NEW GUINEA COMMUNITY TRAINING

The Papua New Guinea community of Tarabo in the Eastern Highlands Province completed the Family Planning NSW Kamap Man Tru course in 2018-19. During a meeting with the community, they spoke highly of their experience of the training.

Empowered with information, the community has built toilets and sanitation facilities, and now refers women to the health clinic to access contraceptives, antenatal and child health care. The Tarabo community has a long history of belief in sorcery resulting in accusations and revenge killing. Based on interviews with the participants, an unexpected and significant impact was a change in the belief that sorcery was responsible for issues relating to sexual and reproductive health.

PRIORITY 2: INCREASE ACCESS TO LONG-ACTING REVERSIBLE CONTRACEPTIVES

Despite evidence of effectiveness, the use of LARCs 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.

One in four Australian women have experienced an unintended pregnancy in the past decade. About half of these pregnancies occurred for women not using contraception, and about one third ended in abortion.[7] Increasing the uptake of intrauterine devices (IUDs), and other forms of LARC, would help reduce unintended pregnancies.

In Australia, there is a 10.7% unmet need for family planning - when a woman wants to stop or delay childbearing but is not using contraception. In the Pacific, the unmet need for family planning is more than twice as high: 22.7% in Vanuatu, 26.7% in Kiribati, and 43.2% in Samoa.[8] 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.[9]

"Highly effective long acting reversible contraception (LARC), namely implants and intrauterine contraception, is globally advocated by governments as a key strategy to reduce unintended pregnancy."
—Bateson et al 2019; MJA

The social and economic costs and the negative impact of violence against women are high. Evidence suggests that women who are experiencing or have experienced violence make higher use of health-care services. Given that most women will access sexual and reproductive healthcare services during their life, these services in particular offer opportunities for identification and provision of a supportive response for women who have experienced violence.[6]

An unmet need for family planning has significant implications for individual women, their families and communities as well as for policymakers. Research shows that[10]:

- firstborn children of mothers under the age of 18 are at the greatest risk of neonatal mortality, preterm birth, and infant mortality
- meeting women's need for contraception can have a large impact on maternal, infant and child deaths
- reducing fertility rates can improve infant survival, children's health, education and wellbeing, women's economic productivity and household income

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

The latest UNESCO data tells us that on average 14% of married or in-union women who are using contraception use an IUD, this figure falls to 2.5% in Vanuatu, 0.2% in Samoa and 0.8% in Australia.[11] A more recent study found that 6% of Australian women using a method of contraception use an IUD.[12]

Adolescents around the world are less likely to be offered and to use LARCs compared to women in other age groups,[10] and many young women in countries such as Australia are more likely to use methods such as the oral contraceptive pill and male condom.[13]

SDGs

Promotes achievement of SDGs 1, 3, 5, 8, 10, 13, 16

RECOMMENDATIONS

We recommend that the Australian government:

- develop a consumer campaign highlighting the benefits of long-acting reversible contraception (LARC)
- increase Medicare Benefits Scheme (MBS) rebates to doctors for insertion and removal of LARC
- provide MBS rebates to registered nurses for insertion and removal of LARCs
- contribute to capacity building and funding for sustainable sources of contraception, including LARCs, across the Pacific.

CASE STUDY: INCREASING THE ACCESSIBILITY OF LONG-ACTING REVERSIBLE CONTRACEPTIVES THROUGH NURSE-LED INSERTIONS: A COST-BENEFIT ANALYSIS

Long-acting reversible contraceptives (LARCs) are highly effective in preventing pregnancy; however, uptake remains relatively low in Australia. Extending provision by registered nurses (RN) with the required knowledge and skills may increase the accessibility of these contraceptive methods. A cost-benefit analysis was undertaken to assess the impact of Australian women switching from an oral contraceptive pill (OCP) to a LARC, or initiating the use of a LARC for women not currently using any form of contraception, over five years.(14) The additional impact of 20% of the increase in LARC insertions being carried out by RNs was also modelled.

Findings indicate if women using the oral contraceptive pill switched to LARC, in-line with LARC uptake in comparable countries, net savings are estimated at $68 million over five years, given the significant out-of-pocket expenses associated with the OCP. For women using no contraception who adopt a LARC, in-line with uptake in comparable countries, the value of avoided abortions and miscarriages is $20 million over five years.

If 20% of women who switch to a LARC are provided with services by an RN (compared to a General Practitioner), there would be an additional cost-saving to government of $2.7 million. Further savings for women due to lower out-of-pocket costs for insertion are valued at $500,000 over five years. Enabling RN-led LARC insertion is a cost-effective way of increasing access to these contraceptive methods.

PRIORITY 3: ELIMINATE CERVICAL CANCER

While we are on track to eliminating cervical cancer in Australia, this form of cancer remains a leading cause of death for women in many countries in the Pacific.

Cervical cancer is one of the most preventable and treatable forms of cancer, however, the World Health Organization (WHO) reports that 90% of deaths from cervical cancer occur in low and middle-income countries. It notes that eliminating cervical cancer from Pacific countries could 'dramatically' change this stark inequality.[15] High-income countries (like Australia), have shown that with successful and effective implementation of comprehensive cervical cancer prevention and control, incidence and deaths from the disease can be dramatically reduced.

"Far too many women are dying in the prime of their lives from a disease that could be prevented with relatively simple and affordable technologies."
——Starrs et al, Lancet; 2018

The high mortality rate from cervical cancer globally can be reduced through a comprehensive approach that includes prevention, early diagnosis, effective screening and treatment. Early detection of human papillomavirus (HPV), through cervical cancer screening, can significantly reduce the risk of cervical cancer. As well as implementing effective screening technologies, national strategies should include universal vaccination against HPV, and actions to support early diagnosis, treatment and palliative care.[15]

Further, the mortality rate from cervical cancer remains disproportionately high for Aboriginal and Torres Strait Islander women. In 2011–2015, the cervical cancer mortality rate for Aboriginal and Torres Strait Islander women was 3.8 times that of non-Indigenous Australians.[16] 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 to 40.[17] These figures are unacceptable for a cancer that is mostly preventable and treatable if detected early and managed effectively.

In the Pacific, we have supported the training of clinicians in cervical cancer screening and treatment, and worked with the Ministries of Health to develop policies and strategies for national cervical cancer prevention.

SDGs

Promotes achievement of SDGs 1, 3, 5, 10

RECOMMENDATIONS

We recommend that the Australian government:

- collect additional demographic characteristics of women attending for cervical cancer screening to improve targeting of resources to particular regions and populations
- support Pacific governments to implement national strategies, policies and guidelines for prevention and screening of cervical cancer in line with WHO guidelines

CASE STUDY: SOLOMON ISLANDS

During 2015-18, Family Planning Australia worked with the Solomon Islands Ministry of Health and Medical Services (MHMS) to develop and implement a cervical cancer screening and treatment pilot program using visual inspection of cervix with acetic acid (VIA) and cryotherapy (screening and treatment methods recommended by the World Health Organization for low resource settings). The Pap test has been the standard screening test in the Western world for the last five decades.

Altogether 28 nurses and midwives participated in competency-based training, and, following training, provided these services to women across 11 clinic sites. Between April 2016 and April 2018, over 4,000 women received cervical screening across all sites. In the lead clinic site, 1,301 women were screened with VIA, and 12% had a positive result. Of screen-positive women, 83% had cryotherapy treatment. The remainder were referred to the National Referral Hospital for treatment or follow-up care. Women interviewed following screening reported feeling reassured by their visit and happy with their screening experience.

As a result of the cervical screening and treatment pilot project, the Solomon Islands MHMS agreed to scale up the program in 2019/20 towards national implementation of a National Cervical Cancer Screening Program and commit to eradicating cervical cancer. Scaling up the pilot program towards national rollout will ensure that all women have access to cervical screening and timely treatment. This will save lives, improve health outcomes, and contribute to achievement of the SDGs (goals 3 and 5 in particular).

PRIORITY 4: INVEST IN COMPREHENSIVE SEXUALITY EDUCATION

The United Nations Educational, Scientific and Cultural Organization (UNESCO) defines CSE as 'a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality'.[18] CSE is a crucial early intervention strategy for ensuring that sexual and reproductive health and rights are met.

CSE is relevant across the lifespan. We need to include all ages, especially given existing education deficits in adults, particularly for those who disengaged from school early (for example homeless young people), vulnerable migrants who arrived after their school years or from a country without CSE, or whose needs were not adequately met by school education (people with disability, gender and sexuality diverse).

"The evolving understanding of CSE recognises that this kind of education can also contribute to wider outcomes such as gender equitable attitudes, confidence or self-identity."

—UNESCO; 2018

Evidence shows that CSE improves health outcomes, and can reduce violence towards women.[19] 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.[19]

This education may improve health outcomes and reduce violence: research has demonstrated that children of mothers under 18 years are at the greatest risk of neonatal mortality, preterm birth, and infant mortality.[10] Further, a recent survey of young people aged 16-24 years 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.[20]

Implementation of CSE should be aligned with evidence-based technical guidance published by UNESCO[18] and should ensure that staff delivering this content are well-trained and well-supported.[21]

Implementation of age-appropriate CSE would promote gender equality and better health outcomes, including lower rates of unintended pregnancy and sexually transmitted infections. 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.

Despite having a national school curriculum, the provision of CES is inconsistent in Australia, and very little CSE is available in the Pacific. CSE is a crucial early intervention strategy for ensuring that sexual and reproductive health and rights are recognised and advanced.

Comprehensive sexuality education is not consistently provided in Australian Schools. The 2017 NSW Sexual Health in Schools Project found that only around half of the 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% very satisfied, 41% satisfied, 31.2% not very satisfied, and 16.2% 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".[22]

Other research from NSW has explored the views of teachers about CSE delivery. In 2015, a study assessed the needs of 339 NSW teachers and principals. Almost half of teachers (39%) and principals (43%) reported it is helpful when sexual health curriculum is a priority, however limited time and resources are the primary constraining factors.[23] Having executive staff that are supportive, committed and engaged in sexual health education was valued by teachers, especially in responding to parental concerns. Further, 54% of teachers indicated they need more assistance in addressing the issues of pornography and media representations of sex and sexuality.

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

To reach people who have already left school, but have inadequate sexual and reproductive health knowledge, educational resources, (such as the bodytalk.org.au website), provide information. Training for workers such as youth workers, disability support workers and supported accommodation workers can also be of benefit.

Delivering education, information and communications on CSE is core business for Family Planning NSW/Australia. As an accredited training organisation, Family Planning NSW has extensive experience working with young people and teachers on sexual and reproductive health.

Family Planning NSW invests in CSE through education, clinical service delivery, health promotion, research and advocacy. Examples include:

- teacher training on dealing with topical issues such as sexting, pornography and respectful relationships
- providing sexual health information and mobile STI screening at music festivals and youth-specific events to young people
- introducing disability-inclusive CSE curriculum in Fiji
- contributing to an Asia Pacific research report on CSE.

SDGs

Promotes achievement of SDGs 1, 3, 4, 5, 10, 16

RECOMMENDATIONS

We recommend that the Australian government:

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

CASE STUDY: WHAT DO NSW STUDENTS AND TEACHERS THINK ABOUT SEXUALITY EDUCATION?

In 2017, Family Planning NSW delivered a series of six free workshops across NSW for parents and carers of children and young people with intellectual disability. The project was funded by the nib Foundation Community Grants program.

An evaluation of the workshops, with quantitative and qualitative indicators, tracked across participants' 'journey' in the project (i.e. pre-workshop, immediate post-workshop, and three months after). Results of the pre- and post-workshop survey showed a significant improvement in participants' knowledge and confidence in providing sexuality support to their child/young person, with those gains retained at the three-month follow-up.

At three month follow-up we found that:

- 95.8% of respondents found the workshop covered issues relevant to their situation
- 95% of respondents were satisfied with the workshop
- 95.8% of respondents would recommend the workshop to other parents and carers
- 85.3% of respondents had made changes as a result of the workshop

The majority of participants also reported positive changes in attitudes regarding talking about sexual development, talking about masturbation and considering a sex-positive approach in their support strategies.

"When you're diagnosed with autism for the first time and you think you're all alone, a workshop like this helps you know that there are other people out there going through the same thing together and it's normal." *—Female, 41-50 years*

"I felt you gave me permission to talk about these things in a way I hadn't been able to before, sex-positive and no shame or embarrassment." *—Female, 41-50 years*

"It normalised a lot of things for me, even normalising my own anxiety around sexuality education which is OK." *—Female, 51-60 years*

There were also a number of identified barriers in supporting children and young people with disability and Autism Spectrum Disorder (ASD). These included a lack of understanding about how to adapt information effectively to the child's needs, lack of time to implement support strategies, perceived lack of need for preventative sexuality support and scarcity of workshops and resources in regional areas.

"I hadn't taken into consideration like what if he has to go to a group home or respite care etc… I didn't think to take into perspective like helping him become an independent adult in this area which was good." *—Female, 31-40 years*

"For my family, it helped consider a bias I didn't know I had about seeing my child as asexual." *—Male, 41-50 years*

PRIORITY 5: PROMOTE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR VULNERABLE GROUPS

Universal health coverage includes access to affordable quality sexual and reproductive health services. Access to sexual and reproductive health services is important so all community members can achieve good health outcomes, including those most disadvantaged.

"As people become healthier, their lives improve in other ways. And the world becomes better and more equal as a result."
—Bill and Melinda Gates; 2020

People who are socially or culturally vulnerable may face additional challenges in navigating health care, contributing to health inequity. Belonging to multiple vulnerable groups can make health system navigation even more complex. Vulnerable groups include people who are culturally and linguistically diverse and Aboriginal and Torres Strait Islander, people with disability, young people and people who are gender and/or sexuality diverse. Sexual and reproductive health should be offered to all groups in the community in a style, location and manner that ensures accessibility and sensitivity.

Australia is a demographically and culturally diverse society. Nearly half (49%) of Australians are migrants or the children of migrants and more than one-fifth (21%) of Australians speak a language other than English at home.[24] Maximising sexual and reproductive health outcomes for all groups in a multicultural community requires a combination of mainstream services that are responsive to cultural diversity, and specially designated services that meet the needs of particular groups.

Aboriginal and Torres Strait Islander people should have access to a high standard of sexual and reproductive health services which are delivered with respect, recognising their culturally significant needs. Health services should be welcoming, safe and inclusive for Aboriginal and Torres Strait Islander clients, visitors and staff.

People with disability often face discrimination, for instance from service providers who assume that a person with disability is non-sexual, or not capable of having a relationship or parenting.[10] Discrimination and gatekeeping compounds challenges for people with disability seeking to access sexual and reproductive health services, including the limited availability of accessible services and has implications for access to contraception, cervical screening and STI testing, placing people with disability at risk of worse health outcomes compared to the general population. People with disability have the right to make decisions about whether and when to have sex, or to start a family. Programmes can meet the SRHR needs of most people with disability via adaptations, identified through consultations with them.[25]

Young people are a high-risk group in regards to sexual health, with epidemiological data showing a higher prevalence of STIs, lower rates of condom use and barriers to accessing health services. All young people have a right to access sexual and reproductive health services and programs that are affordable, respectful and maintain appropriate client confidentiality. Young people, especially those who belong to vulnerable groups, may need additional support to access health care.[26]

People who are gender and/or sexuality diverse can experience homophobia and transphobia, both present significant barriers to accessing health services. Sexuality and gender diverse young people have higher rates of mental health concerns and are more likely to attempt suicide in their lifetime.[27] Research shows that over one-third of lesbian, bisexual or queer women were overdue for cervical screening[28] and that transgender men are significantly less likely to access pap smears compared to the general population.[29]

Improving sexual and reproductive health outcomes includes long term capacity building to address sexual and reproductive health needs in the Pacific. In the Pacific, Family Planning works to achieve universal health coverage by working with governments to develop policies and strategies for national cervical cancer prevention. This includes up-skilling and training local clinicians to provide cervical cancer screening and treatment for women in the Pacific.

SDGs

Promotes achievement of SDGs 1, 3, 4, 5, 10, 11

RECOMMENDATIONS

We recommend that the Australian government work with the states to:

- provide accessible, affordable, non-judgmental, confidential services for people from vulnerable groups to ensure services are welcoming and inclusive, respectful and inclusive of cultural, sexual and gender diversity
- actively seek the views of service users in designing appropriate services.

CASE STUDY: THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF YOUNG PEOPLE

Family Planning NSW works to improve the sexual and reproductive health of young people through the provision of multidisciplinary services that promote access to sexual and reproductive health services.

Access to clinical services

In 2019, Family Planning NSW launched the Mobile Screening Project which provides opportunistic chlamydia screening for young people outside of the clinical setting. Young people experience barrier for healthcare access including the physical environment of health services, opening hours, confidentiality concerns and complex booking procedures. The Mobile Screening Project promotes access to clinical services through the provision of sexual and reproductive health information and youth friendly STI screening services in environments that are familiar and comfortable for young people. To date, 116 young people have participated in the project. Outcomes are currently being evaluated.

Access to condoms

Family Planning NSW introduced the *Condom Credit Card (CCC)* project in 2008. Family Planning NSW's *CCC* is a friendly and confidential way for young people under the age of 25 to access free condoms, lubricant and sexual and reproductive health information. The *CCC project* engages young people in discussions about sexual and reproductive health, providing a condom demonstration and information about sexually transmitted infections and contraception within a safe and supportive environment and promotes access to sexual and reproductive health services. Using a capacity-building approach, the *CCC project* enables youth services to provide sexual and reproductive health information, condoms and lubricant to the young people they work with, increasing the reach of the program into regional and remote areas. In 2018-2019, 1,273 young people signed up to the *CCC*, and a total of 15,276 condoms were distributed.

Health literacy

Improving the health literacy of young people is essential for good reproductive and sexual health. To address young people's common questions and concerns, Family Planning NSW engages with young people in creating youth-focused heath promotion messaging and content. Family Planning NSW also developed the *Body Talk* website which provides accurate youth-friendly information about sexual and reproductive health in an online, responsive design format, making it accessible to young people and the wider community. The *Body Talk* website familiarises young people with the methods of contraception available, common sexually transmitted infections and the methods of protection, and also the services that are available to support them in maintaining high quality reproductive and sexual health. The website is inclusive of people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds as well as young people with a disability. The website can be used autonomously or as a teaching and learning aid for educators, health workers, parents and carers.

Advocacy

Family Planning NSW advocates for the sexual and reproductive health and rights of young people. We achieve this through our *Young People Sexual and Reproductive Health Policy* and advocating to government via written submissions.

PRIORITY 6: IMPROVE ACCESS TO ABORTION CARE

Across the world, many women face significant challenges accessing abortion care. Even with improved access to comprehensive sexuality education and contraception, there will be a continuing need for abortion services. While the prevention of all unplanned pregnancies is desirable, it is unrealistic to expect that all sexually active women will never experience an unplanned pregnancy. No contraception is 100% effective and contraception can fail even when used correctly and consistently. 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.

A survey conducted in 2015 with Australian women aged 18 to 45 found that one in four had experienced an unintended pregnancy in the past 10 years.[7] The patchwork of abortion services across Australia means women face different health service options 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.

"We've got rights and yet we don't have access."
—LaRoche et al Contraception; 2020

There is a need for women to be able to equitably access timely, affordable medical or surgical abortion services. Currently, the largest gaps in access to low- or no-cost services for financially disadvantaged women and there is poor availability of abortion services in rural and remote areas.

Having an abortion can incur large out-of-pocket costs, even though medications for a medical abortion are listed on the PBS (MS2Step) and surgical abortion is a rebatable procedure under Medicare. Out-of-pocket gap fees are frequently significant and are out of financial reach for some women. In 2015, an Australian study two-thirds of women needed financial assistance from others.[30] In addition, indirect costs include travel and accommodation, GP referrals and medical tests, childcare and lost wages.[30]

Women with financial difficulties and/or from marginalised groups may more commonly access services at a later gestation due to access barriers, and abortion becomes progressively more expensive with increasing gestation. Beyond 12 weeks gestation the costs to women rise considerably.[30]

In 2016, an NSW-based study found rural women travelled one to nine hours one way to access an abortion.[31] Services closer to home for women in rural areas may help reduce inequities in access to health care experienced by rural women.

Abortion should always be safe, lawful, accessible and affordable. Improvements in service provision need to be made to ensure that women are not disadvantaged by high fees or their geographical location when accessing abortion care.

SDGs

Promotes achievement of SDGs 3, 5, 8, 10

RECOMMENDATIONS

We recommend that the Australian government work with the states to:

- 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 financial or geographical status
- advocate for abortion to be decriminalised in South Australia and the Pacific.

CASE STUDY: ABORTION DECRIMINALISED IN NSW

The NSW Pro-Choice Alliance, led by the Women's Electoral Lobby, Family Planning NSW and Women's Heath NSW represents expert legal, health and community voices from across the state campaigned to remove abortion from the NSW Crimes Act and to ensure that abortion is regulated like any other health procedure.

The NSW Pro-Choice Alliance sought changes to the law that:

- regulate abortion as a health procedure;
- ensure consistency with contemporary clinical practice, and public health standards;
- empower women with the right to choose what happens to their own bodies, and guarantee equal access to safe, high-quality healthcare, and;
- align with international human rights obligations.

In NSW, abortion was removed from the criminal code in October 2019 with the passage of the Abortion Law Reform Act 2019. Women and pregnant people are no longer at risk of prosecution for procuring their own abortion and doctors can perform an abortion after gaining informed consent. Since decriminalisation of abortion in NSW, services and pathways to healthcare for women seeking an abortion need further development. South Australia remains the only Australian State or territory where abortion is a crime.

PRIORITY 7: IMPROVE SEXUAL AND REPRODUCTIVE HEALTH DATA

"Research organizations can collaborate across the health-care sector to develop innovative, low-cost preventive and curative treatments."

—Global Sustainable Development Report; 2019

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. 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. Better data would aid in understanding the need for sexual and reproductive health services and to measure their impact.

In Australia, 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 promotion campaigns and encouraging the training of doctors and nurses in insertion of LARCs.

There is currently no national data collection in Australia on contraceptive use, pregnancy intention or induced abortion, and derived data on the number of and indications for induced abortions is limited. The latest and best national figure we have for abortion relies upon data from 2003 and includes a number of estimates and adjustments.[32]

Meaningful data could be gathered in a variety of ways, such as mandatory reporting or by the regular collection of data from representative samples of women. The Australian Study of Health and Relationships provides a good example of an Australian Survey.[33] Interviews were completed with over 20,000 men and women aged 16–69 years from all states and territories, exploring socio-demographic and health details as well as sexual behaviour and attitudes.

In the Pacific, there is an extremely low level of data around SRHR. Data that does exist is often based on out-dated sources. Research is required in the Pacific to create a better baseline of SRHR need, which can help to identify gaps, needs and opportunities, design programmes that can make an impact, and determine success. UNFPA has identified the need for improved monitoring of SRHR commitments, including the need for support for information and data collection and analysis.[34]

SDGs

Promotes achievement of SDGs 3, 16, 17

RECOMMENDATIONS

We recommend that the Australian government:

- 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 regular, population-based survey research
- 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.

CASE STUDY: STATISTICAL REPORT - REPRODUCTIVE AND SEXUAL HEALTH IN AUSTRALIA

Providing a comprehensive review of Australian reproductive and sexual health data is important to describe the health of the Australian community, determine areas where improved data collection would refine our understanding, and assist in identifying gaps in research, policy review, health care, health promotion and education to address unmet needs.

Family Planning NSW has produced two statistical reports, published in 2011 and 2013, commissioned by the Commonwealth Department of Health and New South Wales Ministry of Health: *Reproductive and sexual health in New South Wales and Australia: differentials, trends and assessment of data sources (35) and Reproductive and sexual health in Australia(36)*. The reports summarise data on fertility; infertility and assisted reproductive technology; infant mortality; contraception; induced abortion; sexually transmitted infections; and cancer of the reproductive tract.

Developing these reports involved identifying reproductive and sexual health indicators at state and national level, and liaising with data custodians, the Australian Institute of Health and Welfare (AIHW), Australian Bureau of Statistics (ABS), and Medicare Australia, to seek approval for data use.

While the reports focus on reproductive and sexual health in Australia, comparative international data were included as a benchmark, where appropriate. Where there was no routinely collected data, information from surveys and publications in peer-reviewed journals was reported.

The process of assessment of indicators in Australian reproductive and sexual health revealed important data gaps and highlighted the overlapping social and policy areas which impact on the health of communities.

SUMMARY OF RECOMMENDATIONS

PRIORITY	RECOMMENDATIONS TO GOVERNMENT
Priority 1: Promote gender equality and end violence against women	• remain a leader on gender equality by investment in women and girls, and implementing public policy solutions that target gender equality outcomes • use the Australian Development budget to prioritise interventions that promote gender equality and the empowerment of women and girls in the Pacific • become a leader in speaking out against violence against women, investing in sexual and reproductive health solutions.
Priority 2: Increase access to LARCs	• develop a consumer campaign highlighting the benefits of long acting reversible contraception (LARC) • increase Medicare Benefits Scheme (MBS) rebates to doctors for insertion and removal of LARC • provide MBS rebates to registered nurses for insertion and removal of LARCs • contribute to capacity building and funding for sustainable sources of contraception, including LARCs, across the Pacific.
Priority 3: Eliminate cervical cancer	• collect additional demographic characteristics of women attending for cervical cancer screening to improve targeting of resources to particular regions and populations • support Pacific governments to implement national strategies, policies and guidelines for prevention and screening of cervical cancer in line with WHO guidelines • recognise that sexual and reproductive health interventions are key to overcoming systematic inequality, violence and discrimination against women.
Priority 4: Invest in CSE	• develop a national comprehensive sexuality education curriculum that is aligned with the 2018 UNESCO technical guidelines; is well-resourced and consistently delivered across Australia; and includes modules for students with disability • advocate for Pacific Island governments to make commitments to invest in comprehensive sexuality education in schools, including for students with a disability.
Priority 5: Promote access to sexual and reproductive health services for vulnerable groups	• provide accessible, affordable, non-judgmental, confidential services for people from vulnerable groups to ensure services are welcoming and inclusive, respectful and inclusive of cultural, sexual and gender diversity • actively seek the views of service users in designing appropriate services.
Priority 6: Improve access to abortion care	• 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 financial or geographical status • advocate for abortion to be decriminalised in South Australia and the Pacific.
Priority 7: Improve SRHR data	• 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 • 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.

REFERENCES

1. United Nations Population Fund. Sexual & reproductive health 2020 [cited 2020 10 March]. Available from: https://www.unfpa.org/sexual-reproductive-health.
2. The Lancet. 2020: a critical year for women, gender equity, and health. The Lancet. 2020;395(10217):1.
3. International Planned Parenthood Federation. IPPF Pacific Strategy 2019–2022. London: IPPF; 2018.
4. Australian Institute of Health and Welfare. Family, domestic and sexual violence in Australia. Canberra: AIHW; 2018.
5. United Nations Population Fund. Women who experience intimate partner violence, 2000-2018: UNFPA Asia and the Pacific region. 2018.
6. García-Moreno C, Amin A. The sustainable development goals, violence and women's and children's health. Bulletin of the World Health Organization. 2016(94):396-7.
7. Taft AJ, Shankar M, Black KI, Mazza D, Hussainy S, Lucke JC. Unintended and unwanted pregnancy in Australia: a cross-sectional, national random telephone survey of prevalence and outcomes. Medical Journal of Australia. 2018;209(9):407-8.
8. United Nations DoEaSA, Population Division,. World Family Planning 2017 Highlights. 2017.
9. UNFPA Pacific Sub Regional Office. A transformative agenda for women, adolescents and youth in the Pacific: Towards zero unmet need for Family Planning 2018-2022. No date.
10. Starrs AM, Ezeh AC, Barker G, Basu A, Bertrand JT, Blum R, et al. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. The Lancet. 2018;391(10140):2642-92.
11. United Nations Department of Economic and Social Affairs Population Division. World Contraceptive Use 2011. United Nations Department of Economic and Social Affairs Population Division; 2011.
12. Richters J, Fitzadam S, Yeung A, Caruana T, Rissel C, Simpson JM, et al. Contraceptive practices among women: the second Australian study of health and relationships. Contraception. 2016;94(5):548-55.
13. Coombe J, Harris M, Wigginton B, Lucke J, Loxton D. Contraceptive use at the time of unintended pregnancy: Findings from the Contraceptive Use, Pregnancy Intention and Decisions study. Australian Family Physician. 2016;45(11):842-8.
14. Botfield JR, Lacey S, Fleming K, McGeechan K, Bateson D. Increasing the accessibility of long-acting reversible contraceptives through nurse-led insertions: A cost-benefit analysis. Collegian. 2019.
15. World Health Organization (WHO). WHO leads the way towards the elimination of cervical cancer as a public health concern. 2018.
16. Australian Institute of Health Welfare. Cancer in Aboriginal & Torres Strait Islander people of Australia. Canberra: AIHW; 2018.
17. International Agency for Research on Cancer. Papua New Guinea. 2019.
18. UNESCO. International technical guidance on sexuality education: An evidence-informed approach, Revised edition. France: UNESCO; 2018.
19. United Nations Educational Scientific and Cultural Organization. Emerging evidence, lessons and practice in comprehensive sexuality education: A global review. 2015.
20. Politoff V CM, Honey N, Mannix S, Mickle J, Morgan J, Parkes A, Powerll A, Stubbs J, Ward A and Webster K. . Young Australians' attitudes to violence against women and gender equality: Findings from the 2017 National Community Attitudes towards Violence Against Women Survey. ANROWS; 2019.
21. Australian Association for Adolescent Health. Comprehensive Sexuality Education: Position Paper 2018.
22. Roth C CY, Conception K, Botfield J, Stuart A and Estoesta J,. Opportunities for strengthening sexual health education in schools: findings from a student needs assessment in NSW. under review. 2020.
23. Family Planning NSW. NSW sexual health in schools needs analysis. unpublished report: Family Planning NSW; 2015.
24. Australian Bureau of Statistics. Census of Population and Housing: Reflecting Australia - Stories from the Census (Cat. no. 2071.0). Canberra, Australia: ABS; 2017.
25. World Health Organization (WHO). Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA guidance note. Geneva, Switzerland: World Health Organization; 2009.
26. Robards F, Kang M, Steinbeck K, Hawke C, Jan S, Sanci L, et al. Health care equity and access for marginalised young people: a longitudinal qualitative study exploring health system navigation in Australia. International Journal for Equity in Health. 2019;18(1).
27. National LGBTI Health Alliance. The statistics at a glance.
28. Mooney-Somers J, Deacon, RM, Scott, P, Price, K, Parkhill, N. Women in contact with the Sydney LGBTQ communities: Report of the SWASH Lesbian, Bisexual and Queer Women's Health Survey 2014, 2016, 2018.; 2018.
29. James SE HJ, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. 2016.
30. Shankar M, Black KI, Goldstone P, Hussainy S, Mazza D, Petersen K, et al. Access, equity and costs of induced abortion services in Australia: a cross-sectional study. Australian and New Zealand Journal of Public Health. 2017;41(3):309-14.
31. Doran FM, Hornibrook J. Barriers around access to abortion experienced by rural women in New South Wales, Australia. Rural and remote health. 2016;16(1):3538.
32. Chan A, Sage LC. Estimating Australia's abortion rates 1985–2003. Medical Journal of Australia. 2005;182(9):447-52.
33. Richters J, Badcock PB, Simpson JM, Shellard D, Rissel C, de Visser RO, et al. Design and methods of the Second Australian Study of Health and Relationships. Sexual Health. 2014;11(5):383-96.
34. UNFPA. Regional interventions action plan for Asia and the Pacific 2018-2021. UNFPA; No date.
35. Family Planning NSW. Reproductive and sexual health in New South Wales and Australia: differentials, trends and assessment of data sources. Ashfield, Australia: Family Planning NSW; 2011.
36. Family Planning NSW. Reproductive and sexual health in Australia. Ashfield, Sydney: Family Planning NSW; 2013.