



## Murrindindi Shire

# Women's Sexual and Reproductive Health Snapshot

**Murrindindi Shire** is a local government area in the Hume region of Victoria covering an area of 3,873 square kilometres (Murrindindi Shire Council, 2016). There are 6,771 women in the area, including 88 Aboriginal and Torres Strait Islander women (Murray Exchange, 2016). This snapshot portrays the sexual and reproductive health outcomes experienced by these women.

**Sexual and reproductive health** is a significant issue for all women across the lifespan (Women's Health Victoria, 2009). **Sexual health** encompasses emotional, physical, mental and social wellbeing in relation to sexuality, including the right to respectful, enjoyable and safe sexual relationships free of coercion, discrimination and violence (WHO, 2006). **Reproductive health** suggests people can enjoy a responsible, satisfying and safe sex life with decision-making control over their reproductive choices (WHO, 2006).

### Births

In 2016 the number of live births in Murrindindi was 140 (Australian Bureau of Statistics, 2016).



The total fertility rate indicator\* per 1,000 women was 1.98, similar to Australia's total fertility rate of 1.8 babies per 1,000 women (Australian Bureau of Statistics, 2016).

Amongst women **aged 15-19** in Murrindindi a rate of 13.3 babies per 1,000 women were born in 2012. This is **lower** than the Hume region rate of 18.1 & the State average rate of 14.3 for the same time period (Victorian Department of Health and Human Services, 2012).

*\*The average number of babies born to a woman throughout her reproductive lifetime (Women's Health Atlas, 2016).*

**Unplanned Pregnancy** is experienced by over **50%** of Australian women (Marie Stopes International, 2008). Not every pregnancy is unwanted, however many women need to decide what the best option is for themselves and their family based on their personal circumstances (Children by Choice, 2017).

Women in the Hume region can access bulk billed medical terminations in [Wangaratta and Wodonga](#). Surgical termination can be accessed in Albury or Melbourne. Cost, privacy and access were found to be the greatest barriers faced by rural and regional women who choose to access surgical terminations (Victorian rural women's access to family planning services, 2012).



### Young People & Safe Sex in the Hume Region

**5.3%** of 12-14-year-old students reported that they had sexual intercourse (Adolescent community profile, 2010).

**29.4%** of 15-17-year-old students reported that they had sexual intercourse (Adolescent community profile, 2010).

**58.9%** of these students practiced safe sex by using a condom (Adolescent community profile, 2010).

**94.6%** of sexually active adolescent females have used contraception to avoid pregnancy (Adolescent community profile, 2010).

**Chlamydia** is a major cause of infertility for women and is responsible for **50%** of sexually acquired pelvic inflammatory disease cases, which can lead to infertility (Better Health Channel, 2017). In 2017 there were **21,026** cases of chlamydia diagnosed amongst Victorians (Notifiable Infectious Diseases, 2017).

In Murrindindi, the chlamydia rate per 10,000 persons was 8.42 for females and 1.91 for males. For **women** this is **lower** than the Hume region (15.5) and the State average (19.4) rate. Likewise, the **male** rate is **lower** than the Hume region average (9.4) and State average (13.1) rate (Notifiable Infectious Diseases, 2014).

### Contraception

In the Murrindindi Shire the 2015 IUD insertion rate per 1,000 women aged 15-24 was 3.1 (based on Medicare claims). **This rate increased in older cohorts**, where 11.1 and 6.2 women per 1,000 aged 25-34 and 35-44 respectively had an IUD insertion. **This rate decreased for women 45+**, with 2 women having the IUD insertion (Women's Health Atlas, 2016).

**The Implanon was more popular amongst younger women**, with a rate of 53.6 per 1,000 women aged 15-24 accessing this form of contraception (based on Medicare claims). **This rate decreased among women aged 25-34 and 35-44** with a rate of 28.5 and 10.6 per 1,000 respectively. For **women aged 45+ this decreased further** to a rate of 0.8 (Women's Health Atlas, 2016).

Long acting reversible contraception has higher efficiency rates than condoms and the contraceptive pill, however uptake remains low (Children by Choice, 2017). The oral contraceptive pill is the most commonly used form of contraception amongst Australian women (Family Planning NSW, 2015).

**Privacy** was found to be the most significant barrier to young people purchasing condoms in rural and regional areas (Victorian rural women's access to family planning services, 2012).



## Cervical Screening

**70%** of women who develop cervical cancer did not have regular Pap tests (Cancer Council Victoria, 2017). Pap screening data from 2014-2015 showed **57.8%** of eligible women in Murrindindi (aged 20-69 years) had a Pap test. **This is lower than the Hume region average of 64.0% and the State average of 60.5%** for the same time period (Victorian Cervical Cytology Registry, 2014). The Pap test has been replaced with a 5-yearly human papillomavirus (HPV) test for women aged 25 to 74 (National Cervical Screening Program, 2017).

**Sexual Offences** are acts and intent of acts against another person of a sexual nature that are non-consensual. This includes rape, sexual offences against children, indecent assault and other sexual offences (Women's Health Atlas, 2015). **1 in 5** Australian women have been coerced into unwanted sex (Visser, Smith, Rissel, Richters & Grulich, 2003).

In 2017 **24** females in Murrindindi reported a sexual offence. This was a rate of 17.5 women per 10,000, which is **higher** than the Hume region (15.5) and State (13.7) average rates (Crime Statistics Agency Victoria, 2016). Research has found most incidents of family and sexual violence go unreported, therefore this is likely an underestimate (Phillips, 2014).

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