2012

Rural Women's Access to Family Planning Services – Hume Region

WOMEN'S HEALTH
GOULBURN NORTH EAST
Challenging inequity
embracing diversity.

Women's Health Goulburn North East (WHGNE) was established in July 2000. Previously known as NEWomen, Women's Health Goulburn North East is the government funded, specialist women's health service for the Goulburn Valley and North East Victoria.

Further copies of this report are available from:

Women's Health Goulburn North East
Phone: 03 5722 3009
Email: whealth@whealth.com.au
Web: www.whealth.com.au

by Julie Tyler and Bernadette Fraser.

The report is based on information generously provided in interviews and surveys undertaken with professionals working in Hume region.

Our sincere thanks to them.

Contents

Introduction:

In 2008 the Abortion Law Reform Act brought the law relating to termination of pregnancy into line with contemporary practice and community attitudes in Victoria.

WHGNE was interested to find out about the current situation in regard to the law and available services for women in Hume region, a large rural area comprising regional cities, small towns and farming communities.

The term *sexual and reproductive services* covers a wide range of services and interventions. This report seeks to focus on a specific range of sexual and reproductive services referred to as *family planning*, including contraception, emergency contraception, pregnancy, counselling and support and termination of pregnancy.

WHGNE planned to work with other Rural Women's Health Services to collect state-wide data. While negotiations were happening WHGNE began work in July 2011 and twenty four (24) interviews were conducted. In December 2011 it was agreed that the five regional services would contract an outside agency to conduct a survey across the five Victoria rural locations. State-wide data was collected in 2012 with a final report, *Victorian Rural Women's Access to Family Planning Survey Report August 2012*[1], disseminated in December 2012.

This report summarizes qualitative data from interviews undertaken with professionals working in Hume region organizations from July to December 2011. Analysis of data is framed around key themes identified in the state wide survey *Victorian Rural Women's Access to Family Planning Survey Report August 2012*.

Purpose:

WHGNE was keen to capture a *snapshot* of family planning services available to women in Hume region and to identify gaps in service delivery.

We also wanted to collect examples of promising practice that could potentially be replicated around the region and to generate evidence to advocate for appropriate, relevant and accessible services at a local level.

Ultimately, we aimed to build knowledge to inform future health promotion initiatives and advocacy for women living in rural settings.

[1] *Women's Health Association of Victoria* 2012: Victorian Rural Women's Access to Family Planning Survey Report

Methodology:

The method was to consult with key informants from different areas in Hume region to collect information as well stories and examples of innovative practice within a rural context.

Data collection techniques and tools included open ended questions for service providers and key informants through groups or one-on-one interviews. A survey was also provided for informants to identify services available. This method did not require ethics approval.

The methodology provides qualitative data highlighting professional perceptions of available services rather than service accessibility, as organizations may be reluctant to identify limitations.

Instead of creating a list of services that becomes out of date, it is envisaged that the data and report will begin a dialogue with key people involved in creating positive change.

Summary:

The twenty four (24) professionals interviewed were located across 10 local government areas in Hume region.

Informants Professional Roles:

Community Health Nurses – 2

Sexual Reproductive Health Nurses – 2

Youth Development Officers – 4

Health Service Program Manager– 1

School Counsellor – 1

Adolescent School Health Nurses– 4

Health Promotion Officers – 2

Division of General Practice Program Manager – 1

Clinical Nurse/ Nurse Practitioners – 3

Indigenous Health Workers - 3

Disability Advocate – 1

Local Government Areas represented:

Some informants worked in 1 or more area

Benalla – 5

Mansfield – 1

Alpine – 2

Wangaratta – 6

Mitchell – 4

Murrindindi – 3

Moira – 7

Towong – 1

Wodonga – 4

Themes Impacting Access to Family Planning Services:

Key themes below were identified in the *Victorian Rural Women's Access to Family Planning Survey Report August 2012* as having a significant impact on a woman's ability to access family planning services.

Information gained through WHGNE interviews has been collated using these same themes to detail regional and local factors influencing women's access in Hume region.

For each theme, barriers and gaps are identified and informant suggestions summarized to address main barriers.

Examples of promising practice in Hume region are included to trigger further discussion and research.

Availability: This theme included access to services that were available locally e.g. specialist sexual and reproductive health clinics or specialist medical staff such as gynaecologists. This theme also included opening hours and long waiting times to see some service providers e.g. a longer waiting time in a rural area so women chose to attend clinics in Melbourne as they could access the service in a more time appropriate manner.

Travel: This theme included difficulties with distance and the lack of transport. In some cases this referred to the lack of public transport and in some cases it referred to difficulties in establishing private transport arrangements.

Cost: This included the high costs of contraception, as well as the additional cost impost of travel and/or time taken to attend appointments that required travel. This theme also included responses that specifically identified the lack of access to bulk billing services from health professionals.

Privacy: This theme included confidentiality and anonymity. Many responses used the words interchangeably, and from the descriptions attached in the qualitative responses it was apparent that both confidentiality and anonymity were issues. Confidentiality issues generally referred to a lack of confidentiality, often from health professionals or staff working in pharmacies or other service providers. Anonymity generally referred to community members or staff being aware of requests for family planning services or information e.g. condoms at local supermarkets.

Information: This theme included the lack of availability of information and the lack of access to accurate and up to date information for both clients and health professionals. This was particularly relevant in responses to the abortion sections, where there was a general lack of information about access to medication and surgical abortions. In some cases information also referred to a lack of sexual education.

Professional's attitudes & skills: This theme broadly included the skills of health professionals as well as barriers which may include cultural or conscientious objections.

Community & client attitudes: This theme included clients feeling embarrassed, the stigma attached to family planning services and the judgmental attitudes of community members. It was often linked to issues around anonymity.

Availability

There are five (5) major community health agencies located in regional centres across Hume region: Wodonga, Wangaratta, Benalla, Shepparton and Broadford.

All community health agencies provide a range of services within regional centres and from smaller towns in surrounding districts.

The scope and cost of sexual and reproductive services provided by each community health agency varies; some providing free condoms, emergency contraception and pregnancy testing, others charging for contraception services or unable to provide them at all.

Most community health agencies based in regional centres provide generalist or specialist pregnancy counselling however pregnancy terminations are not available.

Condoms	**Free condoms** available from some community health settings and a small number of other health settings. **User pay condoms** from vending machines located in a small number of petrol stations, clubs and sporting venues. **Parents and friends** are an anecdotal source of free condoms for young people.
Contraception	Most medical options available through **General Practitioners** in community health and private practices with *Implanon* and contraceptive pills the main choices. Availability for **disabled women** is supported by access to *Implanon*. Bulk billed or fee for service through **General Practitioners** in private practice. Bulk billed through **some community health centres. Pharmacies** with prescriptions.
Emergency contraception	**Pharmacies** in larger towns and some small towns **Urgent Care** units at some **hospitals**. **After hours** medical clinics in larger towns and Albury Free from **some community health** services.
Pregnancy Testing / Counselling	Bulk billed or fee for service through **General Counselling**. in private practice. Free from some community health centres. **Generalist counselling** available via GP referral to local or regional service. **Culturally sensitive counselling** at Aboriginal Health Services in Shepparton and Albury. Urgent Care units at some Hospitals Phone and specialist counselling services provided in **Melbourne and interstate**.
Pregnancy Terminations	**Referrals** through **General Practitioners** in Community Health and Private Practices to hospitals in Melbourne and interstate. Anecdotal report of **one general practitioner** in a small town.

Gaps and Barriers identified:

Condom access and use:

- Very limited access to free condoms from Hume region medical clinics; only one (1) General Practitioner clinic identified.
- Department of Education and Early Childhood directive to Adolescent School Nurses not to provide condoms to students. Individual school councils need to make a decision regarding provision of condoms by nurses and staff.
- Vandalism of condom vending machines has led to reluctance to provide and maintain them.
- Limited opening hours of supermarkets and pharmacies in rural towns; some supermarkets do not stock condoms or have them under the counter.
- Embarrassment buying condoms in supermarkets and pharmacies where you are known by staff and others.
- Cost of condoms.

Other Family Planning Services:

- Limited access to general practitioners, female General Practitioners and specialist sexual and reproductive health practitioners in large and small towns clinics and hospitals. Waiting periods have increased, especially for female General Practitioners and specialist services. Many female practitioners cannot take new patients.

  Benalla GP Clinics have a three week waiting list; access to emergency appointments requires skills to access [emergency contraception].

- Fewer contraception choices available to women living in small towns and farming communities when compared to choices available to those living in larger towns and regional cities: female condoms and diaphragms need to be ordered for women in some small towns; women choosing Intrauterine devices (IUDs) or tubal ligations cannot access these in smaller towns; smaller community health services are not always funded to supply contraception, only information and education.
- Cost: bulk billed services are either unavailable or require patient advocacy and/or GP intervention with clinic reception staff. Contraception and emergency contraception costs can be prohibitive especially for young people.
- Unwelcoming physical surrounds; health services located in *fortress* like buildings, reception staff located behind large barriers.
- Limited opening hours of pharmacies on weekends for emergency contraception.
- Parental approval for young people wanting to access services on their own or with parental support. Extremely limited access to pregnancy termination services in Hume region.
- Client's loss of continuity and contact with health professionals due to the extent of part time work or the requirement to work in different locations separated by large distances.
- Limited services available for culturally and linguistically diverse women.
- No specific services for sex workers.

Suggestions and Enablers:

Increase access to **free condoms** in a range of settings and from allied professionals within health, community, educational and youth settings including:

- hospitals and GP clinics
- allied health services such as radiography, physiotherapy and primary mental health services
- student support staff and adolescent nurses in TAFE Colleges and secondary schools
- family, youth and community support agencies, spaces and programs. This is especially important for young people and marginalized adults to address barriers created by lack of anonymity in rural communities and potential stigma associated with sexual health issues.

  Condoms are available from the front desk at the Myrtleford Community Health Centre, they don't need to ask for them. Young people come in all the time.

Establish more partnerships between local government, health and community organisations to install condom vending machines in safe, secure settings.

Provide after hours opening times for medical clinics, pharmacies and hospitals, especially on weekends and public holidays.

Increase the use of social media such as Facebook and mobile phones to indicate available appointments and appointment reminders for family planning services.

Opportunistic intervention whenever a client presents for any reason.

> *If I am the first point of contact I will direct them to have a conversation with The Women's Advisory Service or Clinic 35 then look at getting them into a GP service. Unless they are happy to go directly to the GP, the process is led by the young person and what they are comfortable with.*

Provide holistic youth services.

> *The local youth service is holistic. Most clients that are case managed will automatically be brought in for us to go over their sexual and reproductive health. We also do a bit of work-shopping with new clients that come in around sexual and reproductive health. We work with them individually and if the service is holding a life skills class we will attend.*

Promising Practice in Hume region:

Partnerships between the *Centre for Excellence in Rural Sexual Health* (CERSH) and local government authorities in Hume region provide a model to increase availability and more anonymous access to condoms.
For more information see: Condom Vending Machines In NE Victoria[2]

Flexible holistic models of service:

> The Hut: Youth Centre and Services in Numurkah[3]: The Hut is a place where young people aged 12-24 years can come along and gather information, resources and speak with relevant health professionals in a supportive and private atmosphere. A friendly non - judgmental service is provided by the team at The Hut. Practitioners provide a holistic approach to health care with provision of referrals to specialists and/or services including counselling, psychology, youth workers, physiotherapy, dietetics and other medical agencies.
>
> Clinic 35 in Wodonga[4]: is a sexual and reproductive health service that offers clients a confidential and safe setting to discuss sexual health concerns and receive specialist sexual and reproductive health care. Our clinic focuses on the more vulnerable and under-screened groups in the community, such as young people.
>
> Clinic 35 provides a nurse for clients to see before meeting with the General Practitioner so …*everything is pretty well done before they get to the Doctor… making the most of the limited resources we have…we just have to be clever with the use of the Doctor's time*.

A youth service not funded to provide sexual and reproductive health services has mapped out a way of providing services for their client group, young people.

Promotion of health initiatives: Health service providers promoting Testme[5]internally with all staff who can then recommend this service to clients.

Specialist pregnancy counselling:

> *The Women's Pregnancy Advisory Service[6] [based at The Women's, Melbourne] is fantastic; it's a good first port of call. The young person can talk to someone not from their own town before taking the next step. The benefits of this service are they are youth specific and an outsider for them to chat to. The practitioner can either provide the number for the young person or make the call and leave the young person to talk. The Young Women's Health Program[7] also based at The Women's is a service providing pregnancy care, postnatal support and outreach to pregnant young women 19 years of age and under.*

---

[2] http://www.cersh.com.au/HealthPromotionActivities/HP-programs/CondomVendingMachinesinNortheastVictoria.shtml

[3] http://www.ndhs.org.au/support-departments/11-departments-and-services/60-the-hut.html

[4] https://www.facebook.com/Clinic35

[5] TESTme is **a free service** of Melbourne Sexual Health Centre (MSHC) for rural Victorians aged 25 years and younger, rural Victorian men who have sex with men and Aboriginal and Torres Strait Islander people. TESTme offers online testing for **chlamydia and** offers telephone consultations with a nurse for Sexually Transmitted Infection (STI) testing and contraceptive advice.

[6] http://www.thewomens.org.au/pregnancyadvisoryservicepas

[7] http://www.thewomens.org.au/YoungWomensHealthProgram

Travel

For young people and women living in large centers, small towns and isolated rural areas, travel is required to access all family planning services in Hume region, whether by walking, private vehicle, supported or public transport: trains, buses and taxis.

Travelling to services in larger centers can address lack of access, anonymity and confidentiality for people living in small rural communities however getting to family planning services within towns and large centers poses many challenges including:

- Lack of public transport connecting small towns and farming areas to major rural centers.
- Difficulties for young people, disabled adults and those on limited incomes living out of town to access taxis and private vehicles with support.
- The need for school aged students to travel home by school bus after 3.30pm.
- Lack of regular affordable public transport within major centers to health services and pharmacies.

Gaps and Barriers Identified:

Physical accessibility of some community health, General Practitioner's clinics and pharmacies in larger centers: difficulties accessing from public transport, parking areas and schools during business hours.

Very limited access to all family planning services and pharmacies for young people, students, disabled and vulnerable women living out of town and relying on bus or supported travel.

Women living in some small towns and farming communities need to travel considerable distances to access IUDs and diaphragms.

Additional costs posed by lack of public and supported transport for young people and women – especially those requiring emergency contraception, specialist medical and counselling services.

> *Melbourne is the only place to access a termination – transport is an issue. They either need an understanding parent or reliable public transport. A bus leaves around 6am to catch the 7am train from Shepparton, a three hour trip from Numurkah. The only return to Numurkah is the night train meaning they return after dark. If you don't live in town you still need to get into Numurkah.*

Suggestions and Enablers:

Provide supported low cost transport for people from rural communities to access health services and pharmacies in towns and regional centers.

Increase public transport options during and after business hours to health services and pharmacies within regional centers.

Provide outreach sexual and reproductive health services to General Practitioner's clinics in smaller towns with limited contraception choices.

> *What is needed is a service that is accessible in each of the major towns. A service that is accessible by walking from public transport, after school, by their own means and without parental consent.*

Cost

Cost is a recurring theme for people living in Hume region, impacting access to family planning services including contraception, emergency contraception, pregnancy testing, counselling and termination.

The need to travel to access many family planning services poses additional costs in time and money for young people and women living in small towns and rural communities outside major centers.

Community health services can provide bulk billed and low cost sexual and reproductive services however these are not universally available across Hume region.

Bulk billed services are available from a small number of general practices in some larger centers with very limited access to GP bulk billed services in smaller towns.

Many informants described the link between access to family planning services and the availability of bulk billed and low cost services for young and vulnerable people's access and the empowerment of middle class women's access.

Gaps and Barriers Identified:

Very limited access to bulk billed services across Hume region. Where bulk billing is not clearly advertised, clients are frequently unaware of bulk billing or how to access it.

Reluctance by many General Practitioner's practices to advertise bulk billing or routinely bulk bill for services. Clients need to ask for bulk billing.

Reduced access to all family planning services for young people and vulnerable groups due to the significant combined cost of health services, condoms, prescriptions and travel.

> *GPs say they will do bulk billing but the young person has to request it and it's hard enough getting them into the GP let alone them remembering to request it prior to the appointment. I have heard that they [young person] forgot to request it, they got in there and then were refused so they walked out without seeing the Doctor. They went there for a reason. The Doctors tell me that if it's discussed before hand they will bulk bill for young people.*

> *Termination options are travel to Albury and pay $300 or go to Melbourne and pay nothing through The Women's Hospital. Issues are having transport or you can't afford it if you are on a low income with other commitments. You need accommodation and a support person to go with you.*

Suggestions and Enablers:

Increase the availability of funding for family planning services in community health centers to build on community acceptance, privacy and anonymity.

> *We have so many services, so no-one knows why you are coming in.*

Advocate for and promote universal publicizing of bulk billed services for young people in Hume region.

Community Health and General Practitioners' offer bulk billing to all young people for medical services

Privacy

Privacy is crucial for individual decisions about sexual health and family planning services. Informants highlighted the greater need for privacy and confidentiality when accessing services due to the lack of anonymity in rural communities and small towns where everyone knows you. Lack of anonymity leads to loss of privacy and confidentiality, especially when accessing family planning and sexual health services and poses additional challenges for individuals and health providers in rural settings across Hume region.

Services in larger centers, outreach services in alternative settings, self serve supermarkets and condom vending machines provide greater privacy for rural people accessing sexual and reproductive health services, especially when purchasing condoms.

Gaps and Barriers Identified:

A lack of community knowledge about strict laws and agency policies governing patient privacy and confidentiality.

Loss of privacy and confidentiality when accessing services (clinics, pharmacies, hospital, specialists), due to lack of anonymity in rural communities.

Young people's reluctance to access family planning and sexual health services where they are known to General Practitioners, clinic, pharmacy, hospital and supermarket staff.

The fear of derogatory stereotyping when accessing family planning and sexual health services where individuals are known to staff. Women of all ages feel especially vulnerable when accessing emergency contraception and pregnancy terminations.

Lack of access to alternative medical clinics, condom vending machines and self serve supermarkets in Hume region.

> *They wouldn't buy condoms from the local supermarket because their friends work on the cash register. They would not go to the GP in their area because their mum's friend is the receptionist there.*
>
> *In small towns the Doctors live in the community, the kids are terrified that information is not confidential. Young people are embarrassed to go to pharmacies because half their parent's friends work there.*

Suggestions and Enablers:

Increase **anonymous access to free condoms** from a range of spaces within community health settings including toilets and foyers.

> *The reception area is wide, we acknowledge that some people are more comfortable than others so we have put some on the sink in the toilets and put them in a bowl on top of the water cooler so it can look like they are getting water and take some.*

Install more condom vending machines in discreet, secure locations within regional and small town settings such as:

- service stations
- public toilets
- laundromats
- bottle shops and hotels
- clubs and sporting venues.

Promising Practice in Hume region:

Building awareness of anonymity issues:

Informed professionals working with young people:

> *We try to drill home the different professions that have confidentially by law in every session. It's a good promotion for our role because a teacher doesn't necessarily have the same laws and restrictions as a nurse. I as a nurse have to keep confidence unless there is risk or harm to self or others, whereas teachers have some confidentially restrictions and they are governed by their principal. It's [confidentiality] a little wishy washy, whereas with a nurse, it's part of our registration.*
>
> *A worker that had an impact on young people's understanding of confidentiality, was a School Chaplain who was young. He was really good at building relationships with young people and telling them about confidentiality, that Doctors can't mention it to your mum. The Chaplain moved away at the end of 2010 and the number of young people mentioning a lack of confidentiality rose last year without his calming influence. He was someone else who was seen as being independent to talk to. The Chaplain was at the school several days a week; he would help out with RE in Primary School and had a good relationship with young people from Primary to High School.*

Information:

Sexual and reproductive health information is provided from a range of sources in Hume region: parents, health agencies and organisations, health service providers and allied professionals, friends, peers and on line. As informant surveys affirm, young people mostly gain information from a parent, a friend's parent or their peers.

Government funded programs and community based agencies provide a range of electronic and print information regarding services in local areas as well as on-line, state and national telephone information and support.

Opportunistic education:

While there were accounts of individual health professionals providing information to clients in their settings, opportunistic sexual and reproductive education is ad hoc rather than universal with standard checklists and tools.

Many professionals were unaware as to whether pharmacists or nurses dispensing emergency contraception in their area provided opportunistic education or not, despite informant knowledge about useful checklists and information available.

> *It is unknown if ongoing contraception is a standard question for young women accessing emergency contraception. Family Planning Victoria has a check list and with a bit of training you can go through this with someone. I would like to see this set up so nurses dispensing emergency contraception go through the [FPV] check list. I don't know if pharmacies do this.*

Sexuality Education:

Despite a range of educational programs and resources, the content and delivery of sexuality education to young people in school and non-school settings is often fragmented or inadequate. The following issues were highlighted by informants:

- parents feeling ill equipped or unable to talk about sexual and reproductive health issues with their children.
- a crowded curriculum; teachers and health professionals feeling ill prepared or needing more professional development and planning time.
- over stretched community health service providers and health professionals.
- parent, teacher and school concerns about timing and content; when and how much information to provide for different age groups.
- student engagement, absences, lack of continuity and follow up.
- young people's understanding and applying of sexuality education.

> *My big concern is we over rely on programs in schools to get information to young people and the reality is they are away that day, on an excursion, not in school or not engaged. We think we have given them the information but they haven't got it.*
>
> *Young people get sexual health information, but they don't personalize the risks of certain behaviors or understand that there are implications for them- "It's never going to happen to me." We don't deliver proactive information so that young people take it and understand it and take it on board. Got to get young people to connect with it or they won't take it on board.*

Gaps and Barriers Identified:

Overall, informants described a lack of accurate, comprehensive and appropriate information for service providers, health and allied health professionals, adults and young people. Young people and disabled people of all ages are especially disadvantaged by the lack of appropriate information, education and support in different forms.

> *Terminology can be hard to understand, understanding of the language used when seeing a doctor. They may not be comfortable to ask, they just sit and nod and agree with everything that is asked, not understanding one bit and not taking anything in because they don't understand it. They think they are doing the right thing by agreeing with it.*

A lack of applicable information and education reduces rural women's access to available family planning services and programs. Information is linked to women's empowerment providing knowledge to make decisions regarding continuing a pregnancy, having a baby and understanding the costs involved in bringing up a child.

Given the challenges to rural health professionals posed by isolation and increasing demands on their time, informants noted the on–going need for information in different forms for professionals, adults and young people regarding:

- Current family planning services available in their local area and regional centers including costs, referral pathways and age requirements – especially for emergency contraception and unplanned pregnancies.
- Information about options and support for women with unintended pregnancies covering all aspects of termination services: availability, systems, process and choices.
- Lack of knowledge and understanding amongst health professionals and within rural communities about sexual and reproductive health issues, services and policies breaching people's human rights and access to family planning services.
- Lack of knowledge and understanding amongst young people about sexual and reproductive health – especially regarding emergency contraception and pregnancy.
- Mobile phone service is limited in some rural areas, reducing access to phone and on –line information and support.
- Information such as access to bulk billing and terminations is not publically available and often difficult to access.
- A lack of appropriate services for young people in the eleven to fourteen age group; they are not able to access services for younger children and older adolescents.

> *Young women are not always aware that they need emergency contraception, they don't realize they could be pregnant.*

> *A GP treated a young person for an STI. There was no follow up or discussion about how the STI was contracted and what to do to prevent it again. The GP just said 'Here is your script'. The young person asked the school nurse questions about how they got the STI and what to do. The GP had a perfect opportunity to do that discussion; it was a missed opportunity.*

> *No Clinical Practice is going to advertise they support terminations as they might be subject to threats or violence from a small sector of the community.*

Suggestions and Enablers:

Accurate comprehensive sexual reproductive health and respectful relationships education available to children, young people, disabled adults and parents in different forms and times to meet developmental and changing needs.

> *Education needs to happen so people with a disability know where to access condoms. There are couples who are married at day programs or sheltered workshops. Some workers think that because people have a disability they are not entitled to have a sex life. They are entitled to and they need education. They may need to seek a disability service provider.*
>
> *We do condom classes with the penises and banana and we try and do that at every year level, every year. Years 7-10 and where possible in years 11 & 12. Great fun and along with the confidentially, they can go "I can talk to this person".*

Continued and extended access to effective educational programs including parenting, financial and other commitments in parenting that include realistic parenting scenarios and tools.

> *Core of Life[8] is good and based on good evidence and is about pregnancy and development aimed at year 10 level. It covers the complexity of pregnancy, birth and having a baby.*

Youth friendly AND professional access to clear information in different forms (print, on-line, phone and health professionals) about the full range of sexual and reproductive health services available *to them* or their clients locally and regionally, including the steps involved and any support available to access these services.

Access for professionals, adults and young people to key information and supports regarding pregnancy choices including termination services, counselling and support with privacy and confidentiality guaranteed.

Professional knowledge of birthing choices and adoption alternatives.

On-line information to support sexual and reproductive education for young people.

> *The Family Planning Victoria website[9] has good information which can be printed off and given if they don't want to talk about it. I've had some come to me saying they have made up their mind, so to make sure that they know all their options, it [FPV website] gives them something to go home with and that's good too. I can go through the options with them using the website. FPV will do options counselling over the phone.*
>
> *The Community Health Nurse has a list of safe websites and encourages young people to access information via these websites. The list of websites is distributed to primary and secondary teachers, youth workers and other workers to encourage people to access information.*

Peer education:

> *Young people will talk to each other; by educating young people they will educate their peers. If they know it's out there they will tell others and it will get out there more than us going in and saying what we do.*

Increasing clients' knowledge about services:

> *Agencies collate information as to what a client should expect from each service. For example, what you can expect from a doctor or a pregnancy counselling service.*

GPs in Schools Programs:

> *Help-for-U program allows young people to see and understand how to see a GP. Young people's visits increase to the GP after they complete the program. Condoms are given out by GPs for demonstration purposes in the session.*

---

[8] http://www.coreoflife.org.au/

[9] http://www.fpv.org.au/

Professional's Attitudes & Skills

The personal beliefs of health professionals to sexual and reproductive health issues and services influences access and availability, especially for young women in small towns with one General Practice clinic and pharmacy. While there was an anecdotal belief that most Hume region General Practitioners do not conscientiously oppose women's access to contraception, emergency contraception and pregnancy terminations, the attitudes of health professionals to young people, disabled adults, vulnerable and minority groups has a strong bearing on availability and access.

A small number of pharmacists automatically provide increased privacy for people accessing emergency contraception via a private room while another provides prescriptions directly to young people via the local youth health service.

> *A young person told of a Pharmacist who automatically took them into a private room, the young person didn't have to ask. Another young person said they were asked questions over the counter and they didn't know they could ask for privacy.*
>
> *I went in with a friend; he [the Pharmacist] pulled us into a side room and talked to us, told us what was happening. This service depends on the Pharmacist; depends on who you get on the day. It's big to have to go in and ask.*

The opposition of some General Practitioners to abortion and the attitudes of particular health professionals to specific groups combined with a lack of knowledge about sexual and health services in general work to create additional gaps and barriers for rural people.

Gaps and Barriers Identified:

Specific knowledge and skills

- Professionals unaware of different sexual health services to meet specific needs and how clients access them.
- Lack of knowledge about different forms of disability and the skills to engage and communicate with disabled clients.
- Lack of awareness of youth health needs and the skills to welcome and respectfully engage with young people.
- The obstructive attitude of some General Practitioners and health clinic staff – especially to new comers and vulnerable groups.

  Last year I had a family who had rung all of the clinics to try to get an appointment with a GP. The mother told me all the GPs said their books were full and she couldn't get in to see them. I rang a clinic on her behalf and explained the situation. They said that she would be able to go onto their books.

Contraception and emergency contraception choices

- General Practitioners promoting particular forms of contraception leading to limited contraception choices for women.
- Professional bias.

  Doctors are pushing particular brands, they are wanting to use implant contraception as it's the new thing.

  One chemist won't dispense [Emergency Contraception] to anyone under the age of 16, the other one is fine.

  There are two chemists in town – one won't stock the morning after pill. The second has lectured young women about their sexual activities.

  Some workers think that because people have a disability they are not entitled to have a sex life.

Pregnancy counselling, choices and termination

- Conscientious objection to abortion.
- Professional bias and discrimination against particular groups.

  A GP at one clinic won't help with arranging a termination; the young person needs to arrange it themselves.

  A young woman felt that hospital staff were racist; a women had a child there and felt like they were telling her not to have any more children. One partner was asked to leave and the other lady in the room was allowed to have her partner there.

  We had a situation of a young woman given a lecture by the chemist about how they were not responsible to use it [emergency contraception] and the advocate asked if she [young woman] was responsible enough to have a child. She was given emergency contraception.

Suggestions and Enablers:

To support disabled clients:

- Knowledge of different disabilities and the disability support sector in local area.
- Professional relationships with local and regional professionals working in the disability sector: advocacy and support, rural access and specialists to support client engagement.
- Professional consideration and planning to assist strengths based communication practices, advocacy and confidentiality specific to disabled client's needs.
- Strengths based engagement and communication strategies for specific client needs.
- Secondary consultation to identify and provide best services available for the client.

To engage and support young people's access:

- Proactive and opportunistic General Practitioners who respectfully raise sexual and reproductive issues with young people.

  If a young person is seeing a GP about another health issue, ask the question and have the discussion.
- The provision of a private space for young people when they ask to speak to the Pharmacist. An awareness of young people's need for privacy and confidentiality away from other people when accessing sexual health services, especially contraception and emergency contraception.
- Support for younger girls to ensure they are not looked down on for the decisions they want to make.

Indigenous people:

- General Practitioners with appropriate cultural awareness training and culturally sensitive practices.
- General Practitioners and health professionals have accurate knowledge to refer clients to appropriate aboriginal health services.

  They need a doctor they feel comfortable with, who is culturally appropriate. You don't know until you go in there. The Doctors needs to have some cultural training even if it's a prompt list; not all aboriginal people have the same culture. Asking the person if they have any cultural or spiritual beliefs. Asking so they can be guided by the person [patient]. Practitioners can raise their own awareness by asking.

For all rural women:

- Access to female General Practitioners
- Providing accurate information about services and respecting client's choice of service and need or not for support.

Promising Practice in Hume region:

Mitchell and Murrindindi Transport Connections committees are looking at using technology such as Skype to bring specialist knowledge into rural areas. Secondary consultations can occur with local General Practitioners and specialist services such as a metropolitan based gynecologist.

The ACCEPt program[10] compares GPs who do and GPs who don't ask 16- 29 year olds if they have had an STI check. It will be a while before the results are available.

Professionals working together across organisations and sectors:

> *The community health nurse provides an example of great work. She would give young people contraception options and help them to see the GP. She instigated the free condoms at community health. She does lots of education at the secondary level, working along side the Adolescent Health Nurse.*
>
> *We want to have good partnerships and good support to be able to ring a service in the area where the client is and where clients can be treated, discreetly, confidentially, non-judgmentally and looked after. This currently happens with Seymour Hospital. People can get help without feeling like they are being stared at.*
>
> *I visit the chemists every year to tell them about what I do, so they can refer people to me.*

Informed and proactive Department of Human Service staff in the Adoption and Permanent Care Department; [*staff are] incredibly helpful and supportive.*

Birthing information and choices discussed with women at each stage of the pregnancy and appropriate to the woman's specific choices and health needs.

> *Community Health Nurse for information; GP for medical monitoring and care; Midwives for low level support and Wangaratta [hospital] for complicated births.*

Regular network meetings for health and allied professionals working in different sectors to share information and learn about other services.

Advocacy and information gathering by professionals on behalf of clients to narrow down relevant services and personnel for young people's referrals. Many workers explained how they would contact a service, find out information or 'do the leg work' for the young person or someone who had come to them.

> *I find (service) alright. K… is not pushy; she always listens to what you've got to say, she sits down and listens and gives you a range of choices of which way you want to go. That's the kind of support young people need. Knowing that someone cares, someone from a service cares, is non-judgmental and doesn't look down on you.*

Improving service practices / implementing quality improvement.

> *Ovens and King Community Health Service has a Diversity Committee. The committee is involved in creating and implementing the Cultural Responsiveness annual work plan for the organisation. This plan encompasses the ATSI, HACC and GLBTI audits and plans. The Diversity Committee members have started to create a more welcoming environment and are beginning to have the training across the organisation to ensure staff are more inclusive in their practice. The training has already made a difference with attitudes and change of practice.*

[10] The ACCEPt project is a chlamydia testing pilot program funded by the Australian Government Department of Health and Ageing being conducted by the University of Melbourne in collaboration with the University of New South Wales, Deakin University, La Trobe University, the Burnet Institute, the University of Bern, the Royal Women's Hospital and the Victorian Cytology Service. http://www.accept.org.au/

Community and Client Attitudes

Despite Abortion Law Reform in 2008 and public opinion in favour of people's right to access family planning services in Victoria, there is still stigma related to sexual and reproductive issues, especially for people living in small towns and rural communities. Adults and young people are reluctant to initiate discussion about sexual health issues in the public domain, particularly where they fear disapproval, judgment or harassment.

A reluctance to openly discuss sexual and reproductive health issues can spill over into school communities, local government departments, organisations and the general community, where even the local media can resist raising important issues impacting public health such as the installation of condom vending machines and campaigns to reduce sexually transmitted infections.

Differences of opinion prevail about who should take responsibility for providing information and education to young people about sexual and reproductive issues, when this should start and how much information should be provided.

Community and client attitudes to sexual practices and different groups such as young people, women and culturally and sexually diverse people can influence dominant social norms and expectations governing what's considered 'legitimate', 'unacceptable' or 'abnormal', especially within smaller populations lacking anonymity.

Double standards can prevail for males and female where young men are reluctant to admit they haven't had sex fearing ridicule while in the same town, young women risk being labelled a 'slut'.

Community and client attitudes can both enable and constrain availability and access to sexual and reproductive health information, education and services in Hume region.

A specialist pregnancy termination service is currently provided weekly from a Family Planning Clinic in Albury. The service is not signed but is picketed out the front by anti abortion protestors. Their actions have been intrusive and harassing towards clinic clients, their supporters and health staff. While clients are accessing their right to legal medical information and services, the protesters believe their actions are morally justified.

Gaps and Barriers Identified:

A reluctance to address sexual and reproductive health issues at all levels within the community.

Loss of personal rights to privacy and confidentiality when accessing sexual and reproductive services where pregnancy termination is available.

A reluctance by rural people to access sexual and reproductive health information, education and services due to fear of stigma and derogatory labeling.

> *How do we put this on a youth card, it's such a taboo subject; there are still people thinking 16 year olds shouldn't be having sex.*
>
> *People hear the word sex and think we are going to be going out there and telling people to have sex. That's not the case at all.*
>
> *…she thought she might be pregnant but was too scared to get the pregnancy testing kit from the supermarket because she was local. She had this stress for a month with the thought of going into the supermarket or chemist.*

Attitudes to condoms:

Dominant community attitudes can influence and police young people's perceptions and use of condoms. A lack of accurate information and the views of peers can be another barrier to youth condom use.

> *One young man had heard from a mate they [condoms] don't feel good but hadn't tried one himself and even though he had a disease, he still wasn't planning to use a condom.*

Concern was raised through a survey of young people about the lack of condom use and social stigma associated with young women carrying condoms.

> *There is a fear from adults or adult perception that free condoms will be blown up and have them round the streets. Sometimes this happens, but mostly it doesn't and even if they are blowing them up, they are touching them and getting used to them. It's more of an adult perception than reality.*

Conflicting community values:

Young men and women can feel pressured to comply with dominant peer expectations and ideas about sex and sexual practices. Conflicting community values for males and females still prevail in rural communities with peer and adult cultures creating further pressures and confusion for young people.

> *During a Chlamydia testing program, a nurse made the comment that there were guys who went through the whole survey before saying they hadn't had sex. They didn't want to admit to the nurse they hadn't had sex.*

Some health professionals expressed concern about young women deliberating choosing to become pregnant, fearing their decision was due to lack of opportunities and options.

> *Some kids haven't been to Melbourne… they are choosing the known [to have a baby].*

Local Councils and community members can resist public health initiatives such as needle exchange programs and condom vending machines, often fearing availability will increase drug use and sexual behaviour amongst young people.

Case study of a small town:

We need to have safe sex in this town!

Traditionally the town has an older population but the population has changed and these services are needed. We now have a different type of clientele and business owners are not taking on what the needs are out there. Under 18s need access and the town is a little naïve about family planning issues.
We need to have prevention so we don't have to deal with unplanned pregnancies and the health costs. We have 12 year olds having sex. Young girls are having anal sex to avoid pregnancy which raises issues around STIs.

There is not really the support for condom vending machines; it's been talked about for two years.

We would like to see a needle exchange but the decision makers claim it brings in the wrong type of people.

Promising Practice in Hume region:

Planned and supported school group visits to local community health centres.

> *Aiden at Gateway takes school groups through Gateway Community Health Service.*

Engaging community through shared concern:

> *The older person's group have been meeting in our rooms for 30 years. They are in their mid-eighties. We wondered how it would affect our [service's] image if we had a sexual health clinic operating in the premises. Would the older people still come? Their response was fantastic: 'our kids and grandkids need somewhere to go for help'.*

Starting respectful conversations to reduce stigma:

> *We've been putting up sexual health posters around and in the toilets and it's been generating discussion amongst staff of our agency who have previously not had these discussion. Clients are asking and reading the fine print on the posters. My aim is to generate discussion and get rid of the stigma around sex.*

The Dreamin' List

The list below summarizes ideas from informants about the best ways to improve access to family planning services in Hume region.

Hopefully one day there will be a publicly funded ante-natal clinic that everyone can go to in the community.

Have a sexual health testing bus available for different settings. For example you could work with the local footy league, go to footy practice and the young men go through the bus once a year.

A service that is accessible by walking from public transport after school by their own means and without parental consent.

Services that are available often and cost effective for clients either free or low cost.

Specific Aboriginal mums and bubs service.

Clinics with flexible hours – maybe evening or weekend services; public transport and female General Practitioners and nurses.

GPs in Schools programs such as Help 4 U Program in all schools.

Safety and confidentiality; referrals and options; not to be stuck with one option from the service provider.

Bulk billing GPs with clear advertised policies regarding billing and bulk billing.

Liaison between General Practitioners and other services.

Occasional and affordable childcare to enable service access.

All supermarkets with self-check-out.

Pap test Nurse Practitioners in GP clinics who provide a pathway for other sexual health services.

Family planning clinics that are drop in access all the time, where young people are seen straight away and linked with other services free.

Free termination advice and service.

Mainstream services that are youth friendly and inviting for diverse groups.

A logo displayed at health services and pharmacies indicating help and services specifically for young people.

Confidential access to condoms.

Where to next...

This report provides a snapshot of women's access to family planning services in Hume region through the knowledge, experience and observations of twenty four (24) professionals working in health and community sectors across the region.

As such, the report is designed to drill down into themes identified in the *Victorian Rural Women's Access to Family Planning Survey Report 2012 to* highlight principal barriers, enablers and promising practice influencing women's access in Hume region.

It is envisaged that the report will focus further discussion amongst key stakeholders and generate recommendations and strategies to improve women's access to sexual reproductive health services in Hume region.

References:

Australian Chlamydia Control Effectiveness Pilot [ACCEPt], Australian Government Department of Health and Ageing, ACCEPt Chlamydia Testing Pilot

Testme, Melbourne Sexual Health Centre [MSHC], Testme Confidential Free STI Testing

Victorian Government, *Abortion Law Reform Act 2008*, Abortion Law Reform Act 2008

Women's Health Association of Victoria, 2012, Victorian Rural Women's Access to Family Planning Survey Report August 2012, *Victorian Rural Women's Access to Family Planning Services Survey Report 2012*