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

Women's Health Goulburn North East

Integrated Health Promotion Plan 2017-2021

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Contents

About this Plan

This plan was formed through a robust planning process that involved developing a long-term Theory of Change with external facilitator support and internal Group Model Building workshops to determine key priority areas and strategies. A number of strategies in the plan involve consultation with key partners and population groups to inform the evolution of our work in the coming years.

Theory of Change is a well-evidenced planning tool that we use to map a shared understanding of what must be achieved prior to reaching out vision that ***rural women and girls have optimal health and wellbeing***. It allows us to identify strategic priorities for the organisation and work backwards from our vision to determine the process through which social change will occur. We have been able to build a clear picture of the immediate and later states of achievement that are necessary to reach our ultimate goal. Through this process we have ascertained that WHGNE can have the most impact across the Region by working to ensure that ***capacity building exists at all stages of life in all settings on the harms of binary gender norms and practices***.

Recent years have seen significant engagement by communities in prioritising gender equity, particularly in the prevention of family violence. This has led to a considerable increase in organisations and communities requesting support from Women's Health Goulburn North East in training, community capacity building and organisational change management. In order to work smarter and build internal capacity to support communities, ***Organisational Excellence*** has been included as an area of focus for this planning period.

Summary of Plan

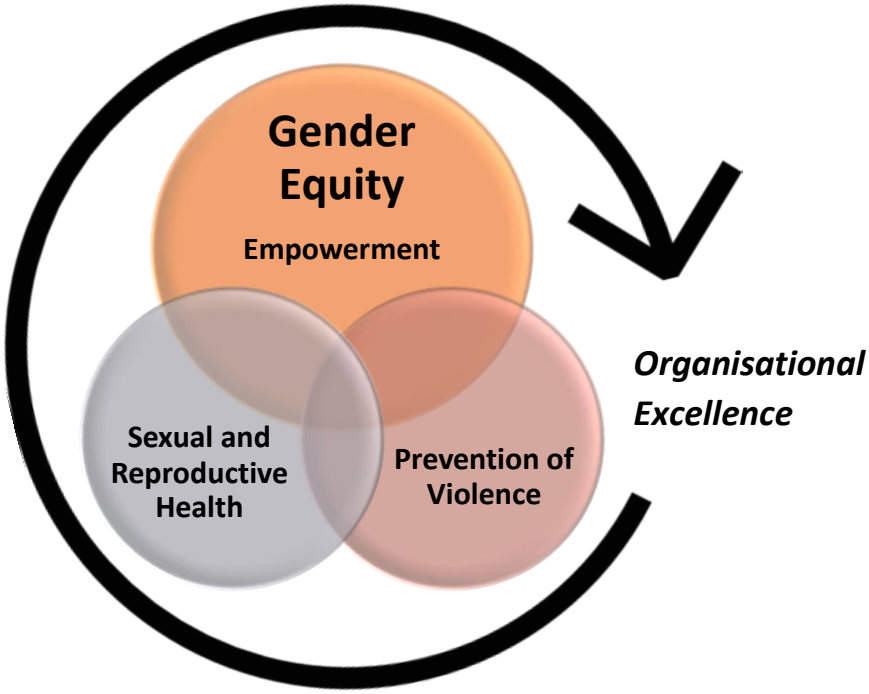
Organisational Vision

Rural women and girls have optimal health and wellbeing.

2017-21 Integrated Health Promotion Goal

Capacity building exists at all stages of life in all settings on the harms of binary gender norms and practices.

Priority Areas



Refer to Appendix 1 for Rationale behind priority areas identified above.

Target Population Groups

Women and children living in Ovens Murray Goulburn Region, especially:

- Women and children from Aboriginal or Torres Strait Islander backgrounds
- Women in same sex relationships and gender-diverse people
- Young women and girls aged 12-25 years
- Women of all abilities
- Women experiencing social disadvantage, rural isolation
- Parents with young children aged 0-8 years

Budget and Resources

Overall IHP budget breakdown	
1. IHP staffing	
1a) IHP staffing costs (including on-costs)	**$335,147**
1b) Total IHP equivalent full time (EFT)	**3.85**
1c) Number of positions funded	**8**
2. Other program costs	
2a) internal (includes internal recovery)	**$204,647**
2b) external	**$0**
TOTAL	**$539,794**

Summary of Objectives

By 2021 WHGNE will work with communities in the Ovens Murray Goulburn Region to:

Objective	**Abbreviation**
Enable supportive environments that promote **change in gender norms** and **equal respectful relationships.**	***Gender & respect***
Enable environments that support women's **empowerment.**	***Empowerment***
Enable supportive environments that promote women's **sexual and reproductive health** and **advance women's health rights**.	***Sexual & reproductive health***
Increase knowledge, understanding and action to prevent the **determinants of violence against women.**	***Prevention of violence***
Undertake and support **research** that contributes to the evidence base to inform primary prevention responses addressing rural women's health and wellbeing.	***Research***
Increase **organisational capacity** to deliver integrated health promotion.	***Organisational excellence***

Implementation Plan

Strategy	Relevant Objectives (Abbreviated) See full Objectives on Page 4	Planned process indicators	Timelines and partners
1. Continue to develop a **Community of Practice** model that builds capacity in organisations and communities to promote gender equity and **prevent violence against women**, in line with state government strategies (***Free from Violence*** and ***Gender Equality**: **Safe and Strong**)*	*Gender & respect* *Prevention of violence*	• Number of Community of Practice workshops held • Number of trainings held • Number of partners/communities engaged • Number of support meetings provided • Number of participants at workshops and training • Number of shared community action plans • Number of organisation action plans	**2017-2021** Local government, sports assemblies, health services, Primary Care Partnerships, other community partners, regional DHHS This strategy is partly funded by the Department of Premier and Cabinet
2. Support the roll out of primary prevention initiatives, e.g. **Respectful Relationships Education** in schools.	*Gender & respect* *Prevention of violence*	• Number of schools/regions supported • Number of induction and training sessions held • Number of participants attending	**2017-2021** Department of Education and Training, lead schools, other schools
3. Collect, share and support partner activities that contribute to a **collective impact approach** to gender equity across the Region.	*Gender & respect* *Prevention of violence* *Sexual & reproductive health* *Research*	• Number of partners engaged • Variety of sectors engaged • Partner activities represented in Regional Prevention of Violence Against Women Plan	**2017-2018** Local government, sports assemblies, sports clubs, health services, schools, other community partners, Integrated Family Violence Services, Family Violence Prevention Committees, regional DHHS
4. Implement the state government ***Sexual and Reproductive Health (S&RH) Key Priorities*** at a regional level by engaging key partners in a collective impact approach to **identifying key actions** for 2018-19 and beyond.	*Gender & respect* *Sexual & reproductive health* *Research*	• Mapping of current partnerships and activities • Number of actions identified in Regional Sexual and Reproductive Health Plan • Actions align with state government priorities (Fertility support; Reproductive choices; Endometriosis, polycystic ovary syndrome and menopause; Sexual health) • Number of partners engaged and supported by WHGNE	**2017-2018** Health services (S&RH nurses, sexual health nurse practitioners, primary health care nurses, health promotion workers), Murray Primary Health Network, reproductive health and fertility control service providers, local government (where sexual health is a priority), Centre for Excellence in Rural Sexual Health, regional DHHS

5. Work with organisations to create environments that support **women's economic empowerment**.	*Gender & respect* *Empowerment* *Sexual & reproductive health* *Prevention of violence*	• Number of key actions identified • Number of partners engaged and supported by WHGNE	**2017-2021** To be identified through Strategy 3
6. Support the **Gender and Disaster Pod to research** and influence gender norms and practices in relation to disaster.	*Gender & respect* *Research*	• Number of meetings and organisations represented • Number of stakeholder resources developed • Number of journal articles on gender in an Emergency Management/disaster context • Number of submissions to government to influence policy directions • Number of conference/event presentations • Number of successful ethics applications • Number of projects conducted in partnership with research institutions • Number of affiliations acknowledged by research institutions	**2017-2018** Monash University Disaster Resilience Initiative, Women's Health In the North, Emergency Management organisations (MFB, CFA, SES, Red Cross and other), Australian Catholic University, Women's Health Tasmania, Climate and Health Alliance and local government.
7. Investigate opportunities to do collaborative **research** about community **perceptions** and understanding of gender equity, in the context of **rurality** and **feminism**.	*Gender & respect* *Empowerment* *Sexual & reproductive health* *Prevention of violence* *Research*	• Number of research projects completed that have a rural and feminist focus • Number and variety of partners involved • Conferences delivered and evaluated • Monograph of conference presentations published by Australian Journal of Emergency Management.	**2017-2021** Universities, community organisations (some listed in Strategy 6 above), participants
8. Work with other primary prevention partners in the Region to **align planning** and consider **gender as a structural determinant** of health.	*Gender & respect* *Empowerment* *Sexual & reproductive health* *Prevention of violence*	• Number of partners and plans supported • Increase in plans that consider gender as a structural determinant of health	**2017-2021** Local government, sports assemblies, health services, Primary Care Partnerships, other community partners, regional DHHS

9. Work collaboratively with **local and state-wide networks** on initiatives such as advocacy, research and workforce planning.	*Gender & respect* *Sexual & reproductive health* *Prevention of violence* *Research*	• Number of networks actively involved in • Attendance at network meetings • Number of collaborative projects	**2017-2021** Women's Health Association of Victoria, Primary Care Partnership networks, Integrated Health Promotion networks, local government planning networks
10. Work with **media agencies** to influence **language**, challenge gender **stereotypes** and raise the profile of gender equity work.	*Gender & respect* *Prevention of violence* *Organisational excellence*	• Number of agencies supported • Frequency and type of support • Number of media releases that promote gender equity	**2017-2021** Local media outlets, other community partners
11. Develop **community engagement** strategies that provide opportunities for communicating gender equity and improving the **organisation's profile**.	*Gender & respect* *Empowerment* *Sexual & reproductive health* *Prevention of violence* *Research* *Organisational excellence*	• Number of WHGNE members • Number of newsletters distributed • Number of newsletter recipients • Number of events delivered • Social media engagement and reach	**2017-2021** WHGNE members, various partner organisations, local media outlets
12. Develop policies, systems and behaviours that improve and **embed intersectional practice** across the organisation.	*Gender & respect* *Empowerment* *Sexual & reproductive health* *Prevention of violence* *Research* *Organisational excellence*	• New policies, systems and tools developed • Staff capacity building sessions • Number of staff involved • Evidence of changed practice	**2017-2021** Women with Disabilities Victoria, Multicultural Centre for Women's Health
13. Develop strategies to increase **efficiency, sustainability and capacity** of the organisation to support an **increasing community demand** for gender equity expertise.	*Gender & respect* *Empowerment* *Sexual & reproductive health* *Prevention of violence* *Organisational excellence*	• Revised process for managing and responding to enquiries for training and support • Number of enquiries • Strategies to streamline support for partners • Marketing material to communicate expertise and support available	**2017-2021** Internal strategy with some external expertise

Impact Evaluation Plan

Objective	Planned impact indicators	Timelines and partners
Enable supportive environments that promote change in **gender norms** and **equal respectful relationships**	In line with the state government ***Safe and strong: A Victorian Gender Equity Strategy***, • Increased awareness and understanding of the extent and impact of gender inequity • Increased emphasis on understanding and addressing gendered health issues • Increased number of organisations that demonstrate a commitment to gender equity • Increased understanding of what constitutes healthy, supportive and safe relationships	**2017-21** Local government, sports assemblies, sports clubs, health services, schools, Department of Education and Training, Family Violence Prevention Committees, regional DHHS
Enable environments that support women's **empowerment**	In line with the state government ***Safe and strong: A Victorian Gender Equity Strategy***, • Increased number of organisations that support flexible working policies.	**2017-21** To be identified through Strategy 3
Enable supportive environments that promote women's **sexual and reproductive health** (S&RH) and advance women's sexual and reproductive health **rights and choices**	Indicators will be determined through 2017-18 consultation with partners and development of Regional Sexual and Reproductive Health Plan. Example indicators that align with the state government ***Sexual and Reproductive Health Key Priorities*** include: • Women and girls will have improved knowledge about factors that affect the ability to conceive a child • Women and girls will have improved affordable, reliable and confidential access to contraception, pregnancy support and termination services to enable them to exercise their reproductive choices • Women and girls will have improved access to early diagnosis, effective treatment and management of polycystic ovary syndrome, endometriosis and menopause • Prevention efforts will focus on women and girls who experience greater inequity	**2017-21** Health services (S&RH nurses, sexual health nurse practitioners, primary health care nurses, health promotion workers), Murray Primary Health Network, reproductive health and fertility control service providers, local government (where sexual health is a priority), Centre for Excellence in Rural Sexual Health, regional DHHS
Increase knowledge, understanding and action to prevent the **determinants of violence against women**	In line with the state government ***Free from Violence*** Strategy: • Increased awareness of what constitutes violence • Increased number of organisations with systems to support people who challenge sexism and discrimination • Increased confidence in bystanders to challenge sexism and discrimination • Increased number of organisations that model and promote inclusive behaviour	**2017-21** Local government, sports assemblies, sports clubs, health services, schools, other community partners, Department of Education and Training, Family Violence Prevention Committees, regional DHHS
Undertake and support **research** that contributes to the evidence base to inform primary prevention responses addressing rural women's health and wellbeing	• Increased workforce understanding of successful primary prevention initiatives in rural and feminist contexts • Evidence of influence on the emergency management sector around gender inclusion • Evidence of influence on emergency management planning, recovery and reconstruction • New research-based resources on gender, family violence and disaster • Evidence that key resources have been influenced by the Gender and Disaster Pod	**2017-21** Gender and Disaster Pod, Universities, community organisations and participants.

Appendix 1 - Rationale of priority areas

Gender Equity

Guiding principles

1. **WHGNE works from a social model of health using a determinants approach that considers the following layers of influence:**
   - social gradient / hierarchy
   - stress
   - early life
   - social exclusion
   - work
   - unemployment
   - social support
   - addiction
   - food
   - transport
2. **Our main focus is primary prevention but we understand that early intervention and response are critical to create positive change**
3. **Equity for vulnerable groups is a priority**
4. **Partnerships and collaboration are central to the way we work**

Definitions and key terms

Gender is the socially constructed differences between women and men of what is means to be a woman or a man, or a girl or a boy. As a result, opportunities, role expectations, and subsequent consequences of gendered responsibilities make a huge difference to health outcomes. Whereas, sex refers to biological and physical characteristics to define humans as male, female or intersex.[1]

Gender equity entails the provision of justice and fairness in the distribution of benefits and responsibilities on the basis of gender. The concept recognises that people may have different needs and power related to their gender and that these differences should be identified and addressed with an approach that rectifies gender related imbalances.[2]

Over the past decade and a half, sex and gender have emerged as critically important factors affecting health. Gender transformative policy and practice is regarded as most effective approach to transforming harmful gender norms and restructuring the determinants of gender inequality. Gender sensitive policy and practice can also challenge gender inequality and improve women's health outcomes. Gender transformative policy and practice considers the way traditional gender roles and stereotypes impact on how women and men control and improve their health. By addressing the values and behaviours associated with 'femininity' and 'masculinity', gender transformative policy and practice aims to redefine gender roles and relationships and transform unequal gender relations. This may take time, but the changes achieved are more likely to bring long-term and sustainable benefits[3]

[1] Victorian State Government 2017, *Safe and Strong: A Victorian Gender Equality Strategy,* Victorian State Government

[2] ibid

[3] Greaves L, Pederson, A & Poole N 2014, *Making it Better: Gender-Transformative Health Promotion,* Canadian Scholars' Press Inc./Women's Press, Toronto, Ontario.

Gender inequality affects men too:

- Traditional stereotypes are often difficult to live up to
- Men may face discrimination or disapproval when taking on career paths, caring responsibilities and activities traditionally undertaken by women
- In 2015 around 76% of suicides were by men[4]

(Safe and Strong, 2017)

Gender Equality:

- Prevents violence against women and girls
- Provides economic benefit
- Is a human right
- Delivers social benefits[5]

(Safe and Strong, 2017)

Data and statistics

- Victorian women earn 87.6 cents for every dollar earned by Victorian men[6]
- 62% of working women are likely to face gender discrimination, workplace violence or sexual harassment[7]
- Women tend to be underrepresented in clinic trials for new drugs, treatment and devices in Australia[8]
- The typical Australian woman spends between five and 14 hours a week on domestic work compared to males who spend less than five hours a week on domestic work[9]

WHGNE recognises that gender equality is a critical determinant of health and well-being and a fundamental human right that benefits our society as a whole.

[4] Victorian State Government 2017, *Safe and Strong: A Victorian Gender Equality Strategy,* Victorian State Government
[5] ibid
[6] ibid
[7] ibid
[8] ibid
[9] Australian Bureau of Statistics, *National: Who was the 'typical' Australian in 2016,* Australian Bureau of Statistics

Women's Economic Empowerment

In the sub-priority of empowerment, WHGNE will focus efforts in the area of economic empowerment.

Guiding principles

1. **WHGNE works from a social model of health using a determinants approach that considers the following layers of influence:**
    - social gradient / hierarchy
    - stress
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    - social support
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3. **Equity for vulnerable groups is a priority**
4. **Partnerships and collaboration are central to the way we work**

Definitions

The Organisation for Economic Co-operation and Development (OECD) (2011) defines Economic Empowerment as: '*the capacity of women and men to participate in, contribute to and benefit from growth processes in ways which recognise the value of their contributions, respect their dignity and make it possible to negotiate a fairer distribution of the benefits of growth' (p.8).*[10]

Economic Empowerment:

- Increases women's access to economic resources and opportunities including jobs, financial services and skills development
- Is fundamental to strengthening women's rights and enabling women to have control over their lives and exert influence in society
- Is about creating equitable and just societies

Data and statistics

- Women are twice as likely to be underemployed than men
- Women are over-represented in part time and causal employment
- Women earn lower wages (women earn on average 17.4% less than men)
- Women are retiring with around half the savings of men
- Women have less access to secure and affordable housing than men, women comprise the majority of single-parent and sole-person households[11]

[10] Organisation for Economic Co-operation and Development 2011, *Women's Economic Empowerment*, Organisation for Economic Co-operation and Development. http://www.oecd.org/dac/gender-development/47561694.pdf

[11] Women's Health In the North 2012, *Managing money: Every Woman's Business* A guide to increasing women's financial capability. Women's Health In the North, Thornbury, Victoria. http://www.whin.org.au/images/PDFs/whinampwhe_fl_web.pdf

Prevention of Violence against Women and Children

Guiding Principles

1. **WHGNE works from a social model of health using a determinants approach[12] that considers the following layers of influence:**
    - social gradient / hierarchy
    - stress
    - early life
    - social exclusion
    - work
    - unemployment
    - social support
    - addiction
    - food
    - transport

    There is consensus amongst international research that gender inequality and the way in which gender relations are structured, is the key to understanding violence against women. International evidence demonstrates gender inequality sets the necessary social context in which violence against women occurs (Our Watch, 2015).

    Change the Story; A Shared Framework for the Primary prevention of Violence against Women and Children in Australia identifies the four following factors, associated with gender inequality to be the most consistent predictors of violence against women

    i. Condoning of violence against women
    ii. Men's control of decision making and limits to women's independence
    iii. Rigid gender roles and identities
    iv. Male peer relations that emphasise aggression and disrespect towards women

    (Our Watch, 2015)

2. **WHGNE's main focus is primary prevention but we understand that early intervention and response are critical to create positive change**
3. **Violence is a gendered issue**
4. **All forms of violence are unacceptable**
5. **Living in safety is a human right**
6. **Challenge the existing culture of violence**
7. **Equity for vulnerable groups is a priority**
8. **Partnerships and collaboration are central to the way we work**

Definitions and key terms

Violence against women refers to all forms of violence that are perpetrated against women, including intimate partner violence, sexual violence and workplace sexual harassment[13]. Violence against women can be described in many different ways, and laws in each state and territory have their own definitions. The United Nations Declaration on the Elimination of Violence against Women (1993) identified the following definition:

'The term violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life'.

[12] Wilkinson R & Marmot M (eds) 2003, *Social determinants of health: The solid facts* (2nd edition), World Health Organisation

[13] VicHealth 2012, *Preventing violence against women in the workplace (An evidence review: summary report)*, Victorian Health Promotion Foundation

Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and non-criminal. Domestic violence includes physical, sexual, emotional and psychological abuse:

- Physical violence can include slaps, shoves, hits, punches, pushes, being thrown down stairs or across the room, kicking, twisting of arms, choking, and being burnt or stabbed.
- Sexual assault or sexual violence can include rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution, and being made to have sex with friends of the perpetrator.
- Psychological and emotional abuse can include a range of controlling behaviours such as control of finances, isolation from family and friends, continual humiliation, threats against children or being threatened with injury or death[14]

Family violence is a broader term that refers to violence between family members, as well as violence between intimate partners. It involves the same sorts of behaviours as described for domestic violence. As with domestic violence, the *National Plan* recognises that although only some aspects of family violence are criminal offences, any behaviour that causes the victim to live in fear is unacceptable. The term, 'family violence' is the most widely used term to identify the experiences of Indigenous people, because it includes the broad range of marital and kinship relationships in which violence may occur[4].

Women and violence data

The evidence shows that the overwhelming majority of abuse and violence is perpetrated by men against women. The largest single risk factor for becoming a victim of sexual assault and/or domestic violence is, simply, being female. Key statistics:

- In Victoria, intimate partner violence is the leading contributor to the total disease burden of women aged 15-44 years, causing 9% of disease burden[15]
- It is responsible for more ill-health and premature death in Victorian women under the age of 45 than any other single risk factor, including diseases related to obesity, alcohol, drug use, and smoking[16]
- Over one in three Australian women have experienced physical violence since the age of fifteen[5]
- Nearly one in five Australian women have experienced sexual violence since the age of fifteen[5]
- Over a third of women (34%) who have ever had a boyfriend or husband report experiencing at least one form of violence during their lifetime from an intimate male partner. About half have experienced physical violence and a third have experienced sexual violence[5]

Poor mental health

- Women who have been exposed to violence have a greater risk of developing a range of health problems, including stress, anxiety, depression, pain syndromes, phobias and somatic and medical symptoms[5]

[14] Council of Australian Governments 2011, *National plan to reduce violence against women and their children 2010-2022*, Australian Government Department of Social Services
[15] VicHealth 2008, *Violence against women in Australia*, Victorian Health Promotion Foundation
[16] VicHealth 2010, *The health costs of violence*, Victorian Health Promotion Foundation

- The greatest proportion of the disease burden from violence against women is associated with anxiety and depression (62%)[17]
- Up to 80% of women in the mental health system have experienced sexual violence at some time in their past[18]
- The use of tranquillisers, sleeping pills and anti-depressants is more common in women exposed to this type of violence than those who are not[7]
- Up to 70% of women with drug and alcohol issues have experienced sexual violence at some time in their life[8]

Economic cost

- The cost of violence against women and their children to the Australian economy is estimated to be $13.6 billion in 2008-09 and, if there is no reduction in current rates, it will cost the economy an estimated $15.6 billion by 2021-22. This is more than the 2008 stimulus to address the Global Financial Crisis ($10.4 billion)[8]
- Australian businesses are losing at least $500 million per year because of the effects of intimate partner violence. Victims take just under $30 million per year in sick leave. Associated staff turnover costs a further $6 million annually[19]
- A study undertaken by KPMG found that the costs associated with violence against women exceed $3.4 billion dollars per year in Victoria[20]
- The KPMG report also found preventing violence for just one Australian woman would mean avoiding over $20,766 in costs[10]

Population groups most at risk

- Young women are 3-4 times more likely to suffer from violence[9]
- Indigenous women are 35 times more likely to suffer family violence and sustain serious injury requiring hospitalisation, and 10 times more likely to die due to family violence, than non-Indigenous women[8]
- Women with disabilities are 40% more likely to be the victims of intimate partner violence than women without disabilities[9]
- The risk is higher in pregnant women and in the period following the birth of a child; 42 per cent of all women who reported they had experienced violence at some time in their lives were pregnant at the time of the violence[8]

[17] VicHealth 2010, *The health costs of violence*, Victorian Health Promotion Foundation
[18] Queensland Sexual Assault Services 2010, *The right to choose: Enhancing best practice in responding to sexual assault in Queensland*, Queensland Sexual Assault Services
[19] VicHealth 2008, *Violence against women in Australia*, Victorian Health Promotion Foundation
[20] Women's Health Association of Victoria 2011, *Proposal for the Inclusion of Violence Against Women as a State wide Health Promotion Priority*, Women's Health Association of Victoria

Australian Context and Guiding Documents

Change the Story; a Shared framework for the Primary prevention of violence against women and their Children in Australia.
Launched in November 2015
Clear articulation of the gendered drivers of intimate partner violence
Clear direction of primary prevention essential actions to address the gendered drivers

Victorian Royal Commission into Family Violence Report and Recommendations
Released in March 2016
Recommendation #187 - The Victorian Government ensures the commission's recommended state-wide family violence action plan includes a primary prevention strategy that should be guided by the Victorian Governments Gender Equality Strategy

Ending Family Violence; Victoria's Plan for Change
Launched November 2016
State-wide Family Violence Action Plan. Is the plan for the entire reform agenda and has 10 year horizon

Safe and Strong: Victorian Gender Equality Strategy
Launched December 2016
The Strategy considers six key settings for state-wide action; Education, Work, Health, Leadership, Sport and Media

Free From Violence: Primary Prevention Strategy
Launched in May 2017
Prevention activities will be overseen and coordinated by a Prevention Agency. A series of rolling action plans will be delivered over the next decade to support implementation

Sexual and Reproductive Health

Sexual and reproductive health is a fundamental issue for all women, affecting them at every life stage. It is an important factor in shaping how women develop and maintain meaningful interpersonal relationships, appreciate their bodies; interact with others; express affection, love and intimacy; and by choice, bear children.[21] Sexual and reproductive health is interlinked with many other aspects of health, particularly mental health, and contributes to the overall health and wellbeing of the individual throughout their life.

Sexual and reproductive health includes the right to healthy and respectful relationships, to accurate information, and safe, inclusive services appropriate to a woman's needs, including effective and affordable methods of family planning and fertility regulation regardless of where a woman lives and how much money she has.[22] The human rights of women include their right to have control over and decide freely on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. [23]

Due to both biological, social and contextual factors, the impact of poor sexual and reproductive health is greater on women. It is now recognised that gender based and family violence have significant impacts on women's health and wellbeing, including sexual and reproductive health and unplanned pregnancy. Family violence can create barriers to women's right to safely access appropriate sexual health care and fertility control services, including timely access to contraception, screening and treatment where women have respect, choice and support.

Despite state legislation ensuring that Victorian women have a right to safe, legal abortion without fear of intimidation and loss of privacy, many women do not always have timely access to termination of pregnancy services or specialist sexual and reproductive health services, especially those living in rural and regional Victoria. [24]

Women disproportionately carry the burden of unwanted or unplanned pregnancy. Teenage pregnancy will often result in negative outcomes including poverty, substance abuse and reduced engagement with education for young mothers and their babies. There are barriers for young women to find accurate information and sensitive supports to assist them with reproductive health. Young women are particularly vulnerable to violence and having coercive first sexual experiences. Young women who have experienced violence also report high rates of sexual and reproductive coercion, including forced pregnancy or sabotage of contraception.[25]

[21] Women's Health Victoria 2009, *Sexual and Reproductive Health: Why is Sexual and Reproductive Health a priority*, Webpage: http://whv.org.au/what-we-do/sexual-reproductive-health
[22] Department of Health and Human Resources 2017, *Women's sexual and reproductive health: Key priorities 2017-2020,* Victorian Government, Melbourne.
[23] Women's Health Victoria 2009, *Sexual and Reproductive Health: Why is Sexual and Reproductive Health a priority,* Webpage: http://whv.org.au/what-we-do/sexual-reproductive-health
[24] Women's Health Association of Victoria 2012, *Victorian Rural Women's Access to Family Planning Services*: *Survey Report August 2012.*
[25] Women's Health Victoria 2017, Victorian Women's Health Atlas, Website

Key Concepts

WHGNE works from a social model of health that acknowledges that sexual and reproductive health outcomes are determined [26] by social, cultural, economic and contextual factors that influence women's lives. Our work aims to address the key determinants that influence women's sexual and reproductive health outcomes:

- Gender based and family violence
- Gender equality
- Needs of diverse women of all abilities

Our understanding of sexual and reproductive health is underpinned by the following concepts [27]

- *Sexual and reproductive health is about wellbeing, not merely the absence of disease.*
- *Sexual and reproductive health involves respect, safety and freedom from discrimination and violence.*
- *Sexual and reproductive health depends on the fulfilment of human rights.*
- *Sexual and reproductive health is relevant throughout people's lifespan, not only for people in their reproductive years, but also for people who are young or are older.*
- *Sexual and reproductive health is critically influenced by sex and gender norms, roles, expectations and power dynamics.*
- *Sexual and reproductive health is expressed through diverse sexualities and forms of sexual expression.*

Guiding Principles

1. **Our focus is primary prevention but we understand that early intervention and response are critical to create gender transformative change.**
2. **Access to rights based, accurate information and safe, affordable sexual and reproductive health services appropriate to women's needs enables women's rights to choice and equity.**
3. **We utilize evidence based and best practice frameworks using a determinants approach.**
4. **Equal, respectful relationships between men and women in all spheres of society and at all life stages are essential for women to achieve optimal sexual and reproductive health and wellbeing.**
5. **Equity for women living in the Ovens Murray Goulburn Region is priority, especially those who experience the greatest disadvantage.**
6. **Partnerships and collaboration with government, organisations, communities and women of all abilities are central to the way we work**

Data and statistics

- Young women under the age of 25 have the highest rates of notification of Chlamydia in Victoria, with more notifications in rural areas than in metropolitan areas.[28]
- The Hume region Chlamydia rate of 36.1 per 1000 population compared with the state rate of 35.7 resulted in a ranking of 4 out of 8 regions in the state in 2011.[29]
- There was a fourfold increase in rates for infectious syphilis for Victorian women in 2016 compared to rates in 2015.[30]

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[26] Commission on Social Determinants of Health 20018, *Closing the gap in a generation: health equity through action on the social determinants of health*, World Health Organisation.

[27] Department of Health and Human Resources 2017, *Women's sexual and reproductive health: Key priorities 2017-2020, p 2,* Victorian Government, Melbourne.

[28] Jane Hocking 2016, Update on STIs in Victoria, CERSH Presentation, Melbourne University.

[29] Women's Health Goulburn North East 2012, *Local stats about women*, Women's Health Goulburn North East

[30] Victorian State Government 2016, Health and Human Services, *Victorian Prevention, Epidemiology and Surveillance Sexually Transmissible Infections Key Trends for 2016*, Fact Sheet

Sexual and reproductive health in rural and regional areas

- Rates for teenage fertility in the Hume Region are higher than the Victorian average; 12.5 live births per thousand women aged 15 to 19 residing in the region in 2015 compared to the State average of 9.5 live births per thousand women in the same age range as at 30 June, 2015. [31]
- In 2014, 17% of young people in Years 8 and 11 reported having had sexual intercourse with students in regional Victoria significantly more likely to have had sex (22%) compared to metropolitan students (15%). Only one in four (27%) sexually active Year 8 and 11 students reported always using a condom when having sex.[32]
- There can be high costs of contraception, lack of bulk billing and limited family planning services available. Distance to services and time taken up travelling to and from appointments create additional barriers with 96% of respondents in one study referring women to surgical abortion services in Melbourne (50%) or out of town (46%).[33]
- Women with additional needs including those experiencing violence, women living with disabilities and migrant and refugee women experience significant barriers accessing sexual and reproductive health services appropriate to their needs. A comprehensive survey with Victorian health and community service providers across rural areas found 53% of respondents were not aware or did not know of strategies to cater for women with additional needs. [34]
- Confidentiality due to lack of anonymity has been identified as a major issue. In one study 72% of women respondents considered privacy to be an issue in their local area.[35]

[31] Women's Health Victoria 2017, Victorian Women's Health Atlas, website source *Victoria. Department of Health and Human Services. Consultative Council on Obstetric & Paediatric Mortality & Morbidity, 2015.*
[32] Victorian State Government 2015, Education and Training*, 2014 Victorian Student Health and Wellbeing Survey, 'About You'*, Melbourne.
[33] Women's Health Association of Victoria 2012, *Victorian Rural Women's Access to Family Planning Services*: *Survey Report August 2012.*
[34] Ibid.
[35] Women's Health Association of Victoria 2012, *Proposal for Victorian Sexual and Reproductive Health Strategy*, Women's Health Association of Victoria.