

# time for a national sexual & reproductive health strategy for australia

## a call to action

Australia needs a comprehensive and evidence-based national sexual and reproductive health strategy. We, the undersigned, call for the Australian Government to take immediate steps to develop, fund and implement such a strategy to improve the health of all in our community, both women and men.

### BACKGROUND

Sexual and reproductive health is a human right recognised in several international agreements ratified by the Australian Government. In 2000, the Commonwealth Department of Health and Aged Care published a report which recommended the development of a comprehensive national sexual health strategy. No such strategy has yet been developed. Indeed, Australia lags behind England, Scotland, New Zealand and several northern European countries that have taken a strategic national approach to sexual and reproductive health. Poor sexual and reproductive health impacts heavily on individuals, families, relationships and communities, as well as the Australian economy.

### WHY WE NEED A NATIONAL STRATEGY

In Australia, where the overall population is among the healthiest in the world, we have unacceptably high levels of sexual and reproductive ill health.

#### Pressing issues

- Increasingly early rates of sexual activity in adolescents and young people: The median age of first sexual intercourse is now 16 years for both women and men. Most young people now experience 10 to 20 years of sexual activity before committing to a life partner. This increases the risk of unplanned pregnancy and sexually transmissible infections (STIs)
- Inconsistent access to and use of a full range of available contraceptive methods
- Increasing sexual vulnerability associated with high rates of problematic substance use (especially alcohol) and sexual and reproductive problems
- Concerning rates of childhood and adult sexual violence associated with poor health outcomes including unwanted pregnancies and poor mental health
- Australia's rate of 18.4 births per 1,000 teenage women aged 15 to 19 years is still significantly higher than some developed nations (e.g. Korea, Japan and Switzerland, with rates respectively of 2.9, 4.6 and 5.5)
- Teenage motherhood is associated with an increased risk of poor pregnancy, social, economic and health outcomes
- Higher estimated abortion rates 19.7 per 1000 females aged 15-44 years (2003), compared with rates in Germany (7.7), The Netherlands (8.7) or Finland (10.9)
- Continuing uncertainty and wide variation between states and territories about the legal status of abortion, plus inconsistent access to abortion services
- Increasing rates of sexually transmissible infections, e.g. Chlamydia
- Increasing rates of newly acquired HIV infection
- High rates of infertility (1 in 6 couples)
- Mental health problems associated with sexual and reproductive issues (e.g. homophobia and suicide in same sex attracted young men)
- Sexual and reproductive ill health disproportionately affecting certain population groups, e.g. young people, people with disabilities, Indigenous people
- The economic burden of sexual and reproductive ill health to individuals and communities

### Current policy problems

Many current sexual and reproductive health policies, and others affecting sexual and reproductive health are not consistent with best practice. Current policies:

- Focus on single issues, usually diseases (e.g. STIs), and neglect the promotion of broader sexual and reproductive health and do not address the social determinants
- Are not developed with appropriate community participation
- Mistakenly aim to alter health outcomes in isolation
- Fail to link inter-dependent strategies (e.g. mental health or substance abuse with sexual and reproductive health)
- Result in a limited range of available sexual and reproductive health services
- Fail to address:
  - the full range of strategies necessary to reduce unplanned and unwanted pregnancy
  - marked differences in sexual/reproductive health legislation between the states and territories
  - variability in the delivery and quality of relationships and sexual health education in the absence of minimum standards
  - sexualised media representation of girls and women
  - significant gaps in accurate and comprehensive data on which to base policies and evaluation

### WHAT ARE THE KEY ACTIONS NEEDED?

- Core teaching competencies & minimum standards for relationships & sexual health education
- Consistent national minimum data collection of key sexual and reproductive health indicators
- Full burden of disease assessment and economic evaluation of a national strategy
- A national research program and national clearinghouse on sexual and reproductive health
- Provision of a full range of contraception and community information strategies
- Sexual and reproductive health services and workforce development
- Legal, safe, accessible and affordable pregnancy termination services

### WHAT WILL BE GAINED

A comprehensive and evidence-based national strategy would provide leadership in the co-ordination of public health action to:

- Promote respectful, equitable, non-violent relationships
- Reduce rates of unwanted sex and sexual violence
- Reduce rates of unplanned and unwanted pregnancy
- Improve comprehensive and appropriate sexual and reproductive health data collection
- Reduce preventable infertility
- Reduce the transmission and prevalence of STIs and HIV
- Reduce the economic costs associated with sexual and reproductive ill-health
- Reduce discrimination associated with early parenthood or sexuality and gender identity and the associated poor health
- Reduce the stigma associated with STIs and HIV
- Improve the overall sexual and reproductive health and wellbeing of the Australian community

### WHAT WE FACE IF WE DON'T ACT NOW

- An increasing burden of illness and spiralling costs associated with poor sexual and reproductive health
  - Continuing gaps in knowledge due to inadequate data collection
  - Avoidable mental illness burdens from associated sexual and reproductive problems
  - Less effective inter-dependent, but poorly coordinated strategies
  - A climate of 'moral panic' about rates of abortion, teenage mothers or 'abandoned babies' as a product of high rates of unplanned and unwanted pregnancy
  - Continued inequitable access to sexual and reproductive health services
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