

# **PUBLIC HEALTH ASSOCIATION OF AUSTRALIA CALLS FOR A NATIONAL SEXUAL AND REPRODUCTIVE HEALTH STRATEGY**

## **INTRODUCTION**

The Public Health Association of Australia (PHAA), in collaboration with Sexual Health & Family Planning Australia (SH&FPA) call for the Australian Government to position sexual and reproductive health as a national health priority, and to develop a comprehensive and evidence-based national sexual and reproductive health strategy.

## **BACKGROUND**

In 2000, the Commonwealth Department of Health and Aged Care published a report which recommended the development of a comprehensive national sexual health strategy [1].

Australia lags behind the United Kingdom [2], New Zealand [3] and several northern European countries [IPPF, cited in 4] that have taken a strategic national approach to sexual and reproductive health.

Sexual and reproductive health is a human right recognised in several international agreements that have been ratified by the Australian Government [5]

Poor sexual and reproductive health impacts heavily not only on individuals, but families, relationships and communities, as well as the Australian economy [4].

## **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) [6-9]
- Increasing sexual vulnerability associated with high rates of problematic substance use and sexual and reproductive problems [9, 10]
- High rates of sexual violence (19.1% of women and 5.5% of men), and associated poor health outcomes including poor mental health and unplanned and unwanted pregnancies [11-14]
- Increasing rates of sexually transmissible infections, e.g. Chlamydia [15, 16]
- Increasing rates of newly acquired HIV infection [15, 16]
- Inconsistent access to and use of a full range of available contraceptive methods [9, 17, 18]
- Australia's rate of 18.4 births per 1,000 women aged 15 to 19 years is still significantly higher than some other developed nations (e.g. Korea, Japan and Switzerland, with rates respectively of 2.9, 4.6 and 5.5) [19].
- Teenage motherhood is associated with an increased risk of poor social, economic and health outcomes [19-22]
- High 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) [23]
- Inconsistent access to abortion services and a continuing illegal status in many states [24-26]
- High rates of infertility (1 in 6 couples) [27]
- Mental health problems associated with sexual and reproductive issues (e.g. homophobia and suicide in young gay men) [28, 29]

## **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
- Do not address the social determinants of sexual and reproductive health
- Mistakenly aim to alter health outcomes in isolation (e.g. pregnancy counselling to reduce abortion rates)
- Fail to link inter-dependent strategies (e.g. mental health or substance abuse with sexual and reproductive health)
- Permit religious biases in public health service delivery (e.g. pregnancy counselling, and religious organisations refusing reproductive services in public hospitals, reducing access to services)
- Fail to address:
  - marked differences in sexual/reproductive health legislation between the states and territories
  - variability in the delivery and quality of sexuality 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 WE STAND TO GAIN**

A comprehensive and evidence based national strategy would provide national 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
- Reduce discrimination associated with early parenthood, and associated poor health
- Improve comprehensive and appropriate data collection on sexual and reproductive health in Australia
- Reduce preventable infertility
- Reduce discrimination on the grounds of sexuality and gender identity, and associated poor health
- Reduce the transmission and prevalence of STIs and HIV
- 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 associated with poor sexual and reproductive health
- Continuing gaps in knowledge about sexual and reproductive health 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 or 'abandoned babies' as a product of high rates of unplanned and unwanted pregnancy
- Continued inequitable access to sexual and reproductive health services.

## **WHAT PARLIAMENTARIANS COULD DO TO HELP**

- Advise PHAA (and SH&FPA) about relevant parliamentary issues to bear in mind
- Advocate for a national strategy as a vital policy issue within your party platform
- Maintain a dialogue with us about progressing the strategy.

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