



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND THE SUSTAINABLE DEVELOPMENT GOALS

Ensuring sustainable and resilient commitment for SRHR

STOP

2021

PUBLICATION INFORMATION

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About Family Planning NSW

Family Planning NSW is one of Australia's leading providers of sexual and reproductive health services. Internationally, we operate as Family Planning Australia. Our mission is to enhance the sexual and reproductive health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their sexual and reproductive health throughout their life. Since 1926 we have provided independent, not for profit clinical services and health information to communities. Our work is underpinned by evidence and a strong commitment to sexual and reproductive health and rights.

We operate fixed and outreach clinics in metropolitan, regional, rural and remote New South Wales (NSW) and are experts in contraception, comprehensive sexuality education, pregnancy options, sexually transmissible infections (STIs), common gynaecological problems including menstrual disorders, cervical cancer screening, breast awareness and women's and men's sexuality and sexual function.

As a registered training provider, we provide education and training activities for clinicians, disability workers, teachers, parents and carers, and other health education and welfare professionals. Our education services build the capacity of health, education and community professionals to address the sexual and reproductive health needs of their communities and region.

Through our Research Centre, we partner with universities and other research organisations to grow the body of knowledge about sexual and reproductive health. We focus on translating research findings into clinical practice and teaching and providing guidance on best practice sexual and reproductive health programmes and services.

Internationally, we work in the Pacific to improve access to comprehensive sexual and reproductive health information and services. We collaborate with other family planning and health organisations in-country and promote a rights-based approach for all people to achieve sexual and reproductive health and wellbeing. We work closely with governments in the region to support the development and implementation of policy in the area of sexual and reproductive health.

We are accredited by the Department of Foreign Affairs and Trade to conduct development assistance in Pacific Island countries and territories including Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Timor Leste, Tonga, Tuvalu and Vanuatu.

This report is focused on the work of Family Planning NSW/Australia in Australia and the Pacific to help achieve the 2030 Agenda for Sustainable Development.



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ACRONYMS

| | |
|--------|--|
| AIHW | Australian Institute of Health and Welfare |
| ABS | Australian Bureau of Statistics |
| CSE | Comprehensive sexuality education |
| DVRS | Domestic violence routine screening |
| FPA | Family Planning Australia |
| FPNSW | Family Planning NSW |
| HPV | Human papillomavirus |
| ICPD | International Conference on Population and Development |
| IUD | Intrauterine device |
| LARC | Long-acting reversible contraception |
| MBS | Medicare Benefits Scheme |
| NSW | New South Wales |
| NCSP | National Cervical Screening Program |
| OCP | Oral contraceptive pill |
| RN | Registered Nurse |
| SDG | Sustainable Development Goal |
| STI | Sexually transmissible infection |
| SRHR | Sexual and reproductive health and rights |
| UNFPA | United Nations Population Fund |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| WHO | World Health Organization |

NOTE FROM THE CEO

Sexual and reproductive health and rights underpin the achievement of the ambitious Sustainable Development Goals, and the achievement of universal access to essential sexual and reproductive healthcare. Without this access, many women and their families do not have the opportunity to fully and meaningfully engage in society.

Sexual and reproductive health and rights are fundamental to health and essential for sustainable development, as evidenced by their strong links to gender equality, health and wellbeing. Our advocacy in relation to gender equality and universal access to sexual and reproductive health and rights is perhaps now more important than ever, particularly in response to the COVID-19 global pandemic. We must ensure that progression towards achievement of the ambitious Sustainable Development Goals remains a priority even in the most challenging of global circumstances. Without continued progression, there are serious and real risks to the health and well-being of the global community, especially those who are vulnerable and marginalised.

We must continue to empower women and their families, with education, resources and clinical services so that they are able to decide on the number, timing, and spacing of their children. This is not only a matter of health and human rights but also affects non-health sector issues that are vital to sustainable development including gender equality, education, climate change, food security, justice and the economy.

By investing in sexual and reproductive health and rights programs, policies and services for all people, including women and girls, we can ensure that we contribute to a world where everyone reaches their full potential.

Family Planning NSW is committed to [annually reporting](#) on the progress of the Sustainable Development Goals and the centrality of sexual and reproductive health and rights within the Goals.

In this 2021 report, we highlight eight strategies to support the achievement of the Sustainable Development Goals, with a particular focus around the key areas of contraception, cervical cancer and comprehensive sexuality education. It is these sexual and reproductive health and rights strategies and accompanying key areas that Australia and the Pacific should prioritise to ensure ongoing and sustainable commitment for sexual and reproductive health and rights. Without this commitment, the 2030 Agenda for Sustainable Development cannot be realised.

Leaving no one behind is central to the values of the Sustainable Development Goals, and in this final decade of implementation it is more important than ever. Australia must look inwards and aim to close the gap between vulnerable and marginalised Australian communities as well as support our neighbours in the Pacific to prioritise sexual and reproductive health. We cannot meet the Sustainable Development Goals without realising the sexual and reproductive health and rights of all people.

Adj. Prof Ann Brassil

Chief Executive Officer
Family Planning
NSW/Australia



EXECUTIVE SUMMARY

Family Planning NSW's annual Sustainable Development Goals (SDGs) report has identified eight overarching sexual and reproductive health and rights (SRHR) strategies for Australia and the Pacific to support achievement of the SDGs.

Our 2021 report provides a situational analysis of **Goals 3, 8, 10, 13, 16 and 17** in Australia and the Pacific and highlights the centrality of sexual and reproductive health and rights to the achievement of the 2030 Sustainable Development Agenda. The report aligns each strategy with relevant SDGs and has a particular focus on our organisational content and practice areas of expertise: contraception, cervical cancer and comprehensive sexuality education. Each of these strategies includes recommendations that illustrate how to support the implementation of the SDGs.

The overarching ambition of this report is to highlight gaps and opportunities for SRHR interventions that would assist the implementation of the SDGs. This report also aims to influence domestic policy and funding that promotes awareness of how SRHR interventions can achieve the SDGs and provides a mechanism for civil society to provide structured feedback to government to ensure no-one is left behind in the implementation of the SDGs.

While Australia fares well in SRHR on a global scale, there is still much work to be done. The eight strategies to address SRHR and support achievement of the 2030 Agenda for Sustainable Development are summarised below.



1. Increase access to long-acting reversible contraceptives (LARCs)

Despite the evidence as to their effectiveness, use of LARCs in Australia and the Pacific remains low. Increasing LARC uptake supports women and girls to decide whether or when to have children, and enables them to engage in work and education by reducing the number of unintended pregnancies.

Promotes SDGs 1, 3, 5, 8, 10, 13, 16

2. Eliminate cervical cancer

While Australia is on track to eradicating cervical cancer, compliance with screening varies within vulnerable and marginalised populations. Further, cervical cancer remains a leading cause of death for women in many countries in the Pacific, preventing many women from living long and healthy lives. Focus needs to remain on improving screening rates in under-screened populations in Australia and improving access to screening services in the Pacific.

Promotes SDGs 1, 3, 5, 10

3. Invest in comprehensive sexuality education (CSE)

There remains no consistent approach to CSE in Australia, and an alarming lack of CSE in the Pacific. Implementation of age-appropriate CSE promotes respectful relationships based on consent, gender equality and better health outcomes, including lower rates of unintended pregnancy, STIs and gender-based violence.

Promotes SDGs 1, 3, 4, 5, 10, and 16

4. Promote gender equality and end violence against women

Discrimination and violence against women are common both in Australia and the Pacific. SRHR supports gender equality by the promotion of respectful relationships, empowering women to make decisions about work, education, relationships, and whether or when to have children.

Promotes all SDGs as is a cross-cutting issue

5. Promote access to sexual and reproductive health services for vulnerable groups

Access to sexual and reproductive health services is important so that all community members can achieve good health outcomes. Achieving health equity requires ensuring universal healthcare access for all people, including those most disadvantaged. People who are socially or culturally marginalised may face additional challenges in accessing sexual and reproductive health services, contributing to health inequity.

Promotes SDGs 1, 3, 4, 5, 10, 11

6. Improve access to abortion care

Across Australia and the Pacific, many women face significant challenges accessing abortion care. Improving access to abortion care ensures better health outcomes, supports women and girls to decide whether or when to have children, and enables them to engage in work and education.

Promotes SDGs 3, 5, 8, 10

7. Improve sexual and reproductive health data collection

There are significant gaps in reliable data on key indicators that would improve governments' ability to identify areas of sexual and reproductive health need and to assess the effectiveness of existing strategies and policies.

Promotes SDGs 3, 16, 17

8. Contribute to the evidence on and address the links between climate change and SRHR

There are known links between climate change and SRHR, particularly around gender equality and access to family planning. Improving evidence on the links between SRHR and climate change would identify existing gaps and lead to SRHR strategies that reduce the impact of climate change.

Promotes SDGs 3, 5, 13, 16

The structure of this report

This report focuses on six of the nine SDGs being reviewed at this year's High Level Political Forum. The report illustrates the ways in which particular sexual and reproductive health and rights strategies support achievement of these goals and provides pragmatic and detailed recommendations on how to do so.

The structure of the report should not be interpreted to mean that one strategy only supports one goal. Just as all goals must work together to achieve a sustainable future, so too must the identified strategies. A table linking the SDGs with these strategies, with specific recommendations, is provided at the end of this report.



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Sexual and reproductive health and rights (SRHR) encompass all matters related to puberty, respectful relationships, sexuality, sexual health, fertility and birth. Specifically, SRHR recognises the right of all people to have control over, and make informed decisions on, matters related to their bodies, sexuality and reproduction, free from coercion, discrimination and violence.¹ In the Australian and global context, SRHR also includes the rights of people to have safe and accessible information and services for family planning and contraceptive choices and to make decisions on the number, spacing and timing of their children.

In 1994, the International Conference on Population and Development (ICPD) defined sexual and reproductive health as a state of complete physical, mental and social well-being, rather than merely the absence of illness and disease.² It affirmed that sexual and reproductive health is a fundamental human right, including the right to:

- reliable access to safe, effective and affordable methods of family planning
- health care and protection, including diagnosis and treatment for STIs including HIV
- health services that are comprehensive, accessible, private and confidential and respectful of dignity and comfort
- appropriate pregnancy, confinement and postnatal services
- inclusive services, regardless of gender, sexual orientation, age or disability

- education and information on sexual and reproductive health and rights
- decide freely and responsibly on the number, spacing and timing of children.²

Since its inception, Family Planning NSW has prioritised SRHR advocacy, program development and clinical service provision. Our efforts include programs that work to eliminate preventable sexual and reproductive health differentials between and within population groups in relation to contraceptive services, STIs, reproductive cancers including cervical cancer, violence against women and girls and the sexual and reproductive health needs of people across the lifespan.

Our latest SDG report builds on the work of the ICPD and recognises the importance of sexual and reproductive health and rights across all life stages and the interconnectedness of SRHR on poverty, nutrition, health and well-being, economic prosperity, education and the environment. Recognising the intrinsic value of SRHR and the interconnectedness of sexual and reproductive health and the social, economic and physical environment is essential to achieving the SDGs.



THE SUSTAINABLE DEVELOPMENT GOALS

In 2015, United Nations member states agreed to the 2030 Agenda for Sustainable Development, which included 17 SDGs. The SDGs are a collection of global goals designed to be a “blueprint to achieve a better and more sustainable future for all”. They address the global challenges we face, including those related to poverty, inequality, climate change, environmental degradation, peace and justice. The 17 SDGs are all interconnected with an aim to leave no one behind, and have a deadline of 2030 to be achieved.

Each year, the High Level Political Forum on Sustainable Development meets under the auspices of the United Nations Economic and Social Council. The Forum is a mandated space to follow up on the implementation of the 2030 Agenda, including the SDGs, and includes a space for countries to provide voluntary national reviews of their implementation of the Agenda.

Family Planning NSW has produced this 2021 report to highlight the centrality of SRHR to the achievement of the SDGs. The report identifies eight strategies that support achievement of identified Goals being reviewed at this year’s High Level Political Forum:



- **Goal 3:** Ensure healthy life and promote well-being for all at all ages.
- **Goal 8:** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.
- **Goal 10:** Reduce inequality within and among countries.
- **Goal 13:** Take urgent action to combat climate change and its impacts.
- **Goal 16:** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
- **Goal 17:** Strengthen the means of and implementation and revitalize the global partnership for sustainable development.

Achievement of the SDGs can only become a reality with strong support for sexual and reproductive health and rights.



Goal 3: Ensure healthy life and promote well-being for all at all ages

- 3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.7** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- 3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Overview of goal

Achievement of the 2030 Agenda for Sustainable Development cannot be a reality without including SRHR. SDG 3 'to ensure healthy life and promote well-being for all at all ages' includes targets that specifically require investment in SRHR, particularly for women and girls.

Underpinned by the concept of health equity, universal health coverage aims to ensure that all people have access to the healthcare they need without suffering financial hardship. Importantly, universal health coverage includes access to affordable quality sexual and reproductive health services, including cancer prevention screening, contraception and pregnancy management, fertility treatment, STI screening and treatment as well as gynaecological services.

The COVID-19 global pandemic has resulted in significant illness and loss of life. As part of an increased focus on ensuring health and safety of all during the pandemic, the importance of ensuring universal access to sexual and reproductive health services must be considered essential. As we live through COVID-19 we must ensure that efforts to advance SRHR keep pace with this welcomed focus on universal health coverage.

Universal access to SRHR services

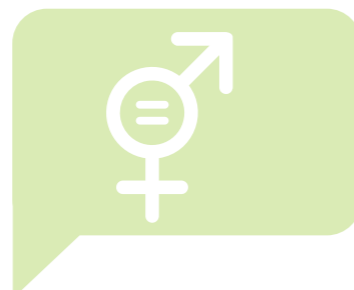
Universal access to SRHR, including contraceptive services, supports the health and well-being of all people and is essential to ensure their full and meaningful participation in a prosperous society.³ Further, universal access to sexual and reproductive healthcare is key to improving the quality of life for all.⁴

Despite clear evidence on the importance of accessible SRHR services, the diverse and often complex approach to state-based health and education hinders achievement of universal access to SRHR services and results in significant challenges to navigating the health system itself.^{5,6}

The lack of universal access to SRHR services within Australia, and across the globe, has several significant implications, particularly in the areas of contraception, abortion and comprehensive sexuality education.

“Universal health coverage is a cornerstone of a more equal world.”

– Melinda Gates; 2019

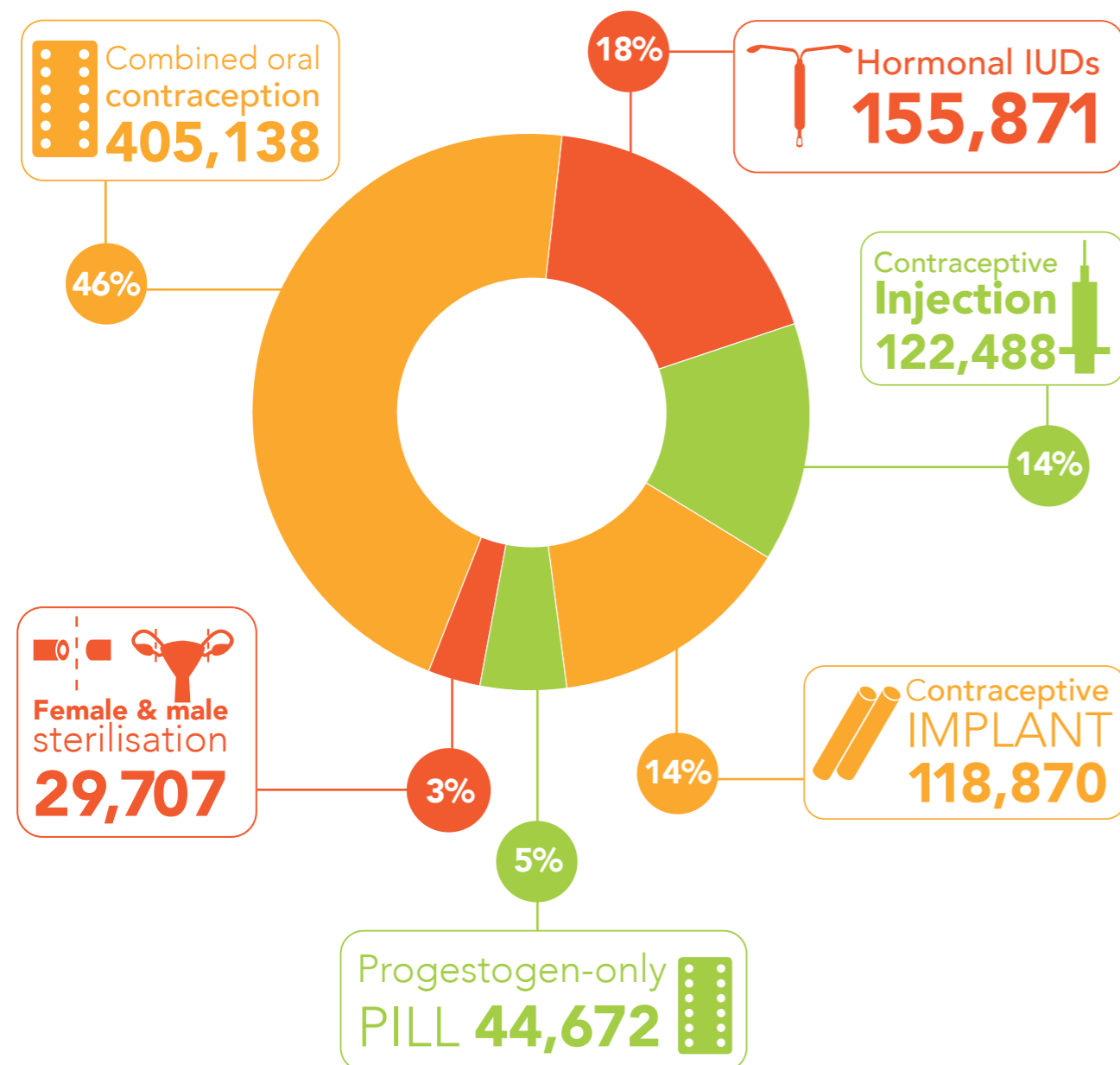


Access to contraception – Australia

While the majority of Australians have access to sexual and reproductive healthcare, including a wide range of effective contraceptive methods, many safe and effective contraceptive options are not accessible to all. Access to and use of contraception is a critical element of a population’s sexual and reproductive health supporting an individual’s choice regarding fertility and pregnancy, and therefore a cross-cutting issue in the SDGs.

Approximately 58% of Australian women use a form of contraception.⁷ Oral contraception and condoms are the most commonly used methods of contraception among Australian women, with condom use remaining relatively stable over the past 8-10 years.⁸ While there has been a small decline in the use of oral contraception, there has been a small, but consistent increase in the use of long-acting reversible contraception (LARC) among Australian women.⁹

Contraceptive uptake by number of PBS claims, 2020.



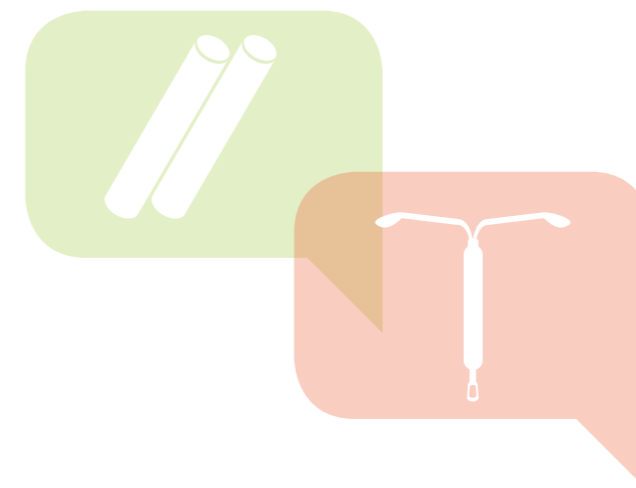
Source: Medicare Australia: http://medicarestatistics.humanservices.gov.au/statistics/pbs_item.jsp [cited 1 March 2021].⁹

Despite availability of contraception, there is an 8% unmet need for family planning in Australia.⁷ An unmet need for family planning is when a woman wants to stop or delay childbearing, but is not using any method of contraception. Over the past decade, one in four Australian women have experienced an unintended pregnancy.¹⁰ About half of these pregnancies occurred in women not using contraception, and about one third resulted in abortion.¹⁰

One strategy to reduce the number of unintended pregnancies and minimise the rates of unmet need for family planning is to increase the uptake of LARC, including contraceptive implants and intrauterine devices (IUDs).¹¹ These contraception methods are more than 99% effective, however, despite this evidence, use of LARC is low within Australia.

“Improving access to LARC is an effective strategy in preventing unintended pregnancy.”

– Family Planning Australian Alliance, 2014



Access to contraception – Pacific

In the Pacific, the unmet need for family planning is more than two times greater than that of Australia.^{7,12} In some parts of the Pacific, regular stock-outs of contraception limit women’s choices and women are commonly only able to access contraception through often-temporary international aid programs. Building in-country capacity to sustainably fund, source, procure and disseminate contraception is essential.¹³

Contraception can help prevent maternal deaths in women who are at high risk of perinatal complications, including women who fall within higher risk age brackets, or who have had many pregnancies.⁷ Adolescent pregnancy can have immediate and lasting consequences for a girl. These include reduced opportunities in life through limited access to education, employment opportunities and earnings.⁷

The high rates of unmet need for family planning combined with low contraceptive usage correspond to high rates of adolescent birth and maternal mortality within Pacific countries.⁷ Kiribati, Papua New Guinea, Solomon Islands and Vanuatu have particularly high rates, which exceed the 2020 global average of 41 births per 1,000 females aged 15–19 years.⁷

Recommendations

We recommend that the Australian government:

1. develop and disseminate a consumer-focused campaign highlighting the benefits of LARC
2. support programmes aimed at increasing the capacity for sustainable supply and provision of contraception, including LARCs, across the Pacific.



Monitoring the Goals: SRHR Indicators

| Country | Contraceptive prevalence rate (modern method) Per 100 women aged 15-49 | Unmet need for family planning Per 100 women aged 15-49 | Adolescent birth rates Per 1,000 women aged 15-19 | Maternal mortality ratio Deaths per 100,000 live births |
|----------------------|---|--|--|--|
| Australia | 56 | 8 | 10 | 5 |
| Fiji | 30 | 12 | 23 | 34 |
| Kiribati | 16 | 18 | 49 | 92 |
| Papua New Guinea | 23 | 18 | 68 | 145 |
| Samoa | 23 | 24 | 39 | 43 |
| Solomon Islands | 20 | 13 | 78 | 104 |
| Timor-Leste | 16 | 14 | 42 | 142 |
| Tonga | 17 | 13 | 30 | 52 |
| Tuvalu | - | - | 27 | - |
| Vanuatu | 31 | 15 | 51 | - |
| Asia and the Pacific | 48 | | 7 | 23 |

Source: United Nations Population Fund, 2020.⁷

Definitions of indicators:

1. Contraceptive prevalence rate, modern method: Percentage of women aged 15 to 49 who are currently using any modern method of contraception. Source: United Nations Population Fund, 2020.⁷
2. Unmet need for family planning: Percentage of women aged 15 to 49 who want to stop or delay childbearing but are not using a method of contraception.
3. Adolescent birth rate: Number of births per 1,000 adolescent girls aged 15–19. (SDG indicator 3.7.2)
4. Maternal mortality ratio: Number of maternal deaths during a given time period per 100,000 live births during the same time period. (SDG indicator 3.1.1)

Access to abortion care – Australia

To date, there is a demonstrable lack of equitable access to abortion services in Australia with little reported public health system provision. Further, there is an absence of standardised national data collection and overarching policy on abortion access in Australia, impeding the development of strategies to ensure universal access to abortion services is realisable.

In Australia, approximately one in four women will access abortion services in their lifetime.¹⁴ Even with access to comprehensive sexuality education and contraception, there will be a continuing need for abortion services. Experiences of unintended pregnancy, for a variety of reasons including contraception failure, are common.¹⁵

In 2015, a survey of Australian women aged 18 to 45 years found that one in four (26%) had experienced an unintended pregnancy in the past ten years and that 30.4% of women with an unintended pregnancy had had an abortion.¹⁰ Another Australian survey of women and men aged 18 to 51 years found 40% had experienced an unintended pregnancy.¹⁵

“When safe abortion services are not available to women, the risk of morbidity and maternal mortality increases.”
– Prof Steve Robson – RANZCOG; 2018



While abortion is considered legal in all states and territories within Australia, the patchwork of legal regulation across Australia hinders women’s access to these essential services. This issue was identified in Australia’s most recent Universal Periodic Review under the Human Rights Council. Further, women face different health service options when confronted with an unintended pregnancy, depending on which state they live in, whether or not they live in a metropolitan centre and their financial resources. Increasing access to low- and no-out-of-pocket cost services for economically disadvantaged women and for women in rural areas are the highest areas of need.

Access to abortion care – Pacific

In many Pacific countries abortion is illegal with severe ramifications for women and health workers who access and provide these essential services. Where abortion is allowed, it is often only under restricted circumstances.

Restricting access to abortion contributes to the high rates of maternal death within Pacific countries. Abortion should always be safe, lawful, accessible and affordable. Improvements in service provision need to be made to ensure that women are not disadvantaged by high fees or their geographical location when accessing abortion care.

Recommendations

We recommend that the Australian government:

3. develop and deliver a national sexual and reproductive health strategy that ensures women have access to the full suite of health services, including abortion, regardless of financial or geographical status
4. advocate for safe and legal access to abortion services in the Pacific.



Comprehensive sexuality education

Australia does not have a consistent approach to comprehensive sexuality education (CSE) despite the wide body of evidence acknowledging its essential nature.¹⁶ Further, very little CSE is available in the Pacific despite commitment from governments to provide in and out of school CSE as part of the Transformative Agenda.

CSE is an age appropriate and culturally relevant approach to teaching and learning about sexuality and relationships, inclusive of the cognitive, emotional, physical and social aspects they encompass. Evidence shows that providing timely, holistic, age-appropriate and evidence-based CSE promotes wellbeing, emotional development and safety.^{16,17} CSE is a crucial early intervention strategy for ensuring that SRHR are met.

CSE includes education on the following topics to support knowledge and skill development:

- the human body, development and autonomy
- puberty and body image
- respectful relationships, including consent
- fertility, pregnancy, pregnancy options and contraception
- sexual health and sexual behaviour
- gender and sexual diversity
- the influence of technology and media
- health literacy and decision making

CSE improves health outcomes and can reduce violence towards women.^{16,18} Additionally, evidence confirms that CSE does not hasten sexual activity, but has a positive impact on safer sexual behaviours and can delay sexual debut.¹⁶ Education that explicitly addresses gender or power relations has a demonstrated positive impact on effectively reducing unintended pregnancy, STIs and gender-based violence.^{16,18}

“Comprehensive sexuality education is an essential part of a good quality education that improves sexual and reproductive health.”

– UNESCO; 2019

CSE is particularly important for people who are vulnerable and marginalised, including people with disability. Although the sexual and reproductive health needs of people with disability are similar to the general population, this community faces the additional challenge of being more vulnerable to violence, sexual assault and coercion.¹⁹

Implementation of CSE should be aligned with evidence-based technical guidance published by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and should ensure that staff delivering this content are well-trained and well-supported.^{20,21} Further, CSE provision should be provided to people of all ages and across all mediums, rather than solely being provided in school settings.

Recommendations

We recommend that the Australian government:

5. develop a national comprehensive sexuality education curriculum that is aligned with the 2018 UNESCO technical guidelines, is well-resourced and consistently delivered across Australia and includes modules for students with disability
6. advocate for ongoing and continued implementation of the Transformative Agenda in regard to comprehensive sexuality education in schools and the wider community, including students with a disability.

Case Study: CSE provision within NSW schools

The NSW Sexual Health in Schools Project was a collaboration between Family Planning NSW, NSW Ministry of Health and NSW Department of Education proposing an inclusive, sex-positive, holistic approach to sexual health education.

As part of the project, Family Planning NSW conducted a [needs assessment](#) among secondary school students to examine their experiences of receiving sexual health education in schools, their preferred methods of receiving sexual health education, and additional topics they felt should be covered.

Key findings include:

- for most respondents, school was students' primary source of relationships and sexual health information, particularly in relation to puberty, pregnancy and reproduction, STIs, contraception and safe sex
- 47.4% of students were either not very satisfied or not at all satisfied with the sexual health education provided in school
- the topics most highly rated by students as receiving 'lots of' information were 'puberty and changes during adolescence' (44.3%), 'safe sexual practices (36.7%)', 'STIs' (33.8%), 'contraception' (33.2%) and 'sexual harassment, abuse and bullying' (32.6%)

Students want to develop practical knowledge and skills to support their decision making in sexual health. However, there are gaps within the current curriculum, and evidence-based comprehensive sexuality education is not consistently provided across all schools. Teachers play a vital role in providing accurate and trusted information to enable students to explain, contextualize and think critically about information they are exposed to via pornography and other media and support them in developing respectful, healthy and consensual relationships.



Case Study: Developing training packages to support CSE provision

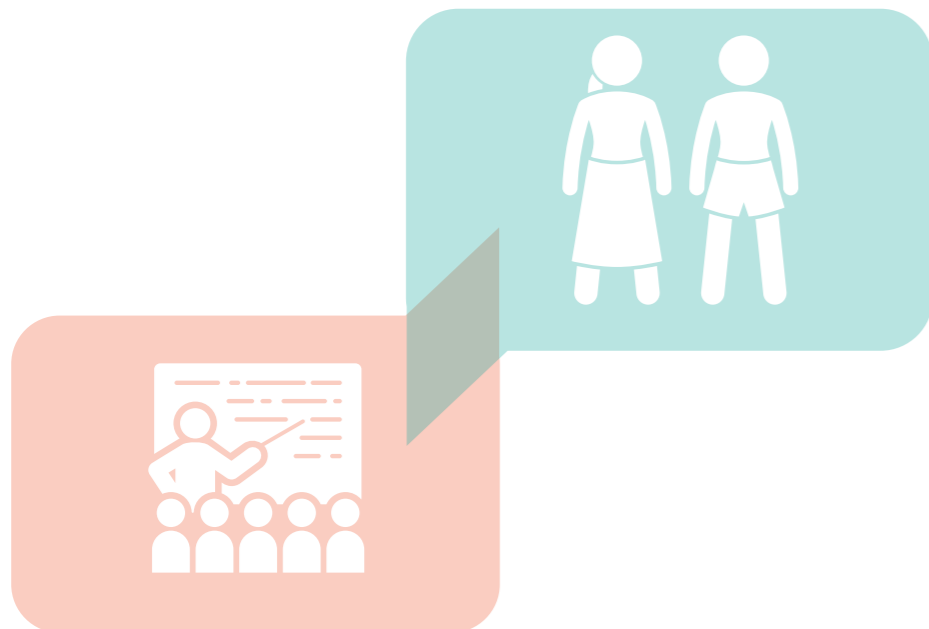
The United Nations Population Fund (UNFPA) Transformative Agenda highlights the high unmet need for family planning in the Pacific compared to global averages. In order to address this, countries need to improve access to high quality sexual and reproductive health information and education to young people.

Teaching CSE in schools is an important way to provide this information and education to young people, although there are many gaps in these programs across the Pacific. In Kiribati, for example, there is limited CSE taught in schools and despite the mandates to teach these topics, there is no existing CSE teacher training program for current or future teachers.

To address this gap, Family Planning Australia worked closely with the Kiribati Ministry of Education and Kiribati Teachers College to develop a training package to support teachers to deliver evidence-based CSE.

Based on international best practice, Family Planning Australia delivered a master training package which aimed to establish best practice principles of CSE, develop ways to support student learners develop critical thinking in CSE, explore strategies to determine recognition of previous student CSE learning, and provide teachers with resources, support and the knowledge to plan, deliver and evaluate CSE in the classroom using a range of teaching strategies.

Following this master training, the information was taught as part of Continual Professional Development and pre-service training programs. Initial feedback on the training course and master training package was positive with many teachers reporting increased confidence to provide CSE to their students.



Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

- 8.1** Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries
- 8.5** By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
- 8.6** By 2020, substantially reduce the proportion of youth not in employment, education, or training

Overview of goal

Sustainable economic growth and decent work for all, particularly for women and girls, cannot be a reality without SRHR. Factors such as unmet need for family planning, combined with traditional gender expectations and limited access to education, leave women and girls shouldering much of the responsibility for raising children and running families. This means women engage less in formal education and the paid workforce, therefore earning less money than men in their working lives.

Goal 8 'promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all' requires investment in SRHR strategies that support gender equality, access to contraception and sexual and reproductive health services.

The gender gap in workforce participation

Over the past few decades, there has been a lessening of the divide between men and women across the developed world in a number of labour market indicators. However, despite increased discussions and policy agenda items that aim to address identified inequality, there remains a tremendous amount of work to be done to close the gender gap both within Australia and countries across the Pacific.

While the gender gap in overall workforce participation rate for those aged 20-74 years in Australia is 10.5 percentage points²², this gap is significantly higher in countries in the Pacific such as Samoa (with a gap of 16 percentage points) and Fiji (with a gap of 34 percentage points).²³

Protecting the SRHR of all people contributes to significant economic gains for individuals, families and nations. SRHR contributes to economic growth and decent work for all by supporting women and men to decide whether or when to have children. This, in turn, has been shown to reduce healthcare costs, improve productivity and engagement in the workforce and increase rates of education attainment.^{1,24}

Economic independence is an enabler for both women and men to exercise control over their lives and make informed choices. At an individual level, the benefits of increasing women's workforce participation rate include additional financial security for women and their families, increased savings for retirement and the ability to contribute to a prosperous and sustained society.²⁴ Enabling women to work and engage meaningfully within the labour force and lowering the fertility rate, allow families to invest more in each child's health and education.²⁵



Key SRHR strategies that support improved outcomes for men, women and their families include the provision of CSE to all people, access to effective and affordable methods of contraception, including LARCs, and the eradication of cervical cancer.

Facilitating access to long-acting reversible contraception

Increasing LARC uptake promotes sustainable economic growth and enables the full and productive employment for all through reducing rates of unintended pregnancy. LARC, including IUDs and implants, are highly effective, long lasting, and reversible.²⁶

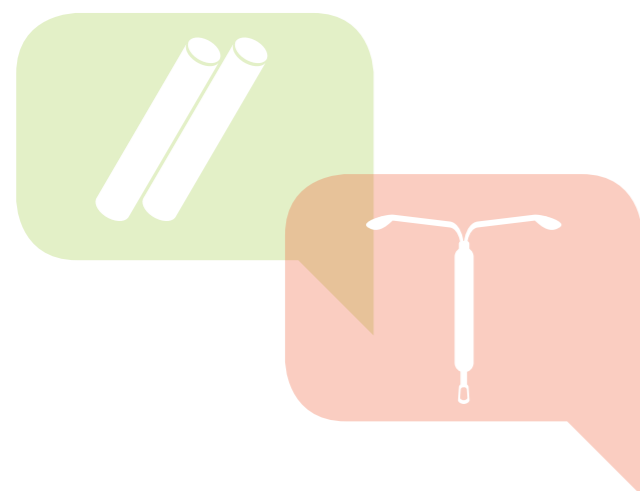
While use of LARC is slowly increasing in Australia and across the globe, some women face difficulties in accessing LARC due to a lack of familiarity or knowledge about these methods amongst women and health professionals as well as limited access to health professionals who are trained in LARC procedures.^{11,27-29} Extending provision by registered nurses (RN) with the required knowledge and skills may increase the accessibility of these contraceptive methods.

Case Study: Cost-benefit analysis of enhancing the uptake of long-acting reversible contraception in Australia

Family Planning NSW conducted a [cost-benefit analysis](#) to assess the impact of Australian women switching from an oral contraceptive pill (OCP) to a LARC, or initiating the use of a LARC for women not using any form of contraception, over five years.³⁰ The additional impact of 20% of the increase in LARC insertions being carried out by RNs was also modelled.²⁹

Findings indicate if women using the OCP switched to LARC, in-line with LARC uptake in comparable countries, net savings are estimated at \$68 million over five years, given the significant out-of-pocket expenses associated with the OCP. Individually, women would save approximately \$114-\$157 per year. For women using no contraception who adopt a LARC, in-line with uptake in comparable countries, the value of avoided abortions and miscarriages is \$20 million over five years.

The study concluded that enabling nurse-led LARC insertion is a cost-effective way of increasing access to these methods. This may contribute to sustained economic growth and workforce participation for women.



Case Study: Training nurses in contraceptive implant procedures: Implications for practice in Australia

The Family Planning NSW Research Centre published '[Training nurses in contraceptive implant procedures: implications for practice in Australia](#)' in 2021. This study assessed the effectiveness of nurse implant training and considered implications for clinical service delivery.³¹

Findings showed that nurses undertook implant training to acquire new skills and meet patient demand. After the training, all nurses self-reported feeling 'very confident' in inserting the implant and at least 'a little confident' in removing the implant; the latter had minimal impact on removal success, as indicated in the file audit. Overall, nurses and supervising doctors and nurses felt that nurses could play a greater role in the provision of contraceptive implant procedures in Australia.

Enabling nurse-led procedures would increase access to the contraceptive implant for women, and have a positive impact on service delivery in different healthcare settings. However, funding constraints for nurses remain a significant barrier to their practice in this area. The creation of Medicare Benefits Schedule item numbers for RNs appropriately trained in LARC insertion methods would have benefits for both women and the Australian government.

Recommendations

We recommend that the Australian Government:

7. increase Medicare Benefits Scheme (MBS) rebates to doctors for insertion and removal of LARC
8. expand the current MBS to include registered nurses for insertion and removal of LARCs
9. provide funding to increase use of LARC in regional, remote and rural areas and priority population.





Comprehensive sexuality education for young people disengaged from the education system

It is crucial that all people receive high-quality and evidence-based CSE. CSE is particularly significant for people who are vulnerable and marginalised, including people with disability and those who are disengaged from formal education systems. CSE promotes teaching of lifelong skills including healthy relationships, health literacy and decision making as well as fertility, pregnancy options and contraception.^{16,17}

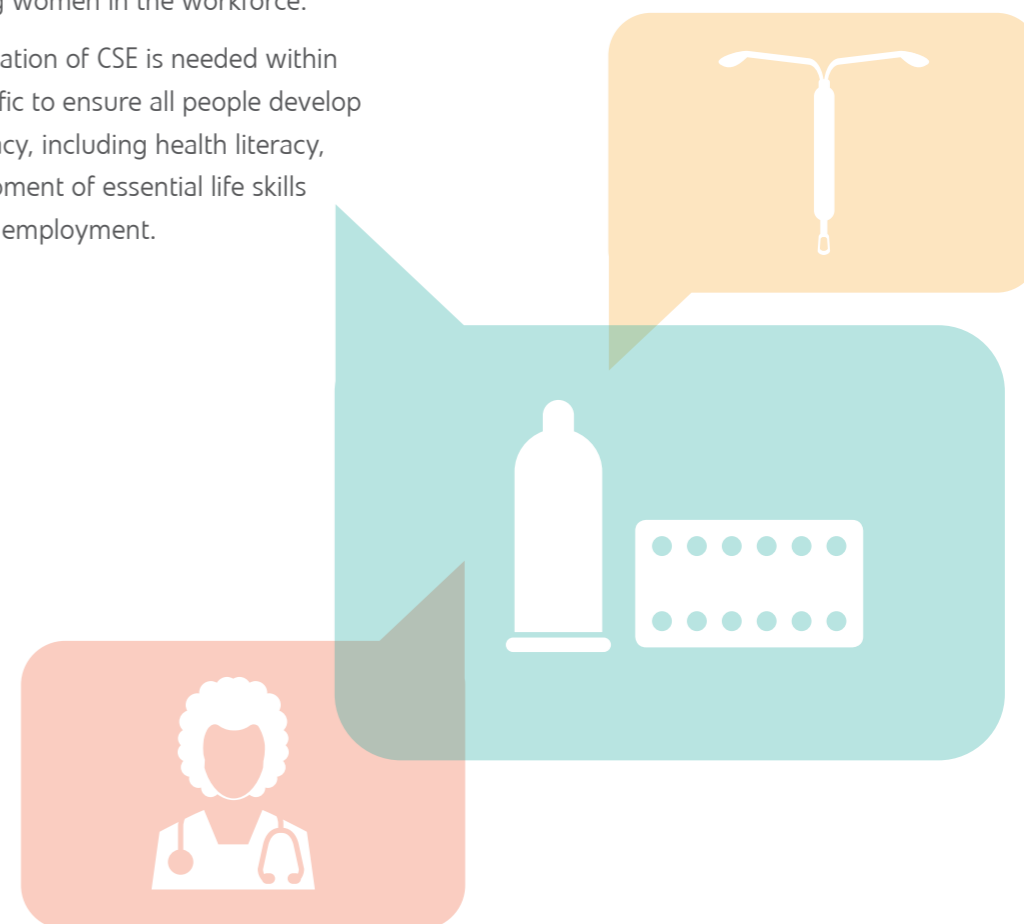
CSE should be available across multiple settings including community-based programs. When delivered as an early intervention strategy, CSE supports all people to make informed and healthy choices regarding their reproductive and sexual health.¹⁶ By ensuring that young people who are disengaged from the education system have access to evidence-based CSE, this will contribute to reduced teenage pregnancy rates,¹⁶ and increase the participation of young women in the workforce.³²

Consistent implementation of CSE is needed within Australia and the Pacific to ensure all people develop optimal levels of literacy, including health literacy, which fosters development of essential life skills and opportunities for employment.

Recommendations

We recommend that the Australian government:

5. develop a national comprehensive sexuality education curriculum that is aligned with the 2018 UNESCO technical guidelines, is well-resourced and consistently delivered across Australia and includes modules for students with disability
6. advocate for ongoing and continued implementation of the Transformative Agenda in regard to comprehensive sexuality education in schools and the wider community, including students with a disability.



Case Study: Using multimedia to teach CSE in the Pacific

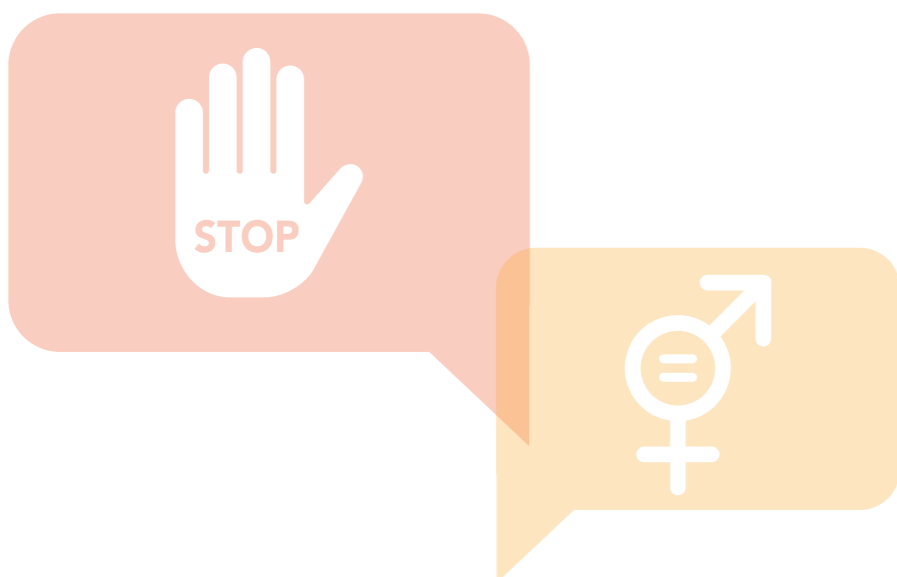
It is essential that all people, especially young people, have access to evidence-based CSE. In the Pacific, opportunities for in- and out-of-school CSE are limited, despite commitment as part of the Transformative Agenda.

Not all young people are engaged in the formal education system, and, as such, many young people miss out on essential education, including CSE. For this reason, it is important that CSE is not limited to school-based settings and reaches young people using different mediums.

In Samoa, Family Planning Australia was engaged to develop 'multimedia lessons' to ensure that young people out of school settings receive essential CSE. These lessons were aimed to be delivered via video focusing on topics such as:

- healthy relationships with my friends
- gender norms and stereotypes
- understanding consent
- personal safety and violence
- understanding sexuality and values conflicts
- Human body and changes in adolescence
- contraception and STIs.

The developed multi-media lessons were linked to the Samoa national curriculum, international best practice guidelines and included a lesson pack which contained a lesson plan, notes on activities, PowerPoint slides, and suggested videos to support out of school learning. These lessons are now being filmed in Samoa, with plan to roll them out and evaluate their effectiveness later in 2021.



Goal 10: Reduce inequality within and among countries

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

Overview of goal

Reducing inequality within and among countries can be achieved through ensuring equal opportunity and access to health and education services. Enabling all people to have access to the health services they need contributes to a prosperous society and promotes the social, economic and inclusion of all people³

Goal 10 aims to 'reduce inequality within and among countries' and requires investment in national health priorities, such as cervical cancer screening and treatment, and fosters the development of global partnerships to reduce inequality between neighbouring countries.

Building in-country capacity to eliminate cervical cancer

Cervical cancer is one of the most preventable and treatable forms of cancer if it is detected early and managed effectively. The World Health Organization (WHO) reports that 90% of deaths from cervical cancer occur in low and middle-income countries.³³ High-income countries such as Australia have shown that with successful and effective implementation of comprehensive cervical cancer prevention and control, incidence and deaths from the disease can be dramatically reduced.

* Participation in the NCSPP cannot be accurately reported due to the implementation of the new program.

Cervical cancer in Australia

In 2018-19, the Australian Institute of Health and Welfare (AIHW) reported that 3.1 million people aged 25-74 years participated in the National Cervical Screening Program (NCSPP), an estimated participation rate of 46% eligible women.^{34*} In 2015, 727 Australian women were diagnosed with cervical cancer and 140 women died from the disease in 2017.³⁴

Despite a comprehensive national approach to cervical screening, cervical cancer remains disproportionately high for some vulnerable and marginalised populations in Australia. The morbidity rate of cervical cancer among Aboriginal and Torres Strait Islander women is more than two times the rate of non-Indigenous women, and the mortality rate 3.8 times that of non-Indigenous Australians.³⁵

Similarly, women living in lower socioeconomic or rural, regional and remote areas typically have lower rates of cervical cancer screening, and on average have a higher incidence of cervical cancer when compared to metropolitan areas. There is a clear trend of cervical cancer incidence with increasing remoteness and increasing socioeconomic disadvantage.³⁶

While Australia is set to become the first country in the world to eliminate cervical cancer we must make a conscious commitment to ensure we do not leave members of our community behind.

- FPNSW; 2020.



To date, information is not available on screening participation rates of Aboriginal and Torres Strait Islander women and women from culturally and linguistically diverse communities. Despite this, there is evidence that both groups participate in cervical screening at a significantly lower rate.³⁵ The ability to address lower screening rates has been hampered by incomplete screening participation data.

The clear disparity in not only cervical screening rates, but cervical cancer illness and mortality between Aboriginal and Torres Strait Islander and non-Indigenous women as well as women who belong to other vulnerable and marginalised communities, is unacceptable and hinders Australia's achievement of SDG 3 and the wider success of the NCSP. It is essential that the Australian Government prioritise investing in cervical cancer prevention, treatment and control programs that are accessible and culturally and socially appropriate.

Case Study: Test Out West

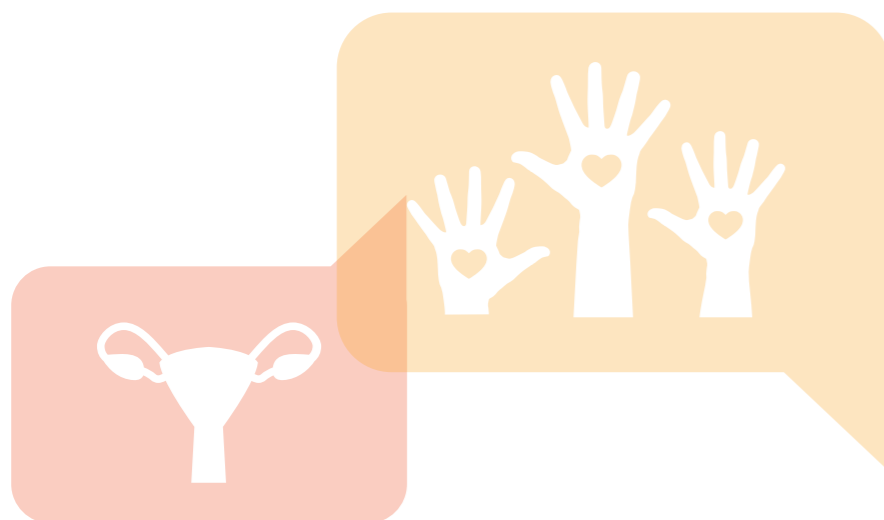
In Australia, 72% of cervical cancer occurs in women who have never been screened or are not up-to-date with their cervical screening. Within NSW, South Western Sydney and Western Sydney Local Health Districts have the lowest rates of cervical screening when compared to the rest of the state.

To address low cervical cancer screening rates in western and south western Sydney, Family Planning NSW developed a co-designed a digital campaign, [Test Out West](#), with young women aimed to increase NCSP participation rates in identified areas.

The campaign, funded by Cancer Institute NSW, developed 81 pieces of digital content including videos, social tiles, factsheets and a microsite aiming to increase knowledge and importance of cervical screening among young women in these areas. The digital campaign received 8,496,588 impressions with a total reach of 471,442 and 103,510 engagements.

"I wish they had these ads two years ago [it] would have maybe saved me getting a hysterectomy".

Family Planning NSW's [Test Out West](#) campaign successfully increased cervical screening related awareness and knowledge, confidence to get a Cervical Screening Test and overall screening participation rates.



TEST



OUT

WEST

Your take-home guide to
the Cervical Screening Test

Cervical cancer in the Pacific

Cervical cancer remains a leading cause of illness and death for women in many countries in the Pacific. The burden of cervical cancer in the Pacific is extensive with age standardised incidence rates ranging from 8.2 to 50.7 and age standardised mortality rates from 2.7-23.9 per 100,000 women per year.³⁷

Despite an abundance of evidence that regular cervical cancer screening saves women's lives, prevents illness and promotes a prosperous society,³⁸ routine screening for cervical cancer in the Pacific is scarce.³⁹

Cervical cancer is the second most common cancer in Melanesia and the sixth in Polynesia.⁴⁰ Women in Solomon Islands are dying up to 10 times the rate of Australian women and, in some parts of the Pacific, cervical cancer is the second biggest cause of death by cancer for women aged 25 to 40.⁴¹

These figures are unacceptable for a cancer that is mostly preventable and treatable if detected early and managed effectively.

Eliminating cervical cancer from the Pacific could 'dramatically' change the stark inequality seen between low and high-income countries and improve the quality of life women and girls.³³

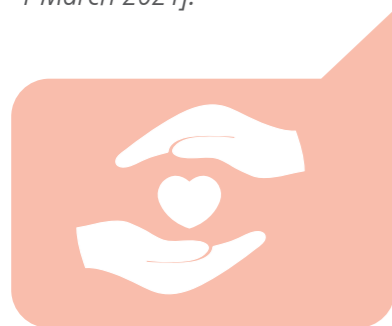
“Far too many women are dying in the prime of their lives from a disease that could be prevented with relatively simple and affordable technologies”

-Starrs et al, Lancet; 2018

Cervical cancer mortality and incidence, by country

| Country | New cases | | | Deaths | | |
|------------------|-----------|------|----------|--------|------|----------|
| | Number | Rank | Rate (%) | Number | Rank | Rate (%) |
| Australia | 920 | 23 | 0.46 | 327 | 21 | 0.68 |
| Fiji | 136 | 3 | 9.1 | 92 | 2 | 11.2 |
| Papua New Guinea | 1,077 | 3 | 8.9 | 650 | 3 | 8.9 |
| Samoa | 10 | 13 | 2.7 | 6 | 12 | 2.8 |
| Solomon Islands | 65 | 3 | 10.7 | 40 | 3 | 13.0 |
| Vanuatu | 22 | 3 | 9.5 | 19 | 2 | 12.8 |

Source: International Agency for Research on Cancer <https://gco.iarc.fr/today/fact-sheets-populations> [cited 1 March 2021].⁴²



The high mortality rate from cervical cancer globally, and unequal distribution of incidence within Australia, can be reduced through a comprehensive approach that includes prevention, early diagnosis, effective screening and treatment. As well as implementing effective screening technologies, national strategies should include universal vaccination against HPV, and actions to support early diagnosis, treatment and palliative care.³³

Recommendations

We recommend that the Australian government:

10. collect additional demographic characteristics of women attending for cervical cancer screening to improve targeting of resources to particular regions and populations

11. invest in targeted approaches to increase accessibility of the NCSPP to vulnerable and marginalised groups
12. support Pacific governments to implement national strategies, policies and guidelines for prevention and screening of cervical cancer in line with WHO guidelines
13. recognise that sexual and reproductive health interventions are key to overcoming systematic inequality, violence and discrimination against women.

Case Study: Work in the Pacific

There is a growing interest in the Pacific to eliminate cervical cancer, from multilateral support for human papillomavirus (HPV) vaccinations, to regional discussions on bulk purchasing HPV screening equipment, to country-led initiatives to implement programs.

One such country-led initiative is the Solomon Islands. In 2015 Family Planning Australia was invited by the Solomon Islands Ministry of Health and Medical Services to support the roll out of a cervical cancer screening and treatment program. Starting with pilot sites across Honiara and Isabel Province, and currently expanding across the country, the program utilises a single visit 'screen and treat' approach to detect pre-cancerous lesions and treat them immediately. This approach removes the need for multiple appointments and is well accepted as an appropriate and effective model of care in the Pacific.

Ensuring that all future screening programs are both easily accessible and acceptable to women will be the best way to prevent cervical cancer, and these screen and treat programs are paving the way for cervical cancer elimination in the Pacific.



Goal 13: Take urgent action to combat climate change and its impacts

13.2 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

Overview of goal

Climate change, along with COVID-19, remains one of the biggest global health threats of the 21st century.⁴³ Goal 13 calls for 'urgent action to combat climate change and its impacts'. There are strong links between SRHR and climate change, with urgent action required to ensure the SRHR of all people.

Climate change is a multiplier of existing health vulnerabilities.⁴⁴ It is well established that certain regions, like the Pacific, are most likely to experience the largest impact of climate change, with women bearing the greatest toll.⁴⁵ Along with other factors, such as unmet need for family planning, rapid population growth poses significant threats to sustainable development, enhancing the consequences of climate change.⁴⁵

Climate change and SRHR

Ensuring the SRHR of all people would make significant inroads into mitigating reducing the impacts of climate change both in Australia and the Pacific. SRHR supports a range of health, education and economic benefits by promoting equality and supporting families to stay healthy

and to plan whether or when to have children.⁴⁶ Further, it supports the notion of a gender-equal world. Investment in programs that address gender equality, including education and access to family planning, is not only fundamental for global health and wellbeing, but is also significant for the future of our planet.^{44,46,47}

Addressing unmet need in family planning supports mitigation of and adaptation to climate change as it reduces maternal and child mortality rates and improves the health outcomes of populations.⁴⁸ Ensuring access to contraception, including LARCs, and the full suite of pregnancy management services would have the greatest impact on marginalised groups, including women, girls and those living in poverty, who continue to be disproportionately impacted by the impact of climate change.⁴⁴ These groups are also the least likely have their health and rights needs met.

Healthier families in stronger economic positions are better able to engage with the health and education systems, bringing benefits to individuals and their wider community.⁴⁹ This allows communities to swiftly adapt and respond to crises, including the consequences of climate change.

Family planning helps address the challenges of climate change.

– Starbird et al, Global Health: Science and Practice; 2016.



Serious consideration of the role of family planning in climate change mitigation is vital given its potential impact. Current estimates note that CO2 emissions could lower to 30% by 2100 if unmet need for family planning was addressed.⁵⁰⁻⁵²

This would also simultaneously improve child and maternal health and address issues around gender equality.

Investment in family planning and programs that support gender equality are appropriate and important strategies. No single action will be enough to address this complex issue.

Recommendations

We recommend that the Australian government:

14. issue a paper on the link between SRHR and climate change
15. enhance collaboration between climate change, health and gender equality advocacy partners

16. work with health providers to identify strategies Australia can undertake domestically and as part of our international aid program to support both SRHR and mitigation of/adaptation to climate change

17. provide targeted funding for SRHR programmes within climate change grants and funds both domestically and in Australia's aid to the Pacific.

“Gender equality, sexual and reproductive health and rights and climate change are inextricably linked.”

– Women Deliver; 2021

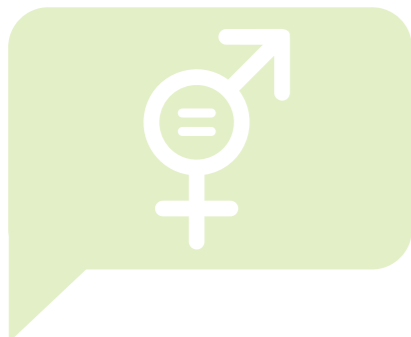


Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective accountable and inclusive institutions at all levels

- 16.1** Significantly reduce all forms of violence and related death rates everywhere
- 16.3** Promote the rule of law at the national and international levels and ensure equal access to justice for all
- 16.6** Develop effective, accountable and transparent institutions at all levels
- 16.7** Ensure responsive, inclusive, participatory and representative decision-making at all levels

Overview of goal

SRHR is an enabler of justice and inclusion as it promotes gender equality, reduces violence against women and provides individuals with information on how to make informed and healthy decisions relating to their lives.²⁴ Intrinsically linked with Goal 16, SRHR supports access to sexual and reproductive health care and other community-based social services, including housing and legal support or police services that seek to build effective, accountable and inclusive societies that promote gender equality and end violence against women.^{24, 53}



Gender equality and gender-based violence

Gender equality and the empowerment of women is a cross-cutting issue in the SDGs and intrinsic to building effective, accountable and inclusive societies and institutions. Many studies demonstrate the causal link between SRHR and gender equality and note that violence against women is a form of gender inequality.⁵⁴ It is well established that SRHR is not only fundamental to people's health, wellbeing and economic development, but it supports gender equality by empowering women to make decisions about work, education, relationships, and whether or when to have children.^{1,24,53,55,56}

Australia remains a global leader on working to address gender equality, however, there is still work to be done both in Australia and the Pacific. In 2018, 1 in 6 (1.6 million) Australian women have experienced physical and/or sexual violence by a current or previous partner since age 15.⁵⁷ This number is unacceptably high and can be addressed, in part, through the provision of CSE which is a critical enabler to promote respectful relationships and provide young women and girls with the information to make healthy and informed decisions about their bodies, relationships and lives.¹⁶ This, in turn, empowers girls and women to choose if and when to have children, which underpins gender equality.

In the Pacific, issues around gender equality and the status of women and girls need to be urgently addressed. Women and girls often have low social status and are often subjected to discrimination and violence. Further, many women and girls are not provided with the same work and educational opportunities as men, contributing to ongoing cycles of poverty.

Up to 68% of women in Pacific Island countries report having experienced gender-based violence⁵⁸ with additional measures such as decision making on sexual and reproductive health and rights sitting far lower than that of Australia.⁷ Laws, policies and national health and education strategies must be developed with specific commitment to advancing gender equality. To do this, women must have access to the full suite of contraception and pregnancy management services, including abortion.

The social and economic costs and the negative impact of violence against women are high. Evidence suggests that women who are experiencing or have experienced violence make higher use of health-care services. All women should have access to the full suite of sexual and reproductive health services, as these services offer opportunities for provision of a supportive response to address women's health needs.⁵⁹

Internationally, Family Planning NSW's projects in the Pacific have promoted the rights of women and girls to make informed decisions and have control over their sexual and reproductive health. This includes training clinicians in creating gender safe spaces for their clients and providing community education and information to both men and women to raise awareness and support positive change on gender equality, sexual and reproductive health and related behaviours.

The autonomy, empowerment and education of women and girls is essential not only for individual health and wellbeing, but for their families, communities and, ultimately, for sustainable development. Sexual and reproductive health is, in turn, fundamental for women's full participation in society and return on investment.⁶⁰

Recommendations

We recommend that the Australian government:

18. remain a leader on gender equality by investing in women and girls, and implementing public policy solutions that target gender equality outcomes
19. use the Australian Development budget to prioritise interventions that promote gender equality and the empowerment of women and girls in the Pacific
20. become a leader in speaking out against violence against women, investing in sexual and reproductive health solutions.

“Progress in SRHR requires confrontation of the barriers embedded in laws, policies, the economy and in social norms and values especially gender inequality – that prevent people from achieving sexual and reproductive health.”

– Starrs et al., *The Lancet*; 2020





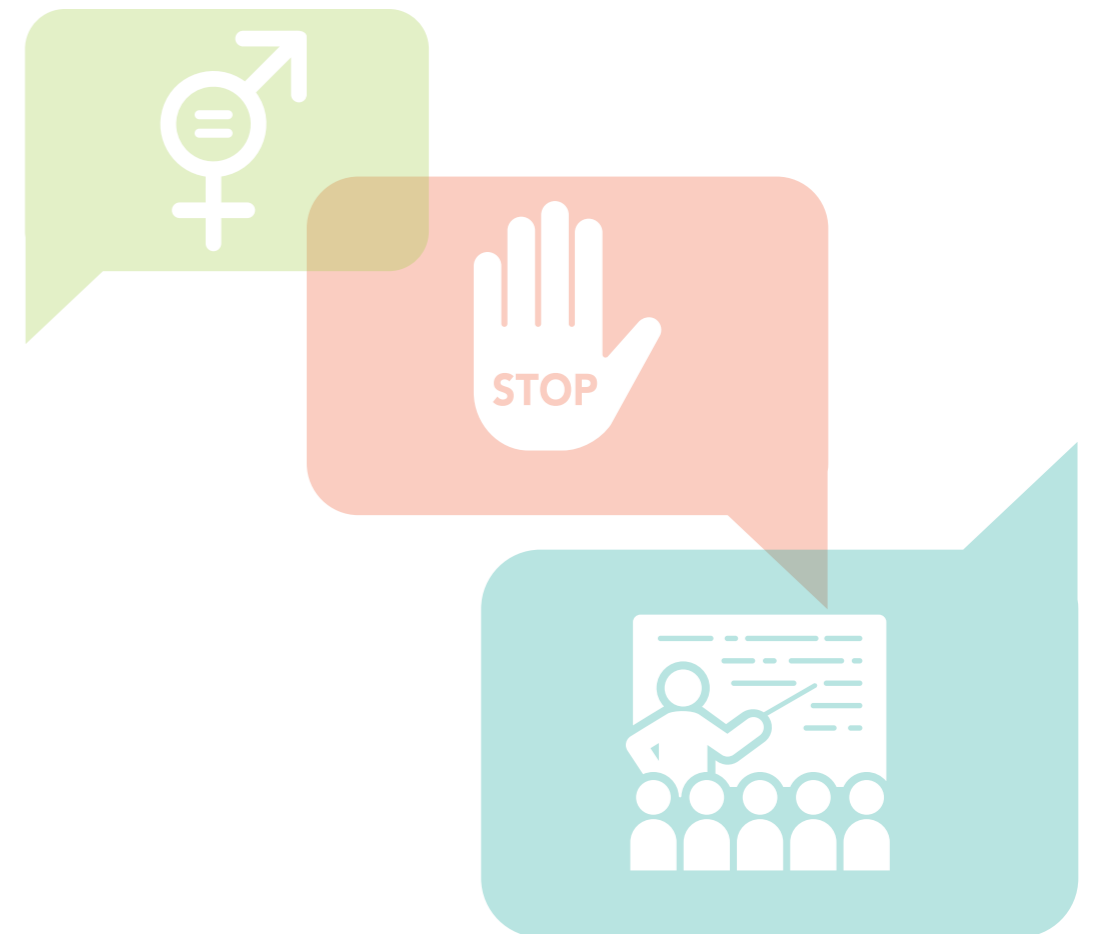
Case study: Domestic violence screening

Family Planning NSW has gender-sensitive services, with specific clinics tailored to women, and outreach activities providing gender-specific information, education and support to women and girls.

Family Planning NSW first introduced routine domestic violence routine screening (DVRS) in 2012. DVRS is now a strong component of delivering holistic services to clients in our clinics and is essential in addressing issues around gender inequality.⁶¹

There are known links between domestic violence and reproductive and sexual ill-health.^{62,63} In 2019-20, 7,564 women were screened for domestic violence, with 260 cases of domestic violence identified (3.4% disclosure rate) and 172 cases of reproductive coercion disclosed (2.3% disclosure rate).

Additionally, in December 2018, screening for reproductive coercion was added to the Family Planning NSW DVRS protocol. Additional questions were developed and piloted to address and explore this emerging issue.



Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high – quality, timely, and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries

Overview of goal

Strong global partnerships are crucial if we are to pursue SRHR priorities and achieve the 2030 Agenda. In order to enhance capacity building support to developing countries, as well as improve SRHR outcomes in Australia, there is a significant need to improve SRHR data collection. This will not only improve the health of populations, but also contribute to monitoring progress towards achievement of the SDGs.

The SDGs, particularly Goal 17, highlight the need for greater data collection and capacity to measure progress towards sustainable development. While there has been some work towards improving data collection in Australia and the Pacific, data and research on SRHR remains poor, and in some cases absent.

Improve sexual and reproductive health data collection

There are significant gaps in reliable data on key indicators that would improve governments' ability to identify areas of health need and to assess the effectiveness of existing strategies and policies. Robust data would aid in understanding the need for sexual and reproductive health services and to measure their impact.

Gathering SRHR data informs health policy, practice and programming, allowing services to effectively target groups in need. For example, if data showed that cervical cancer screening rates were dropping over time, or lower in some geographical locations than others, health districts and cancer screening services in Australia could respond in a targeted and cost-effective manner, by running health promotion campaigns and up skilling health professionals to provide cervical screening.

There is currently no national data collection in Australia on contraceptive use, pregnancy intention or induced abortion, and derived data on the number of and indications for induced abortions is limited. The latest and best national figure we have for abortion relies upon data from 2003 and includes a number of estimates and adjustments.⁶⁴ Further, there is little data available about the SRHR of people with disability and people from culturally and linguistically diverse communities. This data would be of great benefit to ensure that the SRHR needs of these communities are met.

Meaningful data could be gathered in a variety of ways, such as mandatory reporting or by the regular collection of data from representative samples of communities. The Australian Study of Health and Relationships provides a good example of an Australian Survey.⁶⁵ Interviews were completed with over 20,000 men and women aged 16–69 years from all states and territories, exploring socio-demographic and health details as well as sexual behaviour and attitudes.



In the Pacific, there is an extremely low level of data around SRHR. Data that does exist is often based on out-dated sources. Research is required in the Pacific to create a better baseline of SRHR need, which can help to identify gaps, needs and opportunities, design programmes that can make an impact, and determine success. The United Nations Population Fund has identified the need for improved monitoring of SRHR commitments, including the need for support for information and data collection and analysis.⁶⁶

Recommendations

We recommend that the Australian government:

21. implement a consistent, national approach to the collection of data on contraception, pregnancy (including pregnancy intention) and abortion through routine data collection and reporting or regular, population-based survey research
22. support research activities in the Pacific that both increase the people to people links between Australian and Pacific researchers, and also provide important data to inform project designs.

Case study: Statistical Report - Reproductive and Sexual Health in Australia

Providing a comprehensive review of Australian reproductive and sexual health data is important to describe the health of the Australian community, determine areas where improved data collection would refine our understanding, and assist in identifying gaps in research, policy review, health care, health promotion and education to address unmet needs.

Family Planning NSW has produced three statistical reports, published in 2011, 2013 and 2020, commissioned by the Commonwealth Department of Health and New South Wales Ministry of Health: Reproductive and sexual health in New South Wales and Australia: differentials, trends and assessment of data sources⁶⁷, Reproductive and sexual health in Australia⁶⁸, Fertility in Australia 2004-2014⁶⁹, Teenage Fertility in NSW: 2007-2016⁷⁰, and Contraception in Australia 2005-2018.⁸

The reports summarise data on: fertility; infertility and assisted reproductive technology; infant mortality; contraception; induced abortion; STIs; and cancer of the reproductive tract.

Developing these reports involved identifying reproductive and sexual health indicators at state and national level, and liaising with data custodians, the Australian Institute of Health and Welfare (AIHW), Australian Bureau of Statistics (ABS), and Medicare Australia, to seek approval for data use.

While the reports focus on reproductive and sexual health in Australia, comparative international data were included as a benchmark, where appropriate. Where there was no routinely collected data, information from surveys and publications in peer-reviewed journals was reported.

The process of assessment of indicators in Australian reproductive and sexual health revealed important data gaps and highlighted the overlapping social and policy areas which impact on the health of communities.

ADDITIONAL COMMENTS ON SDGS 1, 2 AND 12

Gender equality itself is recognised in the 2030 Agenda for Sustainable Development as a cross cutting theme, and for this reason SRHR must be thought of in the same way. While this report has not directly addressed the other goals being reviewed at the 2021 High Level Political Forum, namely Goal 1 on poverty, Goal 2 on ending hunger and food security, and Goal 12 on consumption and production, SRHR does have indirect links with these.

SRHR is critical to ensuring food security, optimal nutrition and sustainable development, and supports the health and wellbeing of populations. It has been well recognised that sexual and reproductive health and rights are a critical enabler of sustainable development, however, it also plays an important role in promoting food security and improved population health outcomes. This is, in part, because of the strong role sexual and reproductive health and rights plays in supporting gender equality by empowering women to make decisions about work, education, relationships, and whether or when to have children.



CONCLUDING REMARKS

SRHR – Enabling sustainable development

This report has highlighted a number of links between sexual and reproductive health and SDGs 3, 8, 10, 13, 16, and 17. SRHR is an enabler of sustainable development as evidenced through its crucial role in promoting gender equality and universal access to sexual and reproductive health services.

By upholding the sexual and reproductive health and rights of all people there are health, environmental, social and economic benefits for all. It is essential that progression towards achievement of the ambitious SDGs remains a priority even in the most challenging of global circumstances. Without continued progression, there are serious and real risks to the health and well-being of the global community, especially those who are vulnerable and marginalised.

Leaving no one behind is intrinsic to the values of the Sustainable Development Goals, and in this final decade of implementation it is more important than ever. As a nation, Australia must do more to close the gap between vulnerable and marginalised Australian communities and rise to support our neighbours in the Pacific to ensure that SRHR is embedded into national policy and practice.

We cannot meet the Sustainable Development Goals without realising the SRHR of all people.

SUMMARY OF RECOMMENDATIONS

| Sustainable Development Goal | SRHR Strategy | Report Recommendations |
|---|--|------------------------|
| Goal 3. Ensure healthy lives and promote well-being for all at all ages | <ol style="list-style-type: none"> 1. Increase access to long-acting reversible contraception 2. Eliminate cervical cancer 3. Invest in comprehensive sexuality education 4. Promote gender equality and end violence against women 5. Promote access to sexual and reproductive health services for vulnerable groups 6. Improve access to abortion care 7. Improve sexual and reproductive health data collection 8. Contribute to the evidence on and address the links between climate change and SRHR | 1, 2, 3, 4, 5, 6 |
| Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all | <ol style="list-style-type: none"> 1. Increase access to long-acting reversible contraception 2. Eliminate cervical cancer 3. Invest in comprehensive sexuality education 4. Promote gender equality and end violence against women 5. Promote access to sexual and reproductive health services for vulnerable groups 6. Improve access to abortion care 7. Improve sexual and reproductive health data collection | 5, 6, 7, 8, 9 |



| Sustainable Development Goal | SRHR Strategy | Report Recommendations |
|---|--|------------------------|
| Goal 10. Reduce inequality within and among countries | <ol style="list-style-type: none"> 1. Increase access to long-acting reversible contraception 2. Eliminate cervical cancer 3. Invest in comprehensive sexuality education 4. Promote gender equality and end violence against women 5. Promote access to sexual and reproductive health services for vulnerable groups 6. Improve access to abortion care 7. Improve sexual and reproductive health data collection 8. Contribute to the evidence on and address the links between climate change and SRHR | 10, 11, 12, 13 |
| Goal 13. Take urgent action to combat climate change and its impacts | <ol style="list-style-type: none"> 1. Increase access to long-acting reversible contraception 2. Invest in comprehensive sexuality education 3. Promote gender equality and end violence against women 4. Contribute to the evidence on and address the links between climate change and SRHR | 14, 15, 16, 17 |
| Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels | <ol style="list-style-type: none"> 1. Increase access to long-acting reversible contraception 2. Invest in comprehensive sexuality education 3. Promote gender equality and end violence against women 4. Improve access to abortion care 5. Improve sexual and reproductive health data collection 6. Contribute to the evidence on and address the links between climate change and SRHR | 18, 19, 20 |
| Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development | <ol style="list-style-type: none"> 1. Eliminate cervical cancer 2. Invest in comprehensive sexuality education 3. Promote gender equality and end violence against women 4. Improve sexual and reproductive health data collection | 21, 22 |



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