

## **Submission of Family Planning NSW**

### **The Draft National Preventive Health Strategy**

April 2021

Family Planning NSW welcomes the opportunity to make a submission to the National Preventive Health Taskforce regarding the 'Draft National Preventive Health Strategy' consultation questionnaire.

This submission builds on our initial submission and calls for a greater focus on reproductive and sexual health within the National Preventive Health Strategy.

### About us

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW and Australia. We are experts in clinical service provision and comprehensive sexuality education. Our mission is to enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health. Our work is evidence-based and shaped by our research.

Each year we provide more than 31,000 clinical occasions of service to clients, information and health promotion activities to communities, and best practice education and training in reproductive and sexual health for health professionals, educators, disability support workers and professionals.

Our services are targeted to marginalised and disadvantaged members of the community, including young people, people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, and people with disability. A key focus area for our organisation is enabling young people to achieve good reproductive and sexual health by providing youth-targeted services.

The services we provide to support young people include:

- youth-friendly reproductive and sexual health clinics across NSW
- health information and education through our [bodytalk.org.au](http://bodytalk.org.au) website
- community and school-based education for students and young people
- information for parents and carers on discussing reproductive and sexual health with their children

Family Planning NSW offers training, information and resources for teachers and educators to enable them to deliver holistic comprehensive sexuality education in accordance with the NSW curriculum. All Family Planning NSW professional development courses for teachers are endorsed by the NSW Education Standards Authority.

Our key points, in relation to the *consultation questionnaire*, are outlined below:

#### 1. Do you agree with the vision of the Strategy?

Family Planning NSW supports the vision for the National Preventive Health Strategy "to improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors, and addressing the broader causes of poor health and wellbeing."

Preventive health programs and services play a vital role in wider population health and ultimately reduce the overall burden of disease, therefore improving the health of all people across all life stages. Coordinated and evidence-based preventive health promotion programs have the ability to address the social determinants of health throughout a person's life, reducing the effects of communicable and non-communicable diseases (Kumar & Preetha, 2012).

All people should have access to preventive services, programs and support to achieve optimal health throughout their life. In addition to the identified vision, we are supportive of the Strategy's holistic approach to preventive health and recognise the need for greater investment in health prevention. Reproductive and sexual health is a critical enabler for population health and wellbeing, especially that of women and girls.

It is essential that the Strategy reflect multi-sectoral collaboration to address the social determinants of health which contribute to the level of health an individual is able to achieve. Without specific consideration as to the

determinants of health, addressing the causes of poor health and wellbeing will be costly and not result in ongoing health benefits for individual Australians or the Australian health system.

Finally, we are pleased to see the National Preventive Health Taskforce considered and implemented our recommendation from the first round of consultations to expand the statement 'Australians have the best start in life' to be inclusive of people of all ages, not solely children.

## **2. Do you agree with the aims and their associated targets for the Strategy?**

Family Planning NSW supports the aims and their associated targets for the Strategy:

1. Australians have the best start in life
2. Australians live as long as possible in good health
3. Health equity for target populations
4. Investment in prevention is increased

The Strategy aims are consistent with international health promotion frameworks and best practice approaches, including the Ottawa Charter for Health Promotion (WHO, 1994). However, we encourage the National Preventive Health Taskforce to consider integrating an additional aim that focuses on improving the health literacy and education levels of all Australians and to further explore how health equity will be ensured. Our recommendations are detailed below.

### **Education and health literacy**

In order for Australians to have the best start in life and live as long as possible in good health, they must be equipped with the skills and resources to do so. Strong evidence suggests that people who are vulnerable and marginalised, including young people, people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds and people with intellectual disability, have lower literacy and numeracy skills than the wider population (Australian Institute of Health and Welfare, 2019, 2020). This, in turn, has significant implications on the level of health, including reproductive and sexual health, which these groups experience (Australian Institute of Health and Welfare, 2020; DeWalt & Pignone, 2005; Kilfoyle, Vitko, O'Connor, & Bailey, 2016).

People who are vulnerable and marginalised face increased barriers to accessing education, which, in turn, results in lower levels of literacy, including health literacy (Australian Institute of Health and Welfare, 2020; Shomos & Forbes, 2014). Health literacy refers to a set of skills that shape an individual's ability to gain access to, understand and use health information and services in ways that promote and maintain health and wellbeing, thereby enabling people to function effectively in health systems (Australian Curriculum Assessment and Reporting Authority, 2015; Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011).

Implementation of health literacy programs, including the delivery of evidence-based comprehensive sexuality education to people of all ages, is a key strategy to address poor health outcomes and improve health literacy levels among adults. When delivered as an early intervention strategy, comprehensive sexuality education supports all people to make informed and healthy choices regarding their reproductive and sexual health (United Nations Educational Scientific and Cultural Organization, 2015).

Health information and education, including comprehensive sexuality education to support development of health literacy, should be provided in a culturally appropriate and accessible manner that meets the needs of all people. This may increase access to and uptake of health services and improve overall levels of population health and wellbeing.

### **Equity in access to preventive health information and services**

The burden of health is not shared equally among Australians. The reproductive and sexual health of Australia's Aboriginal and Torres Strait Islander communities is poor in comparison to the wider Australian population (Australian Institute of Health and Welfare, 2018). This is also the case for other vulnerable and marginalised population groups, including those who are financially and/or geographically disadvantaged (Australian

Institute of Health and Welfare, 2018). Often, these health disparities are linked to issues of education, health service availability and accessibility, culturally appropriate practice and the ability to understand and use health information.

The Strategy should consider the role of telehealth in ensuring equity of access to preventive health information and services. Telehealth is vital to promote access to essential preventive health information and services, including reproductive and sexual health services and address unmet need. We strongly believe that investment in accessible service delivery methods, such as telehealth, will enable all Australians to access preventive health services and programs, greatly improving the health of all people.

The temporary changes to COVID-19 Medicare Benefit Scheme (MBS) telehealth item numbers, introduced at the start of the pandemic made it possible for people who cannot, for whatever reason, access mainstream health services to receive Medicare-funded reproductive and sexual health services, sometimes for the first time. This included access to consultations in relation to contraception, STIs, gynaecological problems and abortions. However, recent changes to eligibility for these telehealth item numbers has meant access to these services has significantly reduced, particularly for young and other vulnerable people who are more likely to not have a regular GP (and are therefore not eligible for telehealth). This dichotomy of service access, based on whether a person has a GP, perpetuates well known, recorded and recognised parlous ill health in the most at-risk populations and must be addressed.

Telehealth proved itself as a strategy to address this, evidenced by the high uptake rates when these Medicare items became available. Telehealth should be available to all, through established, credible, accredited specialised services, such as Family Planning NSW, not just to people who have an established GP.

### **3. Do you agree with the principles?**

Family Planning NSW supports the six principles outlined in the Strategy as these reflect evidence-based, best practice health promotion.

#### **Multi-sector collaboration**

A holistic approach to preventive health includes multi-sectoral collaboration to inform both policy development and health systems management. Further, it enables health priorities to be addressed in a comprehensive and strategic way, ensuring optimal health outcomes for Australians and reducing the overall burden on the health system.

#### **Enabling the workforce**

Increasing the capacity of the health workforce to embed prevention across all aspects of the health system is critical. It is particularly important to increase the health workforce's capacity to engage in preventive reproductive and sexual health promotion, given the consequences of reproductive and sexual ill-health on individuals and their communities (AbouZahr & Vaughan, 2000). Further, it is essential the health workforce is well resourced, trained and capable of providing culturally safe, best practice, appropriate and responsive care that addresses the health needs and priorities of the population, especially of those who are vulnerable and marginalised.

#### **Community engagement**

Australians must be at the centre of decision-making processes and be consulted about matters that affect them, including the development of new policies, programs and services. An effective way to do this is through regular community engagement. Actively engaging people in decision-making processes is essential to promote independence and ownership over health-related decisions.

Further, a best practice approach involves collaborative consultation with Australians from marginalised and vulnerable populations, including young people, people with disability, people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander peoples, to ensure their voice is heard throughout all stages of planning and implementation. We strongly encourage the Government to

continually engage and consult with Australians regarding the development, implementation and evaluation of the National Preventive Health Strategy.

Processes that facilitate collaborative work and community engagement include ensuring all material is provided in accessible formats, including in 'Easy English' and multiple languages other than English, adequate time allocated for consultation, a variety of engagement methods, and partnering with key health and community organisations to ensure a diverse range of perspectives are gained.

### **Empowering and supporting Australians**

It is essential all Australians are supported and empowered to make informed decisions about their health. Education is key to improving opportunities for all (Australian Institute of Health and Welfare, 2019). An individual's level of education directly influences their experience of health and wellbeing as well as their ability to engage in sustainable and meaningful employment (Australian Institute of Health and Welfare, 2020; Shomos & Forbes, 2014).

Higher levels of education empower individuals to have the knowledge and skills needed to increase their socioeconomic position and economic independence through higher skilled jobs and income (Australian Institute of Health and Welfare, 2020). More directly, higher levels of education and subsequently higher levels of health literacy assists individuals in understanding and implementing health messages, resulting in better health outcomes (World Health Organization Commission on Social Determinants of Health, 2008).

The provision of education to develop an individual's level of health literacy should be strongly considered in this principle. We encourage the Government to embed 'health literacy' within this principle, as health literacy is a critical enabler of empowerment and informed health decision making.

### **Adapting to emerging threats and evidence**

The Strategy must include service delivery methods that are agile and flexible in preparation for large-scale emergencies that impact health as evidenced by the COVID-19 pandemic and more recently the NSW floods. To achieve an agile and flexible health system, the use of telehealth can promote and improve access to healthcare, including preventive reproductive and sexual healthcare such as contraception, gynaecological screening and abortion services.

Telehealth services should be extended to include clients who may not access services through more traditional pathways including GPs. Accessing healthcare through non-traditional health pathways can be because of many reasons including that a group or population is underserved by mainstream health services, including GPs, remote and rural location access to service issues and lack of specialised training in local providers in areas such as reproductive and sexual health. Lack of access to traditional care impacts individuals and populations with poorer health status, leading to poorer long-term health outcomes and increased costs to the health system.

As specialised established services, non-government organisations (NGOs)/not for profits (NFPs) are ideally placed to have a key role in improving specific health outcomes at community level, especially for clients who do not have a regular interface with the health system based, for their particular health issue. Clients can then be triaged back to GPs for management of their general health and therefore improving their overall health, reducing the burden of disease and reducing the overall costs to the health system.

### **The equity lens**

As the burden of disease is not equally distributed among all Australians, preventive health action must consider the social determinants of health as well as the resulting inequities that exist in relation to equitable healthcare access.

Ensuring equitable access to preventive healthcare, including reproductive and sexual healthcare, cannot be done without telehealth. Telehealth is vital to enhance access to services and address unmet need. Further,

structural barriers, including prohibitive cost and cultural safety of services, must be addressed to ensure that every Australian, no matter their socioeconomic position and sociocultural background, has access to preventive healthcare.

#### **4. Do you agree with the enablers?**

Family Planning NSW supports the enablers which aim to mobilise a prevention system to achieve better health outcomes for all Australians. We recognise the importance of a high functioning prevention system to improve health outcomes, including those specific to reproductive and sexual health. We recommend the following to strengthen the existing enablers:

##### ***Leadership, governance and funding***

We are pleased to see that the National Preventive Health Taskforce addressed our recommendation to include elements of consumer participation as part of its leadership and governance framework.

We encourage the Government to include consumer participation and engagement with vulnerable and marginalised population groups, including young people, people with disability and people from culturally and linguistically diverse backgrounds in addition to Aboriginal and Torres Strait Islander peoples when discussing cross-sectoral collaboration and shared-decision making. People belonging to diverse and marginalised groups should be provided with the opportunity to contribute to leadership and governance.

##### ***Prevention in the health system***

Embedding prevention, particularly reproductive and sexual health prevention, in the health system cannot become a reality without the capacity-building and up skilling of health professionals to undertake preventive healthcare and health promotion activities. Preventive healthcare and health promotion should be embedded within existing health system functions with a specific focus on ensuring training of health professionals in regional, rural and remote areas.

##### ***Partnerships and community engagement***

We are pleased to see the Strategy reflects the role of NGOs/NFPs in facilitating the health of communities. NGOs/ NFPs are important partners and often work closely with communities and other organisations to address the social determinants that contribute to ill-health.

Collaborative relationships between varying levels of government and NGOs/ NFPs would be of benefit to facilitate access to preventive health programs and services, including because NFPs often use their own self-generated income to directly fund services alongside government funded service components.

##### ***Information and health literacy***

We are pleased to see health literacy recognised as an enabler for an effective and comprehensive preventive health system. All Australians should have access to high quality, evidence-based information that supports them to achieve good health.

We encourage the Government to include practical information on how equitable access to health information, and resources to develop health literacy, will be provided. Accessible health information will promote equity of access for all people and simplify health system navigation. For example, health information should be available in multiple languages and accessible formats for linguistically diverse Australians and people with disability.

##### ***Research, evaluation, monitoring and surveillance***

Research and evaluation is essential to understand the social determinants and causes of ill-health, including reproductive and sexual ill-health. In addition to the existing points within the Strategy, research and evaluation should focus on the experiences of people belonging to marginalised, under-served groups to inform preventive health practice.

Health monitoring and surveillance systems should include the collection and analysis of demographic data to identify health needs and priorities within marginalised groups. We are pleased to see that the National Preventive Health Taskforce acknowledged our recommendation regarding collection of socio-demographic data (for example language spoken at home, Aboriginality and disability) to inform prevention policy and practice, including the delivery of targeted, evidence-based health promotion programs.

We encourage the Government to develop a robust, timely and comprehensive monitoring and surveillance framework that collects necessary demographic data to inform future health policy and programming.

### ***Preparedness***

We are supportive of the ‘preparedness’ enabler that underpins the National Preventive Health Strategy, however, encourage the Government to specifically include service delivery methods that are agile and flexible in preparation for large-scale emergencies that impact health, such as telehealth.

To achieve an agile and flexible health system, the use of telehealth for all people must be actioned. Telehealth can promote and improve access to essential reproductive and sexual healthcare, including for preventive healthcare such as contraception, gynaecological screening and abortion services.

Telehealth services should be extended to include clients who do not access services through more traditional pathways. Telehealth for specialised services such as reproductive and sexual health is vital because clients without access to traditional care pathways typically are underserved by mainstream health services, including GPs, and have poorer health status, leading to poorer long-term health outcomes and increased costs to the health system.

## **5. Do you agree with the policy achievements for the enablers?**

Family Planning NSW supports the policy achievements for the enablers as part of the National Preventive Health Strategy. We recognise the importance of strategic and achievable policy directives that guide the overall implementation of the Strategy. We recommend the following to strengthen the existing policy achievements:

### ***Leadership, governance and funding***

We are pleased to see the National Preventive Health Strategy recognises the importance of sustainably funded preventive health and health promotion activities. We encourage the Government to apply a ‘health equity lens’ to all policy through ongoing, cross-sectoral partnerships, rather than a sole ‘health lens’. It is essential that policy development is based on principles of equity to address health needs.

### ***Prevention in the health system***

Increased investment in resilient system infrastructure is needed to ensure the preventive health system is ‘future proofed’ and able to meet the needs of the Australian community. Ensuring ongoing and equitable access to preventive healthcare, including reproductive and sexual healthcare, cannot be done without telehealth. Telehealth is vital to enhance access to services and address unmet need.

### ***Partnerships and community engagement***

We are supportive of the policy achievements outlined in the ‘partnerships and community engagement’ section. We encourage the Government to foster genuine collaborative partnerships with the community and ensure these partnerships are representative of people from diverse, marginalised and vulnerable groups. Further, we encourage the Government to ensure that opportunities for community engagement are accessible and responsive to community needs.

### ***Information and health literacy***

All Australians should have access to high quality, evidence-based information that supports them to achieve good health. Family Planning NSW is supportive of the development and implementation of a ‘national health literacy strategy’ as part of the National Preventive Health Strategy. The development of a ‘national health

literacy strategy' will further embed the role of the health workforce in building the health literacy capacity of their communities, patients and clients.

It is essential that all people have access to credible, evidence-based information, including reproductive and sexual health information that enables them to make informed health-related decisions. The provision of evidence-based, age-appropriate comprehensive sexuality education facilitates the development of health literacy and empowers all people to make informed decisions throughout their lives. Development of a 'national health literacy strategy' should integrate delivery of school and community-based comprehensive sexuality education.

### ***Research and evaluation***

A systemic approach to prioritisation of preventive health research and planning must be established to ensure evidence-based practice and planning. A holistic evidence-informed preventive health system must include reproductive and sexual health prevention, information and education given the consequences of reproductive and sexual ill-health on individuals and their communities.

### ***Monitoring and surveillance***

We are supportive of the policy achievement for the Strategy enablers and encourage the Government to develop a robust, timely and comprehensive monitoring and surveillance framework that collects necessary demographic data to inform future health policy and programming.

### ***Preparedness***

We are supportive of the 'preparedness' policy achievements that underpin the National Preventive Health Strategy, however, encourage the Government to specifically include service delivery methods that are agile and flexible in preparation for large-scale emergencies that impact health, such as telehealth. Further, we encourage the Government to address the impacts of climate change on the health system with specific regard to reproductive and sexual health.

## **6. Do you agree with the seven focus areas?**

Family Planning NSW strongly urges the Government to include reproductive and sexual health as a priority focus area in the National Preventive Health Strategy. We commend the National Preventive Health Taskforce on embedding cervical cancer prevention and screening as a priority focus area within 'increasing cancer screening and prevention.'

An individual's sexual health, reproductive systems, sexual development and identity are foundational to overarching optimal health. Without this being acknowledged and prioritised, reproductive and sexual ill-health dramatically impacts psychosexual development, physical and emotional development and resilience, leading to poorer general health outcomes, both physical and mental. While it is acknowledged that areas of reproductive and sexual health can be considered sensitive at some community or political levels, there is overwhelming evidence that lack of knowledge about reproductive and sexual health leads to profoundly poorer health outcomes. NGOs/ NFPs are in an ideal position to lead this work at the level of prevention and should be encouraged and resourced to do so, to reduce the burden of disease associated with not doing so.

In 1994, the International Conference on Population and Development affirmed that reproductive and sexual health is a fundamental human right. By upholding the reproductive and sexual health rights of all people, society, individuals and the wider health system will experience environmental, social, economic and individual benefits for all.

The following focus areas should be included in the National Preventive Health Strategy.

### **Priority 1: Addressing unmet need for contraception**

One in four Australian women have experienced an unintended pregnancy in the past decade. About half of these pregnancies occurred for women not using contraception, and about one third ended in abortion (Taft et



al., 2018). Improving equitable access to contraception, including emergency contraception, supports women and girls to decide whether or when to have children, and enables them to engage in work and education.

In Australia, there is a 10.7% unmet need for family planning - when a woman wants to stop or delay childbearing but is not using contraception (United Nations, 2017). Highly effective long-acting reversible contraception (LARC), namely implants and intrauterine contraception, is a key strategy to reduce unintended pregnancy (Bateson, Black, & Sawleshwarkar, 2019). These contraception methods are more than 99% effective, compared with the oral contraceptive pill (93% effective with typical use) and the male external condom (88% effective with typical use) and can be used by most women across the reproductive life course, from adolescence to perimenopause. However, despite this evidence, use of LARC in Australia is low. Increasing the uptake of intrauterine devices (IUDs), and other forms of LARC, would help reduce unintended pregnancies.

### **Priority 2: Enabling access to abortion services**

Improving access to abortion care would improve health outcomes. Even with enhanced access to contraception, including LARC, provision of equitable access to safe abortion care is essential.

However, the patchwork of abortion services across Australia means 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.

There is a need for women to have equitable access to timely, affordable medical or surgical abortion services. Currently, the largest gaps in access are for low- or no-cost services for financially disadvantaged women, and there is poor availability of abortion services in rural and remote areas (Doran & Hornibrook, 2016; Shankar et al., 2017).

### **Priority 3: Sexual health screening and safe sex promotion**

Sexual health screening and safe sex promotion is an essential component of optimal reproductive and sexual health. All people at risk of STIs should have access to regular sexual health screening services and access to condoms. Safe sex promotion campaigns should continue to promote the importance of regular testing of STIs and BBVs for all people, including identified at-risk groups, both young and old.

Sexual health screening for pregnant women includes comprehensive testing for STIs and BBVs in antenatal care. Syphilis screening in Aboriginal and Torres Strait Islander communities is a priority. Screening should be combined with discussions about contraception and condoms for comprehensive care.

### **Priority 4: Investing in comprehensive sexuality education**

Comprehensive sexuality education unquestionably improves health-related outcomes such as reducing unintended pregnancy and decreasing rates of STI diagnosis among young people. Comprehensive sexuality education is a crucial early intervention strategy for ensuring the reproductive and sexual health and rights of all people, including those who are vulnerable and marginalised, are recognised and improved. Despite having a national school curriculum, the provision of comprehensive sexuality education is inconsistent in Australia. The Strategy should encourage consistent implementation and delivery of comprehensive sexuality education to all people as a means to promote reproductive and sexual health across the lifespan. It should also directly incorporate education in relation to informed consent and dispel sociocultural norms that perpetuate unacceptably high levels of domestic and family violence and sexual abuse.

### **Priority 5: Preventing and responding to gender-based violence**

Evidence-based, age-appropriate comprehensive sexuality education improves health outcomes and reduces violence towards women by addressing gender and power relations, fostering the development of healthy relationships and providing people with knowledge and skills to make healthy reproductive and sexual health decisions (United Nations Educational Scientific and Cultural Organization, 2015).

## **7. Do you agree with the targets for the focus areas?**

Family Planning NSW strongly urges the Government to include reproductive and sexual health as a priority focus area in the National Preventive Health Strategy with specific attention given to addressing unmet needs for contraception, enabling access to abortion services, promotion of sexual health screening, investment in comprehensive sexuality education and prevention of gender-based violence.

Further, we encourage the Government to include additional targets around cervical cancer prevention, disaggregated by under-served populations. A comprehensive approach to cervical cancer prevention includes vaccination, screening, health information and education tailored to cultural needs (World Health Organization, 2013).

## **8. Do you agree with the policy achievements for the focus areas?**

Family Planning NSW supports the policy achievements for the 'increasing cancer screening and prevention' and 'improving immunisation coverage' priority areas. We are particularly pleased to see the increased focus on Aboriginal and Torres Strait Islander people, low socioeconomic, culturally and linguistically diverse, and rural and remote populations recognised in both policy achievements.

### **Increasing cancer screening and prevention**

We encourage the Government to embed the collection of essential demographic data within the 'quality and analysis of national cancer screening data has improved, leading to improved services and higher participation rates' policy achievement. The collection of essential socio-demographic data (for example, language spoken at home, Aboriginality and disability) will inform targeted education and health promotion initiatives to influence cancer screening and protective behaviour.

### **Improving immunisation coverage**

We are pleased to see HPV immunisation coverage rates recognised as a policy achievement within the draft Strategy. We encourage the Government to invest in education and health promotion activities to ensure HPV immunisation coverage rates continue to increase through the Gardasil vaccination program.

## **9. Do you agree with this section of the Strategy?**

Family Planning NSW agrees with the 'continuing strong foundations' section and supports the need to ensure sustained action regarding preventive health. We recognise the need for multifaceted action and the contributions of a diverse group of prevention partners including health systems, NGOs, workplaces, academia and the wider community. The responsibility for creating positive change and good health, including reproductive and sexual health, is a shared responsibility and everyone has a role to play.

The Strategy reflects a strong collective framework for action. We call for greater focus on reproductive and sexual health prevention to be included as a priority element within the Strategy. By investing in reproductive and sexual 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.

## **10. Please provide any additional comments you have on the draft Strategy**

We urge the Government to prioritise reproductive and sexual health within the draft Strategy and to work closely with Family Planning NSW where required to lean-in on our position and expertise and improve overall health outcomes for all people through preventive action.

## References

- AbouZahr, C., & Vaughan, J. P. (2000). Assessing the burden of sexual and reproductive ill-health: questions regarding the use of disability-adjusted life years. *Bulletin of the World Health Organization*, 78, 655-666.
- Australian Curriculum Assessment and Reporting Authority. (2015). *Key ideas: Health and Physical Education propositions*. Retrieved from Sydney:
- Australian Institute of Health and Welfare. (2018). *Australia's health 2018. Australia's health series no. 16. AUS 221*. Canberra: AIHW.
- Australian Institute of Health and Welfare. (2019). *Indigenous education and skills*. Retrieved from Canberra: <https://www.aihw.gov.au/reports/australias-welfare/indigenous-education-and-skills>
- Australian Institute of Health and Welfare. (2020). *Australia's health 2020: data insights*. Retrieved from Canberra: <https://www.aihw.gov.au/reports/australias-health/australias-health-2020-data-insights>
- Bateson, D. J., Black, K. I., & Sawleshwarkar, S. (2019). The Guttmacher–Lancet Commission on sexual and reproductive health and rights: how does Australia measure up? *Medical Journal of Australia*, 210(6), 250-252.e251. doi:10.5694/mja2.50058
- Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: an updated systematic review. *Annals of internal medicine*, 155(2), 97-107.
- DeWalt, D. A., & Pignone, M. P. (2005). Reading is fundamental: the relationship between literacy and health. *Arch Intern Med*, 165(17), 1943-1944. doi:10.1001/archinte.165.17.1943
- Doran, F. M., & Hornibrook, J. (2016). Barriers around access to abortion experienced by rural women in New South Wales, Australia. *Rural and remote health*, 16(1), 3538.
- Kilfoyle, K. A., Vitko, M., O'Connor, R., & Bailey, S. C. (2016). Health Literacy and Women's Reproductive Health: A Systematic Review. *Journal of women's health (2002)*, 25(12), 1237-1255. doi:10.1089/jwh.2016.5810
- Kumar, S., & Preetha, G. (2012). Health promotion: An effective tool for global health.(CME)(Report). *Indian Journal of Community Medicine*, 37(1), 5. doi:10.4103/0970-0218.94009
- Shankar, M., Black, K. I., Goldstone, P., Hussainy, S., Mazza, D., Petersen, K., . . . Taft, A. (2017). Access, equity and costs of induced abortion services in Australia: a cross-sectional study. *Australian and New Zealand Journal of Public Health*, 41(3), 309-314. doi:10.1111/1753-6405.12641
- Shomos, A., & Forbes, N. (2014). *Literacy and Numeracy Skills and Labour Market Outcomes in Australia*. Canberra.
- Taft, A. J., Shankar, M., Black, K. I., Mazza, D., Hussainy, S., & Lucke, J. C. (2018). Unintended and unwanted pregnancy in Australia: a cross-sectional, national random telephone survey of prevalence and outcomes. *Medical Journal of Australia*, 209(9), 407-408. doi:10.5694/mja17.01094
- United Nations. (2017). *World Family Planning 2017 Highlights*. Retrieved from Department of Economic and Social Affairs, Population Division,: [http://www.un.org/en/development/desa/population/publications/pdf/family/WFP2017\\_Highlights.pdf](http://www.un.org/en/development/desa/population/publications/pdf/family/WFP2017_Highlights.pdf)
- United Nations Educational Scientific and Cultural Organization. (2015). *Emerging evidence, lessons and practice in comprehensive sexuality education: A global review*. France: UNESCO.
- WHO. (1994). *The Ottawa Charter for Health Promotion (0749-3797)*. Retrieved from
- World Health Organization. (2013). *Comprehensive cervical cancer prevention and control: A healthier future for girls and women*. Switzerland: WHO.
- World Health Organization Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. Geneva: WHO