

Women and Sexual and Reproductive Health

Introduction

Sexual and reproductive health is an important factor in shaping how women develop and maintain meaningful interpersonal relationships; appreciate their bodies; interact with others; express affection, love, and intimacy; and by choice, bear children¹.

Sex role stereotyping refers to the often rigid roles assigned by society to people on the basis of their gender². Making assumptions about women, their relationships and life choices based on these stereotypes can impact on their sexual and reproductive health.

Sex Differences

For women, sexual and reproductive health issues present very differently than those of men.

- 16.9% of females have reported that they had been diagnosed with a Sexually Transmitted Infection (STI) or blood-borne virus at some stage of their life³.
- Genital warts, chlamydia, and genital herpes are more common among women than men³.
- Although chlamydia often has no symptoms in women, it can have long term impacts on their health, including infertility⁴.
- Women with chlamydia are three to five times more likely to become infected with HIV if they are exposed to the virus⁵.
- Women are more vulnerable to HIV infection from a HIV-positive male partner during unprotected vaginal intercourse than a male is to contracting HIV from a HIV-positive female partner⁶.

Gender Influences

Women are exposed to different social pressures than men; this can increase their risk of experiencing poor sexual and reproductive health.

- While 90% of women aged 16-19 years use contraception to prevent pregnancy, the form of contraception is less likely to be condoms¹. This is concerning because condoms are the best barrier method to minimise the risk of contracting an STI.
- 75% of chlamydia cases notified in Victoria are young people under 29 years of age. The rate of notification for chlamydia is two times higher for women than men⁷.
- Men are less likely than women to inform sexual partners that they have an STI⁸.
- Predominantly, women bear the primary responsibility for contraception.
- One in five women has been coerced into unwanted sex, and because of this is more likely to experience psychological distress⁹.
- Lack of access to public termination services in Victoria further impedes women's control over their reproductive health, particularly in rural and regional areas¹⁰.
- Women living in rural areas often experience difficulty accessing services, pay more for services and are concerned about confidentiality and a lack of appropriate services^{11,12,13}.
- Women from culturally and linguistically diverse (CALD) backgrounds are less likely to use health services than women born in Australia¹².

Implications for the Future

Regarding their sexual and reproductive health, women need access to all options, need to be given maximum choice of services, and need to be supported in their decisions.

Policy will be more effective if it recognises that sexual and reproductive health is interlinked with many other aspects of health - particularly mental health - and contributes to the overall health and wellbeing of the individual.

A coordinated approach to sexual and reproductive health education is needed to encourage a whole-of-school approach to sexuality education.

Consideration needs to be given to the value of developing a National Sexual and Reproductive Health Strategy in addition to the National Sexually Transmissible Infections Strategy (2005-2008) which separates reproductive health from sexual health.

¹ Family Planning Victoria, Royal Women's Hospital and Centre for Adolescent Health. *The Sexual and Reproductive Health of Young Victorians*.

² Women's Health Association of Victoria (2001) *Position Paper on Gender & Practice*. Women's Health Association of Victoria.

³ Australian Institute of Health and Welfare (2004). *Australia's Health 2004 9th Biennial Report*, Australian Government: Canberra

⁴ Children Youth and Women's Health Service (2006) *Chlamydia*, <http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=240&np=299&id=2092#1> Accessed 22/05/06

⁵ Centres for Disease Control and Prevention (2000). *Tracking the Hidden Epidemics: Trends in STDs in the United States 2000*, http://www.cdc.gov/nchstp/dstd/Stats_Trends/Trends2000.pdf Accessed 22/05/06

⁶ Positive Women (2006). *Frequently Asked Questions* <http://www.positivewomen.org.au/content/view/15/42/> Accessed 22/05/06

⁷ Public Health Division, Victorian Government Department of Human Services (2001) *Chlamydia Strategy for Victoria 2001-2004*. Department of Human Services, Melbourne.

⁸ Warszawski J & Meyer L. Sex Difference in Partner Notification: Results from Three Population Based Surveys in France. *Sexually Transmitted Infections* 2002; 78(1): 45-49.

⁹ De Visser R O, Smith A M, Rissel C E, Richters J & Grulich A E. Sex in Australia: Experiences of Sexual Coercion in a Representative Sample of Adults. *Australian and New Zealand Journal of Public Health* 2003; 27(2): 198-203.

¹⁰ Rice K (2004) *Abortion Issues Paper*. Women's Health Victoria, Melbourne.

¹¹ Wallace, C (2004). *Bendigo-Loddon Primary Partnership Community Health Plan 2004-2006*, http://www.health.vic.gov.au/pcps/downloads/chps/bendigoloddon04_06.pdf Accessed 22/05/06

¹² Women's Health Victoria (2002). *A Snapshot of the Health and Wellbeing of Victorian Women in 2002*. Department of Human Services.

¹³ Worley PS. *Good health to rural communities?* *Rural and Remote Health*, 2004;4: 292.