SEXUAL, REPRODUCTIVE HEALTH AND RIGHTS: HOW ARE WE DOING?

EMBARGOED UNTIL 12:01am Monday 1 April 2019

AUSTRALIA has made many advances in sexual and reproductive health and rights, but significant gaps remain for our most vulnerable populations, according to the authors of a Perspective published today by the Medical Journal of Australia.

"Australia is a signatory to the United Nations Sustainable Development Goals, which see sexual and reproductive health and rights as central to achieving progress in health and gender equity by 2030," wrote Associate Professor Deborah Bateson, Medical Director of Family Planning NSW, and colleagues.

"We can and should celebrate the many sexual and reproductive health and rights advances in Australia but must also recognise the gaps."

In the area of HIV infections, enhanced testing for early diagnosis, effective antiretroviral treatment and the recent Pharmaceutical Benefits Scheme listing of pre-exposure prophylaxis (PreP) have reduced new infections, particularly in men who have sex with men.

"However, new diagnoses in the Aboriginal and Torres Strait Islander population increased by 41% compared with a decline of 12% in the non-Indigenous population between 2013 and 2016," wrote Bateson and colleagues. "The decrease in consistent condom use … since the introduction of PreP has led to an increase in the burden of bacterial sexually transmissible infections, particularly rectal chlamydia infections, and warrants attention in the context of significant threat of multi-drug resistant gonorrhea. PreP guidelines for pregnant and lactating women should also be prioritised."

Since the 2007 introduction of the human papilloma virus (HPV) vaccine, Australia has seen a significant decline in genital warts, with 96% and 88% reductions in females and males aged below 21 years, respectively, putting us on course to be a global leader in the elimination of HPV-related disease.

However, Bateson and colleagues noted that women “from very remote regions and from the lowest socio-economic group are less likely to be screened and, while national screening rates in Aboriginal and Torres Strait Islander women are not available, their mortality rate is four times that of non-Indigenous women”.

"Enhancing the availability of reliable, cost-effective, point-of-care STI tests is particularly relevant for regional and remote Australia. The significant burden of STI-related disease among Aboriginal and Torres Strait Islander people … demands urgent attention."

Other areas requiring attention include:

• uptake of long-acting reversible contraception lags behind other countries due to “low awareness and misperceptions … challenges in meeting increasing demand … poor remuneration for primary care insertions of intrauterine contraception and limited training places for those motivated to upskill”;
• “the current complex and varied legal status of abortion has a significant impact on service provision and compromises patient care … the overwhelming majority of abortions [occur] in private clinics in major centres, resulting in significant financial challenges for people in rural and outer-urban areas”;
• “challenges experienced by GPs in delivering medical abortion, including stigma and lack of support from colleagues and public hospitals”;
• “80% of women who had experienced male-perpetrated sexual violence did not report it to the police, and of incidents that are reported, only 10–20% result in a conviction in court … This will require addressing the significant gaps in data collection that are currently fragmented and dispersed”.

"This article highlights overlapping sexual and reproductive health and rights areas that would benefit from a truly integrated approach to workforce education and training, service delivery and research. There is an urgent need for robust national data collection so we can evaluate the most effective ways to meet the needs of our patients," Bateson and colleagues concluded.

Please remember to credit The MJA.

The Medical Journal of Australia is a publication of the Australian Medical Association.

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA or the MJA unless that is so stated.

CONTACTS: Sharon Hogan
Media and Strategic Communications Adviser
Family Planning NSW
Ph: 0421 619 097
Email: sharonh@fpnsw.org.au