A THEORY OF CHANGE

IN SEXUAL & REPRODUCTIVE HEALTH
FOR VICTORIAN WOMEN

Developed by the Victorian Women's Health Services'
Sexual and Reproductive Health Community of Practice

We acknowledge the traditional custodians of the land and waters across Victoria. We pay our respects to them, their cultures and their Elders past, present and emerging. We recognise that sovereignty was never ceded and we are the beneficiaries of stolen land and dispossession, which began over 200 years ago and continues today.

Developed by the Victorian Women's Health Services' Sexual and Reproductive Health Community of Practice

We acknowledge the support of Gender Equity Victoria (GEN VIC) as the Victorian peak body for gender equity, women's health and the prevention of violence against women.

We acknowledge the support of the Victorian Government.

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A THEORY OF CHANGE IN SEXUAL & REPRODUCTIVE HEALTH FOR VICTORIAN WOMEN

Victorian Women's Health Services are leading advocates of women's sexual and reproductive rights, health and wellbeing.

INTRODUCTION

This document was prepared by the Victorian Women's Health Services Sexual and Reproductive Health (SRH) Community of Practice (CoP) led by Women's Health and Wellbeing Barwon South West at time of development. The CoP is made up of representatives from each of the: five rural Women's Health Services (WHS); four metro WHS; Women's Health Victoria; Multicultural Centre for Women's Health and Positive Women Victoria. A key priority area of our work is to identify and change systems and structures that place women at risk of poor sexual and reproductive health and wellbeing.

The document outlines a Theory of Change (ToC).

It was primarily developed to guide the collective and individual work of the WHS and to track progress towards the vision for the **rights of all Victorian women to optimal sexual and reproductive health and wellbeing to be fully realised**.

A ToC is a well-evidenced tool for mapping the pathways of change for transforming complex social problems. As leading advocates in women's sexual and reproductive health and wellbeing, this ToC captures the WHS' collective understanding of the preconditions required if we are to realise our vision, starting from the current Victorian context and projecting forward over 20 years.

Developed to guide the collective and individual work of the WHS and to track progress towards our vision for the full realisation of rights of all Victorian women to optimal sexual and reproductive health and wellbeing.

WHAT WE NEED TO SEE

While the population of Victoria is one of the healthiest in the world, the burden of disease associated with poor sexual and reproductive health continues to increase, despite being preventable.[1] In addition, the social, economic and general health inequities experienced by different communities are disproportionately impacted by poor sexual and reproductive health outcomes including: sexually transmissible infections, high teenage fertility rates, unintended pregnancy and low uptake of contraception.

Access to SRH services is essential for the health and wellbeing of women and girls, however many hospitals do not provide the full suite of these health services, particularly contraception and abortion, and those that do cannot meet demand for the service.[2] We want women to access appropriate and affordable sexual and reproductive services of their choice, when and where they need them.

Women and girls are often provided with minimal information and support for reproductive health conditions such as polycystic ovarian syndrome and endometriosis. These conditions emerge in puberty and affect 20% and 10% of women respectively. They are poorly researched and understood by health professionals, leading to delayed diagnosis of up to seven years.[3] We want to see comprehensive women's health literacy across the individual, community and systems level, as well as sufficient funding to support gender equitable research on women's sexual and reproductive health that enables timely and effective health care.

CURRENT STATE OF SRH

Disparities exist in sexual health outcomes between rural and metropolitan Victoria,[4] with poor access to high quality sex education being a key determining factor. Our ToC recognises that high quality and comprehensive sexual and reproductive rights, health and wellbeing literacy must exist across the community at all life stages. It must also take an intersectional approach. That means program design and implementation should be culturally appropriate and reflect the diversity of women in Victoria, including those living in rural locations, living with disabilities or with HIV, Aboriginal and Torres Strait Islander women, immigrant and refugee women as well as sex and gender diverse people.

Delivering appropriate interventions encompasses considerations of gender, sexuality, age, ability and cultural appropriateness. Accessible interventions must be timely, considerate of and responsive to women's financial, physical, geographical, cultural, linguistic and other diverse needs.

Our ToC aligns with key priorities in Victoria's first statewide Sexual and Reproductive Health Strategy including: access to contemporary, safe and equitable fertility control services to enable Victorians to exercise their reproductive rights, and early diagnosis, effective treatment and management of specific reproductive health issues. It also aligns with other statewide strategies: Safe and Strong: A Victorian gender equality strategy and Free From Violence: Victoria's strategy to prevent violence against women.

1 Department of Health and Human Services (2015), Victorian Public Health and Wellbeing Plan 2015–2019, State Government of Victoria, Melbourne.
2 Royal Women's Hospital (2015), 'What if I can't get through to the Unplanned pregnancy support line?', Royal Women's Hospital website, Melbourne.
3 Jean Hailes for Women's Health (2016), Endometriosis [Fact Sheet], Jean Hailes for Women's Health website, Melbourne.
4 Rural Victorian Women's Health Services (2012), *Victorian Rural Women's Access To family Planning Service Survey Report*, Project of the Rural Services of the Women's Health Association of Victoria.

WHO SHOULD BE INVOLVED

We cannot create change alone. As members of the Victorian Women's Health Program, we seek to initiate collaborative action with a range of partners to develop programs, policies and practice to improve the sexual and reproductive health and autonomy of Victorian women and girls. All levels of government, health services and health professionals, research organisations, schools and the community must play a role if optimal sexual and reproductive rights, health and wellbeing are to be achieved for women and girls in Victoria. To be effective, this work must be supported by policies and regulatory change.

We seek to initiate collaborative action with a range of partners to develop programs, policies and practice to improve sexual and reproductive health.

CORE CONCEPTS

Our ToC takes an intersectional approach to SRH, advocates for a gender transformative approach and is based on a socio-ecological model of health.

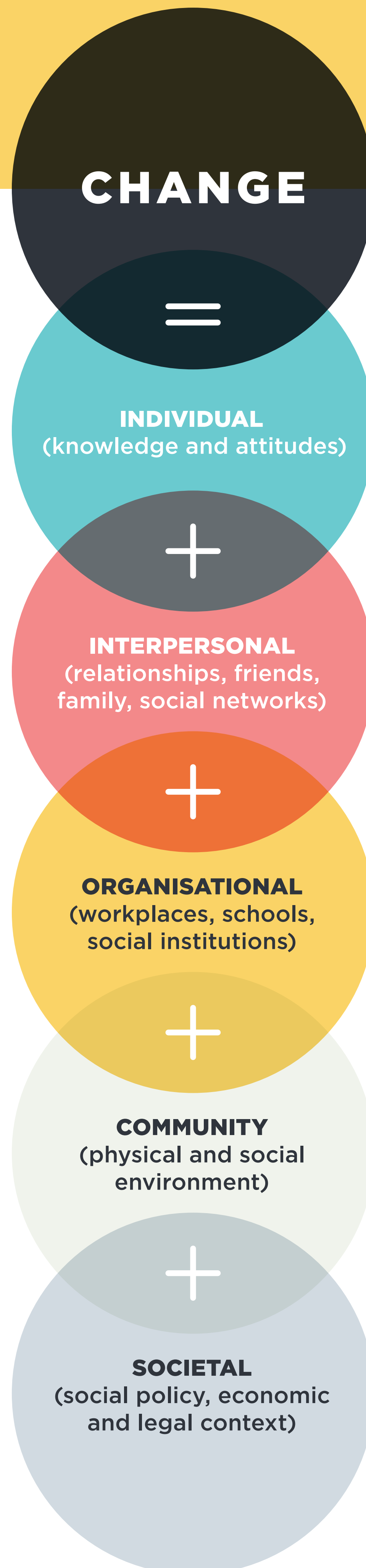
An intersectional approach involves considering the intersecting factors that impact on SRH of women from diverse backgrounds. Using an intersectional approach encourages social change leaders and policy advocates and decision makers to make connections between various forms, and diverse experiences of, discrimination and disadvantage, to ensure we achieve optimal health for all groups of women. This means balancing population level universal strategies with specialist, tailored approaches for women who experience intersectional disadvantage, including Aboriginal women, culturally and linguistically diverse women, women with disabilities, sexuality diverse women, gender diverse people, and women living in rural areas.

Our ToC is also based on the socio-ecological model of health, which demonstrates how different levels interact to influence and impact the health of an individual. Our ToC shows that in order for our vision to be achieved, change must be affected on an individual level (knowledge and attitudes), interpersonal (relationships, friends, family, social networks), organisational (workplaces, schools, social institutions), community (physical and social environment) and societal (social policy, economic and legal context) level.

In relation to changing social norms and stereotypes, a gender-transformative approach is favoured to proactively and intentionally transform and alter the underlying gender structures, norms and relations that perpetuate gender inequality. A gender transformative approach, though ambitious, ultimately benefits men, gender diverse people and women. This approach breaks down rigid and limiting gender stereotypes, structures and norms, and the systems of privilege and discrimination that accompany them.[5]

5 Women's Health Victoria (2016), Submission to the Victorian Government gender equality consultation, Melbourne, p.13.

A gender transformative approach, though ambitious, ultimately benefits men, gender diverse people and women.



PROCESS

WLK Consulting was engaged to facilitate the process for developing the ToC. The process was one of backwards mapping: starting at the long-term vision and working backwards to identify all stages of the change process. This brings to the surface the necessary preconditions that need to be realised to achieve this long term vision.

Our ToC is presented on the next page as a visual pathway of change that illustrates the levels of preconditions that need to occur to achieve our shared vision at the top of the diagram. The map is read from bottom to top, where preconditions on the lower levels must be met before progressing to the next level of the change process. This progression enables realisation of our long-term vision. Five levels are shown in our ToC and level four is read following the ecological model from left to right: *societal, community, organisational, interpersonal,* and *individual.* Each outcome is interconnected with others shown at all levels and does not exist in isolation.

FIGURE 1: Theory of Change Diagram to achieve Women's Health Services Vision for optimal sexual and reproductive health

PRECONDITIONS, PRINCIPLES, ASSUMPTIONS

A ToC aims to explain how a group of early and intermediate outcomes or preconditions set the stage for realising a longer-term vision.

As such, our ToC represents different levels of preconditions over time. Each precondition is interconnected and does not exist in isolation.

The narrative below further defines principles and/or assumptions behind these preconditions, working through one level at a time.

WHAT MUST BE IN PLACE IF WE ARE SEEING THIS

LEVEL 1

1.0

Victorian women's health services are leading advocates of women's sexual and reproductive rights, health and wellbeing

For the purposes of this document, the Victorian Women's Health Services (WHS) represent nine region based and two state-wide women's health organisations (Women's Health Victoria and the Multicultural Centre for Women's Health) and are funded by the Victorian Department of Health and Human Services.

WHS have the unique infrastructure, expertise, partnerships, commitment and a strong track record in sexual and reproductive health.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Victorian Women's Health Services ongoing funding in support of SRH health promotion

RESOURCE: Gender Equity Victoria, 2018, Self-guided orientation toolkit for preventing violence against women: Melbourne, Australia. Gender Equity Victoria Brochure.

WHS have the unique infrastructure, expertise, partnerships, commitment and a strong track record in sexual and reproductive health.

LEVEL 2

2.1

Media and popular culture promote realistic, diverse, positive, gender equitable representations of women

Media and popular culture broadly refers to social media, advertising, journalism, television, film, the arts, pornography, games, applications and other new and emerging forms of media. Media, entertainment and advertising play a highly influential role in shaping the norms and attitudes that relate to gender and the role and value of women.

'Media' was identified under the VicHealth framework* as a key setting for primary prevention interventions in 2007. However to date, little attention has been paid to the critical role of media in perpetuating gender norms and stereotypes and its potential to contribute to their transformation.**

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Positive, realistic, diverse, unaltered body images within media and advertising,
- Media and advertising that does not use objectification or sexual appeal in a manner which is exploitative or degrading,
- Public discourse that understands the impact of sexualisation and objectification of women in the public domain.

RESOURCE: WHV developed the Labia Library in response to concerns that female genital cosmetic surgery was increasing due to many people not being properly informed about the natural diversity of women's genitals. In Australia, images of women's genitals appearing in magazines need to comply with Guidelines for Classification of Publications which requires the labia minora and clitoris to be airbrushed out of photographs. Whereas, the same guidelines allow for pictures of penises to remain unaltered.

RESOURCE: Women's Health Victoria (2016), Submission to the Victorian Government gender equality consultation, Melbourne.

RESOURCE: Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015), Change the story: A shared framework for the primary prevention of violence against women and their children in Australia, Our Watch, Melbourne.

*VicHealth (2007) Preventing violence before it occurs A framework and background paper to guide the primary prevention of violence against women in Victoria, Melbourne.

** Women's Health Victoria (2016), Submission to the Victorian Government gender equality consultation, Melbourne, p. 4-5.

Media, entertainment and advertising play a highly influential role in shaping the norms and attitudes that relate to gender and the role and value of women.

2.2

Women are equally represented and influence decision making at every level

International evidence suggests the presence of women in leadership can impact on issues that society prioritise and pursue. Where more women are involved in setting agendas, there is more effort to address issues that concern women including sexual and reproductive health. A rights-based approach to health recognises women as the experts in their own lives. Principles underpinning effective action on sexual and reproductive health note women must be engaged at all levels within the health system as leaders, providers and consumers.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Respect for sexual and reproductive rights of Australian women, upheld by the law,
- Women involved in the design and implementation of services that are accessible, responsive and accountable to their clients,
- Health workforce equipped to deliver high quality care in response to women's sexual and reproductive health needs and choices.

RESOURCE: Australian Women's Health Network (2012), 'Principles underpinning effective action on sexual and reproductive health' in *Women and Sexual and Reproductive Health Position Paper 2012*, Drysdale, page 28.

RESOURCE: State of Victoria (Department of Premier and Cabinet) (2016), Safe and Strong: A Victorian Gender Equality Strategy, Victorian State Government, Melbourne.

RESOURCE: Our Watch (2017), Putting the prevention of violence against women into practice: How to Change the story, Melbourne.

2.3

Societies, communities and governments prioritise and fully resource sexual and reproductive health

Societies, communities and governments must work toward a shared understanding of women's sexual and reproductive rights, health and wellbeing. Commitments must include workforce capacity in hours, funding and resources attached to the commitment. Women's sexual and reproductive rights, health and wellbeing should be considered as of equal importance to other health priorities (healthy eating, physical activity, mental health etc.).

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- A national sexual and reproductive health strategy that addresses the social determinants,
- Comprehensive sexual and reproductive health data collection system to ensure prevention efforts are evidence based,
- Bipartisan commitment to the adequate funding and resourcing of long-term sexual and reproductive health programs and services.

RESOURCE: Victorian Women's Health Services (2015), Priorities for Victorian women's health 2015–2019, Melbourne.

RESOURCE: Gender Equity Victoria (2018), Gender Equity Victoria Strategic Plan 2018-2021, Melbourne.

2.4

Stakeholders plan and deliver appropriate, accessible, gender transformative interventions

Everyone has a role to play in delivering gender transformative interventions, changing the underlying gender structures, norms and relations that perpetuate gender inequality. **Stakeholders** include those in health, community, education, government, research, not-for-profit and media sectors, across all settings. Delivering **appropriate** interventions ensures consideration of gender, sexuality, age, ability and cultural appropriateness. **Accessible** interventions must be timely, considerate of and responsive to women's financial, physical, geographical, cultural, linguistic and diverse needs.

Gender transformative interventions challenge structures, norms and behaviours that reinforce gender inequality, and, strengthen those that support gender equality. Gender transformative policy and practice aims to redefine gender roles and relationships and transform unequal gender relations.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Workforce capacity supporting women's right to health through the provision of safe, legal and accessible abortion services,
- Publicly funded sexual and reproductive health services.

RESOURCE: Women's Health Victoria (2016), Submission to the Victorian Government gender equality consultation, Melbourne.

RESOURCE: Women's Health Victoria (2012), Gender transformative policy and practice, Melbourne.

2.5

Comprehensive sexual and reproductive health literacy exists across the community at all life stages

Health literacy describes the ability of individuals and communities to access, understand, appraise and use health information and services to make health decisions. Health literacy does not put the onus on individuals, but rather on an enabling environment to provide appropriate and accessible resources and information. **Comprehensive** sexual and reproductive health literacy includes consideration of respectful relationships, sex, sexuality and reproductive knowledge.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Provision of accurate and timely information, counselling and referral to services that provide abortion,
- Comprehensive primary prevention whole-of-school sexuality and respectful relationships education programs.

RESOURCE: Family Planning Victoria (2015), Relationships and Sexuality Education - A Whole School Approach, Melbourne.

RESOURCE: Department of Education and Early Childhood Development (2011) Catching On Early – Sexuality Education for Victorian Primary Schools, State of Victoria, Melbourne.

RESOURCE: Department of Education and Early Childhood Development (2013), Catching On Later – Sexuality Education for Victorian Secondary Schools, State of Victoria, Melbourne.

RESOURCE: Deakin University (2013), Sexuality Education Matters: Preparing pre-service teachers to teach sexuality education, Deakin University, Burwood.

RESOURCE: Endometriosis New Zealand (2017), All about 'ME' (Menstrual health and endometriosis): Education in schools. Christchurch.

RESOURCE: Family Planning Victoria (2016), Your Health: People with a Disability, Box Hill.

LEVEL 3

3.1

Women's diverse voices are reflected in policy and program design and implementation

Policy and program design and implementation needs to be guided by evidence informed frameworks. Consultation to inform policy and program development must include women's diverse voices and needs, including a balance of heard, unheard, at risk and marginalised women. Women vulnerable to experiencing sexual and reproductive ill-health include young women, Aboriginal and Torres Strait Islander women, women living with a disability, women living in rural, regional and remote areas, culturally and linguistically diverse women, same sex attracted women, as well as sex and gender diverse people.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Sexual and reproductive health information tailored to meet the diverse needs of all women,
- Holistic, gender sensitive, evidence based and financially affordable sexual and reproductive health services,
- Non-discriminatory, non-judgemental, safe, welcoming and non-threatening sexual and reproductive health services for all women.

RESOURCE: Multicultural Centre for Women's Health (2012), Common Threads, Common Practice [Best Practice Guide]: Working with immigrant and refugee women in sexual and reproductive health, Collingwood.

3.2

Research is gender equitable and addresses the needs and experiences of all women

Women's health concerns have been historically ignored or underfunded in research, diagnosis and treatment. Sexual and reproductive health conditions such as polycystic ovarian syndrome and endometriosis, affect up to 20% and approximately 10% of women respectively. Women who suffer these conditions can have their pain and symptoms dismissed by health professionals and can wait up to 7 years for a diagnosis. Although endometriosis is quite common and its prevalence is about half that of diabetes, it receives only 5% of the funding directed to diabetes.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Adequate funding for research and treatment of women's sexual and reproductive health conditions,
- Women represented in clinical trials; research that reports the influence of sex and gender.

RESOURCE: Women's Health Victoria (2016), Clearinghouse Connector: Women in clinical trials, Melbourne.

3.3

Supportive environments promote sexual health literacy where women live, learn, work and play

Settings refers to the places and contexts in which people live, learn, work and play such as schools, hospitals, workplaces, communities, health services and systems. It also encompasses the physical, social, cultural and organisational influences within these settings which can create supportive environments to promote and enhance health and wellbeing. Settings form part of a supportive system which enables and fosters good health literacy in relation to women's sexual and reproductive health and wellbeing.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Comprehensive and evidenced based sexual health and reproductive rights education available

RESOURCE: Achievement Program, Department of Health and Department of Education and Early Childhood Development) (2013), Achievement program: The Healthy Schools Health Priority Areas, State of Victoria, Melbourne.

RESOURCE: Department of Health and Human Services. Victoria (2015), Victorian public health and wellbeing plan 2015-2019, State of Victoria, Melbourne.

RESOURCE: Department of Health and Human Services. Victoria (2017), Women's sexual and reproductive health: key priorities 2017–2020, State of Victoria, Melbourne.

3.4

Women are informed and empowered to make autonomous decisions about their sexual and reproductive health

Empowering women enhances their capacity to be informed, make choices, and transform those choices into desired outcomes. Empowerment fosters independence, self-management and the ability to gain power and control over decisions and services that influence quality of life. Autonomy ensures decision making is consistent with a woman's right to choose, free from coercion or pressure.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Safe, inclusive settings where women's choices are supported and respected,
- Women have access to, and choice of, sexual and reproductive health services,
- No stigma or inequities experienced by Victorian women.

RESOURCE: Rural Victorian Women's Health Services (2012), Victorian Rural Women's Access To family Planning Service Survey Report, Project of the Rural Services of the Women's Health Association of Victoria, Ballarat.

RESOURCE: Women with Disabilities Australia (2016), 'Sexual and reproductive rights', in, *Human Rights Toolkit for Women and Girls with Disability*, Women with Disabilities Australia, Hobart.

LEVEL 4

4.1 **Women's sexual and reproductive health is not constrained by rigid gender stereotypes that privilege males and male sexual pleasure**	Gender stereotypes is a broad term that refers to socially constructed norms, structures and expectations associated with gender and/or sex. Male privilege is a set of privileges given to men as a group due to their power in relation to women as a group. While every man experiences privilege differently due to his own position in social hierarchy, every man benefits from male privilege. To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place: • Shared understanding of the prevalence and impact of pornography on young people, • Young people confidently navigating healthy social and sexual development, • Young people employing critical thinking skills to understand the impacts of explicit sexual imagery such as eroticising violence against women. **RESOURCE:** It's Time We Talked (2014), Reality and Risk, Brophy Family and Youth Services, Warrnambool.
4.2 **Women's sexual and reproductive health is enshrined in legislation and policy that is evidence based**	Safe and legal access to the full suite of sexual and reproductive health services, including abortion, is good public health policy and plays an important role in supporting women's broader health and wellbeing. To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place: • Members of Parliament committed to understanding sexual and reproductive health issues and making evidence-based decisions, • A full range of sexual and reproductive health services provided under the Medicare Benefits Schedule and/or Pharmaceutical Benefits Scheme, • Adequate funding of sexual health policies to achieve stated policy direction. **RESOURCE:** Australian Women's Health Network (2012), 'Equipping the health workforce to better respond to women's health needs' in *Women and Sexual and Reproductive Health Position Paper 2012*, Drysdale, p. 8.

Safe and legal access to the full suite of sexual and reproductive health services, including abortion, is good public health policy and plays an important role in supporting women's broader health and wellbeing.

4.3

Women access appropriate, affordable sexual and reproductive health services when and where they need them

Access to sexual and reproductive health services is a fundamental right for every Victorian woman. Barriers and service gaps affect women's access to affordable, healthcare, contraception and abortion services across the state.* Services must be accessible, responsive and appropriate to women's needs, regardless of their location, age, sexuality, financial status and religious and cultural background.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Investment in comprehensive sexual and reproductive health care,
- Knowledge and capacity of the health workforce to address the full range of women's sexual and reproductive health needs.

RESOURCE: *Department of Health and Human Services. Victoria (2017), Women's sexual and reproductive health: key priorities 2017–2020, State of Victoria, Melbourne.

RESOURCE: Australian Women's Health Network (2012), Women and Sexual and Reproductive Health Position Paper 2012, Drysdale.

RESOURCE: Rural Victorian Women's Health Services (2012), Victorian Rural Women's Access To family Planning Service Survey Report, Project of the Rural Services of the Women's Health Association of Victoria, Ballarat.

4.4

Women experience equal, safe, respectful and pleasurable interactions, intimacy and relationships

Sexual health encompasses physical, mental and social wellbeing. It requires a positive approach to sexuality and sexual relationships, the ability to have a satisfying and safe sex life, free from coercion, discrimination and violence. Women's sexual rights include the right to equal relationships, mutual respect, consent, and shared responsibility for sexual behaviours and its consequences.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Sexuality education that incorporates gender equity, mutual enjoyment and consent,
- Culture and environments that promote respect, trust and safety as part of a healthy sexual relationship,
- Support for young people to build critical thinking skills and resilience in navigating and negotiating expectations in relationships.

RESOURCE: It's Time We Talked (2014), Reality and Risk, Brophy Family and Youth Services, Warrnambool.

4.5

Women have freedom to choose if, when, how and how often they reproduce

The Convention on the Elimination of All Forms of Discrimination against Women includes the rights of women to decide the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights. Societies often create social norms and expectations that all women will have children. Where society values motherhood separate from womanhood, women can feel judged, stigmatised or shamed for choosing to use contraception, seek an abortion or not to have children.

To realise our vision for optimal SRH rights, health and wellbeing, this precondition implies the following are in place:

- Respect for and recognition of women's sexual and reproductive rights,
- Service providers who are nonjudgmental and supportive of women's choice.

RESOURCE: UN Women (2009), Convention on the Elimination of All Forms of Discrimination against Women, United Nations, New York.

RESOURCE: Australian Institute of Family Studies (2015), Domestic and family violence in pregnancy and early parenthood: Overview and emerging interventions, Australian Government, Canberra.

RESOURCE: Women's Health Victoria (2018), Addressing reproductive coercion: [submission to Marie Stopes Australia], Melbourne.

Where society values motherhood separate from womanhood, women can feel judged, stigmatised or shamed for choosing to use contraception, seek an abortion or not to have children.

LEVEL 5 VISION

5.1

Rights of all Victorian women to optimal sexual and reproductive health and wellbeing are fully realised

Starting from the current Victorian context and projecting forward over 20 years, the Victorian Women's Health Services' Sexual and Reproductive Health Community of Practice hold a long term vision for societies, communities, organisations and individuals who embrace women's sexual and reproductive rights, health and wellbeing.

This ToC and the preconditions set out in levels 1-4 are our collective understanding of what must be in place to achieve full realisation of the rights of all Victorian women to optimal sexual and reproductive health and wellbeing.

DEFINITIONS

Sex and Gender	According to the World Health Organisation (2011), "Sex refers to biological and physiological differences between women and men such as hormones, genitalia or chromosomes. Gender refers to the characteristics of women and men that vary from society to society and are socioculturally and historically constructed."
Gender equity and gender equality	Gender equity is the process of being fair to men and women, recognising diversity and disadvantage and directing resources and services towards those most in need to ensure equal outcomes for all. Gender equality is the outcome reached through addressing gender inequities. It is the equal participation of women and men in all spheres of public and private life and the equal valuing by society of women and men, girls and boys and sexual and gender diverse people.
Victorian Women's Health Services	For the purposes of this document, the Victorian Women's Health Services (WHS) represent nine region based and two state-wide women's health organisations (Women's Health Victoria and the Multicultural Centre for Women's Health) and are funded by the Victorian Department of Health and Human Services. WHS have the unique infrastructure, expertise, partnerships, commitment and a strong track record in sexual and reproductive health. Continued funding is a precondition to achieving optimal sexual and reproductive health for all Victorian women.

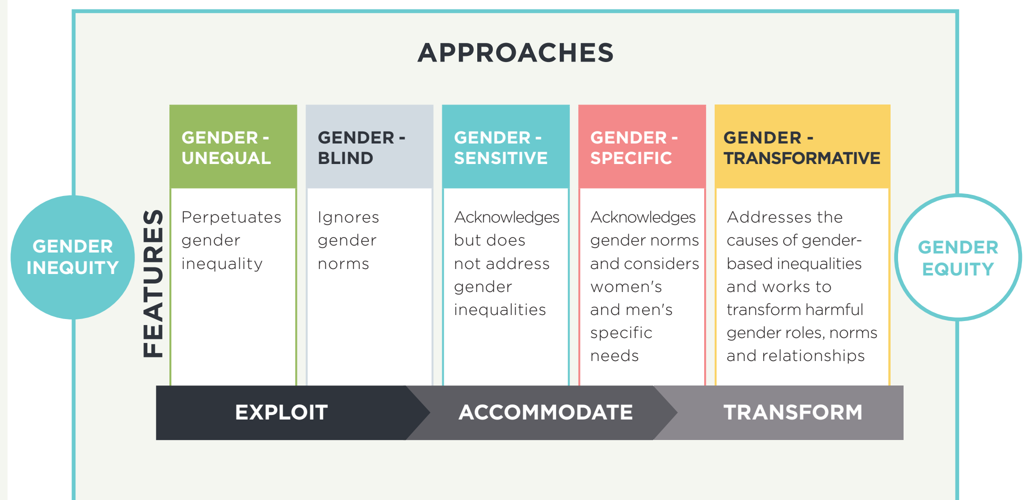
Gender equity is the process of being fair to men and women, recognising diversity and disadvantage and directing resources and services towards those most in need to ensure equal outcomes for all.

Intersectional approach

Using an intersectional approach to gender equality makes links between various forms and diverse experience of discrimination. Equality for all women can only be achieved with specific and intensive effort for those who experience the most disadvantage.

This means balancing universal strategies with specialist, tailored approaches for women who experience intersectional disadvantage, including Aboriginal women, culturally and linguistically diverse women, women with disabilities, sexuality diverse women and gender diverse people, and women living in rural areas.

Gender sensitive and gender transformative practice



Gender sensitive policy and practice takes gender into account, acknowledging the different experiences, expectations, pressures, inequalities and needs of women, men, sex and gender-diverse, transgender and intersex people.

Gender transformative policy and practice examines challenges and ultimately transforms structures, norms and behaviours that reinforce gender inequality, and strengthens those that support gender equality.

REFERENCE: Women's Health Victoria (2012), Gender transformative policy and practice, Melbourne.

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