

Mapping access to Sexual and Reproductive Health Services in Regional Victoria

All women, girls and gender diverse people deserve access to high quality, safe and respectful sexual and reproductive health (SRH) services free from stigma and discrimination.

In 2024 Women's Health and Wellbeing Barwon South West engaged Deakin Rural Health and the Centre for Australian Research into Access to map SRH services within the Barwon South West region, and to undertake a literature review to understand SRH service access in a rural context.

The report outlines facilitators and barriers to accessing SRH services from both patient and provider perspective, along with a snapshot of the service environment in the Barwon South West region. It highlights the significant geographic and systemic barriers that affect rural women's access to SRH services and can contribute to inequities in health outcomes across the course of a woman's life.

The full report can be found on the WHWBSW website.

9 The Barwon South West is made up of **Local Government Areas**

More Aboriginal and Torres Strait Islander women live in the BSW compared to the state average.

224,928 women and girls
(51% of the population)

More women with a disability live in Warrnambool City, Colac-Otway, Corangamite, Glenelg and Southern Grampians Shires than the state average

More women live in poverty in Glenelg and Southern Grampian's than the state average

The region:



A note on language:

We acknowledge that the binary nature of data collection limits understanding of the full extent and experience of people accessing women's SRH services.

The term female refers to women and girls. We define a woman as an adult person who identifies as a woman regardless of their sex assigned at birth, including cisgender and transgender women. We define gender diverse people as those who identify as non-binary or gender fluid, and/or who do not identify exclusively as one gender.

Rurality

Women in rural areas face multiple barriers to SRH service access. The single factor of time travelled, while a valid measurement, fails to convey the full scenario. An hour of travel in a rural setting can equate to over 100 kilometres each way. Considering the cost of running a car, time taken off work to attend appointments and the cost of the appointment itself, rural women are at a disadvantage and are more likely to experience unintended pregnancy, higher rates of sexually transmitted infections and poorer SRH outcomes overall than those living in metropolitan centres.

Access to healthcare services influences women's sexual and reproductive health outcomes and can be considered in both geographic and non-geographical ways, as demonstrated throughout this report.



Geographic factors influencing service access

Accessibility

How far a person lives from services

The barriers

Insufficient public transport options and long travel times limit rural women's ability to reach appropriate SRH health services. This is particularly true for women who don't have a driver's license or access to a car and have to rely on friends or family. Travel times are longer for women who need culturally appropriate care.

The enablers

Reopening local services, including birthing services, and offering telehealth appointments and self-collection options for cervical and Sexually transmitted infection (STI) screening.

Availability

The location and capacity of the service to meet the demands of the person

The barriers

Difficulties recruiting and retaining skilled providers into the rural workforce are compounded by a limited availability of female doctors, GP's and Aboriginal health professionals. This limits women's ability to seek and accept appropriate healthcare options locally.

For women who need to access a medical termination, there is often a lack of local providers for appointments and pharmacies dispensing the medication. Women may be forced to travel to another town to access the service.

The enablers

- Reducing travel requirements by offering telehealth appointments for medical terminations, and self-collection cervical screening and STI testing.
- Increasing the number of ultrasound machines and training rural staff in the use of the equipment.
- Increasing the number of pharmacies stocking SRH pharmaceuticals.

Non-geographical factors influencing service access

Supply vs demand

SRH service distribution in the Barwon South West varies considerably between provider location (supply) and patient location (demand). This is particularly evident when examining the rates of Medical Termination of Pregnancy (MTOp).

There are more prescriptions of MTOp per year than local patients in the Warrnambool Local Government Area, indicating that patients may travel to Warrnambool to access a provider.

In Glenelg Shire, the number of local patients seeking a MTOp exceeds the number of prescriptions written – suggesting women travel to access the service elsewhere.

In the Borough of Queenscliffe, there were no provider prescriptions for MTOp recorded for the 21-22 period, however there are patients who received the service residing in the LGA.

This disparity suggests that the current supply of health services is not meeting the patient demand for accessible and appropriate care within their local area.

Affordability

The cost of services to both the person and the health care provider

The barriers

Women incur high costs when accessing SRH services. This includes the cost of the service itself, as there are often limited bulk-billing options, as well as the indirect costs of transport, accommodation, childcare and loss of wages. This cost is greater for women who don't have access to local services and who are forced to travel outside of the region to access healthcare, even relocating entirely to access maternity care.

For service providers, there are challenges with the Medicare Benefit Schedule in providing SRH services, lack of funding benefits for practice nurses to expand service provision and high professional indemnity premiums that pose a barrier in rural and regional areas. The Medicare Benefit Schedule creates challenges for service providers in rural and regional areas. These include a lack of funding benefits for practice nurses (which could otherwise expand service provision) and high professional indemnity premiums.

The enablers

- Improving access to medical termination (which is more affordable than surgical termination) by offering telehealth appointments.
- Providing access to free and discreet sanitary products.



Acceptability

Attitudes toward the service being provided

The barriers

- Community attitudes and lack of knowledge about SRH services act as a barrier to both women seeking services, and providers delivering services.
- Privacy concerns in rural regions and the stigma associated with accessing and/or providing abortion services, STI testing, and family planning.
- Negative provider attitudes and a reluctance to refer to services.

The enablers

- Support networks, including peer support, mentoring and establishment of networks of GP medical termination providers.
- Normalising SRH services within the health system.
- The provision of culturally appropriate and safe services.

Accommodation

The organisation and structure of services

The barriers

Navigating a complex health system impacts a woman's ability to reach the services she needs. Disjointed service locations e.g. ultrasound or pathology on a different site to the primary care provider is particularly problematic for women coordinating pre-medical termination procedures. Telehealth, while a valuable tool, has accessibility limitations for women with language barriers or visual impairment (due to the lack of visual cues).

The enablers

- Processes that help women navigate the health system and offer continuity of care.
- Treatment options that are closer to home.
- Direct GP referral to services.
- Nurse led models that support continuity of care.
- Flexible service delivery models like self-collection and telehealth.

Awareness

Communication about a service between the provider and the consumer

The barriers

Knowledge gaps impact all levels of the SRH service system.

- Individual: low SRH literacy affects a woman's ability to perceive the need for healthcare in the first place.
- Community: poor knowledge of local service availability impacts a woman's ability to find services when needed.
- Provider: gaps in knowledge due to lack of training opportunities impact their ability to offer comprehensive SRH services.

The enablers

For patients

- Comprehensive, culturally safe and inclusive SRH education.
- Clearer ways to find information on local services.

For providers

- Professional development and succession planning.
- The establishment of local partnerships between medical termination providers, pharmacists and community agencies support more cohesive service delivery.

Raising awareness of 24 hour after care telephone services may prove helpful for both provider confidence and a woman's ability to access services at home.

Timeliness

Ability for a person to use a service when they need it

The barriers

Long wait times for appointments and pre-appointment screenings like blood tests and ultrasounds impact a woman's ability to reach health care in a timely manner.

At time of data collection, only 14 out of 24 medical termination providers in the Barwon South West region were available for appointments within six weeks

The enablers

- Telehealth.
- Self-collection methods.

How long does it take women to travel in the Barwon South West?



To see a GP

5 min

average travel time

70 min

is the longest travel time in the region

To have a Medical Termination of Pregnancy (MTOPI)

20 min

average travel time

49 min

average travel time in the Glenelg Shire

115 min

is the longest travel time (Glenelg Shire)

To have a contraceptive IUD inserted

36

publicly listed providers in the region

16 min

average travel time

50 min

average travel time in Glenelg Shire

101 min

is the longest travel time (Glenelg Shire)

To have a Surgical Termination of Pregnancy (STOP)

6

publicly listed providers in the region

35 min

average travel time

78 min

average travel time in the Glenelg Shire

75 min

average travel time in Southern Grampians Shire

115 min

is the longest travel time (Glenelg Shire)

To access cervical screening

95 min

is the longest travel time (experienced by some women in the Glenelg Shire where participation is lower than state average).

For a dating ultrasound

(often required prior to termination of pregnancy)

25 min

average travel time

133 min

is the longest travel time (Glenelg Shire)

Where to from here?

Sexual and Reproductive Health service access is complex. By examining the geographical data there is a greater understanding of the inequity that exists in the Barwon South West region and some clear steps to addressing that inequity.

Stakeholder collaboration and joint advocacy are needed in the Barwon South West to address data limitations; to comprehensively understand the supply and demand landscape; and to develop tailored strategies that address SRH service access and equity across the region.



Recommendations

Women's Health and Wellbeing Barwon South West, in collaboration with key stakeholders in women's sexual and reproductive health and regional public health planners to take the following actions

- 1. Engage in community consultations in regions with limited access to SRH services**
 - Engage with local women focussing on social, cultural, economic and logistical considerations for women accessing SRH care.
 - Consult with local healthcare providers to understand the specific barriers providers face, including to being publicly listed as a provider of SRH services.
- 2. Build capacity of healthcare providers in the region**
 - Work in partnership to enhance knowledge and skills of local providers in providing SRH services.
 - Equip health care providers with the tools and resources needed to address the diverse needs of women in the region.



**WOMEN'S HEALTH
& WELLBEING**
Barwon South West