Page 1

**Heading: Sexual and Reproductive Health Community Survey**

Women’s Health and Wellbeing Barwon South West (WHWBSW) is an independent, not for-profit, regional women’s health organisation committed to gender equality and great practice health promotion. In short, we strive to improve women’s lives.

We are conducting consultation into the barriers women and gender diverse people may experience when accessing sexual and reproductive health services in the Barwon South West region. We are undertaking consultation to identify the challenges; in order to improve service delivery so all women and gender diverse people can access the sexual and reproductive healthcare they need.
This survey is open to all women and gender diverse people, aged 18+ and live in the Barwon South West region.

**Subheading: Barwon South West**

The Barwon South West region spans the lands of three Traditional Owner groups – the Gunditjmara, Eastern Maar and Wadawurrung – and the clans that reside within them. The region includes nine local government areas: Borough of Queenscliffe, City of Greater Geelong, Colac Otway Shire, Corangamite Shire, Glenelg Shire, Moyne Shire, Southern Grampians Shire, Surf Coast Shire and Warrnambool City Council.

Image #1

An image of a map of the Barwon South West region of Victoria. The map shows each local government area in the region, including Queenscliff, Surf Coast, Geelong, Colac Otway, Colac Otway Shire, Corangamite, Moyne, Southern Grampians, Warrnambool and Glenelg. Each local government area is green, with white lines around the outside to mark the boundaries. Over the top of the map are red and orange lines that represent the Traditional Owners groups.

**Subheading: Participant Information Statement**

**Subheading: Introduction**
Thank you for your interest in participating in this consultation exploring access to sexual and reproductive health services locally. The following pages will provide you with further information about the project, so that you can decide if you would like to take part.
Please take the time to read this information carefully. You may contact the project team to ask questions and find out more information.
Your participation is voluntary. If you don’t wish to take part, you don’t have to. If you begin participating, you can also stop at any time by clicking the exit button in the top right corner.

**Subheading: What is this project about?**
The project has a specific focus on women and gender diverse people’s aged 18+ sexual and reproductive health and seeks to understand the barriers and challenges they may encounter when accessing sexual and reproductive health services across the Barwon South West region of Victoria.

**Subheading: What will I be asked to do?**
If you agree to participate you will be asked to complete an online survey. The survey takes approximately 15-20 minutes to complete and asks questions about

you (for example, your age, local government area and identity)

your use of, and access to, contraception (for example, what type of contraception you use, your experience with healthcare when accessing contraception)

chronic reproductive health conditions (for example, endometriosis, pelvic pain, menopause)

use of abortion services (for example, use of medical or surgical abortion)

Sexually Transmitted Infections (for example, your experience accessing screening and treatment)

Postpartum and maternal health services (for example what services have you accessed following the birth of a baby)

We will also ask you for your email address. This is to provide you with a copy of the survey results (should you wish to receive a copy) and invite you to an online webinar sharing the results. You do not have to provide us with your email address if you don’t want to. Email addresses, when provided, are collected and stored separately to survey responses and cannot be used to identify your responses.

You will be asked if you would like to be contacted to participate in further consultation (for example, a telephone interview, an online interview or focus group) providing another opportunity to discuss your experience and explore topics in this survey in more detail. If you consent to being contacted about the focus groups and interviews, you are under no obligation to participate if you do not want to.

**What will happen to information about me?**
You will never be personally identified in any results published from this survey. Any personally identifiable information collected (for example, your email address) will be collected and stored separately from your survey responses. Survey data will be stored securely on a server at Women’s Health and Wellbeing Barwon South West for the duration of the project, and for a period of 7 years after the final publication.

**What are the possible benefits?**
Participants who complete a survey will have the opportunity to win one of 4 x $100 vouchers. Data collected in this research will be used to inform relevant sexual and reproductive health services in the Barwon South West region, and your participation can help shape improvements in health service delivery. Some people may find benefit from sharing their personal experience and may feel they have helped to raise awareness of issues regarding sexual and reproductive health services in the area. However, there is unlikely to be significant immediate benefits to individuals.We value and appreciate the contribution from all participants in this project.

**What are the possible risks?**
There are minimal risks to participating, however you may feel discomfort at some of the survey questions. Participation in this survey is voluntary, and you can skip any questions you do not want to answer or exit the survey at any time. If you require support, you can contact:

For mental health & family violence support:

Lifeline: 13 11 14

Beyond Blue: 1300 22 4636

For sexual assault, domestic or family violence and abuse support:

1800Respect: 1800 737 732

For general health advice, including contraception, pregnancy and abortion:

Healthdirect helpline: 1800 022 222

Office of the Public Advocate: 1300 309 337

Pregnancy, Birth and Baby: 1800 882 436

Rainbow Door: 1800 729 367

Marie Stopes Australia: 1300 207 382

1800 My Options (Pregnancy, Abortion, sexual health services): 1800 696 784

**Do I have to take part?**
No. Participation is completely voluntary. You can withdraw from the survey at any time.

**Will I hear about the results of this project?**
A summary of our findings will be available on our website and will be sent to participants who share their email address. We will also host an online webinar to share the findings of the survey, participants who share their contact details will be invited to attend. We may also publish our findings in the media.

**I need help completing the survey. Who can I contact if I have any concerns or want more information about the project?**
If you would like more information or need help completing the survey, please contact the project team:
Alice Creevey: acreevey@womenshealthbsw.org.au or 0499 326 995
Caitlyn Hoggan: choggan@womenshealthbsw.org.au or 0499 598 118

**Consent Participation**By clicking “Agree”, you declare you have read and understood the participant information statement.

You understand that the information you provide will never be used in a way that identifies you. It may be used in reports, forums, training, websites and to inform sexual and reproductive health service delivery and coordination across the Barwon South West region.

You understand by completing this survey implies your consent to participate.

The survey will take approximately 15 – 20 minutes to complete. When completing the survey, please reflect on your experience accessing services in the Barwon South West region.

Select ' Agree' to commence the survey.

End of page 1

Page 2

**Subheading:** **About You**

Question 2. What is your age.

18-24

25-34

35-44

45-54

55-64

65+

Question 3. What is your postcode?

Open text box

Question 4. What local government area do you live in?

City of Greater Geelong

Surf Coast Shire

Colac Otway Shire

Borough of Queenscliffe

Moyne Shire

Southern Grampians Shire

City of Warrnambool

Corangamite Shire

Glenelg Shire

Question 5. How do you describe your gender?

Woman

Man

Genderqueer

Question 6. Do you identity as being transgender or with trans experience?

Yes

No

Prefer not to say

Question 7. How you describe your sexuality?

Homosexual/Lesbian/Gay

Asexual

Heterosexual (Straight)

Queer

Bisexual/Pansexual/Omnisexual

Questioning

Prefer not to say

I use a different term (please specify)

Question 8. How would you describe your ethnicity?

African

Southeast Asian

First Nations/Indigenous

Hispanic/ Latino/ Lanita

South Asian

White/ Caucasion

East Asian

Middle Eastern/ North African

Mixed/ Multicultural

I prefer not to say

Other (please specify)

Question 9. Are you of Aboriginal or Torres Strait Islander Origin?
Yes

No

Prefer not to say

Question 10. How would you describe your ability?

I do not have a disability

Physical Disability

Intellectual or cognitive disability

Autism spectrum

Vision impairment

Hearing impairment

Neurological disability

Psychosocial disability

Other disability

Question 11. Do you hold a healthcare card?

Yes

No

End of page 2

Page 3

**Subheading: Sexual and Reproductive Health Services and Information**

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system (World Health Organisation, 2025).

Question 12. Where do you get information about sexual and reproductive health?

Friends/Family

GP

Google

Physiotherapist

Pharmacist

Social Media

Maternal and Child Health Nurse

Telehealth

Sexual Health Clinic

1800 My Options

Other (please specify)

13. How would you rate your knowledge of the following? (knowing symptoms and situations to seek help). The following questions are rated from no knowledge, little knowledge, neutral, some knowledge, good knowledge and not applicable.

Sexually Transmitted Infections (STI's)

Contraception

Menstrual health (your period - e.g. knowledge of regular or irregular period symptoms)

Pelvic floor health

Peri-menopause and/or menopause

Pregnancy care (e.g. knowledge of routine pregnancy appointments, knowledge of irregular pregnancy symptoms)

Care and recovery post birth of a child

Question 14. Do you know where to access the following services in your area? The questions are rated with options, yes, no and not applicable.

*We acknowledge some sexual and reproductive services are not offered in every local government area in the Barwon South West.*

Sexually Transmitted Infection screening

Cervical Screening (formerly known as pap smear test)

Medical termination of pregnancy

Long Acting Reversible Contraception e.g. Intrauterine Device (IUD) (such Mirena) or contraceptive implant

Women’s physiotherapy (e.g. pelvic floor, pregnancy, post-partum and/or sexual pain care)

Post natal support

Lactation (breastfeeding) support

Menopause support

Support for chronic reproductive conditions (e.g. Endometriosis, Polycystic Ovary Syndrome (PCOS), pelvic pain etc)

Gender affirming hormone therapy

Gender affirming surgical and non surgical procedures

End of page 3

Page 4

**Subheading: Contraception**

This section of the survey will ask about your experience accessing services for contraception. If this isn’t relevant to you or you don’t feel comfortable answering this question, please skip to the next section.

Question 15. Do you wish to continue in this section?

Yes

No

End of page 4

Page 5

16. Are you currently using contraception?

Yes

No

Question 17. What type of contraception are you using?

Oral contraceptive pill

Condoms

Intrauterine device (IUD) (e.g. Mirena, Kyleena)

Contraceptive Implant (e.g. Implanon, rod)

Diaphragm

Fertility tracking

Not Applicable

Other (please specify)

Question 18. Reflecting on recent experiences accessing contraception, do you agree or disagree with the following statements? Options are agree, disagree or Not Applicable.

I was able to trust the practitioner

The practitioner was knowledgeable and explained risks/side effects

I was able to access the service/s without waiting and when I needed it.

I was provided information and support for pain management

The service was affordable

The service was inclusive of my sexuality

The service was inclusive of my gender

The service met my cultural and language needs

I could easily physically access the service/contraception in my local area

The sensory environment and communication style met my needs.

Transport to and from was easy

I was able to maintain privacy

Question 19. Is there anything that could improve your experience accessing contraception?

Open text field

End page 5

Page 6

**Subheading: Abortion**

This section of the survey will ask about your experience accessing services for an abortion. If this isn’t relevant for you, or you don’t feel comfortable answering these questions, please skip to the next section.

Question 20. Do you wish to continue in this section?

Yes

No

End page 6

Page 7

Question 21. Are you currently OR have you tried to access abortion services in the past 5 years?

Yes

No

End page 7

Page 8

Question 22. If yes, did you access a medical abortion or surgical abortion?

Medical

Surgical

Both

Question 23. Reflecting on your experience accessing services for abortion, do you agree or disagree with the following statements? Options are agree, disagree or Not Applicable.

I was able to trust the practitioner

The practitioner was knowledgeable and explained risks/side effects

I was able to access the service/s without waiting and when I needed it.

I was provided information and support for pain management

I was referred to relevant support services required (e.g. ultrasound, counselling etc)

The service was affordable

The service was inclusive of my sexuality

The service was inclusive of my gender

The service met my cultural and language needs

I could easily physically access the service in my local area

The sensory environment and communication styles met my needs

Transport to and from was easy

I was able to maintain privacy

Question 24. Is there anything that could have improved your experience?

Open text field

End page 8

Page 9

**Subheading: Sexually Transmitted Infections**

This section of the survey will ask about your experience accessing screening and treatment for Sexually Transmitted Infections (STI’s). If this isn’t relevant for you or you’re not comfortable answering these questions, please skip to the next section.

Question 25. Do you wish to continue in this section?

Yes

No

End page 9

Page 10

Question 26. Have you participated in a standard STI check up in the past 5 years?

Yes

No

27. Have you ever contracted an STI?

Yes

No

Not sure

End page 10

Page 11

Question 28. Were you able to access medical support to treat the STI?

Yes

No

N/A

End page 11

Page 12

Question 29. Reflecting on your most recent experience accessing STI services, do you agree or disagree with the following statements? Options are agree, disagree or Not Applicable.

I was able to trust the practitioner

The practitioner was knowledgeable and explained risks/side effects

I was able to access the service/s without waiting and when I needed it.

I was provided information and support for pain management

The service was affordable

The service was inclusive of my sexuality

The service was inclusive of my gender

The service met my cultural and language needs

I could easily physically access the service in my local area

The sensory environment and communication styles met my needs

Transport to and from was easy

I was able to maintain privacy

Question 30. Is there anything that could have improved your experience?

Open text field

End page 12

Page 13

**Subheading: Maternal health and pregnancy care**

This section of the survey will ask about you experience accessing services for maternal health care (during pregnancy and after birth of a child). If this isn’t relevant for you, or you don’t feel comfortable answering this section, please skip to the next section.

Question 31. Do you wish to continue in this section?

Yes

No

End page 13

Page 14

Question 32. During pregnancy and following the birth of a child, were you able to access the following services in your local area when needed?

Maternal and Child Health Services

Mother's and parent's group

Women's Physiotherapy

Portpartum mental health support

GP

Breastfeeding support

Other

Other (please specify)

33. Reflecting on your recent experience accessing maternal health and pregnancy care, do you agree or disagree with the following statements? Options are agree, disagree or Not Applicable.

I was able to trust the practitioner

The practitioner was knowledgeable and explained risks/side effects

I was able to access the service/s without waiting and when I needed it.

I was provided information and support for pain management

The service was affordable

The service was inclusive of my sexuality

34. Is there anything that could have improved your experience?

The service was inclusive of my gender

The service met my cultural and language needs

I could easily physically access the service in my local area

The sensory environment and communication styles met my needs.

Transport to and from was easy

I was able to maintain privacy

Question 34. Is there anything that could have improved your experience?

Open text field

Question 35. 35. Is there other support you would like to see to assist women and all parents following the birth of a child?

Open text field

End page 14

Page 15

**Subheading: Chronic Reproductive Conditions**

This section of the survey will ask about you experience accessing services for chronic reproductive conditions (such as pelvic pain, menopause, endometriosis etc). If this isn’t relevant for you, or you don’t feel comfortable answering this section, please skip to the next section.

Question 36. Do you wish to continue in this section?

Yes

No

End page 15

Page 16

Page 37. Do you experience any of the following conditions?

Endometriosis

Polycystic Ovarian Syndrome

Premenstrual dysphoric disorder

Difficult menopause symptoms

Perimenopause

Severe menstrual pain and heavy bleeding

Pelvic Pain

Incontinence

Sexual pain

Pelvic organ prolapse

Other (please specify)

38. Have you been able to access local healthcare support to treat the above conditions/issues?

Yes No

End page 16

Page 17

39. Reflecting on your recent experience accessing care for chronic reproductive conditions, do you agree or disagree with the following statements? Options are agree, disagree or Not Applicable.

I was able to trust the practitioner

The practitioner was knowledgeable and explained the issue and risks/side effects of treatment

I was able to access the service/s without waiting and when I needed it.

I was provided information and support for pain management

I was referred to relevant support services required (e.g. ultrasound, counselling etc)

The service was affordable

The service was inclusive of my sexuality

The service was inclusive of my gender

The service met my cultural and language needs

I could easily physically access the service in my local area

The sensory environment and communication styles was neuro-affirming.

Transport to and from was easy

I was able to maintain privacy

Question 40. Is there anything that could have improved your experience?

Open text

Question 41. Is there other support you would like to see to assist treatment for chronic reproductive conditions?

Open text

End page 17

Page 18

**Subheading: General Sexual and Reproductive Health**

Question 42. Is there anything else you’d like to tell us about your sexual and reproductive health and wellbeing that hasn’t been covered?

Open text

Question 43. Are there any other services or support you would like to see in your local area to support all women and gender diverse people’s sexual and reproductive health?

Open text

End page 18

Page 19

**Subheading: Thank you for completing the survey.**

To go into the running to win a $100 voucher and/or register your interest to participate in a focus group or interview, please complete our online form.

Please note, all personal information collected via the Microsoft Form is in no way linked to your survey responses.

Register your details: <https://forms.office.com/pages/responsepage.aspx?id=_RskIJO_l0WCglFPfd_B8cpkCp5Qw01Gr4xzTRISESNUQ1lNRzRVNUQyVkNZUk00VU84V05GVjdQSy4u&route=shorturl>

**Subheading: If you would like support, a reminder of some of the services available to you:**

For mental health & family violence support:

Lifeline: 13 11 14

Beyond Blue: 1300 22 4636

For sexual assault, domestic or family violence and abuse support:

1800Respect: 1800 737 732

For general health advice, including contraception, pregnancy and abortion:

Healthdirect helpline: 1800 022 222 Pregnancy, Birth and Baby: 1800 882 436

Rainbow Door: 1800 729 367

Marie Stopes Australia: 1300 207 382

1800 My Options (Pregnancy, Abortion, sexual health services): 1800 696 784

End of survey, no more questions.