



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

Sexual and Reproductive Health Community Survey

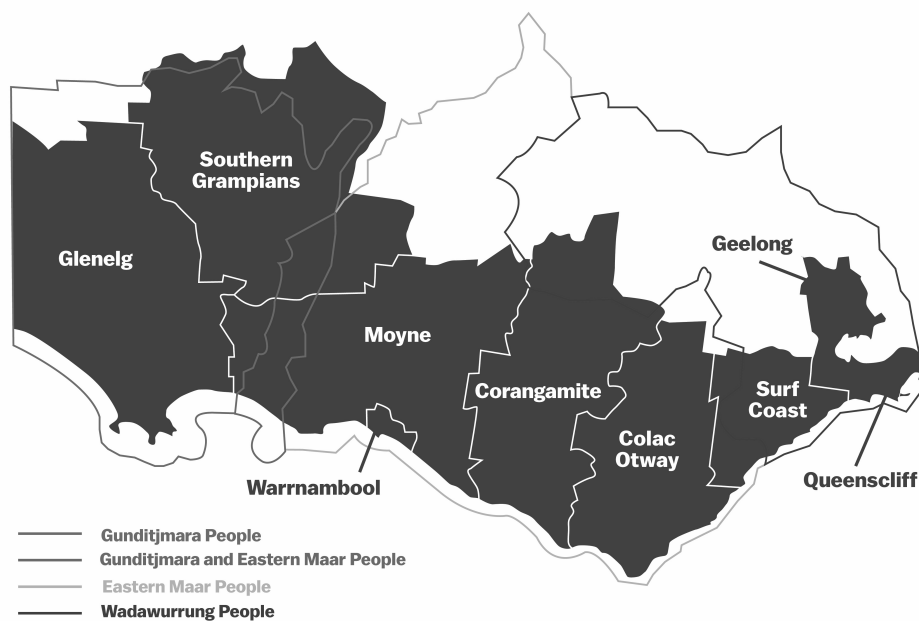
Women's Health and Wellbeing Barwon South West (WHWBSW) is an independent, not for-profit, regional women's health organisation committed to gender equality and great practice health promotion. In short, we strive to improve women's lives.

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.

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.



Participant Information Statement

Introduction

Thank you for your interest in participating in this consultation exploring access to sexual and reproductive health services locally. This page 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.

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.

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. You can exit the survey at any time by using the exit button at the top right corner of the survey.

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

1. 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.

☐ Agree

[Privacy Statement](#)



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About You

2. Age

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

3. What is your postcode?

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

5. How do you describe your gender?

- ☐ Woman
- ☐ Man
- ☐ Genderqueer/ Non Binary
- ☐ Prefer not to say

Prefer to self describe (please specify)

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

7. How do 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)

8. How would you describe your ethnicity?

- ☐ African
- ☐ Southeast Asian
- ☐ First Nations/Indigenous
- ☐ Hispanic/ Latino/ Lanita
- ☐ South Asian
- ☐ White/ Caucasian
- ☐ East Asian
- ☐ Middle Eastern/ North African
- ☐ Mixed/ Multicultural
- ☐ I prefer not to say

Other (please specify)

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

11. Do you hold a healthcare card?

- ☐ Yes
- ☐ No



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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).

- ☐ Friends/Family
- ☐ GP
- ☐ Google
- ☐ Physiotherapist
- ☐ Pharmacist
- ☐ Social Media
- ☐ Maternal and Child Health Nurse
- ☐ Telehealth
- ☐ Sexual Health Clinic
- ☐ 1800 My Options

[illegible]

14. Do you know where to access the following services in your area?

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

	Yes	No	Not Applicable
Sexually Transmitted Infection screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical Screening (formerly known as pap smear test)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical termination of pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long Acting Reversible Contraception e.g. Intrauterine Device (IUD) (such Mirena) or contraceptive implant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's physiotherapy (e.g. pelvic floor, pregnancy, post-partum and/or sexual pain care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post natal support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lactation (breastfeeding) support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for chronic reproductive conditions (e.g. Endometriosis, Polycystic Ovary Syndrome (PCOS), pelvic pain etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender affirming hormone therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender affirming surgical and non surgical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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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.

15. Do you wish to continue in this section?

- ☐ Yes
- ☐ No



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16. Are you currently using contraception?

- ☐ Yes
- ☐ No

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)

18. Reflecting on recent experiences accessing contraception, do you agree or disagree with the following statements?

	Agree	Disagree	Not Applicable
I was able to trust the practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The practitioner was knowledgeable and explained risks/side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to access the service/s without waiting and when I needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided information and support for pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was inclusive of my gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was inclusive of my sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service met my cultural and language needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could easily physically access the service/contraception in my local area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport to and from was easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to maintain privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



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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.

20. Do you wish to continue in this section?

- ☐ Yes
- ☐ No



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

- ☐ Yes
- ☐ No



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

- ☐ Medical
- ☐ Surgical
- ☐ Both

23. Reflecting on your experience accessing services for abortion, do you agree or disagree with the following statements?

	Agree	Disagree	Not Applicable
I was able to trust the practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The practitioner was knowledgeable and explained risks/side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to access the service/s without waiting and when I needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided information and support for pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was referred to relevant support services required (e.g. ultrasound, counselling etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was inclusive of my sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was inclusive of my gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service met my cultural and language needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could easily physically access the service in my local area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sensory environment and communication styles met my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport to and from was easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to maintain privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



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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.

25. Do you wish to continue in this section?

☐ Yes

☐ No



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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



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

☐ Yes

☐ No

☐ N/A



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29. Reflecting on your most recent experience accessing STI services, do you agree or disagree with the following statements?

	Agree	Disagree	Not Applicable
I was able to trust the practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The practitioner was knowledgeable and explained risks/side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to access the service/s without waiting and when I needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided information and support for pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was inclusive of my sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was inclusive of my gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service met my cultural and language needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could easily physically access the service in my local area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sensory environment and communication styles met my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport to and from was easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to maintain privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



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Maternal health and pregnancy care

This section of the survey will ask about your 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.

31. Do you wish to continue in this section?

- ☐ Yes
- ☐ No



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

- ☐ Breastfeeding support
- ☐ GP
- ☐ Postpartum mental health support
- ☐ Women's Physiotherapy
- ☐ Mother's and parent's group
- ☐ Maternal and Child Health Services

Other (please specify)

33. Reflecting on your recent experience accessing maternal health and pregnancy care, do you agree or disagree with the following statements?

	Agree	Disagree	Not Applicable
I was able to trust the practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The practitioner was knowledgeable and explained risks/side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to access the service/s without waiting and when I needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided information and support for pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was inclusive of my sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was inclusive of my gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service met my cultural and language needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could easily physically access the service in my local area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sensory environment and communication styles met my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport to and from was easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to maintain privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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



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Chronic Reproductive Conditions

This section of the survey will ask about your 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.

36. Do you wish to continue in this section?

- ☐ Yes
☐ No



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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



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39. Reflecting on your recent experience accessing care for chronic reproductive conditions, do you agree or disagree with the following statements?

	Agree	Disagree	Not Applicable
I was able to trust the practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The practitioner was knowledgeable and explained the issue and risks/side effects of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to access the service/s without waiting and when I needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided information and support for pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was referred to relevant support services required (e.g. ultrasound, counselling etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was inclusive of my sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was inclusive of my gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service met my cultural and language needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could easily physically access the service in my local area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sensory environment and communication styles was neuro-affirming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport to and from was easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to maintain privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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



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General Sexual and Reproductive Health

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

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?



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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](#)

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